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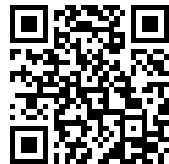
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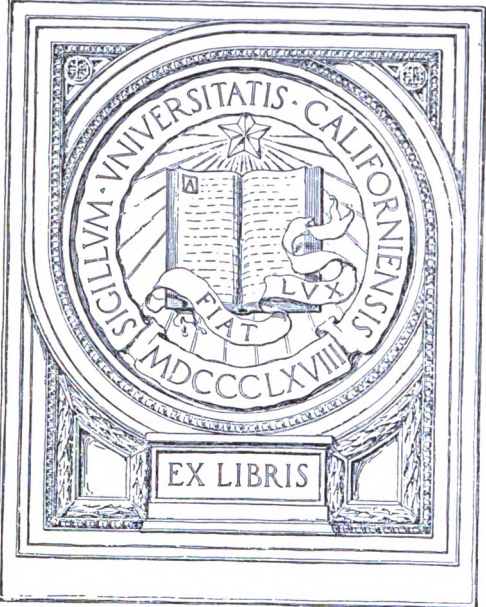
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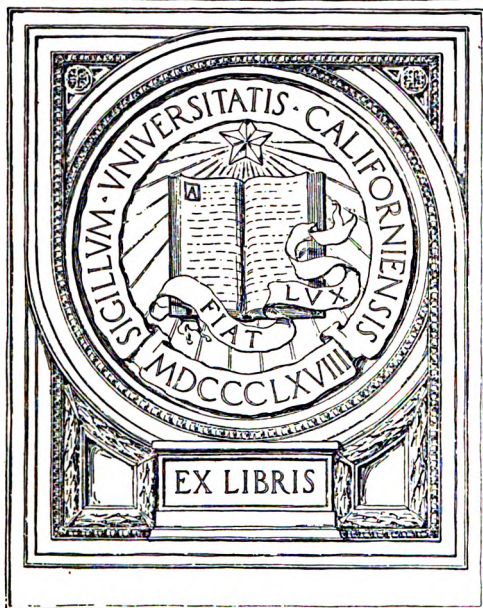


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THE
HOMŒOPATHIC WORLD.

JANUARY 1, 1880.

OUR NEW YEAR'S GREETING.

WITH the beginning of a new year we wish to greet the friends of the *Homœopathic World*, and to express a hope that the year of grace one thousand eight hundred and eighty may be a happy and prosperous one to them.

We would at the same time especially thank our literary friends for their able contributions to our pages whereby they help to hasten the bright future that is in store for us all in regard to the good cause of medical truth, which we are all seeking to establish, to defend, and to extend.

We are grateful that we live in a free country with a free press; we are thankful for the substantial medical rights and privileges which we enjoy, and herefor we keep a warm corner in our hearts for those pioneers of our cause who first stood forth to fight and win them for us. Such men as Quin, Curie, Drysdale, Dudgeon, Black, and John Epps deserve to be for ever remembered by us, for it is they who bore the heat and burden of the day at a time when it was a very different thing to be a professed homœopath from what it is now. It is no small thing that we are unbound by any promises, that we are free to practise our gentle and beneficent art without incurring any pains or penalties either from our universities or from our colleges: we may practise as we deem right, none daring to make us afraid. Many of our earliest pioneers have been gathered to their fathers; many remain still in vigour and fired with the old spirit: all will we keep in grateful remembrance.

It is fitting that we at times look back and see whence

came these great liberties which we now enjoy. This done, we look to the present and to the future.

Be it ours to show ourselves worthy of our great privileges and advantages; let us see well to it that our children fare at least as well as ourselves. We are now plucking the ripe fruit off the trees planted not by ourselves. May we tend these trees diligently and plant others so that our successors may bless us too!

Let us keep firmly banded together, holding our sacred liberties with an iron grip lest they be wrested from us; let us prize Hahnemann's great legacy and hand it on to our children *in all its purity*.

True, we are excluded from the medical press of the dominant majority. Well, what of that? Have we not four homœopathic journals in this country, and the fullest liberty to write therein what we list for the advancement of medical knowledge and truth. If we cannot write in the *Practitioner*, a better than it is open to us, to wit the *British Journal of Homœopathy*, which is the oldest quarterly medical journal in this country. If the *Lancet* refuse our contributions, the *Monthly Homœopathic Review* welcomes them. The *British Medical Journal* tries to stamp us out, but the *Organon* gives a quarterly demonstration, that the more we are stamped the less are we stamped out. And the *Homœopathic World* now enters its *fifteenth* year with the firm determination to help these to overthrow medical tyranny, to root up the old stumps of ignorance, and to establish and extend the HOMŒOPATHY OF HAHNEMANN. Fellow homœopaths! Support our periodical literature worthily; it is *your* battle we are fighting.

To our American colleagues we send a special brotherly greeting; they are doing more for Homœopathy than all the rest of the world put together. God bless and prosper them in this thing!

ERYTHROXYLON COCA.

By DR. TUTHILL MASSY.

HAVING a few interesting facts by me relative to the action of *Coca*, I give them for the benefit of your readers; now in these days of velocipede travelling, when young men feel sufficient support from an early breakfast to a late dinner by chewing and swallowing a few leaves from time to time during the day's journey. On the other hand I have found the chewed leaves produce great depression in two middle-aged gentlemen, who substituted the leaves for their ordinary luncheon, and did some long walks, and taught or gave instructions at a Saturday Scripture-school; one had great uneasiness about the heart, with sickness of stomach, and had to stay in bed for a day or two after.

A gentleman consulted me last March by letter about his hearing, for which I recommended an infusion of *Coca*, in case the 3rd tincture gave no relief. On the 2nd August following he replied:—"I delayed answering your kind letter of March until I had given the *Coca* a fair trial. I have now done so and am in a position to tell you how it has affected me; I tried the tincture 3 a few drops night and morning for 10 days, for the deafness with humming noises in the head and ears, but I regret to say with no good result. I then got some leaves and made an infusion, putting twelve to twenty leaves in a small teapot with about a cup (breakfast) and a half of boiling water, allowing it to infuse for some fifteen minutes; this I took morning and evening, and still take it instead of tea, and for about three months the effect has been something wonderful; from being depressed and very low spirited, easily tired, I can now walk any length of time without feeling fatigue. Before taking the *Coca* my nerves seemed so unstrung that when I read a pathetic tale I could not refrain from becoming very much affected, although I tried hard to overcome the absurd feeling. Now I am quite myself again. I find that what you state at page 123 of your admirable little book on the American Remedies, has been fully proved correct in my own case, as regards elasticity of step, etc., etc. In a word I may say I never felt better in my general health than I do at the present moment, but this continued humming and buzzing in my head and ears, with the hardness of hearing, is of course a great drawback. The hearing appears to be much affected by the weather. It seems better with a rising and

worse with a falling barometer; so, I suppose, it will continue so, and I fear I must put up with it."

"October 22nd. I continue to take the *Coca* for breakfast and tea, without milk or sugar; it has done me a world of good and I feel myself up to any amount of work, although I have just turned fifty-eight. I attribute all this to the *Coca*. For breakfast I take a plate of oatmeal porridge, and then the *Coca* with an egg, or some cold meat or bacon, with toast without butter. I take the *Coca* without milk or sugar. We dine at half-past two. I take mutton or beef, no potatoes, and very few vegetables, and sometimes fish before, a light pudding after, but no pastry nor cheese and no soup. These seem to affect my hearing if I take them frequently. I never touch wine or spirits, as they seem to have the effect of causing great heat in my ears, and make the hearing worse and increase the noises in my head and ears. At least I fancy they do. I have tried the remedy you mention (*Hydrastis Canadensis*), and nearly all the old remedies you allude to, but they don't seem to do me much good for the hearing, but I have no doubt they have done my general health a great deal of good."

October 28th. Previous to consulting me this gentleman had been under an *Aurist* for six weeks without receiving any benefit. I mention this as I had not the opportunity of examining the ears for myself. I must take an extract from his letter of this morning. He writes: "On referring to Ogilvie's Imperial Dictionary, I find the following account:—

"*Coca*. The dried leaves of the *Erythroxyton Coca*. It is one of those stimulating narcotics which belong to the same class with tobacco and opium, but it is more remarkable than either of them in its effects upon the human system. The *Coca* leaf is chewed by the Peruvians mixed with finely powdered chalk; it brings on a state of apathy and indifference to all surrounding objects; the desire for awhile increases so much with indulgence in it, that a confirmed *Coca* chewer is never reclaimed."

"All this agrees mainly with what I have read before, only he dwells more strongly upon the evil of indulgence in *Coca*. If this account is true it appears to me to be a dangerous thing to trifle with such a drug."

Another case is before me *similar* to that already detailed of a gentleman of about the same age, but attended with constipation in the lower bowel, for which I prescribed the infusion of *Coca*, instead of tea or coffee, twice a day, but

without any permanent benefit. I mention this in order to draw attention to Dr. Adrian Stokes's case of *chronic constipation*,¹ so instructively written. This case is quite a study, for the constipation began in the digestive system with *stultulent indigestion*, ending in "*difficult defecation*." This lady's case is a marvel of medical progress in the selection of a remedy. Would that we could always have such results! Many years ago a physician called on me to see his wife, who had some slight ovarian enlargement, with more or less constipation, for which I prescribed *Calcarea Carb.* 3, with good results. The doctor was charmed with the remedy, for ever since he finds *Calcarea 12* quite sufficient to move her bowels. Once or twice he wished to test his wife's imagination by giving only water without the *Calcarea*, when the bowels remained unmoved, and he has confessed his experiment, much to her satisfaction and his amusement at the discovery. I remember two very instructive cases of laryngitis recorded by Dr. Stokes, which I fortunately read a day or two before I had a night-call to a somewhat similar case, which was very quickly relieved by *Gelsemium*.² Such cases are not to be forgotten.

MEDICAL CHIT-CHAT.

By DR. RÜCKERT, of Herrnhut.³

Now, good reader, if you should happen to expect any grand or new thing from one whose name you perhaps remember from olden times, you will be very much mistaken, for I shall claim the right of an old man to just fight my battles o'er again. I am only going to have a little chat with you.

That I am no chick you may reckon out for yourself when I tell you that I was twenty-nine years of age when I was present at the great jubilee at Coethen on the tenth of August in the year eighteen hundred and twenty-nine. And as I am, I believe, the only one now alive of those who,

¹ "Monthly Homœopathic Review," December, 1879.

² Notes on New American Remedies, p. 25.

³ Translated by Dr. Burnett from the *Allgemeine Homœopathische Zeitung*, Vol. XCIX. No. 20, November 11th, 1879. Dr. Rückert is the only surviving disciple of Hahnemann who received instruction direct from the master. We esteem it a great privilege to peruse the veteran disciple's communication; he is the last link that directly connects us with the great past.

in the stilly eventide, surrounded the master on that memorable occasion as he enjoyed his much-loved pipe in the summer-house in the garden at Coethen, I sent my brotherly greeting to the jubilee gathering that took place on the tenth of August of the present year at Hanover, though I do not know whether it ever reached its destination. Moreover, they do not appear to have been over-jubilant at said forgathering.

Well, we chatted about a good many things in that summer-house in the garden at Coethen, and much of what we discussed has, alas! never been chronicled, and now after fifty years I am not very clear about it myself.

Only two observations stand out clearly in my memory.

In the *Reine Arzneimittellehre*, vol. iv., of 1825, Hahnemann had recommended the second trituration of *Sulphur*.

I do not now remember where he subsequently recommended the *Tincture of Sulphur* as a reliable preparation, but we were using it at that time.

Speaking of *Sulphur* that evening, he said, "Now, just potentise the tincture up to the thirtieth and you will be pleased with your results."

I followed his advice, found it confirmed, and have for many years used it in all kinds of cases with blessed results.

This proceeding was not prescribed till he published the *Chronische Krankheiten* in 1830 (vol. iv. p. 338).

As we came to discuss the question of feeling done up after much head-work, said he, "If I require any help under such circumstances, I have a tiny bottle armed with globules of *Staphysagria*; I smell it, and it puts me right."

About a year ago an otherwise healthy gentleman, about fifty years of age, came to me and complained of a pain in his *Tendo Achillis* that put him out a good deal. I administered various remedies to him, and the pains left him *post hoc*, certainly, though I do not say that it was *propter hoc*.

This last March he came again.

His right *Tendo Achillis* was again out of sorts; there was a swelling on it about a couple of inches long, and it pained so much that it hindered his walking. The pain he could not otherwise describe than as if the place were *jammed* in, with a feeling of unusual heat therein, worse while sitting, better while lying down.

Otherwise he was quite well.

I took up my Bönninghausen's *Taschenbuch* that is always lying on my desk.

I found, on page 128, under *Tendo Achillis*, 38 remedies, foremost of which is *Mur. Acid.*

But I began to compare a bit with the one in the second place, as I should never have thought of this acid in such conditions, and our literature did not contain anything suggestive of it, but I could not find anything to fit.

Yet I was not a little astonished on looking up the *Materia Medica Pura*, v. (1826), symp. 34.

“In walking, drawing and tension in the *Tendo Achillis*, whereby the foot is rendered so lame that he cannot walk.”

Sympt. 33 was not present in my case, but it indicated an inflammatory condition of the tendon.

I at once put 6 drops of the acid into 60 grammes of water and ordered it to be taken by the teaspoonful, and was not a little astonished to hear the next morning that the patient had perspired a little in the night, and that the pain was considerably less, so that it no longer hindered his walking except a very little. By the next day it was all right.

We are thus often helped out of a difficulty by a symptom that we should think of no value, and said I to myself. “Is it wise to strike out symptoms that seem unimportant, as *Espanet* would have us do?”

A remedy that only occurs once in the *Klinische Erfahrungen*, vol. iv. 581, and there used with advantage by my eldest brother, and one that has probably but very rarely passed through my colleagues' hands, has helped me out of a difficulty with two patients this very year.

A gentleman, seventy-eight years of age, still pretty hale, but often suffering from itching of the skin, without any eruption, sent for me on March 4th and complained of not having been able to sleep for several nights because his legs were constantly jerking up with cramps. I found him sitting in an armchair with his legs stretched out and resting on a footstool, and could see how his legs visibly jerked, which, as he said, was much worse at night, and of course disturbed his sleep. Otherwise he complained of nothing, and his digestion was good.

Here there was not much to take hold of for the choice of a remedy. At first I gave him (*Arch.* 3, 2, p. 189, Sympt. 351-52) *Antim.-Tart.* 3x trit. three doses, to take one every eight hours.

On March 6th I found the patient still in the same condition.

I then thought of a similar case that had occurred to me years before, and also of the before-mentioned observation, and I found under *Menyanthes Trifol.* (192), "While sitting, the whole of the leg was spasmodically jerked upwards four separate times, but when standing, or when sitting with bent legs, it was not observable," and (220) "Not exactly painful, but visible jumps in various parts at the same time." Compare also 33, 108, 159, 168, 171, 172, 185, 206, 212, 221.

I gave three doses of *Menyanthes* 3x, in the same manner as the *Ant.-Tart.*

When I called again he said that rest resulted from the first dose; he was able to sleep, and not a trace of the affection remained.

He is an old botanist, and was very curious to hear the name of the efficient remedy.

The following case follows well here:—

An ex-West Indian missionary, eighty-two years of age, whom I had often relieved with divers remedies of various rheumatic pains seated principally in the left hip, and extending thence down the whole thigh, complained on July 3rd of a dull pain from the hip to the lower half of the leg, with occasional stitches and very painful visible jerking of the leg, so that his rest at night was entirely destroyed.

After one dose of *Menyanthes* 3x, he was able to sleep the next night, and the painful jumpings and jerkings quite disappeared, and also the before-mentioned pain.

Subsequently the same condition occurred again, and was also cured with the same remedy.

Latterly we have heard a good deal about our triturations, especially about those of our metallic remedies.

In common with numberless colleagues, I have also in the fifty years of my busy professional life been able to satisfy myself of their activity.

Perhaps I may be permitted to give a very striking example of it.

The above-mentioned gentleman, eighty-two years of age, whose respiratory organs never showed the faintest sign of any morbid tendency, began suddenly at the end of July to suffer from a cough, that at once became loose, and much expectoration. I gave him *Pulsatilla* without benefit. The cough brought on by the accumulated phlegm increased, and did not give him ten minutes' rest day or night, so

that all sleep was disturbed, and his powers were evidently waning.

At the same time the profuse expectoration took on a suspiciously yellowish colour, and such a bad smell that the nurse had to take the spittoon out of the room.

I gave *Silicea* without effect, so also, in order, if possible, to get a little rest at night, *Hyoscyamus*. On the fourth day *Phosphorus* was also given, but without avail.

This violent attack on the respiratory organs, let alone all the other pains and aches, left no other outlook but the break up of the eighty-two-year-old organism. I now gave *Stannum 7x* trituration, a few grains dissolved in water. Of this patient took a sip in the afternoon and again in the evening.

How great was my astonishment when I called next morning to meet the nurse with the joyful tidings that patient had slept the whole night; cough and expectoration were insignificant, and disappeared entirely within twenty-four hours, and did not return. The attack on the respiratory organs was cured.

Gradually the rheumatic pains returned, and there was another joy in store for me.

The principal seat of this pain was the left thigh. But towards the end of August it often went away from this side and concentrated itself especially in the right hips, and radiated from there to the knee and calf. He could not exactly describe it; it was in the bone, but it became so violent that he whined day and night, and could not sleep a minute, and begged for relief from his misery.

Thought I to myself, "The gentlemen in the other camp would come along with the morphia-syringe and triumph over their glorious success!"

Towards the evening I gave one dose of *Colocynth 3x*.

Next morning I went to my patient with a heavy heart, but my grief was soon turned into joy, for one hour after taking the medicine the pain had yielded, and he had slept the whole night. The pains were gone and did not return.

With this I conclude, knowing full well that I have not entertained my colleagues with any particular cures, or with anything new; it is only a question of some little matters that have pleased the old boy.

ON LUPUS OF THE THROAT, OR GRAVE
SCROFULIDES OF THE BUCCO-PHARYNGEAL
MUCOUS MEMBRANE.

By DR. DAVIDSON, Florence, Italy.

AMONGST the problems offered by our hospitals for our study there are but few that present more interest or greater difficulties than the diagnosis of certain manifestations of scrofula and syphilis. In the presence of such facts even masters themselves hesitate; the dermatologist of the greatest experience in detecting a disease by its various features, the clinician of the highest ability in finding in the history of the patient those landmarks that show the way to the truth, both alike must oft content themselves with a diagnosis of probabilities: maybe it is syphilis; it is probably scrofula, as M. Ricord was wont to say under such circumstances. However delicate the diagnosis may be when the lesions are situate upon the skin, it is often still more so when the affection shows itself upon the mucous surfaces and there constitutes the sole morbid manifestation. And then how much more complex the problem when struma and syphilis seem to accumulate their action. At one time it is a scrofulous person who has become syphilitic, and in whom are evolved side by side the manifestations of the two constitutional maladies; then again, the actual lesion is cloaked by peculiar characters, seemingly derived from a twofold origin. In other cases the scrofula takes on such strange appearances, and so much resembles syphilis that one is driven to think of hereditary syphilis. To get our diagnostics in a clear light, to discuss the prognosis in an adequate manner, and to indicate the treatment, the physician has often just such difficulties to solve when he has to do with patients suffering from lupus.

The name *lupus* is somewhat vague, and represents for some merely a generic affection of the skin, for others again it infallibly entails the idea of scrofulosis, and finally, for others it characterises a distinct malady, referable to either syphilis or scrofula, but originally it was confined to skin disease solely, while subsequently it served to qualify certain affections of the mucous membrane, and *lupus* of the bucco-pharyngeal mucous membrane has specially attracted the attention of the profession during the past few years.

It is to a study of these facts, *i.e.*, to speak more exactly,

to a study of the grave scrofulides of the mouth and of the pharynx, that this memoir is devoted.

(To be continued.)

THE HOMŒOPATHIC EXPERIENCES OF A LAYMAN.

SIR,—I beg to give you my experience of Homœopathy in a country village, six miles from Liverpool, where there was no doctor residing, and where I was called upon to render some aid to cases in which the Allopathic system had been tried and found wanting.

The cases occurred within the last twenty-five years, and were all treated with the low dilutions, some even with the *Mother Tincture*. As a section of our professional border is now claiming its sole right to be called Hahnemannian because it uses only the high dilutions, and gives one medicine only in a disease, I claim the right to make known facts clearly illustrative of the benefit of prescribing the lower dilutions, and of sometimes alternating medicines in acute forms of disease.

I lay no claim to medical lore, and only give you the symptoms as they presented themselves to me, the medicines given, and the results obtained from the treatment.

3, Upper Duke Street, Liverpool.

J. J. EDGAR.

Case 1.—A boy aged twelve years was brought to me quite blind, and in a very bad state of health. He could not open his eyes. I declined to take charge of him at first, and wished to send him to the Homœopathic Dispensary. The parents, however, objected to send him to any public institute, as he had been already to the Liverpool Eye Dispensary for six months, and for a length of time under his club doctor. Previous to his blindness he had had a severe attack of rheumatic fever. I began the treatment as follows:—First, *Aconite* for four days, *Belladonna* for six days, *Euphrasia* for seven days; at the end of the above period he was very much improved. Having to leave the village at this period of the treatment, I sent him *Nux Vomica* to be taken for six days, and then *Spigelia* for six days. When these medicines were finished, the boy with the mother walked to Liverpool. At this time he had recovered the use of one eye.

I exhibited the case to an eminent homœopathic physician, who said the disease was ophthalmia, with ulceration of the cornea, and he advised me to persevere with treatment. Subsequently I gave him *Kali Bichrom.*, *Sulphur*, *Zincum*, and *Calcarea*. At the end of six months he was perfectly cured and in excellent health.

Case 2.—A poor man came to me on Saturday night, saying that his wife was dying. I told him I was not a doctor, and so could not attend, and that he must go for a qualified man. He said the doctor had been that morning, and could do nothing for her. I inquired the symptoms, which were violent purging, with burning pains in the abdomen. I gave him *Arsenicum* 3, six drops in half a pint of water, a teaspoonful every half-hour.

The next morning the man called to say that his wife was out of danger. After a few doses the pains quite ceased, but there was still great weakness. I advised him to continue the medicine, but at longer intervals. The woman never had a relapse, else I should have been apprised of it.

Case 3.—A gentleman holding a high position in the Excise met with a severe accident to the fingers of his right hand, which prevented him from holding his pen.

He consulted Sir B. Brodie, who announced his case as one of permanent contraction of the tendons, and gave his opinion that the case was hopeless. He resolved to try Homœopathy, and soon found wonderfully curative results from *Aconite*, *Arnica*, and *Rhus Tox.*, taken for three weeks, each medicine for a week at a time. Then followed *Sulphur* tincture for three weeks. At the end of this time the gentleman acquired again the free use of his fingers, and became afterwards a warm advocate of Homœopathy in the neighbourhood.

Case 4.—A poor woman, aged sixty, working in the fields, was attacked with paralysis. Present symptoms are: Face distended, no power in right arm, lame in her right leg, and could scarcely articulate. Has been under Allopathic treatment. Following Hempel and Bentley's advice, I put her under the use of *Aconite Rad.* mother tincture, twelve drops in a pint of water, and I told her to keep her bed for a few days. She broke out into a violent perspiration. At the end of a fortnight she was decidedly better in all respects. The use of her limbs returned, and she resumed her work in the fields in two months, and had no relapse. No other

medicine whatever was given, the cure being effected by the *Aconite* only.

Case 5.—An old woman aged seventy, seized with dysentery, bloody stools, etc. I gave her *Mercurius Corrosivus* in alternation with *Aconite*. She recovered in less than one week. For her debility, gave *China*, and she lived on till eighty years of age.

Case 6.—A poor man named Dickens applied to me for relief, as an allopathic doctor told him to remove from the village, otherwise he could not live long. He suffers from a painful cough night and day, with stitches in his right side, and is also asthmatical. I first gave him *Aconite A.* and *Mercurius Solubilis* 3 alternately for eight days, and found him then very much better. I instructed him to wait one day, and to take *Berberis Vulg.* mother tincture for eight days; this latter medicine had a splendid effect on the side pains. To finish up the case, I gave *Sulphur* tincture, and a perfect recovery of this “condemned” man resulted from the above treatment. I have cured many cases of lumbago by *Aconite Rad.* mother tincture and tincture of *Sulphur*, and have never known these remedies to fail. In erysipelas I have been very successful with *Aconite*, *Belladonna*, and tincture of *Sulphur*. In pleurisy, a most satisfactory cure was effected in the sister of an allopathic doctor by *Aconite* and *Arnica* in alternation, and afterwards tincture of *Sulphur*.

Case 7.—The youngest son of one of the Liverpool Aldermen was brought to me. He had a large and hard glandular swelling on his neck, the size of a walnut of ordinary bulk. This had existed for a long time, and had not yielded to allopathic treatment. I began by administering a few drops of *Sulphur* tincture for eight days; then *Thuja* 1, five drops thrice a day for a month. At the end of this period the lump was becoming softer. I then prescribed *Baryta Mur.*, 3 trit. thrice a day for another month. Lump was then much softer. I then gave *Rhus* 1 in pilules for three weeks; then *Sulphur* tincture again for a week, and returned to *Thuja* 1; and by alternating *Thuja* and *Sulphur*, it was completely removed within one year, not a vestige of the swelling remaining, and general health excellent. This case of cure proved to be a most happy event for Homeopathy. The worthy Alderman belonged to the powerful section of the Town Council, and when the Homeopathic Dispensary was brought forward at the Council, by his influence it was placed on the

list with other charities of the town, and an annual grant of £50 voted to it. Subsequently a piece of land in an excellent central position was granted at a nominal price for the purpose of building a new dispensary, and a handsome building was erected thereon, being the first building in England erected specially for a Homœopathic Dispensary at that time. Since its erection, the Mayor for the time being presides at the annual meeting as at the other medical charities, and is generally a contributor to its funds. I might detail other cases which have proved to be marvellous cures, but will not encroach upon your space further than mentioning one other, viz. :

Case 8.—A man about fifty years of age had been in the infirmary for many weeks with inflammation and enlargement of the bones of the legs, which was so formidable that amputation was decided upon. The man declined to be operated upon, and fell into my hands, when tincture of *Sulphur* effected a thorough cure, and in about two months he could walk several miles.

[We congratulate Mr. Edgar upon his excellent therapeutic work ; if things go on at this pace with *laymen*, we *doctors* shall have to get up earlier in the morning.—ED. H. W.]

CASE OF LEUCORRHOEA, WITH PAINS IN LEFT HYPOCHONDRIUM, CURED WITH CEANOTHUS AMERICANUS 3.

By J. C. BURNETT, M.D.

A YOUNG lady, aged 19, came under observation on May 23rd, 1879, complaining of constant and severe *pain in the left hypochondrium*, of more than two years' duration, and yellow leucorrhœa. The pain she described as piercing. Her menses were too frequent, appearing every fortnight. *Ceanothus* has strong affinity for the left hypochondrium, and it produces pathogenetically a too frequent flow of the menses. In my hands it has repeatedly cured *Fluor albus* when the discharge was yellow, and when it was connected with a pain under the left ribs. I therefore ordered *Ceanothus Americanus*. Heretofore I had confined myself to very low dilutions of this remedy, but having found it, even in the first centesimal dilution, produce disagreeable symptoms, and being, moreover, desirous of testing a somewhat higher

dilution, I made use of the third centesimal, and of this I administered one pilule every four hours.

July 18. Patient returned, and reported as follows: "The pain in the side disappeared entirely in two days, and has not since returned; the whites have ceased, and the period was a week later, and there was less pain than usual;" viz., there was an interval of three weeks instead of two.

I have before proved that *Ceanothus* is a splendid spleen medicine. Apparently others do well without it; I cannot.

The patient still complained of a headache; for this *Zincum* 6 was prescribed, and she never came again.

MEDICAL TRADES-UNIONISM IN LEICESTER FROM A LAYMAN'S STANDPOINT.

WE read in the *Midland Free Press*, Leicester, Saturday, December 13th, 1879:—

"The most painful and shameful thing I have heard of in connection with the illness of the late Mr. E. S. Ellis, concerns the medical profession of the town—or some part of it. As your readers have been made aware, Mr. Ellis consulted Dr. Emmerson, in the first instance, then Dr. Clifton was called in, and as the symptoms became so grave, a physician from St. Thomas's Hospital, London, was telegraphed for, and at once came down and gave his advice. Now, I hear on very good authority that when the fact that Dr. Jones had come from London and had given his opinion and aid, became known, some of the Leicester doctors actually had the consummate impertinence—I can call it by no milder term—to complain to that gentleman of his conduct in holding a consultation with two homœopathic practitioners! I am not quite sure that they did not hint a caution or a hope that he would not repeat so enormous an offence! If the matter were not so important, as affecting the safety of human life, such a course as this would be simply ludicrous. But this is no joking matter. Any one of us, Mr. Editor, may be suddenly seized with illness, as, apparently, was Mr. Ellis. We may at present pin our faith to an allopathic, a homœopathic, a botanic, or a hydropathic practitioner—most of us have our favourite doctor, and most of us have the pleasure of paying for his services. But supposing our anxious friends should be advised to obtain the assistance of the most

eminent men in the treatment of a special disease that London can provide—for the best talent always gravitates to the best market, which in England is the metropolis—are we to be told, is the special physician to be told, that he must first wire for information as to who is attending the patient? That if it is A who calls himself an “allopath” he will come, but if the patient has believed in B, who is a “homœopath,” he won’t come—and that for aught he cares the patient may die! This is, in fact, what the conduct which I have mentioned amounts to. Thus stated in all its naked deformity it is simply shocking, and as proceeding from a body of educated gentlemen—save the mark!—is simply outrageous. Now, Sir, if I am in error in this matter, or if I have at all exaggerated the case, I will gladly apologise. But I call upon the medical men in Leicester to disavow all complicity in such a business; for while such a report is flying about, unofficially contradicted, a stigma rests upon every member of the profession in the town. I shall have more to say upon this matter by-and-by, but for the present I wait the reply of the doctors.”

HOWARD MEDAL OF THE STATISTICAL SOCIETY.

THE following is the title of the Essay to which the Medal will be awarded in November, 1880. Essays must be sent in on or before 30th June, 1880:—

“The Oriental Plague in its Social, Economical, Political, and International Relations: special reference being made to the labours of Howard on the subject.”

The Council have decided to grant the sum of £20 to the writer who may gain the “Howard Medal” in November, 1880.

In the year 1873, the centenary of the appointment of John Howard as High Sheriff of the County of Bedford, the Council of the Statistical Society gave effect to the suggestions of the president, Dr. Guy, F.R.S., by founding a Medal under the above title, and adopting the following rules and conditions:—

1. That a Medal, to be called “The Howard Medal,” shall be presented in the name of the President, Council, and Fellows of the Statistical Society, to the author of the best

Essay on some subject in "Social Statistics," a preference being given to those topics which Howard himself investigated, and illustrated by his labours and writings.

2. That the Medal be a bronze medal, contained in a case, having on one side a portrait of John Howard, on the other a sheaf of wheat, with suitable inscription. The executive committee to arrange the details.

3. That the subject of the Essay shall be selected by the Council at their ordinary meeting next preceding the anniversary meeting of the Society, at which anniversary meeting the title of the said Essay shall be announced.

4. That the essays be sent to the Council of the Statistical Society, Somerset House Terrace (King's College entrance), Strand, W.C., London, on or before June 30th of the year following the announcement of the subject of the essay. Each essay to bear a motto, and to be accompanied by a sealed letter, marked with the like motto, and containing the name and address of the author; such letter not to be opened, except in the case of the successful essay.

5. That no essay exceed in length 150 pages of the *Journal of the Statistical Society*.

6. That the Council shall, if they see fit, cause the successful essay, or an abridgment thereof, to be read at a meeting of the Statistical Society; and shall have the right of publishing the essay in their *Journal* one month before its appearance in any separate independent form; this right of publication to continue till three months after the award of the prize.

7. That the Executive Committee for the time being, or any other committee the Council may appoint, shall examine the essays, and report their decision to the Council at their meeting next preceding the ordinary meeting held in November of each year.

8. That the President shall place the Medal in the hands of the successful candidate, at the conclusion of his annual address, at the ordinary meeting in November, when he shall also reannounce the subject of the Prize Essay for the following year.

9. Competition for this Medal shall not be limited to the Fellows of the Statistical Society, but shall be open to any competitor, providing the essay be written in the English language.

10. That the Council shall not award the prize, except to the author of an essay, in their opinion, of a sufficient

standard of merit; and that no essay shall be deemed to be of sufficient merit that does not set forth the facts with which it deals—in part, at least, in the language of figures and tables; and that distinct references be made to such authorities as may be quoted or referred to.

HOMŒOPATHIC TREATMENT IN HYDROPATHIC ESTABLISHMENTS.

OUR attention has been called to a notice that appeared in the last issue of the *Monthly Homœopathic Review* to the effect that “Dr. Owens is the *only* practitioner who employs Homœopathy in the treatment of cases in a hydropathic institution. Those sending patients to such institutions should be aware of this in selecting the place of residence and treatment.” This is a manifestly incorrect statement, and has no doubt crept in unknown to the editors, who well know that there are several other such institutions in which Homœopathy is regularly employed. We are not well posted up in these matters, but we believe that Dr. Dalzell and Dr. Walter Johnson have such establishments at Malvern, and the names of both these gentlemen appear in our Homœopathic Directory for the current year. On the other hand, Dr. Owen’s name is *not* in our Directory at all, and hence we conclude he is a new addition to our ranks, although he has been in the profession a good many years.

The only hydropathic establishment in which homœopathic treatment is regularly employed, of which we can speak of our own personal knowledge, is that of Dr. Thomas, at Llandudno. And, as our readers well know, Dr. Thomas has had a high reputation as a homœopathic practitioner these twenty years. As an old pupil of Hering, as the editor of Guernsey’s “*Domestic Practice*,” as the author of “*Additions to the Homœopathic Materia Medica*,” and of a very useful work on *External Remedies*, that was rendered into German some five years ago by Dr. Raron, Dr. Thomas has very substantial claims upon the good will of his homœopathic confrères. Dr. Thomas also made a proving of *Bellis perennis*, for which see *British Journal of Homœopathy*, vol. xvi. p. 325, and Allen’s *Encyclopædia of Pure Materia Medica*, vol. ii. p. 128.

The name of Dr. Thomas is a household word in the homœopathic circles of Cheshire and North Wales, where

his great success as a homœopathic practitioner for nearly twenty years has made him so deservedly popular. No doubt our excellent contemporary will correct the damaging mis-statement above referred to.

Since penning the foregoing, a city gentleman, who has long been in the habit of spending his holidays in hydropathic establishments, gives us the following list of "hydro's" in which homœopathic treatment is usually resorted to, viz. :

To his own knowledge the following:—Mr. Souter, Beulah Spa, Norwood, S.E.; Proprietor, Langton Hall, S.E.; Proprietor, Thrale Hall, Streatham, S.E.; Proprietor, Sanatorium, Southport; Dr. Williams, Duppas Hill (upwards of twenty years), Croydon; Proprietor, Bishop's Down, Grove Spa, Tunbridge Wells; Proprietor, Matlock House, Matlock Bridge, Derbyshire; Dr. Thomas, Llandudno.

BOTTLED-UP DAYLIGHT.

WE have received a piece of card a few inches square that appears to be painted with something drying, not unlike lime. Placed in the dark it emits a bluish light. The thing has, we believe, been patented, and a new era in lighting is foretold for us through its agency. Messrs. Shlee and Horne, of 31, Aldermanbury, London, have very kindly shown us its working on a larger scale. We went with the foreman into the basement and turned off the gas, and were then enabled to see dimly with its aid. It is stated that it will work for two or three years by being exposed to a good light for a few minutes every day. A piece put into a letter-box would give light enough in the dark to show where to put the letters; hung on the wall in a dark passage it would suffice to show the way; in dark cellars and in mines it may be used as a lantern when the presence of any flame would be dangerous on account of gunpowder or other explosive. The material on the card is said to consist of lime and sulphur, and the explanation given of its action is that the waves of light impinge on their particles and continue in action for six or seven hours; then the card must be recharged by being again exposed to light, when the same process is repeated. It is, as it were, re-echoed light!

SEÑOR DOCTOR MARQUES DE NUÑEZ.

THE celebrated Spanish homœopathic physician, Señor Doctor Marques de Nuñez, died of pneumonia, at his official residence in the Homœopathic Hospital at Madrid, on the 10th November, 1879.

Dr. de Nuñez was a most enthusiastic homœopath, and the very life and soul of Homœopathy in Spain, and perpetual president of the *Sociedad Hahnemanniana* of Madrid.

Dr. de Nuñez owed his elevation to the marquise to "services rendered to Homœopathy." His death will be a sad blow to our cause in the Peninsula.

We are not in possession of sufficient data to be able to give our readers a biography of the noble marquis, but we hope to be able to do so in our next issue.

DR. C. R. DRYSDALE ON THE MORTALITY OF
THE RICH AND POOR.

DR. C. R. DRYSDALE, M.D., Senior Physician to the Metropolitan Free Hospital, recently wrote as follows to the *Echo* :—

† Sir,—Some statistics which I brought before the Medical Society of London last week may possibly interest some of your readers. Public Health and Political Economy questions are of no use unless discussed by the masses, who are to benefit by them. The statistics I refer to here relate to the comparative mortality of the well-to-do and the poorer classes.

In 1843 the Sanitary Commission found, on inquiry in Bethnal Green, that the mean age at death among the families of the gentry, professionalists, and richer classes of that part of London was 44, whilst that of the families of the artisan class in the same locality was about 22. The same result had been obtained in Paris some years before, when it was found that from 1817 to 1836 one inhabitant in fifteen died in the 12th Arrondissement, inhabited by the poorer classes, as against one in sixty-five in the 2nd Arrondissement, or quarter of the rich. And one of the able writers on Public Health, M. Villermé, of Paris, pointed out that between the ages of forty and forty-five the death-rate per 1,000 among persons in easy circumstances was 8·3, whilst it was 18·7 amongst poor people of similar ages, i.e., nearly two and a half times as great among the poor as

among the rich of these ages. The high death-rate of many of our cities, such as Dublin, is probably owing mainly to the indigence of the poorer inhabitants when compared with those of London and Paris. Subsequent statistics of a London Assurance Company (Ansell), disclose that, among the children of well-to-do people in England and Wales, clergy, lawyers, medical men, etc., there die only some 8 per cent. in the first year of life, as against 20, 30, 40, or even 50 per cent. in Manchester, Liverpool, or Berlin among the children of the poor.

Ansell points out that, in a single year, there died 142,000 persons in England and Wales alone who would have lived had the average death-rate only been that of the well-to-do classes of this country (National Assurance Company tables).

In our most favoured colony, New Zealand, where butcher's meat is about 3d. a pound and wheat about 3s. a bushel, and where an ordinary agricultural labourer receives from 36s. to 48s. a week, there is the extraordinary low death-rate of $12\frac{1}{2}$ per 1,000, and that in spite of the fact that the birth-rate exceeds 40 per 1,000. Nothing could more plainly prove the value of comfort in lessening the death-rate.

The inference I draw from these figures is that the main cause of a high death-rate is that indigence which seems fatally to accompany civilisation, notwithstanding all the noble efforts of philanthropists and political economists. Of course, all well-read people know, or ought to know, by this time, that European poverty is caused by over-population, *i.e.*, by over-rapid birth-rates.

England has a birth-rate of 36 per 1,000, Russia one of 40 per 1,000, whilst France has one of only 26 per 1,000. If France, which, however, in my idea, is still greatly over-peopled, has the lowest adult death-rate in Europe and the greatest commercial prosperity, I think it is clear that she owes all this to her low birth-rate. Why could not Governments make use of these facts, and by slight fines on those who bring so much misery into life by procreating large families, try to lessen the death-rate?

HOMŒOPATHY IN LUCKNOW (INDIA).

OUR friends in and around Lucknow will be gratified to know that Dr. Sanwal Das Ramasnehi has definitely settled at that station, where he is already enjoying a large practice

and is doing his best to spread a knowledge of Homœopathy among the people.

Dr. Ramasnehi informs us that intermittent fever is very prevalent at Lucknow, and that he is meeting with very considerable success in its treatment, notably with the mother tincture of *Eucalyptus Globulus*, prepared by himself from the leaves of trees cultivated in India by the beneficent government.

Our learned colleague has promised us some of his clinical experience.

PROFESSOR HUXLEY'S ADVICE TO BOYS.

THE following appeared in a recent issue of the *Daily News* :—

Sir,—It so happens that, guided by the old saw, *Maxima reverentia debetur pueris*, I took particular pains to think over what I intended to say at the distribution of prizes to the University College schoolboys last Thursday; and I even went so far as to write out my speech in full.

That my address departed verbally from the manuscript which I enclose is likely enough, as I had only two or three notes. But it certainly was nowise different in substance. Under these circumstances, am I asking too great a favour in requesting that you will find room for it in the *Daily News*, in order that such of your readers as may be interested in knowing that I am still sane may compare it with the editorial comments?

I am, yours faithfully,

T. H. HUXLEY.

Royal School of Mines.

Ladies and Gentlemen,—Let me remind you that you are simply spectators of to-day's proceedings, and that it is not my business to address you. If it were, the occasion might tempt me to take up much more of your time than I intend to occupy in saying a great many things which I have no intention of saying. For though I am not by nature greatly given to sentimental reflections, I cannot but imagine that we men and women are tempted to say of the hearty boys, at the demonstration of whose mental and physical vigour we

have been assisting, that which Wallenstein says of Max Piccolomini—

“ For oh, he stood before me like my youth,
Transformed for me the real to a dream,
Clothing the palpable and the familiar
With golden exhalations of the dawn.”

We have reached the hard realities, the palpable limitations, the familiar drudgery of actual life, while for these joyous lads the future is a vision of limitless possibilities shaped out of the golden exhalations of youth and hope. A long, an earnest, perhaps a sad, homily might be preached upon this text. Happily for me, I am not called upon to deliver it; but I may at once address myself to these boys, who are doubtless beginning to think that I am mauding, and that if there is anything in the world real and palpable, not to say familiar, it is just themselves. So, boys, let me tell you that it has given me great pleasure to come among you to-day, and to hand you the prizes you have won for proficiency in all sorts of intellectual and some physical exercises; and, as I have perfect confidence in the judgment and in the justice of those who award these prizes, I am sure that you deserve the honours you have obtained, and I offer you my hearty congratulations upon them. You have a right to take an honest pride in your success, and I would even excuse a little vanity, if the fit is neither too strong nor too long. But though self-satisfaction, if one comes by it honestly, is a very good thing in its way, the whole value of success, here as elsewhere, does not lie in self-satisfaction. In the present case I should say that the chief value of success lies in the evidence which it affords of the possession of those faculties which will enable you to deal with those conditions of human existence into which you will be launched, to sink or swim, by-and-by. Let me appeal to your knowledge of yourselves and of your schoolfellows. What sort of fellows are those who win prizes? Is there in all the long list which we have gone through to-day the name of a single boy who is dull, slow, idle, and sickly? I am sorry to say that I have not the pleasure of knowing any of the prize-winners this year personally, but I take upon myself to answer, Certainly not—nay, I will go so far as to affirm that the boys to whom I have had the pleasure of giving prizes to-day, take them altogether, are the sharpest, quickest, most industrious, and strongest boys in the school. But by strongest I do not exactly mean those who can lift the greatest weights or

jump farthest, but those who have most endurance. You will observe again that I say, take them altogether. I do not doubt that outside the list of prize-winners there may be boys of keener intellect than any who are in it, disqualified by lack of industry or lack of health, and there may be highly industrious boys who are unfortunately dull or sickly, and there may be athletes who are still more unfortunately either idle or stupid, or both. Quickness in learning, readiness and accuracy in reproducing what is learnt, industry, endurance, these are the qualities, mixed in very various proportions, which are found in boys who win prizes. Now there is not the smallest doubt that every one of these qualities is of great value in practical life. Upon whatever career you may enter, intellectual quickness, industry, and the power of bearing fatigue, are three great advantages. But I want to impress upon you, and through you upon those who will direct your future course, the conviction which I entertain, that, as a general rule, the relative importance of these three qualifications is not rightly estimated; and that there are other qualities of no less value, which are not directly tested by school competition. A somewhat varied experience of men has led me, the longer I live, to set the less value upon mere cleverness; to attach more and more importance to industry and to physical endurance. Indeed, I am much disposed to think that endurance is the most valuable quality of all: for industry, as the desire to work hard, does not come to much if a feeble frame is unable to respond to the desire. Everybody who has had to make his way in the world must know that while the occasion for intellectual effort of a high order is rare, it constantly happens that a man's future turns upon his being able to stand a sudden and a heavy strain upon his powers of endurance. To a lawyer, a physician, or a merchant, it may be everything to be able to work sixteen hours a day for as long as is needful without knocking up. Moreover, the patience, tenacity, and good-humour which are among the most important qualifications for dealing with men, are incompatible with an irritable brain, a weak stomach, or a defective circulation. If any one of you prize-winners were a son of mine (as might have been the case, I am glad to think, on former occasions), and a good fairy were to offer to equip him according to my wishes for the battle of practical life, I should say, "I do not care to trouble you for any more cleverness; put in as much industry

as you can instead; and oh, if you please, a broad, deep chest, and a stomach of whose existence he shall never know anything." I should be well content with the prospects of a fellow so endowed. The other point which I wish to impress upon you is, that competitive examination, useful and excellent as it is for some purposes, is only a very partial test of what the winners will be worth in practical life. There are people who are neither very clever nor very industrious, nor very strong, and who would probably be nowhere in an examination, and who yet exert a great influence in virtue of what is called force of character. They may not know much, but they take care that what they do know they know well. They may not be very quick, but the knowledge they acquire sticks. They may not even be particularly industrious or enduring, but they are strong of will and firm of purpose, undaunted by fear of responsibility, single-minded, and trustworthy. In practical life a man of this sort is worth any number of merely clever and learned people. Of course I do not mean to imply for a moment that success in examination is incompatible with the possession of character, such as I have just defined it, but failure in examination is no evidence of the want of such character. And this leads me to administer from my point of view the crumb of comfort, which on these occasions is ordinarily offered to those whose names do not appear upon the prize list. It is quite true that practical life is a kind of long competitive examination, conducted by that severe pedagogue Professor Circumstance. But my experience leads me to conclude that his marks are given much more for character than for cleverness. Hence, though I have no doubt that those boys who have received prizes to-day, have already given rise to a fair hope that the future may see them prominent, perhaps brilliantly distinguished, members of society; yet neither do I think it at all unlikely that among the undistinguished crowd there may lie the making of some simple soldier, whose practical sense and indomitable courage may save an army led by characterless cleverness to the brink of destruction, or some plain man of business, who by dint of sheer honesty and firmness may slowly and surely rise to prosperity and honour, when his more brilliant compeers, for lack of character, have gone down with all who trusted them to hopeless ruin. Such things do happen. Hence let none of you be discouraged. Those who have won prizes have made a good beginning; those who have not, may yet make that

good ending which is better than a good beginning. No life is wasted unless it ends in sloth, dishonesty, or cowardice. No success is worthy of the name, unless it is won by honest industry and brave breasting of the waves of fortune. Unless at the end of life some exhalation of the dawn still hangs about the palpable and the familiar; unless there is some transformation of the real into the best dreams of youth, depend upon it whatever outward success may have gathered round a man, he is but an elaborate and a mischievous failure.

DRUG-SMOKING.

DR. REGINALD E. THOMPSON has contributed to the *Practitioner* a somewhat remarkable paper on the therapeutical value of drug-smoking. The fact that asthmatic patients are relieved by smoking secret medicines, with other considerations, led him to investigate the matter. His object was to find some method of combining well-known drugs, so that the smoke could be inhaled and brought into contact with the bloodvessels of the lungs. The simplest and surest method is the use of paper soaked in a weak solution of nitre, dipped afterwards into the tinctures or solutions of the drugs to be administered, and rolled into cigarettes of uniform size. The paper most suitable for the purpose was found to be Swedish filtering paper, which burnt freely and gave out but little odour. The scent of the smoke was, however, so disagreeable that it was necessary to disguise it, and the following formula represents the basis of each cigar. Swedish filtering paper, size 4in. by 2½in.; nitre, ¼ gr.; tinctura tabaci (1 in 8), 10 minims; ol. anisi, ½ minim. A solution of the drug to be experimented on was then prepared, the paper floated on the solution, dried, and cut to any required size. An eighth of a grain of opium produced effects which were too intense, and 1-64th of a grain of extract of opium was found to be sufficient for the initial dose. Cigarettes with this amount of opium were smoked by four healthy men, and in a few minutes a decided effect of dizziness was produced. Not more than half the quantity of the drug can have been retained in the lungs. Short accounts are given of nine cases in which this preparation proved useful. In the first, eleven hours' sleep were obtained by smoking half a cigarette. The author sums up the article in the following

sentences :—"The smoking of opium is especially adapted to cases of harassing cough ; the topical effect of the drug is immediately obtained without any part of the dose being wasted on other tissues ; moreover, this mode avoids those objectionable effects which are a bar to the use of the drug when it has to be given by the mouth into the stomach. Opium-smoking is peculiarly useful in those cases of laryngeal ulceration in which all attempts at deglutition are accompanied with extreme pain, and the topical effect of the anodyne chiefly sought."

THE CATARRHAL AND PROLIFEROUS INFLAMMATIONS OF THE EAR.

I do not suppose there is any symptom that bewilders a student of our provings when he betakes himself to a study of Homœopathy more than that of noises in the ears with its countless variations. Since I commenced this course of lectures I have not felt myself placed in anything like the difficult position I am at present. As I said, I should like very much to enter at some length into this branch of our subject, but fear that in doing so I might weary your patience, and hope that after all it may be sufficient to revert to it in Clinical Lectures which I trust we may from time to time be able to deliver.

We pass on now to consider more especially Chronic Inflammation of the ear ; and we must begin by saying that of this form of the affection there are two varieties, the Catarrhal, and what is called the Proliferous, but which was described by Toynbee as thickening and rigidity of the mucous membrane.

The catarrhal form of inflammation has been very often referred to ; in fact, catarrh is now so generally recognised as the pathological process inducing aural disease, that in allopathic institutions it is no longer the fashion to speak of deafness, but rather to term all cases of uncomplicated deafness, aural catarrh ; and should otorrhœa exist, to term the case purulent catarrh. This sounds scientific, but it really is not so. However tedious it may be, if you want to individualise each case, and apply, as you should, a separate treatment to it, you must pay the greatest possible attention to the symptom deafness, and its most interesting varieties, knowing, as well you must, that though catarrh may be

present in each case, the differences between each are very marked, and that there are, in fact, almost as many kinds of disease-force leading on to this catarrh as there are cases of deafness, and that each of these disease forces requires a separate remedy for its removal. Therefore, although it is absolutely necessary to know if catarrh be present in the ear, I would recommend you in studying these cases not to hurry into a diagnosis of the nature of the lesion, but before doing so to study every symptom of which the patient complains, and to make a thorough local examination; and then, but not till then, you may pronounce upon its nature—whether Catarrhal or Proliferous. Nothing is more ridiculed by allopaths than our prescribing for symptoms. They pronounce it unscientific and indicative of ignorance; but allow me, by way of example, to suppose a case of deafness where the patient hears better when in a noise. Will this be best treated by assuming, with Kramer, that it arises from auditory-nerve torpor, the nerve getting excited by the noises; with Allen, that it arises from a relaxed condition of the drumhead; or with Hinton, that it originates in a disconnection between the incus and stapes; or with all of them, that it is primarily the result of catarrh? All this, so far as the treatment of the case is concerned, is nothing more than tall talk; but when we take up our “Chronic Diseases,” and show you, under the head of *Graphites*, “*Improvement of hearing when riding in a carriage*,” and when we demonstrate to you that this pathogenetic effect can be utilised for curative purposes, we are, clearly, in a different position altogether. The fact that catarrh exists, then, sinks into insignificance. It is, comparatively, useless as an indication, whilst the kind of deafness produced by the catarrh becomes a valuable indication for treatment, as it points to the specific remedy.

It is not only desirable, but, for the proper understanding of the case, is absolutely necessary to know that catarrh exists. So much is aimed at by both sections of the profession; but it is additionally desirable and even more necessary to find a something which, this catarrh being present, will lead us to the indicated, the affiliated remedy. This is sought for and successfully obtained by Homœopathy and by the homœopathic method alone, and so it is in every case; *ex uno disce omnes*. You see, therefore, how ridiculous it is to suppose that as Homœopaths we belong to a distinct and antagonistic branch of the profession. Nothing

of the kind. We take in all that allopathy does, while to this we add a scientific system of treatment.

You will not ask me to describe for you catarrhal deafness; you are already aware that it begins by "taking cold." A succession of colds in the head is very often followed by a confirmed deafness; in fact, to a great extent, the history of the case determines the nature of the pathological lesion, and, as we shall see, distinguishes it from the proliferous form; but, as you know, catarrhal deafness may also arise as a sequela of acute aural inflammation, and thus be caused by smallpox, scarlatina, and other exanthemata. The usual forms of catarrhal deafness, therefore, come on as colds do, intermittingly; the patient gets better and worse until at last he becomes a martyr to confirmed deafness. Should a severe form of deafness come on suddenly from cold, bathing in cold water, or being out in the evening air, and without much pain, but with noises in one or both ears, the probability will be that on examination you will discover the meatus plugged with cerumen, its presence indicating a catarrhal condition quite as much as would any other sign.

Should deafness arise from recurrent catarrhs, you must, in selecting your remedy, place great dependence upon this fact alone. *Iodium*, and its salt, *Kali Hydriodicum*, will here help you, and particularly so in young patients. Then you will have *Mercurius*, *Cubebs*, *Cepa*, and other remedies; but especially will it be necessary for you to endeavour to prevent the recurrence of these colds, and there is no one remedy that so effectually does this as *Camphor*, especially when administered in inhalation form. I am in the habit of placing in the hands of patients who suffer from catarrhal deafness a leaflet containing these "Directions for Inhaling *Camphor*":

"Procure from a reliable homœopathic chemist a shilling bottle of Rubini's *Spirits of Camphor*; pour a few drops upon the palm of one hand, rub your hands together, and then, holding them over your nose, draw in through your nose a deep breath.

"This done, close both nostrils tightly between your finger and thumb, and press up the air in your mouth through the ear-tubes, as though you were trying 'to blow through your ears.'

"Do this three or four times in rapid succession at each sitting, and repeat the operation two or three times a day."

THE PROLIFEROUS INFLAMMATION.

The diagnosis of Proliferous as distinguished from Catarrhal Inflammation is mainly dependent, during life, upon the evidence of symptoms only—upon, in fact, an inquiry into the history of the case. There is no history of colds; the throat is not inflamed, and “the membrane is generally whitish and shining, sometimes of normal curvature, sometimes seeming flat.” The hearing becomes gradually and progressively impaired, tinnitus generally marking the onset and continuation of the disease, and, as a rule, there is an absence of pain (*Hinton*). That symptom we just referred to, the hearing better in a noise, is said to be more characteristic of this than of catarrhal inflammations. In truth, however, the catarrhal and proliferous inflammations are generally found together, the one merging into the other, and it is seldom we can pronounce a case to be one of proliferous inflammation only.

“This form of inflammation shows,” says *Roosa*, “a higher formation than the catarrhal; there are changes which may have resulted directly from the increase of secretion. But the stage of catarrh having completely passed over, or, in some cases, never having existed, these pathological appearances may be truly classed together as evidences of what,” continues *Roosa*, “I have ventured to designate the proliferous form. They are—

“1. Connective tissue formations in the cavity of the tympanum.

“2. The mucous membrane of the tube (*Eustachian*) covered by dense fibrous tissue.

“3. Hypertrophy of the bone walls of the tube.

“4. Obstruction of the tube and cavity of the tympanum by dense fibrous tissue.

“5. The stapes bone completely and firmly ankylosed to the margin of the fenestra ovalis.

“6. An exostosis of the inner surface of the neck of the malleus.

“7. Malleus and incus firmly ankylosed together.

“8. Firm bands of adhesions in the mastoid cells.

“9. False membrane on the tendon of the tensor tympani muscle.

“10. Partial obliteration of the cavity of the tympanum from adhesions of the membrana tympani to the labyrinth wall (the promontory generally).

“11. Hyperostosis of the petrous bone and ankylosis of both stapes.

“12. Atrophy and fatty degeneration of the tensor tympani.”

The process, however, by which these alarming pathological lesions are induced is, in reality, a slow form of inflammation, a hyperæmia, leading to a hyperplasia of tissue elements, and so of the formation of connective threads, membranes, and polypi in the middle ear and other parts, and, when going on to retrograde metamorphosis, to disintegration, absorption, fatty and calcareous degeneration of tissue. But, in truth, an impediment of any description to the flow of blood through a part will occasion the greater number of these evils, and such we know a catarrhal change would be; so that, so far as some cases are concerned, I can hardly see any necessity for assuming the existence of a proliferous, as absolutely distinguishable from a catarrhal, form of inflammation. Still, in estimating the curability of any given case, it is very necessary to know whether there is present a condition of existing catarrh or a lesion such as has resulted from a pre-existent catarrhal condition. We cannot be too painstaking in our inquiries into the nature of the case, nor too discriminating in our selection of the allied drug. Then, in considering any case, you should take into account whether one or both ears were affected. A true catarrh, more particularly catarrh in the chronic form, will perhaps more generally affect both ears. A proliferous inflammation, so far as my own observations go, is very often found to engage but one ear; and if it engage both ears it will be just possible, but by no means necessarily so, that any degeneration going on will principally affect the coats of the small arterial twigs, and therefore the circulation through the ears.

Acute inflammation very often fixes itself upon one ear only. An abscess forms; and it is surely a misnomer to term this otitis and its resulting discharge a catarrh. However, as catarrh is a condition to be found along with the most diverse ailments, the application of this term is very widespread; and as acute inflammation is very often, as explained in previous lectures, followed by a catarrhal condition of the mucous surfaces, we may rest content; only you would not say the immediate discharge that flows from a rectal abscess was indicative of a catarrhal condition of the rectum—why, then, that from an abscess in the ear?

Where chronic purulent discharge from the ear exists you must always be careful to examine the urine, as albuminuria is very frequently present.

We will now enter into the explanation of our aids to diagnosis in obscure ear-cases, and first, of *Diagnosis by means of the Air-Douche*. You have seen me, while the patient was in the act of swallowing a sip of water, take advantage, as first proposed by Politzer, of the then patulous condition of the throat openings of the Eustachian tubes, to send a current of air from an india-rubber bag along the floor of either nostril, that it may thus reach the interior of the tubes, and so gain admission to the middle ear.

Now such an admission of air is in some cases followed by relief, in certain cases so decidedly as to prove then and there an absolutely curative proceeding; in others, on the contrary, no relief whatever follows; while, again, in others absolute aggravation ensues. And you have seen, too, that I have noted carefully what effect such a proceeding has upon the patient's sensations. And this has been the reason: if air from your bag passes easily into the middle ear—and this you determine, firstly, by the patient's own sensations, and, secondly, by the sound heard upon its arrival in the tympanal cavity by your ear, unaided, or else aided by a tube, called sometimes an otoscope, but more properly a diagnostic tube, which passes from the ear of the patient to your own, and in this way conveys the well-known "click," in proof that air has been forced against the tympanal membrane,—well, if the air passes in all right, you infer that the Eustachian tube is free; if it does not so pass, that obstruction exists.

Now, if relief to deafness follow such admission of air, you infer a resiliency of the structures of the middle ear. For why? I will give you the explanation, with some verbal alteration, from Allen. The chain of bones is fastened at one end to the drumhead by means of the handle of the malleus, and at the other end to the membrane of the fenestra ovalis by means of the foot of the stapes, which in this way presses against the labyrinth fluid, the perilymph. Every inward pressure of the external membrane must therefore simultaneously thrust inwards the stapes, which will so influence the labyrinth fluid as to cause a corresponding thrusting outwards of the membrane of the fenestra rotunda. This compensation movement takes place from the effect of the impulse against the fenestra ovalis membrane, limited

by the unyielding bony canal-walls, being converged to the other extremity of this canal; in other words, to the membrane of the fenestra rotunda. If from any cause the stapes cannot be moved freely upon its oval opening, no corresponding stretching or relaxation of the membrane at the round opening can occur; and if, in such a case, air be forcibly blown into the drum through the Eustachian tube without pushing outwards the membrana tympani, the whole ossicular chain will remain immovable, and the labyrinth fluid at the oval opening will be uninfluenced by any withdrawal of the stapes. Very different, however, is the result upon the delicate membrane at the other end of the labyrinth, the round cochlear opening. The pressure of the condensed air is here very great, and may sometimes cause most unpleasant giddiness. Now it is plain that adhesions of the membrana tympani to the walls of the tympanic cavity, or ankylosis of the stapes to the fenestra ovalis, will most materially restrict the excursive power of the drumhead, if not altogether hinder it; and consequently no relaxation of the fenestra rotunda membrane can be effected; it remains inelastic and invibratile, and no improvement to the hearing can be anticipated while it so continues. Should, however, these adhesions, and the rigidity of the ossicular chain be broken up by the repeated and carefully regulated introduction of streams of air, the lost mobility of the membrane of the fenestra rotunda will be restored, and deafness, so far as it depended thereupon, cured.

This method of Politzer's, besides being a curative proceeding, explains and helps towards the proper elucidation of many cases. Let us turn to another matter, *Diagnosis by means of the Tuning-Fork*. The value of this as an instrument for diagnosis depends upon the fact, that if you place a tuning-fork in a state of vibration upon the head, and then place in your own ear a piece of india-rubber tubing, branching off in such a way that both the tubes coming off from it will enter both auditory canals of the person under examination, you will find that not only will the vibrations reach you more distinctly when coming by way of his ears than if the ends of the tubes were placed upon any other part of the head, but also that defect in the conducting media of the ear may occasion a corresponding diminution in the force of the sound. And so, if the auditory nerve be unaffected, and a person closes his ears while the tuning-fork is applied to his head, the vibrations will be intensified by this closure, in

consequence of a return of the vibrations upon the internal parts of the organ. Precisely the same holds good of the voice. Close your ears and speak, the sound of your voice is now confined to your head, its distribution being limited by the closure of its natural outlet, the external auditory canal. We infer, therefore, that the ear is healthy if the vibrations be intensified by closure. The auditory nerve, at least, is all right. If this phenomenon occurs in a very deaf person—that is to say, if when the meatus is not closed the tuning-fork is heard loudest in the deaf ear—you infer interference with the conducting apparatus, a loss of the small bones, for example.

In some ear diseases closure of the meatus produces a diminution of vibration. Hinton says of this,¹ "It is my belief that this symptom is demonstrative of a disease of the nervous apparatus," or, as he intimates in a foot-note, increased tension within the labyrinth. "It seems," says he, "impossible to refer it to any condition of the conducting media." Now the natural effect of pressure on the meatus—increase of sound—and this inverse effect of diminished sound, are by no means incompatible with each other, inasmuch as they arise in independent ways and are due to an action exerted on different parts of the organ. And it is, of course, possible that cases might arise in which they might just neutralise each other—the diminished hearing balancing the increase of sound. And in these cases closure of the meatus might leave the sound unaffected in intensity, although the conducting media were normal.

"It is well in examining cases," says Hinton, "to see whether the tuning-fork be heard well or ill, whether better in one or other ear, and what the effect is of gently pressing the tragus backwards over the meatus."

However, we meet with the most surprising differences in regard to the capacities patients and even persons in health manifest with regard to their power of distinguishing the vibrations of a tuning-fork placed upon the head—*perosseal hearing*, as it is called, in contradistinction to *aërial hearing*, the faculty for perceiving vibrations communicated through the air. Some persons with acute conversational hearing are unable to distinguish the sound of a tuning-fork placed upon the centre of the head. And indeed, before pronouncing a patient to be absolutely bereft of hearing powers, you should test the condition of the auditory nerve by transmitting the

¹ Supplement to Toynbee, "Diseases of the Ear," p. 427.

vibrations through the teeth, choosing for this purpose a tooth of the lower jaw, against which you place the vibrating tuning-fork.—From “*Clinical Lectures upon Inflammation and other Diseases of the Ear.*” By Robert T. Cooper, A.B., M.D., Trin. Coll., Dublin.

PLANTAGO MAJOR v. PLANTAGO RUGELII.

DR. SHERMAN writes to the *United States Medical Investigator* on the subject of *Plantago Major*. He says:—

“My attention has recently been called to a remarkable difference in the characters and properties of different plants classed by botanists under the name *Plantago Major*. There seems to be, medically as well as botanically, sufficient grounds for dividing this species into two.

Below are tabulated some of the most obvious diagnostic features of the two plants:

No. 1.	GENERAL ASPECT.	No. 2
Very stout, dark green.	|	Moderately stout, pale green.
LEAVES.		
Round ovate, not tapering to petiole, thick, much wrinkled; petiole green at the base, or very slightly reddened; deeply grooved above.	|	Ovate, tapering to the petiole, thin, somewhat wrinkled; petiole purplish-red at base, less grooved above.
SPIKES.		
Commonly densely flowered, obtuse at the apex; stalk green at the base, or only slightly reddened.	|	Less densely flowered; acute at the apex; stalk purplish red at the base
BRACTS.		
Round ovate, lower sometimes cordate, never tapering to petiole.	|	Lance-ovate or Lance-linear, lower tapering to petiole.
CAPSULES.		
Spreading in the spike, ovoid, obtuse, opening near the middle.	|	Erect in the spike, oblong, acute, opening much below the middle.

No. 1.

No. 2.

SEEDS.

Generally eight to eighteen,
minutely net-veined on the
surface.

From four to nine, not net-
veined.

PROPERTIES.

Acrid, bitter, poisonous,
cows reject it.

Not bitter, may be eaten
with impunity for 'greens.'
Cows eat it with avidity.

HABITAT.

A native of Europe, intro-
duced to the United States,
and found in waysides and
about dwellings.

A native of the United
States, also found in way-
sides and about dwellings.

None of the botanical text-books, except Gray's "Synoptical Flora of North America," published May, 1878, recognises the distinctness of these two species of *Plantago*. In this work Gray gives to No. 1 the name *Plantago Major*, L., and to No. 2 the name *Plantago Rugelii Decaisne*.

There can be little doubt that the former is the medicinal species; and there is a strong probability that a tincture made from the non-poisonous plant would be therapeutically true.—*United States Medical Investigator*."

CARROLL DUNHAM, *Materia Medica*, vol. ii. p. 86—a very free translation:—

"Demandatur causam et rationem quare,
Opium facit dormire
A quoi respondeo
Quia est in eo
Vertus dormitiva,
Cujus est natura
Sensus assoupire."

The cause is demanded, the reason to seek,
Why opium drives one to fall into sleep.

To which I respond,
Because there is in it
A dormitive virtue,
The nature of which
Is the sense to bewitch,
And the senses to steep
In the thing known so well
As a very deep sleep.
(Because this is in it
To my faith I pin it.)

H. U.

LITERATURE.

THE MEDICAL, SURGICAL, AND HYGIENIC TREATMENT OF DISEASES OF WOMEN.¹

THIS work is the outcome of a quarter of a century of practical gynæcological experience, and on every page we are struck with its *realness*. It is one of those books that will be kept on a low shelf in the libraries of its possessors, so that it may be found ready at hand in case of need. It is a work that will soon be well thumbed by the busy practitioner who owns it, because in many a difficult obstetric case he will pace his study, tug at the favourite button a little nervously, and suddenly pause and exclaim, "Let us see what Hale says about it." And in seeing what Hale does say about it he will feel strengthened and comforted, as one does after a consultation with a *hülffreicher* colleague in a difficult or dangerous case in which the enormous responsibility had threatened to crush one.

In many an obstinate uterine case we shall reach this book down to read again and again what this clinical genius has to say on the subject. We have never seen Professor Hale in the flesh, but we have had scores of consultations with him in the pages of his "New Remedies," and he has thus fearlessly helped us cure many an obstinate case of disease.

Book-readers too often forget the great debt of gratitude due to those authors who give us works that are solid blocks hewn out of their *living* experience; they are too apt to fancy that the *author* is the one to be grateful, because he is the *seller* and they the buyers.

When we get a good book we mentally shake hands with the author, and think gratefully of him for giving us of his great riches. This is a good book, and thus we act and feel towards its gifted author, Professor Hale.

SOME FORMS OF DEAFNESS.²

THIS is a paper that was read before the British Homœopathic Society on February 6th, 1879, and published in the

¹ The Medical, Surgical, and Hygienic Treatment of Diseases of Women, especially those causing Sterility, the Disorders and Accidents of Pregnancy, and Painful and Difficult Labour. Second edition, enlarged; with fifty-five illustrations. By Edwin M. Hale, M.D., Professor of Materia Medica and Therapeutics in the Chicago Homœopathic College, author of "New Remedies." New York and Philadelphia: Boericke and Tafel. London: Homœopathic Publishing Co., 2, Finsbury Circus.

² Some Forms of Deafness. By Robert T. Cooper, M.D. (Dubl.), Physician, Diseases of the Ear, London Homœopathic Hospital. London: Homœopathic Publishing Co., 2, Finsbury Circus.

Society's Annals, and is now lying before us in the form of a pamphlet.

In common with all Dr. Cooper's work, this paper shows him to be an original observer of considerable talent; clearly Dr. Cooper is getting clinical results in his special department that are eminently satisfactory. Perhaps the best points scored in this *brochure* are those relating to the action of *Hydrastis* and *Apis* on the ear.

A TEXT BOOK OF ELECTRO-THERAPEUTICS AND ELECTRO-SURGERY.¹

THIS is a successful attempt at placing the clinical application of electricity upon a scientific—*i.e.*, *homœopathic*—basis. Like other therapeutic agents, electricity cures complaints similar to those it causes, therefore it must be used with caution, and *the dose carefully regulated*. Dr. Butler's treatise is a solid contribution to scientific therapeutics, and those who procure it and read it will thank us for recommending it to them.

THE PATHOLOGY AND TREATMENT OF HEREDITARY SYPHILIS.²

THIS is a tantalising production: it is just enough to let us see that Dr. Jessen is well up in his subject, but no more. He does not argue out any single point, and does not give us even the smallest chip from his own workshop, or so much as a solitary differential indication for a drug. In this embryonic state it has no *raison d'être*, as it teaches us nothing. We say this regretfully, because it is evident that Dr. Jessen might have done better, and given us a good clinical feast.

THE CHEMISTS' AND DRUGGISTS' DIARY FOR 1880.

Few things are more characteristic of the intellectual march of our time than the kind of mental food offered to

¹ A Text Book of Electro-Therapeutics and Electro-Surgery, for the use of Students and General Practitioners. By John Butler, M.D., L.R.C.P.E., L.R.C.S.I., Lecturer on Electro-Therapeutics, New York Homœopathic Medical College. Second edition. New York and Philadelphia: Boericke and Tafel, 1880. London: Homœopathic Publishing Co., 2, Finsbury Circus.

² The Pathology and Treatment of Hereditary Syphilis: a Monograph in Six Letters. By H. C. Jessen, M.D. Chicago: W. A. Chatterton, 1879.

men following some branch of trade or business. Our readers must have often noticed in this journal extracts from the *Chemist and Druggist*, which is the organ of the pharmaceutical chemists of Great Britain. At first sight it seems a mere mass of advertisements, but on handling it a little more one becomes aware of the presence of articles of the very highest interest, written for the most part with—*brains*.

Some of the papers evince a catholicity of spirit that is highly creditable, and moreover far in advance of any other allopathic journal.

This Diary is just the thing for those for whom it is intended. It contains the "Pharmacy Acts" (31, 32, and 33 Vict.), a Directory of London Hospitals, and much other useful information.

THE CYPHER REPERTORY.¹

By those accustomed to work with the Cypher Repertory this chapter will be hailed with genuine satisfaction. A truly scientific practice of Homœopathy is impossible without a Repertory, and the possibility of doing without one grows less the more extended our *Materia Medica* becomes. And the best judges of repertory work are pretty well unanimous in giving the palm to this one. That the work of this chapter is worthy of all confidence on the ground of accuracy and minuteness of detail no one will question, inasmuch as it is done by Drs. Drysdale and Stokes.

We would express our grateful acknowledgments to Drs. Drysdale and Stokes for this further proof of their unremitting labours for the internal development of Homœopathy. As to Dr. Drysdale, we are lost in wonder and amazement at his prodigious capabilities for work.

THE HOMŒOPATHIC PHYSICIANS' VISITING LIST.²

THIS is a most useful and elegant production, with a capital Repertory, Calendar, Obstetric Calendar, space for a

¹ A Repertory; or Systematic Arrangement and Analysis of the Homœopathic *Materia Medica*. Chapter XVIII. : Female Genitals. By Drs. Drysdale and Stokes. The Hahnemann Publishing Society. Liverpool: of the Hon. Secretary, Dr. Hayward, 117, Grove Street.

² The Homœopathic Physicians' Visiting List and Pocket Repertory. By Robert Faulkner, M.D. Second Edition. New York and Philadelphia: Boericke and Tafel. London: the Homœopathic Publishing Company.

Record of Deaths, Obstetric Record, Daily Engagements, and Prescription Record. It is tastefully bound in leather and with gilt edges, and can hardly fail to give satisfaction to those using it. The Repertory can be referred to while making notes of the case, and the practitioner may thus refresh his memory *à l'insu*.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homœopathic World.

THE GROWTH OF HOMŒOPATHIC MEDICINAL PLANTS.

DEAR SIR,—You ask me to give you some information about my botanical garden for growing in a wild state medicinal plants used in Homœopathy.

Knowing from long experience the difficulty of procuring in commerce any except cultivated specimens of many plants used in homœopathic medicine, such as aconite, belladonna, hyoscyamus, pulsatilla, etc., which are well known to be less active than the wild plants, I had been accustomed for some years to gather them myself in the wild state, but owing to the difficulty of procuring them in sufficient quantity for my purpose, and the great expenditure of time, and the long distances I had to travel to obtain them, I conceived the idea of getting seeds and roots, bringing them to a more convenient centre, and placing them in the kind of soil to which each plant was most partial, so that they might be as near as possible under natural conditions (which are, of course, almost impossible to obtain in the limited area of an ordinary herb garden). This, through the kindness of several friends, I have been able to do, and have now the use of some hundreds of acres of land used as game preserves, consisting of every kind of soil and situation.

Many of the plants we use in Homœopathy grow there in a perfectly wild state, and reproduce themselves without any occasion for me to plant them. Such, for instance, is the case on a great chalk-hill, where I have, in the season, perhaps two or three tons of the deadly nightshade (*Atropa belladonna*). Some of the belladonna plants were this year

over seven feet high; also thousands of roots of the English bryony (*Bryonia dioica*). This plant, by the way, is largely used by some of the English homœopathic chemists, and is, I believe, what is usually sold in the London markets for *Bryonia Alba*. There is a great difference in the two plants. As every one knows, *Bryonia dioica* has a scarlet berry when ripe, whereas *Bryonia alba* has a black berry. The root of *Bryonia dioica*, although similar in size and shape, is externally much rougher than that of *B. alba*, and when cut transversely is decidedly different in appearance. The tincture is also very much more bitter to the taste, and deeper in colour, and may thus be at once distinguished from *alba*. The provings were made from *Bryonia alba*, and therefore it is the only plant which ought to be used. *B. dioica* should not be substituted for it. The *Bryonia alba* is not found in England naturally, but I have taken great pains to grow it, and have every reason to believe that the tincture will be found as good as that obtained from Germany, as the habitat of the plant is from the extreme north to the south of Europe. Another very important plant is the pasque flower (*Pulsatilla nigricans*), a large number of plants of which I have imported. Here also great care should be exercised, as in England we have a very similar plant, which is often substituted for it. I refer to *Pulsatilla vulgaris*, or *Anemone pulsatilla* (Hooker), a member of the same family as that beautiful little plant, the wood anemone (*Anemone nemorosa*), known to every one. Botanists can find little difference between *Pulsatilla vulgaris* and *Pulsatilla nigricans*, but the tincture at once shows there is a marked difference. There is absent from the tincture of *Pulsatilla vulgaris* that delicious honey-like aroma that at once distinguishes *Pulsatilla nigricans* (or *pratensis*) from it. I would point out the fact that the *Pulsatilla vulgaris* has not been proved. I have also a large quantity of wild monkshood (*Aconitum napellus*) grown in the situation it likes best, on the banks of water-courses. In one of my gardens, of which I have three, there are several water-courses and a large pond with osier-bed adjoining, where I can grow all kinds of water-loving and umbelliferous plants, or those which like damp places, such as *Conium maculatum*, *Cicuta virosa*, *Oenanthe crocata*, *Oenanthe phellandrium*, etc., etc. This year I have grown some splendid plants of white hellebore (*Veratrum album*), *Phytolacca decandra*, *Podophyllum peltatum*, etc. I am expecting to receive some plants of

Hydrastis canadensis, *Hamamelis virginica*, etc. My plan is, after clearing away the weeds, to place seeds or roots in the position and soil they like best, and leave them without further attention. The fact of their thriving is the best proof as to whether the soil and position are suitable.

I should be greatly obliged to any one who would send me seeds or roots of any of the American medicinal plants used in Homœopathy, as I am convinced from my experience of some of them that the greater number will do as well here as in the United States. *Podophyllum* and *Phytolacca* grow remarkably well. I shall be pleased to give you further particulars in the spring.

I am, dear Sir, yours faithfully,

ALFRED HEATH.

LACHNANTHES IN CONSUMPTION.

SIR,—Dr. Alabone would have acted more wisely had he read my paper *in extenso* before charging me with referring to the employment of *Lachnanthes* in phthisis “in such a manner as to infer (*sic*) that the discovery was his own.”

The terms in which I introduced the notice of *Lachnanthes* to the Congress were as follows:—

Lachnanthes is a remedy which was brought under my notice in a pamphlet written by Dr. Edwin Alabone. This brochure makes no pretence to scientific accuracy, and is in fact one of those addresses *ad populum* which we must all regret to see in print. Still I considered that there was sufficient ground in the statements made by the author to warrant further inquiry. I therefore first read up the pathogenesis, and found there a few subjective indications for its use, but no respiratory symptoms that would lead us to infer for its employment any great value. This may, however, have been due to the fact that the provings have been scanty, and have been made with 3rd, 15th, and 30th dilutions only, with the exception of one drop of tincture which was taken once by one of the more heroic among the provers. I then wrote to Dr. Alabone, who informed me that, having been a *poitrine* himself, he began accidentally to take *Lachnanthes* one day, and felt better; that, having left it off, he got worse again, but that, after returning to it, and taking it for some days, his symptoms were much alleviated, and he was enabled to carry on his practice with greater ease

and vigour. This was not very encouraging, but, having at the time several cases of chronic phthisis on hand, I determined for a few weeks to give this remedy a trial, and I am bound to say that it has proved of very considerable use to a certain class of them. The relative value of this remedy can only be determined after lengthy trial, conducted by at least several medical men. If my notice of its apparent value shall conduce to this end, I shall be much pleased.

I am, Sir, faithfully yours,

HERBERT NANKIVELL, M.D.

Pennrhyn, Bournemouth, November 15, 1879.

CALOTROPIS GIGANTEA.

DEAR SIR,—In your last issue Dr. Arrowsmith asks for information respecting the above; also if there is a *proving*, and *where* the drug may be found. *Calotropis Gigantea* is the *Asclepias Gigantea* of Linnæus and the mudar powder of India. We believe there is no *proving* of the drug. It is used in India as an alterative, tonic, and diaphoretic, and in large doses as an emetic. It is said to be beneficial in leprosy, constitutional syphilis, mercurial cachexia, syphilitic and idiopathic ulcerations; in dysentery, diarrhœa, chronic rheumatism, and gout; also as a cure for tape-worm. Its active principle is mudarine. As to where it may be obtained, *we* have the drug in stock, and can supply him with it in any strength he desires.

We are, dear Sir, yours truly,

114, Ebury Street, S.W.
Dec. 4, 1879.

ALFRED HEATH & Co.

DIET AND DISEASE.

SIR,—My attention has been called to a letter in the October number of your magazine. Permit me, a Professor of Dietetic Pathology to the Vegetarian Society, to continue the subject. I withhold my name from publication only because I do not wish more correspondence, as already I have more than I can fairly attend to.

That diet is more effective in disease than medicine has always been more or less admitted. It would be easy to

quote proofs from early and late authorities. But the proposition is so self-evident that no number of names could add to the force of the axiomatic fact.

For instance—consider rheumatic affections, and fevers, and arthritis. In the case of rheumatic fever there is in the blood some 9 to 11 per cent. of fibrin instead of 2, there is a deficiency in alkalies, and an excess of lactic acid. How is it possible for any drugs, even with the wide and open hand of the allopath, to correct these evils, and make the sufferer hale? At the present time two medical men in full practice are under my care, trying by diet to get rid of evils in relation to rheumatism, that they admit that drugs and baths cannot check. While the dietetic cure is as sure as two and two make four. Cut off all animal food, then vegetables and fruits will do the work. But celery, raw and cooked, drunk as well as eaten in extreme cases, soon effects a cure.

Take diabetes again. Orthodox medicine has no hypothesis of the cause of the disease, and no theory of cure. I directed a patient in Glasgow to eat and drink celery. His medical man was the first to write to me to say that he had watched the cure, and it seemed to him miraculous. He, in turn, wished to be dieted for incurable rheumatism. I only replied—take what your patient has done, and you will soon be well.

Some little time since a young man was suffering severely from nasal polypus, nearly hopeless, for he had been turned out of three large hospitals as incurable. They cut off the horrible parasite, only to increase the nuisance by dripping blood. In each instance he was largely fed on flesh meat, and directed to take it at every meal to sustain his strength. From his own observation he was led to think that his polypus was worse when he had the largest supply of flesh meat. He wrote and told his great trouble, and asked if vegetarianism would relieve him. I at once boldly promised—"You shall not only be relieved, but totally cured, by obeying orders." I confess that I had never had the least experience with any such disorder. I had not the least knowledge how directly to attack it. But I thought and felt sure that it arose from an excess of fibrin in the blood, with some particular diseased activity. To correct such evils by diet was easy enough. I knew that I could make his blood pure as health could require. I directed a careful diet and diet drink, and in a very short time his polypus dried up and totally disappeared. His general health was

so improved that his employer said that he was astonished at his increased activity. I felt so pleased at these reports that I went some distance to see him. The sight and conversation added to the pleasure.

Compare such a case—cured in three or four months—with the woman who for *four full years* took *Cundurango* to cure her of a much less formidable affair. The case is stated in your present (November) number. Diet would have cured that woman in three months, possibly in one.

I could go on to too great a length for your space. Allow me to say that Dr. Lamb, of London and Warwick, seventy years ago taught that every case of epilepsy, not congenital, could be immediately cured by abstaining from flesh food and drinking pure water. He wrote more surprising things as to cancers, etc.

That paralysis is cured by a strict vegetarian diet can be read even in Watson's "Practice of Physic." The remarkable instance of Dr. Adam Ferguson was and is the proof.

At another time I may say more.

I am, etc.,

ONE WHO KNOWS.

["One Who Knows" speaks very positively about things of which he evidently knows nothing, and he thus injures the cause he bravely defends. When a man speaks of nasal polypus as "a much more formidable affair" than a hard mammary tumour he shows that his knowledge of pathology is very small indeed. His statement that diet "would have cured this woman in three months" is mere idle boast.—*Ed. H. W.*]

"EVOLUTION."—It was Herbert Spencer who made the following definition of evolution:—"Evolution is a change from an indefinite, incoherent homogeneity to a definite, coherent heterogeneity, through continuous differentiations and integrations." It was the mathematician Kirkman who translated the definition into plain English:—"Evolution is a change from a nohowish, untalkaboutable all-alikeness to a somehowish, and in-general-talkaboutable not-at-all-alikeness, by continuous somethingelseifications and stick-togetherations."—*Chemist and Druggist.*

MISCELLANEOUS NOTES.

Which was Worse,
the Remedy or
the Disease?

The following appears in the *Louisville Medical News*: "It won't do to swallow or snuff up everything one sees in print. Even so veracious a journal as the *Louisville Medical News* may lead into error. Last week you published among the selections an extract from the *British Medical Journal*, in which was related the experience of 'W. J. H. Wood' with salicylic acid in hay-fever. He used the acid as a snuff, given pure, to the amount of 'ten or fifteen grains daily.' I innocently gave the prescription to a patient, who, after trying it, asked if it were not a 'little strong.' Whereupon, having said, 'Oh, no,' I illustrated my faith with works, and took a pinch myself. Shades of Macaboy, of Rapee, of cayenne pepper, of all mixed! Faint and puny outlines are ye of the 'salicylic acid pure.' Was my faith shaken? Yes, my friend, and the very foundations of the house in which I stood, by the sneeze which followed the snuffing of that innocent-looking powder. I said I thought *it was* a little strong, and would have it diluted. And now a most curious sequel: I took that powder to a drug-store (there were about forty grains of it), and had successively stirred into it a drachm of bismuth, half an ounce of powdered gum arabic, a lot of borax, and a handful or so of powdered slippery elm, and at no stage of the proceeding was there any compound which could be snuffed without fear of sneezing one's eyeballs loose. Indeed, I might say, as the result of no little anxious experimentation, that the snuffing of all ordinary, and many of the extraordinary, dilutions of salicylic acid, is far worse than the majority of hay-colds. 'W. J. H. Wood's' patient (he had one who liked the acid) was evidently copper-lined. Yours, NO-MORE-IN-MINE.—P.S. You will be glad to learn that the drug-clerk, upon whom most of my later experiments were conducted, is recovering, though slowly."

The Diphtheritic
Poison.

A singular instance of the vitality of the poison of diphtheria is reported in the *Vratschebnyia Vedomosti*. A gentleman in the south of Russia had, four years ago, lost a boy from diphtheria. A family vault having recently been constructed, the coffin of the boy was transferred thither. Before it was

lowered down into the vault, the father wished to look at the body, having entertained a suspicion that the child had been buried alive. An opening was accordingly made in the lid of the coffin, the whole family, including five children, looking on. The next day all the children were ill with diphtheria, and one of them has since died.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, Harley Place, Harley Street, W.

All advertisements and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E.C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

ANSWERS TO CORRESPONDENTS.

MESSRS. ARMBRECHT, NELSON, and Co., London.—Your Diary for 1880 has come too late for notice.

DR. DAVIDSON, Florence, Italy.—Your learned memoir is begun in this number, but it will take us several months to publish it all, as we can only afford a limited space for one subject in a given number. When thus completely published it will really constitute a complete monograph on the subject of "Lupus of the Throat."

DR. NANKIVELL, Bournemouth.—Your letter, which appears in this issue, was inadvertently omitted last month.

CORRESPONDENTS.

Communications received from Dr. Jessen, Chicago; Mr. Cross, London Homœopathic Hospital; Dr. Millin, Worcester; Dr. Hayward, Liverpool; Dr. Cooper, London; Dr. Ussher, Wandsworth; Dr. M'Connell Reed, High Wycombe; Messrs. Ihlee and Horne, London; Dr. Berridge, London; Dr. Pope, London; Dr. Adrian Stokes, Sidmouth; Dr. Wilde, Weston-super-Mare; Dr. Tuthill Massy, Redhill, Surrey; Dr. Moore, Liverpool; Mr. Alfred Heath, London; Dr. Skinner, Liverpool; J. J. Edgar, Esq., Liverpool; Messrs. Armbrrecht and Nelson, London; Mr. C. A. Ferando, Pimlico; Mr. Berry, Northampton; Messrs. Ritson and Glover, Newcastle; Mr. Denby, Nice; Messrs. Thompson and Capper, Liverpool.

BOOKS AND JOURNALS RECEIVED.

The Medical Counsellor, Nov., 1879.

L'Homœopathie Militante, October, 1879.

The United States Medical Investigator, Oct. 1, 1879.

A Repertory; or Systematic

Arrangement and Analysis of the Homœopathic Materia Medica. Contents: Chapter XVIII., Female Genitals. By Drs. Drysdale and Stokes. Liverpool: Hahnemann Publishing Society, 1879.

The Dublin Journal of Medical Science, Oct. and Nov., 1879.

The North American Journal of Homœopathy, November, 1879.

Allgemeine Homœopathische Zeitung. Bd. 99, Nos. 21 to 24.

Transactions of the Homœopathic Medical Society of the State of Pennsylvania. Fifteenth Annual Session, held at Cresson Springs, Pa., September 2 and 3, 1879. Pittsburgh, 1879.

American Observer, Nov., 1879.

Monthly Homœopathic Review, December, 1879.

Index Medicus. A Monthly Classified Record of the Current Medical Literature of the World. Vol. I., No. 10, Oct., 1879.

Archivos de la Medicina Homeopatica, 15—30 de Noviembre, 1879.

The American Homœopath, November, 1879.

The St. Louis Clinical Review, November 15, 1879.

Morning Light. A New Church Weekly Journal, Nov. 22, 1879.

El Criterio Medico, Tomo XX., Num. 11.

La Reforma Medica Organó

del Instituto Homeopatico Mexicano, Tomo III., Num. 16.

The Newcastle Weekly Chronicle, Saturday, Dec. 13, 1879.

Chemist and Druggist, Dec. 15, 1879.

Midland Free Press, Leicester, Saturday, Dec. 13, 1879.

Medical Diary for 1880. London: Armbrecht, Nelson, and Co., 23, Duke Street, W.

Curability of Cataract with Medicines. By Dr. Burnett. London: The Homœopathic Publishing Company, 1880.

Boericke and Tafel's Quarterly Bulletin of Homœopathic Literature. November, 1879.

The Homœopathic Times, December, 1879.

Hahnemannian Monthly, Dec., 1879.

The New York Eclectic Medical and Surgical Journal, December, 1879.

The Homœopathic World.

CONTENTS OF DECEMBER NUMBER.

LEADING AND GENERAL ARTICLES:—

Nulla Fides Servanda Hæreticis.

The Wyld-Richardson Fiasco.

Complicated Deafness.

A Case of Mental Derangement.

Notes by the Way.

Symptom of Thirty-seven Years' Duration Cured with Calcearia Carbonica 30.

Pathogenetic Record: Cannabis Indica.

The Fever-Dens in the West-Central and

North-Western Districts of London.

A Good Opening for a Homœopathic

Practitioner at Cradock, British South

Africa.

Society for Improvement of the Physique

of the Blind.

OBITUARY:—

Charles J. Hempel, M.D.

Frederick James Smith.

CORRESPONDENCE:—

Lachnanthes in Consumption.

Advertising and Nostrum-Mongering.

SHORT NOTES, ANSWERS, ETC.

THE
HOMŒOPATHIC WORLD.

FEBRUARY 2, 1880.

TRIUMPH OF HOMŒOPATHY AT NORWICH.

THE battle between Homœopathy and the superlative conceit of "regular" ignorance and intolerance is being fought out in various places, and all along the line victory is with us. It comes tardily in some places, but it comes.

The Hospital Sunday Fund has been the point at issue in the good old town of Norwich. We wish to put on record how the battle was fought and by whom. The *Eastern Daily Press* of Wednesday, Dec. 31, 1879, thus reports that portion of the proceedings of the meeting, held at the Guildhall at Norwich, on December 30, 1879, which bears upon it. To wit:—

Mr. FLETCHER moved, pursuant to notice given at the last meeting, "That the NORWICH HOMŒOPATHIC DISPENSARY be added to the list." He hoped it would not be necessary to support this amendment at length, as the question had been so fully discussed on previous occasions. He should be sorry to contrast the relative merits of the different systems of medicine. That was beyond the question. There might be differences of opinion upon that point. But he could only express his individual opinion that all were doing good work. From what he had seen of the Norwich Homœopathic Dispensary he believed that it was doing good work along with the rest of the medical institutions of the city. Many of the supporters of the Dispensary were also supporters of the Hospital Sunday Fund, and of all the allopathic medical charities of the city. But it was on the ground of simple justice that he again asked that the Homœopathic Dispensary should be included in the list. Norwich was, he believed, the only large town in the kingdom where the Homœopathic Dispensary was not made a participant in the Hospital Sunday Fund. The matter was one of principle, for the amount the institution would receive, in accordance with the rule of distribution, would be very small.

Mr. F. W. HARMER, who seconded the amendment, said that while many of the subscribers to the fund were homœopaths, he did not see on what ground they could refuse to grant them a share in the fund collected. No doubt the greater number of those assembled were adherents to the allopathic theory, but that was no reason why they should keep all the good things in their own hands, seeing that

persons who did not agree with them also contributed. It was rather the reason why they should be strong enough to do an act of generosity towards those from whom they differed.

The Rev. T. A. WHEELER said that, though not a homœopathic disciple, he should support the amendment. "Do ye unto others as ye would they should do unto you." The broader the basis of the distribution the larger would be the fund at the command of the committee. Attention had been called to the comparatively small sum collected in this large city. It would be a pitiful thing if all the money collected for the medical charities of Norwich were represented by the £600 or £700 that came into the hands of this committee. But the fact was that many congregations making collections preferred to distribute them themselves, because they were not wholly satisfied with the basis on which the committee of this fund made their distribution. There was hardly a congregation in the city, church or chapel, in which there were not to be found many who believed in Homœopathy, and who thought it by far the more preferable system of medicine. He did not. But he believed in doing good to all who were seeking to benefit their fellows. That these homœopathic gentlemen, skilful, benevolent, and kind to the poor, had been and would be of great service he had no manner of doubt; and he was sure that if their institution was systematically excluded from the distribution the supporters of this fund would find there would be a withdrawal of contributions instead of an increase. (Hear, hear.)

Mr. F. DIX heartily supported the amendment, because though a subscriber to the institutions connected with both systems of medicine, he had a larger number of applications for homœopathic than for allopathic tickets.

Mr. W. T. LIVOCK said that his opinion as to the value and usefulness of the Homœopathic Dispensary had been strengthened during the year from observations which he had made of cases cured and relieved through its agency. It was doing an act of injustice to a large medical charity to exclude it from participation in this fund. He could see no reason for excluding it except that it had never been included; but he hoped that if they had not done right in the past they would now resolve to do right in the future. (Hear, hear.)

The Rev. Canon COPEMAN said it was with the utmost possible regret that he rose from the promptings of his conscience to oppose an amendment which he knew was in accordance with the judgment and feeling of so many whom he highly respected, not only for the excellence of their judgment, but for other than friendly reasons. First of all he would remind them of the principles upon which they started seven years ago. Whatever might be thought of his opposition to the views of so many who had spoken, he hoped the meeting would give him credit for having been at the outset a most ardent admirer and supporter of this movement. They started upon the principle that they would obtain contributions for the support of all such charities as held a well-known and universally-recognised position in the city—charities which should at the same time stand in an equally well-recognised relation with the county—charities which should be supported for the most part by voluntary contributions—charities which should not make a charge for any of the benefits which they offered. Upon those principles they made

choice at once of a set of charities which were fully recognised by all as great centres of usefulness and as having bestowed great benefits upon the poor of the city through a long series of years. The original choice of the charities had been sanctioned year after year; but now they were told that a principle was involved. But what was the principle? Was it that all the charities should share in the fund? If so they would be but poorly carrying out the principle by adding the Homœopathic Dispensary. Already an institution had been mentioned which was conferring great benefits upon the city and county. There was a similar institution at Hunstanton. The Lowestoft and Hunstanton Convalescent Homes were most valuable adjuncts to the charities, and would certainly have an equal claim, to say the least, with the Homœopathic Dispensary. If this dispensary was made a participant, he did not see why the Dental Infirmary and the Norwich Society for the Relief of the Sick Poor at their own homes should not also participate. Thus if there was any principle involved, they must throw open the fund and administer such small modicum of help as they would be able to all. That was almost a *reductio ad absurdum*. One reason weighed strongly with him. He had no hesitation in saying that there was a large number of persons in this city who felt, as he did most strongly, that the homœopathic system of medicine was not one they should render any assistance or encouragement to whatever, if they had in view the best interests of the poor who had need of medical treatment. There, he knew, he differed entirely from the views of many of his friends, whom he honoured for their excellent judgment and for other reasons. But the Homœopathic Dispensary stood alone; it was in an entirely different category from the other charities. There were many who would find themselves in exceeding difficulty in appealing to others to support what they conscientiously believed to be a system not suited to the wants of the people nor calculated to confer benefit upon them. It was a matter of no importance whatever to this movement that he should withdraw from it; but still it might become a great matter if numbers were to follow his example. It was because others might possibly be moved as he was that he deprecated strongly any alteration of the system of distribution. He freely said that he could not conscientiously appeal to his people to grant contributions for the support of the homœopathic system of medicine, nor could he as one of the officers of this institution aid in the administration of that which was calculated to disseminate, as he believed, views so entirely opposed to his own conscientious convictions. Surely that was, at any rate, a sufficient reason to justify him in bringing before them the fact that there could be no principle involved in the introduction of this or any other name into the list of charities, and in showing them that they ran a great risk of giving offence to a larger number than they would be likely to conciliate. Some gentlemen supposed that the fund had suffered because of the exclusion of the Homœopathic Dispensary. That might be so; but a larger amount of suffering would be occasioned to the fund by its introduction. (Hear, hear.)

The Rev. T. HARRISON (Rackheath) did not think the arguments of Canon Copeman sufficient to justify the rejection of the amendment. (Hear, hear.) What was the principle upon which the list of charities had been enlarged? Was it not because the institutions

included were thought to be of great use and benefit to many? Now he had only to say that though he was a subscriber to, and interested in, several institutions, he had seen benefits resulting from the Homœopathic Dispensary in his own parish. There was in his parish a child between the age of three and four, who he believed would either have been dead or a miserably unhealthy being but for the Homœopathic Institution. That child was for a long time under the treatment of an allopathic surgeon, a man of repute in his profession. As she did not get better under him, and at last absolutely refused to take his medicines, the friends did not know what to do till a ticket was given to them to go to the Homœopathic Institution. She took the medicines prepared for her, and within a month she ceased to suffer, and gradually recovered health. He knew of several other cases in which benefit had been received from the institution. When he saw such results he could not help saying that the institution was doing good and was really useful. He failed to see how the Homœopathic Dispensary could be compared with the Lowestoft Convalescent Home, or with the Dental Surgery, which dealt with a specialty, though he should have no objection, if the funds permitted it, to include them. His feeling was that there were so many ills to which mortal life was subject that there was abundant room for all who studied to alleviate or cure them. Many complaints did not yet seem to have met with any specific cure, so that there was opportunity for all to try to find remedies. (Hear, hear.)

Mr. COMMINS supported the amendment, on the ground that it was not a question between Homœopathy and Allopathy, but of assisting institutions which did the utmost possible good.

Mr. CULLEY also supported the motion, because he had personally experienced the benefits of homœopathic treatment, and because in all large towns in the country homœopathic hospitals were made participants in the fund.

The Rev. A. DAVIS asked in what position Homœopathy stood, and what was the line which divided the regular from the irregular medical practitioner?

The MAYOR said that he would not undertake to answer that question.

As a large majority of the meeting voted in favour of the amendment the NORWICH HOMŒOPATHIC DISPENSARY will be added to the list of charities participating in the fund.

A vote of thanks to the Mayor for presiding, on the motion of the LORD BISHOP, concluded the proceedings.

We congratulate Dr. Roche, and Dr. E. B. Roche, upon this victory for the good cause. May they long be in the service of medical science and of humanity at Norwich and its *Homœopathic Dispensary!*

OXALIC ACID IN CHRONIC AFFECTIONS OF THE MUCOUS MEMBRANE.

By Dr. MOORE.

DEAR SIR,—If you think the following case worthy of a corner in your journal you are at liberty to publish it.

It is not the only case I have met with of striking results from *Oxalic Acid* in chronic affections of the mucous membrane of the intestinal canal, but it is rather noteworthy as showing the effects so quickly of *one* medicine in an old chronic case where the constitution of the patient was greatly dilapidated by previous disease.

I am, dear Sir, yours faithfully,

JOHN MOORE.

Liverpool, January 8th, 1880.

On the 10th of last March I was consulted by Captain G., of Newcastle-on-Tyne. He was on a visit in Liverpool, and his friends being patients of mine, persuaded him to try Homœopathy, as for a very long time he had been a sufferer from various forms of indigestion, and on one occasion obstruction of the bowels so great as to necessitate an operation, the obstruction arising from hernia, and he had to undergo the usual operation to remove the strangulation. This was effected with success, but ever since, viz., for two years, he has been subject to the following symptoms—pain in the upper part of the abdomen in the region of the navel, coming on two hours after eating, accompanied by much flatulence and eructations of a bitter and sour character. The pain is *worse* at night. Is roused by it about 3 a.m., and kept awake by it. There is a burning sensation from the *throat downwards* to the region of the pain. I must not omit to state that he has met with several severe accidents at sea, and has always had a weakly digestion.

From the above group of symptoms I was led to think of three or four medicines which will readily occur to all homœopathic practitioners—*Arsenicum*, *Argentum*, *Kreasote*. The acids I chose. *Oxalic Acid*, 3rd centesimal, two drops, one hour after meals, and light food. He returned in five days saying he felt very much better. He was a *little* easier only the first night, but the second night he slept the whole night, and has not had so much ease and comfort for years.

He soon afterwards left for his home and promised to write if he had a relapse, but no communication has been received. Hence we have reason to conclude that the benefit was permanent. He took a stock of "the water medicine," as he called it, home with him.

Reflections. I was led to select *Oxalic Acid* instead of one of the metals referred to because of three symptoms—the intermittent character of the pain, its nocturnal aggravation, and the *throat-burning* accompanying the other symptoms. Many medicines have the "burning pains" in the abdomen, but the peculiarity of *Oxalic Acid* is the *throat-burning* which accompanies these abdominal pains (see Christison's note on this very point), and in my other successful cases with *Oxalic Acid* this symptom has always, I believe, been present. I look upon it, therefore, as a *clencher* to right choice in such cases.

ON LUPUS OF THE THROAT, OR GRAVE SCROFULIDES OF THE BUCCO-PHARYNGEAL MUCOUS MEMBRANE.

By DR. DAVIDSON, Florence, Italy.

(Continued from page 11.)

History.—The study of lupus of the mucous membranes does not reach back very far. Most of the physicians who make mention of it have more especially had in view the extension of lupus of the face to the nasal cavities or to the throat, and they contented themselves with pointing out this propagation in a general manner without furnishing any detailed description.

The first author, as far as I know, who notices the scrofulous lesions of the throat is Travers (*Medico-Chirurgical Transactions*, 1829, vol. xv. p. 254), and he mentions the ulcerations of the mouth and pharynx in these words: "The subjects of this disease are, if young, of a palpably scrofulous temperament. In 1832 Arnal (*Journal Hebdom.*, 1832, 2nd Série, t. viii. p. 99) compares the effects of scrofula to those of the syphilitic vice. Most frequently, he says, its effects are more severe than those of lues, and the complaint is for ever irreparable.

In 1835 Rayer (*Traité des Maladies de la Peau*, p. 195) thus expresses himself in speaking of lupus: "The destruction may extend to the pituitary membrane, run along the nasal

fossæ, and even double over into the mucous membrane of the soft palate as far as the gums and terribly affect them."

Alibert and Devergie allude to this propagation of lupus to the mucous linings. Cazenove (*Traité des Maladies de la Peau et de la Syphilis*, t. iv. p. 171) makes the same observation, and even calls attention to the "ulcerative inflammation of the mucous membranes without any external cutaneous manifestation."

In 1842 Tardieu (*Bulletin de la Société Anatomique*, 1842, *Thèse de Paris*, 1845) showed to the Anatomical Society the nasal fossæ and the pharynx of a young girl who died after an ulcerative scrofulide of the throat.

In 1844 Hamilton (*Dublin Journal of Medical Science*, 1844, in the *Arch. Gén. de Méd.*, 1845) published the first memoir on scrofulous *anginae*. He reported from observations of a benign and grave character. He called attention to the ulcerations that sometimes succeed to the hard tubercles that are comparable to those in *lupus exedens*, and to the adhesions that occur between the soft palate and the pharynx in such a manner as to stop all communication with the posterior part of the nasal fossæ.

(To be continued.)

ON THE RELATION BETWEEN POISONS AND MEDICINES.

By Dr. HARMAR SMITH, Ramsgate.

(Continued from Vol. XIV., page 387.)

It was, as I have said, comparatively rare to meet with cases of Asiatic cholera characterised in their *primary* stage by symptoms such as I have described. When these symptoms of extreme collapse—of living death—did occur, it was most commonly as a sequence of the stage of irritation. Of this the leading symptoms were vomiting and purging of immense quantities of a fluid completely destitute of bile, and having the appearance of rice-water; violent cramps of the muscles of the abdomen and of the extremities; suppression of urine; great prostration; and coldness and lividity of the skin.

This state of things, in fatal cases, generally culminated in a state of collapse marked by the symptoms above described, as characterising some of the cases from the commencement of the disease.

Each of these forms and stages of the disease has its analogue in the symptoms of arsenical poisoning; in the artificial as in the natural disease, the symptoms of irritation being much more frequently observed than those of collapse.

I will now refer to some of the symptoms of arsenical poisoning in especial relation to Asiatic cholera. They are quoted from Sir R. Christison's excellent "Treatise on Poisons," who himself quotes them from Hahnemann's work on arsenical poisoning.

"*General Symptoms.* — Restlessness, weakness, with dropping of the lower jaw; sunken extinct eyes, and open mouth; pains in the whole body; excessive intolerable spasms; tetanic spasms; convulsions, with frightful contortions of the limbs."

"*Skin.*—Coldness; dry and cold; covered with cold clammy sweat."

"*Fever.*—Coldness of the limbs; general coldness, with parchment-like dryness of the skin, or profuse sweat. Pulse small, feeble, frequent, intermittent, suppressed."

"*Eyes.*—Dull staring eyes without lustre, turned upwards; almost complete blindness; dull eyes surrounded with blue circles."

"*Face.*—Sunken countenance; pale death-coloured face; yellow, livid, bluish, sickly colour of the face; lead-coloured, disfigured, death-like, distorted features."

"*Mouth.*—Bluish lips; tongue bluish or white; great dryness of the mouth."

"*Throat.*—The throat feels very dry, with constant desire to drink."

"*Appetite.*—Violent, unquenchable, burning, suffocative thirst; desire for cold water; loss of appetite, with violent thirst."

"*Stomach.*—Vomiting of fluid, bluish, dingy, yellow substances, followed by great exhaustion; vomiting, with diarrhœa; spasmodic pains in the stomach; excessive with thirst."

"*Abdomen.*—Tearing in abdomen, with icy coldness of hands and feet."

"*Urine.*—Diminished discharge of urine with burning; suppression of the secretion of urine."

"*Chest.*—Anxious and oppressive shortness of breath."

"*Arms.*—The hands are stiff and insensible; cramp in the hands; coldness of the hands; painful cramp in the fingers;

rigidity of the fingers; drawing, darting, and tearing from the fingers to the shoulders; sickly colour of the nails."

"*Legs.*—Cramp in the thighs, calves, and toes; hardness in the calf as if pressed flat, with coldness."

Owing to the unfortunate habit of alternating and changing medicines which has been (and still is) so common in the practice of many homœopathic physicians, I have not, after careful examination, so far been able to find a case of the malignant disease in an aggravated form cured by a homœopathic doctor by *Arsenicum alone*. There is, however, no doubt that *Arsenicum* has been one of the medicines which, *along with others*, has been instrumental in leading, on the large scale, to results so much more favourable than those furnished by old school statistics.

Even in the able and exhaustive "Treatise" of the late Dr. Rutherford Russell, "On Epidemic Cholera," giving the details of seventy-five cases, I only find two cases of the disease cured by *Arsenicum alone*, and these of a comparatively mild type, and which aborted or were cured in an early stage.

The most striking cases I have met with appear to me some of those detailed by an allopathic physician, Dr. Cornelius Black, formerly of Chesterfield. Two of these I will now quote from the 16th vol. of the *British Journal of Homœopathy*, together with some of the remarks of the author, which the *Homœopathic Journal* itself quotes from the *Lancet*. No doubt Dr. Black fights with borrowed weapons, though ticketed with his own name, but this proves none the less the value of the weapons, even if needlessly cumbersome.

Dr. Black observes: "The importance of *Arsenic* in the treatment of cholera is a matter of such vital consequence to public health, and of such interest to the physician in a therapeutical point of view, that it is my intention to place, from time to time, before the profession the results of my experience of this remedy in choleraic disease. . . . In placing this high value on the anti-choleraic virtue of *Arsenic*, I yield not to *enthusiasm*, but to *experience*, an experience which at the present moment embraces the treatment by this remedy of *nearly two hundred cases, in none of which has the Arsenic ever failed to produce a speedy and permanent cure.*"

"*Case.*—J. P., aged 42, by trade a master potter, was seized on August 13th with violent vomiting and purging, accompanied by frequently recurring pains in the abdomen,

and by general collapse. The dejections were thin and watery. These symptoms were combated by *Lead* and *Opium*, chalk mixture with catechu, friction, the application of external heat to the extremities, sinapisms, and turpentine stupes to the abdomen, and by weak cold water and brandy to drink. Despite the diligent exhibition and application of these remedies, the symptoms increased in severity from hour to hour. In the morning of the following day I received an urgent message to attend immediately, as, in the opinion of his friends, the patient would die. On arriving at his home I found him in the greatest collapse, with countenance pale, livid, and of a leaden hue; eyes glassy and sunken in their orbits; nose nipped; tongue pale and besmeared with a thin layer of mucus; breath cold; great thirst; skin cold and soddened with a clammy perspiration; voice reduced to a thin, slender, squeaking note; pulse thready and incapable of being numbered. The dejections were involuntary, almost constant, left little or no stain upon the bed linen, of a faint sickly odour, and evidently consisted of a serous fluid. The vomits were frequent, and of a thin, pale, sero-mucoid fluid; the cramps, which seemed to affect the whole muscular system, were rapid, powerful, and agonising in their character. Suppression of urine had existed for fifteen hours.

“I gave immediately six drops of the *Arsenical* solution, repeated the dose in ten minutes, and again in twenty minutes more. Directly after swallowing the third dose the patient, with a slender, tubular voice, ejaculated, ‘There, that will stay.’

“He was right, it did stay, and from that moment the vomiting ceased. The *Arsenic* was now repeated at intervals of half an hour. By-and-by the cramps and purging ceased, the sphincter ani recovered its power, warmth began to diffuse itself over the surface of the body, the pulse became steady, distinct, and numberable, and at the end of two hours I left my patient in comparative safety. During the night the *Arsenic* was continued in 3-drop doses every third hour. On the following morning I found that there had been no repetition of either vomiting or purging, and that the normal secretion had been restored during the night. Two days afterwards he was able to leave his bed.”

The above graphic detail of symptoms, showing the writer to be a close and accurate observer, is exceedingly valuable as an illustration of the close relation between the

symptoms of the malignant disease and of the more malignant poison. In fact, if a non-professional reader of this journal were first to read, and even carefully, the symptoms of *Arsenic* as above narrated, and afterwards those just detailed of this case of cholera, he would find some difficulty in recollecting to which category each of them belonged.

The other case which I proposed to quote from Dr. Black's memoir is very similar to the above, and I must materially abridge it.

NOTES BY THE WAY.

By DR. USSHER.

Bursitis.

THE dates of this case have been mislaid, but the substance is briefly this. On three occasions she came to the dispensary with inflamed bursa of left knee—tense, painful, and with the usual subjective symptom of crackling to the applied palm of the hand. *Silicea* 6x trit. (Keene and Ashwell's) each time helped her, but on the fourth occasion it was not so prompt. She had fallen on the inflamed knee-cap, and got *severe stinging pains*; this suggested *Apis Mel.* to me, and on the 3rd December it quickly subdued the inflammation, eased the pain, and removed the swelling. Heretofore I have used *Sticta* 1x, on the recommendation of one of our *confrères*, but it has not been satisfactory to me. In some nocturnal coughs it is very useful. Singularly beneficial in the healing of ulcers is the application of Martin's bandage. The action of *Belladonna* in the healing of an inflamed ulcer, with the aid of the bandage, is in very marked contrast to its slowness without the help. And the comfort, and support to painful veins and sores, will make these bandages a great boon to the afflicted. Their expense is, alas! a bar to those who most need them, the poor, whom we have always with us.

Congestion of Kidney.

One lady has severely recurrent attacks, beginning with a chill, the invariable antecedent, and generally traceable to cold, or over-action of the body. In this case there has been albumen in quantity when there has been no blood in the urine; and *Acon.* 1x for a few doses gave

wondrous help; then her usual remedy, *Tereb.* 1x, suggested first by my friend Dr. Kidd, admirably suits her, though I have departed from his prescription. The 1x is too strong for her, it causes nausea, a most undesirable addition to her sufferings. The 2x does quite as well as a hæmostatic, and a third attack proved to me that the 3x was better in all respects, and continued for some time. *Every trace* of albumen has disappeared from the urine. She always begs for a tonic, and I give her *Quinine* dissolved in *Tr.-Fer. sesq. φ.* I may add that I have seen *Quinine* in long-continued use remove albumen from urine where there was every evidence of cerebral waste and nervous depression. Our allopathic friends seem to be going it strong when Bartholow recommends twenty grains of *Quinine* to check a cold. The *Materia Medica* of Bartholow's is a capital book for Homœopaths; it shows the straits into which they are driven, its *contra* indications are valuable guides to us. There is a negative value in things, as I told a lady the other day. Her mistakes in prescribing made it impossible for me to fall into the same error. She watches my bottles as I take them from my case; but I have a very bad habit (for her) of altering the positions, and using numbers sometimes for names. If I give *Ipec.* and *Phosph.*, then, sure as she lives, when opportunity offers, I find *Phosph.* and *Ipec.* prescribed—quite a different thing, as she well knows; but nature is perverse, and reminds one of the new piano with two rows of keys, the top one being just the reverse of the lower. Not that I object to ladies practising medicine; quite otherwise, if they can do it in a proper way; but to use an art well we must *love it*, and few women learn *to wait* for a result—that requires training, and restraining influences.

There has been quite an epidemic of congestion of the lungs and infantile bronchitis. I have noticed that *Aconite* 1x did better with men than 3x. The broader the chest and the bigger the man, the better the dose told at hour intervals, but when the tightness in the lower lobes was gone, *Belladonna* 3x came in well. It seemed to suit the over-plethora better in women; but tightness above the mid sternum was quickly impressed by *Bry.* 3x. Cough and all movements worse on motion. Children who are not rapidly impressed by *Ant.-Tart.* 12, are by *Hepar S.* 6x. The latter I have found extremely helpful, and I think this difference between the two is correct. In *Ant.-Tart.* cases there is a *large quantity* of loose rattling phlegm in the bronchi, with inability to raise it.

In *Hepar* not so much secretion, but plenty of wheezing. *He purrs* will remind you of *Hepar*. This trituration 6x (Keene and Ashwell's) has in many instances turned the scale in twenty-four hours, or less. One case gave me much anxiety. There was chronic bronchitis, when acute mischief was added—inflammation of right lower lung, congestion and relapses in left. I feared a consumptive issue. However, *Sulph.* 3x (the resolution was provokingly tardy) and *Lycop.* 12, steadily given for a few days, has cleared the ground, and will lead, I hope, to speedy convalescence.

In the proving of *Salicylic Acid* a curious fact is noted, its power to prevent the decomposition of urine. A week ago to-day I boiled some—the smell was horrible; to it I added three drops of *Æther Salicyuret*, and—there is no offence in it—the hint is worth something for some sick-rooms. This patient has had it internally with benefit.

In lupoid ulceration of face I made a good hit with *Hepar*, guided by these symptoms: *she cannot bear to have it touched, as in washing, and every breath of air on it, such as opening the door, caused pain.* Here also there is a modification of touch. The same is noticeable in the pimples and eruptions of *Hepar*—touch is everywhere painful; there is a sore feel, ulcerative pain, very marked in the *Hepar* sore throat, as if a splinter were there. A young lady who had this symptom severely *from afternoon to midnight*, preventing sleep, was promptly relieved by two doses of *Hep.-Sulph.* 6x.

Wandsworth, January, 1880.

BEWARE OF YOUR STOCKINGS.

SOME severe cases of skin disease, principally affecting the foot and ankle, have of late come under our observation. The eruption is quite anomalous, and begins with papules and blebs, and presently one observes large pustules, or, again, there are large sores with a sanious discharge, and there is withal much œdema. It seems to occur mostly in children under fifteen, who had all been previously quite well, and the constitutional disturbance is not great. They do not yield to treatment, and the idea that it is from dyed stockings is suggested as extremely probable. *Aniline* dyes are, we understand, now much used, even for black stockings.

Have any of our readers made similar observations?

CASE OF DYSMENORRHŒA CURED WITH
SARSAPARILLA.

By J. C. BURNETT, M.D.

PAINFUL menstruation is an ailment that is so common—nay, almost universal—that any practical communication on the subject must necessarily be interesting. Besides, there is no painful ailment that one treats that gives one greater satisfaction for the care and trouble devoted to its study and treatment. Who shall estimate the sum of menstrual misery that is often compressed into *one* existence only? And then how it *ages* the poor sufferer!

How is it that so many *women* are such devoted adherents of Homœopathy? Why do so many of them daily bless it? Ask them, and they will tell you how they suffered for long, weary years at each poorly time, until some homœopath took the trouble to diagnose the right remedy, and then all pain departed, and life again became a sweet enjoyment instead of a weary burden. This has become such an established fact that even allopaths have often exclaimed, “Homœopathy is very good for women”! Thank God it is!

Some see-it-at-a-glance medicasters give big doses of *Belladonna*, or of *Aconitum*, and cauterise those always-to-be-found ulcers of the *os* (!), and succeed only in tarnishing that priceless gem called modesty, and disgracing a noble profession. Away with them! they know no more of the science of Homœopathy than did Sir James Simpson. They deserve no more the grand name of physician than does a drenching cow-leech, crowded consulting-rooms notwithstanding.

When we scan the list of probable remedies for a given case of Dysmenorrhœa we shall hardly find *Sarsaparilla* in it; at least, I should never have thought it a likely remedy at all. But it has its peculiar variety, as we shall see.

On March 31st, 1879, I was summoned to see Mrs. X., aged 32, who was said to be ill in bed, and in great pain. On arriving I found the symptoms were—vomiting of bitter matter, diarrhœa, and fainting, the initial stage of a painful period. The conjunctivæ were yellow, and, taken as a whole, it seemed a sharp upset of the liver. I accordingly gave a good liver-remedy—*Carduus Marie*, four drops of the first decimal dilution in water every hour until better, and then every four hours. It acted, as rightly chosen organ-remedies will, very promptly. In a few hours the pains and vomiting were gone. But, as it too often happens in treating a case

on the ground of specificity of seat only, it did not quite finish the case. The cure was only partial, for there still remained some *tenderness of the liver*. This homœopathic specificity of seat is organopathy; and, when we speak of organopathy, we mean the organopathy of Paracelsus, as revived by Rademacher many years ago. And by organopathy is meant the general fact that drugs have an elective affinity for an organ or part; and diseases, as we know, behave similarly. This general fact has been the common property of the world for very long, and reached a high degree of development with the Rademacherians nearly a quarter of a century ago.

The *Carduus Benedictus* having done much, but not quite enough, another liver-remedy was needed, and so *Chelidonium Majus* 1, three drops in water every four hours, was administered, and the liver soon returned to its normal state; that is, patient became unaware of the possession of that organ.

Organopathy is a part of Homœopathy; that is, the latter includes the former, and becomes synonymous with local affinity or specificity of seat, both as to drug and disease, good Dr. Sharp to the contrary notwithstanding.

But this one side of homœopathic practice, though of immense value at the bedside, and in many chronic affections, covers only a portion of many cases, and does not necessarily correspond to the *totality of their parts*. Here a higher Homœopathy is needed, or we absolutely fail to cure. The homœopathic specificity of seat, respectively organopathy, is not "a step in advance" of the scientifically individualising Homœopathy of Hahnemann, but a retrograde movement from it, or a step towards Homœopathy if taken by an allopath. It is very important to have a clear conception of this.

Having, then, got the patient over the colic and hepatic vomiting, I was requested to give her something for her painful menstruation.

Its history: She began to menstruate at eleven years of age, and, with the exception of one year when she was at school at Tunbridge Wells, she had had painful menstruation for *twenty years*. Things went thus: She used to begin generally early in the morning, with bitter vomiting, diarrhœa, and fainting fits, with exceedingly cold perspirations; the pain in the back, thighs, and hypogastrium she described as dreadful. She had to lie down the first day, the

second day the pain still continued very bad, and on the third day it went off.

Now, here the *seat* of the complaint is unknown, and hence specificity of seat becomes unusable as a therapeutic weapon.

Where could the ailment be said to sit? Some would say the spinal marrow, some the uterus, some the ovaries, others the grand sympathetic, others the *Medulla oblongata*. A few would declare the liver at fault primarily; and, from the history of the case, it might fairly be said to arise primarily from the left breast.

Now, *the left nipple was considerably retracted*, arising from a fall when patient was a little child, and, in addition to the before-mentioned symptoms, she had severe pain in the left breast, extending down the left arm, and the left breast was so tender that she would often hold her hand in front of that part, as it were to ward off any contact with anything whatsoever.

The *Chelidonium* had been continued for a week or so, as the liver was certainly irritated, and pathogenetically *Chelidonium* does irritate the liver.

There was some relief of the menstrual troubles from the use of *Chelidonium*, but not very much beyond the restoration of the liver to the normal.

Hence it became a question of what remedy was indicated. I had read in a number of the Anglo-American journal called the *Organon* a little footnote by Dr. Skinner to the effect that *retracted nipples* constituted a *characteristic symptom*, or key-note, of *Sarsaparilla*.

As this emanated from Dr. Skinner, I thought he had probably not given a very low dilution in the cases which conducted him to that conclusion, so I determined to go as high as I could without losing my mental balance—I do not like those high dilutions—and accordingly prescribed as follows:—

R. Tc. *Sarsæ* 30
m. xxiv.

Sac. lac. q.s. Div. in p. æq. xxiv. S. One at bedtime.

The effect of this was very striking, for the next menstrual period was *painless*, and patient was about during the whole time, a thing she had not done for some *fifteen years!*

This cessation of pain after taking *Sarsaparilla* 30 was really a curious coincidence, very fortunate for the patient, and did no harm to the doctor.

But the breast remained as painful as ever.

So the case being of such long duration, and patient having already enjoyed excellent homœopathic treatment for many years, and the mammary neuralgia still persisting, I determined to interpolate *Sulphur* 30 to destroy any psoric taint. Twelve drops were given spread over as many days, then a pause, and then a repetition of the *Sarza* 30.

The painful menstruation remained cured, but the breast-pain and hyperæsthesia continued unabated.

Que faire? Choose another remedy? No, certainly not, for I had given this on account of the mammary condition, and it had completely cured the dysmenorrhœa, so another dilution seemed the thing.

As before stated, I very much detest those high dilutions, especially those above the Hahnemannian thirty; but again—*Que faire?* I learned the prescription from Dr. Skinner, and I am sure he would say, Try a higher dilution than the thirty.

Accordingly, on September 3, 1879, I gave twenty-four powders, the first, twelfth, and eighteenth containing each ten globules of *Sarsaparilla* C, the others being sugar-of-milk only.

This was the result, in her own words:—"The first two or three which I took I thought I had taken a severe cold, as I had such a peculiar pain between my shoulders, as if the flesh were taken hold of and twisted round. After a few days it got better, and *there has been scarcely any pain in the part since.*"

On December 1, 1879, I called to inquire how things were going on, and the lady informed me that she continued to have perfectly comfortable periods, and the breast remained free from pain, so much so that it will bear pressure without any inconvenience.

The retraction of the nipple seemed to me a little less, but in her own opinion that had not altered.

Thus we see that periodic pain of the severest kind is amenable to homœopathic treatment in the infinitesimal dose, and that although it had lasted for over *twenty years*.

They say the *latter-day* homœopaths have cast aside the infinitesimal dose as a mere senectitudinal craze of Hahnemann.

After this farewell visit to my patient on December 1, I thought I would like to know what led Dr. Skinner to make

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the remark about retracted nipples being an indication for *Sarsaparilla*, so I wrote to him and asked the question. Here is his answer:—

“Liverpool, Dec. 4, 1879.

“My attention was first drawn to rectifying retraction of the nipple in nursing women by observing the perfect impossibility of a lady patient nursing her first baby, both nipples being on a level with the surrounding areola, and no mechanical means which were used were of the slightest avail.

“On turning up Jahr and Possart’s ‘Concise Repertory,’ p. 848, Symptoms of the External Chest, I found, ‘Atrophy of the nipples, *Sars.*’ On referring to HAHNEMANN’S ‘Chronic Diseases,’ vol. v. page 138, I found, ‘*The nipples are WITHERED, unexcitable. Itching around the nipples.*’ In the ‘Symptomen-Codex,’ vol. ii. page 738, I found, ‘*The nipples are flaccid, insensible. Itching around the nipples.*’ In ‘Allen’s Encyclopædia’ I found, ‘*The nipples are soft, insensible, and not irritable,*’ vol. viii. p. 536, symptom 512. Lastly, in Jahr’s ‘Diseases of Females,’ first edition, at page 295, I read, ‘*Atrophy of the nipples is not a very rare disease; in many women, in consequence of some malformation, or of the pressure of the dress, the nipple is short, flat, atrophied, so that, instead of projecting, a depression exists in its place. According to our experience, Sarsaparilla has the best effect on this difficulty.*’

“On the strength of these readings I had the utmost confidence in prescribing *Sarsaparilla* in a high potency in cases of *retraction or flattening of the nipple in nursing women.* On two occasions in the same lady I have enabled her to nurse her babe, when it was *utterly hopeless without this simillimum.*

“Need you wonder that I prefer the observation and text of HAHNEMANN to that of any other. Observe, ‘*The nipples are WITHERED.*’ Shrivelling and wrinkling, withering of the skin—it hangs in folds—is *characteristic of Sarsaparilla*; hence the magic results.”

In conclusion, I tender my best thanks to Dr. Skinner for his instruction, kindness, and courtesy. Verily, Dr. Berridge did a good day’s work when he brought over Dr. Skinner to our camp.

“Homœopathy is very good for women.”

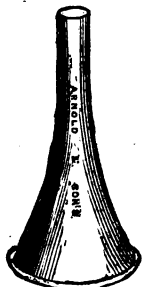
EAR-INSTRUMENTS AND SYRINGING.

THE Politzer bag and the tuning-fork are instruments of quite recent introduction among those employed by the aurist, and very useful ones they are too. The Air Douche, as the Politzer-bag inflation is sometimes termed, is, as we have seen, extremely useful both as a remedial and a diagnostic procedure, while as an instrument of diagnosis alone can the tuning-fork be held in estimation. By means of it you will often be able to tell, before the ordinary hearing faculty has been restored, what measure of progress the patient makes. For example, there is a patient now attending in whom the tuning-fork could be heard only through the teeth on first coming under treatment, and in whom, after a gradual improvement, there is now a clear perception of its slightest vibration placed upon any part of the head. Thus we are enabled to mark and measure progress, not by what in such cases would necessarily be the unreliable conviction of friends, but by the much less delusory test of practical experiment. Again, you will find the tuning-fork of great use—and I believe myself to be the first in now suggesting its application to such purpose—in helping to determine any threatening of Meningitis in children, for when irritation has spread from the periosteum of the middle ear to that of the cranial bones or to the membranes of the brain, an intense pain will be occasioned by placing a tuning-fork, vibrating ever so feebly, upon any part of the head; the little patients are perfectly unable to endure it; and, so far as my experience has gone, this obtains mostly in cases threatened by inflammatory mischief within the skull. The sudden withdrawal of the head, especially when this action is accompanied by an expression of pain, whenever the tuning-fork is placed vibrating upon it, constitutes in children an indication of cerebral involvement; but—and here is the caution—the very sight of an instrument of any description will sometimes occasion extreme nervousness in some patients, as will its contact with the scalp; hence, for this to be a criterion of moment, we must satisfy ourselves that pain is really felt and not merely imagined.

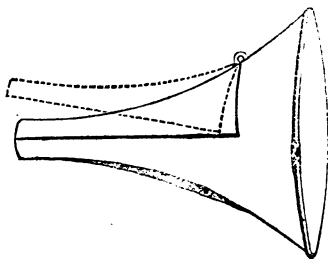
The Ear-Speculum.

We have already given hints as to the making a sufficient examination of the condition of the membrana tympani; we

must now enter a little more into detail upon the same subject. Compared with the eye, the difficulty in examining the ear is this—that in the natural condition of the parts it is impossible to throw an unobstructed stream of light in upon the membrane. We have, in order to obliterate the folds into which the cartilage of the auditory canal and that of the auricle is thrown, to pass in a tube whose unresisting sides will overcome any obstruction the cartilage may offer; for, be it remembered, so far as the osseous constituent of the auditory canal is concerned, there is no obstruction whatever—as any one can see who examines a temporal bone in the dry state—to the entrance of light: it is—of course we speak of the great majority of cases—the cartilage, and the cartilage only, that opposes an obstruction. The canal being wholly surrounded by bone, it will follow that an attempt at dilating it is out of the question, and hence the dilating speculum of Kramer and of Yearsley is admittedly an inferior instrument. The bone cannot be dilated, and all that is needful for a proper view of the membrane is to obliterate the folds of cartilage in a way that will not obstruct the entrance of light. This is usually accomplished by means of the speculum of Gruber or Wilde, or that of Toynbee, which is a modification of Gruber's. But in improving upon Kramer's speculum, Gruber, and all who have followed him, neglected to take into consideration one important feature of the Kramer speculum, and this is, the ease with which it can be cleansed from the cerumen and purulent discharge with which ear specula are continually becoming clogged. I



TOYNEE'S.



COOPER'S.

have, therefore in the speculum here portrayed, and which has been described by me in the *British Medical Journal* and in the *Medical Times and Gazette*, combined the advantages of both

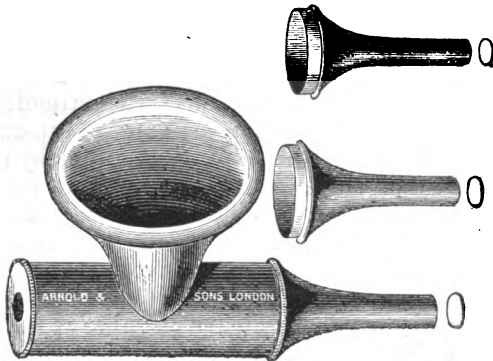
the Kramer and Gruber speculum without the disadvantages of either. This speculum of mine, while equally efficient with any for pushing aside the obstructing cartilage, is superior to all modern ones in the possession of a door working upon a hinge, and which allows of the easy and thorough cleansing of the instrument. And besides, this door working upon a hinge at a distance from the distal extremity of the instrument, allows of a certain measure of up-and-down hitching while the instrument is being used, thereby enabling us to get a view of portions of the membrane that would otherwise be obscured, or, at all events, less easily visible; and then in inserting a cotton wool plug, this speculum, as it allows of expansion, is more available than the usual forms.

This modification in the ordinary Toynbee speculum of a door opening and shutting at the side is, therefore, in every way advantageous. I had, perhaps, better mention that the wide portion of my speculum is rather more expanded than that of the true Toynbee speculum; this is for the purpose of admitting of a clearer illumination, though it is not an essential modification.

In examining a patient, the surgeon should fix upon his forehead an ordinary laryngoscopic mirror, or one of shorter focus made for the purpose of aural requirements; then, if behind and on a level with the patient's ear there be placed, alight, an ordinary composite candle, we shall be in a position to obtain a full and defined image of the membrana tympani. I prefer using the naked flame of a candle or of a gas jet to employing lenses in front of or mirrors behind the flame. The use of the small candlelight enables you to focus the rays of light upon a circumscribed space, and to direct the light through the narrow canal of your speculum with greater ease and with less obscurity than if you were dependent upon rays twice reflected.

Some practitioners prefer Brunton's auriscope to any other speculum. The Brunton speculum is an ordinary Toynbee attached to which is a cylinder constructed so as to admit the rays of light and reflect them magnified along the canal of the instrument. For general use I prefer the forehead mirror and ordinary ear speculum, as I believe its use to be less trying to the surgeon's sight, and besides, the image obtained is a natural and not a magnified one; but where uncertainty exists as to the nature of the objects seen—small spots on the membrane, adhesions with the promontory,

minute perforations, and such like—the Brunton mechanism is, in all contempt of question, preferable to any other.



BRUNTON'S AURISCOPE.

London practitioners are invariably in the habit of depending upon artificial light for purposes of illumination; this is condemned by some of the German aurists, particularly by Kramer, who, with his usual severely vigorous criticism, inveighs against it. However, our Continental friends should come to London in a November fog, and the indispensable necessity for artificial illumination would be at once apparent; in fact, the practice of an aurist would be most unsatisfactory in London were it not for the use of artificial light. It is one of the great advantages of Brunton's speculum that either daylight or an artificial illumination can be employed.

Kramer's advocacy of his now antiquated speculum is very amusing. Thus he tells us¹ that "any defects it may appear to possess when in use result simply from a want of dexterity upon the part of the operator"! a mode of argument that inferior inventors would do well to adopt; while he fails to insist upon its really great advantage, that the interior of it can be easily cleansed.

If the speculum as modified by the author by the addition of a door, as figured at p. 135, be constructed to fit upon Brunton's apparatus, the auriscope will be rendered a much more perfect instrument.

The Eustachian Catheter.

The Eustachian tube is, unlike the urethra, very seldom the seat of an organic stricture; though quite as liable,

¹ "Aural Surgery." New Sydenham Society's Translation. 1863.

perhaps more liable, to chronic and acute catarrhal inflammation, the inflammatory process does not deposit around the walls of this tube the fibrous material we find to surround, and thus induce contraction of, the sides of the urethra. And, besides, the disposition of the muscles bordering upon and engaged in performing the office of expansion and contraction of this tube, is such as precludes the same liability to spasm we meet with in a canal kept patulous by a muscular arrangement so elaborate and so highly complicate as that of the urethra. Hence we do not meet with the spasmodic strictures in the Eustachian tube that are so common in the urethra. And were we to proceed to catheterism of the Eustachian tube with the same objects in view as we generally have when proceeding to perform this operation upon the urethra, we would undoubtedly be entering upon a most dangerous operation; for the sides of this tube are so constructed as to render the exhibition of even the least force wholly unjustifiable. Then, let it ever be remembered, it is not a spasmodic nor any firm organic contraction of the Eustachian tube with which we have to deal; what is present and what calls for catheterism in this tube is simply and solely its catarrhal condition, which has led to the collection of mucus, and the relaxation and slight swelling of the sides of the tube.

Syphilis as well as diphtheria may be attended with cicatricial contraction of the parts bordering upon the Eustachian tube, and hence these may induce stricture, or even complete obliteration of the tube, but for such lesions the Eustachian catheter holds out no hope of relief. The attempt to employ it in cases such as these, where organic impediments have to be overcome, would be attended with the gravest danger; and it is, I suppose, the employment of it in these unsuitable cases that caused Toynebee to hold it in such slight esteem.

Any way, if used in appropriate cases the catheter is a useful, and, indeed, an indispensable instrument for improving the hearing powers, and therefore it is very necessary that any one who aspires to the successful treatment of chronic aural disease should become skilled in its application.

Our advice to those desirous of acquiring facility in passing the catheter would be to practise it in the first place upon the dead body, as this will familiarise them with the construction of the parts engaged; and having done this, let

them then carefully read over Kramer's directions for using the catheter. They are as follows:—

"As a rule," says he, "the catheterism of the Eustachian tube should be accomplished with one of the catheters 1—4,¹ introduced through the corresponding nasal meatus of the ear that is to be examined. For this purpose the patient, if an adult, is to be placed upon a chair with a common back, or with one somewhat higher than usual, in order that the head may be supported. Children between the ages of eight and fourteen should be placed with their back against a grown-up person, who may support them, or, if reliance can be placed on their steadiness, against a wall, a table, etc. Younger children should be taken on the lap of an intelligent person, against whose breast they can lean their heads.² This person should keep the legs of the child between his thighs and hold his hands, while the head of the child is fixed by the left hand of the surgeon. These measures are very necessary, as children are often restless and unruly.

"After the patient has blown his nose (partly for the purpose of clearing away a too abundant secretion, partly, in case the nose is too dry, to moisten it, and thus enable the instrument to slide along it with greater facility), we dip the catheter into pure olive oil, and blow through it to assure ourselves of its permeability. The head of the patient is then fixed with the left hand; the catheter is held with the thumb and finger of the right hand close to the funnel-shaped extremity, in such a manner that the ring attached is turned downward; the beak is placed in the nasal meatus, resting upon its floor, close to the septum, with the convexity upwards. From this point it is pushed backwards with a very light hand, sweeping as much as possible along the floor of the nostril, with continual elevation of the handle, till the instrument becomes horizontal and its extremity rests against the posterior wall of the pharynx. The thicker the catheter, the more easily are these movements executed, etc.

"Irregularities in the form of the inferior turbinate bone and strong lateral displacement of the septum may render the first introduction of the catheter very difficult, and test severely the delicacy of the sense of touch in the hand of the

¹ Kramer uses four sizes of catheters.

² Since the introduction of the Politzer bag the catheter is hardly ever used in the case of children. Kramer, however, will have nothing to do with Politzer or his bag.

operator. As the point of the beak arrives at the posterior wall of the pharynx, the funnel-shaped end of the catheter is to be raised a little above the horizontal line, and at the same time to be lightly withdrawn. The beak then sinks, and rests upon the posterior wall of the soft palate, which at that instant contracts, performs a swallowing movement, raises itself, and when assisted by a quarter turn upon its axis from within outwards, lifts the beak of the instrument into the tube.

“ If this rapid movement is not successful in the hands of an inexperienced person, the beak of the catheter must be conducted back to the upper part of the pharynx, in order that it may be slowly drawn forwards and turned at the same time laterally a quarter turn upon its axis towards the outside, by which means the ring upon the funnel-shaped end is directed horizontally. It now slides over and into the swelling of the tube itself, where the beak of the catheter is directed, with its concavity against the anterior swelling of the tube, and here it hooks into it, and can be clearly felt to be grasped by it upon quickly withdrawing it. The catheter lies here quite conveniently, being in no way a source of annoyance to the patient, even in speaking, in swallowing, or in any of the movements of the head. For the sake of security we now elevate the beak of the catheter above the horizontal line, directing it upward and outward, the position of the beak being determined and rendered evident by the direction of the ring upon the funnel-shaped end.”

Aurists use, in addition to the silver catheter, catgut or laminaria bougies. These are particularly required where constriction exists in the canal, rendering it impracticable to pass the catheter; and then, the catheter being passed as far as the seat of constriction, and which is generally at the junction of the cartilaginous with the bony portion of the tube, the bougie guided down the tube of the catheter is forced onwards by the surgeon and allowed to remain in the tube for fifteen or twenty minutes, during which time it swells, and so allows of withdrawal of the catheter (*Hinton*). Sometimes portions of bougie remain behind, but without causing anything beyond temporary inconvenience to the patient, and often, in effecting an exit, resulting in positive improvement by inducing a dilatation of the canal.

Dr. Alexander Morison, of Canonbury, suggests the addition of a register to the Eustachian catheter, such as will indicate

the angle at which the throat orifice of the tube lies in any given case, and which being noted will be available at future visits, thus saving time.



MORISON'S REGISTERING CATHETER.

Syringing the Ear.

The operation of syringing the ear must now engage our attention, and simple as it is, there is much detail to be insisted upon connected with its proper performance. The purposes for which we find it necessary to resort to the employment of the syringe are these. Firstly, as a means of cleansing the auditory canal, and removing purulent discharge or flakes of epidermis, an object that is attainable by the use of almost any small syringe sending forward a gentle stream of luke-warm water. In certain cases this has to be done very frequently, and often by the patient himself. Secondly, as a means of removing a collection of hardened cerumen firmly attaching itself to the sides of and completely blocking up the meatus, and in which case we require to employ considerable force and to use a good-sized and specially-constructed instrument, in order to detach the ceruminous mass from its surroundings. In no case has this to be done frequently, and never ought to be attempted by a patient, however well-instructed he may be. The pathological difference between the two cases is this, that in the first the tympanic membrane is exposed, and it may be even perforated, and therefore to direct a forcible stream of water against it would be in the highest degree reprehensible; the simple admission of a sufficient quantity of water into the ear, which can be effected by a properly-instructed patient, being all that is required to accomplish the desired object. There is a third purpose we may have in view, but we shall consider the general operation of syringing before we come to dwell upon it. Before proceeding to syringe an ear, you should see that the patient is in a good light, and then, taking hold of the auricle between the finger and thumb of the left hand

and pulling it well backwards and upwards, having first ejected a little of the water against it in order to determine if the temperature be agreeable, insert half an inch of the pipe of the syringe into the meatus, and, managing your instrument with the right hand, use some slight pressure against the back wall of the meatus with the further extremity of the syringe-pipe, which is to be directed horizontally inwards; this done, you are in a position to proceed to work the piston, and which, if, as we said, the material to be removed be cerumen, but in no other case, may be done with some force. As a prevention against slopping, you must be careful that the patient holds below the ear, and well presses in behind the angle of the lower jaw, a good-sized tumbler half full of lukewarm water, from which source you can obtain your supply each time the syringe requires filling; and as an additional protection you must tuck in a towel round the neck. The accompanying illustration shows at a glance how it is to be performed.



Such is the most general way of syringing an ear, and for ordinary purposes it is, perhaps, the most practicable.

But there is, as we said, a third purpose for which we resort to syringing, and this is for the removal of foreign bodies from the meatus. It is true that a mass of cerumen

wedged in the meatus is generally regarded as being tantamount to a foreign body, and requiring the display of equal skill in effecting its dislodgment; still it is both possible and practically advantageous to make a distinction between an ordinary foreign body and a ceruminous collection, as we have done in the following article extracted from the *Medical Press and Circular*, June 12, 1878, and which I believe lays down the true principles upon which the operation of syringing an ear for the purpose of removal of cerumen, as contrasted with foreign bodies, ought to be conducted.

THE REMOVAL OF FOREIGN BODIES FROM THE EAR.

The many recent communications upon this subject in the journals show how much interest is being taken on the subject of aural therapeutics. The lesson we learn from one and all of them is, it seems to me, the important one summarised by Hinton ("Aural Surgery," p. 73), when he says, "that whenever an instrument will succeed" (in removing a foreign body from the meatus) "syringing would also succeed, and that when proper syringing will not succeed all instruments are full of danger."

This being the case, it is very necessary, if improvement is to be effected, that it be done in relation to our methods of performing the operation of syringing.

Now, practically, there are two very different kinds of foreign bodies to be met with in the external auditory meatus: these are, in the first place, *cerumen*, which is to all intents and purposes a foreign body, and, in the second place, substances such as beads, buttons, and the stones of fruit, etc., that are introduced from without.

In the case of both varieties, it must be admitted to be of extreme importance the being able to see the body upon which we are directing the current of water from the syringe. With the ordinary ear specula, as met with at the instrument-makers, this would be impracticable. I have, therefore, constructed an ear speculum, a description of which appeared in the April (1877) number of the *Dublin Journal of Medical Science*, so constituted by the addition of a spout-handle through which the outgoing current of water can pass, as to enable us to see at each stage of the operation in what way the foreign body is influenced, and upon what part of it we are directing the principal force.

The case of cerumen, however, differs from that of an

ordinary foreign body in this most important particular, that force from *in front* is necessary to be expended in order to detach it from the sides of the meatus, and that in order to accomplish this, the force obtained by means of the jet of water playing upon it has often to be considerable; while, on the contrary, in the case of the true foreign body, no *vis à fronte* is required, and may even be highly dangerous by driving its perhaps irritating surface against the tympanal membrane. In this respect cerumen stands in marked contrast from the ordinary foreign body, the one offering little or no danger to the application of force by means of an ordinary syringe-stream, and even requiring its application, the other circumstanced so as neither to require nor yet to be free from danger if a forcible syringe-stream be directed upon it. For here comes the distinction between the two: the cerumen invariably occupies the entire channel of the meatus, it is firmly attached to the sides of the meatus, and its tympanal extremity is smooth; the foreign body, contrariwise, scarcely ever occupies—except, indeed, the meatus be very much swollen—the entire calibre of the canal, its sides do not adhere to the wall of the meatus, and its inner or tympanal extremity is often rough and irritating.

This being the case, while we are justified in playing the syringe-stream with force upon the ceruminous body and from in front, we should not be justified in so doing in regard to the true foreign body. Then, let us remember, the foreign bodies that find their way into the auditory meatus are those that introduce themselves there, as is the case with insects—the cockroach, the earwig, etc.—or have been forcibly pushed in by the patients themselves, as happens with children and lunatics.

A moment's thought will convince us that it must necessarily be a very exceptional instance where the foreign body so occupies the entire meatus as not to leave some space between itself and any portion of the wall of the meatus, for the shape of the auditory canal is such that, except midway between the external opening and the drumhead, it is more oval than round, and even in this part of it is subject to much individual variation. And, besides, the cartilage of the ear is so formed as to be deficient above corresponding to the roof of the meatus: "the whole cartilage" (Quain's "Anatomy," art. "The Ear," p. 628) "may be looked upon as an elongated plate, the lower part of which is folded round in front so as to bring it *nearly* into contact with the upper part." There

will, therefore, be a certain amount of deficiency, and hence we obtain a corresponding amount of space, even supposing the shape of the foreign body to be round, and the question will be how to utilise this space with the greatest advantage.

Now, in removing a foreign body, whether actually impacted or not; our object should be neither first nor last to force it *in towards the drumhead*, but to at once direct our force upon it in such a way as to secure the most speedy exit possible for it from the canal.

This, it is admitted by all authorities, is fairly accomplished by our ordinary methods of syringing. But the reason why syringing is so successful an operation is, because sufficient deficiency exists between the canal-walls and the body to be removed to allow of the water getting behind the body before it becomes detached from the sides of the meatus, and in this way protecting the drumhead from injury. But it is evident that the force playing upon the body from in front may, before the water gets behind it, drive the foreign body right against the drumhead, and so cause serious injury.

The rational way, therefore of utilising any vacant space between the foreign body and the canal-wall will be to insert the nozzle of a syringe constructed so as to terminate by a very fine extremity and to possess a correspondingly minute bore. The object of this will be to enable us so to utilise the space as to syringe in such a way as will cause the water to accumulate *behind* the foreign body and *between it and the*



drumhead; a welling up from behind will therefore take place, and as the water accumulates pressure will be brought to bear upon the body from within, the tendency of which will obviously be to drive it outwards. But in order to

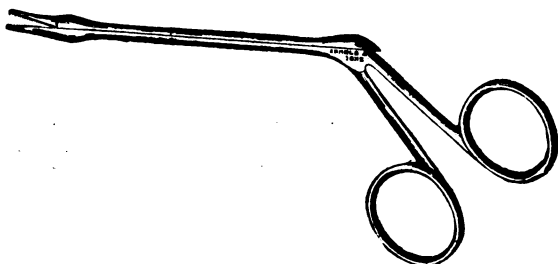
perform this delicate operation satisfactorily it is necessary that we should have in clear view the body we are seeking to remove at each step of the operation, and this advantage we can obtain only by the employment of my spout-speculum as portrayed in the preceding woodcut.

This nozzle of the syringe is so constructed that while the nozzle itself is as fine as possible, so as to occupy very little space, its extreme end is slightly bent so as to fit *over* the foreign body, and, at the same time, steady it, and it is bored in such a way as to leave the tube of it to find an exit above and somewhat short of the tip. In this way the pipe of the syringe effects the twofold object of steadying the foreign body and shutting off any of the forward force of the syringe-stream.



COOPER'S EAR-SYRINGE.

The same object might be gained, but perhaps not quite so effectually, by having a loop of silver-wire, made like the end of an ear-scoop, attached to the syringe-pipe ; this would



steady, and, at the same time, if needed, press down the foreign body, while space would, in this way, be gained for the entrance into the meatus of the syringe-stream.

The spout-speculum and specially-constructed syringe are to be had of Messrs. Arnold and Sons, instrument-makers, Smithfield, who also manufacture for me the forceps seen in the above wood-cut, and which is by far the most available form I have ever come across for manipulation in the narrow canal of the meatus.

It only remains to be added that after a patient's ears are

syringed he should be enjoined, as a protection against cold, to keep for a few hours a little olive oil on cotton wool in the ear.—From “*Clinical Lectures upon Inflammation and other Diseases of the Ear.*” By Robert T. Cooper, A.B., M.D., Trin. Coll., Dublin.

MY PATHY AND THY PATHY.

THE following correspondence will interest our readers. Dr. Duncan Matheson takes up a thoroughly manly position; we congratulate him upon his proud position of a *free man*, daring to do right—*Magna est veritas et prævalebit.*

(No. 1.)

4, Granville Place, Portman Square, W.,
Dec. 10, 1879.

Dear Sir,—Can you kindly meet me to-day after 2.30, or to-morrow, at Lady ——’s, to examine the maid, who has got an intra-uterine polypus, and who is subject to excessive menstruation. Mr. —— saw the patient with me some time ago, and he advised operative measures, but Lady —— would like to have a recorded opinion before having recourse to this proceeding.

I am, yours faithfully,

Dr. ——

DUNCAN MATHESON.

(No. 2.)

Dec. 11, 1879.

Dear Sir,—I would be glad to see the patient here or elsewhere; but, as you know, there are professional rules to which I must bow, and I interpret them as forbidding consultation between us.

Yours truly,

Dr. Duncan Matheson.

(No. 3.)

4, Granville Place, Portman Square, W.,
Dec. 14, 1879.

Dear Sir,—I was disappointed at your refusal to meet me in consultation, for I had given you credit for more independence of conduct and judgment than this refusal implies you possess. I feel warranted in making this observation, particularly from the fact that you have met me on former occasions, well knowing the nature of my medical convictions. The patient shall not trouble you anywhere,

for, of course, I had no difficulty whatever in procuring the second medical opinion I desired.

I am, yours faithfully,
—— Esq., M.D. DUNCAN MATHESON.

(No. 4.)

Dec. 16, 1879.

Dear Sir,—I regret disappointing you; but regard the matter as beyond my control.

When I met you on a former occasion, I did not know what were your medical convictions.

Yours truly,
Dr. Duncan Matheson. ———

(No. 5.)

4, Granville Place, Portman Square, W.,
December 26th, 1878.

Dear Sir,—Absence from home at the time your letter of the 14th inst. arrived, and incessant engagements since, are the explanation of my not having sooner answered it.

You will kindly allow me to draw your attention to two inaccuracies into which you have been betrayed by what is, I am sure, a lapse of memory on your part.

You write, "When I met you on a former occasion I did not know what were your medical convictions." But I must remind you that you met me on *two* former occasions—once in the case of Lady —— at —— Square, and on another occasion in the case of Mrs. ——, at the Langham Hotel. Further, the matter of my being a homœopath was raised by yourself in your house at our first interview, *previous to your seeing either of the patients.*

You said, "You are homœopathic in your views, are you not?" I at once answered, "Yes, I am." "Then," you rejoined, "it is only for diagnosis you want me." To which I replied, "Yes, for diagnosis, and also to consider with me the question of the propriety of an operation: that is all I want you for." You then said, "Very well; let us meet at four o'clock." And so we did at her ladyship's the same day. And as a matter of fact our whole interchange of opinion in these two cases had exclusive reference to the matter of diagnosis and surgical interference, and the question of medical treatment was not discussed at all. I think, then, that in these circumstances you will admit I was quite justified in saying, "When you met me on former occasions,

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you were perfectly aware of the nature of my medical convictions."

Surely it is reasonable that two men who happen to differ in the matter of medical treatment should, nevertheless, be at liberty to confer together on the certainly not less important questions of diagnosis and surgical proceedings, points on which there is no difference whatever between allopathic and homœopathic practitioners.

This must have been your own view in agreeing to meet me on the two occasions referred to, and I notice that you do not express any difference of personal conviction now, but found your refusal to meet me simply on certain factitious rules imposed by the intolerance and bigotry of others.

I cannot but regret that so eminent a member of the medical profession should allow yourself to be dictated to in the manner you describe, and thus be compelled to act at variance with what your earlier action has shown to be your spontaneous, independent, and private judgment.

I think it right to add that, without using your name, which you might object to, or those of the patients concerned, I propose publishing this correspondence in the homœopathic journals, in order to show by whose fault it is that we hold the so-called sectarian position with which we are sometimes charged; and also to demonstrate the futility and impropriety of the proposal, which has been made by some of our short-sighted friends, to sink our own independent position as homœopaths, as a means of conciliating men who can show such an intolerant and illiberal spirit as your letters indicate—a spirit, moreover, into which you admit you have been driven by the medical trades-union regulations.

I am, yours faithfully,

———— Esq., M.D.

DUNCAN MATHESON.

EYELASHES AND EYEBROWS.—In Circassia and Georgia, Persia and India, one of the mother's earliest cares is to promote the growth of her children's eyelashes by tipping and removing the fine, gossamer-like points with a pair of scissors when they are asleep. By repeating this every month or six weeks, they become in time long, close, finely-curved, and of a sleeky gloss. The practice never fails to produce the desired effect, and it is particularly useful when, owing to inflammation of the eyes, the lashes have been thinned and stunted.

DIPHTHERIA.

WHAT REGULATES ITS COMING AND GOING AN UNSOLVED
MYSTERY.

IN spite of the careful study that has been given to the disease, diphtheria must still be classed as an unexplainable physical disorder. For a long time it was supposed to be of modern origin, but medical historical research has shown that there is good reason for thinking that it prevailed with deadly effect in India as long ago as 600 B.C., and that the fatal epidemic called in the Talmud "askara," was essentially diphtheritic in its character. But from this time forward to the seventeenth century there is no disease described with which it can be compared. At that time there were many deaths from this cause; but it appears to have made a complete leap over the eighteenth century, and not to have been taken into professional account until about twenty years ago. Since that time, 1858, it has been intermittent in its severity, when any given locality is considered, though it has never disappeared, when this and other large countries are taken into account. What regulates its coming and its going is, however, an unsolved mystery. Of the nature of the disease itself the same uncertainty exists, some physicians classing it with the very common disorder known as croup, while others, of seemingly equal authority, maintain that there is no connection between the two. Indeed, almost as much is learned by what it does not do as by what it does. In this way it has been repeatedly shown that it is governed by family or constitutional attractions, since, when one member of a family has it, other members of the household are much more liable to be attacked by it than friends or nurses who are not related by blood ties, even though the exposure in the latter case should be greater than in the former. It is, at least, satisfactory to know that the number who recover is now much larger than it once was, for in ancient times it was styled an incurable complaint, while the present rate of mortality from this cause is less than 40 per cent. of those who suffer from it. The fact of its complete absence through long terms of years certainly indicates its possible preventability, and in these days of enlightened medical research it will be strange if some way is not discovered of stamping it out as effectually as smallpox has been eradicated.

—*N. Y. Times.*

LITERATURE.

HOMŒOPATHIC JOURNAL OF OBSTETRICS.

THE second number of the above journal is to hand, and sustains the good qualities of the first number. All the papers are very good and interesting; amongst so much excellent material it is difficult to pick out any points for special mention, but perhaps one of the most useful is a paper by Dr. H. Noah Martin, of Philadelphia, entitled "Notes on *Anacardium*." Dr. Martin draws attention to key-note symptoms of this medicine, viz., "All the symptoms (namely, gastric) disappear during dinner. They come on again two hours afterwards: sensation of fasting in the pit of the stomach; painful dull pressure at the pit of the stomach." He also gives nineteen cases treated with *Anacardium* with great success. Such papers as Dr. Martin's are always worth reading and noting for future reference. It is noticeable that the cases are all treated with high dilutions. Our contemporary evidently means to give us good honest work.

A. BEAVER-BROWN.

STAMMERING AND ITS RATIONAL TREATMENT.¹

THIS elegant *littérateur* gives us here an exceedingly readable little work on the much-neglected subject of stammering and stuttering. It is a common thing for people in general to treat defects of speech as a kind of joke, but the stammerer himself feels his position most acutely, and Dr. Shuldham does good service in giving us this scholarly treatise on what is really a most distressing malady. Our author very properly insists that the treatment of stammering should be begun *early*; that it should be medicinal, elocutionary, hygienic, and gymnastic, and that whatever strengthens the whole must strengthen the part.

Dr. Shuldham has paid special attention to the subject as a practical elocutionist and as a physician, and hence he has earned the right to speak with authority. The get-up is exceedingly tasteful, and will satisfy even the most fastidious

¹ Stammering and its Rational Treatment, with remarks on Canon Kingsley's Elocutionary Rules. By E. B. Shuldham, M.D. Trin. Coll., Dublin; M.A. Oxon. London: Homœopathic Publishing Company.

bibliophile—except that the leaves are *uncut*, for which we owe the genial author a grudge. In these æsthetic days all uncut books should be unfavourably reviewed.

THE BRITISH HOMŒOPATHIC DIRECTORY FOR 1880.

DR. MAFFEY, of Bradford, thus writes:—

“It is a curious coincidence that as the changes in the ranks of the qualified gentlemen who acknowledge themselves practitioners of Homœopathy in Britain are more numerous than usual, the number of names appearing in the issue of the above publication should be exactly the same for both 1879 and 1880—viz., 275. There have been thirty-six changes in all, we venture to think considerably in excess of most former years. Eighteen names appear in the present year’s issue, most of which will be quite new to our colleagues, and an equal number disappear. Death has, as usual, claimed some victims, amongst them the veteran Dr. Malan, the too soon to be taken Dr. Horace Flint following his brother in only a few short months, and Dr. Clement Williams, who was on his road home from Burmah to practise in England when he was taken ill and died in Italy. The following names disappear—why, in the case of some of our older brethren, we are at a loss to understand:—Dr. C. L. Anderson, Liverpool; Dr. Brochie, Liverpool; Dr. Chepmel; Dr. Dixon, Hackney; Dr. Evans, Bradford; Dr. Hardy, Bournemouth; Dr. Irving, Newark; Dr. Leadam; Dr. McDowell; Dr. Marriott, St. Leonards; Dr. J. Murray Moore; Dr. G. F. Smart, Tunbridge Wells; Dr. A. M. Walker, Brixton; Dr. John Walker, Aberdeen; Dr. J. A. W. Wardale, Devonport; Dr. C. Wolston, Croydon. The fresh names are those of Dr. Donald Baynes, Canterbury; Dr. A. T. Brennan, Leicester; Dr. S. Eadon, Stroud; Dr. A. W. Kennedy, Newcastle-on-Tyne; Dr. Geo. Moore, Hertford Street, W.; Mr. Noble, Trinity Square, E.C.; Dr. E. M. Owens, Leamington; Dr. E. B. Roche, Norwich; Dr. Sondburg, Brixton, S.W.; Dr. C. T. K. Shaw, St. Leonards; Dr. J. C. Smith, Wigan; Dr. R. H. Stile, Dundee; Dr. C. T. Thompson, Oxford; Dr. W. H. Wheeler, Hackney, E.; Dr. G. F. White, Richmond, S.W.; Mr. Whitehead, Rawtenstall, Lancs.; Mr. E. C. Williams, Liverpool; Dr. Weilobycki, Edinburgh. Of these names the bulk, we are

glad to see, are those of young men fresh from the schools, and who we presume are buckling on their armour in starting practice. We welcome them most heartily, and wish them God-speed. These are the class of recruits we want, who will have the pluck, the will, and the energy to fight the battle of Homœopathy shoulder to shoulder with those who are striving to preserve its honour untarnished. Some of these fresh names deserve special mention. Stroud is to be congratulated in having after a long period of unsettlement secured as its resident practitioner such a gentleman as Dr. Eadon, whose scholarly attainments and the influential position he has formerly occupied speak well for the future of Homœopathy in the district he has adopted. Dr. A. W. Kennedy will, we trust, prove a worthy son of a worthy sire, whose death was a severe loss to our cause in Newcastle. The name of Dr. Owens, of Leamington, has recently been before our readers as one of the gentlemen conducting hydropathic establishments and combining Homœopathy with his other modes of treatment. Dr. E. B. Roche is another scion of a family already known and highly appreciated in the Eastern Counties as homœopathic practitioners. Dr. C. T. K. Shaw is the son of Dr. Shaw, for many years highly esteemed at St. Leonards. Dr. Weilobycki's is a familiar name, though not appearing in the recent issues of our directories. Altogether the list of accessions is one upon which we may justly congratulate ourselves."

URANIA.¹

WE are pleased to see this journal, and trust that it will be a great success. It does not revive superstition or the hocus-pocus of fortune-telling, but keeps to the scientific leaning of true astrology. It touches us at the point of connection between disease and planetary influence from a purely *physical* standpoint. We note the following, which is taken from the *Journal of the Statistical Society*, March, 1879, "the suggestion contained in it being considered worth attention and further observation by good scientific authorities":—

"On a Probable Connection between the Yearly Death-Rate and the Position of the Planet Jupiter in his Orbit."

By B. G. Jenkins, F.R.A.S.

"On representing by a diagram the deaths in England

¹ Urania: A Monthly Journal of Astrology, Meteorology, and Physical Science. Vol. I., January, 1880. London: Simpkin, Marshall, and Co.

for the last thirty-nine years (the relative numbers per 1,000 for males and for females having been kindly furnished me by the Registrar-General), I was not a little surprised to find what I had suspected was true, namely, that there was a marked difference in the number of deaths every six years, in the majority of cases a low death-rate being succeeded by a very high one.

“Having long believed the truth of the theory (first propounded, I believe, by Messrs. De la Rue, Balfour Stewart, and Loewy) that the planets, and especially Jupiter, have a marked influence on the sun-spots, and having myself about a year ago shown in *Nature* that the average sun-spot, magnetic, and auroral periods are of the same length as Jupiter’s anomalistic year, I mapped out the curve for Jupiter’s course for the last thirty-nine years, and was rewarded by finding that the perihelion and aphelion of Jupiter corresponded in a very remarkable manner with the periods of low death-rate.

“Jupiter was in aphelion in March, 1839; the death-rate was the lowest of the period, 43·8 in 2,000, and as high as 45·7 the next year.

“In February, 1845, the planet was in perihelion, and the death-rate the lowest, 41·8; two years after it was 49·2.

“In January, 1851, the planet was in aphelion, and the death-rate in the year just completed the lowest, 41·5, from which time it rose rapidly.

“In December, 1856, the planet was in perihelion, in which year the lowest death-rate again occurs, viz., 41·1, being rapidly followed by a high rate of 46·2.

“In December, 1862, the planet was in aphelion, and the death-rate was very nearly at its lowest for the period, and was rapidly followed by as high a rate as 46·0 the next year.

“In November, 1868, the planet was in perihelion, the death-rate then being very nearly as low as that of the previous year, which was the lowest of the period, followed by a rate of 45·8 within two years.

“In October, 1874, the planet was in aphelion, the death-rate of the year before being the lowest for the period, rapidly followed in 1875 by a rate of 45·7, the highest of the period.

“Although I am not in possession of the numbers for 1877 and 1878, I believe I can detect a repetition of the gradual downward curve of 1840, only on a large scale,

which will result in a death-rate of about 40 in 2,000 in the year 1880, a lower rate than has probably occurred in the history of this country.

“On the other hand, the evidence seems to point to a very rapid and persistently high death-rate commencing in 1882. This evidence, affording a satisfactory explanation of the phenomena, is such as, I presume, cannot be dealt with by a statistical society.”

Annual Rate of Mortality per 2,000 of Males and Females from the Year 1838. (England.)

Per 2,000.	Per 2,000.	Per 2,000.	Per 2,000.
1838.....44·9	1848.....46·1	1858.....46·2	1868.....43·8
1839.....43·8	1849.....50·3	1859.....44·9	1869.....44·6
1840.....45·7	1850.....41·5	1860.....42·5	1870.....45·8
1841.....43·2	1851.....44·0	1861.....43·3	1871.....45·2
1842.....43·4	1852.....44·0	1862.....42·9	1872.....42·7
1843.....42·5	1853.....45·8	1863.....46·0	1873.....42·2
1844.....43·2	1854.....47·1	1864.....47·5	1874.....44·6
1845.....41·8	1855.....45·2	1865.....46·5	1875.....45·7
1846.....46·1	1856.....41·1	1866.....46·8	1876.....42·2
1847.....49·2	1857.....43·7	1867.....43·5	

REPORTS OF INSTITUTIONS.

LONDON HOMŒOPATHIC HOSPITAL.

THE return of patients admitted during the two months ending January 22nd, 1880, gives the following statistics:—

Remaining in Hospital November 20th, 1879.....	44
Admitted between that date and January 22nd	79

	123
Discharged between November 20th and January 22nd	77

Remaining in Hospital January 22nd, 1880.....	46
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The number of new out-patients during the above time has been 1,078.

The total number of out-patients' attendances for the same period has been 2,275.

WIRRAL HOMŒOPATHIC DISPENSARY.

THE Fourth Annual Meeting of this institution was held at the Dispensary, 73, Market Street, Birkenhead, on Monday, January 19, 1880, Isaac B. Cooke, Esq., in the

chair. Amongst those present were Rev. J. Lyon, Dr. Proctor, Mr. Joseph F. Coventry (Hon. Treasurer), Mr. Isaac C. Thompson (Hon. Secretary), Messrs. T. R. Lee, J.P., Jos. H. Worthington, Alfred Robson, etc., etc. The Hon. Secretary read the following report :—

“In presenting the Fourth Annual Report the Committee are able to give a very satisfactory statement of the work done by this charity among the sick poor of Birkenhead and neighbourhood.

“During the year 1879 there have been 4,484 attendances at the Dispensary, of which 1,261 were new patients. It must be very gratifying to our supporters to know that the benefits conferred by the homœopathic treatment of disease amongst the poorest section of the people were never more appreciated than at the present time, and it is an additional source of encouragement to know that the spread of Homœopathy is not by any means confined to the poorer classes of the community, for the Lord Chancellor, the Prime Minister, and a large proportion of the aristocracy are amongst its firm supporters.

“The comparatively very small expense incurred at the Wirral Homœopathic Dispensary in proportion to the large number of patients relieved is, the Committee think, a sufficient argument to commend the claims of the Dispensary to any who have not hitherto aided in its support. While thanking the donors and subscribers for past help, the Committee regret to state that the present income of the Dispensary is quite inadequate to the demands upon its resources, and they therefore urgently appeal on the broad grounds of aiding suffering humanity for an additional number of subscribers, in order that the usefulness of the charity may not be curtailed.”

The Chairman, in moving the adoption of the Report and Treasurer's statement, expressed his regret at the financial position of the institution, which unfortunately showed a large balance due to the Treasurer, and hoped that an increased number of subscribers would meet the case. As a homœopath for forty-five years he had watched the gradual spread of the system to the important position it now holds as the rational system of medicine throughout Europe and America. Dr. Proctor seconded the motion, which was unanimously carried. Rev. J. Lyon proposed, “That the following gentlemen constitute the Committee for the ensuing year, viz., Messrs. J. B. Cooke, J. F. Coventry,

I. C. Thompson, Rev. Canon Chapman, Major Horner, Messrs. T. R. Lee, C. G. Mott, M. Mocatta, H. Stuart, and J. M. Wilson. The proposition was seconded by Mr. Jos. H. Worthington and carried. A vote of thanks to the chairman terminated the proceedings.

[Our charities should not be allowed to languish for the want of funds. We shall be happy to receive, acknowledge, and forward any donations or subscriptions for the WIRRAL HOMŒOPATHIC DISPENSARY.—ED. *H. W.*]

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homœopathic World.

THE HERITAGE AND THE HEIRLOOM.

SIR,—“It is the beginning of the end with me,” said an old gentleman as he sat by the bed of a patient who noticed his difficulty in breathing, and to whom he had endeared himself by the marvellously rapid cure of acute rheumatism.

This “beginning of the end” with him was an appalling intimation to Mrs. M., who had, previous to knowing this doctor, had nine attacks of acute rheumatism, each attack dragging a weary course of eight to twelve weeks of the helpless, agonising suffering peculiar to this disease, till perfect prostration was left at the abatement of the pain. Then followed the necessary re-creation of strength—another two months’ careful and expensive process.

But in January, 1875, when the old enemy came again, this doctor was consulted. The symptoms were reported to him. “All right,” said he “rheumatic fever, I know it well; question of ten days or a fortnight or so, and we shall have her up again.” “Ah,” said the patient, “I, too, know it too well; never got any relief under six weeks—can’t hope for it in less.”

And there she lay in violent pain, which wandered from limb to limb, leaving none long; crying at the weight of the bedclothes, arranged on countless air and feather pillows to ease the weight of the helpless, tortured joints; perspiring

violently, but unable herself to put a handkerchief to her face, or even lift a hand out of the impression damped by its sweat; sleepless nights; frightened thoughts; weary days; very short of breath, and great pain around the heart.

But the doctor's prophecy was true. In ten days the bed was left—in three weeks the patient was about the house.

Internal applications were the chief remedy. The only accessories were soaking these joints that were pained in a hot solution of common soda, and rubbing by a hand with a circular motion upon the abdomen.

Other external and popular applications, such as rubbing with turpentine, rum, etc., packing in cotton wool, compresses, etc., were discarded. The patient was not to be kept too hot.

The diet was "anything you like, and as much as you can eat of it," except only ale and other malt liquors, and oranges and lemons. The beverage was weak brandy-and-water. Speaking with this doctor on this subject afterwards, he said that for many years he had studied rheumatism and rheumatic fever; that it was also then several years since he had a case that did not yield to his treatment within about a fortnight, generally less; that he had *not lost a single patient*. He read from his notebook numerous cases in support of this, and his reputation in his neighbourhood bore full evidence to his wonderful ability in that particular.

Once again was Mrs. M. threatened with her old complaint, when it was warded off by a timely dose or two by this doctor.

This intimation of the beginning of his end was therefore a serious announcement to her. He had no assistant in, and we knew of no likely successor to, his practice. He had indicated that she would always be subject to it, and that it would be a nice heritage for her children. She could not risk that the knowledge of his remedy should die with him, so asked him, in view of his end, what that remedy was.

For about three years it has been in her hands. Twice she has needed it to protect herself from the rheumatic fever, and has given it to many persons for the same thing with uniform success.

It is *Bryonia Alba* ϕ , dose eight drops in a table-spoonful of water every three hours.

H. L. MILLS.

Weybeards, Harefield, Middlesex.

NATRUM MURIATICUM 30 AS ANTIDOTE TO THE EFFECTS OF CHRONIC POISONING WITH COMMON SALT.

DEAR SIR,—Though it has never been my good fortune to have shaken hands with you, nor, indeed, with any homœopathic physician, yet, Mr. Editor, I feel assured you will not repudiate the contribution, however unscientific it may be, of one of even the least of Samuel Hahnemann's disciples. And further, when you hear that I am a living monument of what the benign system of homœopathic medication can do after the barbarism of the opposite system has done its worst, you will, I trow, make a little allowance for my being a somewhat enthusiastic admirer of that system, as also for my being a somewhat inquisitive inquirer into matters that perhaps lie strictly within the province of a properly-trained gentleman of the medical profession.

My motive for having taken up my pen on this occasion is not, however, to acquaint you with how that came about, or how that incident was the means of its introduction and spread in this part of the country, but to bring under your notice a very singular case of cure wrought by *Natrum Muriaticum*, which will surely demonstrate to the most incredulous the indubitable truth of the fundamental article of our medical creed, to wit, *similia similibus curantur*.

The story is a simple one, and can be told in a few sentences.

Fifteen years ago the writer was what will be best described by the vernacular Scotch phrase, *an ill tricket loon* of some seven or eight summers, and, like many at a similar age, was always at mischief. When asked by an elder companion one day if he would eat a large handful of common table salt for a shilling, he readily agreed, the sum of one shilling sterling being then estimated at much more than it is viewed and valued at a later period in a schoolboy's life. The eating of it was a stiff job, to be sure, but sheer determination on the part of the eater carried the day. The shilling, it need hardly be said, was too dearly bought, for the eating of such a quantity of salt destroyed entirely his sense of taste.

"Time rolled his ceaseless course," but the destroyed taste never returned, and all the savouriest dainties of the dinner-table passed over the epithelium of his tongue without producing any distinctive sensations.

At length, however, a gentleman of your very intimate acquaintance gave to the world the result of his observation in the shape of a little monograph, bearing upon the very substance that had produced all this mischief. Though not of large dimensions, it is a "heretical" little volume, and may be distinguished by bearing upon its outside the words, NATRUM MURIATICUM.

People *will* read in these days, and so it happened that the foolish *loon* who had eaten the salt, by this time grown into a somewhat less foolish man, read the volume. After reading it he resolved to put to the crucial test the "absurd idea" that a little salt triturated with sugar-of-milk in given quantities up to the 30th potency could possibly have any medicinal effect whatsoever. Accordingly, a dose of two pilules of that potency was taken *daily* for ten days or so with—hear, oh ye minions of the *Lancet*, and give ear, oh ye scribblers of the *Practitioner*—the result that the long-lost taste came gradually back!

"Nature and Nature's laws lay hid in night;
 God said 'Let Hahnemann be,' and all was light."

Apologising for having occupied so much of your valuable space, but assuring you that the above by no means exhausts the "miracles" I have seen these "magical pilules" of Hahnemann's followers perform,

I am, dear Sir, faithfully yours,

12th January, 1880.

NEMO.

[We call very special attention to this most interesting case. It is noteworthy that the effects of the salt had lasted *many years*, and rapidly yielded to the same substance *dynamised*.—ED. H. W.]

NOTES AND GLEANINGS.

Seven Months in a Warm-water Bath.

SOME time ago we brought a short notice of an inmate of the city hospital at Friederichschain, a woman sixty-five years of age, having been transferred from her bed to a water-bath, in which she was to be placed uninterruptedly for further treatment. This treatment having been crowned with perfect success, we think it interesting enough to give full particulars.

The woman in question contracted a complicated fracture of the lower thigh, necessitating her transfer to the surgical ward of the city hospital. By reason of the advanced age of the patient the healing process was a protracted one, in consequence whereof she soon acquired an extensive bed-sore on the back, accompanied by inflammation and suppuration of the denuded surface. To this was added a high fever, which very soon debilitated the old lady so that there was but little hope to carry her through.

The patient was now put into warm baths of long duration, after which she slightly improved, but as soon as she was brought back to bed, she grew worse again. At this critical juncture Dr. Schede, renowned as a skilful surgeon, decreed that she should remain in the bath *permanently*, and not be put back to bed again at all. And thus the patient had to stay in the warm-water bath uninterruptedly night and day, and, thanks to this persistent mode of treatment, retained her life, and eventually was discharged perfectly cured from the hospital.

A similar case at the same time was that of a young man of eighteen, who was received at the same hospital suffering from general disease of the bone. He also soon became bed-sore, and was kept uninterruptedly in a warm-water bath for fully *six months*, after which time he became well, and was discharged perfectly cured.

Bedsore in patients, so-called decubitus, is one of the most dreaded complications, as it generally accompanies protracted and exhausting diseases, often putting the patient's life into jeopardy. In such cases Dr. Schede makes extensive use of the treatment by permanent immersion, and has had, as we see, most astonishing success.—*From Homœopathische Rundschau*, No. 9, 1879.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 4, Harley Place, Harley Street, W.

All advertisements and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E.C.

NOTICE.—We intend always to go early to press, and would

therefore beg that all literary matter and correspondence be sent to us as early as possible.

HAHNEMANNIAN MONTHLY.—

We learn that the Hahnemann Medical Club of Philadelphia has acquired the proprietorship of the *Hahnemannian Monthly* which will be continued under the editorship of Drs. E. A. Farrington and Pemberton Dudley, and Dr. Bushrod W. James, as business manager; all gentlemen well and favourably known to the profession. We are sorry to lose the former editor, Dr. Winslow, for his talent and energy in carrying on the journal were remarkable.

DR. STANLEY WILDE has, we understand, removed to 64, Goldsmith Street, Nottingham. We wish him great success in his new sphere.

ANSWERS TO CORRESPONDENTS.

"ONE WHO KNOWS."—Your letter is too vulgar and abusive for these pages. What have such epithets as "ignorance," "rudeness," "slander," "weak in mind," "weak in honour," which you very kindly apply to us, to do with our statement that you know nothing about pathology? We simply gave an opinion on your want of knowledge of pathology, and you answer with a quotation from Abernethy and the above-quoted vulgar abuse. If you can come down from your high and mighty *nemo me impune lacessit*, and show us that you really do know something

about pathology, then we shall have our say. Give us Abernethy by all means, and leave the silly abuse to schoolboys.

CORRESPONDENTS.

Communications received from Messrs. Thompson and Capper, Liverpool; Dr. Kranz, Wiesbaden; Dr. A. Beaver-Brown, Liverpool; Dr. Moore, Liverpool; Messrs. Boericke and Tafel, Philadelphia; Dr. Maffey, Bradford; Dr. H. Thomas, Llandudno; Dr. Roth, London; Dr. Skinner, Liverpool; Dr. Harnar Smith, Ramsgate; Dr. Pearce, Swanage, Dorset; H. L. Mills, Esq., Weybeards, Harefield; Dr. Berridge, London; J. Joiner, jun., Esq., New Deer; "One who Knows;" J. C. Thompson, Esq., as hon. secretary of the Wirral Homœopathic Dispensary; Dr. Matheson, London.

BOOKS AND JOURNALS RECEIVED.

Light and Day, December, 1879.

Allgemeine Homöopathische Zeitung. Nos. 25, 26, Bd. 99; Bd. 100, No. 1 and 2.

Some Difficulties in the Study of Homœopathic Therapeutics, being the Introductory Lecture to the Students of the London School of Homœopathy for the Session 1879-80. By J. Galley Blackley, M.B. London: E. Gould and Son.

American Observer, Dec., 1879.

Barbados Globe, December, 1879. Six numbers.

English Mechanic and World of Science, December 26, 1879.

L'Homœopathie Militante, Novembre, 1879.

The New England Medical Gazette, December, 1879.

The Homœopathic Times, December, 1879.

Monthly Homœopathic Review, January, 1880.

The Homœopathic Journal of Obstetrics, November, 1879.

The Eastern Daily Express, December 31, 1879.

Modern Physician. Vol. II., No. 15.

Psalmody. By John Price, M.A., author of "Remarks on the Study of Languages." Third Edition, with Additions. Chester: Minshull and Hughes, 1879.

Revue Homœopathique Belge, Novembre, 1879.

The United States Medical Investigator, Sept. 15, Oct. 15, Nov. 15, and December 1st and 15th, 1879.

To-Day: a Weekly Talk on Matters at Home and Abroad. London: January 3, 1880.

The Examiner, January 3, 1880.

The Organon, January, 1880.

Archivos de la Medicina Homeopatica, Ano III., Tomo II., Nos. 51, 52.

El Criterio Medico, Tomo XX., Num. 12.

British Journal of Homœopathy, January 1, 1880.

Urania: a Monthly Journal of Astrology, Meteorology, and Physical Science. Vol. I., January, 1880.

La Reforma Medica, Tomo III., Num. 17.

The Chemist and Druggist, January 15, 1880.

The Medical Inquirer, Jan., 1880.

The Medical Intelligencer.

American Observer, January, 1880.

Hale's New Remedies. Therapeutics. Fifth Edition, Revised and Enlarged. New York and Philadelphia: Boericke and Tafel, 1880. [A magnificent volume of 900 pages.]

Twenty-seventh Annual Report of the Committee of the Free Public Library. Liverpool, 1880.

The New York Eclectic Medical and Surgical Journal, January, 1880.

"The East," January 24, 1880.

Medical Chemistry: including the Outlines of Organic and Physiological Chemistry. By C. Gilbert Wheeler, Professor of Chemistry in the University of Chicago and in the Hahnemann College, Chicago, 1879.

The Homœopathic World.

CONTENTS OF JANUARY NUMBER.

LEADING AND GENERAL ARTICLES:—

Our New Year's Greeting.

Erythrolyon Coca.

Medical Chit-Chat.

On Lupus of the Throat, or Grave Scrofulides of the Bucco-Pharyngeal Mucous Membrane.

The Homœopathic Experiences of a Layman.

Case of Leucorrhœa, with Pains in Left Hypochondrium, Cured with *Ceanothus Americanus* 3.

Medical Trades: Unionism in Leicester from a Layman's Standpoint.

Howard Medal of the Statistical Society. Homœopathic Treatment in Hydro-pathic Establishments.

Bottled-up Daylight.

Senor Doctor Marques de Nunez.

Dr. C. R. Drysdale on the Mortality of the Rich and Poor.

Homœopathy in Lucknow (India).

Professor Huxley's Advice to Boys.

Drug-Smoking.

LITERATURE.

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MISCELLANEOUS NOTES.

SHORT NOTES, ANSWERS, ETC.

THE HOMŒOPATHIC WORLD.

MARCH 1, 1880.

AN IRISH ROLL CALL IN HOMŒOPATHY.

THE Irish are in everything, good, bad, and indifferent, and not a few of them reach the top of the ladder. Perhaps it is time the English, Irish, Scotch, and Welsh should recognise that they are parts of a whole, and no one part anything of itself. Although we are of opinion that the Irish have their full share of the Imperial loaves and fishes, and of the honours that fall to the lot of British citizens, still they seem really neglected in one particular, at any rate—viz., the Homœopathic Congress has never met in Ireland.

Leeds has been selected for this year's Congress, and, as we consider Great Britain has had her share of our gatherings, we feel a debt of gratitude is still due to Ireland, where Homœopathy has been well represented for many years, both by the public and profession. We also owe something to Trinity College, Dublin, and the Royal College of Surgeons in Ireland, for some of the accomplished physicians and surgeons now in practice in this country and throughout the world, noble advocates of the "Reformed Medicine." Many years ago one of the leading physicians in Ireland, the great Dr. Graves, had the courage to declare to his class, at the Meath Hospital in Dublin, "that we have a remarkable analogy between the diseases produced by mercury and syphilis, and that it is well known that some active remedies have a tendency to produce diseases somewhat analogous to those they are known to cure. This is frequently observed with respect to mercury, belladonna, strychnia, quina, hydriodate of potash, and some other powerful agents. In fact, it is hard to expect that a remedy will cure a disease affecting a certain tissue or tissues unless it has some specific effect on such tissues; and, in this point of view, we have an example of the '*Similia similibus curantur*' of the homœopathists."¹

We wonder if that would-be discoverer of this fact, Dr. Sharp, of Rugby, ever read this?

¹ Dr. Graves's Clinical Lectures, vol. ii., p. 455.

Dr. Charles Luther held a very high position in Dublin, and made some wonderful cures of cases which were considered under the allopaths as quite incurable. In fact, Sir Philip Crampton, the late Surgeon-General, bore his testimony to Dr. Luther on this point in one particular case which baffled all old-school treatment. At present there are four physicians practising the homœopathic treatment in Dublin. Just now there are two in Belfast in full practice. Cork has been well represented for some years by Drs. Waldemar Luther and Every Carmichael. The former removed to Belfast, and the latter was shipwrecked during a voyage to Australia, almost close to Sydney harbour, where a heavy fog arose, and the steamer was dashed to pieces against the projecting rocks. Cork offers now a good opening for a country practice among a high class of patients; further, it commands Monkstown and Queenstown, on the salubrious Cove of Cork.

Should the members at the next Congress vote for Dublin, we believe no more worthy representative to fill the chair could be selected than Dr. Vallancy Drury, who was formerly Lecturer on *Materia Medica* and Therapeutics at Park Street School of Medicine, Dublin. After resigning this post he was appointed one of the physicians to the London Homœopathic Hospital, which he filled with great honour to himself and colleagues, besides benefit to the institution, for many years. He retired about six months since from his laborious practice to Bournemouth, and we believe, if proposed, he would be the right man to give the presidential address in Dublin.

Dr. Scriven, who has been the chief representative of Homœopathy in Dublin, and we say in Ireland, for many years, would make a most excellent local secretary, and could arrange at the Grand Shelbourn Hotel in St. Stephen's Green for a *true Irish reception*—"Cead mille failthe."

To Dr. Quin we are indebted for the introduction of Homœopathy into England, and the founding of the London Homœopathic Hospital. He was a true son of Erin in talent and accomplishments. In 1850 the Archbishop of Dublin wrote to the editor of the *Medical Times* his opinions on the subject of Homœopathy, in reply to the editor's inquiries, and said, "I have desired that in case of my being seized by any sudden illness, which should take from me the power of expressing my wishes, no other than a homœopathic practitioner should be called."

Lord Chancellor Cairns recently opened the Hahnemann Convalescent Home at Bournemouth, and advocated the law of *Similia similibus curantur*; and thus we have at this side of the Channel Irishmen of great talent pleading for *Medical Reform*.

The former editor of this journal, Dr. Shuldham, is not only an elegant scholar, but an Irishman; and Dr. Tuthill Massey, the genial author of "Practical Notes on the New American Remedies," and of other works, and a frequent contributor to our periodical literature, is likewise an Irishman, and a much-respected practitioner. Dr. Cooper and Dr. Ussher, both well known to our readers, are also, we believe, sons of Erin. Besides these there are many others in our ranks who hail from the Green Isle. In view, then, of the eminent services rendered to our great reform by the gifted sons of our sister-isle, would it be anything but fair if we were to hold one of our early annual gatherings at Dublin, and thus show the Irish that we at least love them well enough to go a long way to see them? We should be received with warmth and affection, we believe.

LECTURE ON PHYSICAL EDUCATION AND ITS PRACTICAL INTRODUCTION INTO SCHOOLS.

By Dr. ROTH.

As the subject on which I have to address you is a very large one, and the time allotted to me very short I can only give you a bird's-eye view of this important and much-neglected branch of education.

People having but a superficial knowledge of a thorough education still believe that they can separate mind from body, and that they can develop our physical faculties without intellectual ones; they forget that the mind and soul have a physical basis, and that there is only one education.

No man can have his mind well trained without a good physique; no intellectual education can take place without a previous physical education of the senses, and moral training can only follow the intellectual, based on the physical.

Education is the harmonious development of all bodily, mental, and moral faculties, for the purpose of contributing

to our own and our fellow-creatures' happiness, and of enabling the next generation still more to improve their successors. Education should be progressive; the future generation should be more improved, and brought nearer to the possible perfection of our nature. The development of our bodily faculties on scientific principles through the intellect, is called scientific physical education, and this is the science which considers man an inseparable unity, and does not admit partial development of the body or of its single parts, without a simultaneous harmonious development of the mind.

In order to develop our physical faculties to the highest standard, the body is to be placed in the most favourable circumstances affecting its growth and development; all the influences which in any way retard or interfere with its natural development must be removed—the science which teaches us what is useful and injurious to the body is called hygiene or science of health. We call school hygiene that part of this science which relates to the growing human body during the time of school, college, or university education; in this case all arrangements connected with the school building—the schoolroom, its ventilation, lighting, and warming, the construction of windows, doors, benches, forms, seats, and all the necessary accessories—must be in accordance with sanitary rules. Another part of school hygiene concerns the teacher, who, before his admission as pupil-teacher, should be carefully examined whether his intellect and physique have a predisposition to any disease, or to break down under the burden of his future heavy duties. One of the most important qualities of a teacher is to be healthy, strong, and to know how to preserve his own health—otherwise he is unable to preserve the health of his pupils. Every teacher should, therefore, learn in the training college the elements of personal and school hygiene; he should know the injurious effects of bad air, light, food and drink, tight clothing, bad boots, the neglect of cleanliness, bad positions during the various occupations of the pupils, and of the danger of infectious diseases being brought to and communicated in schools—in fact, the teacher must know how to avoid whatever interferes with his own and his pupils' health.

School hygiene refers also to the pupils, who should be daily examined as to the cleanliness and tidiness of the head, face, hands, body, dress, and shoes, and further as to

any symptom of ringworm, inflammation of the eyes, sore-throat, cough, fever, etc. The ignorance of hygiene prevails not only among the poor and working classes, but also in the middle and higher classes. A short time ago I had a letter from an intelligent governess knowing the value of health, in which she mentions how all her endeavours for teaching her pupils the bad effects of tight lacing, and intemperance in eating and drinking, etc., are all neutralised by the parents' ignorance of hygiene, which depends upon careful attention to apparently small things, and which should be taught in schools. As long as medical inspectors of schools are not appointed as in Paris, Boston, and other places, it is still more important for the teacher to take the place of the inspector.

While preparing my notes for this address, I had a letter from Dr. Jansen, the Chief Inspector of the Sanitary Service of the City of Brussels, in which he gives an account of the medical inspection of all infant, primary, secondary, and higher schools, which are visited once a week. He speaks of the popular courses on health given to the boys' and girls' schools by the medical inspectors, and of the preventive treatment of very weak children, and of such as are pre-disposed to constitutional diseases so frequent in large towns. The doctor also mentions that the hygiene and care of the pupils' teeth is not neglected; a special dentist is employed for this purpose. At the beginning of the school year every pupil is medically examined, and if weak, or constitutionally ill, placed under treatment. At the end of the year the result of the treatment is registered in presence of the teacher and a second medical man. I am sorry not to have time to enter into the details of the Brussels sanitary school-work due to Dr. Jansen's energy.

In London, the richest town in the world, nobody thinks of the necessity of a medical inspector of schools; but instead of preventing children from being ill, we are constantly begging and collecting money for children's hospitals and orthopædic institutions. Hygiene is an essential and indispensable part of scientific physical education. The school must be made use of for imparting the knowledge of popular and practical hygiene. By choosing the human body and its single parts, as well as the functions of the body, as object-lessons, illustrated by suitable diagrams, an intelligent teacher will make the subject of health very interesting even to children. With few exceptions the practical hygienic part of physical

education has made very little progress, and everywhere, even on the continent, much is still to be desired in this respect.

To prove how much the hygienic ignorance of the public costs, just look at the columns of advertisements of patent medicines, pills, ointments, lentil meal (under the name of "Revalenta Arabica"), etc., which cure and prevent all diseases; the ignorant public pays hundreds of thousands for the advertisements, and still more for the advertised drugs. There is no doubt that the daily and periodical press, with the influential power it possesses, contributes through these advertisements to the preservation of prejudice and ignorance among all classes, and especially among those unacquainted with the practical knowledge of preserving health. As long as the leading journals consent to admit the advertisements of quack and patent medicines, magnetic and other contrivances, and of liver and stomach pads, the wonderful curative powers of which are certified so many thousand times in the daily and weekly papers, there is only one remedy for counteracting the injurious and expensive effects of such advertisements—namely, to teach children in school what is good and what is bad for their body and health. I have no time to enter fully into this part of physical education, and wish to mention that there is in the Kensington Museum a collection of means for scientific physical education, which I have exhibited in the International Exhibition of 1862. The task of hygiene is to give us the best raw material, otherwise we cannot manufacture a good article.

Dr. Roth explained a few diagrams of foot deformities, of bad positions; and a model of a hygiene chair and desk.

The second part required for the purpose of developing harmoniously the physical faculties consists in the practical use of a scientific system of exercises, based on anatomical and physiological principles, and adapted to the various ages.

Greek Gymnastics.—The science and art of bodily exercises was developed to its highest standard by the Greeks under the name of gymnastics. According to Lucien, Solon said to the Scythian, Anacharsis, "To us Greeks it is not enough to have a man as nature created him, but we train him by gymnastics that we may make that much better which nature has done well, and improve what is inferior."

Gymnastics was interwoven with Greek national life; it

formed an essential and very important branch of the education of both sexes; health and beauty, which were considered essential accomplishments, were due to a great extent to scientific gymnastics. The highest development of the beautiful human form, which served the Greek painters and sculptors as models for those wonderful pieces of art which still engross our admiration as well as the sense of the beautiful (the so-called æsthetic sense, which spread all over Greece), were owing to the same science. When agonistics (the art of wrestling, fighting, struggling, etc.), and, later, athletics (by which only brute force was developed) had a more prominent place in Greece, gymnastics went out of use and decayed.

Unsuitable Gymnastics.—That the Greeks spoke with much contempt of gymnastics when it began to degenerate, with regard to good manners, is shown by the following:—Kleisthenes, who lived about 500 B.C., may be looked upon as a type of the real Greek spirit prevailing at that time, which turned with antipathy from whatsoever was unæsthetic, gymnastics included; his daughter, Agarista, was courted by Hippocleides, a rich young Greek, who, by his engaging manners, had already obtained the father's goodwill, which he entirely lost by a single action. During courtship, and at other domestic festivals, it was the custom to amuse the visitors by gymnastic exercises. Hippocleides, well acquainted with all bodily exercise, performed miraculous feats, believing thereby to rise still more in the estimation of his future father-in-law, who with much difficulty restrained himself from expressing his disapprobation of the frivolous attitudes and exercises; but when the young man even stood on his head, and in this position commenced to gesticulate with his legs as if they were arms, Kleisthenes could no longer stand it, and called out with indignation, "O! son of Tisanodos, you have danced away your marriage," and the daughter was refused to her lover.

What a contrast between the indignation of Kleisthenes and the loud calls of applause which are bestowed on the same unæsthetic and similar feats performed in our theatres and so-called gymnasiums! What would the well-educated old Greek say were he to see in our gymnastic institutions how the young men, hanging with their knees on a horizontal bar, swing round and round like a mill-wheel?

Since the fall of Greece no scientific system of gymnastics has been known till the eminent Swede Ling, who ranks amongst

his compatriots as high as Linnæus and Berzelius, invented in 1805 what is called rational gymnastics, a new system based on anatomy and physiology. Ling, an eminent poet and patriot, wished to increase Sweden's power of resistance against further encroachments of Russia, which had already taken too many provinces from Sweden; he believed the best to be done for this patriotic purpose would be the scientific physical development of every Swede.

Rational gymnastics is divided into four parts—the Educational or Pedagogical, the Military, the Æsthetical, and Medical.

Æsthetic Gymnastics.—Educational, rational gymnastics is the basis of this science, which teaches us to express by the body, through different positions and movements, a thought or a feeling. It is especially in this part of gymnastics that oneness of body and soul is aimed at. Each single movement following an idea conceived by the mind is a thought expressed by the body. When it is possible to express an idea by the body, the whole organism becomes an organ of the thought; consequently, this organ must in every part express this thought, otherwise the expression is not faithful or not clear. A person desirous of expressing tenderness, while clenching his fist expresses by his body something quite different from the idea intended. In æsthetic gymnastics, it is the soul which acts on the body, while in educational gymnastics it is the body which acts on the soul. Thus, æsthetic gymnastics becomes a means of developing and perfecting sculpture, painting, and the other fine arts. As in declamation and song, so in each gesture there is a definite rhythm; and the artist who wishes to represent a certain idea must choose a certain moment of action if he wishes to convey his idea through the creation of his art.

I have some diagrams referring to æsthetic gymnastics. All our passions are divided in two classes, those of sympathy and antipathy, or affection and aversion. The first are expressed by oval, the second by angular lines; even the various degrees of intensity of the same idea are expressed by various positions and movements.

Military Gymnastics is also based on the educational branch, and is the science which teaches how to subdue, by the assistance of external means (as weapons) or by our own bodily force, another will external to our own. Fencing, sword and lance exercises, bayonet fencing, and wrestling are, besides the educational branch, the principal exercises of military gymnastics.

Medical gymnastics is the science which teaches "to allay or cure pains and disorders by certain positions and movements, done either by ourselves alone or with the assistance of others acting upon us, whereby the harmony in the different parts of the body, which has been previously deranged, is restored." A number of patients who suffered from chronic complaints and deformities owe to the genius of Ling relief and cure. Although medical gymnastics has always been used by the Chinese, and later by the ancients, the special movements and manifold manipulations invented by Ling were not known before. I believe it more suitable to say a few words on the various branches of Ling's rational gymnastics, before I enter more fully on the aims and final result of pedagogic gymnastics.

The aim and final results of pedagogic gymnastics is to develop man to such a degree of perfection as is shown by very good health, complete energy and harmony in all his powers and faculties, the ease of movements of the limbs, and by the symmetry of his bodily form. Having obtained such a development, the organism is ready and capable of obeying the commands of the will, and of serving the soul as a useful and enduring instrument. For the purpose of obtaining this result, it is not enough to find out by numerous combinations and variations of certain sets of exercises all that is possible to be done, but we must study and inquire into the laws according to which the exercises answer the object and the results we are aiming at. These laws are based on the exact knowledge of the nature of the human body; therefore the knowledge of the bones and muscles forms an indispensable basis. As the muscles are influenced by the nerves, and as the various organs of the living body act and react on each other, physiology is necessarily an additional science required for the practice of rational gymnastics. As physiology culminates in psychology—the science of the intimate connection and mutual influence of body and mind—a knowledge of this science is also desirable. In proportion with the greater development of the organs, man acquires greater liberty and independence in his moral will and actions, as well as greater energy and power of endurance. The teacher of physical education should be able to study the mind of his pupils, and judge to what extent and how best to adapt certain gymnastic exercises to their various mental and bodily constitutions. He must be an educator, a pedagogue, and have the æsthetic sense well developed.

The whole bearing of a physically well-educated human being must appear free, noble, pleasing to the eye, and satisfy the æsthetic sense; the teacher must insist on bad ugly movements being left off, while he should rouse the sense for beautiful forms of movement. I have already mentioned why the teacher must know the elements of hygiene; he will, therefore, know that all his pupils, even those of the same class, cannot be treated in one and the same way. A plethoric pupil, one disposed to giddiness, or one with a weak, but not diseased chest, is not to be excluded from the exercise class—on the contrary, many of these and similar indispositions can be removed by suitable gymnastic instruction. It is on this account that all the students in the Royal Central Gymnastic Institution of Stockholm are instructed in the diagnosis of certain complaints and irregularities of form, and gymnastic curative movements, to enable them to treat their future pupils according to their constitutions.

Having mentioned the qualifications and knowledge required by a teacher of scientific physical education, you will easily understand that the drill-sergeant, calisthenic and gymnastic teacher, and dancing mistress, etc., to whom alone the physical education of our children and youth in the United Kingdom is at present confided, are decidedly not the right persons in the right places.

The reason why these people are resorted to is that even at present the majority of head masters of public and private schools, School Boards, committees of large training colleges, students and teachers, medical and military men, are all unacquainted with the present state of scientific physical education and rational gymnastics. The few who think of physical education separate mind from body, and believe that desk, school, and military drill, climbing ropes and ladders, swinging the body round and round a horizontal bar, and other exercises developing force, are sufficient. Rothstein, the author of the most philosophic and best exposition of Ling's system of gymnastics (published in 1848), says: "It is very singular that we should not confide the care and training of a valuable horse to a man who has not a knowledge of the animal's body and of the functions of the organs, while the man who is entrusted with the development of the human body is not expected to possess any knowledge whatever of such a science."

The unacquaintance of teachers with the subject I am

advocating is not a libel but a serious fact. I hope that the head master of a well-known public school in London, who intends establishing a gymnasium, to which he generously contributes a fourth of the expenses, will be careful that the instruction be more scientific than in the so-called military, model, and other gymnasiums, where are used all kinds of unæsthetic exercises, which only develop brute force, and which would not have been approved of by our old friend Kleisthenes. The unacquaintance of the Education Department with both the science and importance of physical education is another fact of which I shall give you a few proofs: In 1875 the Vice-President of the Committee of Council on Education tells Parliament, "The Government has done all that could be expected of them by taking steps to substitute military drill for ordinary drill."

[Dr. Roth then read several pages of his able pamphlet on "The Neglect of Physical Education and Hygiene." We give the following as being most likely to interest the great bulk of our readers :—]

As the present Vice-President of the Committee of Privy Council on Education has lately proved his interest in the better instruction of singing, which is merely a part of physical education, it is reasonably to be expected that he will take still more interest in improving the present bad and deficient state of physical education and hygiene, which, if not more important, is at any rate as important as singing; a statement the truth of which cannot be denied by anybody.

I suggest that—

1. These branches of education should be *compulsory*.
2. The teachers should be paid for the extra work in the same proportion as for reading, writing, and arithmetic.
3. The pupil-teachers, schoolmasters and mistresses, should be trained in training schools in the elements of sanitary knowledge and physical education, in which they should not only pass a theoretical examination, but prove their proficiency for teaching these branches practically.
4. Teachers who are already practically employed should have an opportunity, during a limited time (say, during the holidays), to go through a supplementary course of instruction, to enable them to teach their pupils at least the rudiments of the knowledge.
5. For some time *unattached* teachers of physical education should go to the various school districts, to give theoretical and practical instruction to such teachers as are unable to leave their schools even for a limited period.
6. In all schools a minimum of sanitary knowledge and physical education should form the standard according to which the teachers should be paid.
7. *Elementary* books on sanitary knowledge and physical education, approved by the Council of Education, to be used.

8. A National Central Institution for Physical Education and Hygiene should be established, on the model of that institution in Sweden—which was established in 1813, and is probably the best—of that in Berlin.

Only *certificated* schoolmasters and mistresses are to be admitted, who should go through a special course of instruction in the elements of anatomy, physiology, hygiene (in their relation to physical education), and theory and practice of bodily exercises. After passing an examination they would obtain a certificate as special teachers of physical education and hygiene. Officers of the Army and Navy might be also admitted to these courses, as in Sweden and Prussia.

These special teachers of physical education could be employed as *unattached* teachers to give the supplementary course named (suggestions 4 and 5); while the military and naval officers could, when certified, begin similar courses in naval and military schools, in their regiments and ships.

9. From my personal experience of the few voluntary courses I have given to intelligent schoolmistresses, fifty lessons of one hour and a half, given by certified and *unattached* teachers, would be sufficient for the supplementary course in the *elements* of physical education and hygiene.

10. During the holidays, teachers from the country could be invited to come to the large towns and to attend to these supplementary courses.

11. The expenses of these country teachers should be paid to those teachers who pass their examination.

12. After having passed their examination, the teachers should be obliged to make physical education an integral part of the course of instruction, for which they are to be paid in proportion to the time spent on it, or according to the results of examination in the various standards of physical education and hygiene, which, like the other subjects of instruction, will be required.

13. According to my humble opinion, the future schoolmistresses in all Training Colleges should also be practically instructed in the management of babies and infants; for which purpose a model nursery, for six to twelve orphan babies and infants, should be attached to each college, under the superintendence of an educated and well-trained nurse; every pupil-teacher could thus learn how to feed, dress, wash and manage a baby in order to keep it well and strong. The general ignorance of mothers in all classes of society, of nurses, of nursery governesses, regarding the first physical education of a baby and infant, is the cause of the great infant mortality, to which no doubt *neglect* contributes very much.

14. The importance of swimming for all school children of both sexes is not yet sufficiently appreciated. All School Boards of large towns should take the matter of swimming baths in hand as a part of physical education. The ratepayer would soon find out that every penny well employed by a School Board saves twopence in poor and police rates, and in the expense for medical attendance and chemists' bills.

15. My last suggestion is the appointment of Medical Inspectors of Schools, to prevent the large class of school diseases, which are partly imported and spread by infection, partly caused by unsuitable school arrangements.

The practical exercises of pedagogic gymnastics do not develop the special manual and bodily ease and skill required, later in life, for a special trade or profession, but deal with those faculties and powers which are necessary to every one, and which are required by everybody in the various circumstances of life; thus, besides the general development of the body, walking, running, high and long jumping, climbing, hanging, and swimming are objects of special attention. Although the natural power enables man to do the exercises just named, without any special school instruction, pedagogic gymnastics teaches how they are done with the greatest ease, safety, energy, and with a quick resolution at the right time; and, further, how they are to be done for the ultimate aim of gymnastics.

It is obvious that no single one of these exercises should be practised at the expense of the others; the aim is not to try to obtain the maximum to which each exercise can be carried, but that the exercises in general should be reasonably limited; unæsthetic, unnatural, artificial, and acrobatic exercises, are neither wanted nor permitted. The aim is not to do all possible exercises, but only those which can be done rationally. For educational purposes, simple gymnastics are the best. The pedagogical, practical, and æsthetical aim is to be considered in each exercise; too many exercises, as well as too great a variety, are not required. One part of Ling's rational pedagogic gymnastics consists of exercises which are done without any external mechanical or gymnastic apparatus; they are, therefore, called free exercises. They appear more simple than they are. Each gymnastic exercise is based on the special structure of the joint on which it acts, has commencing, many intermediate, and final positions; it is done in a definite period of time, and in a definite direction. Just as there are various standards for writing, reading, and arithmetic, there are various standards of exercises to be chosen on pedagogic principles, and adapted to the various ages and state of strength of the pupils.

The so-called simple free exercises can be combined in a manner similar to the letters of the alphabet; and two, three, or more simple free exercises can be chosen. One individual or many persons can perform the free exercise at the same time, which is done by words of command. If the physical faculties are developed to a certain extent, and if it is desired to make further progress, two or three persons form a group for the purpose of mutually assisting or resisting one another.

The models and drawings I have here represent a few positions and movements of the free exercises. Having taken much interest in the improvement of the physique of the blind, I had an artist for several months living with me to model from life about thirty-six positions; a copy of the original models I have given to the Kensington Museum, where they form a part of the collection which I have named before. These models are bad imitations of the original bas-reliefs of which you have the drawings in your hand; they serve for the instruction of the blind, deaf and dumb, and also for children in general. The Society for the Improvement of the Physique of the Blind have been so kind as to lend me these models for the present occasion.

As there are probably some persons present who have never heard of free exercises, I intend showing you some models and drawings representing the elementary free exercises, which can be arranged under the heads of bending, stretching, turning and circular movements. The movements of the head are analogous to those of the trunk, while those of the arms and hands are similar to those of the legs and feet. According to the commencing position of the body, which can be standing, sitting, kneeling, lying, the effects of the various exercises change; for school purposes the standing position is usually chosen. This standing position varies according to the position in which the feet are placed. There are two fundamental positions of the feet, called "feet open" and "feet close," which can be varied according to the distance in which one foot is placed, either sideways, forward, or backwards. The length of the pupil's foot represents the distance, which can be single, double, or threefold, sometimes even fourfold. If the basis on which the pupil stands is diminished, more attention and effort are required, because the exercise to be done is more difficult. If the same exercise is to be done on one leg only, it is necessarily still more difficult. If exercises of various parts of the body are combined and simultaneously executed, the difficulties increase according to the various combinations. I have mentioned these few instances only for the purpose of showing that the teacher has in the free exercises all the means for gradually developing the physical faculties of his pupils. My advocacy of the free exercises is based on the many advantages which they offer in physical, mental, and moral respects. I shall only say a few words on the advantages of free exercises, but must refer you to my little pamphlet

on the neglect of Physical Education and Hygiene by Parliament and the Education Department, where both the advantages as well as the consequences of neglect of physical education are more fully named. Many teachers know the improvement in discipline, obedience, and order, caused even by the unscientific ordinary drill.

In a paper on physical and mental training (which Mr. Chadwick was kind enough to send me), he mentions "that a committee of a large school considered physical training unnecessary, and the drill-master was dismissed." The immediate result was bodily irritability, and thence uncontrollable mental irritability on the part of the boys. There was tumult and bolstering in the dormitories, breaking of windows and all sorts of riot and disorder ensued. In less than a fortnight damage was done to the amount of over £200, more than three years' salary of the drill-master. The chaplain exhorted and prayed, the masters flogged, and flogged, and flogged, but without effect, as flogging did not touch the seat of depravity—irritation from the want of physical exercise. At last the chaplain and manager besought the restoration of the teacher and of the physical exercises he directed. This was done. The demands of hygiene were satisfied; there was quiet sleep in the dormitories, and so it has gone on. Now, wheresoever we hear of any disorder and rebellion in schools, wheresoever there has been extensive truancy, we may be sure that it is the system or the managers that are in the wrong.

The importance of these free exercises for military training is well known to the Imperial German Government, the Emperor being the Commander-in-Chief of all German armies, and there is what they call "ein allerhöchster Befehl," or Cabinets-order—which means that the Emperor himself has signed the order that all German recruits must pass through an obligatory course of these exercises, which are considered the best preparatory ones for their military duties. While an English recruit wants two years to be an efficient soldier, the German recruit is in fourteen or fifteen weeks sufficiently trained for the company drill; as the company is the unit of the battalion and of the regiment, we may say that he is an efficient soldier. Please to think of the saving in money and time which can be obtained by scientific training.

Will you not be surprised to hear that even the German cavalry-recruit is obliged to learn the free exercises while on horseback, without stirrup and reins? According to a

General Order of the 6th July, 1871, the Prussians state that their scientific physical training is one of the most important factors in gaining their victories in the wars against Austria and France. "The extraordinary qualities of which our armies have given proof in the last war, their indefatigable vigour in marching, the ease and agility with which, in a hostile country, they have overcome all natural and artificial impediments, their courage and presence of mind, their endurance in supporting privation and suffering, must be ascribed in a great measure to the gymnastic instruction of the soldiers, first in all schools, and later in their respective regiments."

Hitherto, our Government have not thought it worth their while to consider the subject, although the humble author of this address called their attention to it twenty-six years ago, in a public letter "On the Importance of Rational Gymnastics as a Branch of National Education," addressed to the Lord President of the Committee of Council on Education; and a second time in 1870, in a pamphlet entitled "A Plea for the Compulsory Teaching of the Elements of Physical Education."

When foreign countries improve the quality and increase the thickness of the steel plates for covering their men-of-war; when they increase the size of their projectiles, or prepare a 100-ton gun, our Government is alive to the necessity of having the same or still more powerful weapons, and do not hesitate to pay even half a million of pounds for a man-of-war, or £16,500 sterling for each 100-ton gun. But when it is the question of improving the physique of the real defenders of the country, years pass before they even inquire into the best means of obtaining this object, and the unavoidable effect of the neglect of popular practical hygiene, and of scientific physical education, is the progressive degeneration of the physique of the population in Great Britain. You will find some official and other statistics of this degeneration in the paper on school hygiene which is in your hands.

Permit me to state but one fact, namely, that in 1845, out of 1,000 recruits, only 105 were under five feet six inches, while in 1873 more than three times as many, namely 364, were under that height, and consequently the standard of recruits was necessarily and gradually diminished to five feet four and a half inches, and the maximum of age increased from twenty-five to thirty years. Lord Beaconsfield said, in 1872, in

the Free Trade Hall, at Manchester, "After all, the first consideration of a minister should be the health of the people;" further, "If the stature of the race every ten years diminishes, the history of that country will soon be the history of the past." According to the views of the Prime Minister, the history of England will soon be the history of the past, and Macaulay's New Zealander has therefore hopes of sitting sooner than expected on the ruins of London Bridge. According to the *Times* of October, 1878, the present Ministry took office with a sanitary programme, which, as yet, they have done little to fulfil. Although twenty-four months have passed since, the Education Department has not taken any steps for introducing elementary hygiene and scientific physical education as obligatory studies.

There is scarcely time to enter on the practical introduction of scientific physical education into schools, which should form part of this address. Before reading a few suggestions on this subject, I will just mention that the Swedish Government and Parliament were the first to establish and support, in 1813, the Royal Swedish Central Training Institution for Gymnastics, at Stockholm, in which officers of the army, medical men, and male and female teachers, after having previously obtained their certificates, are for two years gratuitously instructed in the various branches of scientific gymnastics, including hygiene, anatomy, physiology, the history, theory, and practice of rational gymnastics, as well as the knowledge of several internal complaints and of various deformities, and their gymnastic treatment.

During my last holidays I visited this institution, and, by the kindness of the professors and teachers, was able to convince myself of the excellence of the arrangements, as well as the theoretical and practical methods of instruction. There is a similar institution in Berlin, also in Wurtemberg and some other countries, but none can rival the Swedish one.

Two years ago I sent a young physician abroad for the purpose of obtaining information regarding scientific physical education on the Continent. Having prepared a list of fourteen questions, my commissioner obtained official answers from their Excellencies the Ministers of Education in Belgium, Prussia, and Austria. He had besides to report on the practical physical training in the schools which he visited in Paris, Brussels, Ghent, Berlin, Vienna, and Milan.

An extract of this report is published in the pamphlet I have mentioned. The aim in making these inquiries was to gather information for myself, and to enable me to show Parliament and the Education Department how behindhand we are in an important branch of education, how many lives we sacrifice, how many diseases we cause, and how many millions of money we lose by the loss of valuable lives, and by supporting in workhouses, hospitals, and charitable institutions large numbers of people unable to work in consequence of disease and deformity. Having met with failure in my endeavours, I have accepted with much pleasure your invitation of addressing you, in hopes that, by the powerful aid of this Conference, any suggestions I have to make may be carried out.

The School Board of London is the only one in England which has appointed a perfectly competent lady superintendent of scientific physical education, who is at present engaged in giving three elementary courses to the schoolmistresses who voluntarily attend. A small number of schoolmistresses passed an examination last year, and could at once introduce what they have learnt hitherto, but no time is given or fixed for physical exercises, which should be considered as important as the other objects of instruction. In many schools there is no sufficient space for exercises, nor sufficiently large rooms in which the furniture could be easily removed in a few minutes. The covering and partial enclosure of playgrounds is an additional expense to which the ratepayers object. But, even if these impediments were removed, there is still the want of inducement for these teachers giving gratuitously their time and work, and thereby lessening their chance of passing their pupils in the subjects for which they are paid.

To make the resolution practical several modes might be suggested:—

1. To send a deputation of this Conference, accompanied by a number of influential members of Parliament, to the Lord President and Vice-President of the Committee of Council on Education, to impress upon them the necessity of establishing a Central Training Institute for Physical Education, or to subscribe to a few or all training colleges for the purpose of enabling them to give similar instruction to all future teachers.

2. To petition Parliament to grant payment to the teachers who, at present, being paid only for reading, writing, and

arithmetic, cannot be expected gratuitously to give their time for learning and teaching, or to ask for a Royal Commission.

3. Formation of a society for instruction in popular practical hygiene and scientific physical training, which are most intimately connected.

HOW THEY DIE.

By JOHN H. CLARKE, M.D.

It is very true that one half of the world knows nothing of how the other half lives, and it is none the less true that one half of the world knows nothing of how the other half dies. From his letter to the public press it is evident that Dr. C. R. Drysdale has only the crudest notion of how the poorer half of the community die. He knows, it is true, that they die in far greater proportional numbers than their richer neighbours, but that is sufficient for him. From that single datum he proceeds to draw inferences, and he reaches conclusions by the mental process commonly called "jumping at" them:—"The poorer the community, the higher the death-rate; the great cause of poverty is the large size of families; let us limit the size of families, and we shall put an end to the evil."

What could be simpler? But, unfortunately for the theory, the facts are not so simple. There are other factors at work of which the registrar can take no note, and which do not seem to occur to Dr. Drysdale. We have no statistics giving the comparative mortality of the learned and the ignorant, of the intelligent and the stupid. We have nothing to point out the thousand and one little things that go to make the life of the poor such a feeble tenure, and which the mere removal of their indigence would in no way alleviate.

For our own part, we have little hope that the state of the poor will be improved in this respect, except by their own enlightenment and the spread of Christian principles—even to the hearts of builders, landlords, wall-paper-makers, and parish doctors; so long as the poor remain in their present state of ignorance; so long as builders build houses to pay first, and to be inhabited secondly or thirdly; so long as landlords buy and farm the same; so long as manufacturers make papers to sell, even if they poison the buyer; so long as parish

doctors regulate their consciences by the amount of pay they receive, the death-rate will not come down; and one cannot see that the matter would be mended were all the families of the poor strictly limited to two boys and two girls apiece.

But this is a matter that cannot be studied in the abstract. We must come down to actual cases if we wish to really understand it. For this reason I have thought it good to call the attention of the public to a few cases, which are types of hundreds more that are occurring every day, and in no way exceptional. It would perhaps open the minds and the hearts of the well-to-do did they know a little more of how their poorer brethren die.

The first case I would call attention to is the death of a little boy, due to maternal ignorance. The parents doubtless were poor, but by no means of the poorest, and the family was small. From what happened in the other cases in the same family, there is little doubt but that the life might have been saved had the mother thought fit to procure for her child proper attention at first.

I.—DOMESTIC MEDICINE.

In a four-roomed cottage in the town of — lived a labourer, his wife, and three children—a bright, fair-haired girl of five, a merry boy of three, the pet of the neighbourhood, and a baby of eight months. The girl attended school, and came home one day with cold and cough, and in a few days the eruption of measles came out. The medical treatment was very simple. Measles, being a “natural” complaint in the eyes of the mother, requires only “natural” treatment. The principal feature in the mother’s estimation is the cough. What more natural than to suppose that a cough-mixture will do it good? Accordingly, never having heard of a measles-mixture, she goes to a chemist for two-pennyworth of cough-mixture, and he supplies her with his stock preparation, containing paregoric and half a dozen other ingredients, a combination in which the worthy man has great confidence, giving directions according to age. The little patient gets over the attack “nicely,” to use the mother’s expression. It is true the cough does not disappear, and by-and-by the characters of whooping-cough develop, but then she is “taking something” for it, and the maternal conscience is thus satisfied.

But two weeks after the girl’s sickening the boy’s spirits fail him; he will not play, or take his food. A cough comes

on, and spots come out all over him. The same treatment is pursued as in the case of the girl, and he "gets over the measles nicely" also—*i.e.*, the rash and fever go away. But the cough gets worse and worse in spite of the all-potent cough-mixture, and one morning a doctor is sent for in a hurry, and in a hurry attends, but only to find the poor little fellow's corpse.

The autopsy reveals the whole bronchial mucous membrane intensely congested, lobules of the lung inflamed, and many of them collapsed, and the right side of the heart filled with dark, clotted blood.

The verdict of the jury is that deceased "died from natural causes."

The little girl, who was running errands for her mother in bitter winter weather, the doctor found to be suffering, in addition to whooping-cough, from extensive bronchitis and inflammation of the lungs, with purulent discharge from one ear; to be taking the cough-mixture still, and in a fair way for following her brother.

By strict medical supervision and attention she got well in a month, and the baby, who escaped measles, but was attacked by whooping-cough, got well in shorter time.

One morning whilst examining the baby's chest, the doctor called the mother's attention to the infant's feet, which were blue with cold. She kissed and hugged the child with a look of indignation—at the cold, most probably, for getting hold of her child's feet!

"Yes, yes, my good woman, it is all very well to kiss the child, but that doesn't keep its feet warm!"

The lives of these three children—or should we not rather say their *deaths*?—were *insured*; they were in a burial club.

But we must not judge the mother too harshly. Ignorance was probably more her misfortune than her fault; and abominable as child-insurances are, and baneful as are their effects, one cannot wonder that the poor, who are taught by sad experience to expect deaths amongst their children, are anxious to make some kind of provision against the calamity, even though that provision may render them less careful to ward the calamity off.

(To be continued.)

FRICTIONS ON THE TONGUE.¹

By WILLIAM HITCHMAN, M.D.

MORE than forty years ago (February, 1839) I enjoyed the privilege of witnessing some remarkable examples of the truth of Homœopathy in rather unpromising conditions, as regards the co-operative aid of hygiene, imagination, attention to diet, blind faith, ignorant credulity, enlightened hope, or other kindly charitable influences, which are said by the allopath to "favour" the homœopath in his attempts to cure or relieve the sick, to the entire exclusion (of course) of any virtue in our special method of healing *vid* the law of correspondence. During the temporary absence of the medical officer, I had for several months the sole care of a large district of the Northleach Poor Law Union, Gloucestershire, and as I was then reading a copy of Hahnemann's "Organon" with much interest, it occurred to me that no great harm could accrue to my very intractable clients—since ordinary *ex-cathedra*, or "by authority," expedients had failed over and over again—if I resorted even to a coarse, material application of a beautiful dynamic spiritual doctrine, so wisely and profoundly elaborated by a graduate of marvellous genius and equally wonderful erudition, hailing from my own *alma mater*, the Protestant University of Bavaria located at Erlangen. I knew that French and German physicians had already lauded the preparations of silver, and even the metal itself reduced to fine powder, as an anti-syphilitic remedy, and used by means of FRICTIONS ON THE TONGUE. This was the *modus operandi* I then adopted, and the first of many subsequent experiments was the following:—

R. S., *ætat* 51, an agricultural, or farm-servant, and Lancastrian *prononcé*; engaged during the four seasons of each year in ploughing, sowing, reaping, or mowing, but at present without any assignable reason within his own individual knowledge "got more warser;" could not "owld me provender;" "noo und agin had nae passage;" afterwards, "the boo-eel complaint," or what not. In brief, there was some violent irritation of the mucous membrane, *inter alia*, with painful dyspepsia, gastralgia, pyrosis, and constipation, alternating with diarrhœa. To quote his own words, *verbatim et literatim*, "Soreness ain't left ma sin' afore

¹ I have notes of hundreds of intractable cases relieved or cured by *homœopathic* frictions on the tongue, if such an expression be allowable.—W. H.

Christmas, maester." In any event, a long-established burning pain in the pit of the stomach, purging, colic-like spasms, sense of tightness in the throat, recurrent cramps, and oft-repeated nausea and vomiting, were suggestive enough to one's mind of symptoms occasioned by *poisonous* doses of tartar emetic, without further reference to the various records and official chronicles of *Materia Medica* and *Toxicology*, hardly accessible in a remote country isolated homestead. Extemporaneously was a grain of *Antimonium Tartaratum* duly rubbed up with a large quantity of refined sugar, crudely resembling our well-known first centesimal trituration, and applied by *friction on the tongue*, in about the ratio of the hundredth of a grain. Its repetition was advised three times daily until relieved or cured; but the fact is, uninterrupted convalescence was established within forty-eight hours, together with the grateful assurance that he "ne'er hed sic tarnation nice doctor's stuff as yon, an' it charm'd ma like a witch." If the reader please, *sua sponte*, he may find kindred successful results brought about by the unjustly maligned *thirtieth* dilution of the proper elective agent in the course of the first number of the *Homœopathic World* (*vide* "Familiar Lecture," etc.)

Now, in the above mere outline of a case—not, confessedly, drawn up *secundum artem*, but rather colloquially for your popular medico-social journal—whether the exclusive pathologist term it duodenitis, chronic gastritis, portal congestion, neuralgia of the stomach, dyscrasis, rheumatism of the abdominal parietes, ulceration, impaired nutrition, bilious fever, gastro-enteritis, pica, boulimia (cerebral derangement, not improbably!), and the rest, *the end justified the means* by removing a sudden accession of febrile symptoms (on account of which I was summoned), intense sickness, panting respiration, asthmatic wheezing, rapid alarming pulse (120-160 per minute), restlessness, great depression, turbid conjunctiva, dark-red suffusion of upper part of right face, severe lumbar pains, frequent micturition, sometimes with blood, crystals of phosphates, from probable decomposition of urine within the bladder itself—significant, rationally, of coming or existing malignant disease, yet extinguished, *cito, tuto, et jucunde*, by a few doses only of the right thing in the right place, to the exclusion of "legitimate" OLLA PODRIDA, or heterogeneous hodge-podge. Assuredly no rules were culled on that occasion from Dr. Paris's "Pharmacologia," or the orthodox manuals yeapt "Art of Prescribing," said to in-

dicating the only true principles of medicinal *combination*, the sole guides to the selection of remedies which can alone efficiently secure the object sought for, by mixing drugs of different powers calculated to produce the desired ultimate issues, by modes of operation utterly diverse, thus obviating all difficulties arising from opposing symptoms, in consequence, it is presumed, of chemically neutralising, or physically and mechanically separating, the offending ingredient, which "attacks" patients, takes up its abode in some particular locality of the body, where, may be, it is evolved into that deleterious entity which shall finally *expel* the soul! Who does not remember how Sir Robert Christison taught "the young idea how to shoot," with a view to promote the action of the basis, then to *correct* the operation of the said basis, "to look out for very unpleasant effects that might arise" (*sic*), not only preventing its beneficial action, but worse still, defeating the object of its exhibition! Who, of all *bonâ fide* academic medical students, in British or foreign universities, has not been instructed to strive for the *joint* operation of two, ten, or even twenty medicines in one mixture? Yes, it is a stereotyped collegiate axiom to seek for a new and active compound remedy that cannot be afforded in the resources of *Materia Medica* by any known *single* medicinal substance. In short, no man is fit for official registration, "by authority," who is not well up in the problematical science, or rather THE BLENDING-BUSINESS, in which there is no orthodox chance of success in the cure or relief of sickness, *as a rule*, unless numerous ingredients of different agency are mingled together in a duly complicated formula. How, I ask, in the name of common or uncommon sense, are we to write a magistral recipe in the absence of basis, adjuvant, corrigent, and vehicle? To suppose otherwise were almost equivalent to being disloyal to the "General Medical Council," or affirming that the practitioner of Homœopathy is always deceived in the result produced, and the patient still suffers from sickness, frictions on the tongue notwithstanding!

For myself, I revere the memory of Hahnemann as the giant amongst giants in the principles and practice of *scientific* medicine. Only to-day (February 5th) I have visited a Liverpool merchant suffering from the following morbid concatenation of symptoms, and I venture to assert that no intelligent layman *practically* acquainted with the teachings of the "Organon," not to mention a legion of

medical experts, would have much difficulty in pointing out the requisite specific in such a case—my old friend Mr. Edgar, for example—so true is it in nature and human nature, that the law of specifics is a relation of similarity between the pathogenetic and curative effects of medicinal substances:—Violent burning pain in the region of the stomach and bowels, tenderness on pressure, retching, vomiting, sense of dryness and tightness in the throat, insatiable thirst, hoarseness, and difficulty of speech; the matter vomited is greenish and yellow, sometimes, indeed, streaked with blood; diarrhœa, tenesmus, with excoriation and fissure of the anus; urinary passages constantly affected with hot, excruciating pains, secretion often suppressed, convulsive twitchings, cramps of the legs, livid extremities, countenance collapsed, eyes red and sparkling, delirium at night, with progressive emaciation. Yet *he* will be cured by FRICTIONS ON THE TONGUE.

“ Die Wahrheit, die wir alle nöthig haben
Die uns als Menschen glücklich macht,
Ward von der weisen Hand, die sie uns zgedacht,
Nur leicht verdeckt, nicht tief vergraben.”

CHRONIC ENLARGEMENT OF THE SPLEEN AND CONSEQUENT CARDIAC DYSPPNŒA CURED WITH CEANOTHUS AMERICANUS.

By J. C. BURNETT, M.D.

TOWARDS the middle of October, 1879, I was requested by a lady in Kent to see a faithful old servant fifty-five years of age suffering from a severe heart-affection. A careful physical examination showed that the heart-sounds were normal, but there was much beating visible in the neck, and the heart's action was laboured. In the left hypochondrium there was a mass corresponding to the position of the spleen, and a dull percussion note was elicited not only in the left hypochondrium, but also in the right, and all across the epigastrium, or pit of the stomach, from side to side.

It thus seemed to me that the so-termed heart-disease was not any affection of that organ really, but the tumefied spleen and liver—more especially the former—that interfered with the free circuit of the blood. The following notes were put down at the time:—“Heart-sounds, normal; apex beat, exaggerated; splenic dulness extending up to the

left mamma; the whole region very tender, so much so that she cannot bear her clothes or any other pressure." The prescription was: *Ceanothus Americanus* 1x ʒij., five drops in water three times a day.

November 14.—Has been taking the *Ceanothus* five weeks to-day, and has taken altogether, three bottles of it, viz., ʒvj. It has nearly stopped the pain in the left side, which had lasted for quite twenty-five years. This pain came on suddenly, especially if she drank anything cold. She would get an indescribable pain under the left ribs, and she would have to fight for breath, and the dyspnœa would be so severe that it could be heard in the next room, frightening everybody. She had ague thirty years ago in Northamptonshire. Repeat.

November 29.—Not much pain left, the cold feeling still there, but nothing as it was. Repeat.

December 20.—Has the pain in the left side but very little; has not had any of those attacks of fighting for breath; she can walk better, and the side is much smaller, which she knows from her dress. In her own opinion she is less in the waist by two inches. Before taking the medicine, for very many years, she was compelled to pause in the morning when dressing, and lie down on account of the beating of the heart, but this has all gone; on examining by palpation and percussion I find the dulness diminished by four inches in the perpendicular and by about the same from side to side. However, there is still some tenderness on pressure, and the swelled spleen can still be felt towards the mesian line and inferiorly. She can now do her work (charing) very much better. R̄ Tc. *Ceanoth.-Am.* 1, four drops in water three times a day.

January 10, 1880.—The pain is gone; has now no pain in walking, and she is a great deal stronger and better. The coldness in the pit of the stomach has gone. Repeat.

February 7.—In the left hypochondrium there is now nothing abnormal; the old ague-cake has disappeared, there being no dull percussion note. Her own conception of the size of that portion of the enlarged spleen that used to stretch across the pit of the stomach to the liver is thus expressed by her:—"I used to say it was as big as a half-quartern loaf." Not only is the lump gone, but she is much stronger; she now wears stays again, and fastens her clothes with comfort. She still gets some cold feeling in the pit of the stomach, but not much. Her liver seems considerably

enlarged, and there is still too much beating of the blood-vessels (veins) in the neck. In my opinion the condition of the blood-vessels calls for *Ferrum* 6, which I now prescribe, and when that has done its duty—as it surely will—the liver will call for attention. But what I wanted to bring out was the specific affinity of *Ceanothus Americanus* for the spleen, and its consequent brilliant effects, as the *simile* only grounded on the homœopathic specificity of seat, which Dr. Sharp says has no existence.

This poor woman has thus taken *Ceanothus* during about four months in small appreciable doses: at first the 1x and then the 1 centesimal.

The existence of the hypertrophy was ascertained by percussion and palpation; to-day I have ascertained by the same means that it has ceased to exist. Although patient took the drug for four months I cannot find that it affected any other organ—liver, kidney, bowel—save and except the spleen.

The dyspnœa and palpitation were cured certainly, but these arose, I submit, from the engorged condition of the spleen itself.

As far as I can ascertain, the secretions and excretions were not affected in the least degree; the remedial action must therefore be considered specific. My conception of the cure is simply this, that the specific *Ceanothus* stimulus persistently applied restored the spleen tissue to the normal. This homœopathic specificity of seat suffices only in simple local disturbance; it is only a *simile*, not a *simillimum*. The latter would, I apprehend, have affected the liver also and the right heart, and I should then not have needed further detail treatment.

DECORATION FOR SERVICES RENDERED TO HOMŒOPATHY.

WE learn with much pleasure that our spirited colleague, Dr. Gailliard, editor of the *Homœopathie Militante*, has been nominated a Commander of the Order of Isabella the Catholic; we hope that the new Commander may long live to enjoy the well-merited distinction.

PATHOGENETIC RECORD.

AN ARRANGEMENT OF THE PHYSIOLOGICAL AND TOXICOLOGICAL
EFFECTS OF DRUGS.*Collected from Medical and General Literature.*

By E. W. BERRIDGE, M.D.

Cannabis Indica.*(Continued from Vol. XIV. p. 526.)*

(38) *Medical Press and Circular*, 1869, vol. viii. pp. 476, 494.

Pollis remarks quoted; see below.

(39) *Lancet*, 1848, vol. ii. p. 43; vol. i. p. 669.

Reference to De Courtive's paper on *Cannabis Indica*, presented to the School of Pharmacy, Paris; also to Ruhbaum's paper; see above.

(40) *Edinburgh Medical Journal*, 1867, vol. xii. p. 756.

Report of Dundee Medical Society.

Dr. Gibson said he had seen a grain of extract of *Cannabis Indica* cause poisonous symptoms, with peculiar delirium, presenting for the time very much the appearance of mania of a melancholic type. This he had seen five or six times, and in one patient it occurred twice at an interval of four years.

(41) *British Medical Journal*, 1867, vol. i. p. 386.

Gibson's cases quoted; see above.

(42) *Boston Medical and Surgical Journal*, 1851, vol. xlv. p. 153.

By the Editor.

The Egyptians smoke cigars charged with *Indian Hemp*. It exalts a dirty barefooted rascal into an imaginary prince. In a few minutes he sees the gates of a Mahometan paradise, gazes wildly towards the sky, and laughs till all consciousness passes away, and he falls into a lethargy of considerable duration.

(43) *Lancet*, 1871, vol. ii. p. 493.

By Dr. J. Roche Lynch.

Mrs. —, aged thirty, three months pregnant, took for a cough a tonic containing *Quinine*; and also the following

mixture : *Tincture of Cannabis Indica*, 45 minims; *Compound Spirit of Ammonia*, 2 drachms; *Ammoniacal Mixture*, 3oz. ; water to 6oz. ; one ounce to be taken every four hours. After taking one dose she became drowsy, sight dim, was sick, great thirst with dryness of fauces, and slept heavily. She continued in this stupor, and I saw her four hours after the dose. She was then in bed, pupils fully dilated, eyes suffused, tongue dry, pulse small and quick, very drowsy and difficult to waken. I gave her *Brandy*, and on rousing her I soon found that she had broken out into a profuse sweat. The symptoms continued more or less the whole day ; but by the next morning all had disappeared save some dryness of mouth and feverishness.

(44) *British Medical Journal*, 1876, vol. i. p. 46.

Editorial.

The *Amook* of the Malay is the result of a toxic dose of *Cannabis Indica*, which causes a wild delirious intoxication ; in lesser doses it causes a pleasurable excitement and an exalted sense of the lapse of time.

(45) *British Medical Journal*, 1857, p. 15.

By Dr. Thomas Hayes Jackson.

Mrs. —, threatened with miscarriage at the seventh month, took the following mixture: *Tinct. Cannabis Indica* ʒij., *Spt. Nitrici* ʒij., *Mist. Camphor* ad ʒvj.; ʒj. every three hours. Shortly after the first dose she felt free from pain. In half an hour afterwards she stretched herself at full length, under a feeling of approaching dissolution, accompanied with faintness, stiffness in throat and neck, muscular twitchings of nose and face, tinnitus aurium, and severe palpitation ; pulse was small and intermittent, ranging between 100 and 120 ; while giddiness in head, stiffness of tongue, difficulty of articulation, and tingling sensation all over body, especially in tips of fingers, and severe vomiting, with eructations every five minutes, continued for two and a half hours, accompanied by burning heat in stomach and face. During this time the body was bedewed with cold sweat, the pupils being alternately dilated and contracted, but the intellect clear. After this the symptoms began to subside gradually, and next morning she only had a little giddiness. Twenty minims of the tincture contained one grain of extract.

See also Taylor, *On Poisons*, p. 790.

(46) *London and Edinburgh Monthly Journal of Medical Science*, 1841, vol. i. pp. 57-8.

Editorial.

Dr. Shaughnessy's *Pamphlet* (Calcutta, 1839), briefly quoted. [Examine pamphlet, E. W. B.]

Dr. Forbes says in his *Prize Thesis on the Nature and History of Plague*, 1840, that in some cases of plague in which *Haschisch* was given, it seemed to cause pneumonia. It causes a state of frenzy in which murders are committed, hence the name *Haschischin* or *Assassin*.

Reference to M. Aubert's description of the effects of *Cannabis*.

The editor says that the Moors and Jews in Barbary use *Indian Hemp* as an aphrodisiac. It caused in himself slight increase of pulse, quickness of ideas, and pleasant sensations, either from smoking or swallowing the powder; but the sweetmeat was much more powerful, causing giddiness and pain in back of head. The powder is made from the leaves and the conserve from the seeds.

(47) *London and Edinburgh Monthly Journal of Medical Science*, 1845, vol. v. p. 695; 1843, vol. iii. p. 949.

Review of J. Moreau's *Du Haschisch, et de l'Alienation Mentale*, Paris, 1845; and report of *Royal Med. and Chir. Soc.*; see below.

(48) *Monthly Journal of Medical Science*, 1847, vol. vii. p. 776; 1851, vol. xiii. p. 94; 1852, vol. xiv. p. 270.

Various cases quoted; see above.

(49) *Monthly Journal of Medical Science*, 1852, vol. xv. (third series, vol. vi.) p. 124.

By Dr. John Grigor.

Dr. Simpson said at the *Edinburgh Obstetrical Society*, July, 1850, that *Cannabis Indica* was an oxytocic. I have noticed the uterine contractions acquire great increase of strength and frequency immediately on taking the drug, and have seen four or five minutes elapse ere the effect ensued. In seven cases out of sixteen in which I gave it it proved oxytocic.

(50) *Half-Yearly Abstract of Medical Sciences*, 1848, vol. vii. p. 354; 1864, vol. xxxix. p. 347; 1845, vol. i. p. 360; 1870, vol. li. pp. 127, 176; 1845, vol. ii. p. 436.

Various cases quoted; see above and below.

(51) *Retrospect of Practical Medicine and Surgery*, 1842, vol. vi. p. 31; 1843, vol. vii. p. 103; 1849, vol. xix. pp. 409-10; 1845, vol. xi. p. 5; 1840, vol. ii. p. 216.

Various cases quoted; see above and below.

(52) *Half-yearly Abstract of Medical Sciences*, 1845, vol. ii. p. 436.

By Dr. George Edward Day; extracted from *Repertorium für die Pharmacie*, Band xxxvii. Heft 2.

Lieautaud has communicated a series of experiments on *Cannabis Indica* to the *Academy of Sciences*.

He says that drunkenness produced by *Gunjah* is characterised by a peculiar state of ecstasy without convulsions.

Case 1.—Ten grains of *Cherries of Nepaul* dissolved in alcohol were given to a moderate-sized dog. In the course of half an hour it fell into a restless sleep, and on waking and attempting to walk it showed obvious signs of drunkenness. It devoured with avidity any food placed before it, and again relapsed into a state of stupor and torpidity. These symptoms lasted about two hours; in the course of six hours it had recovered.

Case 2.—A drachm of *Magoun* was given to a small dog. In the course of twenty minutes it was decidedly drunk, and did not altogether recover in less than four hours.

The inebriating effect of the drug is constantly observed in the carnivora and in fishes; the herbivora are unaffected by it. When smoked, the first pipe of *Esrar* will cause cerebral congestion in beginners.

The person under the influence of *Haschisch* feels with perfect consciousness in the best of humours; all impressions from without produce the most grateful sensations; pleasant illusions pass before his eyes, and he feels comfortably happy; he thinks himself the happiest man on earth; the world appears to him to be Paradise. From this imaginative condition he passes into the everyday state, with a perfect recollection of all sensations, and of everything he has done and spoken. The effects of its continued use are emaciation and nervous debility.

(53) *Dublin Hospital Gazette*, 1856, vol. iii. p. 124.

Review of *Pharmakologisch Medicinische Studien über den Hanf Inaugural-Abhandlung*.

By Dr. George Martius.

Marco Polo refers to *Cannabis Indica*; also Herodotus,

lib. 4, c. 74. Reference made to W. B. O'Shaughnessy's essay in 1839; Corrigan's and Babington's remarks briefly quoted; see below.

(54) *Dublin Hospital Gazette*, 1845, vol. i. p. 106.

By Dr. Babington.

A man aged forty, suffering from tetanus, took three grains of extract of *Cannabis Indica* every half-hour. He soon showed signs of excitement; his eye brightened, his pulse increased in frequency; he commenced to perspire on face and hands, accompanied with tingling. After fourth dose he grew drowsy. He said the medicine burnt his throat.

A gentleman took one grain. It caused symptoms of intoxication, with the usual excitement, so that medical aid was necessary.

(55) *Dublin Hospital Gazette*, 1845, vol. i. p. 143.

By Dr. Corrigan.

Case 1.—Margaret M., aged 14, suffering from chorea, took eight drops of tincture of *Cannabis Indica* three times a day, from April 1st to 6th, and then fifteen drops till April 14th.

April 14th.—For last two days she feels her head light, and her sight somewhat indistinct.

April 27th.—Since 23rd has been taking twenty-five drops three times a day. Complains of headache, and great lightness of head after each dose.

Case 2.—A lady took for neuralgia twenty drops of tincture of *Cannabis Indica* at 8 a.m. In about half an hour, on sitting down to breakfast, she found she could not swallow. She could not keep her eyes open, yet preserved her consciousness of everything passing around her. Soon afterwards she fell asleep, and slept soundly till 2 or 3 p.m.

Case 3.—Some patients took fifty drops of the tincture for rheumatic or arthritic pains. It produced severe headache and white sight.

(56) *Medical Times*, 1845, vol. xii. pp. 291-2.

Corrigan's remarks quoted; see above.

(57) *Dublin Journal of Medical Science*, 1841, vol. xix. pp. 158-61; 1843, vol. xxiii. p. 368.

Various cases quoted; see above and below.

(58) *Dublin Quarterly Journal of Medical Science*, 1870, vol. xlix. p. 214.

Ogle's case quoted; see below.

(59) *Dublin Journal of Medical Science*, 1843, vol. xxiii. 368.

Foote's paper briefly quoted; see below.

(60) *Medical Times and Gazette*, 1863, vol. i. p. 71.

Luca's experiments briefly quoted; see below (*Intellectual Observer*). Reference to Lallemand's experiments.

(61) *Medical Times and Gazette*, 1863, vol. i. p. 136.

By Dr. Fraser.

George M., aged twenty-three, had trismus from exposure to wet and cold. On January 3rd he took a quarter grain of extract of *Indian Hemp* every hour. On 4th increased dose to one grain. On 7th increased dose to three grains every hour, beginning at 6 p.m. On 8th, at 7 a.m., on getting out of bed, he felt giddy, could not stand, had tremor of hands and occasional twitchings of limbs, and he described his sensations as those of a drunken man. The drug was stopped, and these symptoms disappeared in the course of three hours. He had taken 115 grains.

(62) *Medical Times and Gazette*, 1863, vol. i. p. 650.

By Dr. Francis H. Parsons.

I have seen half a grain of the extract prepared in India from *Gunjah* cause complete loss of muscular power, sound sleep, and delirium. Two hours are generally necessary to obtain the full action of the drug.

(63) *Medical Times and Gazette*, 1863, vol. ii. p. 572.

Report of Western Medical and Surgical Society.

Mr. Keen said a man took four grains of *Cannabis Indica* for epigastric pain. He was found sitting up, in horror at being touched, suffering great anxiety; pulse steady, full, soft, ninety-two; muscular power much in abeyance.

(64) *Medical Times and Gazette*, 1863, vol. ii. p. 245.

By Dr. Horace Dobell.

Mrs. S., aged thirty-one, suffering from spasmodic asthma, had the following symptoms twice after a dose of thirty minims of tincture of *Cannabis Indica*. The head became giddy, then came a drawing pain at chest, and then at heart. Then came pinching pains in flesh of body, and bearing-down pains in loins, and the bowels and bladder acted with force. Then tongue became swollen and drawn to roof of

K

mouth; the flesh felt puffed all over, and tingled. Then retching came on; then a continued yawning, with a shiver; then she felt as though she wanted to be held tight, like hysterics, and the power of speech seemed lost, and all sounds heard seemed to be at a distance. So it continued five or six hours, the head being very bad all the time, with noises in ears, and when the head was laid down it felt heavy, with a hot swimming coming over it repeatedly. Then she fell into an unnaturally deep sleep, lasting all night, after which, having taken a little *coffee*, the same symptoms continued more or less during the day till they gradually went off. The dose was now reduced to eight minims, which produced the same symptoms, but in a much milder degree. She had previously taken doses of from five to thirty minims, thrice daily, of another specimen, without bad results.

EARTH TREATMENT OF UTERINE FIBROIDS.

By J. G. BALDWIN, M.D., New York.

THE following case of fibroid tumour of the uterus is presented, not because I consider it a cure, but to show the results thus far of a peculiar treatment in an apparently desperate case:—

Mrs. B. is thirty-seven years old, and has been married twelve years. She has never been pregnant, and has always been an unusually healthy woman, having none of the uterine weaknesses so common to the sex.

In May, 1877, while in Europe, she discovered an unusual hardness in the lower part of the abdomen, a little to the right of the median line. I saw her soon after her return in October, 1877. I found a fibroid tumour attached to the posterior wall of the uterus, filling the concavity of the sacrum, and extending above the pubes a little to the right. Examined through the abdominal walls, it seemed about the size of a large orange, round and smooth, and not at all sensitive. Vaginal examination showed it to be somewhat flattened and nodulated, but not tender. It had increased in size somewhat since she first discovered it in May. Menstruation was perfectly normal. There was no pain or discomfort of any kind. I prescribed *Muriate of Ammonia*, ten grains three times a day. This was continued about three months, but the tumour grew steadily though slowly.

In January, 1878, Dr. Helmuth examined her, and confirmed the diagnosis. He advised the hypodermic injection of *Ergot* in doses of five minims, each minim to be equal to four grains of *Ergot*. This was done weekly, with few omissions, until July, and at the same time five to ten drops of the fluid extract of *Secale* were taken three times a day. During this time the tumour continued growing, increasing more to the left, nearly filling the left side of the abdomen as high as the navel, and becoming more nodulated or uneven above as well as below, and at times tender in some parts.

In May, 1878, Mrs. B. went to Philadelphia, and, at my request, consulted Dr. Atlee, who confirmed the previous diagnosis, and approved the treatment by *Ergot*, but advised a modification, so that it should be used only at the menstrual period, and the *Muriate of Ammonia* given as before during the intervals. In July the *Ergot* was omitted, and the *Muriate* was taken three times daily until October. On my return to the city at that time I found to my astonishment the tumour had more than doubled in size. It was very hard, very uneven, and very tender to the touch in different parts, especially during the second week before menstruation, which was still perfectly normal.

I at once recommended the administration of the *Ergot* both internally and hypodermically, but the growth of the tumour was not checked. It increased steadily until, in February, 1879, it completely filled the abdominal cavity, and extended three inches above the umbilicus. It was still very hard, and more distinctly lobulated, and in some parts was so painful and tender as to cause grave apprehensions of malignancy.

The general health began to suffer; the appetite failed; the patient became emaciated, and suffered much from the size and weight of the tumour, as well as from the pain and tenderness. She could not lie down, and at night was obliged to sleep sitting in a chair.

In February, 1879, she was seen by one of the most eminent gynecologists of the allopathic school in New York. He described the tumour as a large multilobular fibrous tumour of the uterus, projecting posteriorly and laterally, bearing the uterus high up behind the symphysis pubis. He thought the prognosis unfavourable on account of the rapid growth. He did not think an operation should be attempted, as it would involve entire extirpation of the uterus, and

would probably be fatal. He advised the continued use of the *Ergot*. This treatment was followed until March, 1879, without any improvement.

On the 10th of March Mrs. B. complained of unusual soreness in the tumour, but ascribed it to the approach of the menses, as it was near the time, and to the fatigue consequent upon a long walk she had taken the previous day.

In the afternoon she had a chill, and at the same time agonising pains came on in the peritoneum. Soon the whole abdomen became exquisitely tender to the touch. The pulse rose to 130, and the skin became dry and hot. The countenance had the peculiar hippocratic appearance indicative of intense suffering.

For three days the inflammation was so severe that it seemed hardly possible she could survive. However, with the use of *Aconite*, *Bellad.*, *Bryonia*, etc., with anodynes, the peritonitis gradually abated, but the patient did not recover from the shock. The appetite was gone, and the emaciation became very great. The menses did not come. The tumour developed rapidly, and was exceedingly tender. The abdominal walls were stretched to their utmost capacity. The bowels were constipated, and the pressure of the tumour on the rectum was so great that it was with extreme difficulty that a movement could be had. The urine was normal, but was voided with difficulty. The patient became so weak she could not walk without assistance. Having been unable to lie down for many weeks, the lower extremities became very much swollen.

In April, 1879, a prominent practitioner of the eclectic school was called. After a thorough examination he could suggest nothing new to be done.

Having tested pretty thoroughly the resources of the different schools—the homoeopathic, the allopathic, and the eclectic—I proposed a trial of the earth treatment as used by Dr. Hewson, of Philadelphia. Mrs. B. did not think of this treatment with much favour, but, as I was going abroad for five or six months, after much persuasion she consented to give it a trial.

In May, 1879, she was with much difficulty carried to Philadelphia, her friends taking leave of her as if for the last time. None of them expected to see her again alive. Indeed, many of them doubted whether she would live to reach Philadelphia.

Parting with her in this condition, I was exceedingly, but

joyfully surprised—though I had heard encouraging reports from her—when she called at my office, on the day of my arrival, to welcome me home. She had gained much flesh and colour. Her appetite is good, and bowels are regular. Her general health seems to be perfectly restored, but she has not menstruated since March last, when she had the attack of peritonitis.¹

On a subsequent examination I found the tumour reduced to less than half the size it was when I saw her last. It extends only as high as the navel, and lies mostly on the left side—where it developed first—the right side of the abdomen being entirely free from it. It is not tender anywhere, and is quite soft—very different from the solid, hard tumour which filled the abdominal cavity six months ago.

Mrs. B. gives the following account of herself in Philadelphia:—

“On the 9th of May, 1879, I commenced the application of the earth poultices under the care of Dr. Hewson. I was so weak I could not walk alone, or even raise my foot to a footstool. I could take no nourishment except beef-tea, brandy, and cream. It was three weeks before I could perceive any effect upon the size of the tumour, though within twenty-four hours after the first application of the earth all pain left me, and I was able to lie down twenty minutes, which I had not been able to do for months.

“I measured, when I began the earth poultices, at the base of the breast-bone, $26\frac{1}{2}$ inches; at the navel, 35 inches; three inches above the navel, 28 inches; three inches below the navel, 37 inches. Now I measure at base of breast-bone, $23\frac{1}{2}$ inches; at the navel, $27\frac{1}{4}$ inches; three inches above the navel, $24\frac{1}{2}$ inches; and three inches below, $29\frac{1}{2}$ inches. These measurements make no allowance for the flesh I have gained. I was a mere skeleton; now I weigh nearly my usual weight, 135lb.

“I remained under Dr. Hewson's care six months. At the end of this time the dropsy had disappeared from my limbs. My bowels became regular and my appetite excellent. I could sleep all night in bed. I gained 19lb. in weight during the month of September. I can walk out alone, and can exercise moderately. I pass more urine than when in perfect health. I perspire so freely that I often change my night-dress three or four times in one night, while the pillow

¹ In December, since the above was written, the menses have appeared, and in a perfectly normal manner, the poultices being continued all the time.

and mattress are wet with the perspiration ; yet I feel no weakening effect. Dr. Hewson wishes me to continue the earth poultices an entire year.—*Homœopathic Times*.

Obituary.

THE LATE MR. REDGRAVE.

THE *West Kent Times* thus speaks of the late Mr. Redgrave :—"We deeply regret to announce the death of Mr. Andrew Eli Redgrave, of Northumberland House, Lee, after a few hours' illness, on Tuesday, January 20, 1880, aged fifty-seven years. Mr. Redgrave will be greatly missed, not only by his wife, who bitterly mourns her loss, but by a very large number of friends and gentlemen who, by his genial presence, integrity of character, and a mind so richly stored with useful information which he was always so ready to impart, were greatly attached to him, and who could not but feel that in his company they were in the presence of a true friend. By his death we have another vivid illustration of the uncertainty of human life, and the importance—nay, more, a beautiful example of so arranging the affairs of everyday life as to be prepared whenever death may come. Mr. Redgrave having risen and breakfasted, he attended as usual to family prayers. The portion of Scripture read having reference to the sacrifice of Abel, he dwelt specially in his exposition to his household on the acceptable and accepted sacrifice as a type of the one everlasting and all-sufficient sacrifice of our Lord and Saviour. The devotional exercises were rather more protracted than usual, though they were never hurried through as if family worship were of little or of no importance in household arrangements. Prayers being over, preparations were being made to go to the City ; but the City to which he was so soon to go was that better City of which St. Paul speaks, 'whose maker and builder is God.' He was taken suddenly ill, after which he spoke not again, but in a few hours—on the evening of the same day—he peacefully slept the sleep of death. 'So He giveth His beloved sleep.' But let all those who knew him, and those who knew him not, benefit by his example, blending business and religion beautifully into one ; for diligence and integrity in business being blended with genuine 'piety

as cheerful as the day;' his blameless life, which none can see and not admire, is at once the best illustration of the poet's words:—

'The only amaranthine flower on earth
Is virtue: the only lasting treasure, truth.'

"Such were the moral treasures that shone forth conspicuously in the life of our departed friend, as hundreds only bear testimony; and now he is gone they only appear to be more precious than ever.

"The interment took place at Crick churchyard, Northamptonshire, on Monday, January 26."

To this we can add nothing but our deep regret at the loss of such a warm-hearted and genial Christian gentleman.

LITERATURE.

MATERIA MEDICA AND SPECIAL THERAPEUTICS OF THE NEW REMEDIES.¹

WE have read and used every edition of Hale's "New Remedies," and must speak of the grand work with gratitude, for it has helped us out of many a therapeutic strait. Our plan is this. We stick to the old and tried remedies as a rule, but in cases that seem to baffle us we take a run through Hale's "New Remedies" for a hint, and wonderfully often we have found what we sought. Then, again, there is a large number of cases for which the practitioner has to prescribe for which it is impossible to find a *simile* at all from the want of data, but there may be hints enough conveyed to the practitioner to enable him to do much good from a purely pathological basis, and with empirical drug-lore in which Hale abounds.

This fifth edition contains nearly forty new remedies, of which eighteen are said to be indigenous to the United States, and three to the Islands of the Pacific. They are these:—

Alstonia constricta.

Antimonium iodatum.

¹ *Materia Medica and Special Therapeutics of the New Remedies.* By Edwin M. Hale, M.D., Professor of Materia Medica in the Chicago Homœopathic College, etc. Fifth Edition, revised and enlarged. In two volumes. Vol. II., Special Therapeutics. New York and Philadelphia: Baerick and Tafel. 1880.

Arseniate of antimony.
 Arseniate of strychnia.
 Arum dracontium.
 Aurum arseniosum.
 Auri et sodii chloridum.
 Benzoate of lithia.
 Berberis aquifolium.
 Brachyglottis repens.
 Bromide of ethyl.
 Bromide of nickel.
 Bromide of zinc.
 Calcarea iodata.
 Eryodicton.
 Eucalyptus
 Euonymin.
 Fucus vesiculosus.
 Gentiana quinqueflora.
 Grindelia robusta.
 Hydrobromic acid.
 Iridin.
 Kumyss.
 Melilotus.
 Mercurius iod. cum Kali iod.
 Penthorum sedoides.
 Phoradendron.
 Pilocarpus primatus.
 Piper methysticum.
 Polymnia uvedalia.
 Picrate of ammonia.
 Quebracha.
 Rhus aromatica
 Salicylic acid.
 Salicylate of soda.
 Sanguinaria, nitrate of.
 Thymol.
 Turnera aphrodisiaca.
 Weythia helenoides.

The first-named, *Astonia const.*, comes from Queensland, and seems to be antiperiodic. Shepherds found out somehow or other that it is bitter, and then fell to using it instead of quinine, and call it "Bitter Bark," and "Native Quinine Bark."

Dr. Cathcart finds it even better than our classic *China* in

convalescence from acute disease of all kinds, and in debility generally; also in summer diarrhœa, dysentery, and atonic dyspepsia, and finally he commends it as a *preventive* of ague.

Of *Arum dracontium* there is a good proving given.

We would direct special attention to the Puke-Puke, or *Brachyglottis repens*, of New Zealand. It seems that the cattle which eat its leaves get paralysed in the lower extremities, and fall on the hind quarter. After a few days they sink; sometimes they recover, but regain their strength very slowly.

It produces, in man, albuminuria, and has also cured it.

Dr. Fischer's heroic proving of this interesting newling is given in full day-book style. Dr. Fischer was lately with us, and he tells us of numerous cases of Bright's disease which he has successfully treated with the *Brachyglottis*.

The action of Yerba Santa, *Eryodictyon*, is well summarised. The use of *Euonymin* in Bright's disease, by Dr. Holcombe, is mentioned, and cases given *in extenso*.

We are very much struck with the account given of *Grindelia robusta*, a portion of which we will quote, as it is so characteristic of Professor Hale's work generally, and of his writings on *Materia Medica* in particular. He says:—"But there is a dyspnœa due to paresis of the respiratory nerves which obtain their vitality from the spinal cord in which *Grindelia* is specially indicated. In a recent proving which I [Hale] communicated to the *North American Journal of Homœopathy*, occurs the following symptom:—"A fear of going to sleep on account of loss of breath, which awakes him." This symptom occurs in chronic asthma sometimes, and very often in *cardiac asthma*. It is due to deficient spinal innervation. We have but few remedies which meet this symptom. *Lachesis* has been used, also *Arsenicum*, *Nux*, and *Ignatia*, but *Strychnia* 6 is better than all.

"Soon after that symptom was published, Dr. Wesselhœft, of Boston, greatly relieved a case of dyspnœa from heart-disease with this particular symptom. He gave a low dilution. *Eucalyptus*, a kindred remedy, has relieved a similar symptom, also *Tart.-Em.*"

Now this is the kind of grist we like brought to our mill; it is worth grinding. Of course this magnificent volume of nine hundred octavo pages is not made up of such pure grain alone; there is plenty of chaff too for those who want it. But it teems with practical hints, "tips," and "wrinkles," that render it of enormous value to the practitioner. Hence

its deserved popularity. One naturally feels— But shall we never have done with these “*New Remedies*”? No; not until all diseases are curable to the full extent of the possible with those we have. How many of us, for instance, remember certain desperate cases of dyspnœa in times past with the just-cited pregnant *Grindelia*-symptom—*Dread of going to sleep for fear of losing his breath*—and how much would we have given to have known it then?

It would not do to have nothing but such big grains of corn as this, or we should get mental dyspepsia; some chaff helps the digestive process.

Our grateful acknowledgments, Professor Hale, for this new boon.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homœopathic World.

HOMŒOPATHY IN INDIA.

SIR,—Herewith I beg to enclose copy of the proceedings of a meeting held at this station by the numerous friends and admirers of Dr. P. C. Dutt to present him with a farewell address, a massive gold chain, a medal, and a stick, as tokens of the admiration in which he was held at this station as a homœopathic practitioner. This shows that Homœopathy is gaining ground at this station.

Yours faithfully,

BRJENSHO NOUTH BUMGER, L.M.S.,
Homœopathic Practitioner.

Allahabad, 22nd January, 1880.

On the 13th inst. the friends, patients, and well-wishers of Dr. P. C. Dutt, homœopathic physician, assembled at St. Peter's College to present him with an address and a testimonial, consisting of a gold medal, gold chain, and a walking-stick, in anticipation of his intended departure from Allahabad, where he had been practising medicine since 1874. The medal was very artistically executed by Messrs. Hamilton and Co., of Calcutta, having on its face an inscription testifying to its being “Presented to Dr. P. C. Dutt in

token of sincere regard for successful homœopathic practice, by his grateful patients of Allahabad, 1880," and on the reverse, in the centre, the well-known apophthegm, "Similia similibus curantur," and around it "Magna est veritas et prevalebit" ("Great is the truth and will prevail"). The chain to which was attached the medal was manufactured by a skilful native jeweller in the city, and was very creditably wrought.

At 5 p.m. the large hall of the school was pretty well filled by the gentlemen invited, and, on the assembly taking their seats, Rae Gzapershad, one of the most influential gentlemen of Allahabad, was called to the chair. After a short address, in which the chairman explained to the European and native gentlemen present the object of the meeting, and expressed the regret that he, as well as those present, experienced at the departure of the doctor from Allahabad, where he had lived so many years and effected some very brilliant cures, he asked the native gentlemen and others present to join him and the members of the managing committee in giving expression to their regard and gratitude to the doctor in an address and its accompaniments; whereupon Mr. Hogan, at the request of the committee, read out the subjoined address in English:—

"Baboo Prossonno Cromer Dutt,—It is with extreme regret that we have been informed of your intention to leave Allahabad in consequence of failing health, and a desire to attend personally to the improvement of the property inherited by you lately at Calcutta by your father's death.

"It cannot be out of place to mention here on the eve of your departure the benefits that we have derived during your stay amongst us, or the loss that we shall one and all sustain by your departure, valued friend and esteemed professional adviser that you have been to us and the poor of the station, to whom you have afforded advice and dispensed medicines *gratis* since February, 1874, when you arrived amongst us.

"It is worth noting likewise that the skilful, judicious, and intelligent manner in which you have followed out the principles of the great Hahnemann, has induced many a scoffer to become an eager convert and devoted partisan of the new and scientific principles so boldly enunciated and successfully maintained by you during your stay here.

"The success achieved by Homœopathy in our station is

due in a great measure to the professional skill and unremitting attention that you have bestowed on your self-imposed duties, and to your personal kindness to the poor, who will lose in you a generous friend and zealous benefactor.

“Remembering all this, and much more which cannot be detailed in this short and hurried address, permit us to offer you with this address its insignificant accompaniments, as a small but undying token of our feelings towards you, and of our sense of appreciation of the good that one and all, whether rich or poor, European or native, have derived from you as a kind friend and a skilled medical adviser.

“Wishing you a long and glorious career in the new path of thought that you intend to carve out for yourself, and a long life with health and prosperity in your native country,

“We remain, Dear Sir,

“Your sincere friends and well-wishers,

(Signed) “RAE GZAPERSHAD, *President*.

[And 500 native and European gentlemen.]

The address was warmly responded to by one and all present, who by their manner evinced their appreciation of the sentiments that they had heard read, and which accorded with their own feelings of regard and sympathy at the prospect of losing the Baboo and his services. The worthy doctor then proceeded to reply in an able speech, well and clearly delivered.

“President, Gentlemen, and Friends,—I appreciate fully and feel deeply obliged to you for your kind words of sympathy and regret that you have been good enough to express in my behalf on this the eve of my departure for Calcutta. I cannot find proper language to give adequate expression to the sentiments of fervent gratitude and thankfulness that come surging up in my breast at the recollection of the many years that I have spent among you, and which your very welcome address of to-day has evoked afresh. Though not a man of many words, gentlemen, yet I cannot allow this opportunity to pass by without sincerely and gratefully acknowledging in public the various deeds of kindness and favour that I have since 1874 received from you all generally, and from several of my friends and patients, here present, particularly. In this address, gentlemen, I perceive that you have been pleased to allude

to my successful practice in Homœopathy, and to my humble exertions for you and the poor of the city, in recognition of which you have, in your generous good opinion, been kind enough to present me with a gold medal, gold guard chain, and a stick, with inscriptions that accompany your address. Really, gentlemen, though I cannot but feel highly gratified at the signal honour that you have done me, I must confess that I have not quite merited this public expression of your regard for me, nor the high commendation that you have thought fit to accord me for having merely done what I considered to be my duty. My success, such as it is, has been, in the task that I have undertaken in the cause of humanity, due, permit me to affirm, principally to yourselves, for without your hearty co-operation and encouragement, to say nothing of the forbearance that you have manifested to my many shortcomings, I should not be standing in the proud and enviable position that I now occupy here, surrounded by gentlemen of every shade of opinion, irrespective of caste, creed, or colour. In accepting your magnificient testimonial and the address with which it is accompanied, allow me to thank you heartily for them, and to assure you that your kind sympathy, your deep friendliness, and your sincere goodwill, which my departure from your midst has so unequivocally elicited, will ever be remembered by me, and that this day, in which you have so markedly honoured me, will be regarded by me as the brightest, the proudest, in my chequered life. In conclusion, suffer me to refer to your good wishes in my regard, and, in thanking you for them with all my heart, permit me to entertain a hope that success in all its divergent and varied phases may ever attend you and yours. Gentlemen and friends, I will not trespass longer on your patience and forbearance, which I have already tried to some extent, and I will now bid you, singly and individually, one and all, a long and sad farewell, and in doing so reiterate my sense of gratitude to you for your past countless kindnesses, and in a special manner for the distinguished honour that you have accorded me this day."

Great attention was paid by the meeting to the effusion of the doctor, who apparently felt moved at the regret expressed by his numerous friends and patients at his leaving them, and at the hearty manner in which they had thought proper to give expression to their sympathy and regard.

At the conclusion of the speech the doctor was presented to Rae Gzapershad, who, after shaking hands with him, pre-

sented him with a walking-stick bearing an inscription on a silver plate, and pinned the chain and medal on to his coat.

A vote of thanks having been presented to the Rae for presiding and the interest that he had taken in the proceedings, the meeting broke up. Among those present were the members of the managing committee, Baboos Kally Nane Banerjje, Mutty L. Banerjje, and five others, as also Messrs. M. Neston, Hogan, Soonee, Baboos Kally Deep Ghose, D. N. Mookerjje, Raj N. Dap, Dr. B. N. Banerjje, and upwards of fifty others. Mr. H. Lushington, Sepious Judge, Major C. A. Dadd, Baboo Ashoo tosh Mookerjje, and a few others, arrived after the dispersion of the meeting, whilst Messrs. Voughn, Hoskins, Teyen, and a number of well-known homœopaths were precluded from attending from various causes.

[Our correspondent's handwriting being rather ille we cannot accept any responsibility for any errors contained in the foregoing, whether orthographical or otherwise.—Ed. *H. W.*]

“NEMO” AND “NATRUM MURIATICUM 30 AS
ANTIDOTE TO THE EFFECTS OF CHRONIC
POISONING WITH COMMON SALT.”

AN eminent West-end physician writes us *à propos* of this case, which appeared in our last issue (p. 92):—“I showed the *Nat.-Mur.* case to a sceptic, who would not believe it as it was signed by ‘Nemo.’ It is a pity his name was not given.”

Will “Nemo” now come forward with his real name, and thus help this sceptic over the stile of doubt? We, of course, know who “Nemo” is, but cannot publish his name without authority from the gentleman himself, who also wrote to us privately, desiring to remain unknown.—Ed. *H. W.*

P.S.—Since penning the foregoing we have received “Nemo’s” authority for publishing his name and address *side by side with that of “Sceptic.”* But our sceptic friend is unknown to us in his anonymously objecting to “Nemo’s” anonymity!—Ed. *H. W.*

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 4, Harley Place, Harley Street, W.

All advertisements and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E. C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

ANSWERS TO CORRESPONDENTS.

MR. IVATTS, Dublin.—Your paper on "Lupus" stands over for our next issue.

DR. KRANZ, Wiesbaden.—Many thanks for your paper "On the Homœopathicity of Mineral Waters.—I. Wiesbaden." It shall appear in our next issue. We shall look with interest for those to follow on "Aix-la-Chapelle," "Vichy," and "Carlsbad."

DR. DAVIDSON, Florence, Italy.—In our next number we propose to do justice to your excellent monograph on "Lupus of the Throat," by publishing the greater portion of it. We much regret that circumstances have compelled its postponement.

MR. HEARD, St. Petersburg.—Your interesting communication came too late for this number; it will find a place in

the next. We shall be pleased to receive your translation of Rumel's acknowledgment for insertion in the *Homœopathic World*.

CORRESPONDENTS.

Communications received from Dr. Owens, Leamington; Dr. John H. Clarke, Ipswich; Dr. Berridge, London; Edward Verrall, Esq.; Alan E. Chambré, Esq., London Homœopathic Hospital; Dr. Bayes, London; Dr. Hitchman, Liverpool; Dr. Roth, London; Dr. Pope, London; Dr. Dyce Brown, London; Dr. Brojensho Nouth Bumger, Allahabad; Dr. Davidson, Florence; Dr. Vt. Léon Simon, Paris; J. Joiner, jun., Esq., New Deer; Dr. Ed. Blake, Reigate; E. B. Ivatts, Esq., Dublin; Dr. Kranz, Wiesbaden; Dr. John Clarke, Ipswich; W. H. Heard, Esq., St. Petersburg, Russia; Dr. Hughes, Brighton.

BOOKS AND JOURNALS RECEIVED.

The Dublin Journal of Medical Science, January, 1880.

New England Medical Gazette. Vol. XV., No. 1.

Homœopathic Bulletin. St. Louis: Munson and Co., Jan., 1880.

Homœopathic Times, Jan., 1880.

The United States Medical Investigator, January 1, 1880.

Allgemeine Homœopathische Zeitung, January 20, 27, 1880.

The Druggists' Advertiser

and Trade Journal, New York, January, 1880.

The Hahnemannian Monthly, January, 1880.

Urania, February, 1880.

Revue Homœopathique Belge, Decembre, 1879.

The Homœopathic Expositor, January, 1880.

Modern Thought, January 1, 1880.

American Homœopath, Jan., 1880.

The Medical Tribune, Dec. 15, 1879.

El Criterio Médico. Tomo XXI., Num. 1.

The United States Medical Investigator, January 15, 1880.

The St. Louis Chemical Review, January 15, 1880.

The Clinique: A Monthly Abstract of the Clinics and of the Proceedings of the Clinical Society of the Hahnemann Hospital of Chicago. No. 1, Vol. I.

The New York Medical Eclectic, 1879.

Archivos de la Medicina Homeopatica, Año IV., Tomo II., 30 de Enero de 1880.

The Sanitary Engineer, Feb. 2, 1880.

Die Allgemeine Homœopathische Zeitung. Bd. 10, Nos. 5 and 6. [Talk about the *newness* of Homœopathy, this

journal has reached its one hundredth volume!!]

Burgoyne and Co.'s Monthly Magazine of Pharmacy, Feb., 1880.

La Reforma Médica, Mexico, Tomo IV., Num. 1.

The Dublin Journal of Medical Science, December, 1879.

The Chemist and Druggist, February 14, 1880.

The Dublin Journal of Medical Science, February, 1880.

Index Medicus. Vol. I., No. 12, December, 1879.

Modern Thought, February 1, 1880.

Report of the Liverpool Homœopathic Dispensaries, January, 1880.

The Homeopathic World.

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GROW YOUR OWN SPONGES.—*Artificial Propagation of Sponges.*—Dr. Schmidt, of Gratz, has proven by experiment that sponges may be grown artificially. A sponge is cut into small pieces, and the pieces fastened to a pile and immersed in the sea, where they rapidly grow into perfect sponges. The system has been adopted by the Austrian Government, and is being carried out on the Dalmatian coast. The profit to be realised is estimated at 60 per cent.

THE HOMŒOPATHIC WORLD.

APRIL 1, 1880.

POISON IN GERMAN BEERS.

So long as salicylic acid was merely cried up as a sure cure for rheumatic fever we could not only not complain, but were bound to feel grateful that it at least seemed to cure a large percentage of the cases of that dire disease.

Dr. Maclagan thus epitomises the *danger* attending the use of salicylic acid in acute rheumatism :—

“ 1. In acute rheumatism the heart is apt to be inflamed. Attention is usually concentrated on the membranes ; but the muscular substance also suffers. When severe, myocarditis is apt to be fatal, and is frequently recognised in the *post-mortem* room. In a mild form it is, I believe, much more common than is usually supposed. It may exist independently of inflammation of the membranes. In all forms it produces softening and weakness of the muscular substance.

“ 2. Salicylic acid, no matter whether given alone or in combination with soda, exercises a depressing action on the heart. This action is by no means general, and is probably due to some idiosyncrasy of the affected individuals.

“ 3. If this depressing action be produced in one in whom the heart is physically sound, no great harm will be done. With the omission of the drug the depression will soon pass off.

“ 4. But if it be produced in one who is already the subject of rheumatic myocarditis (an ailment which is not easily recognised during life), and in whom, therefore, there exist softening and enfeeblement of the ventricular walls (for the left ventricle is the chief seat of such inflammation) *the depression is likely to be alarming, AND MAY BE FATAL.*

“ To form an adequate estimate of the nature and extent of the dangers attendant on the administration of salicylic acid in acute rheumatism, we must recognise—first, the tendency of the rheumatic poison to produce inflammatory softening and weakness of the muscles of the heart ; and, secondly, the

tendency of salicylic acid to depress that organ. It is in the combination of these two that lies the danger of the drug.

"It is in the absence of the tendency to produce such depression that lies the superiority of salicin over salicylic acid."

But this has nothing to do with our beer, say some. No. We are coming to that presently. We may fairly assume, from general experience, that if salicylic acid affects the heart of a rheumatic person, it will also affect the heart of a healthy one. This granted, we come to our point. The following paper from the *Country Brewers' Gazette*, referring to experiments in German beers, brings us to it:—

"Since Professor Kolbe's ingenious discovery of the means of preparing salicylic acid by the synthetic method has called forth the manufacture of this product on a large scale, and thus enables it to be produced at a cheap rate, it has become a very important article of commerce, and its consumption in the fermentative industries has assumed an enormous figure.

"Salicylic acid is used in brewing for the regulation of the necessary fermentations, and for the destruction of the false ferments; it entirely obviates the possibility of the beer turning sour. (a) A small dose of the acid in powder is employed previous to inducing the chief fermentation, in order to give it a steady course, as a means of saving ice and obtaining a pure yeast; in fact, for destroying all parasitical fungi productive of lactic acid, cloudiness, etc. (b) A larger dose is employed in the stock casks or transport barrels in order to protract the still fermentation, or to preserve the finished beer in good condition. Bad beer cannot, however, be improved by its use.

"Salicylic acid, it has been proved, effectually prevents acidity, and has not the slightest injurious influence on the taste, nor on the finished condition of the beverage. Therefore the simple process of salicylating entirely supersedes the much more complicated operation termed "pasteurizing," against which method Professor Pasteur himself has now raised his voice with respect to the detrimental change of taste of which it is the cause; moreover, the losses by bursting of bottles, etc., are avoided.

"Salicylated beer in casks and bottles, having been carefully tested after tropical voyages, has been found perfectly unaltered and to have retained its original first-rate quality in every respect.

“The perfect reliability of the antizymotic and antiseptic properties of the doses of salicylic acid used in brewing, together with their absolute harmlessness, have secured for this product a vast circle of patrons in the brewing industry.

“High authorities like Professor Blas, of the University of Louvain (*vide* his report to the Académie Royale de Médecine of Belgium, Bruxelles, Manceaux, 1878), have declared salicylated beer preferable in every respect to any other.”

Now with due respect to Professor Blas, we would rather not have any salicylic acid mixed with our beer. We have hitherto been of opinion that the introduction of the light German beers was a public boon, inasmuch as it afforded us a wholesome malt drink containing only a nominal quantity of alcohol; but the boon becomes a curse if we are to have our hearts poisoned with salicylic acid; it was surely enough to have vague apprehensions about *Cocculus Indicus*, the poisonous emasculating effects of *Lupulin*, and the horrid practice of putting horse-flesh in the beer-casks to clarify the barley brew.

And, inasmuch as a LARGER DOSE is employed in the TRANSPORT barrels, that which comes over to us is sure to be highly charged.

What we here say of *German* beers will be immediately true of all others, no doubt, and thus we must not only bid adieu to the hitherto enjoyable *Seidel of lager*, but also to the stronger home-made bitter and mild—or subject ourselves to the effects of a perennial proving of *Acidum Salicylicum*—*i.e.*, so long as the faithful cardiac muscle can stand it.

HOW THEY DIE.

By JOHN H. CLARKE, M.D.

No. II.—Arsenical Wall-papers.

It is commonly supposed throughout the country that the practice of colouring wall-papers with preparations of arsenic has ceased. Some years ago there was an exposure of their dangerous properties, and an outcry raised against them; and the notion now prevails—and until recently the writer shared it—that the manufacturers have since then used other material to colour their papers with. There could be no greater delusion.

Some time ago my attention was drawn to the subject by certain cases under my care, which puzzled me a good deal as to their nature and origin, and on which medicines made little or no impression. As I was searching for the causes, my attention was directed to cases of poisoning by wall-papers, reported at the time in the journals, and as my patients presented some characteristic features of chronic arsenical poisoning, I at once began to investigate the matter.

Since then I have tested some forty specimens of green paper of all shades, and so far from finding that the manufacture of arsenical greens has ceased, of those that I have tested I have found the poison in *all except one*. Even some of the dull sage greens contain it. In one of my own rooms, a small leaf in a pattern on the paper, that one hardly noticed to be green at all, contained a large proportion of arsenic.

The number of houses among the poor which have these papers is enormous. It is very rare to find a house which has not green in at least one room, and it is not at all uncommon to find green papers—that is, papers containing green in some part of them—through all the rooms of a cottage. Nor is this much to be wondered at. It is true there is in the minds of people a lingering suspicion of the colour, but that is not enough to override its two great advantages—pleasantness to the eye, and, still more important, its cheapness.

Sometimes one finds two, three, or even more green papers *on the same wall*, one pasted over the other. Unless compelled to do it, paper-hangers will not remove an old paper before putting up a new one. They say it is no use, the paper will stick just as well and *look just as well*. And this much is true, and I have found as many as six papers sticking to one wall, with a layer of a composition of filth and paste between every two! And in the cases where arsenic is added to this compound it becomes much more dangerous, for, as Dr. Lander Brunton has pointed out, arsenic forms with paste an organic compound, which readily decomposes, and finds its way into the atmosphere of a room. It is of no use to cover up a green paper. It must be removed *in toto*. *A green paper covered is even more dangerous than one exposed.*

Although this discovery was to my mind a solution of many difficulties, the success of the search was in one respect almost too great. One was met by this objection,—If these papers are so dangerous, how is it that more people do not

suffer from their effects, seeing that they are so common? This objection is of great weight with landlords, who, as far as my experience goes, are profound sceptics in the matter. The fathers of families, too, are sturdy unbelievers. *They* don't suffer any ill-effects, and if they are able they are not willing to go to the expense of fresh papers. Perhaps they are on the look-out for another house that will suit them better, and the women, who live in the house all day as well as all night, and who do the sweeping and dusting, when the particles are chiefly disengaged and set floating about, must wait till they find one. And so the poisoning goes on. As a rule it is the women who suffer most. It may be they are more susceptible to its influence, but the principal cause is no doubt the fact that they are most constantly exposed. The children are out the greater part of the day, either at school or at play, and so they do not suffer so much. But even among women there are differences, and it is these cases that sometimes render the diagnosis somewhat obscure. But the possibility of toleration being established in some instances, and the well-known differences in constitution which render one patient susceptible to a drug which has no effect, or only a very trifling one, on a second, are quite sufficient to explain this.

Before proceeding to quote cases, I would say that there is a motion on foot among members of the medical profession to bring the matter before Parliament. It is high time a law was passed prohibiting the sale of such dangerous articles, and no doubt there will be before long. But in the meantime it is most desirable that the public should be aware of the risks they run, and give their aid to the movement. It is the writer's firm belief that this alone is the cause of incalculable suffering, often protracted for years, and ending in death, without the medical attendant's being aware of the real cause of the disease he has been treating.

The chief symptoms complained of by the sufferers are soreness of the eye in the first instance; in the more chronic cases there is profound debility, dyspepsia, thirst, tongue dry, red, and clean, or thinly coated white, nausea and perhaps vomiting after any kind of food, cramps and spasms in the body, with in some cases watery diarrhoea; in others constipation may be present. Sleeplessness and restlessness at night are often complained of, with frightful dreams; constant headache, and frequently burning heat at the top of the head.

I have no hesitation in putting this forward as one of the factors which tend to raise the death-rate of the poor. That many die from this cause directly I am fully convinced, and that many more are so reduced in health as to become an easy prey to other diseases is no less certain.

The first case I intend to relate ended fatally, and if I had known then what I have learned since I should have certified that the cause of death was arsenical poisoning. But it occurred in the days when I was unenlightened in the matter, and it was only when another member of the family, living in the same house, came under my care after the decease of my first patient, that my suspicions were aroused.

In December, 1878, I was called to see Mrs. B., aged sixty-two, the wife of a working man. I found her in bed in a large, ill-lighted bedroom, papered with a green-patterned paper—a circumstance which I did not notice at the time.

She was complaining of a cough to which she had been subject in winter for five years, and which had gradually been getting worse. She had had it on this occasion for two months. It came on in fits, and kept her awake at night. Sometimes she could not lie down for it. There was very little expectoration.

The tongue was coated white. There was no appetite. She could not take more than a very little food at a time, because it caused pain in the left side, and flatulence, with spasms.

She complained of excessive weakness. She could not sit up long. She suffered much from palpitation of the heart, and could not lie on the left side, as that always brought it on. There was a distressing sensation of sinking in the pit of the stomach. She complained much of headache and confusion in the head.

I found her much wasted and very low. Her expression was anxious, and her complexion earthy. She bore the marks of much suffering.

In addition to the cough trouble, she had frequent watery diarrhoea, many times in the day. There was great pain in the right side of the body and between the shoulders.

She varied considerably, being better some days than others.

The physical signs were few. The sounds of the heart were weak, but otherwise normal. There were wheezing, dry sounds in the lungs, but scanty moist sounds.

She dated her decline in health from her last confinement,

twenty-five years before. I diagnosed it to be a case of "general debility"—a convenient diagnosis sometimes, but one I am not fond of—with chronic irritation of the respiratory and digestive tract.

Under treatment she made some progress, but she was constantly falling back again. Still, by the middle of April she considered she was as well as she had been for some time past, and I ceased to attend. A few days after, she was taken very much worse in all respects, and she never rallied, sinking on the 28th of the month.

Some time afterwards, in attending her daughter, I had occasion to enter other parts of the house, and I found the following state of affairs. The front room—not often used—was covered with a paper wholly green in watered pattern. Hall, green, brick-pattern. Front kitchen (principal living-room), flower-pattern, largely composed of green. All the bedrooms had papers more or less green.

They had been living in the house eleven years. Although the mother's health was never good, I learned from the daughter that it had been much worse since coming to the house. Sometimes in the summer the mother would sit in the front room and sew by the window, but she could never stay there long, "*her eyes used to smart so.*"

I had no difficulty now in assigning a cause to the "general debility" of which my patient had died, and only regretted that I had not discovered it in time to have her removed to healthier surroundings.

The case of the daughter, who is still suffering, I must reserve for another time.

(To be continued.)

ON LUPUS OF THE THROAT, OR GRAVE SCROFULIDES OF THE BUCCO-PHARYNGEAL MUCOUS MEMBRANE.

By Dr. DAVIDSON, Florence.

(Continued from page 55.)

IN Germany, Werner regards lupus as a destructive lesion that extends from the deep parts of the nose and throat towards the periphery. Pohl (*Virchow's Archiv.*, 1854, *bd. vi.*, p. 192), who reports this opinion, remarking that it is exaggerated, adds these words:—"Nevertheless this should

lead us to always examine the lining of the nose and pharynx in all cases of lupus of the face."

Bryk (*Wiener Medicinische Wochenschrift*, 1854) published three cases of chronic ulceration of the nasal *fossæ*. The third one may at least be doubted.

M. Bazin, in his *Traité de la Scrofule*, gives an analytical study of the strumous lesions of mucous membranes, more particularly of those of the throat. He cites two very important cases of ulcerous angina that in his own words constitute one of the forms of *la scrofule fixe primitive*. I will only just refer in passing to a case published by Czermack (*Acad. des Sciences, Vienne*, 1858), and to one published by Colson in the *Lancet* for November, 1862. The memoir of H. Paul, translated by M. Verneuil, refers to the adherence of the posterior columns to the pharynx. It does not contain any new observation of a grave scrofulide of the throat.

In 1865 there was a discussion at the Vienna Medical Society on the subject of certain ulcerations of the pharynx and larynx that some of the members referred to scrofula and others to hereditary syphilis.

Division of the Subject.

The facts that will help us in the study of the grave manifestations of scrofula of the buccal and pharyngeal mucous lining are of two kinds:—

1st. All those observations of lupus of the face accompanied by deep-going lesions.

2nd. A certain number of cases in which the changes remain restricted to the mucous membranes without in any way involving the skin.

Those under the second heading are exceedingly difficult of diagnosis, and we shall do well to discuss all the cases that have already been published, and to look to fresh observations.

I. LESIONS OF THE MUCOUS MEMBRANE OF THE MOUTH AND THROAT OBSERVED IN THOSE AFFECTED WITH LUPUS OF THE FACE.

Elementary Lesions.

The *elementary lesion* is in many cases difficult to determine in studying the appearances of the lining of the mouth and throat of patients with lupus of the face.

It often seems to consist in a simple erythema; in other

cases in a kind of papulo-tuberculous condition, and then, again, in others in very small pustules that rapidly become the starting-point of ulcerations.

A woman offered a beautiful example of solitary lupus of the throat, there being but one tuberculous projection that evidenced the deep-seatedness. The face was completely invaded with the scrofulide. We not infrequently meet in the same subject several distinct lesions, varying particularly according to the part of throat or mouth which is affected.

Whether the initial alteration have gone on rapidly or not there is a remarkable tendency to destruction of tissue, and that so rapidly that we are at once reminded of *Lupus exedens*.

The lupus that destroys the surface only does not often extend to the lips. The hypertrophic lupus has its analogue in certain diffuse tumefactions of the mucous covering of the isthmus of the fauces, or of some points of the buccal cavity.

This simple induration allows us to recognise lupus, or rather scrofula, both in the mucous membrane and in the skin, for lupus is very often a manifestation of scrofula, although it may have different appearances.

A case in point:—Lupus, tuberculo-ulcerous scrofulide of the face. Lesions of the lips, throat, and tongue. R., æt. thirty-five, a tall man, of moderately good build, having had the mumps in his infancy, and also swelled glands and inflammations of the eyes, and subsequently gonorrhœa twice, but not syphilis, as it would appear. At the age of thirteen there began (without known cause, such as a fall) a red swelling of the wing of the nose, but without any ulceration or scab. Later on it gradually spread superficially, and for the past five years the cartilaginous portion of the nose has disappeared. There was a chronic running from the nose before it began to redden. The lesion advanced very slowly, with periods of aggravation in the spring and fall of every year, while in summer and winter there seemed a comparative amelioration.

Three months ago the upper lip became excoriated in its mucous portion, but the lesion advanced very slowly. On the other hand, during the past three weeks, under the influence of alcoholic excess, the affection has made rapid advances, and at the same time the nose, that had cicatrised, has again begun to ulcerate.

At this moment the whole of the middle part of the face, the nose, a part of the cheeks, the upper lip, and the regions near the angles of the mouth, are the seat of the

scrofulide. The lower lip is only affected in its right half on the mucous portion. Important lesions exist in the hard and soft palate, at the isthmus, and also on the tongue. The upper lip, which is pushed out, has a smooth aspect, slightly livid in colour. The whole of its mucous portion is ulcerated, and has near the commissures, especially the left, a muriform mamellated surface of a crimson tint, and a milky fluid on its surface. The part always exposed to the air is dry and covered with gummy scabs.

The right half of the lower lip is swelled, its mucous covering smooth and soft to the touch, and instead of possessing a pale flesh-red colour like the other side it is rather of a wine-red coloration. It is unequally puffed, and has a bluish-red floor, on which are pretty numerous pale spots, apparently resembling little glandules, but not projecting, and giving no sensation of hardness to the feel of the finger. The mamellated granular tumefaction extends to the buccal mucous membrane as far as the left molars and still farther to the right.

It is difficult to get a sight of the gums, which are red, violaceous, fungous, teeth denuded, and covered with pus at their bases.

On the whole of the palate the mucous membrane, almost entirely normal in colour, presents a very decidedly granular condition. Near the teeth particularly it is covered with little eminences from the size of a pin's head to that of a very small pea, pale red, with a diffuse milky tint, and each one covered with tiny secondary round miliary granulations. Near the soft palate the mucous covering is more equal. The left posterior column is thick and short, and is suddenly bent backward and inward, and goes and adheres to the fundus of the pharynx at a point difficult to see, as it is behind the hanging *velum palati*, which is not very mobile, and is augmented in volume in all directions.

As to the anterior columns, they are slightly mamellated, and it is by these that the lesions of the *velum palati* seem to be connected with those presently to be considered. Towards the base of the tongue, as far as we can see with the naked eye, there are two tuberculous elevations. The front one, on the left of the median line, is of the size of a split pea, and in form egg-shaped. Its margins are abrupt, its surface is covered with little papillary projections that are not very distinct; its colour is paler, more yellowish, and duller than those of the surrounding parts; its consistence is firm. Behind this tubercle there is another but less

voluminous, but of the same appearance, and in turn itself surrounded by less distinct elevations, and readily confounded with the large papillæ of the base.

The epiglottis is deformed and swelled like the rest of the mucous membrane of the surrounding parts. The same tumefaction, with an appearance of firmness, is observed in the aryteno-epiglottic folds, of which the surface is slightly mamellated and puffy.

The superior vocal cords seem also a little thickened.

In the hypo-hyoid region, to the left, some of the glands are increased in volume.

The left epididymis is the seat of an induration left by an orchitis.

The general health is excellent; there is not a single physical sign or a solitary functional symptom of tuberculosis.

The voice is perfectly normal.

The palate has lost its reflex sensibility; one can scratch it with the spatula without producing the least reflex action. As to the tactile sensibility, it is well preserved.

There is no idiopathic pain. Taste and hearing normal.

In fine, we have in this patient on the one hand a simple tumefaction with livid redness (on the lower lip), and on the other a granular mamellated state, almost vegetating in some places (on the palatine mucous covering), and then again fungous in others (on the gums). Furthermore there are seemingly tuberculous projections on the base of the tongue, and again, at a different period, pulpy superficial ulcerations to the right and left of the uvula, which is thus threatened with destruction.

In general, however, these lesions are more uniform, and we are thus able to distinguish a certain number as types which I will presently indicate, borrowing for this description the very terms of my cases.

Besides, in studying a number of patients, we are not long in noticing that the localisation of the lesions tends to give them a more or less special character; and then after studying the external forms, without distinction of seat, I will rapidly review the various manifestations that may be observed in the lips, in the gums, palate, and *velum palati*; the mucous covering of the columns, of the tongue, of the amygdalan excavation, of the fundus of the pharynx, of the epiglottis, and of the larynx.

The analysis of the functional symptoms that accompany the material disorders will complete the clinical picture.

(To be continued.)

ON PETROLEUM.

By F. G. STANLEY WILDE, L.R.C.P., L.R.C.S. Edin.

THE therapeutic uses of Petroleum have been, so far, very limited.

Teste, in his *Materia Medica*, tells us that, "formerly, it was employed by allopathic physicians for toothache, chilblains, and worms (in the shape of frictions on the abdomen); internally, as a tonic and anti-spasmodic, from which we do not learn much."

With Homœopaths it has perhaps figured chiefly as a remedy against sea-sickness.

A careful perusal of the pathogenesis of Petroleum reveals a comparatively wide sphere of action. Rock-oil, therefore, should command more attention, as a therapeutic agent, than it has yet received. Dr. Hughes, in his "*Pharmacodynamics*," says: "I commend Petroleum to your study as a medicine whose virtues have been, as yet, by no means exhausted."

The action of Petroleum upon the *skin* is very marked, and it should become a valuable medicine to us, if only in this sphere.

It causes a general sensitiveness and unhealthiness of the whole surface, with a tendency to ulceration from slight causes: "Every injury tends to ulceration." It produces *herpetic eruption* on almost all parts of the body, but specially upon the nape of the neck, the chest, the scrotum, and inner side of the thigh, the perineum, the knees and ankles. The eruption is characterised by much *itching*, *excoriation*, and *oozing*. It, moreover, becomes *pustular* in certain parts. Thus, the following symptoms occur in the proving: "Pustules on the lower part of the septum of the nose, with red areolæ;" "pustule in the nose;" "pustule on the chin, painful when touched."

Upon the *scalp* the effects produced are: much *itching*; "scurf on the hairy scalp," "falling off of the hair," and an eruption of a *pustular* character, with formation of crusts.

Upon the *hands*, *rhagades* are caused, and also a condition resembling *chilblains*.

The production of *rhagades* is a strongly marked pathogenic effect of Petroleum: "chapping of the hands and fingers;" "bleeding fissures in the hands and fingers."

Upon the *feet* are produced: "obstinate superficial ulcers on the toes with elevated margins, red bases, and oozings;"

swelling, tenderness, and burning sensation in the soles, and fœtid perspiration of the feet.

From this brief summary of some of the more important effects of Petroleum upon the cutaneous surface, some therapeutic suggestions may be deduced.

1. It should prove a useful remedy in *eczema* where the characteristic symptoms are present; *itching, excoriation, and much oozing discharge.*

2. In *herpetic eruption* when this occurs upon the parts specially affected by the drug. These are, to recapitulate, the nape of the neck, chest, scrotum, inner side of thigh, perineum, knees and ankles.

3. It appears to be indicated in *intertrigo.*

4. *Itching* is a general and prominent symptom of Petroleum, and this suggests its use in some forms of *prurigo.* It would be indicated in *prurigo* of the scrotum, accompanied with moisture of the part.

5. Remembering its effects upon the *scalp*, benefit should be derived from its use in *pityriasis*, in *falling off of the hair*, and in *porrigo capitis.*

6. *Rhagades* of the fingers and hands would be under its influence, particularly if they were caused by dry cold, and the remedy would be further indicated if the chaps showed a *tendency to bleed or ulcerate.*

7. In *Chilblains*, it would probably be of most use when these become *broken and painful.*

8. As a remedy for *tenderness and fœtid sweat of the feet* it has proved successful in the practices of Dr. Madden and Dr. Hughes, who have also found it curative in *fœtid sweat in the axillæ.*

Petroleum appears to affect the *nervous system* and the *mucous membranes* almost as powerfully as it does the skin, but space will not permit more than a general survey of the prominent pathogenetic symptoms.

Although *vertigo* is a symptom of a very large number of our drugs, the vertigo of Petroleum is noteworthy, it being of a peculiar *swimming* or *to-and-fro* character, like the sensation produced by a swinging motion. It is, moreover, accompanied with nausea, or qualmishness, and is aggravated by movement, especially by stooping, and on rising from the sitting or recumbent posture. The vertigo, in addition to nausea, may be further accompanied with vomiting, paleness or heat of face, cold sweat about the head, sensation of emptiness and weakness in the stomach, urging to stool, and

a general feeling of weakness throughout the body. Thus the concomitant symptoms of the drug form a pretty faithful picture of the effects produced in *sea-sickness*, and in this affection Petroleum has been administered with more or less success.

The *headache* of Petroleum is chiefly *occipital*; it is worse in the morning; after mental exertion, *chagrin and anger* (compare *Chamomilla* and *Nux V.*). The pain is principally pulsative, pressive or cramp-like. One of the head-symptoms is peculiar: a "*feeling as if the head were full of living things.*"

Eyes.—Irritation and inflammation is set up, with the usual symptoms of much itching, burning, and lachrymation. But the most noticeable effects produced are upon the *vision*. In the provings, we have *myopia*, *presbyopia*, and *diplopia*: "He is unable to distinguish letters with the left eye at the usual distance; when seen at a greater distance, they become more distinct, but, at the same time, smaller." "He is unable to read fine print without spectacles." "Double-sight in both eyes." "Great dimness of sight." Another symptom is worthy of attention: "Inflammatory swelling in the inner canthus, resembling an incipient fistula lachrymalis, of the size of a pigeon's egg; accompanied with dryness of the right side of the nose." Lachrymal fistula has been cured with Petroleum.

Nose.—The symptoms here produced upon the mucous lining are suggestive of the usefulness of Petroleum in some forms of chronic inflammation, and ulceration of the interior of the nose. It causes "dryness, and troublesome sensation of dryness in the nose;" "swelling of the nose with discharge of pus, and pain above the root of the nose;" "stoppage of the nose;" "ulcerated nostrils." *Ozæna*, when non-syphilitic, would probably be benefited by Petroleum.

Ears.—Upon the mucous membrane, similar symptoms to those of the nose are produced: "dryness, and distressing sensation of dryness in the interior of the ear;" "discharge of sanguineous pus from the ear." But the drug, here, further affects the nerves, and there is thus caused *deafness* and various kinds of *noises in the ears*, described as "buzzing," "tinkling," "rumbling," and "roaring." Also, otalgia of a "cramp-like" nature.

Hardness of hearing is said to be specially benefited by Petroleum, after *Nitric Acid* has been first used. Dr. Drysdale (*British Journal of Homœopathy*, 1870) records a case of deafness with noises in the ears in which Petroleum

acted with striking results. The patient had had previous treatment (allopathic and homœopathic) for eighteen months, without relief, but was cured of the noises in three weeks, and the deafness was also considerably improved in that time. The dose given (three drops of the pure oil, contained in a capsule) is worthy of notice. One capsule was given every second night. According to Noack and Trinks, Petroleum has been, further, of service in *deafness from paralysis of the auditory nerve*, and in *otitis and purulent otorrhœa*.

Larynx and Chest.—Petroleum has no very special characteristics here. It causes chiefly "dry cough at night," hoarseness, wheezing or rattling in the trachea, difficult breathing, and "stitching" pains in the chest, especially on the left side. It, further, produces palpitation of the heart, and a feeling of coldness in the region of the heart. Dr. Drysdale has employed Petroleum, with benefit, in chronic bronchial catarrhs.

The *digestive organs* are affected more characteristically. The *taste* becomes depraved, being "putrid," "sour," "bitter," or "mawkish;" the breath is fœtid, having a smell like garlic; there is much thirst for beer, and a repugnance to meat, fat, and hot food. The aversion to *fat* food, which is produced by Petroleum, has been pointed out by Dr. Guernsey, who compares it with *Pulsatilla* in this respect. In the *gastric* region, it causes *water-brash*, particularly of a *sour* kind: there is much *nausea* and *qualmishness*, especially in the morning. The nausea is sometimes accompanied with cold sweat, accumulation of water in the mouth, sudden heat in the face, and vertigo. Various pains and sensations are produced in the epigastrium, such as "qualmish," or "empty feeling" in the stomach; "aching," "heaviness," and "crampy sensation" in the stomach; "feeling as if something were being torn away in the epigastrium." These pains and sensations occur chiefly in the morning, before breakfast, and are sometimes accompanied with nausea and diarrhœa. Therapeutically, Petroleum has been used successfully in the morning vomiting of pregnancy. The predominance of nausea, rather than of actual vomiting, and sour eructations, would probably be guiding indications for its use here. It has also been given for the *nausea* and other ailments caused by *riding in a carriage*; and for *sea-sickness* (compare *Cocculus*).

In the *intestinal tract*, Petroleum causes *colic* of a *cutting*

character, which is accompanied with urging to stool, or diarrhœa. It occurs usually in the early morning (four o'clock), or in the evening. The *diarrhœa* of Petroleum is of a dysenteric nature: "mucous stools, often mixed with blood;" "diarrhœa consisting of bloody mucus." Teste uses Petroleum, with *Ipecacuanha*, in dysentery. He says: "This seems to have done very well." Petroleum ought to be useful in some conditions of morning diarrhœa (compare *Apis*, *Acid.-Phos.*, *Nuphar*, *Lutea*, *Podoph.*, and *Rumex*), particularly where the symptoms coincide with those enumerated.

Hard, knotty stools are further produced, "with feeling as if the rectum lacked power to expel them." Among the abdominal symptoms, there are some which seem to point to the use of Petroleum in *inguinal hernia*: "pressure in the right abdominal ring;" "pain in the groin, as if inguinal hernia would press through at every turn of cough."

Urinary Organs.—A strong irritant action is here produced upon the mucous membrane of the *bladder* and *urethra*.

It causes frequent micturition, "only a little at a time;" and involuntary micturition. Burning pains, either in the neck of the bladder or in the urethra, often accompany urination. The urine passed has a fetid or ammoniacal odour, is of a deep red or brown colour, and deposits a reddish sediment. "Mucous discharge from the urethra" is another symptom of the drug, which, conjoined with the foregoing, forms a tolerably faithful *simile* of *chronic catarrh of the bladder*. Petroleum has proved beneficial, in Dr. Drysdale's hands, in *chronic urethritis* accompanying stricture.

Of the action of Petroleum upon the *generative organs*, it will suffice to point out that Dr. Drysdale has further experienced good results from the use of the oil in *chronic inflammation of the prostatic portion of the urethra*, with frequent emissions and imperfect erections; and in *chronic intra-uterine catarrh*. In these cases, Petroleum capsules, containing three drops of the pure oil, were administered.

Sufficient evidence has been adduced to show that Petroleum is deserving of a more prominent place in our therapeutic *armamentarium*. This paper, however, only purposes to set forth the characteristic effects of the drug, and is not intended as a minute and complete analysis of its pathogenesis.

Nottingham, February, 1880.

CALOTROPIS GIGANTEA.

By E. B. IVATTS, Esq.

(Continued from Vol. XIV., page 432.)

Lupus of Face.

In the summary of the proving of *Calotropis* given on page 70 of the volume for 1878 we have, "Lupus, lepra sore in nostril," as a disease curable by *Calotropis*, according to Dr. Playfair (see his paper in Medical and Physical Society's *Transactions*, Calcutta). Early in 1873 a very serious and chronic case of Lupus of the nose came under my notice. The unfortunate man had passed through the hospitals and been treated by certain celebrated doctors, who by burning his nose had helped the disease to destroy that organ somewhat quicker than it would have done otherwise unaided. He was willing to try the *Calotropis*, and took it on and off from February, 1873, to the summer of 1876, when the Lupus was cured, but he died of an old lesion of the chest. The notes over the three years would be too voluminous to give in full, but I will endeavour to condense them.

Feb. 6, 1873.—H. M., a man of thirty-eight years, married. Previous history: The disease commenced on the left wing of the nose like a small speck, ten years ago, at the age of twenty-eight. Has been frequently burnt with caustic and suffered much pain. Was in hospital, where six or seven doctors held a consultation on him. Was given arsenic, and took cod-liver oil for eighteen months. Used to have styes on his eyes as a boy. In case of cold it would always fly to his face; his face would flush, and his nose bleed. His father lived to eighty-one years of age, but the last ten years of his life he had a little scurf on one cheek and side of his nose—a sort of scurfy tetter, but it never came to a sore. It was blackish, and looked like dirt on the face. Patient twenty years ago used to have at times a little red spot on left side of nose like a flea-bite, particularly observable after washing. It was not on the exact spot where the ulceration first commenced, but it is now covered with a crust. About fifteen years ago, before nose was affected, had large swellings round both sides of neck, up to ears and down round neck. They burst and freely discharged, and he was ill for two months. The doctor told him he was scrofulous up to his two eyes. Six years ago had inflammation on left lung, and was laid up ill for a month. Had measles when he was eight years old, and after that his eyes were sore as from a cold and

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were bad for twelve months, and at one time he was nearly blind. Cartilage of nose lost seven years ago. He was over the middle height, and a fairly well-grown man.

Present state.—The whole of the cartilage of the nose gone, and dark-brown crusts the size of florins, and very elevated on cheeks each side of nose. Married, four children (three subsequently died of measles and whooping cough). Never had syphilis. Crusts also over arch of nose, and very thick crusts on upper lip, which is internally thickened and projects. Appetite always good, and bowels regular. Drinks porter to his meals. The skin about crusts had the usual shining, inflamed appearance.

Between Feb. 6 and March 12 he took *Calotropis* ϕ three drops three times a day. He soon got a discharge on left cheek from an isolated little hole in size less than a pea. The crusts became thinner and contracted; the redness decreased. Burning heat in face gone, which led him to use cold water to try and cool it. The crusts when he eats do not now split and bleed. Face feels more itchy. Complained of pain at back of head (medicinal action). *Calotropis* 1x three drops three times a day.

Between March 12 and May 6.—Crusts now come off more frequently, and underneath there are no pin-holes in skin as there used to be, but it is smooth. Skin used to be reddish purple round crusts; now it is clear up to edges of crusts. Finds bread-and-water poultices to crusts on Sundays when from business brings them off quicker, and the new crusts that form are thinner and whiter. The *Calotropis* has made the eyes bloodshot and dim; they ran with water for a week, and were very sensitive to light. He also had the *Calotropis* characteristic pain at back of head. He was surprised how quickly a cut on his hand healed up to what one ever did before.

Between May 6 and May 22.—Ordered *Sulphur* 1x trit. twice a day for ten days, as an intercurrent remedy. Crusts continued to improve and come off quicker.

Between May 22 and July 5.—Thinks now he will be cured. Crusts improve. He always used to be worse in the spring-time, but not so this year. Crust on left cheek now divided into several thin small crusts with sound skin between. The medicine seemed to create new openings the size of a pea, and these discharged matter very freely. Owing to over-action of *Calotropis* he again, during this period, had *Sulphur* 1x for ten days. All medicine stopped from 5th to 29th July.

Between July 29 and Sept. 27.—He took *Calotropis* No. 10x five drops morning and evening. This dilution seems to have penetrated deeper into the system, and brought to the point of exit more diseased matter, as in eight days the right cheek over jaw became hard and swollen, and then discharged freely and became soft. The crust on upper lip (now worst part) is not so hard to detach; the scales are in parts, and not one general crust as before. His weight was 11st. 8lb.; it is now 11st. 10lb. On September 5, 1872, and June 20, 1873, he weighed himself 11st. 8lb. Thus it appears that, notwithstanding the constant discharge to which he has been subject, he has not lost in weight. In September the left cheek had little or no scale on it, and displays new red flesh.

Between Sept. 27 and Oct. 20.—He got *Sulphur* 2x and continued to improve.

Between Oct. 20 and Dec. 16.—*Calotropis* 3x and trit. of root No. 1. Three drops of the first twice a day, and one grain of the second twice a day. A new tubercle formed over left eyebrow, and a great deal of matter came out of it. The upper lip crust is yielding to treatment; it breaks and comes off now frequently, and is less swollen inside.

Between 16th and 30th December.—Change to *Sulphur* No. 2.

Between Dec. 30 and March 7, 1874.—*Calotropis* 2x trit., one grain a day. The upper lip crust yielding to treatment has set several small pea-hole openings on the face again freely discharging. His cheek sticks to the pillow with matter. He thinks also the spring has quickened the discharge. Has increased six pounds in weight the last two months; is very fond of weighing himself.

Between March 7 and Oct. 3, 1874.—He had the *Calotropis* on and off. In April he got a swelling of the ankle, which "pitted" on pressure. For a week he could not walk; no soreness nor inconvenience except pain on movement. From Aug. 22 to Oct. 3 he got *Merc.-Sol.* 2x and 3x to counteract the *Calotropis*, to which I credited the foot-condition. The face and foot much improved under the *Merc.*

Between Oct. 3 and May 15, 1875.—He recommenced the *Calotropis*, and in fourteen days a small sore the size of a fourpenny piece came on the inside arch of the left foot. The face became well, only silvery scales coming off now and then. The sore never increased in size and had no depth, but on and off it continued to discharge. The foot would swell, and then the discharge would come on, and then the sore would almost heal up. The face kept well; the *Calotropis* had

transferred the discharge from the face to the foot. *Calotropis* No. 2x was taken on and off after May 15. On the 15th May he spat up a lot of blood and bad matter, and frightened his wife. The next day the foot, which had been swelling for some days, broke on the instep, and he said as much as a pint of matter like white paste came from it. The discharge continued for several weeks. He passed into the hands of an allopath. The foot was poulticed with linseed-meal. Bleeding from the left lung, where years before he had the inflammation, came on now and then, and he lingered on until the next spring, when he died. The face continued smooth and clean to the end. The persistence with which the *Calotropis* excreted the impure matter is its leading characteristic. An allopathic doctor of experience, a friend, saw him at my request, and was greatly surprised at the removal of the disease from the face, saying no doctor in the city could have produced such a result. In spite of the advanced age to middle life (thirty-eight), I believe he would have been a permanent cure but for the lesion of the left lung. In treating Lupus with *Calotropis*, the variations of the weight of body should be watched, and the medicine stopped for a time if there is any great loss of weight. It seems a characteristic action of *Calotropis* that whenever it sets up a free discharge the appetite is greatly increased, and larger quantities of food are taken, and such was the case with the patient all through the treatment. Next month I will send you another Lupus case treated with *Calotropis*, where the patient has remained cured for several years, and has married.

ON THE HOMŒOPATHICITY OF MINERAL WATERS.

By M. KRANZ, M.D.

I.—WIESBADEN.

“Curæ vacuus hunc adeas locum
Ut morborum vacuus abire queas,
Non enim hic curatur, qui curat.”

THESE are the words which the Romans wrote over the gates of their baths at home, and also at Wiesbaden. The headquarters of the Roman legions of Upper Germany were at that time at the neighbouring *Mogantiacum* (Mainz), and their fortified castles were built on the hills and heights of the Taunus mountain, around the warm springs of *Mattiacum*,

the chief place in the country of the old German tribe, the "Katten," or "Chatten" people. There are to this day found the remains of their baths and temples and magnificent walls of their camp on the so-called Heidenberg, built and defended by the Fourteenth Legion and auxiliaries, surrounded by twenty-eight to thirty Roman towers. Next to the most powerful spring there is still the "Römerbad," close to the Kranz platz, which is also the centre of the Roman Wiesbaden. About the *fontes Mattiaci* we find already Plinius, Ammion, and Celerius writing, the name having been given after the original inhabitants, the Mattiaci, the chief place of the above-mentioned Chatten tribe. After the Romans followed the Allemannic and Franconian period, about the fifth century, which were Roman-Christian times, as certain inscriptions and sarcophagi prove. For another period the place was the so-called *Reichsgau*, the meeting-place for the German Emperors from 960 to 1123, Otto I. till Heinrich V. But it is generally supposed that the Baths were neglected after the Roman times of Cæsar, when the Roman ladies had already "Mattiacan soap" balls made from the stalagmites of our springs to dye their hair red!

About the eleventh century the *fontes Mattiaci* were transferred as a possession to the Counts (now Dukes) of Nassau, after which the Baths increased in reputation, and have grown steadily into a world-renowned and international *rendezvous* for all nations of the globe. Lately, in 1866, it was annexed to Prussia, and the whole country now forms the province of Hesse-Nassau. For Wiesbaden there then began quite a new era—because Prussia did not recognise the license of gambling of the former Government. Prussia passed a law abrogating licensed gambling, and put it in force a few years after the annexation.

The green-table establishment was thrown out into the streets and sold to the old-furniture brokers. One director took it so to heart that he soon died. Some of the hotel-keepers in consequence became insolvent; all the shop-keepers, especially the jewellers, who were at the same time grand noble pawnbrokers, all the dealers in articles of luxury and fancy, had been losing, of course, by the change; but most of that class of inhabitants had profited so much at former times that they could live on their income. Still these people will continue to complain about the loss of business, *i.e.*, of coin which in former "Ducal" times was thrown into their pockets from the glittering purses and pawned jewels and estates

of noble abundance. The aristocratic attendants of Fortune, after the cry of the croupiers, "Faites vos jeux, messieurs—le deuxième dernier—le dernier," had been stopped for ever at the Kursaal, the spendthrifts, have entirely dispersed since that time, mostly reformed, in some exceptional cases going direct to some other lost paradise, or better—paradise of loss. But Wiesbaden has profited by it, and grown virtuous and reformed. The *fontes Mattiaci* of the Romans are now the most respectable of all German bathing-places, the *German Spa par excellence*.

The city itself is now beautiful, regularly and well built, with all modern sanitary arrangements. The old town lies enclosed within some lofty streets planted with green trees, almost in a large square; while outside of that green quadrangle, on the hills and in the valleys all around, more villas and handsome mansions and high architectural buildings present a view as lovely as it is gay and animated. The peculiar situation of Wiesbaden at the foot of lofty hills, belonging to the Taunus at the north of it, about one mile distant from the Rhine, sheltered against the direct chilly north winds on all sides, and only open to the gentle south winds, is eminently favourable to all delicate convalescents and others, more so than Italy and Southern France, both of which showed even severer weather charts during the last few winter seasons, and offer less comfort at all times.

On a good geographical map one can see at a glance the great mountain chain, extending from North-Western Germany to the north-east of France, of which one branch is intersected by the Rhine, the Maine, and the Lahn (Old German, pronounced as in English), which constitutes the so-called Taunus, situated about from 25° to $26\frac{1}{2}^{\circ}$ E., and from 50° to 51° N. The Taunus mountain chain, which slopes down gradually to Wiesbaden, and thence to the banks of the Rhine, contains a great deal of ores and very rich deposits of antediluvial remains. Almost at the foot of one of the hills of the Taunus, of the so-called *Geisberg*, bubbling out of peculiar beds of rocks, bright greyish-green with dark points, smooth, coloured green stones, dark red and blue coloured slates, mixed with sevicit, albite, and quartz—the *fontes Mattiaci*, the Kochbrunnen springs from time immemorial. The position of the rocks is at an angle of about 3° to 5° , and they incline in some places 60° to 80° to the north. In these slate rocks originate the Wiesbaden springs, perhaps many thousand feet in the depth of the earth.

If we remember the analysis of slate, it is about 70 per cent. silicic acid, 15 per cent. alumina, 10 per cent. oxides of iron, and about 7 to 8 per cent. alkalies; some of the slate contains more lime, and certain compounds of chlorine, especially muriate of soda; and if we compare with this also the analysis of sevicit, we come to the conclusion that the waters take their mineral ingredients from those rocks. Sevicit contains, according to the analysis of our best authorities in chemistry and mineralogy, about 50 per cent. silicic acid, 23 per cent. alumina, 10 per cent. potash, 8 per cent. oxides of iron, 1 per cent. silica fluoride, 1 per cent. magnesia, 1 per cent. soda, and 3 per cent. water.

The Wiesbaden mineral waters, the "Kochbrunnen," contain in 16 ounces:—

Muriate of soda, or chloride of sodium	52.49779	grains.
Chloride of calcium	3.61720	"
Calcarea carbonica	3.21055	"
Chlor. magnesium	1.56663	"
Brom. magnesium	1.56603	"
Magnesia carbonica	0.07979	"
Carbonate of iron	0.04339	"
Carbonate of mangan.	0.00453	"
Chloride of lithium	0.00138	"
Alumina silicate	0.00392	"
and		
Free carbonic acid gas	10.3168	cubic inches.
Nitrogen gas	0.1030	"

The temperature of this principal fountain, the "Kochbrunnen," is 155° F., and has been as invariable as the quantity and composition of the fluid. Besides this "Kochbrunnen," there are more than twenty smaller mineral springs of nearly the same constituents, but of lower temperature. From the main spring, the "Kochbrunnen," are ejected about 15 cubic feet, and from all the fountains together no less than 61 cubic feet every minute, and as far as history goes always the quantity which contains within 24 hours about 97 cwt. of the above-mentioned *Muriate of Soda*.
 "About the temperature, by some called the specific heat of these mineral waters, Plinius already says, "Quorum haustus tridus fervet." However, this specific heat is natural to all similar mineral waters, which, in accordance with their capacity of heat and radiation, cool more slowly and are more difficult to heat than common water.

By artificial evaporation, as well as by common exposure to the atmosphere near the places of the fountains, we find some precipitates, the *Sinter*, a reddish solid residue, composed of about 90 per cent. carbonate of lime, 4 to 5 per cent. oxides of iron, 6 per cent. arsenious acid, 1 per cent. silicic acid, besides traces of alumina, manganese, magnesia, and organic substances. These latter, the traces of organic substances, again consist of pure vegetable bodies, chiefly "gallionella ferruginea," forming that flocky reddish deposit in considerable quantity at the fountains—easily separated from the mineral constituents.

Invariable as are the temperature and the quantity and the constituents in general of the "Kochbrunnen," 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 this mineral water as their frugal breakfast, like the English would take their ale and porter. 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 constituents of the waters support the human system, and compensate in some way for the loss by labour and toil of some of the constituents of our body.

Wiesbaden, February, 1880.

(To be continued.)

SEA-SALT IN PULMONARY CONSUMPTION.

M. AMÈDE LATOUR was first induced to give a trial of this remedy in phthisis from its reported efficacy in preventing or curing pulmonary complaints among the lower animals. A great mortality prevails among the apes and monkeys confined in menageries, chiefly from pulmonary complaints, and the proprietor of a menagerie found that by the free use of sea-salt he was enabled to preserve these animals in health for seven or eight years, and even after a cough had manifested itself the administration of the salt was followed by a rapid cure.

M. Latour relates three cases in the human subject in which the administration of the salt appears to have been followed by the happiest results. In one of the cases the

disease had gone so far that there was distinct cavernous rattle, with pectoriloquy, muco-purulent and purulent expectoration streaked with blood, great emaciation, hectic fever, etc., and yet the patient made a perfect recovery at the end of a few months, the sea-salt having been given uninterruptedly for sixty days.

M. Latour directs a particular regimen to be followed during the treatment. The aliment should consist almost exclusively of beef or mutton, grilled or roasted, of good rich soups, or animal jellies. The patient should partake of these in small quantities at a time, but often, and should drink a little good old wine diluted with water. Every fine day, when the sun shines, and during its warmest period, the patient should take gentle exercise in the open air; and his chamber should be well aired twice or thrice a day. Flannel is recommended to be worn next the skin.

The mode of administration of the salt is as follows: half a drachm to a drachm of the chloride of sodium is administered daily, either in a glass of beef tea, or in some pectoral infusion; or if this should excite cough, it may be given in divided doses, made up into bread pills, drinking a little beef tea afterwards. It is best to commence with small doses, as the sudden introduction into the system of such a powerful stimulant is apt to be followed by congestion of blood in the digestive organs or lungs. A few cresses are recommended to be eaten once or twice every week, after having been well sprinkled with common salt, but no vinegar or oil is allowed with them. To relieve the pain in the chest, and the burning sensation of which the patient complains, instead of the usual pectoral drinks he prescribes the following. Carrots are to be well boiled in a moderate quantity of water; they are then to be well beaten and passed through a sieve. The fluid which passes through is then mixed with fresh milk, sweetened with a small quantity of sugar, and flavoured with orange peel. This compound the patient drinks at his own discretion. In general some thirst is at first caused by the administration of the sea-salt, and for this M. Latour directs a weak infusion of gentian, flavoured with orange peel.

[May not this be confirmed by the circumstance that few cases of consumption occur in Egypt, and it is said that among the Arabs scarcely a case of the kind has been known, chiefly, it is supposed, from the atmosphere being saturated with saline vapour? It is said that "about Alexandria the

saline vapour condenses on the walls of the houses in small crystals of nitre, common salt, and of muriate of ammonia." The soil is everywhere coated with these saline particles, and consumption is almost a stranger in the land. The same may be said of our Channel Islands—Guernsey, Jersey, Alderney, etc. There, too, consumption is comparatively rare.]—*Braithwaite's Retrospect of Medicine.*

SIR WILLIAM SEAMEW, THE "SOCIETY" DOCTOR.

(From *Time.*)

NOT in the long unlovely streets of Marylebone, haunted by doctors and the shades of their patients, but in Crook Street, in classic Mayfair, dwells Sir William Seamew, Bart., the confidential medical adviser of a large proportion of the rank, wealth, and intellect of England. There is but little pretension about his house, which is of the bourgeois class, ostentatiously devoid of decoration, somewhat gloomy with its olive-coloured window-shutters, but conveying generally the idea of wealth and solidity. The brass plate on the door is solid and straightforward, with its plain Roman capitals; so is the door itself, which admits the patient into a gloomy hall of dark olive colour and savagely rectangular form. The very servant is solemn and depressed, as if he had invested his savings in the wrong stocks, or backed the wrong horses throughout a disastrous racing season. There is a moment's hesitation, and then the patient is admitted into the waiting-room, a dining-room of the old-fashioned heavy style, with plenty of mahogany about it—good heavy uncompromising furniture of the respectable kind—furniture which looks as if it were paid for. On the walls hang some of those astounding productions of the old masters on which our forefathers, in the intervals of port-wine drinking, gazed with confused and not altogether intelligible pleasure. Opposite the fireplace is a huge canvas representing an entirely incomprehensible subject, in which either Darius, Ahasuerus, or some other ancient Oriental person, is taking a prominent part. In a favourable light, near the window, hangs a ghastly head in oils, the expression of which suggests that the body corresponding to it is undergoing a severe surgical operation. There is a hideous fascination in this head, as seen in the chill grey light of a December morning by a

person awaiting the decision of the baronet concerning his malady. They are not quite sure of themselves, the well-dressed, middle-aged, well-looking sufferers who come to consult Sir William Seamew. There is something wrong with them. They are not ill; but they are not well. A long residence in India, or a hard-working and successful career, is beginning to tell tales. It is the grey matter of the brain giving way which causes those singular gaps in the memory, that maddening disappointment of looking into a cerebral pigeon-hole once full of neatly-arranged matter, but now an absolute blank? Is a recalcitrant liver the cause of that queer fainting sensation, or is it—horror of horrors—a weak heart? Whence those awkward lumbar pains and dimness of vision? Can it be——? But why these wretched surmises? Let us face our fate like men, and ask Sir William Seamew to tell us whether we are poor creatures with uninsurable lives.

All these thoughts pass through our minds as we sit under the glance of the terrible picture, growing harder and sterner with each succeeding hour. The white hair and the forbidding face bent over the mystic scroll shine out more grimly than ever as the fog deepens towards midday, and it is with a sense of relief that expectant patients turn from the gruesome picture to an oxydised silver figure of Fame lighting like Mercury upon a "heaven-kissing hill." One studious man, with a fishy eye and heavy jowl, has actually tackled the *Penny Cyclopædia*, by way of improving his mind pending the restoration of his body. Another patient, with bulbous waistcoat and queer twitching of the lower eyelid, "just like Roger," is making believe to read the *Nineteenth Century*; but it is, as Americans have it, a "thin" pretence, for he obviously dreads the first consultation, for which he has come prepared to pay a couple of guineas, and would probably make a desperate attempt to bolt were he not kept in awe by the double doors and the appallingly serious domestic, with grey hair and whiskers, who, at intervals of a quarter, and sometimes of half an hour, summons with a silent glance the next patient from the contemplation of the forbidding picture. There is only one irritable man present, and he is far down on the list. He is a pasty-faced man, bald, and slightly pitted with the smallpox—his face much resembling an under-baked muffin. He wears shiny broadcloth, a diamond ring, and high gills, and weighs at least twenty stone. He is very fidgety. He first takes up a

morning paper, and then dashes it down again, as if it were of opposite politics to his own. Then he tries a number of *Punch*, and finding it four weeks old, hurls it also from him. By the way, why is it that old numbers of *Punch* are always to be found on doctors' tables, and the new numbers—well—"hardly ever"? Why are the *Illustrated London News* and the *Graphic* always three weeks old? and why is the number before last of the *Contemporary Review* always present? Probably it is thought that the minds of patients are too intent upon their bodies to need refreshment. What is wanted is just a pretence—something to enable one to keep countenance before a crowd and hide the gnawing anxiety within. Conversation is out of the question. To begin with, the people do not know each other, and the eye of each one is turned inwardly on his brain, heart, liver, or such other organ as he deems affected. This preoccupation is, of course, most conspicuous among the candidates for a first consultation. The "regulars," who know to a hairsbreadth how nearly their livers resemble nutmegs, how far fatty degeneration has gone, and how to keep the grey brain matter from going any further to the bad, are comparatively cheerful; they, at least, know how ill they are, and apparently take great comfort from the precision of their knowledge.

When the patient is summoned in his turn to the presence of the arbiter of his destiny, he follows the gloomy servitor, and is ushered into a pleasant room, sufficiently lighted, and with walls covered with portraits of living and dead-and-gone scientific celebrities. These engravings act as a species of relaxation to the sufferer from the gloomy old masters in the dining-room, and he is also cheered by the pleasant reception accorded to him by the celebrated Seamew in person. He sees before him a thick-set, grey-haired man, somewhat below the middle height, plump, and well-favoured withal; fashionably but severely dressed in black and iron-grey; a "study in black and white," without ornament and without pretension. He feels a quick, grey eye upon him, and hears a smooth, pleasant voice, somewhat carefully articulated, inquiring what can be done for him, and whether the physician has ever seen him before. If he respond in the negative, he feels the grey eyes more distinctly brought to bear upon him, and then and there finds himself answering questions as to his name, age, place of residence, and habit of life. All these are duly entered into a book by the doctor, who, although he invites his patient to be seated,

remains himself standing or walking about the room. Then commences a conversation, conducted by the questioner in the easy, pleasant tone of an accomplished man of the world. There is no grave pondering, no shrugging of the shoulders, no solemn "ahs" or "ohs," no admission that any symptom described is serious. The patient is already encouraged. He has not been frightened; he has not been hurried; he is made to feel, by the pleasant manner of his adviser, as if the latter had nothing in the world to do but to take care of him; and that the dozen or score of people in waiting mattered not a jot to the physician. By degrees the catalogue of woe is unfolded: the ticklish sensations since that terrible attack of typhoid in China, the queer feel at the back of the head since he last fell down in the street, the strange throbbing of the heart, or the odd gaps of the memory, are all told without haste or bustle, and yet without waste of time. Then, without any affectation of gravity, the stethoscope and other tests are applied, and the physician begins once more to walk about the room, addressing his remarks from every point of the compass. In a few minutes more he dismisses the interrogative for the didactic style, and takes his patient gently but firmly in hand, after giving him clearly to understand that his perfect restoration depends almost entirely upon himself. The ordinary diseases of prosperous middle age he refers at once to their real cause, and is apt to dismiss his patient with a very slight prescription and an impressive lecture. With courteous incredulity on the subject of overwork, he speaks almost strongly on the too familiar use or abuse of what we are accustomed to call "the good things of life." The listener becomes gradually conscious that he has been living all too carelessly; that he has been helping himself gradually into his grave with sherry and bitters, heavy late dinners, whisky and "pol," and succulent luncheons. Comforted by the prospect of an infinitesimal quantity of dosing, he finds by degrees that he is being put upon strict diet. The distaste for work, the incapacity for steady application, the fractious irritability, caused by a supposed decay of energy, are all explained by his living not wisely but too well—or at least too profusely. With gradually distending eyes, the hard worker and hard liver hears himself condemned in good round, mellow tones to a diet which makes him feel that he has grasped fortune only to be forbidden to taste its fruits. The lecturer—for at this stage Sir William Seamew is lecturing from the end of

the table at which his secretaries work when patients are done with—is frank enough with his audience of one, and deals freely in striking alliterations, moral aphorisms, and quotations sacred and profane. The disease on which he is consulted is mere “fat and fancy.” It is the prime weakness of mankind to be vain, “to fancy itself strong, to assert its power. What was the temptation to our first parents? Eat, and ye shall be as gods.” Then comes a dash of humour: “and pretty imitations of gods we are! Poor creatures at best; but still vain of our fancied strength.” “We are,” the patient hears, “constructed in accordance with laws which we pass and sacrifice our life in defying.” It is impressed on him that drugs will help nature, but cannot redress the balance incurred by a careless life.

It is, to persons afflicted with much writing power, peculiarly recommended that they should write no more. This, however, does not signify that the flow of composition should cease, but rather that the flow should be regulated and filtered through an amanuensis. In advising this course the lecturer will dwell fondly, while he poses gracefully at the end of his table, just where the light falls full upon the grey hair carefully parted in the middle and the well-formed face with flexible mouth. Jeremiah, of all people, is quoted, and his example of dictating to Baruch the Scribe held up for imitation. Finally, everybody who can afford it eats and drinks too much of everything. Sir William Seamew, except in special cases, does not lay down a precise bill of fare for his patient. Unless they are seriously ill, he is only firm as to bulk. That quantity is as important as quality is impressed strongly upon the fashionable patient, who, when he asks moaningly whether he is compelled to dine upon a chop every day, receives for an answer that he may have either “a chop or as much other meat as a chop.” The luxurious one thinks he can make out on this thrice a day, but has hardly taken comfort when he hears that one full meal is sufficient, and that if a solid luncheon be indulged in he must adopt the Scotch quotation, “Dinna forget.” All this has a severe sound, but there is yet hope. The lecturer has as yet said nothing concerning the fluids to be consumed. With expectant ear the patient listens to the catalogue *débité* as if the speaker was inviting him to a sumptuous repast. Tea, it seems, may be drunk without danger; coffee, cocoa, and claret are all quite safe. At the mention of claret the luxurious one’s eye glitters, but

soon dies away, with a fishy glare, as he hears that his claret "must not be too good," but sound dinner wine, at about thirty shillings per dozen. Brought very low by this, he inquires concerning the other aids to digestion to which he is accustomed, and he wakes as if from a dream to hear that port, madeira, sherry, champagne, beer, and any kind of spirit or liqueur may only be taken at his peril, and that if he is a sensible man he will give them up for evermore, to drink very plain claret, "with water in it, as the French do." Quite crushed, he deposits his guineas in the handsome patera standing on the physician's table, and, taking his leave, escapes into the open air, a sadder and a wiser man, asking himself the question which Mr. Mallock has made a household word.

Obituary.

DR. BERNARD, SENIOR.

THE homœopaths of Belgium are mourning the loss of a notable physician, Dr. Bernard, senior, of Thuin. He was born in 1806 at Thuin, Belgium, studied the humanities at the college of that place, and came out of the Liège University when hardly twenty-one years of age as doctor of medicine—*magna cum laude*. In the course of time he became disgusted with ordinary physic, and was on the point of throwing up the practice of medicine altogether when he happily became acquainted with M. Gautier, one of the first apostles of Homœopathy in Belgium. He studied the therapeutic method inaugurated by Samuel Hahnemann, and being a true seeker after truth, and withal a brave man, he became, and ever remained, a true disciple of the great reformer.

After forty-two years of remarkably successful practice at his native place he has gone home to his reward. Dr. Bernard was honorary president of the *Association Centrale des Homœopathes Belges*, corresponding member of the *Société Médicale Homœopathique de France*, and of the *Cercle Homœopathique des Flandres*. We cannot do better than join in the concluding words of Dr. Martiny, the actual president of the Belgian Homœopathic Association:—"Adieu, cher confrère, cher président, votre carrière a été dignement et consciencieusement remplie, vous trouverez là-haut la récompense que Dieu réserve aux hommes de bien!"

DR. W. H. WOODYATT.

WE read in a Chicago paper :—

DR. WILLIAM H. WOODYATT, a physician well known in Chicago, died at his residence, No. 423, Fulton Street, on Saturday morning, after a short illness. His sickness dates only from Thursday last, when he complained of feeling unwell, and of a severe sore throat, which proved to result from a quinsy, which broke a day or two afterwards. From that moment malignant diphtheria set in, resulting in his death. He was forewarned on Friday evening, by his failing strength and lessened activity of the heart, that his end was near at hand; and, calling his wife and children about him, he bade them an affectionate farewell. The deceased was thirty-three years old, having been born in Brantford, Can., in 1847. He received his primary education at that place, and in 1864 went to Cleveland, Ohio, where he entered upon a course of medical studies in a homœopathic institution of that city. Subsequently he went to New York, where he made a vigilant and persistent study of the eye under the direction of Professor Krape, an eminent oculist, which branch of the medical service became a speciality with him, and one in which he gained an extended reputation. As an oculist, probably few have achieved greater success at his age than he, and to the earnestness and close attention to which he gave his profession is due more than any other cause his untimely death. He was a person of sterling integrity, and earnest in everything he undertook. He was one of the founders of the Chicago Homœopathic College, and at his death was a member of faculty of that institution.

A meeting of the Faculty of the Chicago Homœopathic College was held at the college building last evening, to take action respecting the death of the deceased. Professor Mitchell, president of the college, presided, and the following resolutions, presented by a committee consisting of Robert A. Tooker, Julia Holmes Smith, and Edwin N. Hale, were unanimously adopted :—

“Whereas, The Chicago Homœopathic College has met with the loss of one of its founders and most efficient workers; and

“Whereas, We desire to publicly testify to his manifold virtues, his true, genial, and earnest manhood; therefore,

“Resolved, That in the death of Dr. Woodyatt the medical profession of the city and country has met with a great and

irreparable loss ; that science must mourn a most valuable investigator, and truth an honest defender.

“ Resolved, That the suffering and needy can rarely find so kind and skilful a friend and surgeon, and that the beneficiaries of the college must share our grief.

“ Resolved, That in the loss of our beloved colleague we have the happy memory of a most genial companion, an earnest and enthusiastic co-labourer, a staunch and unflinching friend of all good, a physician in the truest and best sense of the word, a Christian gentleman, a thoroughly true man.

“ Resolved, That the one consolation in this our hour of deep bereavement is in the blessed recollections of the life of our brother, so brief, yet so rich in fruitage ; like the Christian philosopher, he met the king of terrors, being busied when the summons came, as was his daily wont, in humane, beneficent, public-spirited, noble actions.

“ Resolved, That we must count ourselves richer that we have the right to mourn.

“ Resolved, That we extend to the bereaved widow, family, and friends of our departed brother our most heartfelt condolence, with the assurance that we will emulate his virtues, and revere his memory.

“ Resolved, That a copy of these resolutions be presented to his widow, and be published in the daily papers.”

LITERATURE.

HOMŒOPATHIC THERAPEUTICS.¹

WE must apologise for not having before given our readers an account of this important work by one of the foremost men in our school. It is one of those works that one keeps for real use, rivalling and elbowing one's repertory, and being about as often in request ; indeed, one might call it a *Clinical Repertory*, or *Homœopathy from a Nosological Standpoint* ; and Professor Lilienthal tells us that Jahr's *Clinical Guide* was the skeleton around which he has here clustered the experience of our best men. The enormous labour involved in

¹ Homeopathic Therapeutics. Second, Revised, and Enlarged Edition. By S. Lilienthal, M.D., Editor of "North American Journal of Homœopathy," Professor of Clinical Medicine and Psychology in the New York Homeopathic Medical College, etc., etc. New York and Philadelphia : Boericke and Tafel, 1879.

this gigantic undertaking alone entitles its learned author to our gratitude; while its great practical utility will commend it to a very large number of busy men. Although we have here a work on Homœopathic Therapeutics, we are nevertheless *not* called upon to treat the *names* of diseases, but patients with certain groups of symptoms bearing a collective nosological name, and having this or that prominent or characteristic mark. The indexing is not quite perfect. For instance one cannot find Locomotor Ataxy either under A. or L., although on p. 646 one reads:—"(SCLEROSIS) OF POSTERIOR COLUMN: see Ataxia Locomotor." One naturally goes to the index to find it under A., and failing to find it there one turns to L., and not seeing it there either one is apt to think that Locomotor Ataxy is altogether omitted. Such is, however, not the case; for, on seeking it under the older name of *Tabes dorsalis*, it is readily found. We do not very much like the name *Ataxia locomotor*, as it leaves us somewhat in doubt as to its linguistic paternity. *Tabes dorsalis* is now, perhaps, the commonest name in Germany, and "*progressive locomotor ataxy*" is the usual English rendering of Duchenne's *ataxie locomotrice progressive*; while "grey degeneration of the posterior columns of the cord," "Sclerosis of the posterior columns," *Hinterstrangsklerose*, are anatomically characteristic designations, as is also that best name of all, *Leucomyelitis posterior chronica*. With all these good names for the state of a patient with locomotor ataxy, a laugh might very easily be raised at those who approach the homœopathic treatment of disease from the pathological side—our author for instance—but it would be wrong nevertheless.

Let us suppose a case of *Tabes dorsalis*, or locomotor ataxy, to come before us for treatment. We may set to work in various ways with a view to its *homœopathic* cure. We might go to Hughes's "Therapeutics," and there read his clear reasoning and well-argued claims in favour of *Belladonna* and *Arsenicum*; and, as he stops short with these two, if we should need a more extended therapeutics, we could go on to Lilienthal's "Therapeutics," now under consideration, and there find differential indications for *Æsculus Hippocastanum*, *Aluminium Met.*, *Graphites*, *Nux Moschata*, and a dozen more of our well-known remedies. Or, in lieu of this mode of procedure, we might discard all clinical experience, all pathology and nosological forms, and just stick to the *Organon* of Hahnemann or go straight to the *Materia Medica Pura*, and try to paddle our own canoe. But it is not

every man that *can* paddle his own canoe, and for the matter of that there are some canoes that are not very easily paddled along at all. Thus with Locomotor ataxy we shall be glad of the homœopathic specificity of seat, of all the teachings of the *Organon*, and of all that Hughes and Lilienthal can tell us; we shall often feel constrained to fall back upon psora, syphilis, or sycosis; the traumatic factor will also at times intrude upon us, and again the *effects of damp* and the hydrogenoid constitution will claim a hearing.

Notwithstanding all these, a large proportion of these leucomyelitic patients will continue to trend their weary ways. How grateful should we be to all those who help us with "old" remedies and "new," with pathogenetic and clinical facts, and with the morbid anatomy from drug and from disease, so that we may do better and better as the years roll by. That we can do better—much better—with Lilienthal's "Therapeutics" than without it is obvious, as it contains the best work of our best men well arranged for easy reference. There is one thing about it which commends it very strongly to our judgment, viz., its comparative *completeness* and *extensiveness*. Thus let us take the treatment of *GANGLION* as an example; we find enumerated *Benzoic Acid, Arum, Caust., Sil., Arn., Bar., Bell., Calc.-Carb., Carbo Veg., Con., Iod., Rhus, Ruta* (just add *Natrum Muriaticum*, if you please, Professor Lilienthal). Or, again, a more grave affair, *DIABETES*, for which we have given thirty-three drugs and several mineral waters, with their characteristic differential points. We are aware that what we here note as its *strong* point is said by some to be its *weakness*, on the ground that one cannot see the wood for the many trees. But this complaint can only come from thoughtless men or *routiniers*, who treat *NAMES OF DISEASES*, for as soon as we differentiate and individualise we *must* have *all* the factors, or our sums will be wrong in their totals; in other words, for the many different *nuances* of disease we *must* have as many *nuances* of drugs, or—we fail to cure, and are, moreover, faithless disciples, for the master taught us how to do better. We trust Professor Lilienthal will continue to put down his precious notes, so that the *third* edition of the "Therapeutics" may show a yet richer harvest of clinical facts.

TREATMENT OF CONSTIPATION.¹

THIS is a good-sized octavo volume of 160 pages on the extremely important subject of constipation. Its importance can hardly be overrated, as the cure of constipation, though really one of our great glories, is popularly considered the *opprobrium homœopathicum*. How often do we hear, "The worst of Homœopathy is that you have no aperients"! The difficulties in the way of a truly scientific (homœopathic) treatment of constipation are so great that the ordinary routine practitioner in the end entirely abandons it, and, instead, either gives the usual aperients or circumvents the difficulty by prescribing a so-called homœopathic remedy allopathically. Quite lately Lady — expressed great disappointment because we were avowedly unable to recommend "a good homœopathic aperient." In vain we tried to explain to his lordship that *each case* had to be treated on *its own merits*. In the end he exclaimed impatiently, "Lady — is in good health, and does not require any medical treatment; she merely wants you to tell her of a *good homœopathic aperient*, that's all."

We believe his lordship is of opinion that we were unwilling to part with any information on the subject, and that we merely gave a short lecture on the necessity of individualising, so that her ladyship, as the special individual, should become a patient. He did not say so, but he *looked* it. Well, we poor homœopaths have to bear a good deal of injustice and misapprehension, and not the least is to be thus absolutely and altogether *méconnu*.

We fancy it was some such experience as this that first led Dr. Bernard to work up the subject of constipation and its homœopathic treatment, for he tells us on p. 4, "We well remember a patient whom we had happily cured of, first, smallpox, and then of typhoid fever. He was a very intelligent, erudite clergyman, and warm-hearted, but of a rather weak and timid character. Being convalescent of this typhoid fever, he expressed himself very gratefully for the services we had rendered him, and was never tired of lauding the homœopathic method of treatment, to which he had twice owed his life. But unhappily the ordinary transitory constipation of convalescents became very stubborn with him. So, after in vain trying several remedies prescribed homœopathic-

¹ Etude sur le Traitement Homœopathique de la Constipation. Par M. le Docteur Bernard, de Mons. Bruxelles, 1880.

ally, he marched off and consulted an allopath. Now it was good-bye to all those outbursts of gratitude, good-bye to those laudations of Homœopathy, and farewell to the enthusiasm of a propagandist. 'Homœopathy,' said our patient, when we afterwards met him, 'is good enough in its way, but it has no purgatives.'"

Our learned author then adds, "All our brethen have at one time or another found themselves similarly situated; of that we are sure."

Yes, Dr. Bernard, you are quite right, and hence we have perused your excellent work on the subject of the homœopathic treatment of constipation, and must give as our opinion that it is the best book on the subject extant—from a practical clinical standpoint. The subject is treated in a thoroughly philosophical spirit, and with great scholarliness withal, nearly all authorities on it being pressed into service, and every one getting his due. Those who read Dr. Bernard's excellent *Etude* will agree with us when we say with Montaigne, "*C'est icy un livre de bonne foy, lecteur.*"

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homœopathic World.

THE BRITISH HOMŒOPATHIC PHARMACOPŒIA.

DEAR SIR,—The second edition of our Pharmacopœia being out of print, and the demand for the work being on the increase, the British Homœopathic Society have decided to proceed at once with the preparation of a new edition, and have asked me to take the necessary steps for the accomplishment of that object.

The alterations required will not, I hope, be many, as the book has generally been very well received. Still, something more than a mere reprint is needed, as some fresh matter must be added, some omissions made, and any known errors corrected.

Through the kind agency of Dr. Richard Hughes we hope to get some criticisms and suggestions from our American brethren; if successful in this we shall endeavour to make

our new edition even more acceptable abroad than the other was. It must, however, be understood that there will be no deviation from the leading features of the last edition.

The table of doses, which was reluctantly retained, will be omitted.

It may be in the power of different gentlemen to give practical help, some in the way of corrections, others in the way of experiment; but in whatever shape it comes, it will be very acceptable, and all such information shall receive most careful consideration.

As examples of the points on which we desire information I may name:

The *average loss of moisture of plants*, which engaged a good deal of attention at our last revision.

Further information is desired as to the exact composition of *Mercurius Solubilis*; also as to its character and tests.

Additional tests for *Hepar Sulphuris* will be desirable.

It is thought that a change is needed in Homœopathic Pharmacy with a view to securing greater purity in our process of *distillation*. Those who have considered this may be able to give some results of their experience.

Shortly after the issue of the second edition of the Pharmacopœia, Mr. Isaac Thompson pointed out an error in regard to *Phosphorus*. If others have investigated this matter, an expression of opinion as to the results obtained by Mr. Thompson and Mr. Wyborn will be very welcome.

The latter gentleman, who gave most valuable aid in bringing out the last edition, has again promised his assistance, which may be regarded as a guarantee that the revision will be a careful one.

If other gentlemen will kindly supply any information that they have, or will say in what way they can help, I shall be extremely obliged, and shall be glad to hear from them as early as they can make it convenient to write.

I remain, yours faithfully,
WILLIAM V. DRURY.

Lingmoor, Dean Park, Bournemouth,
March 12th, 1880.

ARSENICAL WALL-PAPER CAUSING SUPRA-ORBITAL NEURALGIA.

SIR,—I see in the February number of the *Practitioner* a remarkable case as illustrating the truth of the law of

similar. The *naïveté* with which it is told is really amusing. It is as follows—the author being Dr. F. E. Image:—

“In the autumn of 1878 I saw a housekeeper, age forty-seven, a healthy woman at the climacteric period of her life, but never subject to headaches. After living about six weeks in her keeping-room, which had recently been papered with a dull greyish artistic green, with red pomegranates, she began to suffer pain in the right supraorbital branch of the fifth nerve, which gradually became more severe. As I thought her habits too sedentary, I ordered her to take more open-air exercise, and gave her quinine; but as commensurate improvement did not result, I gave her Fowler’s solution instead, which to my surprise made her worse, so that I had to cast about for some extrinsic cause. The place she lived in was not damp, nor near marshes; but being suspicious of the paper, I examined by Reinsch’s process and found arsenic in large quantity. On stating the result of my examination to the owner of the house, he was much surprised, and said he was informed on choosing his papers at a first-rate London upholsterer’s that they were non-arsenical. The paper was removed and the walls repapered with an innocuous one, and as an experiment no medicine was given to the housekeeper. Gradually the neuralgia subsided. The woman did not seem to have any hysterical tendency, and therefore I attribute the symptoms to arsenical poisoning.”

Here, sir, we see that when arsenic does not cure, but makes the patient worse, the physician is so surprised that he begins to “cast about for some extrinsic cause,” and finds it in an arsenicated wall-paper. Here is the truth of Homœopathy in a nutshell. Had the pain been *like* that caused by arsenic, it would have been *cured* by arsenic. As it was, the Fowler’s solution only made the patient worse. Could any one desire a more convincing proof of the truth of Nature’s law of cure, *Similia similibus curantur*? I enclose my card, and remain,

Yours faithfully,

VERITAS PREVALEBIT.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION.

DEAR COLLEAGUE,—At the close of the “World’s Homœopathic Convention” which met in Philadelphia in 1876, it was determined to hold a similar meeting every five years in

some principal city of Europe or America; and a general wish was expressed that the seat of the next gathering might be London.

On this determination and desire being communicated to the Congress of British Homœopathic Practitioners meeting in Bristol, in September, 1876, it was unanimously resolved that such a Convention should be held in London in 1881, and that the Congress would undertake the arrangements necessary for the purpose. A Committee, consisting of the undersigned, was thereupon appointed to draw up a plan of proceeding; and its report, which is herein enclosed, was accepted at the Congress of 1877, and the Committee re-appointed, with instructions to obtain adhesions and contributions.

The latter, viz., reports of progress and papers to be discussed at the meetings, we are soliciting from individual physicians practising homœopathically throughout the world. But we now request your good offices towards interesting the readers of your journal in our proposed gathering, by bringing the subject before them, and also towards making it known to the homœopathists of your acquaintance in such way as you may think best.

The exact time and place of meeting, with the office-bearers, etc., will be finally decided at the Congress we shall hold in September, 1880; and information thereof will be duly forwarded to you, and published in all British homœopathic journals.

Hoping to hear from you ere long, and to find your services enlisted in the cause, we remain,

Very faithfully yours,

R. E. DUDGEON, *Chairman.*

W. BAYES,

A. CLIFTON,

A. C. POPE,

R. HUGHES, *Secretary.*

All communications to be addressed to the Secretary, Dr. Hughes, Brighton, England.

Report of the Committee appointed to make arrangements for holding a "World's Homœopathic Convention" in London in 1881. Presented to and adopted by the British Homœopathic Congress Meeting in Liverpool, September, 1877.

Your Committee beg to report that they have had several

meetings; and after much consideration, and in conference with the lamented President of the last Convention, Dr. Carroll Dunham, have agreed upon the following recommendations, which they present for the acceptance of the present Congress:—

SCHEME FOR THE WORLD'S HOMŒOPATHIC CONVENTION, 1881.

1. That the Convention shall assemble in London at such time and during such number of days as may hereafter be determined.

2. That this meeting take the place of the Annual British Homœopathic Congress, and that its officers be elected at the Congress of the preceding year; the Convention itself being at liberty to elect honorary Vice-Presidents from those foreign guests and others whom it desires to honour.

3. That the expenses of the meeting be met by a subscription from the homœopathic practitioners of Great Britain; the approximate amount to be expected from each to be named as the time draws near.

4. That the expenses of printing the Transactions be defrayed by a subscription from all who desire to possess a copy of the volume.

5. That the Convention shall be opened to all medical men qualified to practise in their own country.

6. That all who attend shall present to the Secretary their names and addresses, and a statement of their qualifications: and, if unknown to the officers of the Convention, shall be introduced by some one known to them, or shall bring letters credential from some Homœopathic Society, or other recognised representative of the system.

(a) That members of the Convention, as above characterised, shall be at liberty to introduce visitors to the meetings at their discretion.

7. That the Committee be authorised to enter into communication with physicians at home and abroad to obtain—

(a) A report from each country supplementary to those presented at the Convention of 1876, recounting everything of interest in connection with Homœopathy which has occurred within its sphere since the last reports were drawn up.

(b) Essays upon the various branches of homœopathic theory and practice, for discussion at the meetings, and publication in the Transactions; the physicians to be applied to for the latter purpose being those named in the accompanying schedule.

8. That all Essays must be sent in by January 1st, 1881, and shall then be submitted to a committee of censors for approval as suitable for their purpose.

9. That the approved Essays shall be printed beforehand, and distributed to the members of the Convention, instead of being read at the meetings.

10. That for discussion the Essays shall be presented singly or in groups, according to their subject-matter, a brief analysis of each being given from the chair.

11. That a member of the Convention (or two, where two classes of opinion exist on the subject, as in the question of the dose) be appointed some time before the meeting to open the debate, fifteen minutes being allowed for such purpose, and that then the essay, or group of essays, be at once opened for discussion, ten minutes being the time allotted to each speaker.

12. That the order of the Essays be determined by the importance and interest of their subject-matter, so that, should the time of the meeting expire before all are discussed, less loss will have been sustained.

13. That the Chairman shall have liberty, if he sees that an Essay is being debated at such length as to threaten to exclude later subjects of importance, to close its discussion.

14. That the authors of the Essays debated, if present, shall have the right of saying the last word before the subject is dismissed.

15. That as at the first Convention, the subjects of the essays and discussions shall be—

- (a) The Institutes of Homœopathy.
- (b) Materia Medica.
- (c) Practical Medicine.
- (d) Surgical Therapeutics, including diseases of the Eye and Ear.
- (e) Gynæcology.

At a subsequent meeting of the Committee, it was determined that the gathering shall be known as the "*International Homœopathic Convention.*"

LONDON SCHOOL OF HOMŒOPATHY—VACANT LECTURESHIP.

DEAR SIR,—You are doubtless aware that Dr. Richard Hughes has retired from the Lectureship of Materia Medica

at the London School of Homœopathy. You are also doubtless aware that there are two very different classes of physicians in the ranks of Homœopathy, between which hitherto there has existed a marked antipathy instead of sympathy.

One great cause of this want of sympathy is that the small body calling themselves Hahnemannians is not represented at the London School of Homœopathy; consequently, they naturally stand aloof, and withhold their patronage as well as pecuniary support.

The cure for this is evident. Let the Governors of the School appoint one of our body to the vacant Lectureship—and there can be no difficulty in selecting the man who is really master of the *Materia Medica*, and who will teach it and Homœopathy as Hahnemann meant them to be taught—and all will be well; the breach of continuity will be healed, and we shall kiss and be friends.

I remain, yours sincerely,

THOS. SKINNER, M.D.

Dunedin House, 64, Upper Parliament Street,
Liverpool, March 9th, 1880.

REPORTS OF INSTITUTIONS.

LIVERPOOL HOMŒOPATHIC DISPENSARIES.

Thirty-eighth Annual Report.

THE numbers attending the two Dispensaries during the past year were as follows:—

AT HARDMAN STREET.	
Indoor attendances	20,782
Visited at their own Homes	10,501
AT ROSCOMMON STREET.	
Indoor attendances	23,452
Visited at their own Homes	4,138
Or a weekly average of 1,132.	

The past summer has been remarkably healthy in Liverpool, as evinced by the almost unprecedented small death rate; nevertheless, the numbers of poor people availing themselves of this charity have been maintained.

At the close of the autumn the town was visited by an

epidemic of scarlet fever and measles of a very malignant character. The result of the homœopathic treatment has been most eminently successful. Such epidemics call forth all the medical aid at the disposal of the Committee, as the poor require so much more visiting at their own homes. The Committee would draw attention to the large number of visits that have been so paid during the past year, which exceeds that of any former year.

The Committee would particularly draw attention to the immense popularity of the Roscommon Street Dispensary. When the establishment of this institution was contemplated, now about ten years ago, it was foreseen that it would be much appreciated by the poor in the neighbourhood—saving them much loss of time in coming to the Central dispensary. The success that has attended its opening surpasses all the most sanguine anticipations, and the results are so satisfactory, that if sufficient funds are placed at their disposal the Committee would seriously take into consideration the desirability of establishing similar Dispensaries in the neighbourhood of Toxteth Park and also Edge Hill.

During the past year it was thought desirable, and almost necessary, in consequence of the great increase in the numbers of patients, to appoint a Medical Officer to the Roscommon Street Dispensary, whose whole time should be devoted to the Charity. This appointment has, of course, added considerably to the annual expenditure. The Committee trusted an increased subscription list would make up this deficiency. So far, however, from this being the case, they regret to have to state that never before have they experienced a year in which they have lost so many valued friends, either by death or by removal from Liverpool, and they find themselves exceeding their income by more than £100.

The Committee, though feeling there never was a time when Homœopathy was more appreciated in Liverpool than at present, and that a daily increasing number of families are adopting the practice in preference to the old system, emphatically appeal for more extended support and encouragement. In this, as in all other charities, the great reliance is on the annual subscription list. The Committee therefore urge upon all those who have derived benefit from the homœopathic treatment to enrol their names on the list. They do not ask for large subscriptions, as if every family who adopts Homœopathy would sub-

scribe a few shillings annually ample funds would be placed at their command.

The Committee again gratefully acknowledge the valuable assistance received from the Hospital Sunday Fund.

Donations and Subscriptions will be received by the Bankers, Messrs. Heywood and Sons, Brunswick Street; the Honorary Treasurer, J. J. Edgar, 3, Upper Duke Street; the Honorary Secretary, S. J. Capper, 55, Bold Street; or any member of the Committee.

OXFORD HOMŒOPATHIC DISPENSARY.

Seventh Annual Report.

Patronesses: Her Grace the Duchess of Marlborough; Lady Catherine R. Barker, Fairford Park; Mrs. Miller, Shotover House; Mrs. Clerke, Waterstock; Mrs. A. W. Hall, Barton Lodge; Mrs. Rowley, Oxford. Committee: The Rev. T. Chamberlain, M.A., Chairman; Rev. M. F. Argles, M.A.; Rev. J. P. Barnet; Rev. H. Deane, B.D.; Rev. E. Male, M.A.; Major Smith; Mr. F. J. Tyler; C. Underhill, Esq., J.P.; Captain Wyndham. Treasurer: C. Underhill Esq., J.P., 37, Corn Market Street. Secretary: Rev. E. Male, North Parade Villa. Physician: Arthur Guinness, Esq., M.D., F.R.C.S.

Report of Committee.

The Committee of the Oxford Homœopathic Dispensary in making their Seventh Annual Report to their Subscribers, are able to speak as favourably as hitherto of its success and usefulness.

The number of new patients is smaller than during the last year, owing, it has been supposed, partly to the circumstances of the times, and partly to some difficulties arising from the change of the situation of the Dispensary. Its removal, in the meantime, to No. 37, Hythe Bridge Street, has been a considerable advantage both as regards expense and from its nearness to a large portion of the poorer inhabitants. The number of subscribers has increased, as also that of patients from outlying and some remote districts.

Your Committee therefore hope that by further endeavours to increase the number of subscribers, and particularly from the last-named districts, the useful labours of Dr. Guinness may receive a more adequate remuneration, a debt of grati-

tude being, as they feel, due to him both from the subscribers and from the poor, for his attentive and skilful endeavours to secure them the benefits of homœopathic treatment.

Placed at some disadvantage by a minority of public support, which is, however, continually increasing, some extra exertion on the part of its supporters to promote its cause is desirable. But in justification of these efforts it is satisfied to appeal to experience and practical success, and although already embraced by many persons of high rank and of scientific attainments, it has a good hope of reaching a yet more just position in public esteem.

Physician's Report.

New Patients admitted in 1879	1,248
Attendances	3,079
Home visits (under new regulation)	65
Vaccinations	71
Deaths	5
Total number of Patients since the opening of the Dispensary in 1872	12,592

The greater number of diseases treated have been connected with the abdomen and chest, but other diseases, as those of the head and eyes and cutaneous diseases, have also been treated at the Dispensary.

The number of patients received from outlying parishes was 474, from 54 different places.

BRITISH HOMŒOPATHIC SOCIETY.

SESSION 1879-80.

The Seventh Ordinary Meeting of this Society will take place on Thursday, April 1st, 1880.

Private business at seven o'clock.

Public business will commence at eight o'clock.

A Paper will be read by Dr. C. L. Tuckey, of London, entitled, "On Some Cases of Renal Disease."

A Paper is promised for May by Dr. Midgley Cash, of Torquay, on "Internal Hæmorrhoids and their Treatment."

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr.

J. C. BURNETT, 4, Harley Place,
Harley Street, W.

All advertisements and business communications to be sent

to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E. C.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

ANSWERS TO CORRESPONDENTS.

MR. FIELD, Taunton.—Many thanks.

DR. CLIFTON, Northampton.—Thank you very much; you see we have made use of your apposite suggestion.

MR. W. DARLING, Manchester.—Your letter stands over for our next issue.

PROFESSOR WILSON, Ann Arbor, Mich., U.S.—We are grateful for your kind wishes.

NOTICE.—Several kind correspondents have forwarded us clippings from journals without stating whence they are obtained. Will they please in future write on them from what journals they are cut, so that we may give credit to whom it is due?

DR. USSHER, Wandsworth.—Your paper came too late for insertion in this number.

W. B. H., Shrivenham.—Your interesting contribution stands over for our next issue.

Report of Dr. SAMUEL POTTER anent the Milwaukee Test.—This has just been received, and will be published in our next issue. The result is negative.

CORRESPONDENTS.

Communications received from Dr. Pope, London; Dr. Bayes, London; Dr. Eugene F. Storke, Milwaukee; J. Joiner, jun., Esq., New Deer; Messrs.

Henry Leake and Co., Brisbane, Queensland; Messrs. Barraud and Jarrard, London; Dr. Berridge, London; Dr. White, Exeter; Dr. Matthias Roth, London; Dr. Clifton, Northampton; Dr. Vt. Léon Simon, Paris; Messrs. Thompson and Capper, Manchester; Mr. Field, Taunton; Messrs. Keene and Ashwell, London; Dr. Hughes, Brighton; Fleetwood S. Smith, Esq., Durham; Dr. John H. Clarke, Ipswich; Dr. Drury, Bournemouth; Mr. W. Darling, Manchester; Dr. Ussher, Wandsworth; Dr. Harmar Smith, Ramsgate; W. B. Humphrey, Esq., Shrivenham; Dr. Cooper, London; R. Bewley, Esq. Uttoxeter; Dr. Samuel Potter, Milwaukee; Dr. Adrian Stokes, Sidmouth; Dr. Stanley Wilde, Nottingham; Professor Wilson, Ann Arbor; Mr. Jno. Barton, St. Helens; E. B. Ivatts, Esq., Dublin.

BOOKS AND JOURNALS RECEIVED.

Water: its Impurities and Purification. London, 1880.

The Chicago Medical Review. Vol. I., No. 1. [A new venture published by W. A. Chatterton, 972, West Madison Street, Chicago. This number is full of little gems from many sources.]

The United States Medical Investigator, February 1, 1880.

The Medical Counsellor. Vol. II., No. 10, January, 1880.

The Daily Inter-Ocean. Chicago, Monday, February 2, 1880.

Night and Day, January and February, 1880.

Boericke and Tafel's Quar-

terly Bulletin of Homœopathic Literature. New York, Feb., 1880.

The North American Journal of Homœopathy, February, 1880.

Allgemeine Homöopathische Zeitung, Bd. C., Nos. 7, 8, 11, and 12.

Modern Thought, March 1, 1880.

Monthly Homœopathic Review, March 1, 1880.

Homœopathic Times, Feb., 1880.

The Hahnemannian Monthly, Vol. II., No. 2, February, 1880.

The Cincinnati Medical Advance, November and December, 1879.

The Homœopathic Times, February, 1880.

The Clinique, Vol. I., Nos. 1 and 2, January 15 and February 15, 1880.

L'Homœopathie Militante, December, 1879.

Urania, March, 1880.

Revue Homœopathique Belge, No. 10, Janvier, 1880.

Annals of the British Homœopathic Society and of the London Homœopathic Hospital, February, 1880.

El Criterio Médico, 29 de Febrero de 1880.

The St. Louis Chincinal Review, February 15, 1880.

Introductory Address, by Professor Small, of Chicago.

The Journal of Medicine and Dosimetric Therapeutics, No. 3, March, 1880.

Archivos de la Medicina Homeopatica, Tomo II., 15 y 29 de Febrero de 1880.

The Chemist and Druggist, March 15, 1880.

Hering's Guiding Symptoms, Vol. II. The American Homœopathic Publishing Company, Philadelphia, 1880.

Scientific Instruments, by M. Pillischer, New Bond Street, London, 1880.

L'Homœopathie Militante, Janvier, 1880, No. 1.

The Mexican Branch of the Church. London, 1880.

The English Mechanic and World of Science, March 19, 1880.

The New York Medical and Surgical Journal, March, 1880.

The Hahnemannian Monthly, March, 1880.

The New York Medical Eclectic, January, 1880.

Papers for the Times on Literature, Philosophy, and Religion. London: E. W. Allan. January, 1880.

New England Medical Gazette. Vol. XV., No. 3.

The Dublin Journal of Medical Science, March, 1880.

Ischl et Ses Environs, par le Docteur Henri Kaan, Vienne, 1879. Guillaume Braumüller.

The Homœopathic News, March, 1880.

The Homœopathic World.

CONTENTS OF MARCH NUMBER.

LEADING AND GENERAL ARTICLES:—

An Irish Roll Call in Homœopathy.

Lecture on Physical Education and its

Practical Introduction into Schools.

How they Die.

Frictions on the Tongue.

Chronic Enlargement of the Spleen and consequent Cardiac Dyspnoea cured with *Ceanothus Americanus*

Decoration for Services rendered to Homœopathy.

Pathogenetic Record: *Canabis Indica*.

Earth Treatment of Uterine Fibroids.

OBITUARY.

LITERATURE.

CORRESPONDENCE.

SHORT NOTES, ANSWERS, ETC.

THE HOMŒOPATHIC WORLD.

MAY 1, 1880.

HOMŒOPATHY AT ANN ARBOR, U.S.

HOMŒOPATHY is dying out fast all over the world, especially with those lag-behind cousins of ours over the pond. We read in the *Ann Arbor Democrat* of Thursday, March 18th, 1880:—

THE HOMŒOPATHIC HOSPITAL.

As per announcement, the homœopathic hospital and amphitheatre were dedicated last Friday evening. The exercises were held in the amphitheatre, and hundreds were unable to gain admittance. In the audience were several homœopathic physicians from neighbouring cities, who, in common with the thousands of homœopaths of the State, feel a just pride in the advancement of Homœopathy, and who take a deep interest in everything that is being done by the legislators of this commonwealth to furnish the necessary means to carry on this important school. Although there are members in the profession who have grown old, who have devoted years of hard work in the cause, they have accomplished their purpose, and now see their labours rewarded in the full establishment of Homœopathy on the university campus, and the necessary means for its further advancement.

The exercises were opened with prayer by the Rev. Wyllys Hall, and the welcoming address was delivered by Dr. Franklin.

DR. FRANKLIN said:—In behalf of the Faculty and friends of Homœopathy in this city, I bid you a hearty welcome to the classic precincts of the University of Michigan, whose educational position rivals that of any institution of learning in the land. Under its protective ægis we are assembled to day to consecrate into a better and more perfect manhood our "little giant" of Homœopathy, and to rejoice over an event that ushers in a new era, that opens up a wide field of clinical research, and whose influence for good will be felt wherever civilisation extends. Some of you have come here from long distances, leaving behind for a while the genial influences of home, the cares and anxieties of a professional life, to testify your love for this adopted son of the Mother University whom you see to-day clad in the garments of youthful beauty. We welcome you to see the position that the department of Homœopathy has attained in the first five years of its existence here; to witness these palpable evidences of the people's faith in this college Faculty, who are doing good work as the advance missionaries in that holy and beneficent cause which is spreading its extended wings of healing throughout

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the length and breadth of this favoured land. The great heart of the Union is throbbing with sympathy, and its pulses beat with measured glow, at the onward march of Homœopathy, as it tramples down the barriers of empiricism and scatters to the winds the hydra-headed idol of polypharmacy. "It is impossible," says an English writer of eminence, "for any earnest believer in the truth of Homœopathy, for any one really anxious to see it attain its proper position as the predominant doctrine of therapeutics, to visit the chief cities of the United States of America without his heart being made to rejoice at the progress, both scientifically and professionally, which this doctrine has made among so shrewd and energetic a people as are those of that country. From whatever point of view the position Homœopathy has acquired there is regarded, whether from the number of regularly educated practitioners of medicine who have espoused the cause of Homœopathy; from the variety and character of the public institutions whose *raison d'être* is the teaching, practice, and development of Homœopathy; from the culture, wealth, and influence of those who avail themselves of homœopathic treatment; or from the earnestness with which the *materia medica*, clinical medicine, and surgery are studied, and the careful and thorough criticism to which the various practical details connected with Homœopathy are submitted in discussions at medical societies, it must be admitted that among the Americans Homœopathy is held in higher esteem, is more thoroughly taught, and more diligently cultivated than it is in any other part of the world." Submitted to the test of the most violent epidemics, as cholera and yellow fever; tried in the crucible of those epidemics of childhood, diphtheria, scarlet fever, and cholera infantum, and of those ever-recurring phlegmasiæ that exhaust and destroy with their poisonous breath, it is accepted and recognised by the more intelligent classes as an *advance* in therapeutics, that diminishes the duration of illness, and renders essential service in the prolongation of life. Animated by these evidences of its success, conscious of its superiority in the cure of disease everywhere, it has ingratiated itself into the confidence of the people and the legislators of most of the States in the Union. In 1855 the legislature of the State of Michigan first engrafted upon the University of Michigan a department for teaching its youth the principles and therapeutics of Homœopathy. For twenty years the conflict waxed hot between the people and the regency, and not till the treasury of the University was nigh exhausted was it permitted an abiding-place upon this campus. Its advent here was conceived in malignancy and hostility, and the spirit and letter of the times of its birth have been tenaciously adhered to ever since. In 1875, Drs. Samuel A. Jones and John C. Morgan, two prominent physicians of our school, were appointed as professors to teach the practice and therapeutics of Homœopathy. The former remains in the Faculty to-day, having passed through triumphantly and without scar the battles and sieges of the opposition, a living monument of heroism in the cause of Homœopathy and of truth. Let us write in letters of gold in some appropriate niche within this temple of healing, our appreciation of that wise and just legislature which first planted the seed of *similia* upon the soil of this classic campus, which, in spite of the most determined and deadly opposition of our allopathic neighbours and the unwise counsels of our own brethren has advanced year after year, till to-day, when you see the rich frui-

tion of our labours culminated in the erection by the legislature of this State of one of the largest and best constructed amphitheatres in the west. Our hospital, too, a generous gift of the same legislature, is ample and convenient enough for our present wants, and possessing the modern improvements of health and comfort, rivals any institution of the kind erected in the interests of Homœopathy in this western valley. Thus, the much-vexed question of Homœopathy continuing on this campus, has been definitely and emphatically settled by the people of the State. Conscious of our rights and privileges here, determined in our efforts to sustain and advance our cause by every laudable endeavour, we have taken to-day a perpetual lease of our new habitations, and here we propose to stay till we shall have conquered all opposition and established the cause of *similia* on the basis of an undisputed and invincible truth. A few days ago I was told by a certain member of our last legislature, that he was questioned by one of the Regents as to the appropriation of 6,500 dols. which was given for the erection of the homœopathic hospital and amphitheatre, when they only asked for 5,000 dols. Our friend of the senate facetiously remarked that it was intended to fix the status of Homœopathy on the campus side by side with allopathy; to which the Regent naïvely replied, "Well, if you intended Homœopathy to stay there, I suppose it is all right." The evidences that "it is all right" are these new buildings which you see erected in the cause of Homœopathy, as important and valuable aids for obtaining a more thorough and practical medical education. It is true that their completion has been very tardy, and that a considerable amount of phosphoric light has been wasted by our interested Faculty, that the seats keep our boys straightened up with a terrible severity that needs no plaster jacket, and that our students have been deprived of much valuable clinical and hospital experience; yet, they have borne their loss uncomplainingly and with commendable spirit, and I take this occasion, in behalf of the Faculty, to testify our high appreciation of the forbearance and kindly disposition they have manifested throughout their educational privations. Our department has now been placed on an equal footing with our more favoured brethren on the opposite side of the campus, and it is an open question for future legislation and an impartial regency to decide whether or not it shall be sustained in the future in all respects as the peers of those who constitute the department of medicine and surgery. I feel an abiding faith in the Board of Regents as at present constituted, and believe that the time is not far distant when the position and patronage of this department will reflect as much credit upon this University and its liberal management as any of its departments, professional or classical. To the attainment of this end, the cause of Homœopathy has endured much. Its progress here has encountered a galling fire of persecution which has been kept up with little intermission till the present, and the end is not yet. For five weary years, and with true devotion to principle, its only representative left from its early history has battled against resistance and threats of strangulation; the quiet atmosphere of the campus has resounded with discordant and bitter denunciations of the homœopathic appointees of the Regents, to whom all departments of the University alike owe their positions and emoluments of office. The Faculty of this college have endured greater trials, greater

discomforts, and greater insults in the faithful discharge of their duties, while at the same time holding *equal* rank with their oppressors in *appointment*, in *position*, and fealty to the governing power, than ever before marked the history of any department in a State University erected and sustained by the people for the people. Following the current of prejudice and opposition inaugurated here by the dictum of the American Medical Association, the old-school department of the University of Iowa attempted this same spirit of intolerance and persecution, but *there* the Regency interposed, and these self-styled regulars were informed if *they* would not teach homœopathic students in the fundamentals of a medical education, they were at liberty to vacate their positions, that others might be appointed who would; thus ended the imposition of the "regulars" in the University of Iowa. Thanks to the people, their representatives, and the new *régime* that dawns upon us with a purer light than ever before, we have entered upon a new era, and let us hope that this department will be continued and sustained in the same spirit of justice and equality that should govern alike all departments of an educational institution created and sustained by the people for the people. Then shall the genius of Homœopathy assume her rightful prerogative before all classes; then shall our matriculates increase in numbers and position year after year; then shall intolerance no longer make enemies of those who come here to drink at the same fountain of medical knowledge; then shall our influence be extended far and wide in behalf of this University; then shall the bulwarks of our faith be built strong and deep upon the eternal principle *similia similibus curantur*. Let me exempt from the tirade of abuse and oppression that have been heaped upon us here those of the opposing school who have investigated Homœopathy from the standpoint of medical science, in contradistinction to those who only see it through the darkness of their own intolerance and bigotry; the former ennoble the mind of the student, the latter degrades the faculties to the level of the medical snob.

"Shallow draughts intoxicate the brain;
Drinking largely sobers us again."

While *your* professional paths, ladies and gentlemen, have been made more cheerful in the enjoyment of that serener atmosphere that has succeeded the storm clouds of turbulence and passion heaped upon us here, can we not ask at your hands some active work, some professional help to carry on to a more speedy issue the great and growing interests already centred here? We now occupy a position where we can effect more brilliant results in the future than could possibly be achieved in the past. To accomplish this, we need *more material* for our surgical, for our eye and ear clinics, material for our medical and obstetrical departments, and we look to our brother practitioners of this and contiguous States to supply us with these important and practical aids of a sound medical education. It is true our clinics are daily increasing in numbers and interest, and even now outnumber those of the opposite school. Patients have been induced to come here because no balm of cure was held out to them by the other side. Here, in most instances, they have found permanent relief from their ills, after having been subject to the nauseous doses of the other department without corresponding

benefit. To what do we owe these splendid triumphs over disease? I answer, to our superior and health-giving therapeutics. Let us, therefore, open wide the gates, that all the sick, the maimed, and the halt may enter and find relief. Pile up our clinics mountain high, heap Pelion upon Olympus with medical and surgical patients till our scroll shall be full of instructive cases for our earnest and diligent students. We can do much now, *you can do more*, to make this department not only the brilliant reflection of a guiding principle in therapeutics throughout the State, a coadjutor to your everyday experience and practice, but a bright and shining light that shall send its tinted ray of hope into every portion of the earth where disease lingers and pestilence destroys. Sitting under the very shadow of our cherished University, the peer of any scientific institution in the land, where "Old Harvard" with its world-wide reputation finds a successful rival in all that pertains to mental elevation, whose Faculty take the highest rank as *littérateurs* and scientists—an institution known and recognised wherever civilisation extends; officered with a president and corps of teachers of eminent ability; possessing a museum on a grand, extensive scale; a laboratory, admirably constructed and furnished for experimental and analytic work, the superior of which is nowhere to be found; an observatory that challenges the reputation and learning of the astronomers of both hemispheres to show better and more extended achievements—the University of Michigan is fast becoming, as our distinguished co-labourer Thayer once remarked, "the centre of the wheel around which civilisation circulates." The department of Homœopathy seeks opportunity to add its richer fruits of experience to the swelling tide of wisdom that, springing from this campus, sweeps along, carrying upon its broad bosom the priceless wealth of knowledge that is rapidly making the people of this State the most favoured and prosperous throughout the great galaxy of American commonwealths. In our determination to examine alleged facts more critically, to pursue investigations more carefully and more scientifically than it has heretofore been possible for us to accomplish, and to prove to our friends and patrons, the citizens of this State, and our legislative representatives, that their faith in us is well founded, the Faculty of this college, animated with a livelier zeal for the future, strengthened by a fraternal bond of harmony and concurrence in all that pertains to the interests of Homœopathy, feel better qualified to develop the rich instrumentalities that pertain to the relief and cure of the thousand ills that flesh is heir to. In the words of our worthy President Angell, "In justice to the spirit of learning, to the best interest of society, to the historic life of this State," let us renew our energies in the endless crusade against disease and suffering, and let our crowning glory be the priceless legacy we shall leave to our successors in the rich treasures of knowledge garnered here in the holy cause of Homœopathy.

Dr. S. A. JONES said:—The Faculty of this college accept the trust now committed to them with a fitting sense of its necessities, its opportunities, and its responsibilities. They will provide for its necessities to the fullest extent of their capacity; they will improve its opportunities to the very limit of their knowledge; they will discharge its duties earnestly from their duty to the truth they teach, from their loyalty to the school they represent, from their gratitude

to the magnanimous people of a generous State. They cannot forget that in all this continent the people of Michigan, by placing them in equal official position, were the first to award to them that liberty in science which the spirit of the age had long before granted in religion. They cannot fail to remember how the doors of this University were open to them; they cannot fail to remember how many earnest endeavours had been thwarted; they cannot forget the few stout hearts (some now still for ever) which in all those long years of disappointment never faltered. Gratitude to the dead and duty to the living will keep their obligations ever before them. They are glad, however, that a large part of their responsibility must be shared by the profession throughout the State. This part pertains to the necessities of the hospital, and these are the material supplied there for and the ministrations afforded therein. The supplying of material is largely yours, the needful ministrations are wholly ours. These State hospitals do not much resemble the first endowed hospital of which we have authentic record. The great emperor "Alexius built a new town in a quadrangular form, near the mouth of the Euxine Sea, and among the buildings there were hospitals which he founded out of compassion for human infirmities, and for the comfortable subsistence of the maimed and the invalids. One might see there the blind and lame, as formerly in Solomon's Porch, which was filled with the diseased of all kinds. The building was double, and raised two stories high. It was of such a vast extent that an entire view of it could scarce be taken in one day. Although those placed in this hospital had neither lands nor possessions, and were reduced to a poverty equal to that of Job, they never failed to receive from the liberal hand of this prince everything that was necessary for their maintenance and support. And what is more strange and surprising, the persons who seemed to have nothing had their receivers and stewards; insomuch that those of the first rank piqued themselves in taking care of their affairs. By means of which great purchases were made and great benefactions continually given to carry on so charitable a work." This is as it should be, the State the founder and patron of the hospital, and the hospital having its usefulness augmented by private benefactions. When such foundings and such endowments are left to private charity the State is remiss. These hospitals, the only State establishments of their kind within its borders, compare poorly with that built by Alexius not only in size. The worthiest one of God's poor may knock at our door and knock in vain. There is no place provided for him in this thin charity of the commonwealth. "The quality of mercy is not strained," and by no possibility is that of charity improved by straining. In this instance it is a great mistake. It restricts the usefulness of the hospital in the most practical direction; it debases the purpose of the hospital in its grandest end; it belittles the State. If not a niggardly it is, indeed, a short-sighted mistake. As they stand to-day these hospitals have been built chiefly to further the interests of medicine and surgery in this University. Without them the teacher discharges only the lesser half of his duties, the student loses the larger half of his needful opportunities. This curtailment of the teacher's usefulness is the more quickly perceived and the more keenly felt by the most competent, the most earnest, and the most promising students, and as a consequence they

are tempted to complete elsewhere a course begun here, or they spend elsewhere a post-graduate year to supplement the clinical poverty of mere didactic teaching. Since this college has been founded a percentage of every junior class has been depleted in this way, and we must look to this hospital to arrest such depletion. To that end we urge the removal of every obstacle to an abundant supply of hospital material. It must not be concluded that for all these years we have been without clinical material. Indeed, when I recollect the clinical advantages which I know to have been afforded here since my connection with this University, I am fain to admire the energy untiring, and the enterprise unrivalled, of the gentlemen who hold the several clinical chairs. They are qualified to "keep a hotel" anywhere in the face of the keenest competition. They are more persuasive than the book canvasser, more ingenious than the lighting-rod man, more pertinacious than the life insurance agent—and all this for twenty-two hundred dollars a year. Sweet, indeed, are the uses of adversity! But when I consider what a judicious charity would do in the way of supplying clinical material, I am certain that the State is blind to some of the best interests of this University. It is possible to so besiege our doors with hospital applicants that instead of the present custom of kidnapping patients the rival colleges could accommodate each other with a score of incurable cases, thus showing their mutual goodwill. We might even inaugurate a system of exchange, and thus secure variety for our several clinics. We might send them, as a rarity, a case of Addison's Disease, and they, not to be outdone in kindness, might favour us with one of those ovarian tumours which terminates in rupture of the perinæum. How pleasant it would be to hear Professor Palmer say to his assistant, "Doctor, I believe we are indebted to Professor Wilson for three hypertrophied livers; send him half a dozen contracted kidneys." But I am forgetting the actual in thus hopefully anticipating the possible. As a means of supplying the hospital demand for material I would suggest that the State provide free beds, suitably guarding an abuse of its charity, and that those who now languish in the poor-houses of the State be sent hither at the expense of the county from which they come; or else that such patients be sent here and the expense of providing for them be assessed upon the county furnishing them. The present system of charity retains these unfortunates in a county-house where they are only a worthless and costly incumbrance, depriving the hospital of them where they could be of use for clinical demonstration. The expense of keeping them will be about the same, while in the one place they are useless though they can be of benefit in the other. Why will not the State put them where they can be utilised? Put them where the full meed of charity is awarded, where the claims of humanity are met, and where even science can still reap a rich harvest. At present all that pathological anatomy could gain from these cases is lost, and that loss falls heavily upon the medical schools of this University. It is a needless waste of some of the most valuable material; a loss that books and didactic teaching cannot make up to the student. It might also tend to make the grave more of a place of rest than it is said to be in Michigan. Moreover, many of these now helpless consumers of the public moneys could through suitable medical ministrations be returned as helpful producers—enriching instead of impoverishing the State. It is certain that in

such places many a curable chronic disease is utterly neglected, and the unfortunate victim left an unnecessary burden upon the people. Every consideration of an enlightened charity, of a sound political economy, and of the educational interests fostered by the State, urges the propriety of utilising this material, and I beseech of you within your several influences to move in this matter. This, however, is not the sole source of supply. Within the boundaries of this State are many needing the ministrations of these hospitals who could pay their way to its doors, but cannot sustain themselves in its beds. They were honest, honourable, self-sustaining citizens, while health and strength were theirs, and while in possession of these they discharged their duty to the State—in their misfortune the State has made but slender and inadequate provision for the affliction which has deprived them of usefulness. The doors of these hospitals are virtually closed against them. Before to-day such as these have found their way here, and have entered a hospital bed, having some little means with them, and it has wasted away while they lay in lonely anguish among strangers. How often has the small-pursed but large-hearted "medic" shared his slender store with these? So often, so spontaneously, so quietly, that the heart can never die out of humanity so long as a single "medic" lives. Bear this in mind, if you please, when some of his pranks offend you, when his hot zeal outruns his discretion, when you can only despise him as the "medic." You see only the rough outside; the poor patient has seen and blessed that warm within, lacking which he could never be a true "medic," having which he would not be anything else. This most worthy and deserving class of citizens should be provided for by the State, and that not meanly. The officers of these hospitals should have power to admit such to free beds at discretion. We are left, then, to those who can pay for their beds as our sole resource. This secures the ministrations of salaried officers of the State for those not citizens of this State who can pay for a bed. The State virtually bestows its munificence upon the stranger, and withholds it from its own. The rule should rather be—every bed free to the appropriate applicant; pay beds to be occupied only when there is no other applicant; and I say this because our present accommodations will meet the demands of only pure charity. With the earnest support of the profession in the State, I believe we can soon demonstrate the need for ampler accommodations. The plentitude of our semi-weekly clinics gives promise of this. They largely compensate for our limited hospital advantages, and the interest they have awakened in the class, as well as the benefits they have already conferred, emphasise the fact that with such measures as are feasible, the University of Michigan need not stand second in clinical teaching. There is also another class in behalf of which a voice should be raised. It comprises the pariahs against whom society shuts its doors and hardens its heart. It consists of those whom woman unrelentingly condemns, whom Christ forgave, and will forgive for ever. Catholic Europe carefully provides for these; what will Puritan America do? A lying-in hospital for these were indeed a Christful charity. An open door for her who trusted in man's faith; a place of refuge for her who fell through trustfulness. Her awful fall, her wordless misery, her utter friendlessness, her sore need the only *sesame*. We may avert our faces, we may hang our heads, we may pass by with the priest and the Levite,

but only the good Samaritan can acquit himself in the sight of the Lord God Omnipotent. We must take this world as it is, not as it should be; we must meet it as it is, not as it should be; and, haply, some day it will change the should be for the is—but never, never, never, if there is one single abyss of human misery which human compassion has not fathomed. Of the opportunities of the hospital I may say to the class that neither books nor teachers can ever acquaint them with the physiognomy of disease. Neither book nor teacher can show you “the shrunk and shrivelled features derived from the long-continued disease of the abdominal viscera; the white and bloated countenances often attendant on changes in the functions and structure of the kidney; the squalid and mottled complexion of the cachexia dependent on the united effects of mercury and syphilis; the pallid face of hemorrhage; the waxen hue of amenorrhœa; the dingy whiteness of malignant disease; the vacant lassitude of fever; the purple cheek and the pungent heat of pneumonia; the bright flush of phthisis; the contracted features, and the corrugated brow of tetanus; all which shades of countenance, with many more that might be enumerated, are distinctly recognised by the experienced eye.” This is that unwritten knowledge which distinguishes the practical physician from the mere medical scholar, and of course it is that which can never be conveyed by lectures. For this you cannot look to your teachers, and for the present you must look for it only to the friendly endeavours of our fellow-physicians in your behalf. You have also an opportunity for a more exhaustive investigation of disease in the hospital than you can hope to enjoy amidst the pressure of private practice. You can note pulse-peculiarities with the sphygmograph—and in this you enter upon a field of much promise; you can observe temperature variations with the thermometer, and in this territory you can glean valuable elements of diagnosis and prognosis. You can apply your physiological chemistry to an examination of the excretions, enlarging your knowledge of disease, and getting objective evidence of the action of your remedies in potencies which many believe to be inert. Because the significance of a fact is measured by the capacity of the observer you will profit by the hospital according to your capacity. Not every one can become a Graves or a Trousseau, an Addison or a Bright; but all that is asked of each is *the* best according to his best. Probably a humbler physician never practised than Robert Levett, whom Samuel Johnson, the *Ursa Major* of English literature, befriended and mourned. Levett’s “practice” was amongst the very poorest and most abject of London’s poor. Johnson wrote of it,

“In misery’s darkest cavern known,
His ready help was ever nigh;
Where hopeless anguish poured his groan,
And lonely want retired to die.”

And when Robert Levett had finished his humble career the same friend could say of him,

“His virtues walked their narrow round,
Nor made a pause, nor left a void;
And sure the eternal Master found
His single talent well employed.”

Well might Thackeray call these the “sacred verses upon Levett,” for

there is not a grander epitaph in even Westminster Abbey. Gentlemen, meet your hospital opportunities "without a pause," leave them "without a void." Of the many responsibilities resting upon the Faculty there is one which I must especially mention. I hope to speak of it with modesty and yet with plainness sufficient to put it beyond all possibility of misunderstanding. Among the pleasant fictions related of us as homœopathists are these: That we employ only the most concentrated poisons. We are, therefore, dangerous practitioners. That we employ only medicines diluted to nothing. We are, therefore, inefficient practitioners. That we obtain our results through the influences of the imagination. That for our cures we secretly resort to their medicines in their doses. When a man is thus attacked in front and rear, above and below, and on both sides simultaneously he is in a sorry fix unless the truth be with him and in him. Panoplied by her one man alone need not fear a host. We have learned this from our Master's example. We are not taking a new position for this occasion. We stand where we have always stood, on the *law of similars*, the *single remedy*, and the *minimum dose*. We know "the grounds of a homœopath's faith," and we are here in this University to maintain them. Our hospital records shall bear witness to our singleness of heart, our integrity of purpose, our purity of practice. We have law to guide us, results to justify us, and science to acknowledge us as her own. To her arbitrament we submit our all without the shadow of a fear. We pledge ourselves to a practical demonstration of the possibilities and capabilities of Homœopathy, accepting without reserve the posology of Hahnemann; we leave the reconciling, or the reviling, of its theoretical contradictions as a "sugar tit" for its detractors. In every era the founding of the hospital has been the high-water mark of its civilisation. I will even say civilisation culminates in the hospital. Schools, academies, colleges, and universities have high ends and noble aims. They multiply knowledge and amplify power. Their benefits, though reaped in the present, are still accruing for the future. They are as needful to the race as the sun to the universe. There is no growth without them. But all have in them the fact of recompense; in the vernacular of Mammon, they "pay." The hospital reaches beyond self, and stretches out its arms to suffering without a question. Civilisation culminates in the hospital, because there it imitates, as best it may, the Divine compassion. In my neighbour's garden, amongst foliage that in curious shape and cunning veining wearies imagination, and flowers that in splendour of tint and witchery of odour shame imitation, I found a plant grandless in aspect, clad in spines of a forbidding sharpness, and having nothing that I could discover to win admiration. I turned from it wondering why it had found a place in my neighbour's galaxy of beauties. One evening subsequently I received an invitation to visit the garden. I went, and found that graceless plant wearing the glory of a flower, resplendent in beauty, and revelling in perfume. It was the *Cactus grandiflora*, the paragon of plants, that unfolds its flower only to the stars and the silent night. So that spiney ugliness had hidden in its heart a thing of beauty. Perhaps, amid God's universes, the creature man appears to the higher intelligences as graceless as did that spine-clad plant to me; but, whenever a hospital is founded, human nature puts forth a

flower, and they forgive its spiney selfishness for the beauty that was hidden in its heart. Oh, my friends, let us see to it that ours is a full-blossomed, perfect flower, and its fragrance shall be grateful to the Master of the garden.

Dr. ELDRIDGE, of Flint, one of the oldest practitioners in the State, reviewed the progress made by Homœopathy, and dwelt at considerable length on the *modus operandi* which finally resulted in its establishment as a part of the University.

Remarks were also made by Professor Wilson, Dr. Sawyer, of Monroe, and President Angell.

The *Lancet*, *British Medical Journal*, etc., will please copy.

NOTES BY THE WAY.

By DR. USSHER.

Liquor Sodæ-Chlor.

NEVER can I prescribe this medicine without connecting with it the name of him who suggested the remedy to me. Dr. Robert Cooper struck on a mine of gold when he turned it to good account. Some in our ranks are above using a compound remedy; but let us be understood by a clear meaning of the term, and hear what Professor S. A. Jones says in his admirable "Grounds of a Homœopath's Faith." It may seem a singular admission for an avowed homœopath to make, but I am not prepared to deny that a strict definition of the "single remedy" may not include a composite prescription *under the single condition that the physiological action of the identical composite prescription be known*. If the definition were to exclude composite substances, I should yearn for the much-prized calcic sulphide, and I know where there would be weeping and wailing for a beloved "Bromide"—ay, and more than that, the soda chlorate *would be missed*. To my mind it is a uterine remedy of power, singularly like *Sepia*, and for the first time I am able to verify by two cases a most important symptom. Dr. Mercy Jackson (all honour to her), as quoted by Dr. Hughes, describes the sensation of the uterus being pulled back to its place, as occurring under the use of *Sepia*. My patient No. 1 gave me this symptom after a few days' use of *Liq.-Sod.-Chlor.* 2x.

Mrs. H. "Backache; worse in the morning, *with* stunning headache, hands cold, tenderness in hypogastrium, bearing-down pains, leucorrhœa."

February 18th. *Liq.-Sod.-Chlor.* 2x.

March 2nd. Discharge almost ceased. *Felt as if drawing the womb right up.* There is also a feeling of swelling in the passage (vagina), sore and relaxed feeling. These are her own words. She also adds that all her friends tell her how improved her complexion is—a symptom again and again observed by me. *The skin is cleared up.* The headache of *Chlor.-Sod.-Liq.* is decidedly worse in evening, with a stunned, dazed feeling.

March 13th. Catamenia now in excess of what they have been for a long time. Pathogenetic action. Omit the medicine.

No. 2 is a very weak woman. In times bygone the *Liq.-Sod.-Chlor.* in Dr. Cooper's prescription seemed too much for her. But in the present instance I gave the 2x instead of small doses of the crude, and with much improvement; leucorrhœa at once lessened.

"*She felt the womb pulled up,*" and suggested whether her improved condition was not due to pregnancy, which I negatived, as she had arrived at that conclusion too quickly. She now has backache night and day, especially at the bottom of back. Headache *night and morning*, and to-day (March 12th) nearly all day; sick feeling, *sinking* and itching of pudenda, restlessness at night, a great deal of wind, and not quite so much discharge.

Drug Mischief.

A gentleman just recovering from pseudo-apoplectic attacks, the sequel of brain-softening—the result of "vigorous physic." His attack began with apoplexy, due, I believe, to excessive doses, long and large, of *Quinine*, the same of *Strychnine* 1-200; both of which medicines, by increase of brain circulation, precipitated the result. He has had ever so many attacks, with a resulting and increasing loss of memory, loss of power, has to support the right hand with the left when moving it, squint converging after fit, swollen tongue, impressed with teeth, foam out of mouth right side, stertorous breathing, dark face and blue lips, heat of head to the hand, jerking pulse, puts out his tongue only on your imitation. From all these attacks, more or less severe, he has recovered by the use of *Acon.* 1x. Then the power over the tongue returns, but is manifestly lessened elsewhere; sometimes in bladder and rectum. *Phosph.* 3x has, after two

or three days' use, brought about the same condition of pulse, but relieved greatly the weakening heart; however, he would go and see the "Professors," and they professed him into his present state, and told him he would recover. I tell them no medicine can help him to recovery, for physic has done its worst for him. These *great* Professors ought to keep to strong young men whose brains are in a condition to resist their destroying physic. They mix physic as they would their punch, making it at the request of the patient a little stronger. Archbishop Whately asked if, in his extremity, utterance was denied him, to send for a homœopath, but may I be ever saved from what has slain my patients. Professor Jones, in his work quoted already, knows of one who admitted three deaths due to Bromism. How many more might he add? ay, and dozens to *Nux* ϕ , *Strychnine*, *Salicylic Acid*, and *Belladonna* ϕ . One young man came under my own observation who had taken in about eleven days more than two drachms of *Iod. Potass.* He had an abscess of the neck, made tedious in its cure by the *Hepar* that antidoted it. So much for writing prescriptions, and leaving others to add them up. The explanation is in the proving of *Kali Iod.* (Hering's Condensed Mat. Med.)

Headache.

Mrs. R. Headache, back of head and vertex, depressed spirits, pain through the temples, cramped feeling in nose, no headache on waking, worse of an evening; not much of a tea-drinker. *Ign.* 3x cured.

Sick Headache.

Mrs. C. Gets red in the face, burns on the vertex, sick deadly, no life in her, sparks before her eyes; the headache begins in the morning until she vomits, then it decreases; it is one-sided (left), comes on again in the evening; she is at the climaxis. *Lach.* 12 relieved, but *Cyclamen* 3 cured, and on every repetition of the sickness has afforded her prompt help. She was worse in afternoon and evening, which made me think of *Pulsatilla*; also in the air and on moving, the very opposite of *Puls.*, so Carrol Dunham both stopped and guided me. *Pulsatilla* longs for the open window, a symptom I have many times noticed in a phthical patient, and it always relieved her. They have both blind headaches, and my case had *heat of head.* The headache of *Puls.* often

associated with chilliness. There were glittering sparks before the eyes, which reminded me of *Cyclamen* (also *Cocculus*). There was also aversion to food and fat (*Puls.*). When you get a *blind* headache, with nausea and sparks, look it up; it is a friend to the women, and the men too; it must be so, as its name implies, "*sick laymen.*" Forgive the pun, and let the parsons too have the benefit of *this* eye-opener. They want their vision purged. The medicine has cured many a "Mr. Bateyses" hitherto.

Beer Dyspepsia.

Those who drink much beer and much physic want very strong doses. One individual whose case was strongly indicative of *Nux* had grain doses of the 1x. He was a little improved then. I gave double dose and he got better, but when the dose was made 3 grains 1x every day before dinner he was well presto—'tis curious, but 'tis true! Your correspondent about the rheumatic fever is, I believe, quite right about large doses of *Bryonia* *φ*. I have given five or six with benefit, far more benefit than the 3x. Baehr, I find, says the same. So we see there are exceptions to some doses, and I think I have made a new acquaintance with *Aconite* since I used 1x—however, I am young and learning. *Lycop.* 200 gave me a never-to-be-forgotten help with an apparently dying child. Bronchitis, and such a bout, after measles, both lungs rattling up and down like bags of gruel; fearful working of the *alā nasi*. *That* proved the key, and before I gave the *Lyc.* the poor child was drenched with perspiration, specially on the neck, wheezing loud. *Sambucus* 12 in globules (twenty years old) promptly checked it. *Sepia* high, *very high*, did most profoundly help a patient with cerebral paresis, and I had nearly omitted to state that after the signal service *Lycop.* 200 gave me the same little maid was perfected in her recovery by *Iod.-Arsen.* 12, globules. Some of us ignore them—among the professors! *Digitaline* 6x is doing a great deal by *steady use* for the "Heart and its Troubles," aided of course by *Phosphorus*. Now I have given you lengthy notes, and myself a headache, so I close for the present.

Wandsworth, March, 1880.

CEPA IN EAR DISEASES.

By ROBERT T. COOPER, M.D., Physician, Diseases of the Ear, London
Homœopathic Hospital.

Allium Cepa and A. Sativa.

THANKS to the untiring energies of that veteran adherent of our cause, Constantine Hering, we have a rich collection of symptoms belonging to *Cepa*, but it must grieve the old man much to find his labours so generally ignored by writers upon our *Materia Medica*, and to see that there is scarcely one of our practitioners that does not consider the onion a drug entirely beneath his notice, and only fit to add zest to, it may be, a nourishing beefsteak.

Some years ago I found Dr. Bayes prescribing *Cepa* for colds in the head at the London Homœopathic Hospital, but of late years none of my colleagues can have been prescribing it, as on inquiring for it not long ago it was not forthcoming from among the medicines then in stock.¹

That the onion constitutes a valuable remedy when prepared in Hahnemann's method I have not the slightest doubt. If we dispense with the high dilutions of this and other remedies, we are *ipso facto* shut out from the possibility of coping successfully with a large number of affections that, without their aid, are absolutely incurable. This is the conclusion to which I have arrived after working hard prescribing for cases of that most obstinate of all affections—of all symptoms, if you like—chronic deafness; and so long as we keep thinking of the onion and of its effects as discovered at the dinner-table, and not of its action as elaborated by scientific experimentation upon the healthy, aided by proper mechanical preparation, so long will we be unable to estimate its true position amongst the substances that prove curative in disease.

When theories were not so much in vogue, and observation guided writers upon drug action, we find the onion spoken of in no contemptuous terms. Thus Robert Boyle says, "The juice of red onions is excellent for diseases of the ears, or for deafness, in the beginning" (Shaw's edition of Boyle's Works, vol. iii. p. 640, London, 1738).

Again, at p. 643, "Out of a root of garlic choose a chive of convenient bigness, and having passed a piece of thread through one end of it, that thereby it may be pulled out

Perhaps this arose from a misunderstanding, as it was in stock since the above was written.

at pleasure, crush it a little between the fingers, and anoint it all over with oil of bitter almonds; put it into the cavity of the patient's ear at bed-time, and draw it out the next morning, stopping the ear afterwards with black wool; and, if need require, this is to be repeated with fresh garlic for some days successively." This was for "difficulty of hearing from a cold cause."

And this is "A souverain medicine for the pain and buzzing in the head, which hindereth the hearing," as given by D. Border in his "Physic and Chirurgery," the date of which is lost from the copy in my possession:—

"Take a clove of *Garlick*, and pill it clean, and then make three or four holes in the midst of it, and dip it in a little English honey, and put it into your ear, and put a little black wool after it, and for that night let the patient remain on the contrary side, and let the ear that is stopped be upright; and the next night following let him use the other ear in a like sort, and lie on the other side as before; and so let him alter his course every other night, and use it for the space of eight or nine days together, and this will expulse all ill humours out of his nose, ease the pain, and restore the hearing."

In John Wesley's "Primitive Physic," p. 58, almost the same recipe is given, while Culpepper, in his "Last Experiences," p. 85, London, 1666, gives this, at the present day, very common remedy "against deafness":—"Take an onion, and, having cut a round hole in the middle of it, fill it full of Oyl, and then roast it by a gentle fire, and, having taken off the outward peel, stamp it together, and apply it warm to the deaf ear to restore the hearing."

We could multiply instances of the onion being recommended for deafness, the *Allium Cepa* and the *Allium Sativa* being, in fact, the principal remedy—for virtually they are one—for ear diseases among our forefathers.

I had a case at a dispensary the other day that brought to mind very forcibly this action of onion, and that well exemplifies its homœopathic relationship.

It is this:—Lottie M., a girl of seventeen, who on a former occasion I had cured of deafness and otorrhœa, and whose ears therefore were what we may term "weak ears," came complaining that a few days before "a burning aching seized her well inside the right ear after eating a bit of raw onion, which lasted ten minutes, and left a noise in the ear like the whizzing of a bullet, with an up-and-down movement in the ear and

a burning in the throat, and dulness of hearing." *Pulsatilla* was prescribed, and after taking it for five days a snap occurred in the ear, after which she could hear distinctly, and the noise ceased.

This shows very plainly that the onion cures by virtue of its homœopathic relationship, and that we have only to employ it in accordance with our now well-established principles, and we may expect a result that will prove as pleasing to ourselves as it is gratifying to the afflicted that seek our advice.

Besides its pronounced action upon the ear, there is another extraordinary property the onion seems to possess—namely, that of being an absorbent of septic poison; but this is a question we cannot enter upon at present. It is a property that is possessed by the onion in substance, and probably is wholly due to the physical disposition of its particles.

17, Stanley Gardens, Kensington Park, W.

FINAL REPORT ON THE MILWAUKEE TEST OF THE THIRTIETH DILUTION.

WE have received the following from the Milwaukee Academy of Medicine for publication:—

The Milwaukee Academy of Medicine, in completing the Pathogenetic and Therapeutic Test of the Thirtieth Hahnemannian dilution make the following report:—

That the unavoidable delay in making the report was due to the removal of the depository, Rev. G. T. Ladd, from this city to Brunswick, Maine, to his absence from home, caused by the illness and death of his father, and to the tardiness of the reports from the experimenters.

That in carrying out the provisions of the test we have adhered strictly to the details of the plan for a scientific test of the pathogenetic and therapeutic action of the thirtieth Hahnemannian dilution, full particulars of which were published in the circular issued by this society in December, 1878. The *object* of the test and the *modus operandi* were announced as follows:—

. . . "The object of this test is to determine whether or not this preparation can produce any medicinal action on the human organism in health or disease.

"A vial of pure sugar pellets, moistened with the thirtieth Hahne-

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mannian dilution of *Aconite*, and nine similar vials, moistened with pure alcohol, so as to make them resemble the test pellets, shall be given to the prover. The vials are to be numbered 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10. The number given to the *Aconite* vial shall be unknown to the prover, and it shall be his task to determine which of the ten vials contains *Aconite*.

"These preparations are to be put up with the greatest care, in the presence of the members of the *Milwaukee Academy of Medicine*, and then placed in the hands of an unprejudiced layman of unimpeachable honour, who shall number and dispense the vials as they are called for by the provers.

"The provers must be physicians of acknowledged ability, who possess a good knowledge of the recorded symptomatology of *Aconite*, and who have faith in the efficacy of the thirtieth dilution.

* * *

"Preparations of *Arsenicum Album*, *Aurum Metallicum*, *Carbo Vegetabilis*, *Natrum Muriatricum*, and *Sulphur* in the thirtieth Hahnemannian dilution, made with the same precautions and care as this of *Aconitum*, shall be used as the test of the therapeutic powers of the thirtieth dilutions. In consideration of the inconvenience of experimenting on the sick, arising from popular prejudices, the number of vials of 'unmedicated' pellets may be limited to one for each remedy, and the experiments tried mostly in chronic diseases. The real gain to the healing art, which will be accomplished by the establishment of the truth or falsity of the theory of 'potentisation,' will amply compensate for the risk of delaying a few cures.

"The experimenters must be physicians of acknowledged ability, who possess a good knowledge of the therapeutic indications of the remedies tried and who profess faith in the efficacy of the thirtieth dilution. . . ."

The committee appointed by the *Milwaukee Academy of Medicine* for the purpose of making arrangements to prepare a scientific test of the efficacy of the thirtieth Hahnemannian dilutions reported as follows:—

"Mr. President,—Your committee have carefully considered the plan proposed in Dr. Lewis Sherman's paper for testing the efficacy of the thirtieth Hahnemannian dilution, and we are unanimously of the opinion that the test proposed in that paper is fair and honourable, and that the interests of science demand that it should be made.

"We recommend,

"That our society undertake to carry out the provisions of this test, and that to this end the essential features and the practical details of the test be given for publication as soon as practicable to every regular homœopathic periodical printed in the English language; and that translations of the same be sent to every known regular homœopathic periodical printed in foreign languages; and that all other appropriate and accessible means be employed to give the test publicity.

"That the directions given by Hahnemann for the preparation of the thirtieth dilution be followed with the most scrupulous exactness; that the alcohol used be of the purest quality obtainable, and

that to this end a quantity of the best so-called 'Homœopathic Alcohol' be redistilled in glass for the purposes of this test.

"That the Rev. Geo. T. Ladd, of Milwaukee, be selected to number and dispense the vials of test pellets as they are called for by the provers and experimenters; and that he give a solemn pledge that he will not, in any manner, reveal to any person which of the preparations coming from his hands have been medicated with the thirtieth dilution, until he shall have been called upon to do so by this society, and that he will use every means in his power to preserve the purity of the materials entrusted to his care, and to make the test fair and honourable.

"That all provers and experimenters be required to send their reports to the secretary, Dr. Albert Schloemilch, before the first day of December, 1879, and that the result be published in full about the first of January, 1880.

"And, finally, That this society appropriate a sufficient sum of money to defray the expenses of furnishing and delivering the test pellets of *Aconite* to one hundred provers—these being selected from the first who apply—and that the other provers and experimenters be required to pay in advance to the secretary of the society the sum of thirty cents for each set of test pellets sent them.

"EUGENE F. STORKE, M.D., "ALBERT SCHLOEMILCH, M.D.,

"ROBERT MARTIN, M.D., "G. C. MCDERMOTT, M.D.,

"E. M. ROSENKRANS, M.D., "O. W. CARLSON, M.D.,

"JULIA FORD, M.D.

"Milwaukee, Dec. 3, 1878."

The society unanimously adopted the report, and has used every possible means to give the test publicity.

We would further report—

That the medicines used in making the dilutions for the *therapeutic* test were obtained from the pharmacy of Messrs. Boericke and Tafel, and the *Aconite* tincture was tested by several members of this society, and found to produce its pathogenetic effects.

That the dilutions were made by this society in accordance with the Hahnemannian directions for the preparation of the thirtieth dilution.

That at a regular meeting of the society, held April 1, 1879, the following resolution was unanimously adopted:—

"Upon application by any professor in a medical college or any other public advocate of the high potencies, the Academy will prepare and furnish the thirtieth Hahnemannian dilution of *any remedy* in common use, for the purpose and in accordance with the terms heretofore published in the pamphlet entitled 'A Test of the Thirtieth Dilution.'"

That in accordance with various requests of the provers, we have prepared, in addition to the dilutions mentioned in the pamphlet, *Pathogenetic Tests of Nux Vomica, Belladonna, and Arsenicum Album*, and *Therapeutic Tests of Sulphur and Digitalis*.

That the bottles containing the thirtieth dilutions, thus prepared, together with a bottle of the alcohol used in their preparation, were given directly into the custody of the depository.

That he was also supplied with pure sugar pellets, vials, and mailing boxes, and that he was requested to medicate the pellets, and dispense them according to orders which he might receive from the secretary.

That the applications for the test cases were given directly to the depository as soon after their receipt as possible; that all cases given out were sent by him in response to applications received by this society from the provers; and that in answer to our request we received from him a thoroughly sealed envelope, containing the subjoined report:—

“Bowdoin College, Brunswick, Maine,
Jan. 26th, 1880.

“To the Milwaukee Academy of Medicine.

“Gentlemen,—The report which is herewith submitted to you I beg leave to preface with the following statements. The work which you did me the honour to entrust to me has been most carefully and scrupulously done; the record has been accurately kept, and secluded from all eyes but my own.

“Great pains has been taken to exclude entirely the possibility of guessing the medicated vials instead of discovering them by scientific experiment.

“Nothing has been permitted to indicate a difference in the vials tested, or to make it possible for any experimenter to detect in any way the reasons for choosing one number rather than another of all the vials numbered to contain the medicated pellets.

“So far as the test has been made, it has been made under the fairest conditions possible for me to secure.

“With these remarks, I invite your attention to the appended itemised statement of the tests sent, the time of sending, the persons to whom sent, and the numbers in each test of the medicated vials.

“These, gentlemen, are all the vials sent out by me in accordance with the instructions received from your committee.

“I am, very respectfully yours,

“GEO. T. LADD.”

Date	of case.	Name of experimenter.	Residence of experimenter.	Test.	No. of Tests.	Vial.	Experimenter.
Jan. 13, 1879	1	Dr. J. W. Thompson	Greenfield, Mass.	Path.	1	...	No report.
Do.	2	Prof. C. B. Gatchell	Ann Arbor, Mich.	Ther.	5	...	No report.
Feb. 26	3	Dr. H. L. Waldo	West Troy, N. Y.	Path.	1	...	No report.
Do.	4	Dr. W. S. Gillett	Fox Lake, Wis.	Ther.	5	...	No report.
Do.	5	Dr. E. Lippincott	Bowling Green, Ky.	Path.	1	...	No report.
March 1	6	Dr. W. H. Blakely	Do.	Do.	1	10	Number 5.
Do.	7	Dr. W. B. Trites	Manayunk, Pa.	Do.	1	...	No report.
Do.	8	Dr. G. R. Mitchell	Richland Centre, Wis.	Do.	1	2	Number 4.
Do.	9	Dr. C. R. Muzzev	Watertown, Wis.	Do.	1	7	Number 1.
Do.	10	Dr. A. W. Woodward	Chicago, Ill.	Do.	1	1	Number 2.
Do.	11	Dr. J. H. Thompson	New York, N. Y.	Do.	1	...	No symptoms.
Do.	12	Dr. N. S. Penoyer	Kenosha, Wis.	Do.	1	10	Number 4.
June 18	13	Do.	Do.	Ther. ¹	1	...	No report.
March 31	16	Dr. C. H. Hall	Madison, Wis.	Path.	2	...	No report.
May 5	17	Dr. M. A. Reis	Milwaukee, Wis.	Do.	2	2	Number 10.
Do.	17	Dr. O. W. Smith	Union Springs, N. Y.	Do.	1	...	No report.
Do.	18	Do.	Do.	Ther.	5	...	No report.
Do.	19	Prof. A. Uhlmeier	St. Louis, Mo.	Path.	1	3	Number 5.
Do.	20	Do.	Do.	Ther.	5	Ars. 1	Arsenicum 1.
Do.	21	Dr. W. F. Morgan	Leavenworth, Kan.	Path.	1	...	No symptoms.
Do.	22	Do.	Do.	Ther.	5	...	No report.
Do.	23	Dr. O. S. Childs	Beaver Dam, Wis.	Do.	5	...	No report.
Do.	24	Dr. Colleson	St. Louis, Mo.	Path.	1	...	No report.
June 18	25	Do.	Do.	Ther.	5	...	No report.
Do.	26	Dr. Wm. Eggert	Indianapolis, Ind.	Path.	1	...	No report.
Do.	27	Dr. Petrus Nelson	Minneapolis, Minn.	Ther.	5	...	No report.
July 25	{ 28 }	Dr. H. A. Foster	Buffalo, N. Y.	Path.	2	...	No report.
Do.	{ 29 }	Do.	Do.	Do.	1	...	No report.
Do.	{ 30 }	Dr. T. L. Brown	Binghamton, N. Y.	Do.	1	...	No report.
Do.	31	Dr. E. C. Morrill	Norwalk, O.	Do.	1	...	No report.
Do.	32	Dr. C. W. Mohr	Philadelphia, Pa.	Do.	1	...	No report.
Do.	{ 33 }	Do.	Do.	Do.	1	...	No report.
Do.	{ 34 }	Do.	Do.	Do.	1	...	No report.
Do.	{ 35 }	Do.	Do.	Do.	1	...	No report.
Do.	{ 39 }	Dr. W. M. Butler	Middletown, N. Y.	Ther.	2	...	No report.
Do.	{ 40 }	Dr. L. A. Campbell	Attleboro, Mass.	Do.	5	...	No report.
Do.	{ 41 }	Dr. J. A. Pearsall	Saratoga Spring, N. Y.	Path.	1	...	No report.
Do.	41	Dr. T. A. Martin	Delavan, Wis.	Do.	1	...	No report.

¹ Five vials, one containing Ars. 30.

NOTE.—Besides the above, an application was received from Dr. Adams, of Toronto, Canada, for *Lyc.* 30, in a ten-vial test. The material was prepared at a special meeting of the Academy, and sent by express to Prof. Ladd. Dr. Adams's name not appearing in Prof. Ladd's report, we infer that the package did not reach him, after his removal from this city.

RECAPITULATION.

Ten-vial, or Pathogenetic Test.

Number of tests applied for and sent out	25
Number of tests on which reports have been received	9
Number of tests in which the medicated vial was found	0

Two-vial, or Therapeutic Test.

Number of tests applied for and sent out	47
Number of tests on which reports have been received	1
Number of tests in which the medicated vial was found	1

Five-Vial Test of Dr. Pennoyer.

Number of tests applied for and sent out	1
Number of tests on which reports have been received	0
Number of tests in which the medicated vial was found	0

In the tabular statement, the number of the medicated vials in the cases not tested or not reported has been withheld by the society for obvious reasons. The last column, giving the report of the experimenter, has been added, to make the report complete.

The thanks of this society are due to Professor Geo. T. Ladd, of Bowdoin College, Maine, for his disinterested work in the interests of medical science; to the *Hahnemannian Monthly*, the *St. Louis Clinical Review*, and the *U. S. Medical Investigator*, for publishing the plan of the test; and, above all, to the persons who have magnanimously taken part in the experiment.

By order of the Milwaukee Academy of Medicine.

SAML. POTTER, M.D., President.

EUGENE F. STORKE, M.D., Secretary.

Milwaukee, Wisconsin, February 16th, 1880.

CASE OF HABITUAL ERYSIPELAS CURED WITH ARNICA 6.

By J. C. BURNETT, M.D.

IN July, 1879, a gentleman, seventy-four years of age, came under my observation suffering from *Habitual Erysipelas*. He was a teetotaler, and gave the following account of his case:—He could not lie down in bed, as his head got so hot and he dreamed so much. Had generally a cold upon

him, and the mucous membrane of the head was very much affected. Had a considerable flow of thick mucus from the nose by day. The back part of the head was hot at night. He could not lie on his cheeks, as they would redden, swell, and itch.

His History.—Thirty years ago he had ordinary erysipelas of the face, and had had it repeatedly ever since, but only at certain times. Latterly, however—that is, for the past two years and a quarter—it had never left him at all.

His mother was subject to frequent attacks of erysipelas, especially (like himself) in the cheeks.

Patient had already tried quite a number of remedies for years. He had taken *Aconite*, *Rhus Tox.*, *Belladonna*, *Arsenicum*, *Mercurius*, *Sulph.*, *Apis*, and all in the third dilution. Then he had tried *Veratrum Viride* externally. My first prescription was *Glanderinum* 6, given on account of the state of the nose, the thick discharge from the same, and the indurated tender glands.

August 8.—“No benefit; have still erysipelas in the face and head, the nose being the worst affected: *the flow of thick mucus from the nose is not quite so great, nor so continuous.*”

R. Tc. *Arnica Mont.* 6 ̄iv.; five drops in water twice a day.

September 4.—Patient did not come again, as he was cured. He wrote thus:—“I have great pleasure in reporting the success of your prescription under the Divine blessing.”

I waited some time, and then wrote to inquire whether the cure held good, and whether he still attributed the curative effect to the *Arnica*. He replied in the affirmative to both questions. Patient is an educated man with a trained mind.

Probably no one needs to be reminded that *Arnica* PRODUCES erysipelas. It is on that very account that it is condemned by the allopaths as a dangerous drug. And any *confrère*, whether allopathic or homœopathic, who has had to treat a few cases of erysipelas produced by the administration of *Arnica* internally, or arising from its external application, will certainly agree with me in one point, at any rate—viz., that *Arnica-Erysipelas* is tedious in its course. So I thought *Arnica* was called for. It produces a kind of erysipelas that often runs a weary, weary course, do what you will; and, therefore, if there is anything in this homœopathy, *Arnica* in a refracted dose ought to cure this case of habitual erysipelas. So it did. My good allopathic *confrères*, when are you going to throw off the scales of prejudice and see things as they are? It is as much your business as ours.

ON THE HOMŒOPATHICITY OF MINERAL
WATERS.

By M. KRANZ, M.D.

I.—WIESBADEN.

(Continued from page 168.)

THE Wiesbaden water appears nearly colourless in a glass, but in a larger quantity decidedly more like the whey of sweet milk, its odour very slightly like fresh and soft-boiled new-laid eggs. On a large surface of the water in a bath there gradually appears after some time a many-coloured, changing, dully lustrous, whitish-greyish to orange-reddish film—the accumulation simply of carbonate of lime on the surface from the evaporation of carbonic acid, freely contained in the Wiesbaden waters.

It remains yet to be explained, and may perhaps never be found out, how great the depth and by what causes these waters do take their rise, whether carbonic acid in the greatest point towards the interior earth does or does not cause these springs to bubble up in a ceaseless and ever equal stream, changeless in temperature both by day and by night, in summer and winter, and also in their abundance of water and with regard to their healing properties.

Regarding the constant components, this Kochbrunnen surpasses all thermæ (warm springs) hitherto known, even the Karlsbad springs in Bohemia. History has shown us that the Romans of old already appreciated the healing properties of the “fontes Mattiaci.” They sent their wounded militia invalids to these springs, and fortified the place with strong walls and castle towers, the remains of which are yet to be seen in our museum.

The old warriors experienced in their wounds great benefit from bathing in the waters. We read also that the Roman ladies at that time already found relief from innumerable complaints new and old, also that bathing in these waters kept them young and beautiful. With the above-mentioned red deposit—the so-called sinter—they are said to have dyed their dark hair a brilliant auburn or red, according to the fashion at that time to dye the hair as fair and red as possible after the natural manner of the Germanic natives’ wives’ and daughters’ hair.

Modern history teaches that the baths have been frequented very much by the invalided and wounded warriors

of *our* century, especially after the Franco-European wars (Napoleon I.), after the different revolutions 1832-48, and after the wars of 1854, 1866, and 1870, with most excellent results. The wounds appear to get into a healing process, by which ulceration of a pernicious kind is changed into healthy granulations. Island-like formations of newly created epithelium spring up everywhere, and enlarge their courses towards each other till the whole surface, formerly raw, is covered with a new covering, a new skin, shiny and almost transparent at first, but gradually thickening to the normal tissues. In a like manner are fistulæ remaining from gunshot wounds and compound fractures cured by the use of the baths.

To the *healthy* skin the bath produces a comfortable warmth, followed sometimes by a little shivering, and then returning warmth by degrees, a feeling of thickness and roughness of the tissues, and a little wrinkling. After the bath, directly the skin feels soft and cool, the palms of the hands and soles of the feet are covered with visible perspiration, the hair appears wet, though not moistened by the water. By rubbing the body the skin peels off the feet and back—gradually all over the body; warts disappear, also corns; the growth of the nails, the hair and skin, is very much strengthened after a course of bathing.

After many baths and longer use of the water, the feeling in the skin is more like itching, crawling, or creeping, with profuse perspiration, but slowly decreasing and disappearing, sometimes with slight stings as from tiny needles, followed by little red blotches, pimples or pustules, even small boils and yellow spots on the chest, back, and forehead, disappearing afterwards again; sometimes the hair will fall out and grow quickly again, but of a little darker colour.

The *complexion* does not suffer from the bath; *au contraire*, it becomes softer and more delicate after a long-continued course of bathing. The secretion of the eyes and nose is increased first, but after a few baths lessened to the normal again. Sometimes there is an inclination of the nose to bleeding, also the eyelashes may fall out, but soon grow again. On the neck are observed some feeling of stiffness and slight swelling of the submaxillary glands.

The muscular system of the whole body feels wearied, dull, sometimes with a tearing sensation and fatigued, wanting rest during the first few weeks, but after that time come certain comfort and strength. The bath taken immediately

after some real fatigue, or a journey, has a different effect, bringing on that mentioned comfortable feeling directly, and that strengthening at once.

The action of the heart is in the beginning of the bath somewhat accelerated, later lessened, sometimes again pulsating, not only to the feeling of the bather, but also to the applied stethoscope, especially after a long bathing time; soon after it again becomes normal. Accordingly the pulse is accelerated at first, then more quiet again, and after a great many baths the pulse may be about 95-100 directly after it, but decreasing to the normal by next morning.

These are the general symptoms after the bath to the external body, and they are increased by *drinking* the Kochbrunnen. The following observations show the effect of the water on the internal organs of the human body. There are after drinking the water *warm*, at about 90° to 100° F., generally some feeling of comfortable warmth in the region of the stomach, gradually extending down to the very feet, rumbling in the abdomen, eructation of gas (carbonic) from the stomach, and after some hours even a healthy evacuation.

After some days' continued drinking (one or two cups early morning), the tongue usually appears somewhat coated, its blood-vessels turgescent, the appetite increased, and according to the individual constitution sometimes diarrhœa will set in for a few days, but in others the evacuations are simply regulated, in others again the stools become more bilious and constipated as an exception.

The respiration is accelerated in the bath at first, decreasing, however, even to 3-4 respirations less every minute. After longer use of the baths the respirations are increased sometimes to 4-5 more every minute. Smokers and chronic bronchial sufferers are alleviated by the bath and by drinking; expectorating easier, while their mucous membranes of the gums and palate get slightly irritated and tickling.

Regarding the *uro-genital system* we observe in general copious urination, and frequently with a cloudy deposit after many baths, an acid (uric acid) reaction, darker colour; later some yellowish-greyish sediment, followed sometimes by the feeling of oppression in the region of the kidneys, when after that also the urine is clearer again, less acid and more alkalinescent. In the sexual system the organs appear turgescent, seminal secretion more strong, the menses more copious; at climacteric times sometimes menses will flow again after longer or shorter cessation, and with great relief to the

general constitution. The kidney symptoms appear exceptionally somewhat later with the urinal sediment, when the urine is of a pungent odour, and of frequent emission, and likewise with a kind of fine yellowish-reddish gravel.

Drinking Kochbrunnen water *cold* or cooled down causes generally fulness of the stomach, rumbling in the intestinal tract, after four to ten hours' simple evacuation, even diarrhœa after frequent and continued use, while the appetite increases and the above-mentioned sediment continues notwithstanding the diarrhœa.

If we persist in taking the waters and bathing for some time, we shall find that the body is diminishing in corpulence, the fat, especially if in the abdomen, will disappear, the muscles become more apparent, and the movements will be more free and easy. Digestion and nutrition are regulated and more complete, respiration more easy, circulation of the blood more active, complexion clearer, humour and wit more sprightly. If the drinking and bathing are continued over the time of six or eight weeks, sooner or later there appears a time of saturation. A certain aversion to the water is experienced, and all the favourable symptoms are reversed; and if still longer continued, these reverse symptoms will end in a regular disgust of the water, a yellowish-coated tongue, a flabby perspiring skin, congestions to the chest and head, nervousness, home-sickness, and melancholy, even a feverish state will set in. Yet these symptoms will disappear as soon as the water be discontinued, only appearing again as the secondary symptoms and consequence of the curative treatment for some months under the influence of insignificant occasional causes.

After enumerating all these symptoms, the field of operation of the Wiesbaden waters may be described as a general constitutional one, dissolving and discharging any stagnated or collected and morbid matter, afterwards strengthening the organism by constantly expelling pathological products and by liberating the whole system thus, and by causing a thorough healthy reaction.

But they say—what do they say?—let them say—some of our regular foster-brothers will say frequently that these mineral waters have no effect whatever, that all is faith! They will deny the curative influence entirely, and will set it down as due to the change of air, of scenery, of diet, of temperature, and probably the hopeful confidence in that remedy which is “*to make oneself whole*” again. But we may only call to

witness the thousands, nay, millions of invalids who have better personal experience, who will certainly say that all things must work together, but that they found themselves restored to health by drinking and bathing in the Kochbrunnen waters, after having tried all other cures and the above-mentioned changes and niceties—in vain. The term “faith” should rather be applied only to the one thing needful, to the Gospel, from beginning to the end of our lives.

On the other side we sometimes do read of general superlaudations about the miraculous effect of our mineral waters for *all* possible and impossible complaints of mankind. This seems almost sounding like universal quackery, and is injurious to the reputation of the curative properties, and may lead in consequence of its failure in incurable cases to entire scepticism.

If we hold our review according to the golden rule in the middle between such extremes, and more to the point of scientific research, we shall find above all that the constituents of the rocks are represented in the waters gushing out of the depth, dissolved, free, or bound in certain conditions and proportions.

(To be continued.)

ON LUPUS OF THE THROAT, OR GRAVE SCROFULIDES OF THE BUCCO-PHARYNGEAL MUCOUS MEMBRANE.

By Dr. DAVIDSON, Florence.

(Continued from page 155.)

THE VARIOUS TYPES PRESENTED BY THE LUPOUS LESIONS OF THE MOUTH AND THROAT.

WITH regard to the form of the lesions of the mouth and pharynx which accompany lupus of the face, we must admit several distinct types:

Erythema of such a peculiar appearance that we might term it livid erythema; *granulations*, *hypertrophic type*, *atrophic type*, *ulcerations*, and finally a *cancroidal form* that irresistibly reminds us of a transformation *in situ*, which is admitted by several dermatologists, and indeed confirmed by pathological anatomy in the few cases that have been observed.

1. *Livid Erythema*.—It is very frequent, apart from any other alteration in the mucous membranes, in subjects affected with lupus; the back part of the mouth has a peculiar appearance, of a vinous coloration, violet-red, livid. This tint is observed especially in the columns of the soft palate, on which we can see little venosities. This appearance reminds us to a certain degree (especially if there be at the same time a granular condition) of that of the throats of inveterate smokers.

With other subjects the mucous membrane of the isthmus and of the fundus of the pharynx is red, of the colour of port-wine, as in the preceding cases, but characterised by a shiny aspect and a condition of dryness.

Not only the throat, but also the whole of the cavity of the mouth, may present the same kind of erythema, but then the tint is not very often uniform. We find, especially on the lips and on the mucous lining of the cheeks, a certain milky appearance, with a pale rose-coloured basis, running on to a bluish colour, with here and there some very superficial erosions that remind one more or less of mucous plaques.

When, on a circumscribed portion of the surface, the redness gives place to a more opaline coloration, particularly if there be a little elevation at the spot, the resemblance is even more complete, and the lesion might well bear the name of a *scrofulous mucous plaque*.

2. *Granular state*.—Very often the *velum palati*, as also the fundus of the pharynx, show on their surface some small miliary elevations, on an erythematous ground, that may be roseate and almost semi-transparent, or red, resembling more or less little fleshy buds rather than protruding glands.

But there are other granulations to the importance of which M. Isambert has called attention; they constitute, for him, a manifestation of tuberculosis, and are connected with a special form of phthisis.

3. *Hypertrophy, Tumefaction, and Budding of the Mucous Membrane*.—Just as we see certain forms of lupus give an appearance of elephantiasis to the parts which they invade, or at least there is a diffuse tumefaction of the integument, so we also observe that the mucous membrane of the lips and of the cheek, and also that of the *velum palati*, thicken and swell. But this swelling, which at times is very considerable, is far from being uniform in many cases. The mucous membrane is raised like teats, or little hillocks

separated by furrows of different depths, and which also possess a budding surface. Just according to the more or less globular disposition of the elevations, or the greater or less depth of the furrows, the diseased part presents a muri-form or a vegetating appearance.

We know to what extent the tumefaction of the lips will proceed in certain cases of lupus; to such an extent, indeed, that one is reminded of lepra, except for the colour.

The projection made by the labial mucous membrane presses upon the gums to such an extent that it may cause atrophy, as, for instance, in the very interesting case reported by Pohl, in which almost the whole of the gums was destroyed, and the two rows of teeth stood out almost denuded down to the very roots. The little budding projections have at times an appearance of considerable hyperæmia, and form little bright red teats, whose shining surface seems deprived of epithelium and readily bleeds. In the furrows lying between them we observe some puriform fluid.

4. *Interstitial Atrophy*.—Hitherto I have studied a series of pathological states that involve a more or less profound alteration of the structure of the diseased parts, but yet have not resulted in their destruction; at most there remained superficial scars, showing what had been going on in the mucous membrane, and telling us thus that the change wrought by the lupus had been more superficial than profound. At times, indeed, it would seem to have been rather a kind of interstitial atrophy than true ulceration. At least the thinning of the parts would seem to indicate this. We must, however, be rather reserved in our interpretation of such facts, for it is quite possible that the uvula or portions of the *velum* that are found thinned and retracted may have been gradually destroyed by a sort of progressive erosion, by an almost imperceptible process of ulceration.

5. *Ulcerations*.—There are divers degrees of difference between *lupus vorax*, that determines vast and profound loss of substance in a very short space of time, and certain ulcerous scrofulides of slow evolution that use up—rather that destroy, and thus cause the total disappearance of the integument which it had invaded. There are as many varied forms with as many modes of progress in the scrofulides of the mucous surfaces generally, and particularly in those of the throat.

The smallest degree may be termed *progressive erosion*, the ulcerations properly so called taking on various distinct

forms; in fact analogous to *lupus vorax*, at times comparable with certain cases of *lupus exuberans*, is observed the type that I designated above under the name of the *cancroidal* form. With regard to the primitive scrofulides of the throat I will cite the observations that relate either to progressive erosion or to a variety of ulcerations that succeed miliary pustules. These facts will fill up the gap of this first division. As to the bucco-pharyngeal ulcerations that I have observed in subjects attacked with facial lupus, their most prominent character consists in their being remarkably atonic and torpid. Great or small, they are not profound, and are on a level with the mucous membrane that surrounds them; at times, however, they seem to be depressed, on account of the tumefaction of the peripheral parts.

The zone which surrounds them is dark red, or is of its normal colour; their floor is yellowish, smooth, with no bud-like projections, apparently covered with a kind of skin that is barely moist; its appearance has been compared to that of mastich, and to adipose tissue the little symmetrical ulcerations of the palatine arcs and that of the anterior column on the left side, and the ulceration of the palatine mucous membrane behind the incisors.

Other ulcerations, again, present a floor covered with little teat-like buds; and finally we find very different appearances when the ulcer follows some osseous lesions accompanied with suppuration; this type is exclusively seen on the palate where we see a peripheral pad formed by the livid buds on an irregular floor partly formed by the carious osseous surface.

6. *Perforations*.—Let us suppose this portion of the palate destroyed, and we shall have one of the forms of the perforations that may be produced by the grave scrofulides of the mouth; the loss of substance has not altogether the same appearance when it occupies the palate itself. These notions will be borne out and amplified by my carefully examining the lesions of the velum and of the palate in the primitive scrofulides of the throat.

7. *The Cancroidal Form*.—Here everything is combined to give the exuberant productions of lupus a character of malignity. The ulcerations have a firmer floor, that is at the same time more lardaceous; their margins turn outwards, the vegetations multiply with rapidity, and at times constitute veritable champignons, analogous to those of epithelioma.

(To be continued.)

A SEQUEL TO INTESTINAL OBSTRUCTION— COLOCYNTH.

By Dr. S. H. BLAKE, Liverpool.

ON March 25th was first seen a young girl, twenty-one years of age, who had been under treatment for six weeks for intestinal obstruction. During this period she was under the care of an allopathic practitioner, and although she had passed through the usual conditions of this complaint, and had had stercoraceous vomiting and persistent vomiting of the inje~~sta~~, with an inability to pass any stool per rectum for a time, she had at the date of my visit so far recovered, without any mechanical assistance or operation to relieve the obstructed bowel, as to be able to pass small, but in other respects natural, stools every day, without any difficulty. The vomiting also had almost ceased. But a halt in the improvement here took place. She had reached a certain stage in the recovery, and now seemed to be getting no better. Whether the actual state of the bowel had been intussusception or a twist of the gut there was not sufficient evidence to say, and there were never any signs of a hernial obstruction. I had no means of knowing what medicines my predecessor had given. The former treatment had been discontinued because no progress was being made, and the parents wished some further advice. On examining the abdomen, the locality of the intestine affected was at once found in the region of the descending colon—that is to say, a considerable swelling could be felt in the left side of the abdomen occupying the space between the left lower ribs and the left iliac crest, and in the position of the descending colon and the neighbouring parts of the small intestines which surround this region. As the abdominal integuments and parietes, which were rather dry and hot, and exceedingly sensitive to the least pressure, and even to the slightest touch, it was not possible to define the precise limits of the hard swollen mass by percussion, even if it were necessary to do so. But a very gentle examination was sufficient to show that the affected parts occupied a very large proportion of the space in the left side of the abdomen. There were all the signs of localised peritonitis, and the impression conveyed to me by the examination was that the gut, probably the large bowel, had been involved, together with its peritoneal investment, in the inflammatory process following the obstruction, and that this inflammatory process

had extended to the neighbouring coils of intestines, and that the whole had become matted together into one mass. The abdomen was tense and somewhat inflated. At this time, however, the bowels had become relieved, and the stools, passing one or more daily, were free from the signs of muco-enteritis.

The patient had, of course, remained in bed the whole time of her illness. It was impossible for her to walk or move on account of the pain and tenderness in the abdomen, and she had become considerably wasted, and so weak as to be hardly able to reply to any question or take much notice of others. She was not inclined to describe her condition or explain her symptoms. The face was pale, very slightly sallow, with a worn and exhausted look; the facial lines from the nose to the mouth exaggerated, and the eye sunken; the mental state despondent. In particular, the notes of her symptoms ran thus:—"The tongue raw and red, looks as if scalded; on it there is a pure white coating, thin, and occupying chiefly the two halves of the dorsum at the posterior half of the tongue, leaving the anterior portion, tip, and middle line at the posterior part free from coating. The front of the tongue of a bright-red beefy colour, and rather dry in appearance. The papillæ not enlarged. When protruded the tongue is of a square form. She has a constant desire for hot drinks or food, as hot or hotter than one may dare to give them to her, and does not care for drink warm or tepid, and avoids cold drinks, for these bring on the pain in the abdomen, from which she has throughout suffered greatly, in the character of a continuously acting colic or gripe, as it were, "drawing the stomach right back into her spine, and this continues notwithstanding that she passes stools freely." Are not these the reflex symptoms of intestinal obstruction or of localised inflammation? A portion of one of the symptoms of *Colocynth* given in Allen's work runs thus:—"Terrible, contractive, twisting pains in the bowels, immediately about the umbilicus, spreading afterwards over the whole upper part of the abdomen, lasting an hour, then copious evacuation, with immediate relief from pain, but only a temporary relief, as the pains returned, followed by a similar succession of events, the pain going on more or less all night, and this state of things went on for six days" (abbreviated). Again, "Excessive sensitiveness of the abdomen;" "abdomen continued tender and inflated even after an evacuation;" "the

bowels painful on strong pressure, as if excoriated;" "abdominal integuments painful, particularly when walking."

To return to the patient's symptoms. She often feels chilly all over, and experiences chills and coldness up to the knees. This is subjective, for the extremities are warm at the same time. In the pains she passes quickly from hot to cold, with the cheeks flushed. [*Colocynth*: "Chill and coldness of the whole body, with heat of face;" "Coldness of hands and soles of feet, rest of body warm;" "Chill and shivering with the pains.""] She occasionally still vomits, and brings up a bitter, yellowish-green fluid. [*Col.*: "Nausea rising from the stomach, and vomiting of a bitter-tasting yellow fluid."] A bitter phlegm rises in her throat and "chokes her." The phlegm seems to stop in the throat, and go no farther. [*Col.*: "Bitter, bilious, sobbing, violent eructations of a bitter, white, frothy fluid after breakfast."] She has an aversion to food of all kinds, cares for nothing to eat, has no thirst, yet a great desire for hot fluids. This last symptom I have not as yet been able to find in its entirety; perhaps some of our friends have had more success; but on reference to the "Cypher Repertory" I was able to find, "Desire for warm things (so stated)—*Lycopodium*." My patient had desire for very hot drinks, as distinguished from cold or warm ones; but *Lycopodium* has many of the symptoms of the case recorded, and one might have thought of its use for such a case of peritonitis as the one in question, but for the fact that there appears to be little knowledge of its having hitherto gained a reputation in any of the common varieties of that disease, and for the further reason that its abdominal symptoms are mainly in association with hepatic symptoms. Thus it is recommended for hepatitis and the symptoms of the intestinal functions under it, which are incarcerated flatulence, attended by constipation, with hard stools and ineffectual urging, from a contraction of the sphincter ani, with a feeling as if much remained unpassed, whereas with my patient the pains continued notwithstanding that free evacuations had occurred, with relief at the time. Again, on referring to Jahr I found "Desire for hot drink—*Casc.*," but on turning to his *Materia Medica* I found under *Cascarilla*, "Heat, with thirst, and desire for warm drinks;" but the abdominal symptoms of *Cascarilla* are so like those of *Colocynth*, though less numerous proved, that it might be difficult to say that the latter medicine would not have served for the symptoms under

consideration. Thus there are bitter eructations, tension, and pressure in abdomen, pressing flatulent colic, but there is constipation with hard stool, mucus and light blood passed per rectum. The desire for hot drinks, given as it is in Jahr's work, I take to be an empirical indication until this medicine be further proved. Allen does not record it under *Cascarilla*. With *Angustura*, again, which causes sensation of thirst more for warm than cold things, there is no desire or pleasure in drinking; and *Arsenic*, with burning thirst for cold water, but inability to drink or can take but little at a time, is the reverse condition of the case cited.

Bryonia competes with *Colocynth* in local peritonitis, but this medicine (*Bryonia*) distinguishes itself plainly by thirst for large quantities of cold water, large hard stools, or by lenteric or pasty motions according to the degree or extent of the inflammatory action.

But few of the symptoms of *Merc.-Cor.* refer us to peritonitis, and the signs of inflammation of the mucous lining or ulceration of the same were not present in my patient, and further her special symptoms are absent from the pathogenesis of *Merc.-Cor.*

Here are a few other medicines and their symptoms:—*Veratrum Album*: "Can drink *only cold drinks*;" "Averse to warm drinks." *Angustura*: "Thirst for cold drinks as well as warm ones." *Plumbum*: "Violent thirst, not specified for what; constipation, but desire for fried food" (Jahr). *Cantharis*: "Aversion to all fluids." *Kreasote*: "Better from warm diet; great thirst; foetid or putrid evacuations, or constipation."

I prescribed *Colocynth* 3x, gtt. 1 every four hours.

Her mother wished to learn if there might be any hope of her improvement or recovery, and her state was sufficiently serious at the time to prevent me from giving a positive reply to this question, but I expressed great expectations from the medicine.

On March 30 I called expecting to find my patient in bed, but was surprised to find her dressed and downstairs, and comparatively free from all her previous symptoms. This result was a pleasant surprise for every one. She was sitting up, had no pains in the stomach, and the bowels continued to act freely. Tongue cleaning rapidly; still a little too red, but much less of the scalded look about it; the white streaks on it are fading away. She has now a craving for water-cress; she cannot eat her bread without it, she says. In

other respects feels quite well, but is, of course, still weak. Expression of face greatly improved, looks much happier, and is in better spirits.

The watercress symptom so stated I did not find in the C. Repertory, but desire for vegetables—*Alum, Magn.*; and for succulent food—*Gran., Ac.-Phos.* But the symptoms improving, the *Colocynth 3x* was repeated for three days.

April 9. She has continued to improve in general health, but has had no medicine for the past few days, and the *Colocynth* would seem to have exhausted its beautiful action, as there is a slight return of the pain and tenderness in the abdomen. When the pain occurs it is of a continuous kind, but increased in severity at times. It is very difficult to get a full account of the sensations from the patient, she is very reticent. Rep. *Colocynth 3x* ter die. for three days.

April 16. Has so far recovered as to be able to go from Liverpool into Wales for change of air. She requires no further treatment. Now as on April 9th the abdominal symptoms which recurred closely resembled the pathogenetic effects of *Colocynth*, it would not be practicable to say whether they were caused by the medicine or the continuation of the diseased state previously existing, and it would be impossible to ascribe them for certain to the effects of the medicine.

The 3rd decimal appears at first sight a rather low potency to give—a potency indeed with pathogenetic powers; but do we ever treat or cure cases without using a medicine having pathogenetic powers of *some kind* belonging to the potency in which we use it? Have not *Arsenicum 12, 30, 200*, and so on, pathogenetic powers of some kind? And do we not use them in muco-enteritis according to the totality or to the special characteristics? Did not Hahnemann himself use them for such a purpose without injury to his patients? Why, therefore, should not we do the same? But if *Colocynth 3x* be pathogenetic of colic in one day, how long will it take this potency to produce peritonitis? What potencies in what given time will be required to produce peritonitis to the extent apparently found in my patient's case? Now, if we might assume that the 3rd decimal of *Colocynth* could hardly induce so serious an inflammation in a day or two, even by repeated administrations, as that observed in the case cited, but that it might perchance produce a colic with a little tenderness, we might naturally reason that this potency would have great difficulty in aggravating or in-

creasing the symptoms of the disease corresponding with the graver pathogenesis, and this being so, by how much the less would it have a tendency to increase them, inasmuch as if given in a dose less than the quantity able to produce the maximum disease present, it would by so much the more have a tendency also to cure the disordered conditions of this diseased person. But the fact in the present case is that in none of the patient's symptoms was there any increase after the medicine—that is, no aggravation of the previous symptoms for which the drug was given; its quantity and potency had been occupied in curing them. And, further, no fresh symptoms, to my knowledge, belonging to the pathogenesis of *Colocynth* have as yet made their appearance, or of symptoms which were not previously present [with the exception of a desire for watercresses], and for which the drug was not given; and the development of these would have been a sure criterion that the dose had been too large. The rapidity of recovery from such grave abdominal symptoms was sufficiently marked to satisfy any practitioner—the patient being up and dressed, and free from any particular inconvenience, in five days. But some might say that with the 6th, 12th, or 30th the result would have been a great deal better. But in what way would it have been better? Having cured frequently minor abdominal symptoms with *Colocynth* 6c, I do not deny, and would not, without giving some definite reason for the statement, that the 6th or 12th might have cured equally well in the case reported; but could one desire such a result in a shorter time than five days, and if so, why? Or would it have been better to postpone the improvement a little longer? The only satisfactory way to define the minimum dose required to obtain the least possible benefit from experimental observation would be to commence with a high dilution, say the 30th, which was for the most part Hahnemann's limit, and to gradually descend to as low as need be, thus eliminating from the commencement the obscuration induced by the possibility of the production of pathogenetic symptoms and of aggravation. If this rule were followed with the best medicine selected for the patient out of Allen's *Materia Medica*, we might find that in many cases improvement would set in at a much higher dilution than we had previously suspected, and that in other cases we should be compelled to lower the dilution to a much more material quantity of the drug than might have, on *à priori* grounds,

appeared necessary from simply a *reading* of the pathogenesis. For instance, *Aurum* metal might be found to begin curing its symptoms at a higher dilution than has been often employed hitherto, and *Camphor* might be found necessary in cholera in material doses frequently repeated. In short, we should learn every day that the dose question in relation to diseases could not be settled by the arbitrary divisions of the doses in the *Materia Medica*, nor by the nominated dilutions on the bottles in the chemist's shop. Nature has fixed her own laws for the dose; we only have to ascertain these, and doubtless they are as invariable as the laws regulating electricity, chemistry, and all other natural sciences, and as regards these we know already that quantity as well as quality has been taken into consideration. The laws of the dose must harmonise with the laws of the rest of nature or fall into the background, to be revived, perchance, at a more inopportune moment than the present, or perhaps present themselves in some other system, such as "Dosimetry," which could not have had a "birth" but for the slow development of the dose question in relation to the principles of Homœopathy, theoretical and practical, during that part of the latter half of the present century which has already run. This last-named system, "dosimetric medicine," will certainly also cast a serious reflection on the advance of the dose question in Homœopathy unless time be taken by the forelock as regards this, one of the most important and practical questions of modern medicine.

On referring to the quantities of *Colocynth* used in the provings, it is found that the characteristic pains of *Colocynth* were, it is stated, produced by the 200th dilution, presumably the 200th centesimal. But the great majority of the symptoms of the pathogenesis of this drug were produced either by the crude drug, the pure tincture, or by the first decimal or first centesimal dilutions; and the decided inflammatory symptoms, such as pain and excessive tenderness in the abdomen and its integuments, as in the symptoms quoted from Allen in the remarks previously made—these were the result of a considerable quantity of pure tincture. For this reason I think we should be justified in going as low as the 3rd centesimal, or even 3rd decimal, in inflammatory symptoms.

13, St. James's Road, Liverpool,
April, 1880.

PROFESSIONAL PETTIFOGGERS.

THE following statement has gone the round of the daily press:—

“Three vacancies, one for an out-patient physician, the other two for assistant-physicians, having been lately declared at the National Hospital for the Paralysed and Epileptic (where all diseases connected with the nervous system are treated), four candidates presented themselves. The first in professional seniority was Dr. Ferrier, and it was understood that, on account of his well-known professional and scientific reputation, the out-patient physicianship would be given to him. The next in order was Dr. Allen Sturge, who had devoted himself entirely to the work of the hospital during the years 1875-76, first as registrar, afterwards as resident medical officer and registrar, and who received from the committee, on leaving, their most warmly expressed thanks for the manner in which his work at the hospital had been done. In order further to qualify himself for special practice in diseases connected with the nervous system, Dr. Sturge spent six months in Paris in 1877, where he studied with Professors Charcot and Fournier, the leaders of that department in the Paris school and hospitals. Since his return, Dr. Sturge had on various occasions spoken before the medical societies, and published several papers on different forms of nervous disease. He had found time also to attend Moorfields Eye Hospital, in order to work with Mr. Jonathan Hutchinson, the senior oculist, at those nervous diseases in which the eye symptoms play a prominent part. It was confidently anticipated by the profession that Dr. Sturge would be appointed Senior Assistant-Physician to the National Hospital, his antecedents and the testimonials he was able to bring of special fitness for the post from leading physicians in London and Paris obviously marking him out for the place. Neither of the remaining candidates had ever been connected with the hospital, nor had they done any work in the department of nervous diseases. It was expected that Dr. Ormerod, the senior of the two, would be appointed to the third vacant post at the hospital. When the staff met to consider the applications and testimonials (five out of the six members then composing the staff were present), they unanimously agreed to recommend three candidates to the managing committee, in the following order—Dr. Ferrier, Dr. Allen

Sturge, Dr. Ormerod, which was done. The committee elected Drs. Ferrier and Ormerod, and sent to request Dr. Sturge to meet them the following week, in order to ask him a question. Dr. Sturge was told by one of the committee privately that some members were not willing to elect him on account of his being married to a lady doctor. When he attended, as requested, the following week, the chairman came out and said that the committee could come to no agreement, and that nothing Dr. Sturge could say would help them. A few days later the committee deputed one of the staff to call on Dr. Sturge and suggest that he should withdraw his application, as they could not get over the difficulty of his being married to a lady doctor, and did not wish to have the onus of refusing him. Dr. Sturge refused to comply with their request, and the committee then appointed Dr. Ormerod to the post of Senior Assistant-Physician, and elected the fourth candidate—whose diploma is not yet three years old—to the junior post.”

SCIENTIFIC PHYSICAL EDUCATION FOR GIRLS IN THE LONDON BOARD SCHOOLS.

THE School Board of London has accepted Dr. Roth's offer of prizes of £10, £6, and £4 respectively, for the school-mistresses who best prove their capacity of teaching the elementary laws of health and scientific physical exercises.

LITERATURE.

THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA.¹

THERE is something in the literary labours of an octogenarian that commands our most profound respect, and this beautiful volume is taken up by us with a feeling akin to

¹ The Guiding Symptoms of Our Materia Medica. By C. Hering, M.D. Vol. II. Philadelphia: The American Homœopathic Publishing Company, 1880. London: The Homœopathic Publishing Company, 2, Finsbury Circus, E.C.

awe. We look at the clear type, the excellent paper, and count the number of pages, and see it amounts to five hundred and six; and this is only the second volume of a series. *Arnica* is the first drug whose symptoms are given, and *Bromium* ends the volume.

A very important observation is made regarding *Arnica*, viz., "A great many reports of so-called provings have been given in the journals. It is very probable that all these were the result of tincture made from the flowers containing the arnica fly. Before the bud opens, an insect, *Atherix maculatus Meigen*, lays its eggs into the torus, or receptacle. The worms coming therefrom live on the seed, which does not prevent the development of the flower, but the ripening of the seed. Nearly all the flowers in the shops contain eggs, worms, or the excrements and other remains of the worms, or the pupas; and all this acts similarly to *Cantharides*. Following the example of Hahnemann, we ought to use nothing but the root." This is an important pharmaceutical point, which we commend to homœopathic chemists.

There is a good proving of *Astacus fluviatilis*, of which crustacean C. Hering made a tincture in 1825 that still had a fishy smell in 1867. "Chill over whole body, particularly sensible in the armpits," looks like a useful indication, and *nettlerash* is a very prominent symptom.

Of *Asterias rubens* we are reminded that it was used by Hippocrates in uterine diseases.

The symptoms of *Aurum* are wonderfully pregnant with significance, as also those of *Baptisia*.

The specific affinity of *Borax* for the female organs is well brought out, which, by the way, shows what true observers were the Hohenheimians, with whom *Borax* was a famous *uterinum*.

And so we might continue, did our space allow, to call attention to the priceless gems in this great storehouse of pathogenetic and clinical drug lore. Of this last we wish there had been less, that is of *clinical* symptoms. But as Hering was a noted physician when we lay in the cradle, it is very likely that he knows better than we; hence we accept this outcome of a long life's labour with heartfelt thanks. No physician abreast of the times can afford to be without Hering's *Guiding Symptoms*.

MODERN THOUGHT.¹

THE number before us is the first for the current year, and contains Mr. Foulger's Introductory; Leaders of Modern Thought: Ernest Renan, by J. C. Earle, B.A., Oxon; A Recovered Gospel, by Moncure D. Conway; Railway Traveling and Health, by Dr. B. W. Richardson, F.R.S.; Mental and Moral Differences resulting from a Distinction in Sex, by George Harris, LL.D., F.S.A.; and Mr. Ruskin's Letter to the Clergy on the Fatherhood of God, by Rev. H. N. Grimley, M.A. Such are the caterers and their bill of mental fare. We may give Dr. B. W. Richardson's paper in this journal when we can spare space.

"Modern Thought" commends itself to all thinkers, and will soon become a great power in the world of mind.

Those who live by faith, and never doubt or fear, are advised not to read it, lest they live to exclaim with Schiller, "Ye have given me philosophy, but taken away my peace of mind."

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homœopathic World*.

INSURANCE STATISTICS.

SIR,—Will you kindly make inquiries as to the truth of the matter in the enclosed "clipping"? There must, we think, be some mistake in the numbers given, "66 in 7,927 in ten years."

It would be of the greatest advantage to Homœopathy if you would give a résumé of the progress of Homœopathy every two or three years. In this colony all the more advanced medical men possess our standard words.

Yours very truly,

91, Edward Street, Brisbane,
Jan. 1st, 1880.

HENRY LEAKE.

¹ Modern Thought. Edited by John Charles Foulger. Published monthly. Richardson and Best, Paternoster Row.

This is the clipping referred to :—

In the Mutual Life Office of New York the "Mortuary experience of ten years is given. Out of 7,927 policies to non-homœopaths 66 deaths occurred." Hence the society finds that it can take homœopathic lives at a much lower premium than lives of non-homœopaths; in other words, positive results show that homœopaths live longer than other people. These facts force themselves upon the public, hence prejudices against the system are gradually giving place to warm attachment for it.—*Western Independent*.

[Perhaps the Mutual Life Office of New York can furnish us with an account of these matters.—ED.]

HOMŒOPATHY IN THE SEVENTEENTH CENTURY.

DEAR SIR,—Accidentally I have met with a curious acknowledgment of Homœopathy, made some two hundred or more years ago, which I beg to forward to you, being convinced that you will consider it worthy of insertion in your esteemed periodical, as calculated to interest every true adherent of the reformed system. We certainly need no confirmation of the great truth we are happily in possession of, nevertheless it is gratifying to hear a powerful voice resounding from a distant period in favour of our much-abused system. I copy the article verbatim as it appeared in the *Daheim*, No. 16, of 17th January last, under the heading, "Zur Geschichte der Homœopathie," and take the liberty at the same time of subjoining an English version, which I shall feel much obliged by your kindly revising and correcting :—

"Schon im XVII. Jahrhundert kannte Dr. Paul Fleming, der berühmte Dichter, der zugleich auch Arzt war, die Homœopathie und gab ihr vor der Allopathie den Vorzug. In seinem Gedichte an Dr. Hartman, seinem Freund, findet sich folgende Stelle :—

'Ein kluger Arzt der nimmt
Da seine Hilfe her, von was der Schade kömmt
Lös't Salzsucht auf durch Salz ; löscht Feuer aus mit Flammen.
Was mancher nicht begreift. Ihr zieht die Kunst zusammen,
Macht wenig aus so viel. Ihr wirket viel durch wenig
Von Euch thut ein Gran mehr, als jener langer Trank,
An dem ein Fleischer wol sich möchte heben krank

Wir sind nur ueberhoben
 Der alten Fantasey. Wer will den Arzt noch loben
 Um dasz er nur verdient des Apotheker's Dank
 Der doch dies setzt vor das. Soll man die armen Schwachen
 Durch einen schweren Trunk noch doppelt schwächer machen !' etc."

"So far back as the seventeenth century Homœopathy was understood and preferred to Allopathy by Paul Fleming, a celebrated poet, who was at the same time a physician. In his poem to his friend Dr. Hartman the following passage occurs:—

'A clever physician takes his remedies from substances which cause the harm: removes a craving for salt with salt, puts out fire with flames, a thing not understood by many. You contract the art by doing so little with much, you ought to make much out of little. A grain should be more efficacious than a long draught capable of doing harm to a butcher. We have got rid of the old fancy. Who is there now who will commend the doctor simply for his deserving the thanks of the chemist who prefers the latter mode to the former, and must then the poor patient's weakness be redoubled by a heavy potion?' etc."

This remarkable extract deserves a place by the side of an equally interesting acknowledgment made about the same time by Johan Faramund Rumel, physician to the Duke of Anhalt, and evidently a disciple of Paracelsus, in his work entitled, "Medicina Spagirica." The passage is brought forward in the *Populäre Homœopathische Zeitung*, 1871, No. 10. Should you wish to insert it in the *Homœopathic World*, I shall have much pleasure in forwarding a translation.

I remain, dear Sir, sincerely yours,

WM. HY. HEARD.

Alexandrofsky Head Mechanical Works,
 beyond the Nefsky barrier, St. Petersburg, Russia.

"NEMO'S" NATRUM MURIATICUM CASE.

DEAR SIR,—May I request you, or some of your professional contributors, to make some explanatory remarks on "Nemo's" very interesting case mentioned on p. 92 of the current volume of your magazine? The point on which I want light is, on what principle was the cure effected? If "Nemo's" trouble was caused by eating the pound of salt, would not *Nat.-Mur.* be "*idem*," and not "*similia*"?

Would any homœopathic physician that "Nemo" might have consulted, say fourteen and a half years ago, have been likely to prescribe *Nat.-Mur.* in any attenuation to cure the ill effects produced by the salt? But then we have the element of time to consider. Is it possible that a drug disease in the course of fifteen years becomes so thoroughly naturalised in the system as to be identical with similar disease produced by other causes? If this be the case, would it not be reasonable to suppose, by analogy, that *Merc. 30* would repair a constitution broken down by allopathic doses of blue-pill, calomel, etc.?

My apology for trespassing so far on your valuable space is that I feel that the point raised will be of interest to many of your readers besides myself.

I am, yours truly,

Uttoxeter, March 22, 1880.

R. BEWLEY, Jun.

[What have Dr. Berridge, Dr. Wilde, of Weston-super-Mare, and "Nemo" himself, to say on this subject?—ED. H. W.]

INFORMATION WANTED.

SIR,—In your number for March you give a list of new remedies; amongst them are—

"Antimonium Iodatum,
"Arsenate of Antimony, and
"Aurum Arseniosum."

Can you refer me to a paper or papers giving the methods of preparation of these substances?

I am, yours faithfully,

WM. H. DARLING.

126, Oxford Street, Manchester,
March 12, 1880.

RUMEL'S ACKNOWLEDGMENT OF HOMŒOPATHY IN 1630.

DEAR SIR,—I now hasten to forward Rumel's acknowledgment of Homœopathy made some two hundred years ago. The extract, as stated in my previous letter, appeared in the

“Populäre Homöopatische Zeitung” for 1871, but I translate from a Russian version, which was printed in the journal of the St. Petersburg Homœopathic Society in 1872:—

“Therefore every spirit requires that it should be moved by that which has most affinity with its nature—*simile a simili curari*.”

“From whatever source the disease proceeds, from a similar source ought the treatment to be undertaken.

“Every poison can be destroyed in two ways; first, *per contraria*—i.e., by its opposite, by that which counteracts the poison; and secondly, *per similia*—i.e., by its similar, as one poison attracts another like a magnet. But the poisonous medicine which is to cure its similar must previously be prepared in such a way as to convert the poison into a medicine. For a poison, prepared so as to be incapable of causing injury, counteracts every other poison that it meets with, since a poison can, *per sympathiam* (by sympathy or affinity), draw to itself another similar to it better than it can a foreign substance which is not similar to it, as we see in soaps, which extract all fatty substances rubbed by them, because they were themselves originally fatty substances. Thus, too, fire and the strongest spirits of wine draw out a burn and all heat; cold snow-water restores frozen limbs.”

I beg to add that in the catalogue of the Imperial Public Library here the following title occurs:—“Joannis Veremundi Rhumelii Basilico-chimica. Das ist: Spagirisch Königlich Kleinott, Tubing, 1630.”

I remain, dear Sir, yours very truly,

WM. H. HEARD.

St. Petersburg, 13th (25th) March, 1880.

LONDON HOMŒOPATHIC HOSPITAL.

THE return of patients admitted during the two months ending April 22nd, 1880, gives the following statistics:—

Remaining in Hospital February 19th, 1880	42
Admitted between that date and April 22nd	72
	114
Discharged between February 19th and April 22nd.....	78
	36
Remaining in Hospital April 22nd, 1880.....	36

The small number of in-patients is due to the fact that

owing to an unexpected outbreak of fever in the largest ward, that ward was closed during the whole of this period.

The number of new out-patients during the above time has been 1,255.

The total number of out-patients' attendances for the same period has been 3,691.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 4, Harley Place, Harley Street, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E. C.

ANSWERS TO CORRESPONDENTS.

PROFESSOR WILSON, University of Michigan.—We look proudly on; "crumbs of comfort" indeed. We in the old world are too heavily handicapped with the crass prejudice of ages.

DR. BROJENDRA NALT BAMIJEE, Allahabad.—Your communications are most welcome; they are crushed out this month, but will appear in our next issue.

OUR INDIAN CORRESPONDENTS.—Please write plainly, and enclose your cards so that we may at least spell your names correctly.

CAPTAIN MAYCOCK.—We had gone to press when the *Examination Papers* came to hand; they will be inserted in our next issue.

DR. JNO. CLARKE, Ipswich.—The continuation of your able contribution came too late for insertion in this number.

DR. HARMAR SMITH, Ramsgate.—We are reckoning on your paper for June.

MR. TIRRELL, Hanley.—Your letter came too late for insertion in this number; it stands over for our next.

CACHAR.—Your paper on the curious epizotic will appear in our June number.

DR. WHITE, Exeter.—Thanks for your letter on arsenic; it will appear next month.

DR. BERRIDGE, Highbury New Park, N.—Your record is unfortunately crushed out.

CORRESPONDENTS.

Communications received from W. H. Heard, Esq., St. Petersburg; Professor T. P. Wilson, University of Michigan, Ann Arbor, U.S.; Dr. Kranz, Wiesbaden; Dr. S. H. Blake, Liverpool; Dr. Stokes, Sidmouth; Dr. John Clarke, Ipswich; Professor E. M. Hale, Chicago; Dr.

Adrian Stokes, Sidmouth; Dr. Blumberg, Southport; Dr. Brojendra Nalt Bamijee, Allahabad; Captain Maycock, London School of Homœopathy, Great Ormond Street; Dr. Harmar Smith, Ramsgate; Professor Hale, Chicago; Mr. J. Tirrell, Hanley.

BOOKS AND JOURNALS
RECEIVED.

Homœopathic Journal of Obstetrics. No. 3, Vol. I.

The Cincinnati Medical Advance, March, 1880.

Modern Thought, April 1, 1880.

Revue Homœopathique Belge, No. 11, Fevrier, 1880.

The Monthly Homœopathic Review, April 1, 1880.

Allgemeine Homœopathische Zeitung, Bd. 100. Nos. 13 and 14.

The Clinique, March 15, 1880.

Urania, April, 1880.

The Journal of Medicine and Dosimetric Therapeutics, No. 4, April, 1880.

The British Journal of Homœopathy, April 1, 1880.

The Dublin Journal of Medical Science, March, 1880.

Diseases of the Eye. By E. P. Hart, M.D. Detroit: E. A. Lodge.

Diseases of the Brain and Eye. By the same author.

Hill's Epitome of the Homœopathic Healing Act. Detroit: D. Lodge, 1879.

The American Observer, March, 1880.

La Reforma Médica. Organo del Instituto Homeopático Mexicano. Tomo IV., Num. 3.

The New England Medical Gazette. Vol. XV., No. 4.

The Chemist and Druggist, April 15, 1880.

Eleventh Annual Report of the Homœopathic Hospital and Dispensary, Melbourne, 1879.

An Elementary Text Book of Materia Medica. By A. C. Comperthwaite, M.D., Ph.D., etc. Chicago: Duncan Brothers, 1880.

Surgical Diseases and their Homœopathic Therapeutics. By J. G. Gilchrist, M.D., etc., etc. Chicago: Duncan Brothers, 1880.

The New York Medical Eclectic, February, 1880.

The Homœopathic Expositor. April, 1880.

The Dublin Journal of Medical Science, April, 1880.

Twelfth Annual Report of the New York Orthopædic Dispensary and Hospital.

The Hahnemannian Monthly, April, 1880.

The New York Medical and Surgical Journal, April, 1880.

Annual Report of the East End Juvenile Mission, 1878-79.

The Homœopathic World.

CONTENTS OF APRIL NUMBER.

LEADING AND GENERAL ARTICLES:—

Poison in German Beers.

How they Die: II. Arsenical Wall-papers.

On Lupus of the Throat.

On Petroleum.

Calotropis Gigantea: Lupus of Face.

On the Homœopathicity of Mineral

Waters: I. Wiesbaden.

Sea-Salt in Pulmonary Consumption.

Sir William Seamew, the "Society"

Doctor.

OBITUARY.

LITERATURE.

CORRESPONDENCE.

REPORTS OF INSTITUTIONS.

SHORT NOTES, ANSWERS, ETC.

THE
HOMŒOPATHIC WORLD.

JUNE 1, 1880.

LONDON HOMŒOPATHIC HOSPITAL.

THIS Institution is flourishing, and has just given the *thirtieth* yearly account of its doings.

In the Annual Report presented to the Governors and Subscribers at the last general meeting, held on the 8th April, 1879, it was intimated (paragraph 5) that, in future, the hospital year of proceedings would (like the Government financial year) embrace the period from 1st April in one year to the 31st March in the next, and that course is accordingly adopted in the following Annual Report. In doing so, moreover, the Board of Management are merely reverting to the practice followed for the first four years after the opening of the Hospital, and altered to suit the convenience of the auditors at that date.

2. A prominent feature of the last Report was the bequest of the late Dr. Quin. It was stated (paragraph 2) that the property was calculated to amount to not less than £17,000. The Board regret to announce that they are now informed by the solicitors of the executor that the total sum to be held in trust for the Hospital will only slightly exceed £11,000. The bulk of this amount has already been invested in Consols, and the Hospital now receives the income. A sum on account of income, accruing from this bequest in 1879, has also been paid over to the Hospital.

3. The Board of Management are happy to be in a position to modify the regret which the announcement in the preceding paragraph will no doubt cause. A lady—who wishes to be known only as “A Friend to the Hospital”—has expressed her desire, through Dr. D. Dyce Brown, to maintain six beds at her sole cost for the purpose of accommodating cases which, according to the rules of the Hospital, would be refused as in-patients on account of the nature of the illness requiring treatment for a longer period than two months. It is, however, expressly stipulated that the Hospital will not be required to accept, under the foregoing

B

condition, cases which the medical staff pronounce at the outset to be *incurable*, or which, after a sufficiently long trial, are found to be hopeless. The decision on these points is to rest with the physician in charge of the case.

4. Seeing that this offer involves no more than a modification of the rules, and that, in no case, will the Hospital be put to extra expense, the Board have readily and gratefully accepted this most generous offer. The first annual payment of £210 will be made by this lady on the 1st May next, and she has further intimated that, on being satisfied that the experiment proves satisfactory, it is her intention to permanently endow six beds.

5. A resolution of thanks will be moved at the proper time, and the Board of Management has informed the generous donor that, so long as her benevolent action is in operation, her wish that these six beds shall be called the "Durning" beds shall be carried out.

6. The Governors and Subscribers will no doubt fully approve the action taken by the Board in the matter.

7. At the Special General Meeting of the Governors and Subscribers, held immediately after the last Annual Meeting, authority was given (1) to the trustees of the Hospital to appropriate for the use and service of the Hospital a portion of the reserve fund, not exceeding £500 (for alterations and improvements referred to in the succeeding paragraph), and (2) to the Board of Management to admit paying patients into the Hospital as an experimental measure for one year; certain wards being set apart for that purpose.

8. The contemplated alterations and improvements in the basement included a new mortuary; a retiring-room for the use of the lady dispenser; the enlargement of the dispensary; a large skylight for the back kitchen; new flooring in the consulting-rooms; painting and papering throughout; an asphalt flooring for the back yard; a new dirty-linen room; and other matters of more or less importance. These have been provided for under the able directions of Mr. Pite, the honorary architect, and they have all been carried out in a most satisfactory manner. The cost has exceeded the authorised amount, £500, by the sum of £8 12s. 4d., which has been taken out of ordinary income.

9. The Governors and Subscribers are invited to inspect the alterations and improvements, which are of a substantial character, and were not undertaken until it was no longer possible to defer them.

10. As to the paying patients, it was not found practicable, for many reasons, to commence the experiment until July, 1879, when two wards—"Eve" for four female patients, and "Luke" for three male patients—were devoted to this object. Fittings of an inexpensive nature, held to be sufficient for the purpose, were provided; but no structural alterations were made in the wards. Two male and nine female patients have, up to the present date, availed themselves of this arrangement, and they have uniformly expressed themselves as quite satisfied with their treatment, and, generally, with the accommodation. Some, however, considered that the fittings should be of a more luxurious character, and that a separate room for each patient should be provided. The Board of Management are of opinion, however, that—looking to the moderate charge made, two guineas a week—the present arrangements are all that can reasonably be demanded, and to give up a whole ward to one patient is out of the question; unless, indeed, a commensurate payment be made.

11. No inconvenience has been found to arise from the introduction of paying patients, nor has the arrangement in any way interfered with the free patients, and although it cannot be claimed that the success attained has been very great, yet, under the circumstances, the Board of Management recommend that the trial shall be continued during another year, and a motion to that effect will be proposed. The receipts on account of paying patients during the nine months since the measure was inaugurated, have been £76 13s. The cost for fittings and extra furniture, about £30.

12. The improvement in the financial position of the Hospital indicated in the last Report has been continued during the year now expired, and a substantial increase in the ordinary income has gone far to equalise the receipts and expenditure; while the expenses under many heads have been reduced and steps taken which will tend to further reductions in the current year. Taking the *gross* income of the Hospital, which includes a balance on account of the "Fine Art Distribution" of 1878, the profits of a dramatic performance, and the profits of a concert, it will be observed with satisfaction that, compared with the *gross* expenditure, there is a balance in favour of receipts of £81 13s. 6d.

13. In congratulating the Governors and Subscribers

upon this result, the Board of Management would remind them that spasmodic efforts, such as it has been found absolutely necessary to make of late years by means of "Special Appeals," cannot be indefinitely resorted to with success, and that it is chiefly to steady and increased support in the shape of annual subscriptions and donations that all interested in the well-being of the Hospital must look in future for the successful carrying on of the good work performed by the Hospital.

14. Other modes of acquiring additional funds for the Institution—such as theatricals, concerts, readings, etc.—do not give rise to the same difficulties, and are not open to the same objections as "Special Appeals," and the Board of Management gratefully acknowledge the valuable contributions received in the course of the year, as the results of two performances on behalf of the Hospital.

15. On 9th May, 1879, a concert was organised by Herr Carli Zoeller, out of gratitude for benefits derived at the Hospital, where he had been successfully treated for a broken arm. It took place at the Langham Hall, and several artists of note gave their services. The results, in a pecuniary sense, were not so good as had been anticipated, but all those who were present expressed themselves as very pleased with the entertainment.

16. The second entertainment took place on the 5th June, at St. George's Hall, when the "Thalian" amateur company performed "Forgiven," and "A Model of a Wife," before a very crowded and appreciative audience. The pecuniary results in this case exceeded the most sanguine expectations, as, after paying for the hire of the hall, and the printing and other numerous incidental and unavoidable expenses—amounting altogether to nearly £40—no less a sum than £80 has been handed over to the funds of the Hospital.

17. Indeed, the success attained was so encouraging that the Thalian A. C. have most kindly consented to give an annual performance, and they have engaged St. George's Hall for Thursday evening, the 27th May next, when the Board of Management venture to hope that a large number of the Governors and Subscribers will be present with their friends to enjoy the good things which they feel sure will be provided for their amusement by the ladies and gentlemen who so generously give their talents and time on behalf of the Hospital.

Special notice of the plays to be performed and all other particulars will be given in due course.

18. The Board of Management, under the powers conferred upon them by Law V., have appointed Herr Carli Zoeller and Captain and Mrs. Conyers-D'Arcy Life Governors (Hon. Stage Manager and Directress respectively of the Thalian Amateur Company).

19. In the balance-sheet attached to the last Annual Report appeared the following:—"Balance due to the Treasurer, £500." The Board of Management are happy to announce that one-half of this debt has been redeemed out of the profits derived from the "Fine Art Distribution."

20. The balance-sheet shows that the total ordinary income of the Hospital from the 1st of April, 1879, to the 31st March, 1880, was £3,971 10s. 5d., as against £3,272 14s. 2d. for the year 1878. The items comprising ordinary income are—dividends on stocks, donations, subscriptions, registration fees, Hospital Sunday and Saturday Funds, rents, nursing fund, paying patients, and Dr. Quin's annuity fund. To this amount of £3,971 10s. 5d. must be added £134 5s. 2d., the balance of the Fine Art Distribution; £17 19s. 6d., the proceeds of the concert (see paragraph 15); £80, the profit derived from the Thalian Dramatic Performance (paragraph 17); and legacies £200; making a total of £4,403 15s. 1d.

21. The expenditure on account of ordinary income from 1st April, 1879, to the 31st March, 1880, has been £3,897 19s. 6d.

22. The annual subscriptions actually received from the 1st April, 1879, to the 31st March, 1880, amounted to £1,703 19s., showing a net increase upon those for the preceding corresponding period of £42 18s. 6d. A sum estimated at £70 represents subscriptions due but not yet paid.

23. The total donations from 1st April, 1879, to the 31st March, 1880, amounted to £383 18s., an increase—as compared with the corresponding preceding period—of £79 3s. 6d.

24. The fees for the registration of out-patients are still on the increase, and amounted for the twelve months to 31st March, 1880, to £310 3s., against £286 15s. in the previous twelve months.

25. The nursing fund receipts have also justified the anticipation formed at the outset, and repeated in the last two reports. They amounted—in the period from the 1st April, 1879, to the 31st March, 1880, to £612, the largest amount yet realised under this head. In the twelve months immediately preceding the amount was £571 16s. In 1878 the total was £399 0s. 6d.

26. Most gratifying certificates, testifying to the thorough efficiency and the good conduct of the nurses, have been uniformly received during the year, and no effort will be spared in the future to maintain the same high standard of excellence. It should be recorded here that, in the course of the year, private patients forwarded donations for the Hospital amounting in the aggregate to £9 4s., specially to mark their satisfaction with the manner in which the nurse in each case had performed her duties.

27. If the demand for trained nurses continues on the increase, it is the intention of the Board to add to the number now on the staff, so as to keep pace with the requirements of the medical profession.

28. The awards from the Hospital Sunday and Saturday Funds differed but little from those of the preceding year, and the difference was due only to causes beyond the control of the Hospital.

29. The only legacy received in 1879-80 was a bequest of £200 by the late Hon. Mrs. Broadhurst.

30. The working expenditure of the Hospital from the 1st April, 1879, to the 31st March, 1880, was £3,897 19s. 6d. This compares with £3,843 13s. 9d., the expenditure in the corresponding preceding twelve months, and shows an increase of £54 5s. 9d. Some disappointment will, perhaps, be felt at this result, as in the last annual report further saving of expenditure was foreshadowed; but the exceptionally very severe winter and succession of thick fogs caused an increase of £123 15s. 10d. in fuel and light; £69 13s. 1d. on account of printing, properly payable in 1878, is included in the balance-sheet now presented; and extensive repairs to the roofing, outer cisterns, etc., caused in a large measure by the severe frost and winter gales, had unexpectedly to be undertaken. This accounts for an increase under that head of £29 1s. 8d. There is also an increase under the head of "Furniture" on account of fittings required for the paying patients.

31. The strictest supervision, with a view to economy, continues to be exercised, and it may be hoped that, unless any very unforeseen circumstances supervene, reductions will be effected in the course of 1880-81.

32. The invested funds of the Hospital at the 31st March, 1880, exclusive of the Hospital premises and furniture and the freehold house, No. 1, Powis Place, consisted of

Consols	£2,674	2	8
New Three per Cents	£4,757	17	10
Total	£7,432	0	6

showing a decrease of £427 5s. 6d. An amount sufficient to produce £500, the sum referred to in paragraph 8, was withdrawn, while £110 18s. has been added to the reserve fund in the course of the year.

33. The total number of in-patients treated in the Hospital from the 1st April, 1879, to the 31st March, 1880, was 494, while in the twelve months immediately preceding the number was 497. The number in 1879-80 would have been greater but that two cases of fever occurred in one of the larger wards, and it became necessary to restrict the number of cases during the time the ward was not used.

34. The number of out-patients shows an increase of 441, the numbers being, from the 1st April, 1879, to the 31st March, 1880, 6,903, and in the corresponding preceding twelve months, 6,462. The aggregate number of in and out-patients treated since the opening of the hospital to the 31st March, 1880, amounts to 155,527.

35. The visiting of out-patients at their own homes continues to be attended with a fair amount of success.

36. In accordance with the laws of the Hospital the following members of the Board retire by rotation, but, being eligible, they offer themselves for re-election, viz. :—Mr. Boodle, Mr. Crampern, Captain Gardner, Mr. Gurney, Mr. Hinde, Mr. Prescott, and Mr. Walpole.

37. The following changes have taken place in the medical staff:—Mr. F. G. Stanley Wilde and Dr. Richard Hughes have resigned their appointments as medical officers in charge of out-patients, and Mr. Byres Moir that of Assistant Resident Medical Officer. Dr. A. P. Torry Anderson, the Resident Medical Officer, who has performed his duties to the entire satisfaction of the Board, has also just retired. To one and all the regrets and thanks of the Board have been conveyed.

38. To fill the two first vacancies, the Board of Management, in one case, accepted the offer of Mr. C. Lloyd Tuckey—already a member of the staff—to undertake temporarily additional duty. In the other case they have appointed Dr. Burnett. In succession to Mr. Byres Moir, Mr. Cox was appointed by the Board of Management on the recommenda-

tion of the the medical staff. In succession to Dr. Anderson they have appointed Mr. Byres Moir, also on the recommendation of the medical staff.

39. The Board of Management—under the exercise of their powers—have appointed Dr. Burnett a Member of the Medical Council.

40. It is again the pleasing duty of the Board of Management to record that the warmest thanks are due to the medical staff of the Hospital for their undeviating attention, kindness, and care to the patients committed to their charge.

41. Thanks are also due to the Lady Visitors, the Honorary Architect—whose valuable time has been largely drawn upon in connection with the extensive alterations and repairs effected in the Hospital during the past twelve months—and to the Honorary Solicitor.

42. The Lady Superintendent of Nursing, the Lady Dispenser, Secretary, and others have again merited the entire approbation of the Board.

43. The thanks of the Governors and Subscribers are also due to the following generous donors in money or kind, viz.:

The Misses Barton, toys and books for the children; Mrs. Staughton (per Captain Morgan), toys and under-clothing for the children; Lord Ebury, Hon. Mrs. Holland, and Mrs. De Selincourt (flowers and evergreens); Miss Paget (grapes for the patients); Mrs. Clifton Brown (flowers and game); Miss Alexander (toys and clothing for the children); Miss Moberley (flannel jackets, toys, and books for the children); Miss Block (toys); Lady Bentinck (old linen); the Countess of Dunmore (flowers and a present of old linen); per Mrs. Vaughan Morgan (old linen and clothing); Mr. S. Sandbach Parker (grapes); Mrs. Jolliffe (twenty volumes of the "Cornhill Magazine" and "Good Words"); Mrs. Gardner (scrap-books for the children); and an award of copies of the "Little Folk's Painting Book" (painted by children for the sick children in hospitals) from the Editor of "Little Folks." Friends of Mrs. Cockburn (the Lady Dispenser), £15; Miss Capel, £31 10s.; Mr. Julian Senior, £10 10s.; Baroness Lionel de Rothschild (per Mr. Cameron), £30; Mr. Christopher Adams (per Dr. Bayes), £15; Mrs. Richard Roberts, £10; the Company of Fishmongers, £52 10s.; the Misses Smith, £30; Miss Lucy Cohen (per Mrs. Cameron), £10 10s.; "A Lady" who gave no address, £5; and Mr. James

Spicer, £52 10s. Messrs. Butcher and Co., Blackheath, have presented a colossal bust of Hahnemann for the central hall, and a small Parian bust for the board-room; a Donor (per Dr. Harris) has presented twenty patent sanitary spiral spring bedsteads of a total value of about £75; and eight easy-chairs for the wards have been received from Mr. Everard, through Nurse Jessie.

44. Two inspections of the Hospital by Members of the Medical Council have been held in the course of the past twelve months. The first by Drs. Burnett and Eugène Cronin, and the second by Drs. Hale and Markwick. Both reports are highly satisfactory, but would occupy too much space to print here.

45. The Official Manager attended, by invitation, the Meeting of the Medical Congress held at Great Malvern on the 11th September last.

46. A Christmas-tree entertainment was, as usual, held for the amusement of the in-patients, and—through the kindness of Members of the Board and Medical Staff—presents were distributed to the patients, nurses, and servants. The officials of the Hospital attended and all passed off satisfactorily.

47. In bringing the Report to a close, the Board of Management ask the Governors and Subscribers to join with them in offering their grateful thanks to Almighty God for so many mercies vouchsafed during the past year and for the bright prospects with which the new year opens upon the London Homœopathic Hospital.

TOTAL NUMBER OF PATIENTS DURING 1879.

Out-Patients	...	...	...	...	...	...	...	6,903
In-Patients	...	...	...	...	...	...	...	494
							Total	7,397

RETURN OF DENTAL CASES

From March 31, 1879, to March 31, 1880.

Extractions of Adults	...	...	...	...	...	...	179
Do., of Children under 14	...	...	...	...	...	...	62
Irregularities of Teeth treated surgically and mechanically	...	...	...	...	...	...	5
Advice Cases	...	...	...	...	...	...	28
						Total number of Patients seen	274

CLASSIFIED SUMMARY

*Of the Results of Treatment of 494 In-Patients during the Year
ended March 31st, 1880.*

	Cured.	Much Im- proved.	Improved.	Unimproved.	Died.	Under Treat- ment.	Discharged at own request or removed.	Total.
GENERAL DISEASES :—								
Section A	13	...	...	...	4	1	...	18
Section B	18	22	29	29	5	7	3	113
LOCAL DISEASES :—								
a. Nervous System	8	10	11	10	2	2	4	47
b. Disorders of Intellect .....	...	...	...	2	...	...	1	3
c. Diseases of Eye	3	8	3	4	...	...	...	18
d. " Circulatory System	1	2	7	2	2	2	2	18
e. Absorbent System .....	...	1	...	...	...	...	...	1
f. Respiratory "	29	15	11	2	...	6	2	65
g. Digestive "	15	9	5	2	4	...	3	38
h. Urinary "	2	5	1	1	3	1	1	14
i. Generative "	15	12	15	9	1	7	4	63
k. Locomotory "	6	1	4	2	...	...	1	14
l. Cutaneous "	23	6	5	4	...	1	...	39
m. Poisons	1	...	...	...	...	1	...	2
n. Injuries	21	2	2	...	...	2	1	28
o. Operations	13	...	...	...	...	...	...	13
Total.....	168	93	93	67	21	30	22	494

HOW THEY DIE.

By JOHN H. CLARKE, M.D.

III.—Arsenical Wall-papers.

ABOUT three months after the death of the patient whose case was narrated in my last article, I was consulted by her daughter, who came to see me at the dispensary. She continued to attend until the following November—four months—when she became too ill to walk the distance, and from that time I attended her at her own home.

The case is instructive in several ways. It shows some of the difficulties that stand in the way of tracking the mischief to its real cause, and it also shows the difficulties that poor people have to contend with in the matter of getting rid of the cause when it is found out.

Lucy B., thirty-eight, single, keeps her father's house, tall, very dark, very thin—much wasted she says—nervous.

She has been living in her present house eleven years. The same papers have been on the walls all the time. She has always been delicate—nervous, and subject to dyspepsia; but she has been much worse since she was twenty-one years old, when she had a very hard place as domestic servant, and had to leave and go home ill. She did not notice that her health was worse after coming to this house; she was ailing before coming, but not in the same way as now.

Her spirits are very much depressed, she has headache through the temples, and at the top of the head. The eye-balls ache as if they would drop out. She is very giddy. She has noises in the ears.

The sight is very bad, she cannot see to work by gas-light. The eyes feel sore, and she is constantly nipping the lids tightly together to clear them, as she feels as if there was something in them.

The lips are blanched. The tongue is covered with a thin silvery coat. She is always thirsty; but dreads the idea of taking food. There is pain at the chest after everything she takes, sharp pain in the umbilical region, going across the abdomen and up into the neck. She has constant nausea and retching, getting up only a little frothy matter. She feels very bad if she goes long without taking food, and yet she dreads to take it for the pain it gives her. She cannot bear to have on stays, or anything tight round the body. The bowels are very irregular, sometimes costive, and sometimes very loose. The menses have never been regular since she was twenty-one; they have not appeared more than a dozen times since then.

She has a cough which gives pain in the apex of each lung. There is very little expectoration. The pain and cough are worse by movement, and better when she is warm.

She suffers much from palpitation. Her sleep is very bad. She trembles all over. She nearly always feels faint, and often faints actually.

A lobule of the left breast, on its upper inner aspect, swells sometimes to the size of a pigeon's egg, and is very painful and tender. The swelling goes down again but not quite away, and that part of the breast is always tender. She cannot account for it. The skin is not involved in the tumour, and the latter has no distinct definition.

Physical signs are negative. The lung sounds are normal.

The heart sounds are feeble, and the first at apex reduplicated. There is no bruit.

She has constant aching in the lower part of the back.

Many medicines have been given, but none have been of the slightest avail.

Such was the condition of the patient when I first saw her, and such is very much her condition still, except that she has been gradually getting weaker. At one time I suspected organic disease of the stomach, but on examination found nothing to support that suspicion. In November last I saw her at her own home, and was then struck with the fact of the papers in the house being green. It was then that I learned how her mother's health had suffered since coming to live in the house, and found out what I believed to be the cause of the death of the one, and of the illness of the other. But I did not find it so easy to satisfy others on that point as it was myself. My patient herself could hardly believe it at first; the other dwellers in the house are still doubtful. The landlord ridicules the very idea of such a thing—there being no law to make him look at the matter in another light.

I confess I was at first rather at a loss to explain why the other four persons who live in the house should enjoy good health; they are the father of the patient in question, her sister, brother, and a little boy, her nephew. But on inquiry I found that the three adults are out of the house all day at work, and only come home to meals and to sleep, and that the boy is also out the greater part of the day. None of them, except the two sufferers, have had anything to do with cleaning the house and keeping it in order. This I take to be sufficient explanation of the difficulty, as it is chiefly in dusting and sweeping that the poisonous particles are set afloat and inhaled.

Acting on my opinion, my patient determined to have the papers off her own bedroom and the keeping-room, and one of her sisters came to help her to take them off. This sister was taken very ill immediately after removing one of them, and she attributes the illness to doing it. Arsenical papers still remained on the front room and the hall, and no improvement followed in the patient's health.

She still remains in the house by force of circumstances. She has no friends with whom she could go and stay for a time. The house is convenient for her father's and brother's work, and convenient houses are not easy to find. She has not strength to go and look for a house, and those who have

the strength are not inclined to do so, half disbelieving that the house is the cause of the illness, and half trusting that the landlord may do something towards making the house more healthy—the people being too poor to afford to do it themselves. The landlord steadily refuses to do anything for the house.

Thus the poor woman is living a life of intense misery, and slowly going down into her grave, a victim of commercial recklessness on the part of the manufacturers, of lazy ignorance on the part of her friends, and of cruel selfishness on the part of the landlord.

The next case I shall mention did not present the difficulties experienced in the last. The patient had been under my care some time previously for various disorders, due to living in an excessively damp house—and I may have to refer to the case again in that bearing—and at last, by my urgent advice, as soon as she was well enough, had removed to another. She had been in this house two months, when I was again summoned to see her. She was suffering differently from what she had been when I last saw her.

The house was dry, and in every way a much better house than the one she had left. Her husband had had several new papers put on. On the keeping-room, a small but very pleasant room, he had had a diamond-patterned green paper put up—under the impression that green papers were only dangerous where there were children who might lick them.

I found my patient, Mrs. J., usually florid, looking very pale and bloodless. It was in the month of July. She gave the following account of herself. She had been very well until a fortnight previously. She thinks she took a cold in her head and chest; a cough still persists. Menses delayed. Has had pain racking her in all her bones. She feels very cold, though the weather is very hot. She sweats at night, and sleeps badly. Yesterday she spat dark blood with her cough. She has done this before. Last week she passed blood with her stools, which she has never done before. She has never had piles.

During the last fortnight she has been more indoors than previously. Whilst sitting in this room in the evening, her husband, who is out all day, has complained of a choking sensation in the chest. She has had a little girl staying with her. She (the child) slept in a bedroom with green paper. She fell off in health at once, lost appetite, wasted, became pale in the face. Her friends were alarmed and sent her

home, after which she very soon became quite herself again.

I told my patient that I believed that the green paper was to blame for it all, advised them to keep out of the keeping-room, and took pieces of the papers home to examine. In three rooms—the keeping-room, the kitchen, and bedroom—the papers contained arsenic.

As soon as they knew the character of the papers they had the walls stripped, and innocent papers put in the place of the offending ones.

The health of the patient very soon began to improve, and in this case, unlike the last, medicines seemed to have a beneficial effect. She was, however, very ill for some time, suffering from hæmorrhage from the bowels, headache, and neuralgia. She was three months under treatment, and by the end of that time had regained her health—was better, in fact, than she had been for many months, enjoying the benefit of a well-built house, without having to suffer at the hands of the house-spoilers.

I place this case alongside the last, although the people were not exactly poor—Mr. J. is a small manufacturer, employing a few hands—as a set off, to show how much more deeply these things affect the poor who cannot escape from them, than they affect those who are a little better to do.

I have still a few more cases of the kind to relate.

(To be continued.)

CASE OF SPINAL IRRITATION CURED WITH PHOSPHATE OF STRYCHNIA.

By F. G. STANLEY WILDE, L.R.C.P., L.R.C.S. Edin.

THE very mention of the term “spinal irritation” will at once suggest intractability in treatment to the minds of those who have had any experience of this form of disease. Cases of this description are always lingering, wearisome to deal with, and bring little *kudos* to the physician.

The following may be considered a typical example of what is called, for want of a better name, “Spinal Irritation.”

Jan. 3rd, 1880. Miss —, ætat. twenty-four. Has been complaining of aching and weakness in the spine for the last four months. During that time has been under homœopathic treatment, but with no appreciable benefit, and has

been compelled to lie on a couch during the day, because walking, or even standing, aggravates the spinal pain so much. On examining the spine, it was found to be perfectly straight and free from curvature, but there was tenderness on pressure and percussion over the spinous processes of two of the middle dorsal vertebræ. The pain is sometimes burning in character, but chiefly aching, extending frequently to the front of the chest, causing a feeling of uneasiness and nausea.

The catamenial flow is regular, and lasts five days, the discharge being dark and often clotted. Leucorrhœa generally present in the intervals.

The digestive organs are but little affected; some flatulent distention after food sometimes occurs, the tongue being moderately clean. The bowels are regular, but the patient has suffered from external hæmorrhoids almost from a child. The hæmorrhoids do not bleed, nor cause any pain. Sleeps very badly, and has difficulty in getting to sleep. Suffers from cold feet, which are often covered with clammy perspiration, and also perspires in the hands and axillæ. This was the condition of the patient when I first saw her, and she continued to suffer, in a greater or lesser degree, from the above symptoms for two months whilst under my care. During this time she took *Actæa Rac.*, *Agaric.*, *Arsen.*, *Gelsem.*, *Ignatia*, *Nux Vom.*, *Sepia*, *Sulphur*, *Lachesis*. Some mild hydropathic treatment was also recommended in the shape of spinal washes and sitz-baths, but, it being winter time, and the patient evincing so little reactive power, this part of the curative treatment was postponed. As the result has proved, it was a postponement *sine die*. To enumerate all the medicines the patient took during the four months before she came into my hands would be but to specify a goodly proportion of our *Materia Medica*. All treatment having hitherto proved unavailing, the mother began to despair of her daughter's restoration to health, and the daughter herself began to weary of taking medicine. At this crisis I drew a bow at a venture, and prescribed *Strych.-Phos.* 3x trit., a dose to be taken twice a day. This double-headed arrow (if I may so term it) fortunately hit the mark. Improvement began to show itself in the ability of the patient to walk with less pain, and, after steadily taking this medicine for five weeks, she could go up and down stairs, and take short walks out of doors with comparative ease. For six months the patient had been unable to even walk across the room without increase

of pain in the spine. With this accession of locomotory power the pain in the spine diminished, as did the other symptoms, with the exception of the hæmorrhoids. These, however, were of long standing, and were present before the symptoms of "Spinal Irritation" set in. The last report I had of my patient was that she continued in good health.

I would, in conclusion, suggest that the *Phosphate of Strychnia* should be tried in other cases of Spinal Irritation that may come under the care of my *confrères*, and the results chronicled.

Nottingham, May, 1880.

ON THE RELATION BETWEEN POISONS AND MEDICINES.

By Dr. HARMAR SMITH.

(Continued from page 59.)

THE following is the other case referred to in my last communication:—

L. G., aged forty-eight years, married; by trade a basket-maker. At 6 p.m. on September 22nd, 1857, began to suffer from diarrhœa. From this hour till 10 p.m. the bowels were moved four times, the evacuations being thin, watery, and offensive in odour. At ten the purging became much more frequent and severe, and was accompanied by almost incessant vomiting and cramps of the abdomen, legs, and even the muscles of the back of the neck. From the time above mentioned until 5 a.m. of the 23rd the patient is reported to have vomited and purged at least forty times. Shortly after this hour I saw him. His countenance was haggard and shrunken in the extreme, eyes hollow, nose and the parts about the mouth of a deep leaden hue; skin very cold; breath cold; voice hollow, squeaking, and tubular; frequent thirst; pulse scarcely perceptible; breathing hurried and laboured. He had not passed urine since four the night before. A constant moaning was heard except on the return of cramps, which occurred every three or four minutes, when his sufferings excited loud cries of pain. The purging and vomiting were almost incessant, the vomits and dejections being copious, thin, and evidently serous in their character.

He was ordered five drops of *Liquor Arsenicalis* every fifteen minutes until the symptoms became less urgent, and then to have the same dose every hour until my next visit.

12 a.m.—After the first dose of the *Arsenic* there was no return of cramps. The third dose was followed by a complete arrest of purging, whilst vomiting has occurred but three times during the interval of my first and second visits. The countenance still maintained a haggard expression, the nose in part its leaden hue. A slight degree of warmth was beginning to creep over the skin, and the pulse was now distinct at 120 per minute. Thirst was much less frequent, the breathing less hurried and laboured; but neither had the voice lost its peculiar tone, nor had the secretion of the kidneys as yet been restored. He was ordered to take the usual dose of *Arsenic* every hour.

9 p.m.—The bowels were moved once at 3 p.m., the evacuations being scanty and of increased consistence. Has vomited twice, but has experienced no return whatever of cramps. Skin warm; no secretion of urine; pulse 100, larger. To take three drops of the *Arsenical* solution every third hour.

September 24th, 9 a.m.—Neither purging, vomiting, nor cramps since last visit. Skin hot; face flushed; thirst; pulse 96 per minute, full and strong. Passed half an ounce of urine at six this morning for the first time since the commencement of the attack.

Sept. 25.—Quite well.¹

The two following cases are from the pen of Dr. Yeldham, and are especially interesting as showing that even in this most acute disease, infinitesimal doses may act as rapidly and as effectually as the massive doses of the same medicine made use of in the same disease by Dr. Cornelius Black:—

Case 1.—Mrs. R., aged seventy-four; a weakly, delicate old lady at the best.

July 26th, 1847, 6.30 p.m.—Getting up this morning was seized with pain in the abdomen, succeeded by relaxations of the bowels, which continued at intervals during the day. Immediately after tea vomiting supervened, and the bowel complaint became much more severe. The evacuations, consisting of thin, gruel-like fluid, preceded by excruciating pain and attended by irresistible straining, passed from her in enormous quantities. The vomiting was as urgent; the liquid of the same character as that just described, scalding her throat as it was ejected. This state of things has now existed an hour and a half. Her prostration is already extreme. Unable to lie down in bed on account of the

¹ *British Journal of Homœopathy*, vol. xvi. p. 161.

peculiarity of her symptoms, she is supported almost lifeless on the side of the bed by two attendants. She has a burning pain in the pit of the stomach; her tongue and throat are dry and parched; she has insatiable thirst for cold water, which, however, is ejected the moment it reaches the stomach. Cramps so violent as to cause her, almost lifeless as she is, to roar with agony, seize every limb. Her pulse is small, rapid, and at times imperceptible; her skin, covered with a cold, clammy sweat, feels deathly to the touch; her brain is disordered; her sight fails.

Arsenicum 6 every quarter of an hour.

Half-past nine, two and a half hours later.—A remarkable change in her condition has already taken place. She is lying in bed, calm and comparatively comfortable. The vomiting ceased after the second dose of the medicine, and the purging returned, only at longer intervals. The pain in the stomach and bowels has greatly subsided; the skin is warm; pulse full and calm. She suffers from time to time with crampy pains in different parts of the body, and is of course greatly prostrated.

Continue the medicine every hour.

July 27th, 10 a.m.—The purging ceased entirely last night, and she has vomited only once. She slept comfortably when not disturbed by the lingering pains which occasionally affect the limbs. There remains only some soreness in the abdomen, conjoined with debility, to remind her of the severe trial she has gone through. There was no return of the disorder, and here my attendance ended.

Case 11.—M. D., aged fifty-nine, a compositor; a tall, thin man, generally in the enjoyment of pretty good health.

August 28th, 1847.—Having partaken of a simple, light dinner, and resumed his occupation, was seized about two hours after, quite suddenly, with the most deadly vomiting and purging. He hastened home, and being summoned in great haste to visit him, I find him at half-past five reduced to a fearful state of prostration. The action both upwards and downwards continues unabated; it is almost incessant, the egesta being amazingly large in quantity, and consisting of a thin, watery liquid like gruel. The purging is attended with violent griping pains, and a sensation of "dying faintness." His pulse is exceedingly rapid, and so small and thread-like as to be barely perceptible. His voice fails; his features are sharp, pinched, and shrunken, and the face, as well as the surface of the body generally, is pale, cold, clammy, and bloodless.

Take immediately three globules of *Arsenicum* of the third power, and one globule every quarter of an hour afterwards.

Ten o'clock in the evening.—He is lying comfortably in bed. The purging and vomiting ceased almost instantaneously upon taking the medicine. Violent reaction has succeeded to the previous depression. He is now burning hot in skin, has headache, thirst, and rapid pulse. In spite of all this he feels comparatively well to what he did a few hours ago.

Take *Aconite* 6 every four hours.

Aug. 29.—The febrile symptoms have entirely vanished, and he feels no inconvenience whatever beyond some weakness and slight dyspeptic symptoms.

Take two or three doses of *Nux Vomica*.¹

The following four cases are extracted from Dr. Drysdale's "Analysis of 175 Cases of Cholera at Liverpool," and appear to be the only ones of this number successfully treated by *Arsenicum alone*:—

Case 10.—A boy, aged twelve; had been ill for nearly forty-eight hours, during which time he had had purging and colic; also vomiting, according to report. When seen at 1 a.m. he was found vomiting and purging incessantly; extremities and face very cold, as also the breath; little or no urine passed since first seized; excessively restless; face pale and eyes sunken, surrounded by a bluish circle; great thirst; pulse feeble; no cramps. The matter ejected is watery, with dark shreds.

A drop of *Arsenicum* 2 was given on his tongue, and some left in solution, to be taken every half-hour.

At the next visit it was found the vomiting had ceased for several hours after the first dose, and all the other symptoms were improved. The boy recovered, passing through the consecutive fever, during which the *Arsenicum* was continued as almost the only medicine.

Case 28.—A boy, aged eight; had been ill for five hours with vomiting of watery, slimy matters, with blackish shreds; watery, copious stools; colic; sunken eyes and livid eyelids, and marked cholera countenance; lips blue and livid; face and surface cold; pulse rapid and indistinct.

Arsenicum 3 every quarter of an hour.

When seen in about an hour there was a great change. The vomiting and purging had subsided, and the pulse was distinct and surface warm; eyes still sunk, and great thirst.

¹ Yeldham's "Acute Diseases," pp. 130-1.

The medicine was continued at longer intervals, and next day he was quite well.

Case 91.—A girl, aged twelve; had had the usual cholera symptoms for six or eight hours; had the whitish, watery stools, and vomiting frequently, and after all drink; great thirst, etc.

After the first dose of *Arsenicum* the vomiting ceased, and the symptoms improved steadily from that time.

Case 125.—A man, aged twenty-six; had had ordinary cholera symptoms for about eight hours, and had had some *Camphor*. When seen, copious watery purging; excessive thirst; vomiting after everything drunk; cramps in the legs, thighs, and hands; eyes sunken; tongue coated with yellowish fur; pulse rapid and feeble; skin had been very cold, but now only cool; scanty urine, with scalding in passing.

Arsenicum 2 every half-hour.

When seen again in five hours the cramps, vomiting, and purging were gone, and the skin was warm. Next day this man was quite convalescent.¹

The cases above quoted from Dr. Yeldham and Dr. Drysdale prove that I had come to the conclusion stated at page 57 too hastily. I would add also that although Dr. Drysdale only gives the details of the four cases I have quoted as treated by *Arsenicum* alone, yet he states in his therapeutic summary that there were 104 cases treated in the Liverpool epidemic by *Arsenicum*. He does not, however, say in what proportion of these cases other remedies were used as well.

The following are the two cases from the late Dr. Rutherford Russell to which I have alluded above:—

Case 24.—J. N., a girl aged twenty-two. We first saw her at 2 p.m., November 13th. She was taken ill suddenly last night with vomiting of brown and slimy matter and violent pains in the legs, with much shivering, tongue warm; complains of pain in right side; pulse 120, small and weak.

Arsenicum, 3rd dil., every half-hour.

November 14th, 9 a.m.—Better; no vomiting or pain; pulse 70; tongue clean; no thirst.

Continue *Arsenicum*.

2 p.m.—Continues free from pain; feels comfortable and well.

Case 69.—D. S., aged five. This boy's mother died of cholera last week in Glasgow. He, his brothers and sisters, were brought here by his grandmother on Thursday last.

¹ *British Journal of Homœopathy*, vol. viii. pp. 150-1.

A man in this house took cholera on that day, was removed to the hospital, and died. An old man also died on Saturday of cholera, and his body is at present lying in the house. This child has been purging since Friday. Last night, 6th January, about 8 p.m., the purging became very severe; milk, water, and wine, which were given him, passed undigested.

First seen 7th January, 5 p.m. Stools frequent, watery; vomiting everything taken and large quantities of watery fluid; complains of pain in epigastrium; urine reported to be very scanty; skin and tongue cold; face cold, dark-coloured; eyes deeply sunk; expression anxious, moaning; pulse about 120, weak, at times scarcely perceptible; very great thirst; has been warmer since taking some brandy two hours ago.

Arsenicum 3 every half-hour.

Jan. 8, 11 a.m.—Pulse 110; bowels four times moved since visit; stools (last one) dark, fœculent; urinated this morning; vomited twice; less thirst; voice clearer; skin tolerably warm; tongue warmer. Continue.

Jan. 9, 11 a.m.—Was hungry last night, and had some gruel without producing sickness; slept well; wishes to rise this morning; pulse 80, natural; temperature of skin natural; tongue clean; urinating freely; bowels twice moved; stools brown, liquid; no thirst.

Jan. 12.—Sitting up; quite well; appetite good.¹

22, Augusta Road, Ramsgate, May, 1880.

DR. BERNARD ON THE CURABILITY OF CATARACT BY MEDICINES.

In the *Revue Homœopathique Belge* of February, 1880, there is a review of Dr. Burnett's little work, entitled, "Curability of Cataract with Medicines," which little work, we understand, has greatly irritated Dr. Campbell, of St. Louis.

Usage forbids our bringing Dr. Bernard's appreciative review of this little production, but we beg to offer our readers what our learned *confrère* has to say on the subject of the amenability of cataract to drug treatment, even when the drugs are administered by physicians in ordinary practice,

¹ A Treatise on Epidemic Cholera. By J. Rutherford Russell, M.D. Pages 313 and 348.

who dare face the wrath of narrow-minded specialists. We are not speaking of the *big-minded* specialists, but of Dr. Campbell *et hoc genus omne*.

Dr. Bernard says:—

“It is all the more agreeable to me to welcome this new work of Dr. Burnett, because I find in it a confirmation of a thesis in favour of which I wrote a little memoir, and which I read to the *Cercle Homœopathique des Flandres* in October, 1878, and in January, 1879. The curability of cataract by means of internal remedies has since then been admitted (*attestée*) by M. Stievenart, of Mons, one of the oldest and most illustrious oculists of Belgium; and, what is still better, I have had the good fortune to effect a very considerable improvement in a case of hard lenticular cataract of both eyes, it being that of an octogenarian who had totally lost the sight of his left eye, and who has now recovered the sight of this eye for the past six months, thanks to *Cannabis* ϕ .

“I am also treating at this moment a lady of seventy, very arthritic. After using various medicaments without success, I have come to give her now *Spigelia*, which she is still taking, and this has brought about a notable amendment, so that I am justified in having good hopes of success.

“I should wish to make good an involuntary omission of mine, viz.: ‘At a sitting of the *Société Médicale Homœopathique de France* held on the 15th March, 1869, M. Ozanam, agreeing with M. Chapusot, seemed inclined to reserve *Phosphorus* for granular (fatty) cataract concomitant with the cornean circle (*arcus senilis*). At other times, said M. Ozanam, there is produced a veritable epithelial hyperplasia. In this case it is clear that we cannot reckon on *Phosphorus* as our remedy, but we must rather look to such remedies as combat an exaggerated epithelial secretion, such as *Silicea*, *Calcarea*.

Again, there are other cataracts that are stony, and which are principally met with in the gouty. Gouty folks may have stone in the eye just as they have it in the bladder, in the joints, and in the tear or bile passages. *Calcarea* and *Causticum* are then indicated, and *Phosphorus* occupies a secondary position. “Many cases of cataract,” adds M. Ozanam, “have come under my observation. Not long since I had to see a young lady in whom a ramous opacity of the crystalline had been produced, in the course of one month, under the influence of violent grief. I have had the good fortune to procure rapid relief by administering the hypophosphite of soda. In many other circumstances I have

restored to my patients very fair vision, though not perfect, by the alternate employment of two remedies—*Cannabis* and *Natrum Muriatricum*.”

We now commend these observations to Dr. Campbell, of St. Louis, together with this one question,—Why do you abuse the plaintiff's counsel?

MEDICAL SELFISHNESS.

A CIRCUMSTANCE was narrated in the *Liverpool Mercury* of April 26 which, if true—and it is only too probable—strikingly exhibits the malignity of a certain section of the medical profession towards its unorthodox relatives, and its cynical disregard of public welfare when fancied private interests are involved.

A gentleman living at Birkenhead was advised by his medical attendant, who was a homœopathic practitioner, that he was suffering from stone. A consulting surgeon of Liverpool was called in, and he found the stone, and arranged to operate for its removal a fortnight later. Subsequently, however, this surgeon explained to the homœopathic practitioner that he could not act further with him, for which he expressed his great regret. He said that three or four other doctors of Liverpool having heard that he, the consultee, was engaged in a case with a homœopath, had conferred and resolved that unless he withdrew from such association they would not take any more consultations to him. He had pressed upon them the view that the case was a purely surgical one, and that Homœopathy had nothing whatever to do with it. He further intimated his fear that his withdrawal from the case might alarm the patient, who was very nervous. None of these arguments influenced the “ring,” who insisted on their ultimatum. The consulting surgeon at last agreed to withdraw from the case, and would have done so if the homœopathic doctor had not himself generously withdrawn to save further difficulty.

The statement is evidently an *ex-parte* one, and as such we have no right to depend upon it with too much confidence; but similar exhibitions of selfishness on the part of the medical profession have occurred, and as a matter of moral justice and public interest we see very little to choose between them and the lowest forms of quackery. It is to be regretted, we think, that, if the story is well founded, it

should have been thought necessary to conceal the names of the actors concerned.—*Chemist and Druggist*, May 15, 1880.

APPOINTMENTS.

DR. HUGHES has been appointed Lecturer, on the Institutes of Homœopathy, at the London School of Homœopathy.

DR. POPE has been elected Lecturer, on *Materia Medica*, at the London School of Homœopathy, *vice* Dr. Hughes resigned.

DR. BURNETT has been appointed Physician, in charge of out-patients, to the London Homœopathic Hospital, Great Ormond Street, Bloomsbury, *vice* Dr. Hughes resigned.

BEE STINGS A CURE FOR GOUT AND RHEUMATISM.

THE *Courier de l'Allier* reports the following, for which we leave them responsible:—

“Of late numerous therapeutic remedies for rheumatism have been cried up as being very efficacious, but just now have been discovered by chance another remedy. Curious enough, certainly, but which gives, we are assured, marvellous results. It is to combat rheumatism by bee-stings, and lest we should be charged with flying into the regions of fancy, we reproduce the following account from the *Gazette d'Augsbourg*:—

“A child nine years of age, Madeleine Kulen, has just been cured in the same manner of an almost complete paralysis. After trying every treatment her physician recommended her to have recourse to that. An amelioration manifested itself immediately after the first stings, and the cure was so promptly effected by the use of this remedy that the poor child can now run and play with other children of her age.’

“A speculative bee-keeper might assuredly amass a large fortune very promptly by establishing a hospital for the cure of gout and rheumatism by means of bee-stings.”—*Memorial d'Amiens*.

DR. BERRIDGE'S VISIT TO AMERICA.

DR. BERRIDGE has started on a visit to the United States; he has very kindly promised to publish his *impressions de voyage* in the *Homœopathic World*. We anticipate a treat.

EXAMINATIONS AT THE LONDON SCHOOL OF HOMŒOPATHY.

THE following were the questions given at the examination held at the London School of Homœopathy on March 31st, 1880:—

1. What are the disorders of the larynx for which *Apis* is useful? State the indications for it in each form of disorder, and name the indications in other parts of the body which you would inquire for as corroborating your selection of this remedy.

2. Describe the condition of body and symptoms which would lead you to select *Plumbum* as a remedy in epilepsy, not only at the time of the attack but in the interval. State the same in regard to *Belladonna*.

3. A case of amenorrhœa presents itself, for which *Pulsatilla* is the medicine. Describe such a case fully.

4. Four cases of bronchitis require respectively *Bryonia*, *Ipecacuanha*, *Antimonium Tart.*, and *Kali Bichromicum*. Describe such cases, giving their indicating symptoms and the physical signs which you would expect to find in each.

5. Describe the headache of *Actœa Racemosa* and the general run of symptoms which usually is found present along with it, and which are characteristic of *Actœa*.

6. What are the leading remedies for sleeplessness, giving the indications for each.

Materia Medica and Therapeutics.

1. Characterise the relation to the febrile state of *Aconite*, *Arsenic*, *Belladonna*, *Bryonia*, *Baptisia*, and *Gelsemium* respectively.

2. State the action on the lungs of *Bryonia*, of *Phosphorus*, and of *Tartar Emetic*, and the place of each in the therapeutics of pulmonary inflammation.

3. Describe the physiological effects of *Jaborandi*, and indicate the directions in which it is likely to be beneficial, according to the law of similars.

4. What are the conditions under which *Sulphur* would be preferable to any other remedy in a case of chronic disorder?

Each candidate is expected to answer at least three of the questions in each paper, but he is at liberty to answer the whole if he so desire.

PROGRESS OF HOMŒOPATHY IN INDIA.

By Dr. BROJENDRO NALT BAMIJEE, Allahabad.

THAT Homœopathy has spread far and wide in India, specially in Bengal, none can gainsay. Many educated ladies, even, have gained rudimentary knowledge of Homœopathy. Many English works have been translated, many treatises have been written, and we have two or three homœopathic journals in the vernacular, too, besides Dr. Sircar's Calcutta Journal of Medicine.

It was the late lamented Dr. Berigny who first introduced Homœopathy in this country. His first and foremost disciple was Babu Rajendou Dutt, a wealthy citizen of Calcutta, who learnt Homœopathy for its own sake, and who has since been practising it in Calcutta. Babu Rajendou will ever be remembered by his countrymen for his generosity and kindness. He treats every one gratuitously—never charges for medicines or visits. He keeps his own conveyance, and labours day and night for the good of others. Such a man—a pious man, I must say—can seldom be found among any nation in this world. His health has broken down to a great extent by the untiring labour of the last thirty-five years. He is courteous, kind, and affable. He is loved and respected by every one, rich or poor. Would to God that he be granted long life to do good to his fellow-countrymen.

One thing that I would complain of is the want of a proper homœopathic school and hospital. Many ignorant people, failing to get employment anywhere, betake to homœopathic practice. This is to be deprecated. Homœopathy has suffered and been suffering much in the hands of these unworthy persons. I am an advocate of the principle that every one should be his own physician; but I am strongly opposed to the practising of unqualified men. Homœopathy being still an infant science, must not be allowed rough handling by unworthy men. In England qualified men only are allowed to practise medicine, but here we have no such restriction.

Many graduates of the Calcutta Medical College have been practising Homœopathy, and many more will no doubt be soon converted. Many assistant-surgeons (Government servants) secretly practise it. All these are no doubt hopeful signs for Homœopathy in India.

In India homœopathic practitioners are not so much scorned and laughed at by our colleagues of the old school

as is the case with you in England. About twelve years ago our respected colleague, Dr. Sircar, of Calcutta, was insulted by several zealous allopathic doctors at a public meeting of the Bengal branch of the British Medical Association. Be it remembered that Dr. Sircar was one of its vice-presidents, and was known to every member as an advocate of Homœopathy. The unworthy behaviour of its members led to the downfall of that useful association. Lately another society, called the Calcutta Medical Society, has been established, with Dr. D. B. Smith, Principal of the Calcutta Medical College, as its President. Drs. Sircar and Bhadrory have been taken as its members, in spite of their homœopathic stain. Another noteworthy thing is that homœopaths in India can, without any difficulty, hold consultation with eminent allopaths. In England the allopaths are too bigoted, zealous, and obstinate, like the followers of Mahomed. Their minds are overloaded and occupied by theories. It is said that Englishmen love facts. Let the English physicians (allopaths) come forward and examine honestly the clinical facts contained in our periodicals, and let them test and scrutinise them minutely and scientifically. Throw away Hahnemann's theory, disbelieve all that is said in praise of Homœopathy, believe not any one; come forward as an honest, impartial man, test everything of Homœopathy yourself, and then say whether Homœopathy is a mere delusion and based on false scientific theory.

I myself was a staunch and bitter enemy to Homœopathy, but I have become its votary by conviction. I used to disbelieve all homœopaths. At last I resolved to try it, and on repeated trials I am convinced that I was wrong and in delusion myself.

It is said, and no doubt with much truth, that Homœopathy resembles Freemasonry. Many become Freemasons purposely to disclose its secrets; but once they enter the order, they fail to act according to their original plan. And, for aught I know to the contrary, those who tried to prove the worthlessness of Homœopathy by betaking to homœopathic treatment never again returned to their old school, like the Freemasons alluded to above.

LECTURES AT THE LONDON SCHOOL OF
HOMŒOPATHY.

SUMMER SESSION.

COURSE OF MATERIA MEDICA AND THERAPEUTICS.

By RICHARD HUGHES, L.R.C.P. Ed.

DR. HUGHES'S summer course will be supplementary to that which he has delivered in the winter session, during which he has gone alphabetically through the main series of homœopathic medicines. He will begin by discussing some minor and recently introduced remedies then omitted. He will next give a critical account of the Homœopathic Materia Medica, as now represented in Allen's "Encyclopædia;" and will describe its sources and the way of using it. Some lectures will then be devoted to the general principles of drug-action; and the remainder of the course will be occupied with comparative studies of medicines, grouped according to their relations to certain organs or morbid processes.

A detailed programme of the lectures for each month will be posted in the lecture-room.

The introductory lecture to the course was given on Monday, May 3rd, at 4 p.m.; and the lectures will be continued during May, June, and July, every Monday and Thursday at the same hour.

The fee to this course is one guinea. Medical men admitted to any single lecture on presentation of address card.

COURSE OF PRINCIPLES AND PRACTICE OF MEDICINE.

By D. DYCE BROWN, M.D.

During the summer session of 1880 Dr. Dyce Brown will lecture on the "Homœopathic Treatment of Diseases of the Digestive and Respiratory Organs." The course which was adopted during the summer session of 1879, and the winter session of 1879-80, will be continued—namely, to omit everything but the therapeutics of disease, referring the student to the ordinary text-books on practice of medicine for what can be found in any of them. This plan is necessary in order to overtake the entire field of therapeutics, while it saves the advanced student and practitioner the irksomeness of having to listen to what they already know, and which is not peculiar to Homœopathy.

The opening lecture was delivered on Tuesday, May 4th, 1880, at 5 p.m., and the lectures will be continued on each Tuesday and Friday at the same hour.

The fee to this course is one guinea. Medical men admitted to any single lecture on presentation of address card.

Medical men or students desiring to attend these courses, which will contain much new and original matter, are requested to communicate with Dr. Bayes, hon. sec., 21, Henrietta Street, Cavendish Square, W., by letter or personally.

HOMŒOPATHY IN ALLAHABAD.

In this city—the capital of the North-West Provinces of India—Homœopathy is progressing steadily and firmly. Ten years ago there was only one homœopathic practitioner, and he was a layman. There are now three—viz., Brojendro Nalt Bamijee, L.M.S. of the Calcutta Medical College; Babu Benode Behary Bhadrroy, and another ex-assistant surgeon who has come here lately. The two former have extensive practice, and they are successful and popular. Babu P. C. Dutt, who had good practice here, left this place to settle at Calcutta. The majority of the citizens are in favour of Homœopathy.

DARWIN ON THE ACTION OF INFINITESIMAL DOSES.

By W. B. H—, Esq.

SOME years ago I saw a notice of Darwin's experiments on certain insectivorous plants, some of which seemed to me to illustrate so remarkably the action of the minute doses of drugs used in homœopathic practice, that I have frequently used the analogy as an argument to show that there is nothing absurd in supposing that effects are likely to follow from the use of such doses. I have now at hand Darwin's "Insectivorous Plants," in which, under the heading of "*Drosera Rotundifolia*," there are some remarkable experiments showing the effect of weak solutions of *Phosphate of Ammonia* on this plant.

These experiments, we are told, extended over some years, and many of them were repeated several times in order to eliminate every possibility of error. Your readers probably know that the *Drosera* is a native of England, growing on boggy land.

The plant consists of several leaves springing, in a whorl, from the crown of the roots, in the centre of which rises the flower stalk.

Each leaf springs from a footstalk, and is covered with a number of hairlike appendages (called by Darwin "tentacles," from their apparent use), each of which has a gland at its tip.

The whole plant is sticky to the touch, and from its glistening appearance is known as the "Sundew."

Now if an insect settles upon one of these leaves, it is held firmly by the sticky surface, and the tentacles gradually close over it, until a process analogous to digestion is completed, when the leaf re-expands.

In a long course of experiments the plants were made to digest various nitrogenous substances.

The effects of several salts and acids were also tried, some of which, when administered in too strong a form, caused death.

It was found, however, that the *Drosera* was more sensitive to the action of *Phosphate of Ammonia* than any other substance. The strength of the solutions employed was gradually reduced, until at last 1 grain was dissolved in 5,000 ounces of water—i.e., 1 to 21,875,000 (p. 164).

Each leaf, cut from the plant, was immersed in 30 minims of this solution, while others were treated similarly with distilled water.

These latter, though at first affected by their immersion, quickly recovered, whilst those in the solution showed a decided difference in their appearance, their tentacles remaining inflected; though, it is fair to add, some leaves appeared to be more sensitive than others—e.g., the fresher and brighter coloured.

Each leaf was subject to the action of $\frac{1}{80,000}$ of a grain, and the author himself suggests that as there were 175 tentacles, each was affected by the $\frac{1}{14,000,000}$ of a grain. Astonishing as this appeared to him, he remarks that it is nevertheless not more wonderful than the known absorption of minute portions of ammonia by plants from the soil.

He quotes also (page 173) an experiment in which a "millionth of a grain of sulphate of atropine, in an extremely diluted state, if applied directly to the iris of a dog, paralyzes the muscles of this organ."

The concluding words of the chapter are so suggestive that I will transcribe them:—"With *Drosera*, the really marvellous fact is, that a plant without any specialised

nervous system should be affected by such minute particles; but we have no grounds for assuming that other tissues could not be rendered as exquisitely susceptible to impressions from without if this were beneficial to the organisation, as is the nervous system of the higher animals."

ON THE HOMŒOPATHICITY OF MINERAL WATERS.

By M. KRANZ, M.D.

I.—WIESBADEN.

(Continued from page 220.)

WE are not justified in calling the chemical composition of our mineral water, the Kochbrunnen, simply a mixture of solutions of different salts, and particularly of chloride of sodium 6·8 + chloride of potass 0·14 + chloride of lithium 0·00018 + chloride of calcium 0·0016, etc., or the result of a mixture of alkaline salts, earthy salts, metallic salts, and gases. We can only truly and scientifically say, that if we treat 1,000 parts by weight of Kochbrunnen in this or that manner of chemical analysis we shall obtain so much chloride of sodium, lithium, calcium, potassium, etc. It is not only probable, but certain, that all the constituents of the water stand in a proportional relation to each other, and do constitute "a whole" through this intimate relation.

The result of spectrum analysis of the Kochbrunnen water with Bunsen's spectroscope was the following spectrum:— One extremely intense line of sodium *n. 50*; one less intense but strong line of lithium $l_{\alpha} l_{\beta}$, one very clear line of calcium, with the characteristics of α and β ; while strontium and barium lines were visible, but not so clear on account of the brilliancy of sodium and calcium. (Fresenius Quantitative Analyses, Vorwort von Justus von Liebig.)

Thus, it seems evident from every analysis that sodium, *i.e.*, chloride of sodium, our "*Natrum Muriacicum*," is the chief and predominant ingredient, and, we may add, also the healing principle *par excellence*. *Plinius* says already, "*Sale delectantur et ejus usus bene se habent*" of his time and his people. According to *Nasse* it is confirmed that chloride of sodium penetrates the stomach and enters directly into the blood, principally by means of the chyloferous and capillary vessels. After being taken up in the blood it

diminishes in volume the blood globules, prevents their agglutination, and contributes in the blood to dissolve and liquefy the combinations of fibrin and albumen. According to *Vierordt's* experiments after injecting chloride of sodium into the blood, this liquid exhibited after a lapse of five to fifteen minutes an insignificant increase of chloride of sodium, while, on the other hand, there was found afterwards the fifth or sixthfold increase in the "urine." And the very latest physiological experiments showed that dogs which had been brought to the point of starvation revived again after some injections of chloride of sodium solution had been effected into their blood-vessels. After passing through the circulation of the blood, it appears that in the kidneys and in the bladder the same sodium holds the urate of ammonia in solution, and thereby is, indeed, hindering the formation of the precipitates of uric acid.

The *homœopathic* provings of *Natrum Muriaticum* (i.e., chloride of sodium) now appear as a crown to all these experiments. They are, unlike the chemical laboratory, the proofs of effects on the *sound living human* organism:— "Pains of all muscular parts of the body, as if the flesh was beaten; spasmodic numbness in the limbs, especially in the hands; stiffness in the shoulders and hip-joints; beginning, increasing, or reappearing of pain on lying down; easily taking cold; restlessness in the body, with chilliness; excitement, pulsating, heaving, or waving in the body; nervous complaints, spasms in the arms and legs; indigestion, lassitude of mind and body, together with a good appetite; weakness; eruptions of the skin; dirty, sallow, or pallid complexion; irritability; much urination; a great deal of thirst; heart-burn or waterbrash; sometimes voracious hunger; repugnance to fat and rich food; flatulency; increased and copious menstruation, whites between the periods; stronger semi-nality; profuse secretion of the eyes; eyelids red or inflamed; nose dry, sometimes sore and bleeding; loss of hair, and fast reproduction of hair afterwards; pains in the joints and across the hips and the back; sometimes, not always, irregular agitation of the heart, temporary intermittency of pulse"—these are the main points of symptoms elicited by Hahnemann and his disciples' proving societies.

Accordingly we find by experience very nearly of a thousand years, that our *Natrum Muriaticum* is especially beneficial in chronic and habitual derangements of the spleen and liver, of digestion, of exhaustion of the system from excesses (in

venere, etc.), chronic affections of the skin, of the muscular system of the joints, etc. Taking it for granted that most of the other and minor ingredients, or only traces of the above-mentioned constituents of the Kochbrunnen, are by no means antagonistic or neutralising, but by their free suspension in the water only supporting the effects of the *Natrum Muriaticum*, we find by experiment, experience, and comparison that the Kochbrunnen is a "unicum," one grand homœopathic remedy for gout, rheumatism, chronic derangements of the liver and spleen, for piles and urogenital disorders, torpidity of all kinds.

"*L'homœopathie ne consiste pas dans les globules, il n'y a que les ignorants qui disent cela.*" This motto of our famous French confrère, Granier, and of many others, could find no better application. The cure, effected by the solution or suspension of 50 per mille of *Natrum Muriaticum*, is effected homœopathically without any injurious secondary symptoms. As much as suffices for the cure passes the tissues of the stomach, the hurtful overplus is rendered harmless by the secretions of that organ, and is afterwards expelled. We may well here remember that every medicinal agent or drug shows certain or specific affinity to certain organ or organs of our body, while the same may be disregarded or even thrust off by other organs; that wherever this affinity, better called elective affinity, does come into action, the drug taken by the special organ will be attracted only in certain quantities, while the superfluous is exported again as *débris*.

Regarding the chlorides of calcium, magnesium, lithium, the carbonates of lime, iron, and manganum, as well as the smallest traces of silicate of aluminium, of arsenicum, of strontium, they are decidedly of secondary consideration. Although the law of elective affinity does not exclude one of them from taking effect in a pertinent case, still it is more to reason that these are all more or less only supporters of the one great remedy, the above-called "unicum," assisting in the grand effect of vivifying the blood and all secretions of the organism. Just as certain it is that the intensity or modification of the effect is dependent on the degree of temperature at which the Kochbrunnen water is administered or employed. It is quite evident that these waters at a temperature of about 100° F. do contain all ingredients dissolved, and will be easily absorbed by the glands of the stomach. The lower the temperature the less resorption, and when the waters are taken quite cold the laxative effect will be found increasing

till the purgative property of the water predominates, and the greater quantity is discharged by the stools.

Since Baron von Liebig's time the resorption has been explained, less or more, by the physical laws of endosmosis and exosmosis. The blood according to analysis physiologically containing about 6·87 of salts, takes up almost the whole of the Kochbrunnen water salts into its normal constitution to saturation, in its pathological state much more to a certain degree. The degree of *temperature* may be accountable also for the different effects of the *external* employment of the water in the way of bathing or douching, or both combined. Here, on the other hand, the healing property of the Kochbrunnen chlorides, as well as that of the carbonic gases, has yet to be duly estimated.

After this short scrutinising *résumé* in the crucial test of the homœopathic law of specific elective affinity, we are warranted in prescribing *Wiesbaden* for all chronic anomalies of the digestion, as dyspepsia, catarrh, etc.; abdominal plethora, with or without piles; for gout and rheumatism, above all, with its legion train of complaints; for chronic ulcers, badly healed wounds, fistulæ from gunshot wounds, fractures, and scars. Liver complaints are also benefited so much that Wiesbaden has from ancient times been called the hospital for invalids from the tropics: the *German Nizza*, the central refuge in winter time, which season sets in milder and four weeks later, while spring comes on four weeks sooner than in Berlin, Paris, or Vienna. Since the Roman Julius Cæsar, since Otto I., thousands—nay millions—of gouty, rheumatic, and other patients have here found health and happiness again; and the great age of our present dear old Emperor, who, with the Imperial family and the adored Crown Princess (Victoria), take up their residence here every year, may be partly ascribed to Wiesbaden.

“Wanderer aus allen Zonen zühmen deiner Zauber Pracht.
Träger stolzer Fürstenkronen, Pilger in bescheid'ner Tracht
Kranke tragen als Gesunde, und verjungt der alte Greis,
Deiner Wunderquellen Kunde, bis zum fernsten Erden kreis.”

Wiesbaden, May 2, 1880.

LITERATURE.

SURGICAL DISEASES AND THEIR HOMŒOPATHIC THERAPEUTICS.¹

WHEN a book reaches a third edition it has already won a position. This work was conceived in this wise. Having had some years ago a case of fibroid tumour to treat, our author sought the advice of men who had grown grey in the service. Up to this point he had excised such tumours. One of those to whom Dr. Gilchrist applied for a therapeutic "tip" said, "Treat your patient; never mind the tumour." Another said, "Cut it out." So, opinions being divided, our author adopted that grand old plan of helping himself by studying the patient's case, and the result was that his patient was cured and the tumour disappeared. This moved our author to follow up that line of thought and work, and the outgrowth therefrom is this beautiful work on the homœopathic therapeutics of surgical diseases. As a systematic treatise it is truly a "pioneer work."

On p. 11 of the preface to the first edition we read:—

"It has been the main object of this work to teach unmistakably that, apart from mechanical injuries (and these are *not* diseases), there can be no such thing as local disease. Tumours, ulcers, and all kinds of abnormal growths, are simply *symptoms*—peripheral symptoms—of a generally diseased organism."

To that we say, Amen.

It is a grand work, full of "light and leading," and does great credit to the learned author, whom we very heartily thank for *not* cutting out that tumour.

AN ELEMENTARY TEXT-BOOK.²

THIS is a very laudable attempt to make a difficult thing easy, but we do not think it a very successful one. Maybe the task

¹ Surgical Diseases and their Homœopathic Therapeutics. By J. G. Gilchrist, M.D., Member of the Bureau of Surgery, American Institute of Homœopathy, etc. Third Edition, revised, re-written. Chicago: Duncan Brothers. 1880. London: The Homœopathic Publishing Co., 2, Finsbury Circus.

² An Elementary Text-Book of Materia Medica, Characteristic, Analytical, and Comparative. By A. C. Cowperthwaite, M.D., Ph.D., Professor of Materia Medica and Diseases of Women in the Homœopathic Medical Department of the State University of Iowa. Chicago: Duncan Brothers. 1880. London: The Homœopathic Publishing Co., 2, Finsbury Circus.

is altogether impossible. Dr. Cowperthwaite has adopted the very simple expedient of making headway in the pharmacological ocean of Homœopathy by throwing a large portion of the cargo overboard! Thus the work before us contains only about one hundred and forty remedies. It gives us *no* account of such medicines as Amyl Nitrite, Anthracokali, Apomorphia, Aranea, Asclepias, Asterias, Atropine, Badiaga, Bromide of Potassium, Calendula, Coccus Cacti, Carboneum Sulphuratum, Collinsonia, Copaiba, Corallia, Crotalus, Dioscorea, Hydrocyanic Acid, Kali Chlor., Helonias, Hypericum, Mercurius Cyanide, Manganum, Moschus, Naja, Origanum, Scilla, Taraxacum, Tellurium, Teucrium, Uranium, Urtica, Ustilago, Vaccinium, Valeriana, Viola, Xanthoxylum, and Zizia.

Now, of course an *elementary* text-book cannot be expected to treat exhaustively of even one hundred and forty remedies; but what we must affirm is that every graduate in medicine when he comes to the bedside ought to know *something* about most of the medicines we have just named as not being included in Professor Cowperthwaite's list, and, indeed, he *ought* to know *something* about a few others as well.

That is what we have against it, and we express it the more strongly as Hering's "Condensed Materia Medica" is in the field, and by much its superior, and treats of nearly *fifty* more medicines, yet all in one handy volume.

Professor Cowperthwaite's "General Analysis" at the head of each pathogenesis is, however, a very good point.

A MERITED DISTINCTION.

WE read in a local paper:—

"NEW MAGISTRATE FOR SOUTHPORT.—Henry Blumberg, Doctor of Medicine, and extra Licentiate of the Royal College of Physicians, of 65, Hoghton Street, Southport, has been placed on the Commission of the Peace for this borough."

We heartily congratulate our learned colleague; it is a healthy sign of advance. We hope the *Lancet* will not omit to state that Dr. Blumberg is a homœopath.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homœopathic World*.

DR. SKINNER'S PATER PECCAVI.

"THE DYNAMISATION OF MEDICINES."

WE have received the following from Dr. Skinner:—

"The Editor of the *Organon* takes the earliest opportunity of correcting a 'fatal error' he has made in the April number, in hazarding, after a hurried calculation, a wrong estimation of the amount of attenuation in Dr. Fincke's high potencies. We beg to withdraw the statement that 'Fincke's C M is little more than Hahnemann's 11th cent.,' and we beg to offer Dr. Fincke our sincere apology for having made it. Dr. Fincke's C M, however, is not Hahnemann's C M, but it is really and actually, in point of centesimal attenuation, Hahnemann's 15,053.

"After great labour we have arrived at the following approximate values between Fincke's and Hahnemann's potencies, and we are quite prepared not only to stand by them, but to demonstrate their truth beyond all doubt. This we promise to do in our July issue:—

Fincke's 1 M (1,000)	is approximately	Hahnemann's 151 cent.
" 10 M (10,000)	" "	" 1,506 "
" C M (100,000)	" "	" 15,053 "
" M M (1,000,000)	" "	" 150,530 "

Thus, Fincke's M M is approximately Hahnemann's 150 M.

"Dunedin House, Liverpool,
"4th May, 1880."

THE ARNICA INSECT.

SIR,—In your last you quote from Hering's *Guiding Symptoms*, that many of the recorded symptoms of *Arnica* may be owing to the insect which lives on the seed of the plant, and that, "following the example of Hahnemann, we ought to use nothing but the root."

Now, on referring to Hahnemann's directions we find that he only advised the root to be used when the green plant was not procurable, and he says that the green plant should be used if it can be obtained, and that it should be gathered "near the time of flowering," when, perhaps, the dreaded insect has not yet attacked the plant. Anyway, the recommendation of our Homœopathic Pharmacopœia to make a tincture of the dried flowers exposes this preparation to contamination with the insect, and is not so Hahnemannian as the direction of the British Pharmacopœia to make the tincture from the root.

Yours, etc.,

R. E. DUDGEON.

ACCLIMATISATION OF PLANTS FOR PHARMACEUTICAL PURPOSES.

DEAR SIR,—As there seems to be some misunderstanding respecting my plan for growing medicinal plants, will you kindly allow me to refer your readers to my letter in the January number of the "Homœopathic World," in which I distinctly state that I do *not* cultivate these plants; I simply select for my seeds or roots a piece of virgin soil, corresponding to the natural conditions each variety requires. In fact, owing to the extensive area of the land I have, large numbers of the plants used in homœopathic practice are growing there in a perfectly natural manner, and only require protection.

My desire is to produce plants that will make the best and most reliable tinctures; by doing this, I trust to have the continued support (as I know I have the confidence) of the medical profession, and the pharmacutists of this country. I spare no trouble or expense in carrying out my plan.

It may be interesting to some of your readers to know that my Bryony plants (*Bryonia Alba*) are growing as strongly as their English cousins (*Bryonia Dioica*), although the latter have been undisturbed in their natural position for years, and the former were only planted last year, after fruiting. Also that my Pulsatilla plants, which were got from Germany about June or July last year, have done flowering here some time, while a large importation of plants just to hand from Germany, where they have been undisturbed for years, are in full flower, and will remain so for a week or two. This, I think, proves that the two plants, Bryonia

Alba and Pulsatilla Nigricans, not only grow quite as well here, but even better, as shown by their more forward state. My Veratrum plants are looking remarkably healthy, at present 8 or 9 inches high. Podophyllum Peltatum several inches high speaks for itself.

Before I conclude, I should like to say a few words about Arnica Montana. It is supposed by some that its power of producing symptoms like erysipelas is due to an insect that infests the plant; this idea is favoured by the fact that a little ammonia added to the lotion will prevent this irritating effect (ammonia it is well known is a powerful antidote to the stings of insects); and it is recommended that a tincture of the root only should be used. I intend to make careful observation of my Arnica plants, and, if such an insect exists in this country, take means to prove what its properties are. It would be well to set this matter at rest, as I believe a much better tincture can be made of the whole plant than of the root only. I should consider I had done some good if I had helped to remove a bad name from one of our most useful medicines. I will let you know the result.

I am, dear Sir,

Yours truly,

ALFRED HEATH.

114, Ebury Street, London, S.W.,
April 24th, 1880.

[We are of opinion that Mr. Heath lays us all under considerable obligation for thus introducing useful medicinal plants into this country by selecting suitable habitats, and merely allowing them to naturalise themselves on our soil. We quite agree with him that this is not *cultivating*, and we see no reason why any plants growing wild in Kent should be inferior to the same plants growing under like circumstances in Germany or elsewhere; for if they had not the conditions proper to thriving, they would simply become stunted or not survive. With Mr. Heath's known conscientiousness and excellent knowledge of botany, we believe he will meet, not only with his share of professional and public patronage, but also his brother pharmacutists will be only too glad to avail themselves of his facilities for preparing fresh plant tinctures.—ED. H. W.]

FATAL DISEASE AMONG HORSES AND COWS, IN THE STATION AND DISTRICT OF CACHAR, ASSAM.

I AM not a medical man, and cannot therefore describe the disease technically, but will give my experience of it, and will be glad to reply to any question a Homœopathic Veterinary Surgeon may wish to ask.

Cachar has not been visited by a veterinary surgeon; but an officer of a regiment which was formerly stationed at Cachar, and who had some veterinary knowledge, tried to cure the disease, but without success. I have lost four ponies in twelve months; the symptoms varied, but each case terminated fatally.

My first pony appeared to be perfectly well when I drove him in the morning. He refused his mid-day feed, was dull, and disinclined to move. His breathing became hard and difficult, and throat was swollen. He seemed to enjoy the steam from a bucket of hot water, and held his head over it. Nothing did him any good, his throat and chest became much swollen, and he died in great agony, having been ill only ten hours.

Second case.—In the evening the pony did not finish his feed; the next morning he looked dull, and refused all food; there was a little hard breathing, but no swelling of the throat or chest. I had him led away from where he was picketed, as he was near another horse. When he had gone about twenty paces, he had to cross a raised path, but appeared to have lost his strength; he fell down, laid his head on the raised path, and died without a struggle.

The medical officer of my regiment held a *post-mortem*, and found the lungs and intestines very much congested.

Third case.—Pony ate his mid-day feed; at 4 p.m. would not go out for his exercise—was dull and lazy; in about an hour hard breathing set in, and increased; he died at 10 p.m., no swelling visible.

I gave him two drops of *Aconite* in a wineglass of water every half-hour. This did not seem to ease him, but produced great perspiration.

Fourth case.—Pony was in the same stable as the last. I had him removed directly the disease was developed. The next morning he refused his food, hard breathing set in, and he died at 3 p.m. In his case I tried what I had read of as efficacious in diphtheria—viz., sulphur and glycerine put into the mouth.

There was very little swelling of the throat in this case. One symptom is always present—viz., great weakness, and I believe the pony would lie down were it not that his breathing is more difficult in that position, for at first they lie down constantly, but get up almost immediately.

After losing my second pony, I had my stables boarded and drained, and so built that there was plenty of air, and yet, if cold or damp, they could be closed.

In my regiment (including mine) we have lost eight ponies in twelve months, a very serious loss.

If any remedy can be suggested and prove beneficial, the residents of the district and station, would be very grateful. Strange to say, in the Sylhet district, which is to the west and joins that of Cachar, the disease is not known.

Yours, etc.,

CACHAR.

[What suggestions have our veterinary friends to make?
—ED. H. W.]

LIQUOR SODÆ CHLORATÆ.

DEAR SIR,—In a note on this preparation by Dr. Ussher, which appears in your current number, we observe that it is referred to as “Soda Chlorate.”

As it may be inferred from this that the chlorinated soda solution contains chiefly chlorate, may we be allowed to point out that according to the latest analyses, it consists of a combination of chloride, hypochlorite, and acid carbonate of sodium?

We are, dear Sir, yours faithfully,

E. GOULD AND SON.

London, May 1st, 1880.

THE BRITISH HOMŒOPATHIC PHARMACOPŒIA.

DEAR SIR,—Dr. Drury states that the British Homœopathic Society have decided to proceed at once with a new edition of the Pharmacopœia. If the Pharmacopœia Committee have ceased to exist, would it not be the wisest course to appoint a fresh committee and revise the book *seriatim*? It might cause some little delay, for which I opine we should be amply repaid by the result.

The French are about revising their Pharmacopœia, and how thorough the revision is to be we may judge by the steps they are taking, viz., "The commission appointed to revise the French Codex has appointed thirteen sub-committees, each consisting of four, five, or six members, selected to a great extent from French pharmaciens. The revision of a certain section of the Pharmacopœia is entrusted to each sub-committee." Why should we be less strict in our revision than our neighbours across the Channel? As the Text Book of Homœopathic Pharmacy it ought to be as near perfection as possible, and that end will be best attained by some such procedure as that adopted by the French pharmaciens.

Yours very truly,

J. TIRRELL.

Market Square, Hanley, 19th April, 1880.

HOMŒOPATHY IN INDIA.

A CORRESPONDENT writes to us from Allahabad, India:—

"SIR,—If a homœopathic physician were to come to Allahabad, I feel assured he would, as he became known, command a very extensive practice amongst the rich natives and among the Christian and European population of this and the neighbouring stations. He would, by showing the superiority of the homœopathic system over the others in vogue, render an immense service to the cause, and fare well himself. A small capital of about £300 or £400 would enable him to establish himself and a small homœopathic dispensary to commence with. An enterprising and skilful homœopathic doctor, duly qualified, would do more at this present time for the homœopathic cause in this part of the world than can easily be imagined by people at a distance from the scene.

"24th March, 1880."

[The retirement of Dr. Dutt from professional duties to enjoy his patrimony in Calcutta, as reported in our March number, presents a most favourable opportunity for an experienced and energetic Englishman to establish himself at Allahabad. Where are our volunteers to respond to this call and help the cause there?]

O CAVE ARSENICUM!

DEAR SIR,—Your April number calls public attention to the common use of arsenic in wall papers, and the fatal consequences therefrom. Do kindly let your May number inform the public that many men and boys probably carry arsenic in their hats.

A short time ago I purchased a hat at a manufactory in a large provincial town, which was made to fit accurately by having a piece of kerseymere pasted under the lining. Observing what a large supply of paste there was made, I asked how they managed to keep it good. I was told they kept it any length of time by mixing arsenic with it.

Although this may be the practice of only the one manufactory alluded to, yet as many hats made there find their way to all parts of the world, I think the public should be duly cautioned.

I am, yours faithfully,

FREDERICK WHITE, L.R.C.P., etc.

Exeter, 21st April, 1880.

MELBOURNE HOMŒOPATHIC HOSPITAL AND DISPENSARY.

Eleventh Annual Report.

THE committee have again much pleasure in submitting to the governors and friends the annual report of the homœopathic hospital and dispensary, together with a statement of receipts and expenditure, for the year ending 31st December, 1879.

Notwithstanding the general depression which has existed for the past year, the receipts from subscribers and patients show a decided increase on preceding years. The gross receipts for the year from all sources are £1,723 17s., as against £1,268 6s. 5d. last year; and the expenditure £1,584 14s. 3d., as against £1,513 11s. 9d. last year, leaving a debit balance of £106 2s. 7d., and outstanding accounts amounting to £123 11s. 4d., as against a debit balance last year of £245 5s. 4d., and outstanding accounts £198 4s. 2d.

The number of cases treated during the year is 1,990. Of these 133 were treated in the hospital, and 1857 as out-patients. The number of in-patients cured and relieved

is 114; died, 8; remaining, 11. These results speak for themselves as to the success of the homœopathic treatment.

The committee would take this opportunity of expressing their gratitude to Lady M'Culloch and the Scots' Church Convalescent Aid Society for the assistance rendered to the institution in taking convalescent patients from the hospital into their homes.

To those ladies and gentlemen who have so kindly furnished flowers, books, toys, linen, etc., for the use of the patients, the committee also tender their warmest thanks.

The institution is again indebted to the Hospital Sunday Fund Committee, the amount received from the fund this year being £155 12s. 7d.; and it is the pleasing duty of the committee to express its deep obligations to the gentlemen who have so earnestly laboured in the good cause.

The committee desire to bear testimony to the zeal and energy bestowed by the honorary medical staff in the discharge of their very onerous duties throughout the past year; the whole of the work of attending to both in and out patients having been performed solely by them.

During the year some changes have taken place amongst the principal officers. Mr. Westbury, the secretary and collector, resigned in April, and was succeeded by Mr. A. H. Padley, who, the committee are happy to be able to state, has exhibited great fitness for the post. In the month of August the committee deemed it desirable to make some changes in the domestic management of the hospital, and Miss Laura Holden, for some years head nurse at the General Hospital, Hobart Town, was appointed to the matronship of this hospital. The committee have reason to believe that Miss Holden's long training in hospital duties will prove of great assistance to the honorary staff, and of benefit to the patients and hospital generally.

During the past year the committee have had continually brought before them the necessity of increased accommodation, and with that end in view have endeavoured to obtain a suitable site for a new hospital. Their attention was first directed to a piece of land on the Tank Reserve, Eastern Hill, which from its central position and proximity to the residences of the honorary medical officers was deemed a desirable situation. The committee not being successful in securing this site (the limited area being considered insufficient for the purpose), their attention was directed to a piece of land situated on the St. Kilda Road, between

the Military Barracks and the Immigrants' Home. The committee have much pleasure in reporting that they have succeeded in securing this site, which they regard as a most eligible one for a hospital; and in their opinion the thanks of the subscribers are due to the hon. the Minister of Lands for his kind consideration of the claims of this institution. The dimensions (1 acre 1 rood and 26 perches) and form of the land will allow of the grounds being laid out to advantage, and the wards to be placed in the best positions, so that there shall be no lack of that great essential to the speedy recovery of the patients — viz., fresh air.

The committee feel assured that the subscribers will appreciate their action so far, and will readily co-operate in the matter of raising funds for the purpose of at once proceeding with one wing of the building sufficient to meet the increasing wants of the institution.

One of the schemes suggested for providing part of the money required is the holding of a bazaar, by which means it is expected that a considerable sum would be realised, and the committee urge upon the ladies the necessity of taking the matter in hand without delay. It is also extremely desirable that subscription-lists in aid of the building fund be started, and that our friends in all parts of Victoria and sister colonies should be invited to contribute, so that a hospital may be erected worthy of Homœopathy in the Southern Hemisphere.

In concluding their report, and reviewing the proceedings of the past twelve months, the committee feel that they can congratulate the governors on the prosperity attending the institution, and would urge their increased liberality, so that the committee may be enabled to keep pace with and meet the growing demands made upon them.

EPITAPH.

THIS doggerel, while it will provoke a smile, expresses the feelings of many a tired, overworked woman:—

Here lies an old woman
Who always was tired,
'Cause she lived in a house
Where help wasn't hired.
Her very last words were,
"Friends, I am going
To where there's an end
Of darning and sewing;

Oh! everything there
 Will be just to my wishes,
 'Cause where they don't eat
 There's no washing of dishes.
 So, friends, do not grieve,
 That from me you must sever,
 For I expect a good time
 Doing nothing for ever."
 Then she folded her hands
 With life's latest endeavour,
 Sighing, "Nothing, dear nothing,
 Sweet nothing, for ever."

"*Congregationalist*," Boston, Jan. 15th.

LONG LIFE.

PEOPLE who live calm and easy lives, and who are sure of daily employment, are apt to outlast the feverish brain-worker, who exists by the use of his wits. Scarcely anything has such an influence in promoting longevity as an assurance, felt to be well grounded, of a comfortable provision for life for all the ordinary wants of our station. Not long ago a man died in a workhouse, where he had been taken care of for ninety years. He had no anxieties for to-morrow's bread; he had no quarter-day to provide against, in default of which wife and children would be turned into the street from the elegant mansion. He had no bills to meet at the bank, which, if not paid by a day and an hour, would involve protest and financial ruin. He was happy because he was completely free from care. An aching brain is more trying than a weary arm. The man who handles tools often sings at his work, but there is no music of this sort in the counting-house where the capitalist weaves the web and unravels the tough knots of a great and complicated business.

CHLORAL.

(*In Two Lights—the Blue and the True.*)

CHLORAL! of blue-blood the bluest,
 Alcohol's and Chlorine's daughter,
 Youth and beauty that renewest,
 Night's long watches making shorter.
 Blithely raise a pean choral
 Round thy fount of blessings, Chloral!

Toss no more in vigils lengthy,
 Sigh no more for daylight's peeping;
 Sweet and soft falls thy nepenthe,
 In its calm worn spirits steeping.
 Truly "*Amor vincit omnia*,"
 Chloral's love can cure *Insomnia*!

(P.T.O.)

Chloral ! spawn of depths abysmal,
Spring of restlessness and raving,
Fancies sick and visions dismal—
Source of still insatiate craving.
When the once-blest light auroral
Breaks thy feverish spell, O Chloral,
Comes Reaction's Nemesis,
And the soul in Tophet sinking,
Woos again thy fatal kiss—
Woos, and ends in endless drinking,
Till to the unplumbed abysm
Sink thy victims, Chloralism !—*Punch*.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, etc.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. O. BURNETT, 4, Harley Place, Harley Street, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E. C.

ANSWERS TO CORRESPONDENTS.

NEMO. — Your interesting communication relative to your *Nat.-Mur.* case will appear in our next issue.

DR. E. PAIJNE, Trinidad.—Evidently it is a long time since Dr. Knaggs went to school; what he states in the *Trinidad Chronicle* of March 13, 1880, is mere motherly twaddle. Recommend Dr. Knaggs to read "Old-School and New-School Therapeutics," by Frederick F. Moore, M.D. (Harv.), which

he can obtain from Mudge and Son, 34, School Street, Boston, U.S.; also "Grounds of a Homœopath's Faith," by Prof. Samuel Jones, of the University of Ann Arbor. The only objection we have to Dr. Knaggs's teachings is that he knows nothing about the subject. If Dr. Knaggs thinks he can refute Homœopathy, we beg to say that the pages of the *Homœopathic World* are open to him.

DR. BERNARD-HARDENPONT, Mons, Belgium.—Very many thanks for your valuable suggestions for a second edition of "Curability of Cataract with Medicines." We shall profit by them, and also by your recent additions to the subject in the *Revue Homœopathique Belge*, reproduced in this issue of the *Homœopathic World*.

CORRESPONDENTS.

Dr. E. Paijne, Trinidad, B.W.I.; Dr. Blumberg, J.P., Southport; J. Joiner, jun., Esq., New Deer; Mr. Alfred Heath, London; Dr. S. H. Blake, Liverpool; Dr. H. Ber-

nard, Hardenpont, Mons, Belgium; Mr. Wyborn, London; Dr. Harmar Smith, Ramsgate; Dr. Stanley Wilde, Nottingham; Dr. Kranz, Wiesbaden; Rev. Steuart Walford, Ipswich; Dr. Usher, Wandsworth; Dr. Dudgeon, London; Dr. S. D. Ramasnehi; Professor Talbot, Dean of Faculty, Boston; Dr. John Clarke, Ipswich.

BOOKS AND JOURNALS
RECEIVED.

Allgemeine Homœopathische Zeitung. Bd. 100, Nos. 15, 16, 18, and 20.

Trinidad Chronicle, Port of Spain. March 13, 1880.

The Cincinnati Medical Advance, April, 1880.

The American Homœopath, April, 1880.

The American Journal of Electrology and Neurology, April, 1880.

The Homœopathic News, April, 1880.

Trinidad Chronicle, March 24, 1880.

Modern Thought, May 1, 1880.

Urania, May, 1880.

Revue Homœopathique Belge, Mars, 1880.

New England Medical Gazette, April, 1880.

The Journal of Medicine and Dosimetric Therapeutics, No. 5, May, 1880.

American Observer, April, 1880.

The Medical Enquirer, May, 1880.

Boston University Year Book, 1880.

L'Homœopathie Militante, No. 2, Février, 1880.

Burgoynes's Monthly Magazine of Pharmacy, May, 1880.

The New England Medical Gazette, April and May, 1880.

Night and Day, Nos. 38 and 39.

Otis Clapp and Son's Price Current, with a Directory of the Homœopathic Physicians of New England, March 1, 1880. [This is quite a useful book of reference—a New England Homœopathic Gazetteer.]

Barbados Globe, etc.

The Chemist and Druggist, May 15, 1880.

The New York Medical Eclectic, March, 1880.

The Homœopathic Times, April, 1880.

The North American Journal of Homœopathy, May, 1880.

Old School and New School Therapeutics. By Frederick F. Moore, M.D. (Harv.) Boston: Alfred Mudge and Son. 1880.

The Homœopathic World.

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LEADING AND GENERAL ARTICLES:—

Homœopathy at Ann Arbor, U.S.

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Final Report on the Milwaukee Test of the Thirtieth Dilution.

Case of Habitual Erysipelas Cured with Arnica 6.

On the Homœopathicity of Mineral Waters.

On Lupus of the Throat.

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THE
HOMŒOPATHIC WORLD.

JULY 1, 1880.

THESE ARE THEIR GODS.

THE ignorant and superstitious have in all times had gods of their own. History tells us that the inhabitants of certain cities worshipped some a cat, others storks, others again an ox, and some even worshipped leeks and onions.

Is it not recorded by Lucian that when he had seen the Elysian fields, Rhadamanthus gave him a mallow root and bade him pray to that when he was in any danger or difficulty, and that when he came to Hydamordia, in the island of treacherous women, he made his prayers to his root and was instantly delivered !

“ O sanctas gentes quibus hæc nascuntur in horto Numina ! ”

British medical men have various deities of their own, but *Libertas* is not one of them. The tutelary deity of many is a venerable old sheet called the *Lancet* ; well, *de gustibus*, etc. Not that we would say any ill-natured thing of the old lady who brings us a weekly budget of barber's news that her simple admirers take for gospel, but it does seem odd that a very large portion of a so-called liberal profession should be so successfully led by the nose by a mere medical newspaper. The Egyptians worshipped their leeks and onions, in fact grew their gods in their own gardens, and British surgeons worship their *Lancet*, and of course are bound by their religious vows. But even deities have to be careful not to offend their devotees, lest the latter should get iconoclastically excited and cast them down from their high estate. Thus we find the *Lancet* at times getting a little fluttery, lest there should be any falling-off of the faithful, and in its own petty way spitting fire at the poor homœopaths, by way of reminder that these outcasts are kept in subjection by its trades-unionistic terrorism and rattening. Thus in its last issue we read the following bitter commentary on the positively sinful ignorance of the members of the medical trades-union of Great Britain :—

"CONSULTATIONS WITH HOMŒOPATHISTS.

"In the *Lancet* of May 1st (p. 702), a Fellow of the Royal College of Surgeons in Ireland suggested that the Council of that body should adopt a resolution to the effect that meeting homœopathists in consultation was beneath the dignity of the Licentiates and Fellows of the College. That this proposal was not premature is evident from what took place at the annual meeting of the Fellows of the Irish College of Surgeons last Monday, when Mr. Tufnell drew attention to the matter as contrary to the ordinances of the College, which distinctly prohibited any consultation between its members and those practising Homœopathy or mesmerism. He believed that it was necessary to impress the existence of such prohibition upon the minds of the members, and proposed a resolution that they should not, directly or indirectly, have any professional communication with such persons. Dr. Carte seconded the resolution, which was passed without a dissentient. In the ordinary course the resolution will come before the Council of the College. Mr. Tufnell only brought the matter forward in a general way, but he is prepared to give details should it be necessary. We hope, however, that this warning will be sufficient, and that the delinquent or delinquents referred to will for the future think more of the dignity of the College they are connected with than of their pecuniary interests."

Now let us rub our eyes a little, and yawn ourselves thoroughly into a condition of wakefulness; let us also refer to the almanack and see whether we really count one thousand eight hundred and eighty of the year of our Lord—for it is difficult, very difficult, to believe that such is the case, with that actually staring us in the face, and in print too.

Oh, mighty *Lancet*! Oh, immortal Mr. Tufnell! Oh, great Dr. Carte! When will you three meet again to try to gag the *six thousand* homœopathic physicians now existing in the world? What an inane effort to make the world go backwards!

We do not know what practising mesmerism may mean—we suppose that is Irish—but practising Homœopathy means to administer remedies to the sick according to the law of similars: no more and no less. And if any one sins against the laws of God and of human society so far as to give a child some *Belladonna* for its scarlatina because of its being

pharmacodynamically its similar—if he so sin wittingly and avowedly—any member of the Royal College of Surgeons in Ireland dare not meet such a one under pain of being a *delinquent*. There is no word about science, liberty, truth, toleration, fidelity to the Hippocratic oath, duty to the sick, love of our common humanity, sympathy for suffering, responsibility to the great God who gives us our being—no, it is *The Royal College of Surgeons in Ireland* ! Away with the pompous misnomer, it is *The Real Company of Servant Barbers in Ireland* that is meant, for these are the sentiments not of educated Christian gentlemen, but of vulgar menials, and the sooner such companies of handworkers are improved off the face of this free country as an offence to the spirit of the age the better.

* * * * *

The ignorance and vulgar insolence of the two surgeons who proposed and seconded this silly resolution are gloriously crowned by the arrogance of the *Lancet* in its concluding sentence :

“ We hope, however, that this warning will be sufficient, and that the *delinquent*(!) or delinquents referred to will for the future think more of the dignity of the College(!!) they are connected with than of their pecuniary interests.”

What outrageously inquisitorial language for the editor of *any* paper to utter ; it really might be a limb of the law on the bench trying a hawk for theft.

Now let us note the two great motive powers known to the *Lancet*. First, the “ *dignity* ” of the College. This commodity cannot be said to exist in the case of this special college in the presence of such a resolution, conceived as it is in the most revoltingly vulgar spirit, and carried in an assembly so craven that there was not a single dissentient. Secondly, the “ *pecuniary interests*.” Herein we dare not venture with the *Lancet*, whose knowledge of “ *pecuniary interests* ” is like Mr. Weller’s knowledge of London—“ *extensive and peculiar*.”

The glaringly unprofessional and sectarian conduct of Mr. Tufnell and Dr. Carte in proposing and seconding such a scandalous resolution can but meet with the strongest condemnation on the part of all liberal-minded men, no matter of what opinions in therapeutics, for it must be manifest that administering to the sick for their benefit medicines upon any principle whatsoever *cannot* constitute any wrong, and that the medical man who believes the law

of similars the best one to use for his patient's welfare is not only not dishonest in practising homœopathically, but is, on the contrary, in all honesty bound to do so, and doing so is no man if he fear to declare it.

The vulgar trades-unionism openly advocated by the *Lancet*, and its seeking to carry out a system of terrorism and rattening, must be characterised as extremely immoral and subversive of true freedom, and calculated to bring the profession of medicine into contempt and ridicule. Moreover, it proves that the *Lancet* has not the true interests of humanity, of medical science, or of the profession at heart; but is in reality a mere trade's journal that fosters the grossest ignorance and the most bigoted prejudice of the least enlightened members of the profession for mere purposes of trade.

When a Sheffield knife-grinder is guilty of rattening he becomes amenable to the law, but these barbers' guilds that flaunt the titles of *Royal Colleges* are permitted to terrorise over innocent, law-abiding, and useful citizens, many of whom are university graduates, and all of whom are duly and legally qualified, to their manifest hurt and detriment.

Herein lay homœopaths are very much to blame for their lukewarmness. It matters not for us professional homœopaths whether Whig or Tory rule, we are equally and always out in the cold and left the ill-requited and slandered guardians of a great and important therapeutic truth. Within our memory no peer of the realm, and no member of Parliament, has ever stood up in the council of the nation to demand fair play for Homœopathy, and yet a score of them might be obtained at an hour's notice to talk the heavens blue about a deceased wife's sister or the wrongs and indignities done to vermin by physiologists. And we know that there are scores of homœopaths in both Houses of Parliament.

If all the homœopathic practitioners of this country were of our mind, they would go *en masse* to the Government and demand that Homœopathy be openly and efficiently taught in our schools and universities by the side of all other medical doctrines, instead of being malignantly put aside as it is at present. And if this were declined, then they should petition the Government for leave to establish a Royal College of Homœopathic Physicians for the British Empire, with the same duties, rights, and privileges as the other licensing Royal Colleges. And failing to obtain a

charter, they should band themselves together as a College, nevertheless, and grant diplomas, and go to the Government every year for a royal charter.

THE PREVENTION OF BLINDNESS.

HYGIENE is fast becoming an exact science in lieu of being a misty accumulation of the prejudices of ages. One of the most able and active contributors to this great change is Dr. Roth, of London. If mankind really understood its best and truest physical interests, hygiene would not be treated in the present stepmotherly fashion, but would occupy a front place in our schools, our seats of learning, our municipal council-chambers, and in our legislature. In the meantime a few advanced medical men alone bear the burden, and are still barely more than as the voice of one crying in the wilderness. Such has Dr. Roth been for many, many years past. We trust many of our contemporaries, of all shades of opinion (for we can all join hands in the temple of Hygeia), will reproduce the following, and that many answers to Dr. Roth's questions will prove the existence of a live interest in the all-important subject of

THE PREVENTION OF BLINDNESS.

It is translated from the *Journal d'Hygiene*, and runs thus :—At the April meeting of the "*Société Française d'Hygiene*," in Paris, Dr. Roth, of London, made a communication on the prevention of blindness. His request for assisting him in collecting facts and statistics regarding the causes and prevention of blindness was unanimously accepted. The *Journal d'Hygiene* of the 10th June, 1880, publishes the following list of Dr. Roth's questions read by Dr. Mercier at the May meeting of the *Société d'Hygiene*.

"Dr. Roth will feel obliged to all his colleagues of the *Société Française d'Hygiene*, and of other societies, who would kindly answer the following questions, or any of them, or who would point out to him those papers which relate or refer to the subject of these questions. The answers might be sent directly to his address, 48, Wimpole Street, London, or to the editors of the *Journal d'Hygiene*."

1. What is the percentage of blindness in France, England, or in any other country ?

2. What is the proportion of those born blind to those blind from other causes?

3. What is the percentage of blindness from *ophthalmia neonatorum* in those blind from all causes?

4. What is the percentage of blindness from the following causes in the blindness from all causes :

a. From smallpox ?

b. „ measles ?

c. „ scarlatina ?

d. „ syphilis ?

e. „ scrofula ?

f. „ various accidents ?

g. „ trades and occupations causing eye diseases ?

5. What are the other general causes of eye diseases and, indirectly, of blindness ?

6. What are statistics of eye diseases specially ascribed to the attendance of children and youths in schools, colleges, etc., to the bad quality and insufficiency of light, to reflex light, bad positions, bad type, badly-printed books, the colour of the paper and writing books, too much work, and other causes in schools ?

7. What are the best practical means for neutralising the various causes of eye diseases ?

8. What are the practical means for diminishing the ignorance of mothers, monthly and other nurses, teachers, working men and women, and even of many medical men, with regard to the hygiene of the eyes ?

9. The foreign members of the Société Française d'Hygiène who will kindly forward papers or some information, relating to any of the questions, are requested to send the desired information either to Dr. Roth, or the *Journal d'Hygiène* at Paris. An abstract will be published with the names of all contributors.”

In consequence of Dr. Roth's appeal, Dr. A. Warmont read at the May meeting of the Société Française d'Hygiène a paper, “*A Contribution to the Etiology of Blindness*” (published in the *Journal d'Hygiène*, June 17th, 1880). Dr. Warmont was physician to the large manufactory of looking-glasses at *St. Gobain*, where he collected his very interesting notes. After reading extracts from Ramazzini's “*De morbis artificum diatriba*” (the author being considered the father of the *Hygiène* of trades and occupations), from *Layet's* “*Hygiène des Professions et des Industries*,” and from

Tardieu, about the unhealthy state of glass and looking-glass workers, he mentioned the prevailing, general, *a priori* belief that these workmen are subject to many eye and other diseases. Dr. Warmont gave a short description of looking-glass manufactories, and named Louis de Nehou as the inventor in 1688 of the *moulding* of looking-glasses, and as a man who deserves to be inscribed on the list of the benefactors of humanity.

Before Nehou's invention the workman had to take out from the crucible with an iron ladle a part of the melted material, which he had to *blow out* by means of his breath—the operation lasted long, and was divided into several stages; at a fixed moment, a second workman had to assist the first, and made a hole in the globe of the melted glass, while a third one divided the material, which was finally spread on a table in order to make it flat. Cochin, a known authority on the manufacture of looking-glasses, says that Nehou's invention has saved the lives of thousands of workmen, has brought many millions to France, and entirely upset the old Venetian mode of glass manufacture; but people still continued to make small looking-glasses by the old method, and large ones by moulding. It took still a hundred years longer before they found out that by cutting large looking-glasses small ones can be obtained!

Dr. Warmont greatly surprised the members of the society when he declared that, according to his own experience and that of Drs. Gaucheraud, Ponthieu, and Biver (the previous and succeeding physicians at St. Gobain), and according to the *latest* information from Mr. Biver, the present director of the manufactory, whom he specially asked for information in order to answer with precision and exactitude Dr. Roth's inquiries, that there is no special disposition to eye or any other disease, and that there is no working man at present at St. Gobain who got blind through his work; the oldest pensioned workmen have never known a similar case.

This information is very valuable, as several generations of the families of working men have continued working at the manufactory.

The only precaution taken by the workmen who have to watch the state of the fire and the smelting process of the glass, consists in looking through a piece of glass which is coloured blue by cobalt, violet by manganese, or smoke-coloured by nickel; usually the blue is preferred. It is framed in wood with a handle, by which the foreman holds

it before the small opening left for observing the fire and melting. A sample of this cobalt glass was handed round to the members of the society.

Dr. Warmont concludes with the following remarks, which might be usefully applied to other medical prejudices:—
“That we must now give up all vague hypotheses and vain theories still prevailing in the hygiene of trades and occupations, and must endeavour to base this science on a solid groundwork of experience and exact observation.”

HOW THEY DIE.

By JOHN H. CLARKE, M.D.

IV.—Arsenical Wall-papers.

IN May, 1879, I was called to see Mrs. W., aged twenty-six, tall, dark hair, grey eyes, earthy complexion, with an acne-like eruption about the chin.

Her family history was very good, and her own health had been good up till the birth of her youngest child, sixteen months previously. She had “inflammation” after the confinement, and has not been so well since.

She was complaining when I saw her of great depression and nervousness, which had been coming on gradually for some months and getting worse. She had pressure in the head and a sensation of sinking at the pit of the stomach. Her manner was very strange. She had pain in the forehead and eyes; her sleep was disturbed by dreams; she suffered from tightness at the chest. The bowels were irregular, but constipated for the most part. The tongue was dirty; the appetite very bad; at times she had sickness.

Alcohol in any form aggravated her sufferings.

After attending a little time and finding no substantial improvement in the symptoms, I asked to see over the house. I found that the lower rooms were damp. The bedroom my patient slept in was not small, but three of her children slept in it as well as her husband and herself. *All four rooms of the cottage had a considerable proportion of green in the colouring of their papers.*

Living in the same house with my patient was a sister of hers, unmarried, who supported herself by needlework which she did at home. She looked very pale and ill, and said she felt ill. Her lips were pale and bloodless. Before moving

with her sister into this house she had enjoyed excellent health, but had been ailing ever since. On questioning my patient I found that her health also had been much worse since coming to the house. I regret that I omitted to note how long she had been living in it, but I think it was about eight months.

These were the only two in the house who suffered greatly, and they were in it all day long as well as all night, whereas the husband and the children were out the greater part of the day, and when the dusting and cleaning were going on.

I told my patient I did not think I could do her any good so long as she remained in the house as it was, and if she could not get it put into a healthy condition, the best thing she could do was to move out of it as soon as possible. In the meantime, if she should be worse, or wish to see me again, I would come if she let me know. I have not heard of her since, so it is most probable she took the advice and changed her abode.

The next case is one of general debility, accompanied by loss of appetite and excessive flatulent distention, due in great part to arsenical poisoning, and greatly ameliorated by avoiding exposure to the cause. I saw the patient first March 16th, 1880.

Mrs. C., thirty-three, very fair, rather below middle height, nervous, bilious. Family history poor. Her previous health had been good till she was twenty, when for twelve months she was in weak health and threatened with consumption. She, however, recovered, and continued in very tolerable health until she came to live in her present house five years ago. Has not been well since then.

She has been married three years. Had a miscarriage six months after marriage, and since then the catamenia, which were formerly regular, have only appeared once.

She was complaining when I first saw her of excessive languor, great distention of the body, greater sometimes than at others. She was much troubled with flatulence constantly rolling about, and sometimes pains in the body. She had no appetite. The tongue was foul, very dry in the morning, and ill-tasting, so that she could not take breakfast. She felt stupid and unrefreshed on awaking, and disinclined to rouse herself. The bowels were irregular.

The circumstances of her life were easy; she had no great cares, and was not in any way overworked. The house she lived in, a four-roomed cottage, was, like the great majority

of the dwellings of the humbler classes, damp. In the bedroom she occupied was an arsenical paper, and in the kitchen there was the remains of a green paper under the one that had been last put on. Before this last was put up the patient had herself prepared the wall by stripping off the greater part of the old green paper. This was about a year and a half before I saw her. The same day that she did this, she was taken ill, and did not know what was the matter with her. She had to lie down for three hours before she recovered herself, and did not get wholly over it for many days.

I told her I believed her ill-health was due, in great measure, to the insanitary state of the house. I advised her to change her bedroom at once, and sleep in the back bedroom, which, though smaller, had an innocent paper on its walls.

She did so, and soon noticed a great improvement in her sleep. She felt refreshed when she awoke in the morning instead of languid; her tongue became much better, and she could enjoy her breakfast.

She has been improving slowly in other respects since then, but has been all the time seeking a healthier house, and has found one to suit her within the last few days. Had she continued as she was, I have no doubt she would have gone on getting worse until, within a short time, mischief too deep for recovery would have been wrought.

The last case I shall relate in the present paper is a very distressing one. The patient died of consumption five weeks after giving birth to a child, but there is no doubt in my mind that the disease and death were greatly accelerated by arsenic inhaled from the wall-papers of her house, and especially of her bedroom.

Mrs. L., thirty-eight, medium size, fair, much wasted. Her husband works for a large contractor. Up till March, 1879, he had been for nine years with his family in Holland, where his master had some very large work in hand. The family had lived in an airy Dutch house, very plain, but quite dry and healthy, and all had enjoyed excellent health, including Mrs. L., until about six months before they left, when the latter took a cold and had a cough with it. This did not affect her general health, and she thought it was only a "common cold." She still had this cough when she returned to this country.

The five children, all born in Holland, were greatly looking forward to seeing the wonderful England their parents

came from, and which they had never seen. It was a bright day in March when they sailed from Holland, and it continued fine until they drew near the English coast. Here all was hid in dense fog, and no England could they see. When at last they landed at Queensborough, and found a squalid town in raw March weather, the children asked ruefully, "Is *this* England?" and wished to go back to Holland again!

The husband had now to commence on works in Ipswich, and had difficulty in finding a house. In September they came to live in the one in which I found her when I was called to see her in March of this year. There was a highly arsenical paper on her bedroom, and one less so on the front room walls downstairs. She had been confined a week. The child was remarkably small, but otherwise healthy. The patient had suffered excessively the last three or four months of pregnancy from irritability of the bladder, resulting in inability to retain urine. Whenever the cough came on it gushed from her. Latterly it had become ammoniacal, and by its irritating properties greatly aggravated her misery. This trouble had slightly diminished since the child was born.

The cough had never left her entirely since it first came on. When I found her there was consolidation of the apex of the left lung, and a cavity in that position. She had never spat up blood. There was probably bronchitis in the first instance with interstitial pneumonia, followed by cirrhosis and bronchial dilatation.

It is a common occurrence for consumption to lie dormant during pregnancy, and run a rapid course after delivery, and it may be thought that this is but a common case of that kind. But, in addition to the ordinary symptoms of consumption, there were certain others, and certain circumstances connected with the case that led me to think that arsenic, and especially that in the bedroom paper, had a good deal to do with hastening the end.

The suspicious symptoms were these:—She had a *burning pain* at the chest whenever she took anything warm; she had to take everything just chilled. She complained of *burning headache*. She had always been subject to headaches, but never of this kind. She felt at times as if she were *one mass of fire* from the head down to the knees, and as if from the knees to the feet was ice. The eyes felt as if sand was in them, and she was constantly winking and squeezing the lids together to clear them.

These symptoms are all characteristic of arsenical poisoning, and I might add to them the scalding of the urine and the white-coated, red tongue, and the red, dry pharynx, but these may have been due to the disease itself.

It is remarkable that almost all these symptoms gradually left her after I had got her removed into another room, free from the obnoxious wall-paper. The burning pains left her; she could take nourishment with more comfort, and the urine became natural. The cough, however, grew worse, and the expectoration more profuse; the fever did not abate, and she sank on the 27th April, just a month after I saw her first. I was out of town when she died, and so had no opportunity of examining the body, which I regret.

The youngest boy (three and a half) used to sleep with his father and mother in the bedroom with the green paper, and these three were the only sufferers. The husband had been off work for two days, and such a thing had never happened to him before. The boy had had measles with the other children, but, unlike the rest, did not get quickly over the attack, but suffered many weeks with his eyes.

These are the considerations which induce me to cite this case as an example of the ill-effects of arsenic. In my next paper I hope to bring this section of my subject to a close.

(To be continued.)

THE HOT SPRINGS OF BOURBONNE-LES-BAINS (THE FRENCH KREUZNACH).

By DR. ROTH.

SINCE last year my attention has been directed to these remarkable springs, which are very little known to my English colleagues; but the cures obtained in several chronic diseases might induce them to send there such patients as are advised at present to go to Kreuznach, Kissingen, and Homburg, places which are much farther and more expensive, and where the waters used for bathing must be artificially warmed, while those in Bourbonne have a natural high temperature; in many cases they must be even cooled before being used.

My notes are taken partly from personal communication with Dr. Mercier, a well-known consulting physician at Bourbonne, partly from a little pamphlet which he published last year.

Bourbonne, in the Department de la Haute Marne, in the East of France, 825 feet above the level of the sea, is, by rail, about eight hours' distant from Paris, and seventeen from London. The springs of Bourbonne belong to the *strong* saline ones (chloride of sodium), and contain, according to the analysis of Pressoir, in one litre—

Chloride of sodium	5,800 grammes.
Chloride of magnesium . . .	0·400 "
Carbonate of lime	0·100 "
Sulphate of lime	0·880 "
Sulphate of potash	0·130 "
Bromide of sodium	0·65 "
Silicate of soda	0·120 "
Albumen	0·130 "
Iod., traces	
Arsenic, ,,	
Peroxide of iron	3
Manganic oxide	2
	7·630

Bechamp has also found copper, and Erandeau the spectroscopic metals rubidium, cæsium, strontium, and lithium in notable quantities. Amongst the German and French mineral waters of the same kind, Bourbonne occupies, regarding the quantity of mineral substances contained in one litre of water, the following place. The saline, or chloride of sodium waters of Arbonne, in Switzerland, contain in one litre 280 grammes, and Salies 255 grammes. These are the strongest of their kind, according to Constantine James. At Salies, the patients must be fastened with straps to the floor of the bathing tub, in order to prevent their rising to the surface, in consequence of the density of the water being increased to a very high degree, through the large quantity of salt dissolved in the water. If the skin could or would absorb an amount of salt in proportion to the quantity contained in the water, this quantity would be very important; but experience teaches not only that the saline waters act principally on the skin as an astringent and tonic, but that it is not at all necessary that the water should contain such an extraordinary quantity of salt in order to produce the same astringent and tonic effect.

Waters containing 2 to 4 grammes of salt in a litre are

considered as of average strength, and those containing less than two grammes are called weak.

As there is no standard according to which saline waters are to be called strong, and as Arbonne and Salies with their extraordinary mineralisation are not to be counted, sea water, which on an average contains 38 grammes of salt in a litre, has been considered as the type of the maximum of a saline water ; but, even when this maximum is considerably reduced, such waters contain *too much salt to be drunk*.

The Bourbonne waters, containing 5·8 grammes of salt per litre, have this advantage, that they have a tonic effect on the skin similar to that of the more saline waters, and when taken internally they modify considerably the nutrition. As a larger quantity of salt in the water could scarcely be taken internally, we are justified in placing Bourbonne amongst the strongest saline waters, the effect of which is very considerably increased by its natural high temperature, which ranges from 50 to 67 Centigrade, corresponding to 147 to 186 Fahrenheit. Before 1856 three principal springs with special names were known, but at present twelve shafts have been sunk in various parts, which provide a very large quantity of warm salt water ; the waters brought up by the boring No. 1, in the garden of the "Etablissement," and especially No. 10, in the yard of the bath for civilians, are much used, and considered as the most important ones. When the new borings were made it was observed that the temperature and quantity of water of the previous ones had diminished, although the general supply of waters had been increased.

Besides the numerous saline waters, there is in Bourbonne the spring *Maynard*, containing bicarbonate and sulphate of lime, which (being, according to the analysis of Assim Henry, very analogous to the waters of Contrexeville and Vittel) is very useful to patients suffering from stone, gout, and those numerous rheumatic invalids who pass red sand, but suffer from other complaints which have induced them to visit Bourbonne. The proprietors of this spring, which is at a short distance from the town, are very liberal, and admit the public to the gratuitous use of their mineral water.

At a distance of a few kilometres from Bourbonne is the ferruginous spring of *Laisvière sous Aigremont*, which is much used as an agreeable table water and refreshing drink.

The visitors live and board either in hotels or private boarding houses, or they live in private houses and board in

the former ; some of the furnished apartments have also kitchens, and the patients have their choice of meals cooked at home.

Besides the medical inspector of the bath and his substitute, there are nine other physicians resident during the season in Bourbonne, which is a proof that a good number of patients visit these baths, which are well known in the East of France, and to many practitioners in Paris.

It is the custom here, as in many other French watering-places, that the patient, soon after his arrival, should inscribe his name at the Bath Establishment—where he receives his number, and a hour is fixed when he can take his bath or douche, or both ; the first inscribed is first served, except he cedes his right to a later comer. The patients are requested to send word when prevented by any unforeseen cause from taking at the fixed time their bath or douche. The bathing rooms on the ground floor are reserved for the weakest patients. People begin to bathe at 4 a.m. and finish at 5 p.m. The first-class bathers have their own private bathing room, while the second class bathe together in swimming baths. The two sexes bathe in separate localities. Poor patients are admitted gratuitously after those who pay have finished their bath.

The course of treatment lasts fifty days for ladies, and forty-four to forty-five for gentlemen, and is usually divided in two parts—in the intermediate period, which is shorter or longer, according to the symptoms of the complaint, neither bath nor douches are taken, to prevent the febrile gastric affection known as the “*thermal fever*.”

There is a fixed list of prices for all kinds of baths, douches, carriages, etc., to prevent the strangers from being cheated.

The diseases most suitable for Bourbonne are, according to Dr. Mercier, the following :—

I. Those dependent on a *lymphatic* and *scrofulous dyscrasia*, as glandular swellings abnormal mucous discharges from the nose, ears, or vagina ; slight chronic epiphora ; chalazion and swelling of the eyelids, enlarged tonsils, frequent angina ; atony of the digestive organs of young children, anorexia and bulimia, constipation, diarrhœa or dysentery, lichen and prurigo, dry skin, deficiency of general perspiration, local foetid perspiration of hands, feet, or armpits ; flying pains in the joints and limbs, weakness, fatigue, and lassitude, which are not relieved by rest ; retarded menstruation, chronic leucorrhœa, and dysmenorrhœa.

Rickets and its various forms ; swelling of the ends of the long bones, incurvation of the thighs, leg-bones, and clavicles, the so-called rachitic rosary at the anterior extremities of the ribs, where they join the cartilage ; chicken breast, flat chest, depression, and deformities of the sternum and ribs ; unequal development of the thorax ; all kinds of spinal deformities, enlarged, depressed, or deformed shoulders and hip-bones when caused by rickets.

Glandular tumours ; enlargements ; moveable, soft, small, not painful glandular swellings, hard or suppurating as they are found under the skin, on the neck, the arm-pits, groins, and in the hollow at the back of the knee-joints.

Chronic coryza, ozæna, crusty pustules of the upper lip, hypertrophy of the nose and lips, eczema, impetigo, erythematous-tuberculous-and-ulcerated lupus ; abscesses of the skin ; cold, deep abscesses ; osteitis ; osteo-periostitis, caries, hyperostosis.

Strumous Affections of the Joints.

White tumour of the foot (tarsalgia), of the hip (coxalgia), of the wrist, elbow, shoulder, spinal arthritis (Pott's disease), false ankylosis and immoveability of various parts after prolonged rest in surgical or orthopædic apparatus, and consequent atrophy and weakness of muscles. In the advanced stages of osteitis of the epiphysis, of necrosis, caries, articular fungosities, and fistulous sinuses, Bourbonne produces a considerable improvement of the constitutional and local symptoms.

Dr. Henry mentions especially scrofula as one of the serious complaints which are frequently benefited by these waters.

II. The consequences of acute rheumatism and other diseases depending upon the rheumatic diathesis, partial ankylosis, with swelling more or less painful according to the changes of temperature, œdema of the lower extremities after phlebitis, and the anæmia which is combined with these diseases, form another series of complaints suitable for the waters of Bourbonne, which are of the greatest use in that lymphatic arthritis which has been mistaken as a beginning white tumour, and is usually treated by perfect immobility in apparatus, and considered cured when incomplete ankylosis and muscular atrophy have taken place. Professor Verneuil does not admit that a joint can be ankylosed merely by being kept immoveable, and he states

that no anchylosis takes place except the joint has been previously diseased; therefore it is important to find out whether a joint with chronic rheumatism, even in a lymphatic individual, is to be considered so diseased as to induce the medical attendant to choose only the passive treatment of perfect rest. Dr. Mercier mentions two cases of this kind which he attended in 1878, and where the waters of Bourbonne caused a considerable improvement after the patients, two youths, had previously for a long time been kept at rest and had a false anchylosis. The blenorrhagic, puerperal, torpid arthritis, and other forms of rheumatism, appear also to derive much benefit. Among the diseases finding relief in Bourbonne are facial sciatica, intercostal-lumbar-abdominal neuralgia, gastralgia, and gastro-enteralgia; exhaustion and lassitude caused by overwork and fatigue; fluor albus, diarrhœa, anæmia after excessive losses, and chloro-anæmia; blood-poisoning and paralytic affections caused by lead, arsenic, tobacco, alcohol, phosphorus.

Hemiplegia caused by cerebral hæmorrhage, traumatic hemiplegia caused by hysteria, rheumatism, syphilis, metallic poisoning, or after diphtheria, typhoid fever, and other acute diseases; the pains and after effects of sprains, dislocations, contusions, fractures, especially in strumous and lymphatic patients, are much relieved or cured in Bourbonne.

The waters are used in the form of bath, douches, fomentation, irrigation, injection (the deposits of the waters as poultices). The usual temperature applied is 35° Centigrade or 95° Fahrenheit, sometimes even a lower temperature. Internally the waters are taken warm, tepid, or cold, in small or large quantities according to the individual case. Special importance is given to the application of douches, and Dr. Renard, the highly respected medical veteran of Bourbonne, says that in France people do not know how to apply the douche except in Aix (in Savoie) and in Bourbonne. In this last place there is an old tradition, according to which the patients are placed mostly in a lying position while taking their douche. Exceptionally they are placed in a sitting position. When lying the patient is neither on the back nor on his stomach, but placed laterally, with the limbs in such an angle as to be perfectly passive. The "doucheurs" and "doucheuses" are provided with softened flexible tubes in order to be able to apply the douche in the form of a column, of a spray, or any other way which is

prescribed. They have two tubes, one with hot, the other with cold water, which they mix according to the medical prescription. Passive manipulations and the scientific application of electricity belong to the additional curative means in Bourbonne. Dr. Mercier intends to introduce the movement-cure as a most important help in those special complaints which resort to these waters.

Regarding the amusements and promenades of Bourbonne, I must refer to the various Guides, and for those more interested in the waters, the antiquity, and the bibliography of the place, I give the titles of the following works, where they will find more information on all these subjects :—

1. Bourbonnes, ses Antiquités Gallo-Romaines, ses Thermes et son Eglise. Par le Dr. A. Renard, Langres, Bourbonne. Paris, 1877.

2. Bibliotheca Borbonensis. Essai de Bibliographie, et d'Histoire de Bourbonne et de ses Thermes. Par le Dr. E. Bougard. Chaumont et Paris, 1866.

3. Bourbonne et ses Eaux Minérales. Par le Dr. Cousard. Paris, 1866. Paris, Second Edition, 1878.

4. Bourbonne-les-Bains, Eaux Thermales chaudes, chlorurées sodique salées, etc. Par le Dr. P. J. Mercier. Paris, 1879.

My notes have been taken principally from this last pamphlet, which gives, besides the medical, all other information required by patients going to Bourbonne.

Wimpole Street, W., June, 1880.

ON LUPUS OF THE THROAT, OR GRAVE SCROFULIDES OF THE BUCCO-PHARYNGEAL MUCOUS MEMBRANE.

By Dr. DAVIDSON, Florence.

(Concluded from page 223.)

NATURE OF THE LESIONS CONDITIONED BY THEIR SEAT.

I STATED above that any and every portion of the mucous membrane that covers the walls of the mouth and throat might be the seat of the most varied lupous lesions. I also remarked that at these various points the scrofulous manifestations had a tendency to take on certain forms. We will now study them successively on the *lips, cheeks, tongue, gums*, and at the fundus of the *pharynx*.

LIPS.—The mucous membrane of the lips is very frequently attacked by the extension of the lupus that had first developed on the cutaneous surface of its folds.

This is the only point at which we have remarked the propagation of erythematous scrofulides.

In the case of a patient attacked with erythematotuberculous lupus of the face, the upper lip was notably thickened at the part where it was spreading from the skin, and presented a tomentous surface—a little turgid, milky-looking, with tiny projections like dots of a bright red colour.

GUMS.—Here the lesion is usually granular, and more or less fungous. With others there are veritable ulcerations, and the teeth may become denuded, and fall out.

CHEEKS.—On the lining of the cheeks the process, begun on the mucous lining of the lips, is continued with much the same characters. This we may repeat as being applicable to the palate and the *velum palati*.

The niche for the tonsils usually presents no notable alteration.

The mucous membrane at the *fundus of the pharynx* is often affected, and the lesions are limited to it, or may accompany similar ones on the Schneiderian membrane, or on the hard and soft palate.

The *Epiglottis* and the *Larynx*.—I have seen a certain degree of redness, with turgidity of the epiglottic mucous membrane, in strumous patients.

Türk's observations are most interesting as bearing on this point.

The Tongue.—Of all the manifestations of lupus on the mucous membrane, the most rare are undoubtedly those of the tongue.

The Cicatrices.—There are two forms of scars that are of importance, because they have been attributed at one time to scrofula, and at another to syphilis. These are the radiating scars of the fundus of the pharynx, and the retractile bridles from thence to the posterior columns of the *velum*. Both varieties are found in lupus.

FUNCTIONAL SYMPTOMS.

Indolence is an almost constant characteristic of scrofulous affections of the skin; so much so, that the physician is not infrequently the first to call attention to the lesions, there being a kind of anæsthesia.

Clinical Types.—From the point of view of the general health, we meet with some who are seemingly in good health, while others with this same good general state present certain other local signs of the scrofulous diathesis. In others again it is manifest.

Course.—In this they vary much.

Etiology.—As to age, the grave scrofulides of the throat may be said to be affections of youth—generally between ten and thirty years of age. And women seem more obnoxious to them than men. As to *Heredity*, we can say nothing positive.

Prognosis.—According to what we know of the march of scrofulides of the throat, and of lupus in general, we can scarcely give a positive prognosis; not that the affection threatens life in any way, but because in some cases the cure is most difficult. We must therefore act accordingly.

Treatment.—The forms of anginae that I have here treated of constitute manifestations of a constitutional malady—that is to say, in their treatment we shall go to work with constitutional remedies, and at the same time make use of proper local remedies.

General Treatment.—This will fall under two heads—general hygiene and medicines.

The great importance of hygiene need not be insisted on. Get the patients out of the large towns, send them into the country—or, better still, to the seaside—let them have sufficient exercise and a generous diet. Such things we all agree upon. Internal treatment has great influence on the grave manifestations of scrofula; and although topic treatment is of incontestable utility, still internal treatment is the most important.

Cod-liver oil and the iodides are the most efficacious remedies in the grave scrofulides of the mucous membrane, as well as in lupus of the cutaneous surface. Cod-liver oil should be prescribed in all cases in which it can be borne, and, as we all know, people soon get to tolerate it.

Hepar Sulph., *Calc.-Carb.*, and *Sulphur* often come into play.

If there be a specific substratum, we shall think of *Merc.*, *Proto-Iod.*, or *Acid.-Nit.*

Phosph., *Thuja*, *Iodium*, *Iodide of Potassium*, and *Kali Bich.* are to be given in *lupus ulcerans* in increasing doses.

Jousset recommends *Hydrastis Canadensis* 3. I consider the best topic is the tincture of iodine, and next to this a solution of chromic acid.

Local douches I also highly recommend, either of glycerine in water, a weak solution of the chlorate of potash, of alum, of borax; on sluggish surfaces, sulphur or chlorine water; in those cases of painful ulcerations, a dilute solution of chloral.

Then, of course, we have the grand resources of thermo-mineral medication: sulphur baths, sea-salt baths, and sea bathing.

[We must apologise to our much-esteemed contributor, Dr. Davidson, for having considerably curtailed his excellent paper, more especially in its pathological portion. We have done so in the interest of this journal, whose tendency is essentially practical.—Ed. *H. W.*]

CASE OF CHRONIC RHINITIS CURED BY AURUM.

By J. C. BURNETT, M.D.

Miss M., aged nine, was seen on October 15th, 1879. She was pale, listless, low-spirited, with but little appetite; on asking her questions she seemed too apathetic to answer. The right side of her nose was inflamed and red on the outside, particularly over right nasal bone, and towards the right eye; the right nostril was quite occluded, and a red swelling protruded from it, having a small pustule on its outward aspect.

R. *Aur. fol.* 3 trit., gr. vj., Fiat pulv., tales xij.; one four times a day.

October 18.—The nose is almost well, and patient is cheerful and lively, she comes forward brightly, shakes hands, and answers questions readily. The inflammation of the nose is no longer visible, and all the visible swelling is gone, but it is not quite permeable to air. Pathogenetically *Aurum* has great affinity for the nose; it is a great antipsoric, and is a grand *remedy* for that sub-vital state of the young. The difference in the child generally in these three days was really most remarkable. The rhinitis was not by any means of recent date, but had existed for many months, though the inflammatory process had suddenly gone worse a few days before patient was seen by me. Although the redness and swelling of the nose were gone, yet on examining carefully by everting the upper lip one could see that there still remained some

hard tumefaction of the right side of upper jaw, just under the nose, and the child spoke "through her nose." The *Aurum* was continued for several weeks at more prolonged intervals, and then patient was declared well. The nasal swelling had been such that patient was known and differentiated by the state of her nose. The permanent change wrought in her constitution by this precious metal, and still more precious remedy, has given me very great satisfaction. I have been blamed for asserting that *Aurum* is a neglected remedy; nevertheless I reiterate that assertion.

ANOTHER RHUS—THE RHUS AROMATICA.

A NEW remedy, highly useful in the treatment of *Diabetes*, *Enuresis*, *Hæmaturia*, *Uterine Hæmorrhage*, *Menorrhagia*, and other excessive discharges, accompanied by a relaxed condition of the uterus; also for *Diarrhœa* and other atonic diseases of the bowels.

It belongs to the *Sumach* family; the bark of the root is the part used, and the form a saturated tincture.

This new remedy has been introduced by Dr. J. T. McClanahan, an *Eclectic* Physician who has used it empirically for a number of years with great success in the above diseases.

Although this remedy has not been proven homœopathically, we have no doubt that even practitioners of our school will give it a trial.

We will now quote a few remarks from Dr. McClanahan:

"This remedy was successfully used by my grandfather, Dr. John Gray, for over thirty years as a sovereign remedy in the treatment of diabetes, and to this use alone he confined it, and for many years after was used in the same capacity by my father, Dr. F. McClanahan. He it was, I believe, who first suggested its use in other diseased conditions of the genito-urinary organs. I could give many interesting illustrations of cures that have been related to me, more especially diabetes, but it is my purpose only in this article to relate cases in practice that have come under my personal knowledge and experience."

"The *Rhus Aromatica* is also a valuable remedy in hæmorrhage of the kidneys, resulting from a diseased state of the whole system, or that which commonly precedes Bright's disease; hæmorrhage from the bladder, uterine

hæmorrhage, menorrhagia, and other excessive discharges, accompanied by a relaxed condition of the uterus."

"This is also a valuable remedy in the treatment of 'summer diseases of children,' and in chronic diarrhœa and dysentery."

The usual dose is about five drops of the tincture.—
Munson and Co.'s Bulletin.

AN AUTOGRAPH LETTER OF HAHNEMANN.

FOR some years past we have had the following letter of the master in a little Oxford frame over our mantelpiece. In the original it runs thus:—

"Ich hätte gern gesehen, wenn Sie mir den Tag gemeldet hätten, an welchem Sie das Extrapulver eingenommen. Vielleicht können Sie diess künftig nachholen; es liegt mir daran.

"Herr Dr. Jacobs hat das Billet an seine bisherige Wirthin zu bestellen, selbst übernommen, als er heute Abschied bei mir nahm; Ihren Gruss konnte ich ihn nicht bestellen da ich Ihren Brief noch nicht ausgelesen hatte. Zu Michael wollen wir über das Dampfbad resolviren; bis dahin brauchen Sie diese Pulver, wie bisher. Unter guten Grüßen an Ihre liebe Gattin. Ihr ergebenster

"SAMUEL HAHNEMANN.

"Köthen dn 20th August, 1828."

It might be done into English in this wise:—

"I should have been gratified had you mentioned the day on which you took the extra powder. Perhaps you will give me this information at some future time, as I particularly wish to know.

"Dr. Jacobs called upon me to-day to say 'Good-bye,' and undertook to deliver the note for his former landlady himself. I could not give your regards to him as I then had not finished reading your letter. We will come to some resolution about the vapour bath at Michaelmas. Till then take these powders as before. With kind regards to your dear wife,

"Yours most obediently,

"SAMUEL HAHNEMANN.

"Köthen, the 20th August, 1828."

This letter is not of any very absorbing interest, perhaps,

but Hahnemann's special desire to know when the extra powder was taken shows that he practised as he preached. He evidently had an accurate written record of the case, and was desirous of knowing the relationship of some symptoms to that odd powder.

EXTRAORDINARY DEATH FROM ELECTRICITY.

AN accident of an extraordinary nature occurred recently at the Holte Theatre, Aston, Birmingham. The stage is lighted by two electric lights, and, when the candles are not burning, two brass connections, used for the purpose of crossing the current, are hung up over the orchestra. After the performance of the pantomime, Mr. Bruno, the euphonium player, was leaving with the other members of the band, when, presumably out of curiosity, he caught hold of the brass connections referred to, and received the full shock of the electric current generated by the powerful battery which supplies the whole of the lamps in the buildings and grounds. Mr. Bruno was unable to disengage himself, and pulled the wire down. The shock rendered him insensible. A medical man was soon in attendance, and restoratives applied, but Mr. Bruno died in forty minutes afterwards. Perhaps some of those simple-minded people who subscribe to the absurd saying, "Electricity is life," will see that electricity *causes* death. The fact is, electricity is a very dangerous agent that should be used by skilled persons only, who can appreciate the true position of affairs, and be able to judge whether electricity is the right remedy or not, and, if so, the right *dose*. Few are aware of the harm done by the daily use of this powerful agent—*à tort et à travers*.

SYSTEMIC POISONING BY THE EXTERNAL APPLICATION OF CARBOLIC ACID.

By COMEGYS PAUL, A.M., M.D., Philadelphia, Pa.

As poisoning by carbolic acid has of late elicited considerable interest in the profession, perhaps it will not be inappropriate to relate the following case:—

A young convict, about twenty-four years old, complained of the excessive discomfort caused by a crop of herpes upon his

right side, extending from the nipple to the axilla. I ordered the part to be painted with a saturated solution of *carbolic acid*, with the effect of entirely relieving the pain. It was then dressed with *vaseline*. Two days after he asked to have the acid again applied. Within twenty minutes after it was done he became faint and dizzy, very weak in the legs, and exhibited all the signs of a general collapse. The condition lasted about half an hour, when I was relieved of considerable solicitude by his gradual revival.

The surface covered by the *carbolic acid* was not more than five square inches, and the second application came in contact with only a partially-denuded cuticle of much smaller extent.—*New York Medical and Surgical Journal*.

PATHOGENETIC RECORD.

AN ARRANGEMENT OF THE PHYSIOLOGICAL AND TOXICOLOGICAL
EFFECTS OF DRUGS.

Collected from Medical and General Literature.

By E. W. BERRIDGE, M.D.

Cannabis Indica.

(Continued from page 130.)

(65) *Medical Times and Gazette*, 1863, vol. ii. p. 194.

By Dr. W. Watson Campbell.

About 6.45 p.m. I took about three grains of extract of *Cannabis Indica*, and repeated the dose about 8.5 p.m. About 8.45 p.m. I had a feeling of heaviness, deep over the supra-orbital arches, and the gaslight in the room seemed less brilliant than usual, the pupils being slightly contracted. From this time onward I felt a gradually increasing inability to remember what was read to me. The words just uttered and the meaning they conveyed seemed both to die away in the distance, notwithstanding that I made the most violent efforts to retain both. I could remember quite easily what was said in conversation, but what was read completely baffled me. At last I asked my friend so often to recommence a paragraph, so that I might recollect something of the subject about which he read, that he put aside the book, declaring it was of no use. This excited a laugh—with me, indeed, an uncalled-for burst of laughter, which was not altogether involuntary, nor yet to any considerable degree

voluntary; in character it resembled singultus. At 9.30 p.m. I tried to read aloud from a note-book, and on stooping forward for this purpose found that I could only see one or two words (the rest appeared a mere mass of confusion), and after uttering them consciousness left me for a few moments only, the suddenness of which, both in coming and going, resembled the *petit mal*. I laid aside the note-book. About 10 p.m. we had *coffee*. Fits of laughter recurred and increased in frequency. I became exceedingly loquacious, and in vain endeavoured to tell my friend, in clear and decided terms, that I would not impose on his credulity, that I was not seeking to hoax him, as he evidently suspected I was doing. The most trifling circumstance sometimes suggested a train of ideas, which it was impossible for me to follow out; another train would intersect it, very different from the first, the decided foolishness of many provoking great laughter. It seems that since taking the *coffee* I had been disposed to humorous mischief. At 10.45 p.m. I had a peculiar feeling of duality of being. It was as if another soul occupied my body, and my own had been displaced, but still lingered near. This peculiar feeling I tried in vain to describe, and, what was most tantalising, I knew that when I tried to do so I merely uttered a confusion of words, while I intended them to have both arrangement and sense. In desperation I spoke of the "Metempsychosis" and of "Wolstang," thinking that by alluding to the tale in "Blackwood" entitled "The Modern Pythagoreans" my friend would understand me. From this time till 11.15 p.m. I was very restless in body and mind, and indeed only had one lucid interval for a minute or two. But at 11.15 p.m. this "confusion worse confounded" left me perfectly quiet and conscious. My ears were warm and tingling, and I felt very much distressed in mind. My friend informed me that my appearance changed rapidly, and that a dark ring formed round my eyes. I was anxious to reach the open air, hoping that it would prevent a return of excitement, which I somewhat dreaded. I now became very sick, and vomited; my pulse was very rapid. Shortly after reaching the street the mental depression left me, and was followed by a repetition of delirious and lucid intervals, which suddenly came on, and after continuing for a time, as suddenly left. A slight shake from my friend, or a question clearly and sharply put by him, would recall me to consciousness. The mental depression during the intervals of consciousness was only equalled by the delirium, which con-

tinued to increase. We walked about for half an hour, and then called on a friend. While in his house I had an uncontrollable fit of laughter, which was provoked by hearing him read from Neligan a description of that sense of duality which I had experienced. [Does Neligan describe the effects of *Cannabis*?—E. W. B.] Immediately after this I enjoyed a longer interval of quiet and consciousness than I had done for more than an hour. My heart was throbbing most tumultuously, and somewhat irregularly, and there was a great feeling of warmth about the cardiac region. Pulse was rapid and small. I was now becoming drowsy, and was somewhat afraid of coma. *Lemonade* refreshed me considerably on my way to the house of Dr. C. For a second time before arriving there I had the peculiar feeling of duality, lost control of my tongue, walked unsteadily, and felt that my mouth and throat were constantly dry and hot. I took a little *brandy*. With difficulty I reached another house, when I certainly felt much better. Consciousness was restored without any well-marked delirium interrupting it. My pulse, which had certainly fallen considerably, was 120. Tongue was swollen, and notched with teeth at margins; pupils still small. I went to bed and rested, but did not sleep till I took *coffee*. In the morning I ate a hearty breakfast, but during the day I had the same feeling of oppression and heaviness deep over the supra-orbital arches previously experienced. The excessive loquacity, and the tendency to get confused during conversation, and the recurrence of the *petit mal*, or something like it, continued for two days, gradually decreasing.

(66) *Medical Times and Gazette*, 1870, vol. i. p. 549.

By Dr. Henry Lawson.

Cannabis Indica causes a very uncomfortable condition of semi-catalepsy, as I know from personal experience.

(67) *Medical Times and Gazette*, 1867, vol. i. p. 27; 1871, vol. i. p. 191.

Account of *Haschisch Candy* quoted from *Boston Medical and Surgical Journal*, and extracts from Norman Chevers's *Manual of Medical Jurisprudence for India*.

(68) *Chemical Gazette*, 1844, vol. ii. p. 218.

By M. Landerer. From *Buch. Rep.* vol. xxxi. p. 289.

The *Hadshy* of the Turks (obtained from *Cannabis Indica*) causes dilated pupil when rubbed on the eyelid.

(69) *Medical Circular*, 1859, vol. xiv. p. 74.

By Dr. Charles Kidd.

The use of *Cannabis Indica* as an anæsthetic is described by Herodotus, book iv. chap. 73. Sir Joseph Banks refers to its use among the Scythians in amputations. An Indian surgeon thus writes (this year):—

“On April 5th, 1857, a man aged about eighteen was brought to the hospital insensible. He was in the habit of smoking *Bhang* or *Gunjah*, was quite well in the morning, and was seen smoking this drug; he was brought to the hospital about 4 p.m. His symptoms then were—total insensibility; sensation completely in abeyance; no reflex action could be excited by tickling the soles or by pinching the skin, nor did he feel the latter; eyes open and fixed vacantly; pupils of natural size and sensitive to light; jaw fixed and immovable; mouth closed. The state of the limbs was peculiar: the arms could be flexed or extended easily, but in whatever position they were placed they remained; thus when stretched out in front of him, or when placed vertically above the head, they remained in that position till moved again; the same occurred on flexing the arms; when the head was bent on one side, or depressed with the chin on the chest, it rested in that position till moved again. The lower extremities too could be placed in any position, and remained so; pulse and skin natural. Treatment—cold douches, *Blisters* to trachea, *Sinapisms* to calves and soles, and enema of *Aloes* and *Turpentine*.

“He continued in the same condition till April 8, when my notes are:—He has continued perfectly insensible up to this time; he now lies as it were asleep, breathing calmly, eyeballs turned upwards; muscles of arms and legs quite relaxed; very slight reflex action when soles are pinched or tickled; cannot be roused by the loudest calling or the roughest shaking. At 1 p.m. to-day (seven hours subsequently) I found him being led about by two of his friends; he was moaning incessantly, and with difficulty prevented from putting his hands in his mouth, apparently for the purpose of biting them; he is now continually opening and shutting his mouth. *Blisters* were now applied to calves, and the enema repeated. Two days subsequently there were signs of returning consciousness; he could be roused by calling to him in a very loud voice, when he turned towards the speaker, and then relapsed again into the same condition, and walked to and fro moaning continually. Next day con-

sciousness was regained, but he had lost all recollection of everything which had occurred from the morning of the day on which he was brought to the hospital."

(70) *Medical Circular*, 1858, vol. x. p. 279.

By Dr. John E. Van Molle.

From *Oglethorpe Medical and Surgical Journal and American Medical Monthly*.

On July 11th I saw Mike S., age forty-five or fifty, and suffering from *Delirium Tremens*. I gave him extract of *Cannabis Indica* gr. xx., to be divided into five pills, two to be taken at once, and one every successive hour. He improved at once, but it was not till twenty grains more had been given that its specific effect was produced. About noon next day I was called in a great hurry, as he was said to be in convulsions. I found him laughing, and he had been talking of his "old times" and "Green Erin." After enjoying for some time the influence of the drug, he fell asleep and remained asleep for twenty hours. Next day he was well. He was the happiest man on earth while under the specific influence of *Cannabis Indica*.

(71) *British and Foreign Medico-Chirurgical Review*, 1858, vol. xxi. p. 532.

By Professor Schroff, from *Wiener Wochenblatt*, 40, 41, 1857; and *Schmidt's Jahrbücher*, Band 97, 1858, No. 1.

At Bucharest a preparation of *Cannabis Indica* called *Birimiugi* is used, in ten-grain doses, to cause laughter. Long-continued chewing of it causes irritation of throat.

Dr. Heinrich took, on May 6th, 1857, at 5.30 p.m., ten grains of this preparation. He chewed it gradually, and soon felt irritation in œsophagus, heart-burn, slight malaise, and dryness of throat. For an hour and a half he began to chatter nonsense, and everything he saw assumed a ridiculous aspect. He was violently agitated; his face and eyes were red; his body felt very hot; he felt light in his movements. This state lasted about twenty minutes, and was followed by great depression. Everything seemed too narrow for him; his sight was lost; face pale; a feeling of flow of blood towards head. When he was lifted up he had a sensation of pressure in the stomach-pit; pulse very small, and sometimes could not be felt for a considerable time. His conviction was that he was about to die. The symptoms increased; frightful images appeared before him, and his consciousness was

greatly obscured. As consciousness returned the images became less horrible, but he could not restrain the tumultuous stream of ideas which passed before him, so that he was obliged to speak constantly until he again entirely lost consciousness for a few minutes. When Dr. Schroff saw him at 8.15 p.m. the latter recognised him at once. He lay in bed; countenance a healthy red, but somewhat sunken; pupils moderately dilated, iris sensitive to light; the eye was easily moved; the brightness of eyes unchanged; conjunctivæ bulbi somewhat injected; forehead cool; pulse in carotid and temporal arteries weak, and less frequent than normal; heart's beat very feeble, sometimes scarcely perceptible; pulse at wrist sometimes could not be felt for a minute or more, then it would become more distinct, and rise to 78 (being normally 58 to 60). The variation in the pulse recurred several times within an hour. Breathing light and regular, abdomen somewhat enlarged, but painless; limbs cold, sometimes trembling, easily moved, and obedient to the will; skin not tender to touch; urine passed involuntarily. He was able to sit up and drink. Senses normal, except the cutaneous sensibility, which was dull. The idea that he must die returned several times, and was always in direct ratio with the fall of the pulse.

In one of Schroff's experiments, thirty grains of the alcoholic extract of *Indian Hemp* taken in the course of a few hours only affected the head slightly; while in other cases one grain caused delirium, great acceleration of pulse, restlessness, and subsequently great depression.

(72) *British and Foreign Medico-Chirurgical Review*, 1858, vol. xxi. p. 535.

From *Journal de Médecine et de Chirurgie Pratiques*, Nov., 1857.

A Moor named Soliman, aged about twenty, several times drank wine flavoured with *Aniseed*, and then smoked *Haschisch* (which the Algerines call *Kiff*) for about three hours. On leaving the *café* he quarrelled with two Jews, whom he compelled to accompany him; one of these he attempted to strike, but was restrained by a passer-by. He then ran home, got a cudgel, and returned to the place where he had left the Jews, but they had gone. He then re-entered the *café*, where he began again to smoke *Kiff* and to eat *Maadjaun* (another preparation of *Indian Hemp*). In a furious state he left the *café* at about 4 p.m. It was the Jewish

sabbath, and, according to custom, their women were standing before their doors in their holiday clothes. This sight no doubt recalled to his mind the former quarrel, for suddenly, and without any provocation, he madly assaulted all the Jews in his way, one of whom soon died. When brought before the magistrate he was in the most brutal state of intoxication. He declared that he recognised none of his victims, and remembered nothing of the occurrence. He said he had no motive for enmity against the persons whom he had maltreated.

More than half the natives received provisionally into the insane wards of the civil hospital in Algiers have been smokers of *Haschish* or eaters of *Maadjaun*, and scarcely one of them is ever found to recover.

(73) *Edinburgh Medical Journal*, 1857, vol. ii. p. 666.
Jackson's case quoted; see above.

(74) *New York Medical Journal*, 1870, vol. xii. pp. 437-9;
1867, vol. iv. p. 142.

Polli's and Reidil's cases quoted; reference to prize essay on *Indian Hemp*, by Dr. Horatio C. Wood, of Philadelphia.

POISONING BY OIL OF WORMSEED.

By I. C. GABLE, M.D.

Mr. N., æt. sixty-three years, took, in divided doses, during one day, nearly an ounce of wormseed oil (*ol. chenopodii*); on the evening of the same day, after some peculiar symptoms, he fell asleep, and soon passed into a comatose state. I was called to see him at 10 a.m. the next day, when I found him still in a profound coma, perspiring profusely, and exceedingly salivated; respiration 33; pulse 106; pupil somewhat dilated.

I diagnosed wormseed oil poisoning, and gave a very unfavourable prognosis. I saw the patient again at 6 p.m., with symptoms of rapid dissolution, pulse being 143 per minute, and respiration 44 per minute. The patient died at 9 p.m. of the same day. Dr. J. W. Kerr and I held an autopsy, but found no special symptoms in the stomach, though there was considerable smell of the oil about the abdominal viscera.—*Philadelphia Medical Times*.

THE LANCET'S APPEAL AD POPULUM.

The "we" of the *Lancet* irresistibly reminds its readers of the frog in the tragic story related by Æsop. Some time ago Dr. Edis wrote to the *Times* on the cruelty to which young women in drapery establishments are subject in having to keep standing through a long day and seem to be busy. "We" duly followed, of course. One or two firms wrote to the *Lancet* to announce that they did provide seats. This seems to have suggested the opportunity of showing off, and therefore "we" announced that "we" should require all such establishments to send "us" notification that they had provided or would provide seats for their assistants under pain of "our displeasure." "We" should publish lists of the humane establishments, and medical readers would be expected to advise their patients to deal with such only. It does not seem as if this tall talk has had much effect. On May 29th the *Lancet* was able to announce that two firms in London and one in Edinburgh had responded to the appeal. The requirement that firms are to help swell the *Lancet's* importance, or to be subject to all the injury which the *Lancet* can do them, is a piece of presumption bordering very closely on the illegal.

The same journal has been well laughed at for its screeching self-congratulations on the appointment of the President of the Local Government Board to a seat in the Cabinet. It was more than half pretended that this had been done in direct obedience to special orders which had been published in the *Lancet*. It was evident that the writer had written in blissful ignorance of the fact that Mr. Gladstone's previous secretary of the Local Government Board (Mr. Stansfield) had a seat in the Cabinet, and therefore it was quite possible that he had given Mr. Dodson the same honour as a result of his own judgment, and not as the consequence of the *Lancet's* dictation.—*Chemist and Druggist*, June 15th, 1880.

CASE OF POISONING BY ARNICA.

THE French papers relate a somewhat important case of poisoning by *Arnica*, the symptoms of which are exceedingly curious, and remind us once again that the chemistry of *Arnica* is very much behindhand, considering how frequently

this substance is used for outward application. We will briefly relate here the facts of the case.

A man who had hitherto enjoyed perfect health, or nearly so, swallowed by mistake some 60 to 80 grammes (2 to 2½ oz.) of tincture of *Arnica*. It was the official tincture of the French pharmacopœia. He complained immediately of a violent burning sensation in the stomach, followed by pains in the bowels. He took a little bicarbonate of soda and then some "official aromatic tincture," which calmed his suffering for the space of some hours. But a little later the pains came on again, and he shortly died, without any extraordinary symptoms at the moment of death, which occurred exactly thirty-six hours after swallowing the toxic compound.

A *post-mortem* examination showed signs of an acute gastro-enteritis. It is therefore evident that the *Arnica* had produced a violent inflammation of the digestive organs, which had resulted in death.

This case gave rise to the following experiment:—

An ounce of the tincture of *Arnica* was evaporated, and the residue taken up by chloroform, and the chloroform solution evaporated in its turn. The extract thus prepared, when applied to the skin of a healthy individual, gave rise to an acute eruption (*éruption papuleuse*). A double quantity of the extract of tincture of *Arnica* determined in the same circumstances a vesicating action equal to that which is caused by cantharides. The contents of the stomach of the poisoned individual being evaporated yielded an extract which produced upon the skin exactly the same blistering action as that obtained from the tincture.

BROWN v. WHITE BREAD.

ERNEST HART, in the *Sanitary Record*, says:—"I believe very firmly in our good English household white bread. One hears a good deal, and reads a good deal, of the waste in grinding off the outside husk, which contains nutritious gluten. The apparent economic waste is palpable enough. On the other hand, the silicated husk of all cereals is apt to be irritating. It hurries the digestion, quickens the passage of food through the intestinal tract, and I am inclined to believe that the actual physiological waste is greater in a brown bread than in a white bread diet. It is easy to take a superficial view of this question, and superficial reformers are always

wanting to turn the world upside down. The instinct which has led to the preference of white bread over brown in places, and under circumstances where the two can be had side by side, is nothing else than the crystallised experience which has taught people unconsciously that they are more comfortable after eating the white bread, and that the solid household bread, which is the staple food of the working classes of this country, is in the end the most sustaining. A good deal is to be said in favour of some of the forms of 'whole meal bread,' in which the husk is partially ground off, and the inner pellicle of the grain is very finely ground, and mixed in that condition with the white flour. Moreover it is undoubtedly a fact that under certain circumstances, in lymphatic temperaments, and in conditions tending towards scrofula, where the diet has to be carefully supervised, and in certain forms of dyspepsia, where something like mechanical excitement of the intestinal tract is useful, whole meal bread is an extremely valuable article of diet. But those are cases which I am not considering. For the working man, for the poor man, and for everyday use, I doubt whether anything has yet been produced, in any country of the world, which is equal to the English household bread."

HOW TO MAKE YOUR OWN KOUMISS.

WE read in the *Journal of Medicine and Dosimetric Therapeutics*, under the heading—

Home-made Koumiss or Metamorphic Milk.

Mr. R. Eaton Power, Medical Officer of H.M. Prison, Portsmouth, has made a series of experiments on the fermentation of milk, which appear to us well worthy of attention, since they may have for effect the placing of this valuable product within the reach of everybody. After trying the action of various ferments with little success, it occurred to him that milk contains in itself the elements of fermentation (caseine and sugar-of-milk), and that exclusion of the atmosphere and retention of the carbonic acid produced at a suitable temperature would fulfil all requirements and yield excellent koumiss. Mr. Power's experiments have, he tells us, proved the correctness of this supposition. Milk fresh from the cow is put into clean soda-water bottles, filled nearly to the top, tightly corked, and the cork secured

with cord or wire. It is kept at a temperature of about 70° Fahr., and shaken every day for ten to eighteen days. It is fit to drink in ten days. By keeping it beyond eighteen days the quantity of carbonic acid becomes so considerable that a syphon-tap must be used to decant it, otherwise the whole contents of the bottle would escape when it is uncorked. It can be prepared also with milk from which the cream has been removed after standing for twelve hours.

In this preparation it is, of course, necessary to take precautions against the explosion of the bottles; endeavours should be made also to secure a tolerably uniform temperature of about 70°, and some discretion must be used as to the length of time the milk is allowed to ferment.

It should be borne in mind that *Koumiss* is fermenting, and not fermented milk.

LITERATURE.

REPERTORY OF THE MORE CHARACTERISTIC SYMPTOMS OF THE MATERIA MEDICA.¹

THE author of this important work is the son of Dr. Adolph Lippe, and he very fittingly dedicates it to his own name-father, Dr. Constantine Hering. A work bearing the name of Lippe, especially on a repertorial subject, ought to be something rather specially good. We have long had very great respect for the father, whom we regard as one of the first men in our school. In Dr. A. Lippe's fatherland they are wont to say: "*Der Apfel fällt nicht weit vom Baum,*" and we are much gratified to be able to express the same sentiment in our own homely tongue by saying that Dr. Constantine Lippe shows himself in this work a chip off the old block. The work, our author tells us, is offered to the profession as an index to the more characteristic symptoms of the *Materia Medica*, and his endeavour has been to present only such symptoms as the experiments and experience of many have proved to be characteristic. The work is based on the *Repertory to the Manual*, published in Allentown in 1838, by Dr. C. Hering and the Faculty of the College at that

¹ *Repertory of the More Characteristic Symptoms of the Materia Medica.* Arranged by Constantine Lippe, A.M., M.D. New York: Steam Press of Bedell and Brother, 1879. London: The Homoeopathic Publishing Company, 2, Finsbury Circus.

place, and which, it seems, was the first Repertory and *Materia Medica* published in the English language; and to this are added selections from Bœnninghausen's works, Ad. Lippe's *Materia Medica*, Bell on Diarrhœa, N. H. Guernsey, Hering, and Jahr.

Of course this *Repertory of the More Characteristic Symptoms* is not a repertory of all the symptoms, and so will not really clash with any now-existing repertory. Dr. Berridge's Repertory of the Eye, the Cypher Repertory of the Hahnemann Publishing Society, commonly known as Dr. Drysdale's, and the forthcoming Index to Allen's Encyclopædia, stand on entirely different ground, as they are, so far as can be, *complete* repertories of all known symptoms, but Dr. Constantine Lippe's now under review is of the more characteristic symptoms only. This we must consider a substantial contribution to our armamentarium, and we believe it fills a gap that has long been open, viz., it offers to those whose mental constitution is such that repertorial work goes a little against the grain—we say it offers *to such*—a very handy little volume that may lie on their table and render them most important service in cases they fail to cure from memory. It is, therefore, sure of a considerable circulation amongst such. We like it so much that we have adopted it for our own daily use. We beg to thank Dr. C. Lippe very heartily for giving us such a handy Repertory. It has only 322 pages, and the paper is thin, so it will go into the satchel or overcoat pocket, and not be inconvenient on account of bulkiness or weight.

AN ILLUSTRATED REPERTORY OF PAINS IN CHEST, SIDES, AND BACK.¹

IN his preface our author says: "This is the first instance, we believe, in the history of medicine, in which symptoms for medical guidance have been represented to the *sight*; and it becomes proper to consider what may be hoped for from it, etc."

That is to the point, what may be hoped for from it? We are afraid very little indeed, if we are to judge of it by Dr. Gregg's pharmacological pictorial primer now lying before us. It consists essentially in a black ground with a

¹ An Illustrated Repertory of Pains in Chest, Sides, and Back: their Direction and Character, confirmed by Clinical Cases. By Rollin R. Gregg, M.D. Third Edition. Chicago: Duncan Brothers, 1879. London: The Homeopathic Publishing Company, 2, Finsbury Circus.

battalion of white darts and arrows flying about in all directions, and then explanations of what they mean; thus the figure of a heart placed upon an arrow means a *throbbing* or *pulsating* stitch; the hook combined with an arrow signifies a drawing stitch, or a drawing ending in a stitch; and so forth.

The *idea* of helping our sadly overladen memories with the aid of a pictorial symptomatology is very laudable, but this host of arrows makes confusion worse confounded. Try another plan, dear doctor, and send us an advance sheet.

Nevertheless this book teaches us one very useful lesson, which our careful author has evidently learnt well, viz., the very great importance of noting the *directions* of pains.

SCRATCHES OF A SURGEON.¹

THIS is a sweet little volume of sparks of wit and gems of genius that will delight its readers. The author is a surgeon of the first rank and a poet of no mean merit. "*The Widow of '76*" can hardly be read with tearless eyes. Here are a few lines:

x.

"Oh! my darling, on the morrow
Thou wilt leave this peaceful vale,
And beneath thy country's standards
Join to make oppression quail.
Tho', my boy, 'twill here be lonely—
Tho' thy mother's yearning heart
Almost shall be strained to bursting,
When the moment bids us part;
Tho' my eyes with tears o'erflowing
Plainly shall my sorrow tell,
Tho' to me it were a death-blow,
When thou tak'st thy last farewell,
Still, my child, there is another
That must be to thee as near
As thine own, thy widowed mother—
Yes, thy country must be dear."

"A Warning to ye Student Men" is very clever, as indeed is the whole book.

¹ *Scratches of a Surgeon.* By Wm. Tod Helmuth, M.D. Chicago: Wm. A. Chatterton and Company, 1879. London: The Homeopathic Publishing Company, 2, Finsbury Circus.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homœopathic World*.

"NEMO'S" NATRUM MURIATICUM CASE.

DEAR SIR,—Kindly permit me a few remarks again upon my *Nat.-Mur.* case, a rough outline of which I penned you four months ago to-day, and which seems to have astonished others equally as it did myself.

Having come to the knowledge since writing at that time that your valuable monograph met with opposition in quarters that one would have scarcely expected, I do not now regret having sent you the particulars of my case, though, to be plain, I was inclined to fear at the time that the result of my experiment would seem to be too good to be true to all but myself. But now, on the contrary, I rejoice that my case adds a little to the evidence brought forward by you that that substance which we ingest at almost every meal, and which is to be found in all the tissues of the body save the enamel of the teeth, possesses latent medicinal virtues which only become developed by *dynamisation*; for to the circumstance that it was *dynamised*, and to this alone, must be attributable the fact that the same substance which wrought the mischief effected the cure, and that, too, after the effects had lasted for many years. Seeing that the case, judging from Mr. Bewley's letter in this month's *World*, is arousing considerable interest simultaneously with the question upon what principle the cure was effected, I do regret, however, that I did not note with more precision the particulars of the case; but it will, perhaps, be of interest to him to know that the cure has been a permanent one hitherto, and likely, I am inclined to think, to remain so. At any rate, for the benefit of my anonymous friend "Sceptic," who objected to the veracity of my statements because I deemed it a matter of little importance to subscribe my name and address to my communication, I shall duly advise you of any relapse; but will not, even then, promise to relinquish my faith, established by repeated experiments, in the everlasting principle *similia similibus curantur*, for his, which seems to be in the glorious uncertainties of polypharmaceutics. But to come to the subject at issue.

If Mr. Bewley will kindly turn with me to the 175th page of last year's volume of the *World*, he will see the remarks, upon a similar case, of one who is infinitely more worthy to be heard on the matter of *how* the cure was effected than I, but who nevertheless, from his opening remark that Dr. Burnett's monograph "half persuaded him as to the truth of the dynamisation theory," seems to have doubted whether there "exists a something in drugs that becomes operative by trituration," as the closing paragraph of that inestimable little monograph puts it. Dr. Wilde, of Weston-super-Mare, to whose remarks I refer, referring to the case of chronic salt-poisoning antidoted by its own dynamide mentioned on the 71st page of "Natum Muriaticum," argues that the cure in that case was not performed isopathically. For the sake of easy reference, as well as presenting the cases more connectedly, I may recapitulate the worthy doctor's arguments. "In the case of *Mercury*," he goes on to say, "we know the crude substance is inert; and some have asserted that the activity of the Blue Pill and Grey Powder is due to trituration, or, in other words, to dynamisation; but I should be disposed to deny this. It is evident that, in both preparations, the *Mercury* is converted into an oxide, and thence becomes active. Therefore the curative power of the Blue Pill and Grey Powder is not an illustration of the law of dynamisation. I should, on that account, question the capacity of our homœopathic preparations to antidote the evil effects of *Mercury*, for they are in all respects the same, as to the elements, as the allopathic Blue Pill and Grey Powder.

"In the case of common salt we must assume that the rubbing-down does produce an alteration in the quality of the substance, making it something different from what it was before. Therefore, if it cures the ill-effects of taking too much of the crude substance, it may scarcely be called an isopathic cure, although, *primâ facie*, it may appear to be so.

"I think it must be denied that any cure can be performed 'isopathically' so far as drugs are concerned, and it will be admitted Dr. Burnett's case was not of this kind," etc.

Here, then, we have the verdict on a similar case of one well qualified to pronounce it. *Mercury* becomes converted into an oxide in the course of preparation—*i.e.*, in the process of trituration; and hence it has become something more than mere *Mercury*. In the course of rubbing-down, salt is altered

"in the quality of the substance, making it something different from what it was before." Common salt was the substance that destroyed my sense of taste, leaving me all but tasteless; but salt in its crude state was incapable of restoring that sense of taste. Not till that self-same substance, "altered in the quality of its substance, and made different from what it was before" by that mysterious process called trituration or dynamisation, had passed over my tongue, did the sense return in all its pristine purity. It cannot, of course, be proved with mathematical nicety that those twenty or thirty pilules of the 30th potency which I took were the means of restoring the taste. I suppose it is within the bounds of possibility that Nature might have effected it unaided. But is it not strange that within the time I took the first dose, by way of experiment, and the time I took the tenth or fifteenth, the sense should have come back? I had, it may be further mentioned, taken no medicine of any kind for a considerable time previously, and I have been too long a reader of homœopathic literature to take two kinds of medicine at the same time, the jeers of the wits of the old school notwithstanding. The whole thing hinges upon the question of the doctrine of *dynamisation*. It certainly was not crude salt curing the effects of poisoning with crude salt, otherwise the cure would have been wrought long ago, seeing that substance was ingested ever so often into the system during the day. Therefore the cure was not isopathically performed. And there is no escaping the conclusion longer. The doctrine of dynamisation which the great master taught as well as *the law of similars*, the *single remedy*, and the *minimum dose*, IS TRUE, not necessarily because he taught it, but because such cases as the above, and the many others brought forward in "*Natrum Muriaticum*," prove it to be so.

As to the reasonableness of the analogy that *Merc.* 30 would be the most suitable agent to prescribe in the case of a constitution broken down by allopathic doses of blue-pill, calomel, etc., I will not venture to say; but surely some one in such a condition could be found willing to satisfy science by trying it. Certainly if I myself were such an unfortunate mortal as to have allowed myself to be operated on in such a fashion, I would not for a moment scruple to try, for, even as it is, I would not object to undergoing a proving of *Mercury*, and then experimenting upon the pathogenetic effects with a higher potency.

But I must have done, leaving the matter in the hands of others more qualified to pronounce a judgment on the matter. Before closing, however, I may say that not only did the *Nat.-Mur.* restore my taste, but it has since, in the case of another, proved very efficient in the matter of removing facial *neuralgia*, the symptoms of which were aggravated by the east wind, which in this locality comes up laden with the breath of old Father Neptune. *Worse at the seaside* may thus be written over and over again as being a leading indication of *Nat.-Mur.* Apologising for having occupied so much of your space,

I remain ever,

Very gratefully yours,

NEMO.

May 12th, 1880.

THE ARNICA INSECT.

DEAR SIR,—On reading Dr. Dudgeon's letter in your last on the *Arnica Insect*, which I have never had the pleasure of seeing, I thought of the few lines which I am about to pen. Perchance they may be of interest to some of your readers. As I have a very powerful *microscope*, I would feel grateful to any one who could forward me a specimen for examination.

The German and English tinctures, which we have been using for years, are prepared from the root, and therefore are independent in their action of the "insect which lives on the seed." The tincture which is usually sold in Paris is that prepared in Switzerland from the *fresh flowers*, which are, I believe, free from the insect life and property; at least, I have not heard of any during my visits to Switzerland.

I spent the month of July, 1878, in the Upper Engadine, when the *Arnica* had reached its perfect growth, and the flower was in full bloom. I gathered as much of the fresh plant, including the root, stem, leaves, and flower, as I could pack into a clean champagne bottle, and then poured in sufficient spirits-of-wine to cover the plant and fill the bottle, which I brought home, and had a perfect tincture made in due proportions by Mr. A. Steward, homœopathic chemist, of Redhill (as I had not much faith in that made from the flowers alone), according to the Homœopathic Pharmacopœia, from "*the entire fresh plant.*" From my earliest introduction to Homœopathy I have felt a great respect for the power of

Arnica in producing and in removing erysipelas, with other symptoms for which it possesses the *homœopathic* law of cure, so thoroughly proved by Hahnemann and his many followers.

My first experiment with *Arnica* was convincing. A lady had a number of stumps and bad teeth removed preparatory to having a full set. I put a few drops of *Arnica* into a tumbler of water to wash her mouth. Knowing it to be *Arnica*, she said, "The lady who sleeps with me will have erysipelas in the morning if I keep this by the bedside." Like my brethren of the old school, I expressed my astonishment, and had the experiment performed. Next morning the young lady met me with closed, swollen eyelids, having a reddish flush, saying, "I thank you, Dr. Massy," as she held up her face to my astonished gaze.

It is almost superfluous to repeat the wonderful curative power of the third centesimal tincture in relieving *Myalgia*, and in preventing after-pains when given—a few drops in a tumbler of water to be sipped from time to time immediately after a confinement, or any muscular strain or joint accident.

It is now more than a year since I was consulted about a remarkable case which had been under the *allopaths* for three years, and given over as quite hopeless, with disease of the liver, and "with his inside passing away!" as I was told by his wife. However, on careful examination I traced this wonderful story to a kick from a horse, and the fracture of two or three ribs over the liver. In this case I gave a few drops of the tincture prepared from the entire fresh plant with the most marvellous results. In a week this hopeless, bedridden man was up and about as usual—the diarrhœa from which he chiefly suffered had quite ceased, and his strength returned.

Medical reform is as slow a process as the healing art amongst the *allopaths*, with their *nasty mixtures*, which are most injurious to the invalid, in particular to those who are sent abroad to Italy and the South of France, where I have witnessed the most cruel drugging by physicians who ought to have known better. At one hotel it was a general remark on the number of bottles and boxes which daily arrived for a few consumptive patients. One lady consulted me with feeble health, *loss of appetite*, and obliged through weakness to keep her bed, which I attributed and traced to those filthy mixtures. I simply asked the lady's friends why she was brought so far from the comforts of home—if it were not

to enjoy an out-of-door climate and get an appetite, and, in the terms of the old saying, to "throw physic to the dogs"?

I am, truly yours,

R. TUTHILL MASSY.

Redhill, Surrey, June 3rd, 1880.

P.S.—Since writing the above I have been made acquainted with the sequel to the remarkable case alluded to. In three weeks the patient returned to work, and continued at it for two months, when, his appetite having fallen off, with intense pain in the region of the stomach, for which allopathic advisers gave opiates, and milk and brandy, until the 13th of October last, when he died, leaving a request to have his "inside examined," which was done by two surgeons, who refused to give me any particulars, but told the widow "it was *cancer of pylorus*, with contraction of the pyloric orifice of the stomach."

ACCLIMATISED *v.* INDIGENOUS PLANTS FOR MEDICAL USE.

DEAR SIR,—We have no desire to discuss the meaning of the terms "wild" and "cultivated" as applied to plants, but we beg leave to sound a warning note against the indiscriminate use in medicine of tinctures prepared from recently introduced German and American plants without previous and thorough investigation of their medicinal powers and virtues, first by chemical analysis and then by a number of qualified medical men, with a view to protect the public from being made the unconscious victims of experiments which it is possible, if not probable, may result in failure.

We do so because the few experiments we have made in this way have resulted in disappointment.

No British pharmacist will attempt to discourage the introduction into this country of such foreign plants as will yield an equal amount and variety of medicinal principles with those growing abroad, and thus render him independent of foreign aid, but in the face of such familiar instances of failure in this respect as have already been met with it behoves us to move carefully in this direction.

While there appears to be strong evidence in favour of the probable success of *Bryonia Alba*, our soil being apparently more favourable to the production of *bryonine* than that of Germany, we doubt whether such species as *Podophyllum*,

Actea, and those containing resinous and oleo-resinous principles can be introduced with equally good results.

The fact that a plant thrives and succeeds in propagating itself is *no proof that it retains its medicinal properties*.

The acclimatisation of hemp (*Cannabis Sativa*) has been attended with complete success in this country as far as regards its growth, but it is so devoid of the resinous exudation from the leaves, the clammy feeling when handled, and the well-known odour of its relative inhabiting the high regions of Northern India, Persia, and the Caucasus, as to astonish those who have seen it growing there or even in parts of the United States, where most resinous plants appear to grow luxuriously.

The natives of India collect the resin (*hashish*) by rubbing the hemp tops between the hands, and when the palms and fingers are sufficiently loaded with the resin—a result soon accomplished—scraping it off. No analysis we have made has revealed the existence of any appreciable quantity of such a powerfully narcotic substance in the introduced plant.

The sweet woodruff (*Asperula Odorata*) is another example of the effect of soil on the production of a medicinal principle (*coumarin*). On removing it from its selected *habitat* to the garden we have known it flourish and flower splendidly, but all traces of its wonted fragrance have vanished, showing the more or less complete suspension of the production of the above-mentioned odoriferous substance, while the conditions appeared in a high degree favourable to its existence.

The transplanting of *Arnica* from the fine mountain air of its natural *habitat*, some thousands of feet above sea-level, to a district in Kent, is a good test of its capability of retaining medicinal activity, but for the present we are not inclined to entrust it with the responsibility of treating a threatened black eye or a favourite corn.

Let the pharmaceutical preparations of these new arrivals be thoroughly analysed and afterwards practically tested by the medical profession before being sent into the market, and thereby identified with officinal preparations, and our duty to the public will be performed, but in the meantime we shall depend on our old friends abroad, who have hitherto supplied us with such good and reliable tinctures for our present wants.

Yours faithfully,

E. GOULD AND SON.

59, Moorgate Street, E.C.,
June 14th, 1880.

USTILAGO TYPHOIDES.

SIR,—There is a species of parasitic fungi or smut (*Ustilago typhoides*) which sometimes grows abundantly on reeds, the dust of which is very injurious to the persons who are employed in the reed bed (many reeds are grown in the fens to be used as thatch). The spores of smut sometimes produce a sense of oppression and loss of appetite, but only for a time, and without further injury; but those from the reeds induce a swelling of the head accompanied by pain, and the formation of vesicles of an erysipelatous character, and occasionally acute inflammation of the bowels. In both sexes also peculiar symptoms almost always arise like those caused by *Cantharides*.

Information on the subject will be found in a paper by Dr. Michel, published in 1845 in the *Revue Scientifique*, vol. x. page 470.

Thinking this may be of interest,

I am, yours truly,

G. R. W.

Chester, 12th May, 1880.

DRAMATIC PERFORMANCE IN AID OF THE FUNDS OF THE LONDON HOMŒOPATHIC HOSPITAL.

LAST year it was our pleasing task to record a successful dramatic performance on behalf of the funds of the Hospital, resulting in a sum of £80 being handed over to the treasurer.

The ladies and gentlemen forming the "Thalian Amateur Company," by whose kindness this very satisfactory result was attained, have consented to give their services annually, and on 27th May, at St. George's Hall, they presented to a very crowded and fashionable audience, including a large number of the supporters of the Hospital, a highly finished performance of Dion Boucicault's well-known and popular comedy, "London Assurance," and the equally popular comedietta, "Uncle's Will," by Theyre Smith. Both pieces were very well received: the former particularly, causing outbursts of laughter and applause. It would be out of our province to offer a detailed criticism of the performers, and certainly ungracious to point out a few shortcomings, where high praise is due to all the ladies and gentlemen who so kindly contributed to the amusement of all present,

and by their generous and hearty exertions brought about as a result a very handsome contribution of 100 guineas—or £25 more than in 1879, to the Hospital funds. Between the acts, a cheque for £105 was handed from the stage by the hon. secretary and treasurer of the “Thalians” (our official manager) to the treasurer of the Hospital, amidst the loudest applause.

We cannot, however, refrain from specially noticing the finished and graceful performance of Mrs. Conyers d’Arcy, as Lady Gay Spanker; a performance not, in our opinion, to be exceeded by any professional exponent of the part. Captain d’Arcy, Mr. Stephens, and Mr. Romaine Walker, were all that could be desired; nor, apparently, did Mr. Arthur S. Westmacott stand in much need of the indulgence claimed on his behalf. Miss Florence Worth acted well and looked very pretty.

We must not forget to mention that an excellent amateur band, under the leadership of Mr. Dean, discoursed pleasant music at all available intervals.

The concurrence of the State Ball at Buckingham Palace prevented the presence of the royal party who graciously patronised the performance.

We hear that early in the month a dramatic recital by Miss Helen Cresswell and Mr. Arthur Darley will be given at (probably) Steinway Hall on behalf of the funds of the Hospital. From what we know of these artists, a treat is in store for those who patronise the entertainment.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 4, Harley Place, Harley Street, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E. C.

ANSWERS TO CORRESPONDENTS.

E. D. G., Manchester.—We assure you the idea is constantly present with us in the preparation of every number. You are, of course, aware that very many of our readers write to us in just the opposite sense, and so it happens that we get both praised and blamed for the *same* thing at the same time. How is it that you thinking and enlightened laymen do not form yourselves into a great National League, and call upon

the Government to give Homœopathy fair play? Medical men cannot do it, because if they step out of their ways at all they are exposed to taunts of impure motives. Why have we 5,000 homœopathic practitioners in the United States, and 300 in Great Britain? Simply because the lay American refuses to be downtrodden by medical trades-unionism, and has fought for his medical faith, and—won! Homœopathy in the United States is advancing like an avalanche, and in this country it barely holds its own. Very much of the blame lies with the *lay* Homœopaths, who, with very few exceptions, leave us to do all the fighting, and to get all the—kicks. Their reward will be that their children will have less good treatment than our fathers had, for the filching of a few of our remedies, and giving them in large doses, *à tort et à travers*, is no real advance in therapeutics.

MR. DEANE BUTCHER, Reading.—Very many thanks; we shall certainly avail ourselves of your aid. Practical cases that bring out our law in a strong light are what we want most.

DR. V. LÉON SIMON, Paris.—Your very interesting paper reaches us through the kindness of Mr. Butcher, of Reading; it is too late for this issue, but will appear in our next.

“A HOMŒOPATHIC CHEMIST.”
—Your letter is too late for this number, but shall be inserted in our next provided you either put your real name to it, or mention no one else’s name. We do not altogether agree

with you, but this journal exists not to give effect to “our” opinions, but to hear both sides, and so, perchance, find the truth. Still we must ask you to mention *no name*, or put your own to bear the responsibility. We feel sure that, on reflection, you will see the intrinsic right of this.

CORRESPONDENTS.

Communications received from Dr. Maffey, Bradford; Mr. J. Tirrell, Hanley; Dr. Tuthill Massy, Redhill, Surrey; Messrs. E. Gould and Son, London; Dr. Roth, London; Dr. John Clarke, Ipswich; E. D. G., Manchester; Dr. Morrisson, Brixton Rise, S.W.; “A Homœopathic Chemist;” Dr. Victor Léon Simon, Paris; W. Deane Butcher, Esq., M.R.C.S., Reading; Dr. Ussher, Wandsworth; Dr. Mohamed Wazir Ali Khan, Gyah, Bengal, India; Dr. Charles Mohr, Philadelphia.

BOOKS AND JOURNALS RECEIVED.

Pathogenetic Outlines of Homœopathic Drugs. By Dr. Med. Carl Heinigke, of Leipzig. Translated from the German by Emil Tietze, M.D., of Philadelphia. New York and Philadelphia: Boericke and Tafel.

Archivos de la Medicina Homeopatica. Ano. IV., Tomo II., Nos. 59, 60, 61.

American Observer, May, 1880.

Report of the London School of Homœopathy.

The Medical Counsellor, March, 1880.

The Cincinnati Medical Advance, May and June, 1880.

The Dublin Journal of Medical Science, May and June, 1880.

Modern Thought, June 1, 1880.

Monthly Homœopathic Review, June 1, 1880.

Revue Homœopathique Belge, Avril 1, 1880.

Night and Day, May and June, 1880.

The Homœopathic Times, May and June, 1880.

The Modern Physician and Family Adviser, June 1, 1880.

An Illustrated Repertory confirmed by Clinical Cases. By Rollin R. Gregg, M.D. Chicago: Duncan Brothers, 1879.

Repertory to the More Characteristic Symptoms of the Materia Medica, arranged by Constantine Lippe, A.M., M.D. New York, 1879.

The Clinique, May 15, 1880.

Allgemeine Homœopathische Zeitung. Bd. 100, Nos. 21, 22, 23, 24.

The Dietetic Reformer, June, 1880.

Urania, June, 1880.

The United States Medical Investigator, May 1, 1880.

The Journal of Medicine and Dosimetric Therapeutics. No. 6, June, 1880.

The St. Louis Clinical Review, No. 3, Vol. III.

The New York Medical and Surgical Journal, June, 1880.

Scratches of a Surgeon. By William Tod Helmuth, M.D. Chicago: Chatterton and Co., 1879.

The Barbados Globe, April 29, May 3, 6.

La Reforma Medica, Organo Instituto Homœopatico Mexicano. Tomo IV., Num. 4.

The New England Medical Gazette, June, 1880.

Burgoyne's Monthly Magazine of Pharmacy, June, 1880.

L'Homœopathie Militante, Troisième Année. No. 3.

Boericke and Tafel's Quarterly Bulletin, May, 1880.

The American Observer, June, 1880.

The Hahnemannian Monthly, June, 1880.

The Medical Tribune, May 15, 1880.

The New York Medical Eclectic, April, 1880.

American Homœopath, May and June, 1880.

The Chemist and Druggist, June 15, 1880.

Index Medicus.

The Homœopathic Journal of Obstetrics, May, 1880.

The Clinique, May 15, 1880.

Sanitary Precautions in Measles. By Charles Mohr, M.D. Reprinted from the "Hahnemannian Monthly."

A Handbook of Skin Diseases and their Homœopathic Treatment. By John R. Kippax, M.D., L.L.B. Chicago: Duncan Brothers, 1880.

The Homœopathic World.

CONTENTS OF JUNE NUMBER.

London Homœopathic Hospital.

How they Die.

Case of Spinal Irritation cured with Phosphate of Strychnia.

On the Relation between Poisons and Medicines.

Dr. Bernard on the Curability of Cataract by Medicines.

Medical Selfishness. Appointments. Bee Stings a Cure for Gout and Rheumatism.

Examinations at the London School of Homœopathy.

Progress of Homœopathy in India.

Lectures at the London School of Homœopathy.

Darwin on Infinitesimal Doses.

On the Homœopathicity of Mineral Waters.

THE HOMŒOPATHIC WORLD.

AUGUST 2, 1880.

THE ALLOPATHIC CLIQUE IN DUBLIN.

THE allopathic clique of surgeons in Dublin have had an awful fright. The three hundred homœopathic practitioners in Dublin—no, that's a mistake, we mean THREE—have been at it again, frightening the faithful within the Dublin fold. There has been a terrible ado at the Irish College of Surgeons—such a hurrying to and fro of the good chirurgeon-barbers as had not taken place since the memorable month of August, 1861.

What is it all about? Why, these good persons who constitute the College are finding their trade falling off, and so they have fallen foul of the homœopaths. But in this article we will not aspire to the dignity of the historian; we will hand that office over to those persons who editorially conduct the *Medical Press and Circular*.

In their issue of Wednesday, June 30, 1880, under the motto, "*Salus populi suprema lex,*" they tell the thrilling tale themselves. Our readers shall judge how much these vituperative persons care for the *salus populi*. It thus starts (the italics, etc., are ours):—

"FRATERNISATIONS WITH HOMŒOPATHS.

"The relations of the profession with homœopaths have been recently the subject of a most animated and important controversy in Dublin, and, as a definite and, we hope, a final opinion, has been expressed by the Fellows of the Irish College of Surgeons and by the Council of that body, the matter comes to be eminently deserving of discussion by the profession and of comment in these columns. In the month of August, 1861, the *scandal* (!) of open professional association between Fellows of the Irish College and other *legitimate* practitioners with homœopaths had grown to such proportions that a strong feeling in the profession was aroused. *Certain leaders of the surgical profession* were then to be seen

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in daily fraternisation with irregular (!) practitioners, meeting them as consultants in the sick-room, and, presumably, aiding and advising them in their treatment, and *modifying their own therapeutic method* so as to meet the bias of the patient and the special tenets of the infinitesimalists; and *the public had begun to assume that there was nothing at all irreconcilable between scientific medicine and Hahnemannism, and to discover that there were surgeons of admittedly high rank who were quite willing to accept fees for consulting with homœopaths, and, if necessary, to make their prescriptions suit the theories of patient and infinitesimalist.*"

We just pause to inquire of these editorial persons what they mean by *legitimate* practitioners. Is it then not lawful in Dublin for *illegitimate* practitioners to get their livings as honest saw-bones, as well as in any other trade? Must they possess their mothers' marriage lines? But let us return to our contemporary's history. Please observe the rising grandeur of the soul-stirring narration:—

"But then, as now, the Irish College of Surgeons was equal to the occasion [*where's the crown of laurel?*], and was not awed into toleration of this fraternisation by the fact that the surgeons who drove this sort of trade *were nominally leaders of the profession*. Accordingly, the Council, after much deliberation, adopted the following ordinance, which, by virtue of the College Charter, becomes absolutely binding, and disobedience of which would have subjected a Fellow or Licentiate to formal censure, and even to expulsion from the College:—

"No Fellow or Licentiate of the College shall pretend or profess to cure diseases by the deception called Homœopathy, or the practices called mesmerism, or by any other form of quackery; neither shall they or any of them seek for business through the medium of advertisements, or by any other disreputable method.

"It is also hereby ordained that no Fellow or Licentiate of the College shall consult with, meet, advise, direct, or assist any person engaged in such deceptions or practices, or in any system or practice considered derogatory or dishonourable by physicians and surgeons; nor shall he directly or indirectly have any professional communication with such persons."

We observe that those who fraternised with homœopaths

were the nominal *leaders of the profession*. The mentioning of "mesmerism, quackery, and seeking for business through the medium of advertisements," leads us unwillingly to infer that the Fellows and Licentiates of the College must indeed be a sorry set, or else they are very much maligned by a clique of their own College. We have ourselves been often much disgusted at the allopathic charletans who fill our so-called religious papers with their nauseous advertisements. Indeed, we have given up taking these papers because they are so replete with these allopathic quacks' advertisements. But to proceed with the story of the *Medical Press and Circular*:—

"The ordinance thus adopted was then and since sent to every Fellow of the College, and has remained in full force for nearly twenty years, and its effect has undoubtedly been to restrain Irish surgeons from open association with homœopaths, and to restrict the practice of these persons to patients who are content to trust themselves to the sole ministrations of the followers of this line of practice."

So far so good. But what a strange fascination there must be in these illegitimate homœopathic persons! We see that all this damning was done twenty years ago, and still "remained in full force." Have, perhaps, the allopathic quacks been advertising more than heretofore? No, that were barely possible; the sheets are full of them. This is it:—

"Recently the subject was revived, and became the focus for much controversy, and, in view of a particular case in point, was brought under the notice of the Irish College of Surgeons at its annual general meeting on the last Monday in May. Then and there, with but one dissentient voice (that, we regret to say, of a SENIOR MEMBER OF ITS COUNCIL, AN EX-PRESIDENT, AND A HIGH OFFICIAL OF THE COLLEGE), the Fellows reaffirmed the foregoing ordinance, and their powers being restricted to a recommendation to the Council, did then and there recommend the College Executive to increase the force of the prohibition by adding to the ordinance the words, 'or directly or indirectly have any professional communication with such person.' At that meeting of the College a forcible legal objection to the ordinance was started by the representative of the College in the General Medical Council, who pointed out that it was at variance with the

23rd section of the Medical Act. That section provides that—

“*In case it shall appear that an attempt has been made by any body, entitled to grant qualifications, to impose upon any candidate offering himself for examination an obligation to adopt or refrain from adopting the practice of any particular theory of medicine or surgery, as a test or condition of admitting him to examination or of granting a certificate . . . the Privy Council may thereupon issue an injunction to such body so acting directing them to desist from such practice.*”

Here these allopathic sectarians have fallen across the law that the homœopaths got inserted into the Act, and which is so far the charter of our rights. They will have some more of this kind of thing ere long.

Now let us see how they seek to make this law a dead letter. Homœopaths! have an eye to these slandering perverters of the spirit of the law:—

“The College had, of course, never thought of putting any question to a candidate for its licences as to his intentions as to practice, but, by its Charter, it required all Fellows and Licentiates to obey the College ordinances, and inasmuch as *the prohibition against quack practices was one of these ordinances*, it was held that the College law was at variance with the Medical Act.”

Gentlemen of the *Medical Press and Circular*, we will not charge you at this point with uttering a deliberate falsehood for the purpose of vilifying the homœopaths, as that would be unparliamentary. It is simply this: The College law was not at variance with the Medical Act because it prohibits quack practice, for this Medical Act is itself against quack practice. Your silly College ordinance is at variance with the Medical Act because it attempts to impose an obligation to refrain from adopting a particular theory of medicine—viz., that of Samuel Hahnemann.

But let our veracious historians finish their story:—

“The recommendation of the College at large was submitted to the Council at a special meeting on Wednesday last, and thereupon two notices of motion were placed on the order paper. The first of these was in the following terms:

“That the ordinance of Council of the 22nd August, 1861, be and it is hereby rescinded, and instead thereof it be now

resolved—That it be an ordinance of the Council that no Fellow or Licentiate of the College shall seek for business through the medium of advertisements, or any other disreputable method, or shall consult with, advise, direct, or assist, or have any professional communication with any person who professes to cure disease by the deception called Homœopathy, or by the practice called Mesmerism, or by any other form of quackery; or who follows any system of practice considered derogatory or dishonourable to physicians and surgeons.

“‘And be it furthermore resolved, that in the opinion of this Council, it is inconsistent with professional propriety, and derogatory to the reputation, honour, and dignity of the College, to engage in the practice of Homœopathy or Mesmerism, or any of the forms of quackery as hereinbefore set forth.’

“It will be observed that this resolution was intended to confirm and comply with the recommendation of the Fellows, for it contains the words suggested by the College at large. It was also intended to obviate the legal difficulty which had been raised, and it does so by making the practice of Homœopathy a matter simply of the condemnatory opinion of the College, while it leaves the consultation with homœopaths a subject of absolute prohibition and of collegiate censure. It will be seen, therefore, that while the Council was obliged to modify its ordinance in deference with a law which it neither assents to nor approves, it was asked to do so in such a manner as to leave its disapproval of homœopathic practice as clear as ever, and to emphasise its prohibition of fraternisation with homœopaths.

“To this motion an amendment was moved to strike out all words after the word ‘method’ in the fifth line, the effect of which would have been to withdraw all prohibition, and to license all forms of fraternisation with quacks. We learn that after a prolonged debate, at which the whole Council, save one, were present, the amendment was negatived without a division, and the motion unanimously adopted.”

Now for a little Irish Billingsgate. These truthful gentlemen thus proceed :—

“Thus the Fellows of the College and its Council have deliberately pronounced their determination not to tolerate in any form the professional association with *quacks* by those

under their control; and we venture to hope that this decisive expression of opinion will settle the question for many years, and will be accepted by the *homœopathic practitioners*, and by those who covet the patronage of such persons, as a *final verdict against them*, and a *warning that the surgical profession in Ireland will not 'touch the unclean thing'* under any circumstances. We are gratified and even proud that the *higher professional morality* of Irish surgeons should have thus asserted itself, and we congratulate the profession on its escape from the proposition that all forms of *quackery* should be admitted to open public association with them. We are, of course, quite prepared for the HOWL of '*trades-unionism*' which will be raised by the homœopaths—their medical backers—and by the very voluble old lady talkers who support these practitioners. Such a cry is the only possible answer to the emphatic pronouncement of the Irish College of Surgeons, but for any person who is informed as to the tenets of Homœopathy it is no answer at all (!).

"We need not refer to the principles and practice of Homœopathy further than to say that if they be even partially true, *the therapeutics of scientific medicine must be a criminal deception fraught with death and misery to our patients*. It is absolutely and physically impossible that a practitioner can truly believe in or honestly practise both systems, and it is against the dishonesty of attempting to do so that the Irish College of Surgeons has pronounced its anathema. Let us say for the sake of argument that Homœopathy is enlightenment and scientific truth—the therapeutics of our profession are a system of stupid prejudice and rank ignorance. If this be so, it is right and wise to treat sick people with *billionths*, and to proceed to cure the disease with what makes the disease. Upon this question the Irish College of Surgeons has not sought to express any opinion, and will not enter into controversy; but it has a perfect right, without pronouncing judgment upon what we will suppose to be matters of scientific opinion, to declare that its Fellows and Licentiates shall honourably fulfil their duty to their patients according to their lights."

We merely interpose the remark that we homœopaths do not "proceed to cure the disease with what makes the disease;" our law is that of *similars*, and not of the *same*; and Homœopathy has not necessarily any connection with *billionths*. Hence our readers perceive that these Irish sectarians have not any idea of what Homœopathy really is!

Yes, Homœopathy is enlightenment and scientific truth ; and the homœopathic practitioners are the representatives of this enlightenment and science in therapeutics. Now for the grand *finale*:—

“That duty cannot be honourably fulfilled if the physician or surgeon descends to a compromise with *error*, and, we will add, with *fraud*, in order to earn a consultation-fee or satisfy the vagaries of the patient ; and it is against the dishonour involved in such a surrender of principle that the College has declared its ban. The Council is the appointed guardian of the ‘reputation, honour, and dignity’ of the College, to observe which the Fellows and Licentiates have sworn, and though one or other of these may forget that to which he has solemnly bound himself, the profession cannot forget what is due to itself. It owes to itself to keep *even the skirts of its robe unsullied by contact with a monstrous deception*, and it cannot fail to put away from its pale those who are *soiled by such contact* ; and, in our opinion, the Irish College of Surgeons has done no more than its duty and no less than was expected of it, when it holds out the penalty of its censure over those who might yield to the temptation.”

What lovely little epithets for a discussion on a scientific subject!!—“quacks,” “quackery,” “the unclean thing,” “howl,” “deception,” “quack practice,” “criminal deception,” “error,” “fraud,” “monstrous deception,” “soil.”

* * * * *

We shall not condescend to treat such vulgar trades-unionists and ratteners other than with contempt. In their unhappy ignorance and blind hatred of the good they vilify honourable men, and show by their unseemly language that their motives are really of a very sordid nature. They must feel their position insecure, and it is, or they would not so far forget themselves. THEY MERELY WANT THE MONOPOLY, and no means seem too bad to get it. They know they cannot refute the truth of the law of similars, so they do not try ; they know the homœopathic practitioners of Great Britain are good men and true, honoured and beloved in all the walks of life, and cherished in the hearts of their patients with undying gratitude ; they know—and hence the bitter gall of their hatred—that the therapeutic successes of Homœopathy are spoiling their “business.”

It is nothing new : it is the stage-coach against the steam-

engine, and it is not the lumbering old allopathic coach that will win in the race.

When poor old *Pio Nono* lost the last vestige of real power, he declared himself infallible!

THE WAY TO WIN.

THE *Cincinnati Medical Advance* says:—"The year 1880 shows an increase over other years in the number of homœopathic graduates. Pulte Medical College had twenty-three; New York, thirty-one; Philadelphia Hahnemann, seventy-five; Chicago Hahnemann, eighty-seven; Iowa University, eight; St. Louis, twenty-five; Boston University, thirty-five; Chicago Homœopathic, twenty. SHOWING OVER THREE HUNDRED, with several colleges not yet reported."

And yet our English homœopaths drag on in the old ruts, afraid of everybody, including their own shadows, having the soul-inspiring motto, *Après nous le déluge!* What is the use of caring for our children? or planting trees that yield no fruit to us? Bah! *Edite et bibite, post mortem ossa eritis.*

THE SUPERIORITY OF HOMŒOPATHIC OVER ALLOPATHIC TREATMENT IN CERTAIN FORMS OF CHRONIC DISEASE.

By A. C. CLIFTON, M.R.C.S., Northampton.

In a paper on the above subject, which I had the honour of submitting to the readers of the *Homœopathic World* last October, the medicinal treatment of the disease called "Ozæna" was chosen in support of the proposition. The paper was left unfinished, my intention being to complete it the following month. Circumstances, however, beyond my control, have prevented this till the present time, and as so long a period has elapsed, it will be as well, before entering further on the subject, to briefly recapitulate the principal points then brought forward. On that occasion I endeavoured to give in a brief and plain manner—first, a description of the disease "Ozæna," its nature, course, and symptoms, showing that it was essentially only the local manifestation of a more general or constitutional unhealthy condition, and was

frequently inherited, although in its fresh development it might assume a different aspect to what it did in the parents; secondly, that the orthodox routine medical treatment of this disease by tonics and alteratives, such as quinine and iron, iodide of potassium, mercury, etc., and by the topical application of styptics and escharotics to the nasal passages and the throat, was both unscientific and futile, the local symptoms of the disease being by such means merely *suppressed*, and reappearing in a short time, either in the same part or in some other organ or tissue; thirdly, that the superiority of the homœopathic medicinal treatment of Ozæna lay in the fact that the local manifestation of the disease was not suppressed by topical applications, but that the general or constitutional (including the local) symptoms were treated, and that not in a routine way by so-called tonics and alteratives, but by drugs that are known to produce a similar morbid condition when given to persons in a state of health, the choice of such drugs having not only a bearing on the hereditary or other causes of the disease, but to its various phases of development in different persons; or in other words, the patient is treated rather than the name of a disease, the result being (in the majority of cases) a cure of the whole unhealthy state, or if any return of the symptoms takes place, these only to a slight degree, so much in fact as would be natural where organs or tissues have been accustomed to undue secretion for a number of years.

On resuming the subject at this time, and in support of the proposition already advanced, I would say, that it is not my intention to do more in the first place than mention the most important remedies, or such as I have found most beneficial in the treatment of Ozæna, and secondly to give the history, symptoms, and treatment of a few of the worst and most marked cases which have come under my observation during the last twelve years, and prior to 1877, the results, therefore, of such as can be fairly estimated.

First, "The Remedies."—Those found most useful have been *Aurum*, *Calcarea Carbonica*, *Hepar Sulphuris*, *Hydrastis*, *Kali Bichromicum*, *Kali Hydriodicum*, *Mercurius Corrosivus*, *Mesereum*, *Silicea*, and *Sulphur*; the next in order, and in a less marked degree, have been *Asafetida*, *Cistus Canadensis*, *Conium*, *Elaps Corallinus*, *Graphites*, *Lachesis*, *Phosphorus*, and *Phytolacca*. The only topical or local applications have been lotions composed of *Glycerine* and water, solution of *Permanganate of Potash* in water, warm Arrowroot or Starch

water, and these were only used for the sake of cleanliness or comfort to the patient.

This list of drugs (already a large one) might be still further increased, for as no two cases are exactly alike, so other drugs than these already named may present a greater resemblance to the diseased state of different patients, and thus be found more curative, and probably have been found so by other medical practitioners.

The following cases are submitted, in proof of the superiority of homœopathic over allopathic medical treatment in Ozæna.

Case 1.—This was fully reported in one of our medical journals six or seven years ago; only a very brief history will therefore be given of it now, and is, indeed, brought forward mainly on account of its great severity, its long duration, and the fact of its remaining cured up to the present time, with the exception of a slight return on three occasions, when the same medicine which acted curatively before was found to act so again. The patient was a lady thirty-two years of age, the disease had existed for very many years and was getting worse, she had previously undergone a long course of hydropathic treatment, without benefit, had also been under various allopathic physicians at different times, the result being a gradual deterioration of health from the internal drugging, and the local disorder only checked so long as sundry topical applications were used in the form of lotions, gargles, medicated sprays, etc. On first coming under homœopathic treatment the patient said her life had become wearisome to her, on account of the fœtid odour emanating from her nose and throat, which was so repulsive that no one would be near her; making even the air of a room where she might be unbearable to others. The odour therefrom was like putrid herring pickle; her nose and throat were dry and stuffy, and the latter presented an appearance to the eye like the yellowish-green scale of a lizard. From these parts there was frequently thrown off greenish-yellow flakes or crusts. There was a constant putrid taste in the mouth; the tongue was sore; hearing defective; the skin generally was hot, harsh, and dry; she *never* perspired; the pulse was 140 per minute, and general emaciation had been going on for some time. For the long space of two years she was under homœopathic treatment. It is needless to mention all the remedies that were tried, more or less bearing on the case, but with the exception of two, viz.,

Baptisia and *Lachesis*, none of them appeared to make any appreciable change in her general or local condition. Her general health was certainly improved, but the pulse continued as quick, the skin was as hot and dry, and there was still much offensive odour from the nose and throat. At that time I had recently seen a curative result from another medicine, *Elaps Corallinus*, in a different but very chronic case, where the chief characteristics were frequency of pulse, heat and dryness of skin, and offensive discharge; that medicine was therefore now given in this case in the 6th centesimal dilution, with the pleasing result of completely curing it in about six to eight weeks; and with the exception of three or four slight relapses since, the patient has remained well up to the present time.

Case 2.—E. J., aged seventeen, female (March, 1874); father living and well; mother died of cancer of the breast. The patient when a child frequently suffered from a cold in the head, and stuffiness of the nostrils, in other respects was well. About three years ago there was an increase of obstruction in the nostrils, and discharge of much thick greenish or yellowish matter therefrom of an offensive character. The odour from her nose was very perceptible to persons near her. She could not sleep with her mouth shut, there was much frontal headache, she suffered from indigestion, milk disagreed with her, had much dislike to animal food; her bowels were very constipated, and never had them moved without aperient medicines. She had been under allopathic treatment, taken quinine and iron, cod-liver oil, and aperient medicines, and had used alum and other injections to the nostrils, which caused so much pain she was obliged to discontinue them. For this condition of things I prescribed over a period of four months *Sulphur*, *Hepar Sulphuris*, *Phytolacca*, and *Graphites*, with but little benefit. *Hydrastis* was then given in the 1st decimal dilution three times a day; this was continued more or less for two months, at the end of which time she was in every way well, with the exception of slight stuffiness of the nostrils.

Case 3.—June, 1874. A. J., male, aged twenty-four, had suffered several years from *Ozæna*; been under allopathic treatment without benefit; had been apprenticed to a draper, but owing to the offensive odour from his nose was obliged to give up the business, and went to work on a farm; the outdoor employment improved his general health, and headaches which he formerly suffered from became less severe.

When a child he suffered from an eruption at the bends of the elbows and back of the knees ; he also had abscesses about his neck, and his relatives, several of them, had died of consumption. On coming under homœopathic treatment there was the usual offensive discharge from the nostrils and odour therefrom, dryness of the throat, headaches, his teeth were very decayed, and he often suffered from pain in them. Hands and feet were always cold. *Sulphur*, *Calcarea*, *Cistus*, did much good to his general health, but *Mezereum* in the 1st centesimal dilution permanently removed all traces of the local disorder, and I have reason to believe there has been no return of it since, now five years ago.

Case 4.—March, 1870. E. H., female, aged fourteen ; mother died of internal cancer, other members of the family are healthy. Patient has always suffered from some obstruction in her nostrils and frequent *bleeding* from the nose, and slight deafness, hoarseness and dryness of the throat ; desire "to clear up ;" has had two severe attacks of bronchitis, lost flesh, and consumption feared ; has been to the seaside without benefit. The discharge from the nose and disagreeable odour have much increased lately ; she has frequent headaches from the nose to the forehead, only relieved by clearing the nostrils of hard, dry pieces of mucus ; her hands and feet are cold and damp ; she perspires all over the body in bed, especially after five in the morning. *Sulphur*, *Calcarea Carbonica*, *Phosphorus*, and *Silicea* did great good to her general condition. After these *Mezereum* was given, which cured the offensiveness of the discharge from the nose, but much stuffiness of the nostrils remained, and dry crusts often had to be removed ; then *Conium* 1st centesimal dilution was given for a month, followed by *Calcarea* and *Silicea*, and under these medicines she recovered a fair amount of health, but with disposition to consumption ; this, however, has not taken place to the present time, nor has the local disorder *Ozæna* returned.

Case 5.—August, 1876. Female, aged twenty-six ; mother living and healthy, father suffers from rheumatism and eczema, other members of the family healthy. Patient when a child had an eruption on the scalp for two years, for which she was treated allopathically by local and general remedies. Some years afterwards had an eruption at the bends of the elbows and the back of the knees, which continued till she was sixteen years old ; she then began to suffer with severe frontal headaches, obliging her to keep to the house for

several days at a time; these were attended with dryness and stuffiness of the nostrils, relieved by a pinch of snuff or the odour of ammonia. She then noticed that her sense of smell became gradually impaired, together with an increased discharge of thick greenish matter from the nostrils, which has continued till the present time, and is now very offensive in character; this alternates with a discharge of pieces of hard dry scab from the nostrils; her throat is dry, and presents an appearance of a greenish, dry, glazed character; her skin is generally dry, she never perspires, her hands chap in winter, her bowels are always constipated, and there are fissures of the anus. The medicines given in this case were *Sulphur*, *Kali Bichromicum*, *Graphites*, *Lycopodium*, and *Mercurius Corrosivus*, and were continued more or less for nine months, the result being a restoration of health, general and local, with the exception of tendency to and occasional eruptions on the arms and legs in winter, which *Rhus* and *Graphites* subdue.

Case 6.—A girl aged ten years, of nervous temperament, spare habit of body, has never been strong and well, had bronchitis several times, easily takes cold, never free from a cough except in summer. She is a poor eater, but fond of pastry and sweets; the bowels act irregularly, there being either diarrhoea or obstinate constipation; she sweats about her head at nights; her hands and feet are cold and damp, winter and summer; the teeth are decayed and the front teeth notched and as if they were worm-eaten; she suffers from headache if confined to school exercises; her nose is always stuffed and sore, and there is a very offensive discharge therefrom; her tonsils are enlarged, so that she snores in her sleep. For these symptoms she was treated homœopathically eighteen months. The medicines most useful were *Sulphur*, *Calcareo Carbonica*, *Mercurius Iodatus*, *Hepar Sulphuris*, *Staphysagria*, and *Aurum*. The child is now comparatively well, there being a natural delicacy of health, a disposition to take cold, and some enlargement of the tonsils remaining.

It will make this paper too long and tedious to narrate other cases *in detail*, neither is it requisite.

Case 7.—Was a very obstinate one, continuing a long time under treatment, medicines chosen evidently not being homœopathic to the condition of the case, therefore necessitating a fresh study; it was, however, finally much benefited by *Kali Bichromicum*, *Kali Hydriodicum*, and *Phytolacca*.

Case 8.—In addition to the symptoms pertaining to the

nose, there was offensive discharge from one ear and partial deafness, large and foul ulcers on the legs, and frequent diarrhœa. *Sulphur*, *Arsenicum*, *Hydrastis*, and *Mercurius Corrosivus* did much good, but *Asafœtida* of the third decimal potency was most efficacious in restoring the patient to a fair measure of health and strength.

Case 9.—Was of shorter duration, the chief characteristics being bleeding from the nose, hoarseness, sore throat, loss of voice, cough with expectoration in the morning, indigestion, constipation, rheumatic pains in various parts of the body, these being worse when other symptoms were better. *Phosphorus* and *Kali Bichromicum* were the principal remedies which cured this patient.

Case 10.—Ozæna, with incipient pulmonary consumption, much benefited by *Phosphorus*, *Hydrastis*, *Arsenicum Iodatum*, *Silicea*, *Calcarea Carbonica*, and *Sulphur*. Patient, though not well, is better of the offensive discharge and is stronger in general health.

It will be seen from the cases already reported that Homœopathy has great remedial and curative power in Ozæna, all of them having been cured or benefited. At the same time it must be borne in mind that the writer could furnish from his note-book several cases that have not done so well under treatment as these have. Patients have either got tired of doctoring, fresh circumstances have arisen preventing a perseverance with the treatment, or they have wanted something to apply to the nose to stop the discharge and its attendant unpleasantness, they not caring for or not believing in constitutional treatment; and as the doctor would not yield to the desire for such a method of cure, they have sometimes gone elsewhere for help. Suffice it, however, to say that the writer feels that, with all the imperfections to which he as a man and a physician is liable, every year as it passes by convinces him more and more, that Homœopathy in its present state of development is capable of doing much more good in certain forms of chronic disease than Allopathy is; and as years roll on and its resources are more known and its professors more wise in their application of the law of similars, better results will ensue.

Northampton, July, 1880.

AUTO-INOCULATION AS A MEANS OF DIAGNOSIS.

By DR. LÉON SIMON, Fils, of Paris.

THE following is a case illustrating the value of auto-inoculation in the diagnosis of non-syphilitic chancre:—

On the 5th of January I was consulted by a gentleman, himself a member of the medical profession. His chest was covered with large groups of spots, unequal in size, brown coloured, slightly squamous, and accompanied by considerable itching. I diagnosed the case as one of "*Pityriasis Versicolor*," when he told me that he feared it was a syphilitic eruption, as he had a chancre at the same time. On examination I found a single venereal ulcer on the frænum preputii, with enlargement and slight tenderness of the lymphatic glands of the groins, but with no tendency to suppuration. There was no induration about the borders of the ulcer.

The patient said that an ulcer first made its appearance in the year 1872; and that the ulcer had been diagnosed as syphilitic by Dr. Noack, of Lyons. This had been followed by enlargement of the lymphatic glands and severe headache, which were rapidly relieved by homœopathic treatment. The present ulcer had appeared on December 18th, and the patient feared he had been reinfected with primary syphilis.

I assured my *confrère* that the eruption on the chest was nothing more than *Pityriasis Versicolor*, and pointed out to him that it was quite possible for a herpetic eruption to co-exist with a venereal but non-syphilitic ulcer. I added that there was but a single case of relapse of primary syphilis known to the profession, and that therefore it was most probable that this ulcer was only venereal and not syphilitic.

As the non-syphilitic ulcer, or "chancre mou," was auto-inoculable, I advised the patient to inoculate himself with the serosity of his own ulcer, as the only way of thoroughly satisfying his mind by an accurate diagnosis. This he did the same day, inoculating his left fore-arm before taking any medicine. The following day a papule appeared on the spot pricked by the lancet, and the operation succeeded so well that, as will be seen, the artificial ulcer was more difficult to cure than the original one. This completely negated the existence of syphilis.

On January 12th I prescribed *Acid.-Nitric.* 3.

On January 14th he attempted a reinoculation without

success; probably the remedy neutralised the effect of the inoculated virus.

On the 17th, there being no improvement, I gave *Arsenicum* 5, but without much effect. The original ulcer was healing, but that on the arm was spreading.

On January 29th I ordered *Merc. - Solubilis* 6, and cauterised the arm with *Nitrate of Silver*. A few days after the skin was completely restored. The chest eruption still continued to break out and disappear alternately, and thus showed itself quite independent of the venereal disease.

ON PHOSPHORUS IN ORGANIC DISEASES OF THE EYE.

By DR. MOORE.

A LADY, aged forty-four, the mother of a family, and who belongs to a family subject to rheumatism, and has herself suffered from rheumatic attacks, gradually found the sight of the left eye becoming weak, without any external appearance of change in the eye. In 1873 she was led to consult a London oculist of celebrity, who diagnosed her case, after careful examination with the ophthalmoscope, as one of glaucoma with "detachment of the retina," gave a very unfavourable prognosis, and advised very little to be done; and that little did not produce any amelioration of the sight, which eventually was *quite lost*. In November, 1876, caught cold from east wind, which struck in on the bad eye, causing very intense inflammation and swelling of the eyeball, with great pain of a throbbing character—photophobia and effusion throughout all the visible tissues of the eye. Begun the treatment with *Acon.* and *Bell.*, following with *Merc.-Cor.*, *K.-Hyd.*, and *Causticum*, as each medicine appeared to be indicated, but with only very partial results. At this stage I consulted with a local celebrated oculist, who went into the whole case thoroughly, and after prescribing *Atropine Drops*, to be used twice a day, and *Atropine Ointment*, to be rubbed on and around the margin of the eye, he *deliberately advised the excision of the eyeball* as the only method of saving the sound eye, and the sooner the better. To this both patient and doctor were adverse, unless the necessity were absolute. I then begun afresh to study the records of our speciality in medicine, and saw from the *British Journal of Homœo-*

pathy that *Phosphorus* had been found in such cases of signal service. The cases were recorded by Dr. Dudgeon.

I resolved to give my patient a chance before the excision took place, and began with *Phos.* 3x, and persevered with it for several days, the only intercurrent being a dose of *Bell.* occasionally. I found gradual improvement result, and this happy change continued steadily, there being daily improvement, till the eye was quite as clear as it was before this attack, and no operation took place nor was needed. It took, however, over two months to complete the cure.

I may state here that I changed the dilution of *Phosphorus* from the 3x to the 3c, and to the 6th, but continued the medicine till the patient was completely restored. My little story is not yet told. In November, 1879, viz., three years from the above attack, in the same month, she was again threatened with a similar attack. She applied early, of course, and I attacked the disease this time with a few doses of *Aconite*, then went to *Phosphorus*, our former friend, and without any intervening medicines, and she rapidly recovered, the only intercurrent medicine being an occasional dose of *Pulsatilla*, which I found indicated for some of the symptoms present.

This attack was subdued in three weeks, whereas the former lasted between two and three months, as aforesaid.

My reflections will be brief.

I bring this case forward as a proof of the power of *Phosphorus* in degeneration of the tissues of the eye, as its repute in other degenerations is admitted.

In its pathogenesis the eye symptoms are well marked; amongst them, "short-sightedness," "striking inclination to look only with one eye." Our high-dilution friends may find this to be a key-note symptom, perhaps. Certain it is that my patient had *only one eye* to look with, and that was the *sound* one, which I am glad to say is safe and sound this day.

A nice question arises relative to similar cases, viz., how far we are justified in trying medicinal means in such cases before resorting to the formidable operation of excision of the globe.

My experience of Homœopathy in this and similar cases would lead me to give the patient a chance of preserving the organ *in situ*, even though useless as an organ of vision. The oculist may have been right from his standpoint professionally, as he viewed the risk of danger to the sound

A A

eye, and knew well that he had no means at his command that could subdue the inflammation without depressing the vital power, and thus rendering the sound eye excitable and liable to be attacked.

If any rule can be laid down for our guidance on such matters, I think it may be expressed as follows :—

That as long as the sound eye remains well and strong, and the diseased eye under treatment improves, and the patient's general health keeps up, it is *safe to wait*; but on the least appearance of the sound eye becoming involved, and a condition of non-progress in the diseased one, recourse be had forthwith to the knife, but not before.

Liverpool, July, 1880.

HOW THEY DIE.

By JOHN H. CLARKE, M.D.

V.—Arsenical Wall-papers.

SINCE writing my last article I have received two letters from an invalid lady who has been a sufferer from wall-papers. The letters are interesting in so many points that (with her permission) I am reproducing parts of them here. A few weeks past, having occasion to have one of my own rooms papered, I had several samples tested before selecting one. They were of various colours, drab, pale blue, yellow, pink, and in some of them there was just a tinge of green, hardly perceptible; but in the greater number not a particle of it. *Twelve* were examined, and there was arsenic in every one. Previously to that I was not aware how extensive was the use of arsenic in the manufacture of pigments other than green, and had not mentioned it in any of my articles. This was the chief reason of my correspondent's writing to me, and I am much indebted to her for drawing my attention to the subject, and furnishing me with such a valuable case. I will now quote from her letter.

"I have read your letters in the *Homœopathic World* with interest, but you do not seem to be aware that paper may *not* be *green*, and yet contain the deadly poison of arsenic. I believe that several times in my life I have been a sufferer from arsenical poisoning, especially since I have been obliged to keep on my couch for so many years, but *last* year I was a *great* sufferer. My doctor treated me for remitting fever and

erysipelas. All the remedies made me worse. The night retching, perspirations, palpitations, etc., were intense; sickness often during the day, extreme restlessness, and miserable feelings.

“When I came into this cottage residence I found a blue paper in a room I have made a little sitting-room of, which is on the same floor as my bedroom (which had a *buff* paper), and none of the rooms excepting one—which I make a spare room—have *any green* in their papers. The blue paper was very soiled, and I had a feeling that it was not healthy. So the summer before last I had a fresh paper put up—a very pretty *buff*. The people where it was furnished were asked if any arsenic was supposed to be ever in that colour, and said, decidedly, ‘No.’ They were quite aware of its being put into *green* papers, and said their workmen constantly suffered from putting up those papers, but that ladies and gentlemen *would* have them.

“I soon began to suffer from unpleasant symptoms, but being so great an invalid, I attributed it to weakness, or aggravation from some medicine to which I am marvellously sensitive; so, until after the extreme damp weather in the summer, I did not call in my doctor, though I had had streaming cold in the head and eyes, and deafness increased, with pains in the ears all through the winter and spring. Then I had so much pain and blackness about the eyes, that, fearing I might have something catching, and expecting a niece for a few days, I sent for my doctor. He said I had erysipelas—which I am not accustomed to have—and a remitting fever.

“I kept getting worse in every way after my niece left me, and my doctor attended me until September 18th, when I determined, though excessively weak, to leave home for a few days, a fly taking me from my own door to lodgings which my housekeeper had taken for me. After the first two nights the *retching ceased*, and the perspirations decreased, though nothing seemed to agree but a little beef-tea at a time. I could only stay one week, but that had given time to my maid to dry thoroughly my bedding, and well air the house. I had given up my doctor, and indeed had taken scarcely anything for a week before I left home in the shape of medicine, and at — treated myself as I usually do. I had more than once suggested the possibility of arsenic in the paper, but was smiled at, and evidently considered fanciful! A few days after my return home I was feeling again so ill—the

retchings were going on again, as well as the other symptoms—that one morning I desired my housekeeper, who was sitting with me, to fetch up a piece of the paper. She was half angry (though she had been with me thirty-three years) at my fancying such a thing. I got it, however, and sent it off to the county analyst. In two days he returned me for answer, ‘heavily charged with arsenic—unfit, I consider, for a dwelling-room.’ That determined me to give up the room, and though the stairs were very trying I took possession of my sitting-room downstairs, which has a stone-colour paper with gilt pattern, and has been on some years. *I had no retching after*, but have continued to suffer much from pain in my eyes, and every change of the weather makes my chronic cold more troublesome.

“I sent for a person to take off the paper, or rather *papers*, of the room. He found *four*, and the smell in the small house was trying. Even my housekeeper and maid, who had scouted the idea of arsenic, suffered then; one from its getting into her throat and affecting the mucous membranes generally, the other suffered with her eyes. The two men said it was very bad indeed; they believed there must be poison in more than one of the papers, and its being cold weather and short days the windows could not be open sufficiently. I sent word to my doctor, who was *much surprised*, and my landlord would scarcely have minded laying £50 that there could be no arsenic in the room. My bedroom being small, I had always the door open into my housekeeper’s little room. But I believe *that* (the bedroom) was anything but pure. I managed to have those papers off in the spring, and I got two papers from my friend Mrs. —, which had been analysed. That lady, from having been a dreadful sufferer from wall-papers, has written on the subject. . . .

“It is certain now that few papers are free—blues, lilacs, buffs, browns, and some reds have more or less arsenic in them to keep them bright. . . .

“I cannot expect at my age ever to get over the effects of this last poisoning. Coffee is a good antidote. I am sure that a little warm milk I used to take with a little weak brandy increased the effects of the arsenic. Cold arrowroot made only with water, if thirsty, in the night helped to decrease the perspirations, and strong beef-tea renovates.”

From her second letter I may quote the following:—

“I heard of a case of an old gentleman the other day in —. He had been very ill, and his medical attendant could

not at all understand why he did not get better, began to talk of age, etc., when some friend suggested poisoning from wall-paper. He got out of the rooms in his house which were tainted, and though turned seventy has recovered. He is a farmer, and consequently (being able to get about, which I am not), having kept out as much as possible, has had more chance of getting rid of the poison.

"A cousin of mine in — writes that she was poisoned some years ago in that way, and suffers from her eyes still, though she can take exercise in the open air. Her doctor having declared that she must go away for change of air, found she got very much better, and again relapsed when she returned. Then he began to scrutinise her rooms, and found arsenical paper in her dressing-room *only*. This opened into her bedroom, and being a married lady she used it a good deal. It does not appear to have affected her husband."

The facts above quoted speak for themselves, and render comment superfluous. Scarcely any papers are safe, and it is hardly wise to put up any that have not been previously tested. It is comforting to know that there are some manufacturers who care for their own credit and the credit of their country sufficiently to cause them altogether to eschew the use of arsenic in colouring their papers. It may be well to mention here the name of the firm of Messrs. Woollams and Co., of High Street, Manchester Square, W., who lately refused to pay for colours supplied to them as free from arsenic, and which turned out to contain it. They were sued for the price by the colour-makers who had supplied them, but judgment was given in their favour. It is right that they, and all who take their stand, should be known and patronised. In this way the evil will partially cure itself. A very large proportion of the wall-papers at present lying in the shops of the sellers and the warehouses of the manufacturers will, when put up, endanger health and life, and the public will go on buying and suffering as before until its eyes are opened.

On the 30th of January of this year I was called to see Miss M., aged twenty-eight, living in a cottage with her mother and father, people in humble circumstances, the father being a labouring man.

I found the patient sitting in an arm-chair, looking wretchedly ill. She was of medium height, very thin, dark complexion, black hair, grey eyes—the sclerotics very blue—yellowish skin, with a flush on each cheek, and prominent cheek-bones. The mouth was drawn, and had a very despair-

ing expression. The whole aspect indicated great and continued suffering.

I learned that she had been more delicate than the rest of the family from a child, and very nervous. Ten years previously to my seeing her she had an attack of rheumatic fever, and since then she had never been so strong as before. She had, however, recovered sufficiently to be able to do her work with comfort. For the last eighteen months before my visit she had been ailing as when I saw her. She could give no explanation of her illness. She had consulted several medical men, and had been asked by them if she was not recovering from some severe illness.

She complained of griping pain going round the lower abdomen, and accompanied by rumbling noises, coming on every ten minutes. They were of a cutting and cramping nature, with drawing in the back. She dreaded all kinds of food—which she could not taste, having lost the sense—for it brought on sickness, and made the pain worse. The tongue was white, and the mouth parched; the bowels were relaxed. The sleep was very bad; she said that she had not had more than two hours' sleep in the last fortnight, and when she did fall off she was sure to wake up in a fright. She often perspired at night. Her weakness was extreme; she was not able to walk across the room unsupported.

The catamenia were excessive, and she was troubled with bleeding piles, which were worse when the former ceased.

A physical examination afforded no sufficient explanation of the above symptoms. There were slight evidences of delicacy of the right lung, but she suffered from no cough, and did not remember ever to have done so.

The medicines I prescribed had not the slightest beneficial effect. *Arsenic* was one of them, and after taking that for a few days she had to leave it off, because each dose was followed immediately by an increase of the pain.

On inquiry I found that the family had lived in this house four years; that the mother, whose health was very good before, had hardly ever been free from pains in the body, eyes, and head since; that the father had suffered from pain in the back, and low spirits; that for the first two years and a half of their residence here the patient had enjoyed, for her, fairly good health, but during that time she had been out of the house from early morning till late in the evening, as her work was at a distance; she then began to be ill, and could no longer go out to work, and since then had been

getting worse; at one time her eyes were very bad, "inflamed like fire;" she was away in the country for a few weeks last summer (1879), and whilst away felt very much better; but was soon as bad as ever on her return.

On looking round the house to see if I could find any explanation of it at all, I found on the narrow staircase a bright green paper of a mottled pattern, which on being submitted to tests proved to contain a large quantity of arsenic. The staircase led from the kitchen, and opened, almost directly, into the two bedrooms. It was so narrow that, in going up and down stairs, dresses were sure to catch each side, and rub off some of the colouring matter.

This accounted for a great deal, and, on my advice, the paper was removed. In a few days my patient manifested improvement in many respects. The pain became less severe and less frequent; she slept better. By degrees her sense of taste returned, and she could even relish food, and take it without bringing on the pain. Her strength, however, did not return. All the time her temperature continued above the normal, at times reaching 100·6°.

On the 7th of June a hurried summons was sent, and she was found to be in a sinking state. Rapid consumption had set in, and she passed away on the 11th. I greatly regret that no *post-mortem* examination was allowed. She died from a "natural cause," no doubt, for consumption is such. How far the arsenic was the cause of the cause it is difficult to say, considering her life-long delicacy; but, in my opinion, she would have lived many years longer had she not been brought under the influence of the poison, and I think there is no lack of evidence to bear me out.

I could quote several more cases, but it is needless. Those already narrated are sufficient so show how great the danger is, and how it tends to keep up the higher death-rate of the poor.

Ipswich, July 12.

THE HAHNEMANN LECTURE OR ORATION.

THE authorities of the London School of Homœopathy have instituted an annual lecture or oration in honour of Samuel Hahnemann. The lecture will be delivered each year at the opening of the winter session of the school. We understand that it is intended to appoint the Hahnemann

Lecturers for the ensuing year soon after the lecture of any current year shall have been delivered, so that the appointee may have time to prepare his theme, and we also hear that a small grant goes with the office to help purchase any requisite literature.

We congratulate the school on this step, and trust that by a cautious and judicious choice of lecturers we may have due honour rendered to the Sage of Coethen, to whom the world owes so very much, and whom this same world still maligns and vilifies.

NOTES BY THE WAY.

By DR. USSHER.

Arsenical Papers Again.

Few delusions are more strongly rooted than the belief in the innocuous, and sometimes an averment is made as to the beneficial character of these home pests. Only yesterday a builder laughed at the idea of *expensive papers* containing aught of a detrimental nature; the cheap and common may be avoided; and so would the grand, if they were labelled, like the bears, *dangerous*. Two cases within a very short interval of each other mark in strong lines the danger of disregarding a subtle foe like arsenic. In the subject of one there was delicacy for many months. One doctor said he was blood-poisoned, a *part truth*; but as the young fellow was thinking of early matrimony, I was asked to pronounce on the state of his lungs ere he entered the other state. He has been constantly expectorating blood, bright blood too, and I expected to find a lot of mischief, but there was utter absence of it. Whilst I was using the stethoscope my eye rested on the wall; there was the evil—a bright common green—not much of it, as people say, but *so* green. The mystery was explained; he at once slept out of the room; his sufferings lessened, and the paper was removed. I find on inquiry that a female who occupied the room months back was always ill when there. How could she be anything else? He had no more expectoration of blood when he occupied another apartment. No. 2 case was in the person of an old man of good health, who, after two months' occupation of the room, became suddenly ill, and passed large quantities of black and green-black blood, with stool intensely foetid; he was alarmingly weak and restless,

as well as sleepless, and with the dysentery were associated severe burning rectal pains. The paper in his room was a spray of green, like a Prince of Wales's feather, rather a neat paper. I gave him *Cinchona*, and removed him at once. The bleeding of a week with danger to life was gone in twenty-four hours. His wife was also very weak, and her mouth ulcerated. The landlord was very abusive, and wrote to know my authority for the statement, for I added the caution that, if death ensued, I should put arsenical paper as the cause of death on my certificate. My authority, I told him, was the analysis of the paper, and the analysis of the symptoms, and if he wanted publicity he should have it. In the meantime the paper was taken down and put in a back place, and the cat shut up in the room. Next morning the cat was dead and stiff—and this was the harmless paper that a chemist *licked* and pronounced safe. I wish he had swallowed some of it—no test could have been fairer. Well, the daughter of the landlord, who calls herself a *lady*—save the mark!—informed a select audience next morning that I was an “abominable liar, and no doctor at all.” The latter part of the indictment was very vile to one who had doubly graduated with pain and sorrow, not to speak of the expense; but the former was of such a colour that, if untrue of me, it *must* be true of the *lady* who uttered it. I am sorry to add that this person is a member of a Christian church, a Sunday-school teacher, and an instructress of youth of both sexes. Well, it is an annoying thing to have to remove a newly-püt-up paper in fear of the consequences, and so we make allowances for irritated feelings under pressure of circumstances. No. 3 case is a suggestive one. A young gentleman has intermittent fever, with indications for *Arsenicum*, and *Ars.* 6 relieved them. They are very persistent, and I find that some twelve or thirteen years back the other children (two) had like symptoms, but no others in the family. To me the cause was clear. An intensely green chintz formed a curtain in the bedroom; it was an old family servant, and still looked well. I suggested analysis, and a homœopathic chemist, who ought to know better, said the quantity of arsenic was too small to do any mischief. The gentleman of the house pooh-pooched the matter, he was well enough. And so he was, for he was absent all day, and on his return smoked like a chimney. What a pity she could not have antidoted her arsenic in like fashion, instead of years long suffering from ailments “peculiar to her sex.” Nor have I the slightest doubt that the old chintz was the factor in the past illnesses of these

children, and in her own. The bodies of tender children are far more susceptible to noxious vapours than adults.

A fourth case in the same month was greatly aggravated by new Venetian blinds, which, after warning, were at once ejected from the bedroom. In this patient there were great mental distress and bodily weakness, ending in slight paralysis of right arm and leg and left arm, uterine distresses, and leucorrhœa.

The Moorgate Street chemist objects to my calling a medicine *Soda Chlorate*. Would he prefer Liquor of the Soda Chlorate, Hypochlorite, and Acid Carbonate, or what? Has he discovered any traces of *gold* in it? I have *by it*, and therefore I shall always call it *Soda Chlorate*.

[We thank Dr. Ussher for joining Dr. Clarke in unearthing the sources of ill-health from arsenical poisonings; the amount of practical good already done by Dr. Clarke's papers on this subject is very great. We beg that *all* our readers will send any information they possess on the great ARSENIC QUESTION. We must go on harping on the subject till our legislature makes the use of arsenic a crime.—ED. H. W.]

THE PROGRESS OF HOMŒOPATHY IN AMERICA.

DEAR SIR,—Enclosed please find abstract of presidential address of Dr. T. P. Wilson, President of the American Institute of Homœopathy, at its session in Milwaukee, June 15th, some portions of which may be of interest to you.

Respectfully,

HAROLD B. WILSON.

University of Michigan, Homœopathic Medical
College, Ann Arbor, June 10, 1880.

The President in his address began by alluding to the fact that one third of a century had elapsed since the organisation of the American Institute of Homœopathy, that a generation of men had gone by since it began, and that we of to-day are the legitimate successors and heirs of the noble men who founded this society. A fitting allusion was then made to the veteran corps, many of whom in their distant homes are looking with dimmed yet anxious eyes upon the proceedings of the present convention. It would gladden their hearts to know that the flag of *similia* is still proudly floating over our heads.

The advent of Homœopathy into the world constituted not medical

reform merely, but medical revolution. Its progress might yet fill the centuries, and could not be so clearly marked year by year.

Two things hide from our eyes the real progress we are making :

1st. The cessation of hostilities towards us by the allopathic school. We have conquered peace and now receive consideration and respect due to honourable competitors.

2nd. Our work has become so distributed that we fail to notice how we are succeeding. In every state and city, in towns and villages, we are pushing on the work, and we do not feel it as when we had but one or two, or at most a few points to watch.

It is the duty of the President to report upon "the progress of Homœopathy during the past year." It is not the prosaic fact we want, but the fact conceded, what is the philosophy of our progress? Why has Homœopathy progressed?

1st. We have progressed just in proportion as we as a school have adhered to the principles as taught by Hahnemann. Not because Hahnemann taught them, but because they are true. Hahnemann's relations to them was accidental. We follow truth, not men. Homœopathy was a declaration of Order against Chaos, and its march forward will end as only it can, in the destruction of empiricism. Hahnemann understood the problem with which he was dealing. He knew how false the theories and fatal the practices of his predecessors and contemporaries. If any one has since arisen having a deeper insight into the arcana of therapeutics he should be made to stand forth. Is it a Ringer, or a Bartholow, or a Phillips, who transcends the wisdom of Hahnemann? Hahnemann was never false to the truth, nor inconsistent in its advocacy. He never apologised for ignorance, nor compromised with error. He could never have framed a rule such as is on the records of our society, which declares the law of cure "coextensive with disease," and then shield the shortcomings of those who do not follow the rule by declaring the *Materia Medica* imperfect, or the practitioner to be ignorant of it, as though that were a sufficient answer for those who, claiming to be homœopaths, live in constant violation of their profession. Dogs may return to their vomit, and hogs to their wallowing in the mire, but the homœopathic school can never return to the chaos from whence it sprung.

It was neither a misfortune nor a mistake when the homœopathic school began a distinct and separate existence. Those who endeavour to blind the issues between us and other schools, and those who brand us as sectarians because we stand up for that which is our own, deserve to be overwhelmed with confusion.

We have become a numerous body of practitioners and patrons. It is no small matter to maintain a proper *esprit de corps* of so large a body. If we of the American Institute of Homœopathy shall stand for the integrity of our principles, uttering no uncertain sound, we will carry gladness and hope to thousands of hearts. "The common people" have faith in us. Have we faith in ourselves?

2nd. We have advanced because the philosophy of our art is in harmony with the general advancement of science. All the modern revelation of physiology, microscopy, chemistry, and kindred subjects, have only helped us on. While, on the contrary, the empirical schools have been time and again thrown back upon their haunches by fresh discoveries. We have come to a better knowledge of disease. It is not the changed tissue but the dynamic condition which

produces that change. That is the thing to be treated. And we now understand drugs better. It is the inherent force of the drug we need to use, and not necessarily the drug form. Hahnemann clearly taught these things more than three-quarters of a century ago, but even in the homœopathic school they are not understood. Preceptors do not teach their students as they should. Our current medical literature is poisoned with errors and misleads. Our colleges fail to teach the true methods and practices of the homœopathic school. Every doctrine we hold to has been assailed both from within and without. Had the assailants succeeded there would have been nothing left us to-day. These things demand attention. We have, during the past year, had an unusual amount of controversy, and much of it, unfortunately, personal. We need agitation; we cannot otherwise progress; but we should have no more of these bitter, personal quarrels. We have a wide field opening before us, and cannot afford to waste our energies. In the field of collateral sciences we have much to do. Witness what the microscope has done of late for our triturations. It is an error to suppose that "high dilutions" or greatly attenuated preparations have been affected by the discoveries of the microscope. It has helped, not hindered. These discoveries affect the material side, but not the dynamic. Drug forms and drug forces are separate departments of investigation. The radiometer of Professor Crookes, and the tasimeter of Mr. Edison, have opened to us new worlds of thought and study. Facts go before principles. We find the facts and wait, often a long time, for the explanation. Hahnemann discovered and elaborated the facts of *similia*, and the power of dynamised or attenuated drugs, but it is left for us to perceive their explanation in the discoveries of modern science.

3rd. Another important element in our progress is the enlargement and perfection of our educational work. Our colleges are taking advanced grounds. It is the fault of the profession that all the colleges have not come up to higher work. The Inter-Collegiate Congress and the Inter-Collegiate Committee have done good work in this direction. Two of our colleges already demand a preliminary examination and three courses of lectures. They should be sustained. All the colleges will soon do equally well.

4th. Our current and general medical literature are helping on the work. We can no more live without food than we can exist as a profession without books and journals. All honour to the noble men and women who furnish us such a rich and cheap supply. May they all, editors, authors, and contributors, have their reward!

The attention of the Institute was then called to the unpublished writings of Hahnemann, now in the hands of his heirs. It was recommended that a committee be appointed to consider how they might be obtained and published.

Certain amendments to the bye-laws and constitution were also recommended.

Attention was called to the American Public Health Association, and that delegates to that body should be appointed. And finally it was suggested, that as we had been, as a school, rigidly excluded from the army and navy during the late war, we should now put on foot such plans as will secure us proper recognition from the United States Government, both in the army and navy.

THE SEA SALT BATH.

THE season has now arrived in which we look for our morning tub with more pleasure than one does in the month of January, and very commendable efforts are being made on all sides to supply us town-ridden mortals with a sea bath, or its approximate equivalent, in our own homes. Thus the railway companies are bringing real sea water to our own doors with the regularity of the milkman or postman, and others again have adopted the plan of evaporating sea water and packing the salty residue in boxes. Thus, we have before us a sample of *Bumsted's Sea Salt*, and from its beautiful appearance we are very much disposed to think that it is equal, if not superior, to the sea water itself, as we get it—that is, of course, supposing that the salt is really obtained by evaporating sea water, and we are assured by Messrs. Bumsted and Co. that such is the case. Now, our reasons for saying that it may be even better, are chiefly these two. First, the sea water as brought by the railway from the sea side is obtained, we believe, *near a town*, and hence there is some danger of contamination with sewage, as all our English towns throw their sewage into the sea, close by their own shores, and the tide tells our olfactory only too distinctly that the shore is really washed by dilute sewage. We do not say that this occurs, but there is at any rate some danger to be apprehended if it does. Then, secondly, the sea water imported to us by rail has necessarily to be brought in vessels made of some hard material, and at present *tin* is the metal used. Now tin is by no means an indifferent substance, and least of all in the presence of sea water, which attacks it vigorously, and from our pathogeneses of tin we know that it is capable of inducing a kind of pulmonary consumption. The analysis of sea water has been given in 10,000 parts as follows:—220·01 common salt, 33·16 sulphate of soda, 42·08 muriate of magnesia, 7·84 muriate of lime, trace Potassa, trace hydriotic and hydrobromic acids.

The question of cost, too, is a most important one, for those who have time and money will probably prefer betaking themselves to the sea itself, and we are assured that it is much cheaper when procured in the form of the salt, and it certainly is cleaner and more convenient. Whether anything medicinal escapes during the process of evaporation or not we do not know. We note that Messrs. Bumsted and Co. give only the above analysis of *sea water*; we would recommend

them to give also an authoritative analysis of their sea salt, and show by juxtaposing the two analyses that only water has been lost by the evaporation. They would also do well to state where they prepare their sea salt, or at all events make it evident that they do not get it near the outlet of some town sewer. This question of procuring a really good *bonâ fide* sea water bath in our own town houses is very important indeed, for the grand effects of sea water in various forms of defective nutrition, in struma more especially, are beyond question, and these low states of assimilation are to be found in every other house all around us. So the man who can give us a real sea bath at home—*cheap*, nay *VERY cheap*, for the poor need it most—will be doing a good work that should also be a good thing commercially for himself.

LITERATURE.

PATHOGENETIC OUTLINES OF HOMŒOPATHIC DRUGS.¹

Traduttore traditore. There is brain in this book, but the translating reminds us of the work of the notorious *Leipziger Übersetzungen-Fabrikanten*, of the quality of which professional homœopathic readers had a taste in the *early* translations of the lamented Hempel. Our lasting indebtedness, however, to Hempel is none the less on that account; his was, in those early days of Homœopathy, the work of the sapper and miner. We do not know the extent of our obligations to Hempel's earlier translations, crude and Alemanic though they were. But translations from the German published by such a world-renowned house as that of Messrs. Boericke and Tafel, of New York and Philadelphia, in the year one thousand eight hundred and eighty, must be measured by a very different standard indeed. We are not now lacking works on pharmacology and pharmacodynamics considered from the homœopathic standpoint; indeed we may honestly affirm that the homœopathic body, notwithstanding their comparative smallness, have done much more for the science of *Materia Medica* than the allopathic; we do not

¹ Pathogenetic Outlines of Homœopathic Drugs. By Dr. Med. Carl Heinicke, of Leipzig. Translated from the German by Emil Tietze, M.D., of Philadelphia. Boericke and Tafel, New York and Philadelphia. 1880. London: The Homœopathic Publishing Company, 2, Finsbury Circus.

mean comparatively, but absolutely. Dr. Tietze will excuse our saying that we consider his translation very bad from the *English* point of view; it may be correctly translated as to the sense, but the English is very imperfect; hence we may fairly be in doubt whether the author's meaning has really been given. It teems with Germanisms from the beginning to the end. The very title is not English. What are *homœopathic* DRUGS? A drug in itself cannot be either homœopathic or allopathic; remedies or medicines may be so called, but the drug must be modified or used *secundum artem homœopathicorum*, or else it cannot be called *homœopathic* at all. Thus is a bit of rhubarb root—undoubtedly a drug—*homœopathic*? If it be prepared in any manner peculiar to the homœopaths it may fairly be called *homœopathic*; but that is *not* what the translator means, for a very large quantity of the information in the book comes from the reviewer's old teacher V. Schroff, of Vienna, so that he should rather say the pathogenetic outlines are largely *allopathic*, but, of course, fit for use according to the homœopathic law.

Then why "*Dr. Med. Carl Heinigke*," and "*Emil Tietze, M.D.*"? Do they express something different?

So much for the title-page.

Now to the preface; it begins thus:—

"It is about thirty years since the Text-Books of Homœopathic Materia Medica of Drs. Noak, Trinks, and Clotar Mueller, on *one side*, and that of Jahr, on the other, were published."

This is a sample of what we object to; Dr. Tietze gives us really a *German* book in English words, but not in English. In German the words italicised may be expressed by the word *einerseits*, for which the *English* is, *on the one hand*. With this we will put the preface aside, merely remarking that, short as it is, it contains two other errors.

Under *Aconitum* we read: "Catarrh of the *mucosa* of the larynx." "Congestion *toward* the lungs (how far?), vascular engorgement of the *mucosa* of the bronchi, etc."

Now the word *mucosa* is not familiar to English or American readers, and is uncouth. Of course most readers would know what is meant—viz., the mucous membrane; and there is no objection to the word itself on the ground of scientific philology, but since *l'usage fait le langage*, we must condemn it as bad English.

Again, in the divisions of the subject we have this

wonderful English: *Employment (of drugs) among (sic!) the sick.*

What does Dr. Tietze mean? He means their use in disease or at the bedside, which his readers would no doubt *guess*, but some would be at first a little puzzled to know what he really did mean. This sentence is good English in itself, but does not express what Dr. Tietze thinks it does. Thus we say that clergymen, and physicians, and nurses are employed among the sick or poor. That is to say, it is a preposition that is to *many* what *between* is to *two*. The root of *among* is common to the German *mengen*, *Menge*. And the following example will show its exact meaning. Dr. X. was there; he was sitting between his wife and daughter, *among* the ladies, till he was informed that only ladies were permitted to be present. Or, let us take Webster's quotation from Milton:—

“ They heard,
And from His presence hid themselves *among*
The thickest trees.”

Or St. Luke's:—“Blessed art thou *among* women.”

We see, therefore, that “the employment of homœopathic drugs *among* the sick” is nonsense.

In modern times we English *usually* limit the word *sick* to mean vomiting. “The woman was sick this morning” means that the woman vomited. We notice that our American patients use the word more correctly, and as synonymous with *ill*. In England we still “visit the *sick*,” but “to be sick” means “to vomit.” We do not criticise Dr. Tietze's use of the word *sick*, but his use of the preposition *among*.

Furthermore, Dr. Tietze is not content with simply saying *eye*, *ear*, *nose*, but must needs obscure the clear anatomical division by saying: “organ of sight,” “organ of hearing,” “organ of smell.”

Now what does he mean by the organ of sight? Evidently he includes the whole of the contents of the orbit, and these together are much better simply called the eye, for the lachrymal gland is an organ of itself, and may be sadly affected, and yet the “organ of sight” be sound enough. We have under our care a man with psorophthalmia; he has had it these twelve years, and yet his “organ of sight” is wonderfully perfect. Then, under the general designation “Organs of Digestion,” we find the first “*organ*” is the ORAL CAVITY! Our author should tell us what he understands by the word *organ*; for us the word *cavity* means a hole, a

circumscribed space, how can that be an "organ"? An "organ" must surely be a *substance* of some kind. Had he used the word *mouth* he would have had a word sufficiently vague to comprehend and express what he means.

On the last page but one we read:—

"Zinc is a *nervinum par excellence*."

"Weakness of thought" (*thinking is meant*).

"Neuralgia at the trunk and limbs."

"Mucosa."

On the *last* page:—

"Left-sided ischias" (*i.e., sciatica*).

"Testicular spasm" (= ?).

"Inclination to onania" (= masturbation).

Such reading is, to say the least, very unenjoyable.

SPECIAL INDICATIONS FOR TWENTY-FIVE REMEDIES IN INTERMITTENT FEVER.¹

DR. H. C. ALLEN has, it seems, recently published a work on Intermittent Fever, of which this is an abridgment. Not having seen this work, we are not in a position to judge of the merits of the greater work as compared with the abridgment, but Professor Wilson's preface is of the right stamp. He says, "The gauntlet has been fairly thrown down, and in the teeth of that wide-spread and popular error that quinine is the grand specific for fever and ague. And when quinine is abandoned, the question arises, how can we use the homeopathic *Materia Medica* so as to make it available in such cases? Clearly we must simplify our understanding of it."

And then our author says, in order that cases may be cured promptly, we insist:—

1. The right remedy must be chosen.
2. It must not be given too frequently.
3. It must not be changed because the paroxysm returns.
4. Only one remedy must be given at a time.
5. It must be given in the higher attenuations.

We almost feel disposed to go right off to the fens and marshes, the Lower Danube, the Campagna, or some other fever-nest to fight the foe with this twenty-five barrel

¹ Special Indications for Twenty-five Remedies in Intermittent Fever. By T. P. Wilson, M.D., Professor of Theory and Practice, and Ophthalmic and Aural Surgery, University of Michigan. Philadelphia: Boericke and Tafel. 1880. London: Homeopathic Publishing Company, 2, Finsbury Circus.

revolver. Those who are at home where ague lurks in the grass will find this little volume a veritable treasure.

The last case of ague that came under our observation we cured straight away with *Natrum Muriatricum* in the sixth centesimal trituration. The last but one we did not cure at all; our patient was "recommended by an old woman (oh! that ubiquitous doctor-beshaming old hussy!) to drink *nettle-tea*, which she did, and was forthwith healed, *citò, tutò, et jucunde*, and without any Latin too. Our grandfathers were in this respect much better off than we latter-day leeches, they could at least burn these obnoxious old women as witches, but we have not that satisfaction. We fancy we see that old woman who recommended the nettle-tea leering at us over the garden-wall now. If she had only prescribed *Tinctura Urticæ Urentis*, it had been something; as it is we feel that the "dignity of our College" has been seriously wounded. How odd folks are nowadays—they actually prefer being *cured* by an old woman to being *treated* by a *doctissimus doctor*. Had Professor Wilson but brought out this little volume a few years earlier, we feel we might have been spared this nettling.

ERYSIPELAS.¹

THIS treatise on a very common complaint, erysipelas, by our learned Spanish colleague, Dr. Rino, gives us great pleasure. It is a reprint of his articles, on the same subject, that appeared in *Los Archivos de la Medicina Homeopática*, that some of our readers will have already noticed.

We have here not simply an exposition of our homœopathic treatment of erysipelas, but Dr. Rino examines first in an elaborate and scientific manner the allopathic treatment of this affection, and shows up the extravagant, contradictory, hurtful, and unscientific nature thereof. He then proceeds to examine the homœopathic treatment, and follows with a comparison of the two methods.

As introduction, there is an eloquent appeal to young medical men to examine into both systems for themselves; there is no shirking the matter with Dr. Rino, and his

¹ La Erisipela y sus Tratamientos Medicos especialmente El Homeopático, consideraciones criticas sobre el valor respectivo de las dos escuelas radicales que se disputan actualmente el dominio de la medicina por el decano de los homéopatas españoles Dr. D. Pedro Rino y Hurtado, Caballero de Carlos III. Barcelona, 1880.

investigation and refutation of the legalised stupidities of orthodoxy show the profound scholar and ripe clinician.

Then he makes a dignified appeal to the medical professorate of Spain and to public opinion.

Thereafter come epilogue and conclusion.

The whole comprises an important philosophical treatise on the great medical question of the day, Whether is Homœopathy or Allopathy to be preferred? The critique of allopathic therapeutics is withering. We commend this portion especially to the editors of the *Medical Press and Circular*; and if it does not do them good and clear up their benightedness a little, it will at least give them a text for a new "howl" against the homœopaths.

A HANDBOOK OF SKIN DISEASES AND THEIR HOMŒOPATHIC TREATMENT.¹

THIS is really a *handbook*, which though elementary is yet scientific; though condensed is yet complete; and though not faultless is yet the very *beau ideal* of a class-book. It is sure to meet with a large sale, and will be especially welcome to those who ask for a good sound notion of practical dermatology all in the compass of one handy little volume. It is not original in any sense, but it contains the best points of several larger treatises. Perhaps it is wanting in the spirit and philosophic depth that must pervade the whole domain of dermatology before it can satisfy thinkers of the stamp of Abernethy, or Hahnenmann, or Schoenlein; and perhaps Dr. Pinnax might fairly say: that public is too small for practical life, and there is Lilienthal's "Treatise on Diseases of the Skin" for such.

From the standpoint of the naturo-historical dermatologist delighting in objectivity it is pretty well faultless.

It is neatly bound, and well printed on clear paper, and like all (well, nearly all) American works *cut* open ready for use. When will our greedy European publishers do likewise?

¹ A Handbook of Skin Diseases and their Homœopathic Treatment. By John R. Kippax, M.D., LL.B., Professor of Institutes and Practice of Medicine and Medical Jurisprudence in the Chicago Homœopathic College, &c. Chicago: Duncan Brothers, 1880. London: The Homœopathic Publishing Company, 2, Finsbury Circus.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homeopathic World*.

HOMŒOPATHY AND LUNACY.

DEAR SIR,—I forward some notes on the above subject, timely penned. They are the production of a young lady of talent and education, in whose family the taint of lunacy has strongly manifested itself, and whose personal life for several years past has been alternately passed in and out of asylums. I have seen her under all circumstances, and have always found that calm, quiet reasoning, perhaps amounting to mental control, has aided in balancing the mind.

Her asylum experiences, recapitulated in conversation and in voluminous manuscripts, confirm the statements of others—that while much is now done for the comfort of the *body*, the *mind* receives but scanty attention. “Canst thou not minister unto a mind diseased,” has the two first words transposed; and even the attendant physicians discard the idea of medicines giving relief to a disordered brain.

The writer expresses her gratitude for benefits derived from homœopathic medicines. For many months she has now exercised mental control, and, under steady care, her mental powers are growing stronger still.

Faithfully yours,

S. MORRISSON.

Strathallan, St. Saviour's Road, Brixton Rise,

July 3.

What is Homœopathy doing in the direction of lunacy?

The question is asked by one who, having proved in both personal and family history its happy results, would fain see its earnest exponents turning their attention definitely and unitedly in the direction of “Mental Disease,” specially in its manifestations and ever varying needs while under asylum treatment.

In reply, it may perhaps be said that Homœopathy is not idle, since every individual who is enabled to attain a better regulated system under its patient, persevering operation,

adds so much more to the healthy mental and moral force of society in general.

Yet, considering the heartiness of the faith which its medical men exhibit in the worth and efficacy of its drugs, and of its mode of application to disease, it seems almost a matter of surprise that there should exist no recognised homœopathic hospital for the reception and treatment of lunacy in its dreary or interesting phases. Should there not be in our nineteenth-century England a good asylum under the management of able physicians in this branch of the medical profession? Ought not the subject to become a matter of earnest united consideration and Christian effort in the homœopathic world?

The undertaking is doubtless a serious one, but Homœopathy is not now in its infancy. The last ten years have seen many changes in the opinion of the public at large as to its merits, and they have also witnessed an increasing growth in its number of adherents, its average successes, its many improvements, and its methods of treatment in relation to general disease. Perhaps at no previous time has there been a more favourable opening for special effort on behalf of humanity. It is a recognised fact in most public asylums that "drugs" are of very little use in the cure of the insane.

"A dose of castor-oil, and a tonic;" these are about all the medicines one allopathic mental physician could find it in his heart to uphold, after an experience of many years in the management of one of our largest "places of refuge" for the mentally distressed, an institution which in other matters ranks high as greatly in advance of the general "houses" in its improved domestic arrangements, and its faith in the power of self-government in the patients themselves.

It is hardly possible for homœopathic physicians to step into the breach in the allopathic army with a request for room and opportunity to try their skill and method of application in medicine, but it does seem like a "moving in the tops of the mulberry-trees," which should be a signal to them of a possible fresh medical campaign, in which a fair share of success may be hoped for. No easy road lies before their gathering forces, and slow, laborious marching is all that can be expected, considering the country through which the troops must travel, hindered as they doubtless will be by no small share of allopathic derision, and a want of faith on the part of public authorities, without whose legal support little can be effected in the lunatic world. But those who "believe"

in any direction know that the battle is not to the "strong" alone, but to the "steady;" and if the rallying cry be truly and earnestly "Our brother's need," and not "Defeat of allopathy;" if there be an honest recognition of all that has been accomplished by self-denying votaries of the older system, and a determination to add to the glory of medical science by the practice of Homœopathy rather than to establish it as the "only" system worth anything for the coming generation, a fair share of public trust will surely be given it, a trust which is at all times of importance in the introduction of innovations to the old routine.

The writer must crave forbearance for the utterance of these thoughts of quiet hours. The great benefit received has induced a desire in the mind to aid in stimulating an earnest, upward movement in the homœopathic ranks in the direction of a disease the encroachments of which are painfully experienced.

E. H.

DR. BAYES ON THE FOUNDATION OF A HOMŒOPATHIC MEDICAL SCHOOL AND COLLEGE, GRANTING DEGREES.

SIR,—In a foot note in this month's *Homœopathic World*, I am glad to see that you put before the "lay public" that the question of the "School," and of the providing a "licensing body," is really rather their business than that of the profession.

There is great truth in this remark; at the same time, the "lay public" hardly know what is wanted for their protection, and, if they knew exactly what they wanted, they could not get it unless the profession were to join and direct the movement.

In my various letters, pamphlets, etc., on the formation of the LONDON SCHOOL OF HOMŒOPATHY, I have pointed out that we require two things:—Firstly, a school for the teaching of all that is *special* in homœopathic medicine, of all in which our school differs from the OLD SCHOOL. Homœopathy, until the formation of our LONDON SCHOOL, was untaught in any English Medical Institution, and those medical men who, up to the time of the formation of our School, studied Homœopathy, had to work the whole thing up personally from books and by clinical experiments.

By the institution of our London School of Homœopathy

we give instruction in four directions; we have two *courses* of *Lectures* delivered within the walls of our Homœopathic Hospital every year:

Firstly, on the Practice of Homœopathic Medicine.

Secondly, these are illustrated within the wards of the Hospital, and in the out-patients' (Dispensary) department, by the cases therein treated.

Thirdly, we have a *course* of Lectures on Homœopathic Materia Medica and Therapeutics, delivered also at the Hospital, and illustrated by an excellent Museum of Materia Medica.

Fourthly, we have a summer course of Lectures on the Institutes of Homœopathy.

The above Lectures, and the clenical instruction, are not intended to fully prepare a man to become a physician, but to instruct physicians (qualified at the ordinary schools) in the science and art of Homœopathy, so as to add an additional subject to their previous attainments.

At the end of each year our "School" examines such students as desire to pass our examination.

We already have educated several physicians who are now practising Homœopathy in London and elsewhere. But this is, I hope, only the beginning of the foundation of a complete Medical School and Examining and Licensing body. Such a scheme could not fail of success if carefully and well carried out. I have already had several pupils offered to our London School of Homœopathy, if we had been able to qualify them, and ultimately give them a legal degree or diploma. But to so enlarge our powers we must appeal to the public for means to found such an institution. Our wants are these:

Firstly, our Hospital must be enlarged to more than double its present size. The public must find us the funds for this. Among the many thousands who have benefited by homœopathic treatment, there must be many hundreds who could give from £100 to £1,000 apiece, almost without feeling it. Why do not they come forward and help us with their contributions, so that the poor may have equal benefits with the rich?

At present, the greatest benefactor to the Hospital has been a physician (the late Dr. Quin), who left the whole of his very moderate fortune to the Hospital; about £11,000, all hard-earned guineas. Why do not the lay public respond as liberally?

A lady of good fortune and great heart has lately offered

to support six beds, for which purpose she gives £200 a year. I believe she contemplates ultimately endowing the Hospital with such a sum as will support this number of beds in perpetuity: £6,000 will do this. I hope she will carry out this noble desire quickly. Now, what we want is, the cordial thank-offerings from grateful patients, *commensurate with their means*; not just little contributions as infinitesimal compared to their fortunes as the doses which cured them, but good large bounteous sums, remembering that the "liberal heart deviseth liberal things, and by liberal things he shall be judged."

Practically, we want for the needful enlargement of our Hospital till it shall contain 130 beds, £71,000—a large sum, but not much for the lay Homœopaths in England to give, rateably contributed according to their fortunes. Remember that when the Homœopaths of the City of Boston, in America, asked for a like institution, that single centre of Homœopathy collected in a few days £20,000. Besides this, we want, say £30,000, to found a thoroughly efficient School.

There are not a few homœopaths who could, single-handed, do the whole thing for us, if so minded. And could any more noble use be found for their money by our millionaires? One-tenth of one of your millions would establish Homœopathy on a firm basis, and in two years we could place a good, well-instructed homœopathic practitioner, in every town of 10,000 inhabitants in Great Britain.

In my next note I hope to show what step should be taken to provide good, well-instructed homœopathic physicians for our countrymen, until the good, enthusiastic millionaire arises and loosens his purse strings. I don't believe enthusiasm is yet dead, but it is not so lively as it should be, or would be if our professional men had more faith, and were not too much afraid of asking. Prayer is quite as powerful as it ever was, and faith has removed many mountains in the past nineteen centuries.

Yours truly,

WILLIAM BAYES.

21, Henrietta Street, Cavendish Square,
July 10th, 1880.

Offers of aid from willing contributors may be sent to me as above.

[The people of this country are loudly demanding well-instructed homœopathic practitioners, and unless means can be found to produce such in this country America will ship

us not only beef and bacon, and fruit and fish, but also *homœopathic* medical men. The man who can secure the people competent and plentiful homœopathic professional help will deserve well not only of his own generation but also of posterity.—Ed. H. W.]

ACCLIMATISATION OF PLANTS FOR PHARMA- CEUTICAL PURPOSES.

DEAR SIR,—In the May number of the *Homœopathic World* you publish a letter on the above subject, which was no doubt read with great interest by all connected with Homœopathy.

The experiment is not a new one, and as far as I can learn has never been carried out successfully.

Even if the climate were suitable to the different plants grown, the soil must contain at different places sand, chalk, stone, peat, etc., and should in parts be mountainous, for your correspondent says: "I simply select for my seeds or roots a piece of virgin soil, corresponding to the natural conditions each variety requires."

I maintain, to produce the most reliable tinctures, the plants must be gathered in their natural state in the country to which they are indigenous; and by far the better plan is to import American and German fresh plant tinctures from houses of repute.

With regard to the indigenous British plants, surely it is better to collect them in their wild state from the hedgerow or heath, where the hand of man has never even meddled with the seeds.

I am, dear Sir, yours truly,

A HOMŒOPATHIC CHEMIST.

London, July, 1880.

SIR,—I have read with much interest the correspondence in your journal respecting the growing of plants, to be used in the making of medicinal preparations, as practised and advocated by Mr. Heath, thus securing medicines which can be made from healthy, fresh, and undoubted species, instead of being made from plants either in a dried and somewhat indistinguishable state, or from such as are collected by unscientific and often ignorant itinerant herbalists.

As to whether acclimatisation or growing, not cultivating, indigenous and exotic plants under such conditions as those observed by Mr. Heath affects their medicinal virtues I, as a non-professional reader, offer no opinion; but surely that is a matter not difficult of proof, and I am disappointed to find well-known pharmacists like Messrs. Gould and Son writing so depreciatingly and sceptically of the plan as they do in their letter. It is also to be regretted that in constituting themselves guardians of the public, and in sounding their warning note against what they call the indiscriminate use of tinctures prepared from acclimatised plants, Messrs. Gould and Son should not have taken a little more care in some of their statements.

In the first place, is it fair to Mr. Heath (if he is the person referred to by them) to assume that he has sent into the market preparations without having had their purity and efficacy tested, and that he has not felt as much anxiety as Messrs. Gould claim to do, that the public should be served with the best article that can be produced instead of being made the "unconscious victims of experiments which it is possible, if not probable, may result in failure"?

Mr. Heath's patience in such matters may exceed that of Messrs. Gould, who seem to have jumped to their conclusions from a very limited experience.

Is it from one of the "few experiments" that Messrs. Gould have made that they have discovered that the sweet woodruff loses its perfume if grown in gardens. Their assertion that it does has considerably surprised me and the many friends to whom I have for years given it away from my garden for the sole purpose of being placed in wardrobes, etc. I would ask Messrs. Gould, also, who has said that if a plant thrives and succeeds in propagating itself it is a proof that it retains its medicinal properties? and does any one assert that the *transplanting* of *Arnica*, etc., is a good test of its capability of retaining medicinal activity, etc. I fail to find in the correspondence any grounds for such statements.

I hope Mr. Heath will go on with his plant-growing, and that other pharmacists may follow his example. We shall then have some security that we have the actual species used in the making of the tincture we require, and shall not have to rely upon the preparations of "our old friends abroad," of those made by our old friends at home from often mummified stuff, that may be anything but what it is supposed to be, or from plants collected in the ordinary way by poor tramps,

whose knowledge of the specific or often generic character of our wild plants must of necessity be extremely small.

I am, Sir, etc.,
A BOTANIST.

DEAR SIR,—It would have been far better for your correspondents to have ascertained the meaning of the terms wild and cultivated before entering upon any discussion of a scientific subject, as I shall presently show.

I think also it may not be difficult to understand the object of their "warning note" to the profession and others; of course the profession cannot judge for themselves.

I have before clearly explained the object of my experiments, so that none but the wilfully blind would misunderstand it. Some profess to have done the same unsuccessfully, but apparently do not allow any one else to do so. I am glad to see how anxious they are respecting the matter, both with the medical men (perhaps it will comfort them to know that all the medical men to whom I have made it known have expressed themselves as pleased with my efforts and purpose) and the general public, and I trust they will always be so, but I should like to ask them what information they have respecting what tests I have put the matter to. *Absolutely* they have none. If they had, as they say, tried the experiment they would have known something about it, but their own remarks prove that they know little of the matter. I am glad also to observe their candour. After first warning the public from being victims of experiments, they calmly tell them they have already done the same thing. Your correspondents go on to say, "No British pharmacist would attempt to discourage the introduction of such foreign plants into this country as will yield an equal amount and variety of medicinal principles with those growing abroad." *Why do they?* as evidently they think there are such plants. I know nothing about their failure in this matter, as we are not given any data, but can only suppose that their trial has been with the *Asperula odorata*. This is the point. I would like to ask why your correspondents did try with the woodruff when they could get any quantity of it *wild*? If, instead of putting a plant into their garden, they had put it into a place under natural conditions similar to that in which they had found it, they would have got the self-same thing. But

even on their own ground they are wrong. The woodruff will grow almost anywhere, and flourish splendidly, as they say, and except under *very* peculiar circumstances, said garden for instance, it will contain a very large amount of *coumarin*. The reason why they could not smell it, was that in its *fresh state*, wild or cultivated, *it is almost scentless*, and only throws out its perfume when drying. But, as I have distinctly stated, my plan is not to put plants into a garden, but to place them under conditions similar to those they are usually found in in nature. Take for instance Monkshood (*Aconitum Napellus*). Your correspondents perhaps are contented to get theirs from Covent Garden or some one else's garden; it grows in almost every village in the country. This very plant is a proof of their want of vision. It is not an English plant, and can only be found in a few places in this country quite wild, and has no doubt got there by accident. They are perhaps perfectly content to get theirs from cultivated ground, and as it is an acclimatised plant they should be against it altogether grown in this country, even wild. Nearly all the fresh Aconite used in this country is obtained from gardens. My efforts are made to favour its growth wild. I hope they will not object to that as proof that it does not lose its poisonous properties even grown in cultivated ground. See the daily papers for cases of poisoning from eating the root in mistake for horse-radish.

The medical literature of the day teems with articles on the adulteration of foreign roots. Imported *Aconite*, besides being a mixture of many kinds of *Aconite* (there are nearly a hundred different species in Europe), contains also other roots of quite a different nature. Mr. E. M. Holmes, F.L.S., the well-known botanist, says that the roots of Masterwort (*Imperatoria Ostruthium*), an umbelliferous plant, is very commonly found with it as imported into this country, the root being somewhat similar and gathered by ignorant peasants; so that to grow under your own eye what one knows to be the right variety is certainly not a step in the wrong direction; and as there are many kinds of *Aconite* to be found in gardens in *England*, with little botanical difference, but differing much in their medicinal character, chemists, unless very careful, may not get a *napellus* at all, but a variety almost void of medicinal properties.

As your correspondents are fond of going to India and Persia—although, by the way, I have said nothing about growing plants from tropical or sub-tropical countries, but

only those from zones of temperature like our own country—where do they get their laurel leaves (*Lauro Cerasus*)? Do they go to Persia or Asia Minor, the home of the shrub, for their tinctures? I think not, but to some one's garden. I am quite aware, and I do not suppose any homœopathic chemist requires the information, respecting *Cannabis Indica* and the mode of collecting the resinous varnish which they call *haschish*, but which is not so named, but *Churrus*. *Haschish* is the juice collected from the unripe flower-tops, or the tops and tender parts of the plant only, and we are all also aware of the modification of its medicinal action when grown in a temperate zone, which is only to be expected from the loss of heat. Nevertheless the Pharmacopœia orders both preparations, *tropical* plant though it be.

Respecting *Arnica*, my remarks referred to the supposed *Arnica* insect, and my growing it is, if possible, to see what could be done with it in this country, and also to see if such an insect existed here. I have means at my command to test the virtues of the plant, and I can safely say my efforts in this direction are as likely to be carefully carried out as if your dry or cultivated plant correspondents did it. At the same time I would like to ask them, why do not they get their *Aconite* made from plants grown in their natural *habitat*?—the “fine mountain air” of the middle and south of Europe. I am glad to observe that, even according to your correspondents, there is a probability of my *Bryonia Alba* being successful. Is that because they are in the habit of using the English kind, *Bryonia Dioica*? because if they, as homœopathic chemists, are going to select a variety of bryony because it happens to contain more *Bryonine* than the variety that produced the symptoms of the proving, they are treading on dangerous ground, and what proof have they that the English soil favours the production of *Bryonine*? They may as well use tonquin beans or asperula for *anthoxanthum*, as they all contain *coumarin*. It would be as well for them to depend on their old friends abroad for the excellent tinctures they speak of, but they must not ask us to suppose that they are the only people who have friends abroad, or that no one else has excellent tinctures.

Reforms have at all times had to contend with the venomous opposition of prejudice, and I do not expect my efforts to get plants to grow near home to please those in whose interests it may lie to rely on “foreign friends.” There is too much of this “relying on somebody else” in

homœopathic pharmacy, as we must not suppose that in Germany or elsewhere learned professors of botany go out a plant-gathering for our "foreign friends;" on the contrary, those "foreign friends" on whom we are asked to rely so exclusively, rely in their turn on some one else—viz., old country women and children and worn-out labourers, etc.

I am, dear Sir, yours truly,

ALFRED HEATH.

114, Ebury Street, July 8th, 1880.

LONDON HOMŒOPATHIC HOSPITAL.

THE return of patients admitted during the three months ending July 15th, 1880, gives the following statistics:—

Remaining in Hospital April 22nd, 1880	36
Admitted between that date and July 15th, 1880	114
	<hr/>
	150
Discharged between April 22nd and July 15th	107
	<hr/>
Remaining in Hospital July 15th, 1880	43

The number of new out-patients during the above time has been 1,655.

The total number of out-patients' attendances for the same period has been 5,001.

Very extensive repairs and improvements in the basement of the Hospital are to be immediately undertaken, and this will necessitate the closing of the wards and the out-patient department during the month of August.

July 24th, 1880.

The funds of the Homœopathic Hospital have received a welcome addition of £10 as the result of a dramatic recital, with songs, given at Steinway Hall on the afternoon of the 13th July. The performers were Mr. Arthur Darley (who has appeared with success in the provinces), Miss Tennyson, and Miss Jeanie Rosse. The two former recited with considerable success pieces by Aytoun, Tennyson, Browning, E. A. Pope, Marlowe, etc. Miss Tennyson took the place of Miss Helen Cresswell, the charming "Celia" during the late run of "As You Like It" at Drury Lane Theatre, who was to have appeared, but was unexpectedly required to leave London with Miss Litton's company the day before the recital. Miss Jeanie Rosse, who owes her training to Madame Sainton-

Dolby, and is possessed of considerable personal attractions, delighted the audience with her rendering of songs by Blumenthal, Madame Sainton-Dolby, and Henry Smart. "The Lady of the Lea" (Smart) was deservedly encored, when Miss Rosse gave "Jamie." Her voice, a pure and powerful contralto, is of extensive compass, and she sings with feeling and taste. Mr. Raphaël Roche presided at the piano-forte, and, we understand, kindly gave his services on the occasion.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 4, Harley Place, Harley Street, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E. C.

SUBSCRIBERS TO ALLEN'S ENCYCLOPÆDIA OF PURE MATERIA MEDICA will be glad to learn that the REPERTORY to the above great work will be ready for delivery in September.

ANSWERS TO CORRESPONDENTS.

DR. HAROLD B. WILSON, University of Michigan, Ann Arbor, U.S.—Very many thanks for your welcome communication; fraternal greetings.

DR. KEDER NATH BANERJEE, Khasbagan, Barahanagor, India.—We regard our fellow-subjects in India as British citizens of equal rights and duties with ourselves; comprehensiveness and love of

law and liberty, and powerful protection for one another, should bind us all together in the brotherhood of freedom. We are proud to do our best for the advancement of Homœopathy all the world over.

DR. E. M. HALE, Chicago.—We are much obliged for the communication; we will revert to the subject next month.

CORRESPONDENTS.

Communications received from Dr. Harold B. Wilson, University of Michigan, Ann Arbor, U.S.; Dr. Pope, London; Dr. Roth, London; Dr. Tuthill Massy, Redhill; "An Old Lady;" Dr. Sálvio Almató y Ribera, Barcelona, Spain; Dr. Ussher, Wandsworth; Dr. Morrisson, London; "A Homœopathic Chemist;" E. B. Ivatts, Esq., Dublin; Dr. Guinness, Oxford; Dr. Gustav Pröll, Bad-Gastein, Austria; Dr. Bayes, London; John Hampden, Esq., London; Dr. John Clarke, Ipswich; Dr. Moore, Liverpool; Dr. de Pietra Santá; A. E. Chambre, Esq., London Homœopathic Hospital; Dr. Keder Nath Banerjee, Khasbagan, Barahanagor, India; G. A. Cross, Esq., London Homœopathic Hospital; Dr. Baynes, Canter-

bury; Rev. A. Powell, Rickmansworth; Dr. Clifton, Northampton; James Leath, Esq., London; Dr. Butcher, Reading.

BOOKS AND JOURNALS
RECEIVED.

The Barbados Globe, May 31, June 3, 7.

The United States Medical Investigator, March 1, 15, April 1, 15, 1880.

The New York Medical Eclectic, May, 1880.

Night and Day, June.

Revue Homœopathique Belge, No. 2, May, 1880.

Wilson, Intermittent Fever: Special Indications for Twenty-five Remedies. By T. B. Wilson, M.D., Professor of Theory and Practice, and Ophthalmic and Aural Surgery, University of Michigan. Philadelphia: Boericke and Tafel, 1880.

The Homœopathic News, June, 1880.

Urania, July, 1880.

Archivos de la Medicina Homeopatica. Año. IV., Tomo II., Num. 63, 64, 65.

Les Erisipela y sus Tratamientos Medicos especialmente Homœopatico. Por el Decano de los Homeopatas Españolas. Dr. D. Pedro Rino y Hurtado, Caballero de Carlos III. Barcelona: Call, No. 8, 1880.

The Medical Press and Circular, June 30, 1880.

The Homœopathic Times, June, 1880.

Ophorectomy. By Thomas Savage, M.D., etc. Birmingham: Joseph Allan, 1880.

The Australian Town and Country Journal, Sydney, April 24, 1880.

The Effects of Trituration,

with Observations on the Limit of Mechanical Divisibility of Metals and Hard Substances. By C. Wesselhoeft, M.D., Boston.

The British Journal of Homœopathy, July, 1880.

Allgemeine Homœopathische Zeitung. Bd. 100, Nos. 25, 26. Bd. 101, Nos. 1, 2.

The Druggists' Advertiser, New York, May and June, 1880.

The Organon, July, 1880.

The Dietetic Reformer.

The Medical Tribune, Vol. II., No. 8, June 15, 1880.

The Journal of Medicine and Dosimetric Therapeutics, No. 7, July, 1880.

Revue Maritime et Coloniale, July, 1880 (from Dr. Gustav Pröll, Bad-Gastein).

Annual Report of the Canterbury Homœopathic Dispensary.

The Cincinnati Medical Advance, June, 1880.

The Dublin Journal of Medical Science, July, 1880.

The Chemist and Druggist, July 15, 1880.

New England Medical Gazette, July, 1880.

The Hahnemannian Monthly, July, 1880.

Maladies des Femmes, Guérison des Déviations Uterines. Par le Dr. Abeille. Paris, 1880.

The Homœopathic Times, New York, July, 1880.

Inaugural Announcement of the St. Louis College of Homœopathic Physicians.

Munson and Co.'s Homœopathic Bulletin, St. Louis, July, 1880.

The Daily Inter-Ocean, Chicago, July 9, 1880.

THE
HOMŒOPATHIC WORLD.

SEPTEMBER 1, 1880.

DEATH OF CONSTANTINE HERING.

A MIGHTY man has departed from us and gone over to the great majority. The venerable Dr. Constantine Hering died suddenly about 10 P.M. on July 23, 1880. "I left him," writes Dr. Berridge to us, "a few days before in fair health for a man of his age. HE WAS BUSY CORRECTING PROOFS OF HIS 'GUIDING SYMPTOMS' THE DAY HE DIED." What an example! A short obituary will be found at the end of this journal.

THE HOMŒOPATHIC CONGRESS, 1880.

THE *Royal College of Surgeons* in Dublin, together with the editorial *personnel* of the *Medical Press and Circular*, will learn with deep regret that the Homœopathic practitioners, whom they have just unanimously anathematized, are going to assemble and meet together at Leeds on Thursday, September 9th, 1880, their unanimous anathematization notwithstanding. We would suggest to our Hibernian gaggers the great necessity of sending to the Congress some active heresy-eaters, such as Mr. Tufnell and Dr. Carte, to look after the "dignity" of the Irish College, that seems to have been so frequently hurt from contact with homœopaths. In fact it is more than probable that the Leeds Homœopathic Congress will be composed of members hailing from all the universities and colleges of the realm; so that the Irish heresy-eaters would be in a position to look after the "dignity" of some of their betters and peers.

The president-elect is Dr. Yeldham, of London, who (we

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trust with a written permit from his college) proposes to discourse upon "The Pursuit of Certainty in Medicine." This will, we doubt not, be a philosophical treatise, such as we should naturally look for from Dr. Yeldham on such a topic.

The presidential address is to be followed by a short practical paper by Dr. Burnett, and then Dr. Gibbs Blake, of Birmingham, proposes to exhibit some interesting pathological specimens. At 2 p.m., Dr. Drysdale, of Liverpool, will read a paper "On the Need and Requirements of a School of Homœopathy."

The subject of Dr. Drysdale's paper is so very important that many will doubtless be there to support Dr. Drysdale in his endeavours to strengthen the hands of the *London School of Homœopathy*. We must all see the absolute necessity of sinking little party differences, and unite to support the only School of Homœopathy in this country.

We should like to see a School of Homœopathy in Liverpool in connection with the Homœopathic Dispensary in Hardman Street; and even if there were only lectures given there on Homœopathic Propædeutics, it would be better than no instruction at all. There would be a good opportunity now in Liverpool, as the institution might form part of the hoped-for University of Liverpool. Homœopathy is strong in Liverpool, and if Dr. Drysdale were to head the movement it would lead to success. The need of a School of Homœopathy is admittedly sore indeed, and the requirements are, firstly, an adequate teaching staff, and, secondly, power to grant licences to practise medicine and surgery.

We trust Dr. Drysdale will bring out these requirements in a strong light, as in so doing he will earn the gratitude of his kind, and the warmest sympathy and support of the 7,000 homœopathic practitioners of the world.

The experience of the past thirty years in Europe generally, and in this country more particularly, has conclusively shown that a free and independent homœopathic body incorporate with licensing powers is the only chance of getting fair play for science in therapeutics. Of course there are always croakers in every camp, and always a few hankerers after Egyptian flesh-pots and Egyptian darkness.

After Dr. Drysdale's paper the Congress will resolve itself into a committee to receive the report of the sub-committee anent the "World's Convention" of 1881, and of the Hahnemann Publishing Society, and to elect a president and

office-bearers for said Convention. This will probably prove the *pièce de résistance* of the Leeds Congress, viz., the election of the president and office-bearers for the World's Convention that is to meet in London in 1881.

It is felt by most of the homœopathic practitioners of this country that the World's Convention of 1881 must be a grand success; we must worthily represent Great Britain and Ireland to the Homœopaths of the world, and keep a specially warm corner for our American cousins, whom we shall especially wish to honour. It is, therefore, of prime importance that the right choice be made in the selection of the president and office-bearers. They should be our picked men, who will worthily welcome our guests and adequately represent the sentiments of the great bulk of the homœopathic body, not only of this country but of the world. For we must bear in mind that it is to be a *Homœopathic Congress*—a congress of men who believe in Homœopathy so much that a journey of many thousands of miles is as nothing when it is a question of defending the therapeutic truth that was elaborated for us by the great Hahnemann. Whatever we do we must have an out-and-out homœopath, and one who will speak with no uncertain voice.

Collaterally our president may be a good grouse-shooter, a clever cynic, a fine microscopist, a Ciceronian writer, a most polished physician, or what not; but, whatever be his *forte*, he must be first and foremost a man of ripe experience and professional standing, and one who believes in a future for Homœopathy, and who will advocate a firm, free, and independent Homœopathy.

Achilles is no good if he sulks in his tent; the hero of other days is no good unless he is a hero still; those who gather guineas and think the world ends with them will not do; a Hippocratic homœopath would be an anachronism; an organopathic Egomet would stifle the truth that he was wont to defend, and altogether the choice is a difficult one. It is of great importance that a staunch friend of our School of Homœopathy should be the president, for that school *must* succeed, and all homœopaths should rally round it and ungrudgingly support it. Given the right man as our president, and the right men as office-bearers, and the unanimous support of our whole body, the World's Convention of 1881 will mark a red-letter year in the annals of Homœopathy in Great Britain. To some extent the future of Homœopathy in this country depends upon it. It would be out of place

to mention names; so, of course, we cannot do so. But there can be no great harm in saying that the present favourites for the presidency, as far as we can gather, are Dr. Bayes, Dr. Drysdale, and Dr. Hughes. If any one objects to names being mentioned, we beg to withdraw them. May the Leeds gathering be one of kindly feeling and brotherly good-will, and the most numerously attended on record!

NOTES ON A NEW SPHYGMOGRAPH.

By DR. R. E. DUDGEON.

THE application of the finger to the pulse is far from being able to reveal to us all the pulse has to teach us. The finger can tell us little more than the number of beats per minute, gross deviations in their strength, and their regularity or their irregularity when very decided. But the sphygmograph tells us a great deal more about the pulse. It shows us the various elements of which each pulse-beat consists highly magnified, and the relative proportion these different elements bear to one another, and whether one or other of them is deficient or in excess. It shows us every, even the minutest, irregularity in duration, and the exact strength of the arterial pressure of a considerable number of beats, and it preserves for us the precise condition of the pulse at the time of taking it for comparison with its state at another time. In short, the value of the sphygmograph has been testified to by all who have used it. Why, then, is it not more generally employed?

The answer to this question is, I believe, because the sphygmographs hitherto offered to the profession are so cumbersome and so difficult to use, besides being so expensive, that their employment in ordinary general practice is impossible. The objections to this constant employment of a sphygmograph would be removed by the invention of an instrument which should have none of the disadvantages, while it combined the excellences of all the instruments hitherto known to the profession, the use of which has almost been confined to hospital practice.

The instrument I have the pleasure of introducing to my colleagues fulfils, as I think, all the requirements of a sphygmograph for daily and constant use. It is small ($2\frac{2}{3}$ by $2\frac{1}{8}$ inches), and therefore portable, light (4 oz.), simple in

construction, not liable to get out of order, easily repaired, if broken, by the nearest watchmaker, easily applied to the wrist, it requires no wrist rest, and can be used with equal facility whether the patient is standing, sitting, or lying. With it the pulse may be taken almost as quickly as it can be felt with the finger. In sensitiveness it is certainly not inferior to any of those hitherto made, and the markings it produces on the smoked paper are as distinct as could be desired.

The mode of using the instrument is as follows:—Wind up the clock-work used to drive the smoked paper along, by means of the permanent key at the back of the clock-work box. Insert one end of the smoked paper (smoked side uppermost) on the right-hand side of the instrument, between the roller and small wheels. Make the patient hold out either hand in an easy position, the fingers pointing towards you, and direct him not to move the wrist or fingers. Ascertain the precise spot where the radial artery beats at the wrist, close behind the eminence of the os trapezium. Slip the band, the free end of which has been drawn through the clamp, on the patient's hand. Place the bulging button of the spring of the sphygmograph exactly over the artery, the long axis of the button parallel with the length of the artery; the box containing the clock-work resting lightly on the forearm above. Retaining the instrument in its place with the left hand, draw the band through the clamp with the thumb and fore-finger of the right hand, pushing back the clamp with the other fingers of that hand, and when the requisite tightness has been obtained, which will be known by the point of the needle working freely over the centre of the smoked paper, screw up the clamp with the left hand, so as to fix the instrument. Now set the smoked paper in motion by moving the small handle on the top of the clock-work box. Let the paper run through, and do not touch the instrument or the patient, except, perhaps, to support his hand in your own. Catch the paper as it passes out of the instrument in your left hand. Stop the clock-work as soon as the paper has passed. The clock-work will not propel more than three lengths of the smoked paper through the instrument at the same rate. It is better to wind it up anew after passing two lengths of the paper. It is regulated to pass over one length of smoked paper in ten seconds, so that the frequency of the pulse per minute may be learned by multiplying the number of beats recorded on the paper by

six. The needle is adjusted to give a tracing fifty times the size of the actual movements of the artery.

For ordinary purposes the instrument may be used without fixing the band in the clamp, both ends of the band being merely held with sufficient tightness at the back of the patient's wrist by the fingers of the operator's right hand. A very little practice will enable the operator to hold the instrument thus as steadily as the clamp can do it, and time is thereby saved.

There is a contrivance for regulating the pressure of the spring from one to five ounces. A pressure of two ounces is the most suitable for ordinary pulses, but for some pulses a greater or less pressure is required, and it is useful to observe the tracings of the same pulse under various pressures. The meaning of the pressure applied by the regulator is, that the pulse at each beat that makes a tracing raises the spring which is pressing downwards with the weight indicated by the pointer. The pressure of the band round the wrist is expended on the flanges of the instrument on either side of the spring, and does not bear on the artery at all, but on the wrist at either side of the artery.

The smoked papers I use are $6\frac{1}{8}$ inches long, the exact length of a nice, stiff, smooth note-paper, called the "Harewood Albert note-paper." I have it cut in breadths of one inch. Each sheet of this note-paper, being exactly eight inches in breadth, can be cut into eight such strips. A strip is smoked in the following way. It is placed in the tin-plate holder, which covers half an inch of each end of the paper. A piece of camphor about the size of a bean is placed on a plate or other convenient place and ignited. The paper in its holder is passed several times rapidly over the top of the flame, whereby it is perfectly blackened, all except the two ends, which, being covered by the tin-plate, remain white. We thus get a strip of paper with five inches of its surface perfectly smoked and ready for use. When the tracing of the pulse has been made, the patient's name, the pressure of the spring, and the date of the observation should be written on the smoked paper with a toothpick, pin, or point of a penknife. The box for carrying the smoked papers will carry six such smoked papers, or twelve if they are placed back to back, and this box, which is about the size of an ordinary razor-case, may be easily carried in the pocket. The papers with these tracings should be replaced in the box and varnished when we get home.

The best varnish for smoked papers is that used by photographers, called "crystal varnish." The varnish is poured over the smoked paper, and in two minutes it is perfectly dry, every mark on the paper being permanently preserved.

The instrument is manufactured by, and can now be obtained from, Mr. John Ganter, of 19, Crawford Street, Montagu Square, who has displayed much ingenuity in carrying out all the details of this very portable and easily used sphygmograph. As the various fine adjustments require great care and skill, I cannot guarantee the accuracy of any which may be manufactured by other makers.

The price is 2½ guineas.

HOW THEY DIE.

By JOHN H. CLARKE, M.D.

VI.—Damp Houses.

"WHAT nice, bright, pleasantly-situated cottages!" one naturally exclaims, as one passes along the Cemetery Road, on the outskirts of —, where stands a row of newly-built houses; "no wonder they are all occupied." And, indeed, as far as looks are concerned, no one need wish to see pleasanter. But houses, properly speaking, are not built to be looked at merely, but also to be dwelt in, and as far as this latter purpose is concerned, the money that built them had better have been thrown into the sea, than into that fair, deadly heap of bricks and mortar. They are, in fact, nothing more nor less than a row of garnished sepulchres, and their standing on the road to the *cemetery* is not without its significance.

How I came to know the true nature of the houses was from being called to attend one of the occupants, Mrs. J., a young married woman, without family. It was in the winter of 1878 that they had come into the house in the previous spring, being the first tenants. Although she was never very robust, her health had been good previously to taking this house, but since then she had never been well. She had gradually been getting weaker, and for some time previously to my seeing her had been prevented from following her occupation. I found her sitting in the front room with a large fire, which, however, did not wholly succeed in making the room pleasantly warm. She was suffering from

general loss of health, manifesting itself in muscular pains in various parts, faintness, profound weakness, sleeplessness, loss of appetite, and low spirits.

I noticed that the walls of the room were very damp, that the paper was discoloured and hanging loose from the wall in many parts. But it was not until I called one morning, and found my patient too ill to come downstairs, that I became fully alive to the true state of the house. On entering the staircase a chill struck right through me. It was, to all intents and purposes, like entering a well. The air was cold and as heavily loaded with damp as it could be; and it acted like a wet blanket in abstracting heat and animal electricity from the body. Dry air does not conduct heat and electricity away rapidly, as a dry blanket does not, but moist air, and especially moist *cold* air, does, just as does a blanket when it is wet. Timid persons will sometimes roll themselves in blankets in thunderstorms, and they obtain protection; but if the blankets were wet, they would afford none. In the same way woollen clothes protect persons from lightning; but once they are saturated with rain, their protecting power is gone.

The bedroom I found little better than the room downstairs, though a fire was constantly kept burning. The walls were wet and the paper peeling off in sheets. It was with difficulty that the bedding was kept dry. She was suffering at this time from an attack of bronchitis. I told her she was not likely to be any better so long as she remained in this house, and she informed me that there was a doctor attending at every house in the row! Much of the furniture had been ruined since they came, and they had stayed on hoping that the house would "soon be dry," and setting its dampness down to its newness and the very wet summer. It is needless to say the improvement never came.

Eventually my patient got well enough to travel in the spring, and went away for a change, and gradually got back her strength. She afterwards, as mentioned in a previous paper, came under my care, suffering from arsenical poisoning in her new house; but when that evil had been removed, the house being dry, and healthy in other respects, she recovered her usual health.

Those who are accustomed to perspire much are the most liable to suffer from damp, and the form their ailment usually takes is one of the acute inflammations, or one of the many disorders known under the term "rheumatism." In the

larger houses the underground kitchens are often damp, and domestic servants frequently suffer from acute rheumatism which they have taken there. The records of hospitals testify to the large number of such cases that come from that class. Often it engenders one of the forms of chronic rheumatism.

How is it that some houses are so damp inside? The explanation is this: Under Government regulations, the outer walls of houses must be at least nine inches thick,—i.e., the thickness of two courses of bricks. It is necessary, for the appearance of things, that the *outer* course should be of new bricks, but there is no such necessity that the inner course should be composed of the same. Where do the old bricks of pulled-down buildings go to? Do they find their way to the region of the *lost pins*? Not at all. Builders buy them. *They make very good inner walls for cottages*, they can be so easily covered up with plaster that no one is any the wiser, *and the houses will sell just as well as if the bricks were sound all through*. The inner course, in fact, is often made up of broken and imperfect bricks, as any one will discover who wishes to hang up pictures, and has to find a joint in the brickwork into which he may drive a nail.

There is another interesting point in the manner in which the modern bricklayer lays his bricks. In former and less enlightened days, a bricklayer used to make a bed of mortar in which to lay each brick and then to carefully cover the free end of it when laid with a coat of mortar to receive one end of the next, so that no space should be left. The process was somewhat tedious, no doubt, and a quicker method has since been adopted. A portion of mortar is flung on the last course of bricks laid, and roughly spread with a trowel, and on this the next brick to be laid is placed, and has to make a bed for itself, not as a rule particularly even. The mortar that oozes from under it is taken off by the trowel, and wiped off upon the *outer edge* of the brick, to receive the next. In this way multitudes of convenient spaces are left between the bricks for moisture to pass along as it rises from the soil, and where the soil is at all damp, or calculated to retain water, the walls easily become saturated. The look of the brickwork is just as good, the "pointing" is often admirably done, and no one would imagine from looking at a house wall but that it was solid brick and mortar, that every brick was encased in mortar, and no space left. It is only

when poor people hiring such a house find their health lost and their furniture ruined, that they discover what a spider's web they—innocent flies—have fallen into.

But is there no remedy? Government has already issued regulations restricting builders in certain directions. All rooms must be of a certain size or larger—the minimum is fixed. Walls must be of a certain thickness. Other particulars are specified—an infringement of any one of which would render a builder liable to be compelled to pull down and rebuild his house. There is nothing to prevent him from choosing a damp site—the site, for instance, of a recently, and not very effectively drained pond,—or encouraging his men to be “not over particular” about their work, or from putting improper materials into it. There is nothing to prevent bad and heartless workmen from doing bad and heartless work and concealing it effectually. There is nothing to prevent a master builder from caring more for his speculation and what he is to get out of it, than for the lives of those who are to live in the dwellings—as he is pleased to term them—that he is building. Perhaps such a thought never enters the builders' minds. In these days of competition there is no time to think, and very often the “evil is wrought from want of thought,” rather than from “want of heart.”

But there is a method by which a cottage even built on a damp site may be made dry and habitable as far as damp from beneath is concerned. It will not prevent rain being driven through ill-built walls, or water soaking in from a defective spout, but these are much less important and much less constant dangers than the former. The expedient is simple. It consists in putting a layer of asphalt underneath the ground-floor of each of the rooms on the basement, and running a damp-proof course round all the walls just above the ground. This could be done at a small cost (about £2 10s. for each cottage), and the saving in health, and comfort, and materials, would be immense, whilst the addition to the rent would be quite a trifle, and the houses would last as long again. The next Government that undertakes to amend the building Acts had better add this proviso.

A faulty house of this kind, besides being an actual cause of disease, offers a very poor chance for the recovery of those living in it, who become sick from other causes, and so increases the death-rate in both ways. It is not always easy to track the injury to its source. Often the fatal termination

does not occur till months or years after the injury has been inflicted, and the patient may then be far away from where it occurred. It may be the damp has caused rheumatic fever, from which the sufferer may have recovered with a damaged heart, to die in a few years after from this disease. It may be the seeds of consumption have been laid to develop slowly, and bear the fruit of death in future years. Thus, in one way or another, "Jerry-built" houses are adding their share to the high death-rate of the poor (who have a very limited choice in selecting their houses), and can by no means be left out of account in considering the question of how they die.

Ipswich, August 10th, 1880.

OBSERVATIONS ON THE USE OF *VERNONIA ANTHELMINTICA* IN LEUCODERMA, ETC.

BY DR. S. D. RAMASNEHI, of Lucknow, India.

THINKING the following cases may be of interest to your readers I forward them to you for publication :—

VERNONIA ANTHELMINTICA.

Sanscrit, *Somaraji*; Bengali, *Bakhi*; Hindustani (called in Delhi), *Bapchi*.

The seeds of *Vernonia Anthelmintica* are of great repute in Sanscrit Materia Medica as a medicine for white leprosy (Leucoderma) and other skin diseases. It is mentioned also as an anthelmintic, but is not much used as such, except in combination with a number of other medicines.

In chronic skin diseases the seeds are taken alone or in combination with other medicines. In the severer forms of skin diseases, such as psoriasis and lepra, the medicine is recommended daily for one year, when a complete cure is said to be effected.

Externally it is used in skin diseases in a variety of forms, such as paste, oil, etc.

I have used with some success in *Lepra Alba* the alcoholic extract prepared from the seeds and mixed with equal quantity of Chaulmogo oil. This was applied to the white spots every day for about two months, which changed the skin to its natural colour. The spots in this case were not bigger than the size of a shilling. While this was used externally, I gave *Ars. 6* internally, but I believe if the

mother tincture or the 1x of *Vernonia Anthelmintica* be used instead of *Ars.* we may have better success. The medicine still requires further trials, and I shall be glad to see some further remarks upon it from the pen of any of our worthy colleagues.

For convenience of those who may like to see its effects, I may mention that *Vernonia Anthelmintica* seeds can be had (probably one shilling per pound) from S. D. Ramasnehi and Co., chemists and druggists, etc., Muzaffarnagar (India).

(To be continued.)

IS THERE A LAW OF THERAPEUTICS? AND IF SO, IS THE FORMULA "SIMILIA SIMILIBUS CURANTUR" A TRUE EXPRESSION OF THAT LAW?

By Dr. HARMAR SMITH.

ALTHOUGH it is needless to observe that if the first of these questions be answered in the negative, a like response must be returned to the second, yet it is not so self-evident (although to a homœopathist not less certain) that if the homœopathic law of healing be not a general law, there is no such law in existence.

In fact, to many of the readers of the *Homœopathic World* such an inquiry may seem out of place in a homœopathic periodical, and out of date so near the close of the nineteenth century. If, however, we regard the present attitude of the medical profession in relation to the subject, we shall perceive that there never was a time when it needed to be more fully ventilated. Many of the leading men of the old school, some of them professors in medical colleges, are making use of medicines first discovered and proved by homœopaths, and not only so, but using and recommending them in cases to which these remedies are homœopathic, and in doses closely approximating to our own. And yet in the very journals in which the cases are detailed in which these medicines have been given, the homœopathic law is either ignored or decried, and the attempt to discover any general law of healing treated as Utopian, whilst homœopathic practitioners are spoken of as deluded or empirical. In most cases there is no attempt made to explain the mode of operation of these novel remedies; they are recommended as having been found of use in similar cases (a mode of prescribing which is clearly empirical). In a few instances, however, especially when

the medicine is known to every one as homœopathic in its action—*e.g.*, ipecacuanha in vomiting—a physiological hypothesis as to the *modus operandi* of this particular substance is propounded. This being the state of matters in the profession, it is not surprising that the public, even those amongst them favourably disposed towards Homœopathy, should fail to see that it is a general principle or law, whilst, perhaps, admitting its applicability to the complaints of children or certain classes of persons or certain diseases.

In spite, then, of all that has been said or written on the subject, I feel that it is not out of place once more to make it the subject of inquiry and illustration.

I would first define what I understand by a law of nature, and inquire whether the analogy of other departments of creation would lead us to infer that such a principle is likely to exist in connection with practical medicine. By a law of nature I mean a mode in which the Creator and Upholder of all things has invariably acted (except in some rare and exceptional cases), and in which we may reasonably conclude that He will continue to act. Hence, fire feeds on combustible substances, and lives by what it feeds upon; light bodies float in water, and still lighter ones in air; otherwise all mundane substances gravitate towards the centre of the earth, according to a given law. All through the domain of chemistry substances act upon each other according to well-known affinities; and, on the assurance that the laws of nature will continue to operate in the future as they have done in the past, man is content to stake his life and all his dearest interests.

Not only in the inorganic world—in the region of vegetable life as well—fixed and immutable laws prevail. In the earliest ages vegetables received their nutriment in a fluid form, as now. Hence, in the arid deserts of the East vegetation is found only in the neighbourhood of water springs, as in the days when the children of Israel “came to Elim, where there were twelve wells of water and three score and ten palm trees.”

Each species of vegetable is as distinct now as thousands of years ago. The beech tree is still characterised by its spreading branches, just as when Virgil addressed Tityrus recumbent beneath its shade.

In the animal creation the same definite and immutable laws prevail as to formation, instinct, and habit.

The bird builds his nest after the same pattern, and the

bee constructs its cells in the same hexagonal form, as when Pliny and Aristotle observed and described these things. So the ostrich still hides her eggs in the sand of the desert, as when the fact was chronicled by the prophet Job.

To come more nearly to the subject of my paper. The natural history of diseases is the same now (allowing for the influence of climate, civilisation, etc.) as when Hippocrates wrote hundreds of years before the Christian era. Their incubation, progress, and decline is still governed by fixed laws—the inflammations of mucous membranes still tend to suppuration, and of serous membrane to fibrinous effusion and adhesion. In pathology, however, as in therapeutics, the effect of constitutional differences and of external circumstances tends to introduce difficulties and complications not found in the region of pure science.

Thus the analogy of other departments of nature would lead us to expect, prior to observation, that in the domain of therapeutics there is also a law according to which medicinal substances act in the cure of disease and the restoration of the sick.

If it be true that "order is Heaven's first law," look where we will into the works of nature, is it probable that in a sphere which so nearly concerns the welfare of him whom the Creator has placed at the head of His works, there should be no guiding principle?

I, however, fully admit that though the analogy of other departments of nature furnishes a strong *presumption* in favour of the existence of a general law of healing, yet that experiment and observation alone can *prove* the fact, for, as Bacon says, "man is the servant and interpreter of nature." And innumerable are the experiments and observations which have been made upon the subject during the last ninety years. In proof of this statement I am compelled to refer to facts no doubt well known to many of my readers, but, doubtless, not to all.

In the year 1790 Hahnemann, a German physician, having given up practice in disgust at the unsatisfactory and uncertain condition of the prevailing treatment of disease, occupied himself by the translation of English works into German. Whilst translating Cullen's "Materia Medica" he was struck by the unsatisfactory nature of his hypothesis as to the *modus operandi* of Peruvian bark in the cure of ague, but before attempting an explanation of his own, tried an experiment on himself by taking a large dose. He was

in perfect health at the time, but found that it produced in himself the incipient symptoms of the disease in question. The thought then struck him, "May not the power of this drug to *cure* ague depend upon its power of *producing* a similar disease?" This was the germinal thought, the Newton's apple, which has led to such remarkable results. Hahnemann proceeded to make further experiments and observations, all pointing to the same conclusion, until he was fully convinced that the symptoms produced upon the healthy by a medicinal substance resemble those which the same medicine in a smaller dose cures in the sick. The closer the resemblance between the two sets of symptoms (those produced by the drug in the healthy and by the disease in the sick) the better. With the patience and modesty of a true philosopher, Hahnemann did not publish the great discovery to which the interrogation of nature had led him, for six years. In this, also, he resembled his great predecessor and prototype, Sir Isaac Newton, who did not publish his greatest discovery for about twenty years. Hahnemann had, doubtless, long ere this been convinced that the now well-known formula, "like cures like," was the expression of a grand—or rather the grand—therapeutic truth, but felt that further experiments on the healthy—provings, tested by observations on the sick—were needful in order to convince others. (Alas! what must have been his disappointment to find that so few were willing to accept his great discovery!) After the full demonstration that the foundation principle of Homeopathy was really a law of nature, he would be able with absolute certainty to predict from the behaviour of any given medicinal substance on the healthy, what diseased conditions it was adapted to meet. Thus every fresh observation or proving at once corroborates the truth of the homœopathic law, and increases the resources of the physician who practises according to its guidance. The same principle must obtain whenever a law of nature is in question. Newton was so assured of the truth and universality of the law of gravitation, that he would have predicted with absolute certainty that if any fresh planets were discovered, they would be found to obey the same law as the rest. And so, of course, it proved when Herschel discovered the planet that bears his name, as well as several minor ones. In like manner when a disease practically new to European physicians (the epidemic cholera) invaded Europe in 1831, Hahnemann (who had not seen a case of the disease), guided

by a full and accurate description of its symptoms, prescribed with unwavering confidence camphor as the sole remedy for the first stage. Thousands of cases, cut short in the early stage by this medicine, are witnesses of the truth of the principle which guided to its choice. The selection of the best remedy for a disease which he had never seen has been spoken of by some as a proof of Hahnemann's transcendent genius. Though well assured that this was the character of his mind, I must confess that I cannot regard this fact as an evidence of it, but simply a normal outcome of the homœopathic law. I am persuaded that a physician of far less sagacity than Hahnemann, if equally cognisant of the pathogenetic symptoms of various drugs, might have arrived at the same conclusion, under the guidance of the same great therapeutic principle. He had a photograph of the disease placed before him, and his mind was well stored with photographs of the symptoms produced by various medicines, and he had but to "look on this picture and on that," and the result of the patient and careful comparison of the one with the other was what we have seen—a result which would have electrified the medical world, and produced (along with the collateral evidence which has been furnished) a general conviction of the truth of Homœopathy, but for the paralysing influence of prejudice.

(To be continued.)

HYGEO-THERAPY.

By RICHARD METCALFE, Esq., F.S.S.

IN therapeutics, as in politics, the question, honestly speaking, ought to be, not what is new or what is old, but what is best fitted to promote the greatest happiness of the greatest number.

That is the best hydro-therapeutic system which confers the greatest benefits with the least drawbacks; just as that is the best political system which insures for all classes the greatest freedom and prosperity with the lightest burdens and the most efficient protection.

I hope to show the system comprehended under the term hydrotherapy holds no mean position in the therapeutic world as answering to the above remarks in the political world.

The system as founded by Priessnitz was appropriately enough called the *Cold Water Cure*, inasmuch as he rarely

employed water of a temperature over 70 degrees, and his sudorific means were confined to exercise or the blanket pack.

Since its introduction amongst us, as a matter of course, the system has undergone various changes, brought about by practical experience; hence some of its early rude forms have been modified.

In the early days of every system there has been less or more grave mistakes from the want of practical experience in the adaptability of the agencies.

It has been described by several people who were under Priessnitz that his treatment was harsh, and they were subjected to very stringent rules and severe measures; be that as it may, the major portion of the cases which came under his care had resisted every other treatment in existence, and no doubt required severe remedies; however, it is a curious fact the man cured or relieved over 7,000 patients in a comparatively short life.

Without wishing to commit myself as approving of harsh measures, I am quite prepared to admit that our hydropathic establishments in this country have gone to the other extreme, in really losing sight of treatment altogether, and have become little more than huge hotels or boarding-houses.

The term Cold Water Cure is scarcely appropriate to apply to hydropathic treatment.

Timid invalids have therefore now no cause to feel alarmed at the name given to the system, which is simply water cure; and water, as every one knows, can be brought to any temperature.

Water being the principal agent employed, those inclined to give a learned name to the system called it "hydropathy," which, so far as verbal appearances, raises it to the level of Allopathy and Homœopathy. But, unfortunately, although the two last mentioned names, meaning respectively "other disease" and "like disease," indicate correctly enough the thing meant, it is not so with hydropathy, which means "water disease;" whereas it is meant to signify "water cure" as "cure," and that directly is the simple object of the system. Accordingly some of the medical men adopted the Priessnitzian methods, gave the name of "hydrotherapeutics," "healing by water," or another bearing the same signification, "Hydro-therapeia." Either term does very well as a general designation, but both share with

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“water cure” the disadvantage of unduly limiting the materia medica of the system, which embraces not only water, but air of varied temperatures, vapour rubbing, friction, exercise, dietetics, hot air baths; in short, whatever natural or artificial means tend to preserve or restore the health of the body, drugs of course being excluded, as having an action not in accordance with the object in view. The most correct and comprehensive term, however, which we have met with is one of Transatlantic origin, and is the one we have chosen in preference to any other, viz.:—“Hygeio-therapy,” which means “healing by hygienic means”—just an exact description of the water cure—a name which, however, will continue to stick to the system in spite of all rivals. In point of fact, it is impossible to displace it, so in this article it is employed together with its equivalent, “Hydro-therapeutics,” as sufficiently correct for practical purposes.

But whatever term the reader may encounter, whether hydropathy, hydro-therapeutics, water cure, or hygeio-therapy, he will understand that the system meant comprehends all the curative resources possessed by those natural influences and powers to which the body owes its existence and well being, and that the guiding principle is, that what makes and keeps the body healthy is likely when applied with intensified power to cure it when diseased.

The first need of the human being on entering the world is *air* to breathe, and all throughout life this need continues undiminished. Deprived of air for a few moments we die. The great aerial ocean in which we live, and move, and have our being, is nature’s provision for this necessity, and to have air pure and abundant around the invalid is a primary duty of whoever treats his case. Everybody knows the value of “fresh air” in health, and it is of twofold importance in sickness. The lungs excrete effete materials and draw in oxygen, than which no processes are more important in the animal economy, and for their efficiency pure air is of course indispensable.

The next necessity is food. The body must be sustained and built up continually with fresh materials, as the organs of excretion do their work of elimination. It is in the course of this building up and pulling down process that the phenomena of *life* are evolved. Vitality springs, as it were, from the process of change or transformation in the body, just

as the motion of the steam-engine is the result of the transformation of ponderable bodies as wood, coal, water, into the form of gas and vapour. Now the adjustment of the building up to the pulling down process, so as to preserve a due equilibrium, is certainly as important as the proportioning of the supply of coals for the furnace and water for the boiler to the steam-power required. Hence the transcendent value of a right code of dietetics in the treatment of invalids. Health is the result of a just balance between the supply of new matter by the digestive organs and the withdrawal of old matter through the skin, lungs, kidneys, bowels, etc.

Of not less importance is the maintenance of a due balance between exercise and repose. On the one hand the exercise of the bodily organs is indispensable to enable the elements of the food to yield the materials of a healthy frame, and in proportion as a man works or exercises, so should he eat, both as to quantity and quality. Every muscle should be exercised in turn and in due measure, not only to secure its own nourishment, but also to keep up a proper motion of the fluids and change of the solids of the body. The incessant activity of children, who are impelled to motion by instinctive tendency quite irresistible, shows how nature has made provision for this human want as well as others. On the other hand, continued activity would wear out the system; and so exercise must be alternated with rest and sleep, of which the therapeutic value is great. Sleep is "tired nature's sweet restorer."

Psychological or mental influences claim the most anxious attention from every practitioner of the healing art.

The influence of the mind over the body is so great that the whole vital motions may to almost any extent be accelerated or retarded thereby. Cheerfulness and ease of mind tend greatly to promote nervous energy, good digestion, and healthy secretions, while the reverse effects follow from painful mental application and sad or anxious thought. But this is a subject altogether too wide to be entered upon here, still it may not be out of place to say that the invalid in search of health should discourage anything likely to cause mental disquietude, arouse angry feelings, or lead to a desponding frame of mind, and do all he can to induce cheerfulness, hope, and, where circumstances permit, genial social enjoyment, keeping the nervous system always in wholesome play, and leaving no opening for the inroads of

monomaniacal worryings. Anecdotes illustrative of the good effect of such a line of procedure might be multiplied indefinitely were it not enough to appeal to universal experience.

Now all these influences just named are included in what is called hygeo-therapy, and if it be said they are common to all systems and universally available, let it be borne in mind that the water cure alone gives them their due places and importance as well as their due credit for the share they may have in the recovery of invalids.

But there is an array of curative means in hygeo-therapy which gives it a distinctive character and position. Of these means we shall now proceed to speak. First will come what may be called the purely Priessnitzian appliances, *i.e.*, cold bathing, packs, bandages, etc., and then the additions made since the time of Priessnitz, as the vapour lamp, and Turkish baths, and those auxiliary means which have from time to time commended themselves as serviceable and quite in accordance with the genius and character of the system.

But before proceeding with the subject of curative agencies, it will be satisfactory, both to the reader and ourselves, to glance for a moment at the nature and origin of disease. The word implies something abnormal—disease, a want of ease, whether due to structural lesion or unnatural torpor or activity of the bodily functions. This disease, if its origin must be inquired into, dates from—

“Man’s first obedience, and the fruit
Of that forbidden tree, whose mortal taste
Brought death into the world and all our woe.”

Looking, however, to what may be called the *secondary* causes of disease, they are many and diversified. But, in the first place, let it be remembered that what we call *diseases, maladies, illnesses*, and so on, are but groups of systems caused by the efforts of nature to rid herself of elements injurious to her vital integrity, and which ought not to have found admission into the system. So far as nature herself and her processes are concerned they are perfect, and disease is impossible so long as they are furnished with proper and normal conditions. Even where they are not, they infallibly make the best of circumstances; that is to say, bad as symptoms may appear, they indicate the best practicable state of things in the existing chemical and structural circumstances of the body. Hence, by the way, to strike directly at the abnormality of functions—*i.e.*,

symptoms—is simply to thwart nature in her endeavours to neutralise or expel matters of disease, or to remove structural defects, and must inevitably be productive of mischief. Clearly it is purchasing an apparent mitigation of the evil at the expense of inducing a state of things in general worse than that which nature herself prefers, in order that she may inflict the slightest and tardiest injury to the body. The proper way to treat disease is undoubtedly to aid nature in restoring the chemical and structural conditions of the body to their normal state. But this is, as I have said, by the way, returning to the statement that nature and her processes are, *per se*, perfect; it remains to show the causes of those abnormal manifestations of her powers, which are the occasion of the groups of symptoms called diseases.

These causes are to be sought in the constitution or circumstances of individuals. Temperament has much influence; thus acute inflammation and active hæmorrhages beset the *sanguine*, congestions and glandular and tubercular diseases the *phlegmatic*, while the *bilious* are liable to digestive derangements, to hypochondriasis and melancholia, and the *nervous* to excited nervous states and to mental derangements.

Then there are diseases traceable to hereditary predispositions or diathesis, among which may be classed scrofula, consumption, gout, epilepsy, insanity, asthma, stone, gravel, some skin diseases, and hæmorrhoids. Other diseases arise out of the peculiar functions which the sexes have to perform, and a few from individual peculiarities or idiosyncrasies. Different periods of life, too, have their respective morbid manifestations; there are diseases of infancy, of puberty, and of old age.

Notwithstanding, however, that much is due to temperament, diathesis, predisposition, sex and age, more of disease must be credited to circumstances and surroundings. Indeed, when these are of the best possible description, even natural defects and morbid tendencies, such as have been referred to, are overcome and eliminated from the list of disease-producing causes, and much more is the healthy system maintained in health. But that surrounding circumstances are often very far from being of that character is too well known. The duties or necessities of human beings, not to speak of their mistakes and follies, multiply causes of disease on every side. The air, so necessary to life, becomes a source

of disease through being loaded with the impurities of large towns or with noxious exhalations from cesspools, and defective stench traps. Not less injurious are the emanations from the human body itself, in circumstances of overcrowding and bad ventilation; evils which though prevailing chiefly in large towns are by no means confined to them. Next to unwholesome air may be ranked as a cause of disease deficient and improper food, and in the case of the better classes repletion and over-indulgence in table luxuries. A terrible aggravation of the mischief springs from the abuse of fermented and distilled beverages, which annually slay their tens of thousands in these islands. Or the occupation may necessitate sedentary habits, constrained and unnatural postures, straining of particular nerves or muscles, with inactivity of others, and so induce torpidity of the visceral functions and general languor and debility, together with local ailments of endless diversity. In fact, the circumstances are innumerable which modify the health of the individuals composing the human race, and the diseases which result assume an infinite variety of aspects; to enter into details concerning them, and the causes external and internal out of which they spring, would be to discuss the whole subject of ailments and hygiene. This of course is out of the question at present; but we may remark that, by the advance of the science and art of hygiene, the ravages of disease may yet be brought within very narrow compass. As things are now, however, the prevalence of disease is a great fact which has to be dealt with.

Diseases are divided into two distinct classes—*acute* and *chronic*. In the former, the onset of the disease is sudden and its duration short in comparison, and to this class belong fevers, inflammations, spasms, etc. In the latter, the onset is gradual and the duration indefinite, and to this class belong cancers, tumours, chronic indigestion, cerebral diseases, etc. Often chronic disease is the result of maltreatment of the acute, but sometimes it has been long latent in the system ere obtruding itself upon the sufferer's notice. When it does so there must be some special exciting cause of development into that form which compels attention. Besides differing in duration, acute and chronic disease differ as to severity, the acute being more violent while it lasts. Hence acute diseases are called *sthenic*—strong; and chronic are called *asthenic*—weak; thus characterising the difference of vital action. Some diseases, as *intermittent fever*, are chronic

in duration and acute in severity. Other terms I may notice *en passant*, are applied to diseases as indicative of certain characteristics of them severally; for instance, *common*, possessing the character of common inflammation; *specific*, having a character peculiar to itself; *sympathetic*, dependent on some other disease; *idiopathic*, not dependent on another disease; *primary*, the first in a succession of diseased states; *secondary*, following some other diseased state; *continued*, running an interrupted course; *intermittent*, broken by intervals of health; *remittent*, having symptoms varying in intensity but never altogether ceasing; *contagious or infectious*, communicated from one person to another; *epidemic*, attacking at varied intervals a number of persons at the same time; *endemic*, peculiar to certain localities—some diseases, as cholera and typhus, may be either epidemic or endemic; *sporadic*, attacking one person at a time. The entire class of epidemic, endemic, and contagious disorders are now included under the term *zymotic*—*i.e.*, fermenting. It will be enough for my purpose here, however, to classify diseases simply as acute and chronic, and show how they are respectively dealt with under the water-cure system.

Let it then be a case of acute disease, requiring to be dealt with at once. The first thing to be done by the water-cure practitioner is to take note of the direction in which the *vis medicatrix naturæ* is working, and to a knowledge of this he will be guided by existing symptoms, which indicate what nature deems the best course to take in the circumstances. The second duty is to aid and facilitate the natural processes, both normal and extraordinary, by calling into play all the natural agencies already spoken of, surrounding the patient with every condition conservative and promotive of physiological action. It is not pretended that in respect to recognition of the value of all hygienic means, the water cure differs from other systems except in more rigidly enforcing them. But this accomplished, it employs besides, instead of drugs, its peculiar appliances. By these appliances the action of nature is stayed where, as in inflammatory complaints, it is so rapid as to threaten destruction to the organism, and accelerated where, as in typhoid fever, it is insufficient to cope with the morbid influences. In the former case sedative, and in the latter stimulant appliances are had recourse to. This, speaking generally, is the *modus operandi* of the water cure in acute diseases, though in details there must of course be a great variety of procedure.

In chronic disease the conditions are somewhat altered. The disease is more deeply seated and more difficult to move, and the powers of nature are weakened. It is clear that in such a case *time* is an essential element of the treatment. Alternate stimulation and sedation must be employed until a new action is set up within the organism which shall counteract and finally overcome the existing morbid conditions.

Let it be understood that, whether a disease be acute or chronic, it can be removed if nature be powerful enough—being always restrained from over-action—to transfer the morbid action from a more important to a less important organ, and no change of structure has taken place; in other words, when there is no organic disease and there is vital force sufficient to furnish a basis for the curative appliances to operate. In the opposite case the patient must succumb under the swift action of the acute or the slow insidious action of the chronic disease.

The object of treatment must therefore be generally to strengthen the power of nature, so that her efforts to shake off the disease from the vital organs may be successful. This is what the water cure is intended and fitted to do. It is a system of therapeutic art, based on one principle—the *imitation of nature*. The means it employs do not force or thwart the natural processes, but work by and through them, and are all fraught with kindness to the animal organisation.

The water-cure measures act directly on the nerves, and these control the circulation, by means of which alone can nature rid the vital organs of that which oppresses them and threatens their destruction. But the measures are not, as some suppose, uniform in their effects. Thus :

1. The invalid may, according to the indications of the case, be plied with cool applications, to give tone and keep the skin charged with blood.

2. With wet sheet packings to allay nervous irritability, and for sedative purposes generally.

3. With vapour and hot air baths to depurate the blood.

First, then, with regard to cool applications to the skin, their philosophy is as follows :—The sudden contact gives an immediate impulse to the cutaneous nerves, which, being propagated to their central masses within the ganglia of the viscera, are thereby roused to activity; the impulse given directly to the ganglionic or nutritive nerves, which also

thickly distribute themselves throughout the texture of the skin. These being also beneficially acted on by the applications to the surface, communicate the stimulus they receive to the viscera, which are thus acted on by both sets of nerves. The effect of this double nervous impulse is to send an electric thrill through the cords from the circumference to the centre of the great nervous system. The whole is convulsed and roused to activity. Now the nerves of which we speak are to be found wherever there is a blood-vessel, and wherever the nutritive process is carried on. Every organ and part of an organ is supplied with them, and no organ can be diseased without a morbid action on the part of the organic nerves which permeate it. These nerves control the blood-vessels, and it is on the state of the blood-vessels of a part that its duration of health or disease depends. When they lose tone and cannot propel their contents, as is necessary, the blood stagnates in them, they become gorged and distended, and diseased action is set up. The part gorged has, of course, too much blood, and this implies that some other part has too little. Thus, for example, when the internal parts are oppressed with blood, what is the skin's condition? One of anaemia, or bloodlessness. The blood, which should by its presence impart to it colour, warmth, and vitality, is locked up in the interior. There it produces irritation, inflammation, oppression, congestion, or obstruction. Examples of this are every day met with by the practitioner.

It has been stated that the effect of the impact of cold water on the skin is at once to *tonify* the cutaneous nerves, and as these control the capillary blood-vessels, which spread their network throughout the skin's texture as thickly as do the nerves, the latter are speedily constricted and emptied of blood. The blood thus driven from the capillaries on the surface retreats on the vital organs within, which, if these be already congested, would seem only to make bad worse. But these having been roused by the impulse communicated to their nutritive nerves, as well as by the sudden invasion of blood from the surface, will not allow the interior vessels to retain what is thus forced into them, but react and send the blood back whence it came, where the emptied capillaries are ready to receive it, together with the additions which it brings with it. By the continued repetition of this process the blood is at length in due measure fixed in the surface, and to that degree withdrawn from the interior, as was intended. Now, this is as much as to say that the acute

or chronic disease, the removal of which is by such means attempted, has been successfully combated, and this having been done by the powers of nature, stimulated by her own agencies, the cure is not only natural, but permanent.

Dr. Schüller, who formerly investigated the influence of drugs on the vessels of the brain (*vide Medical Times and Gazette*, vol. ii. 1874, page 665), has again published a long essay in the *Deutsches Archiv. für Klin. Med.*, xiv., page 566, in which the effect of the application of cold and heat to various parts of the body upon variations in the size of the vessels of the brain is treated experimentally. The animals used were rabbits, which were carefully trephined, so as to expose the dura mater without injury to the vessels. On one side of the body the cervical sympathetic nerve with its superior ganglion was removed. Under these circumstances the direct application of ice to the dura mater caused considerable contraction of the vessels, which was, however, much less marked on the side on which the sympathetic was removed than on the other. Cold applied to the abdomen immediately caused dilatation of the vessels on the uninjured side, but usually no alteration at all on the other. Warm moist compresses, on the other hand, when applied to the abdomen, caused contraction of the vessels; and the action of warm baths was as nearly as possible the same. Both cold and warm water caused dilatation of the vessels when injected into the rectum. When the animals were "packed" in wet compresses, after the hydropathic method, the sopor which was induced was accompanied by gradual contraction of the vessels. If the animals were curarised, the only difference observed on the application of heat or cold, as above described, was that the dilatation of the vessels of the brain was less intense. Division of the spinal cord at the level of the second cervical vertebra was followed by considerable dilatation of all the vessels of the pia mater, which ceased any longer to be affected by heat or cold. The immediate application of cold to the trunks of certain cutaneous sensory nerves which were laid bare in the dorsal region caused contraction of the vessels of the pia mater on the same side; and, on the other hand, warmth applied in the same way dilated them. The fact that the pressure of blood in the carotid artery, as measured by a manometer, was much raised by the application of cold water to the abdomen, and diminished by warm compresses similarly used, has led Dr. Schüller to conclude that the alterations in size of the vessels

of the brain are chiefly dependent on the enlargement or contraction of the vessels of the skin; that is to say, the more the latter dilate the more the former contract, and *vice versa*. The reflex influence on the vessels of the pia mater of the stimulus of heat or cold, applied to the cutaneous nerves, appears to be of subordinate importance in producing these phenomena, and tends to arrest rather than to promote them. The influence of the cardiac and respiratory movements on their production is also an indirect one, and seems sometimes to increase them and sometimes to diminish them.

With regard to the therapeutic use of heat and cold applied hydropathically to the human subject, Dr. Schüller draws the following conclusions from his experiments:—They may be employed (1) to restore their normal tone to the blood-vessels, and especially to those of the brain; (2) as a means of restoring a normal circulation of blood and lymph in the brain; (3) to diminish congestion of the brain; (4) to restore the normal nutrition of its nervous elements; and (5) to renew normal relations of a reflex nature between the brain and the cutaneous nerves.

(To be continued.)

HERING'S "GUIDING SYMPTOMS."

By E. W. BERRIDGE, M.D.

As the death of our venerable colleague, Dr. C. Hering, may lead some to suppose that his life-work, his *Guiding Symptoms*, will never be completed, it may be of use that the facts of the case should be laid before the profession from a perfectly independent source. During my late visit to Philadelphia, while Dr. Lippe's guest, and afterwards when staying in Dr. Hering's house, I had every opportunity of examining this work. *The MSS. are all collected, arranged, and ready for press.* All that is required now is to print; this can be done easily if the subscriptions are kept up. To complete the *Guiding Symptoms* will be the best monument the profession can erect to our departed friend.

THE TEMPERANCE HOSPITAL AND THE HOMŒOPATHIC HOSPITAL.

THE mortality at the London Homœopathic Hospital is the lowest hospital mortality in the metropolis. Next comes that of the Temperance Hospital. Of course our temperance *hospitaliers* are allopathic, and therefore they must needs join the multitude of their brethren in robbing Homœopathy of its fair fame and hard-earned rights. The misstatement having been made in the *Christian World*, of July 24th, 1880, Dr. Dyce Brown, as one of the physicians of the London Homœopathic Hospital, wrote to the Editor of the *Christian World* as follows:—

“Sir,—In an article in your issue of June 24th, signed ‘Rambler,’ giving an account of the public opening of the New Temperance Hospital, it is stated that Mr. Hughes, the treasurer, drew attention to the fact that the death-rate in the (Temperance) Hospital was lower than that of any similar institution in the metropolis, with the exception of the Homœopathic Hospital, being only $4\frac{1}{2}$ per cent. The article then goes on to say, ‘Dr. Edmunds, however, subsequently pointed out that serious cases were not, as a rule, taken into the Homœopathic Hospital.’ I cannot allow such a statement to remain uncorrected, as it is calculated to injure the Homœopathic Hospital. Such a statement involves two points:—(1) Its accuracy as a statement of fact; and (2) as stated at that meeting, a comparison between the Temperance and the Homœopathic Hospitals. In other words, it implies that serious cases are, as a rule, taken into the Temperance Hospital, while the reverse is the case in the Homœopathic Hospital, and that, therefore, the low rate of mortality in the latter institution is valueless as an indication of results as compared with the Temperance and other hospitals. Now, Sir, to prevent mistake, let me quote the list of diseases treated in the Temperance Hospital, as given in the report of that institution presented May, 1880. It is as follows:—Struma, erysipelas, in-growing toe-nail (operation), lead poisoning, ruptured perinæum (operation), asthma, stricture, club-foot (operation), diseases of liver, diseases of rectum, rheumatic fever, chronic rheumatism, chorea, sciatica, nervous debility, diseases of kidney, disease of brain, disease of heart, disease of generative organs, phthisis, bronchitis, pleurisy, pneumonia, dipsomania, cancer, disease of spleen, fatty tumour (operation), diseases of skin, disease of bone, diseases of joints, diseases of uterus, ulcers of leg,

abscesses, effects of accidents, paralysis, hysteria, dyspepsia, diseases of eyes, dysentery.

" Pardon my taking up your space with this list, but it is in order to show that in selecting those that might be termed 'serious,' I have done so fairly. We find, then, that the only cases worthy of being called 'serious,' treated during the past year in the Temperance Hospital, were—

Cases.		Cases.	
Erysipelas	1	Pneumonia	4
Disease of liver	3	Cancer	1
Rheumatic fever.....	2	Disease of bone	4
Disease of kidney	1	Diseases of eyes	2
Disease of brain	3	Disease of joints.....	6
Disease of heart.....	11	Abscesses	5
Phthisis	12	Effects of accidents	6
Bronchitis	9	Dysentery	1
Pleurisy	2		

" Of this list, as subdivision of diseases is not given, it is impossible to say whether the diseases of the kidney, brain, heart, liver, bone, joints, abscesses, and effects of accidents, were serious or not; but I give them the benefit of the doubt, and suppose them all serious. Thus out of 135 cases in all treated in the hospital during the year, only 73 can have any claim to be termed 'serious.' Only four operations were performed, and none of these can be said to involve anything serious, viz., in-growing toe-nail, ruptured perinæum, club-foot, and fatty tumour.

" Now let us look at the Homœopathic Hospital Report for the year ending March 31st, 1880. I forbear taking up your valuable space with a complete list of diseases treated in the hospital during the year. I only extract those which might be termed serious, taking the same standard as for the Temperance Hospital. It will be observed that the statistics of the Homœopathic Hospital are much more minute than those of the Temperance Hospital. We do not simply give the number of so many diseases of each organ, but state the nature of each disease, thus enabling me to exclude such cases as are not serious. We find them as follows :—

Cases.		Cases.	
Scarlatina	5	Septicæmia	2
Typhoid Fever	4	Acute Rheumatism	12
Erysipelas	1	Sub-acute	13
Cancer of Stomach	1	Myeloid Tumour of Hip	1
" Liver	1	Acute Miliary Tuberculosis... 1	} 17
" Rectum	2	Phthisis .....		16
" Mamma	1	Morbus Coxæ.....	6
" Uterus.....	5	Diabetes Mellitus	2

Cases.		Cases.	
Meningitis of Brain.....	1	Kidneys—	
Chronic Hydrocephalus	2	Bright's Disease, Acute ...	1
Cerebral Congestion.....	3	" " Chronic .	1
Apoplexy	2	Tuberculosis of Kidney ...	1
Ulceration of Cornea	2	Post-Scarlatinal Nephritis	1
Rheumatic Iritis	4	Cystic Disease	1
Optic Neuritis	2	Uræmia	2
Diseases of heart—		Inflammation of Uterus	8
Pericarditis	2	Fibroid Tumour of Uterus ...	7
Valvular Disease	9	Bone Necrosis	2
Hypertrophy of Heart.....	1	Joints—	
Aneurism	3	Synovitis Acute	2
Disease of Lymphatics.....	1	Ditto Chronic.....	1
Laryngitis.....	2	Abscess of Joint	2
Bronchitis—		Angular Curvature of Spine .	1
Acute.....	7	Abscess	10
Chronic	12	Carbuncle	5
Pneumonia—		Poisoning	2
Acute	20	Injuries—	
Chronic	14	Compound Fracture of	
Pleurisy.....	2	Skull	1
Empyema	2	Fracture of Jaw	1
Gastritis—		" Neck of Femur	1
Sub-Acute	5	" Tibia	2
Chronic	2	" Ribs	2
Enteritis	2	" Coccyx	2
Chronic Dysentery	1	Burns and Scalds.....	2
Cirrhosis of Liver	2	Contusions.....	9
Hydatidcysts of ditto.....	1	Lacerated Wounds	3
Ascites	1	Incised	3

"There were 13 operations, not including those for fibroids of the uterus and polypus, which are not named in the report. Of these 13 there were 5 which can be called serious—viz., amputation of leg, 1; extirpation of eyeball, 2; excision of mamma, 1; and excision of necrosed tibia, 1.

"Since the issue of the report for March, 1880, there have been to my knowledge more than the usual average of serious cases, but as these are not in the report, I refrain from giving detail.

"We thus see that out of a total of 494 cases treated in the hospital for the year there were 252 cases which might be termed serious, 13 operations (besides those of fibroids of uterus, not in the report), five of them serious.

"I have to apologise, Sir, for thus trespassing so largely on your valuable space, but you will see that detail such as I have given is necessary to rebut such an erroneous statement as Dr. Edmunds is said to have made, since a mere denial of its accuracy would go for nothing. It is too much the fashion for our allopathic friends to make statements in regard to Homœopathy, the incorrectness of which it would be

easy to ascertain, did they take the smallest trouble to inquire into the facts. I leave any one to judge of the correctness of statement reported to have been made by Dr. Edmunds; and, therefore, whether the mortality in the Homœopathic Hospital cannot be fairly brought forward in comparison with that of the Temperance and other hospitals. I may add that the average death-rate for the past ten years in the Homœopathic Hospital is about 3·2 per cent."

This most dignified rebuke has, we believe, not been noticed in any way by Dr. Edmunds, who thus stands convicted of wilful ignorance or something worse.

Dr. Dyce Brown is deserving of the very highest praise for his excellent clinical lectures at the Hospital, and for the important services rendered by him to Homœopathy, not only at the Hospital, but in our literature as co-editor of the *Monthly Homœopathic Review*. What we individually admire in Dr. Dyce Brown is his rooted steadfastness and pluck in our battle of right against might; he investigates and thinks for himself, and when he finds the truth he declares for that truth *coûte qui coûte*. It is refreshing to come across here and there a *man* in these days of knock-kneed weaklings who reel in ghostly pallor at the word "homœopath."

THE LONDON SCHOOL OF HOMŒOPATHY.

52, GREAT ORMOND STREET, RUSSELL SQUARE, W.C.

THE winter session will open on Monday, October 4th, at 5 p.m., when Dr. James Compton Burnett will deliver an address on "Hahnemann, and his great medical reform." It was proposed by Dr. Hughes at the annual meeting of the British Homœopathic Society that a yearly Hahnemannian oration should be established by that society. This proposition was negatived by a large majority. The question of the establishment of such a lectureship was subsequently brought, by Dr. Bayes, before the Committee Meeting of the London School of Homœopathy, and was unanimously carried. It is intended to take the place of the introductory lecture hitherto given, and the lecturer to fill this post will be elected yearly. It will be the duty of such lecturer to expound the principles of the great medical reform introduced into the science of medicine by Hahnemann. Dr. Burnett was unanimously elected to deliver the first of these Hahne-

mann lectures. The lectures on the principles and practice of medicine will be continued as before by the same able lecturer as hitherto, Dr. D. Dyce Brown, who will commence the course by an introductory lecture on Tuesday, October 5th, at 5 o'clock p.m. In consequence of Dr. Hughes's resignation, compelled by his withdrawal from London practice, it became necessary to elect a new lecturer on *Materia Medica* and *Therapeutics*. To this post Dr. Pope was elected by the medical governors. Dr. Pope will commence his lectures on *Materia Medica* and *Therapeutics* by an introductory lecture on Thursday, October 7th, at 5 p.m.

Dr. Hughes delivers no lectures within the School during the present session, but during the summer session it is his intention to continue his most interesting series of lectures on the institutes of Homœopathy, by giving a course of lectures on the Organon.

It is contemplated to establish a course of clinical lectures, to be delivered weekly during the coming session, of which further notice will be given. Clinical instruction will be continued within the hospital by Drs. Blackley, Dyce Brown, Cooper, and Thorold Wood, in connection with the School. Certificates of attendance upon the lectures, etc., are granted to such students as have diligently attended the above courses. A prize of £10 is offered annually by Dr. Bayes to that student who passes the best examination in *Principles and Practice of Medicine*, and in *Materia Medica* and *Therapeutics*, at the end of the summer course.

PRIZEMEN.

1878.

Dr. J. H. Clarke, of Ipswich (Dr. Bayes's prize).

Dr. Giles F. Goldsbrough, Camberwell (extra prize given by the School).

1879.—No competition.

1880.

Dr. Percy B. Cox (Dr. Bayes's prize).

Dr. S. F. Shannon (Mr. Miller's prize).

Obituary.

CONSTANTINE HERING, M.D.

To write an obituary of Father Hering would be to give the history of Homœopathy in this country. The following

personal letter gives us the bare details of this sad event:—

“Philadelphia, July 25, 1880.

“DEAR FRIEND,—Father Hering has gone to a wider sphere of usefulness, and left us lonely and sorrowing. He has his heart's desire, and we do wrong to grieve.

“Almost his last words were in praise of Homœopathy. He was grateful *for the good it had done him*. He spent the afternoon of Friday with his patients. I never saw him more interested in his work. He conversed in his accustomed lively manner with his family at tea and went to his room with less fatigue than usual. At ten o'clock he summoned assistance by his bell; was found with shortness of breathing, and in less than half an hour *all was over!*

“His last words were, ‘I am dying now.’ No suffering! The last remedy that benefited him was *Arsenicum*. It was the remedy which, more than fifty years ago, saved his life and secured his devotion to the cause. On the 28th (the anniversary of Lachesis) the interment will take place. Eleven o'clock is the hour fixed upon. His veteran friends will act as pall-bearers.

“Your sorrowing friend,
“Alfred K. Hills, M.D.” “C. B. KNERE.

In consequence of the announcement, a number of the friends of the late Dr. C. Hering met informally at the house of Dr. Alfred K. Hills for the purpose of condolence and such other action as might be thought proper and fitting to the occasion. There were present Drs. Bayard, Burdick, Finch, Baner, Hoffman, Wilder, Linsley, Cowl, St. Clair, Smith, Berghaus, Arthur Hills, Scherzer, Lippe, Wright, Hartley, Brown, Ostrom, Carleton, and Alfred K. Hills; and letters of regret were received from Drs. Blumenthal, E. Carleton, Nott, Deschere, W. H. White, and Doughty.

Dr. Alfred K. Hills called the meeting to order, stated its objects, and, there being no objection, requested Dr. Edward Bayard to preside.

Upon motion, Dr. Hills was elected secretary, and formally stated his reasons for the action so hurriedly taken, moved a committee of three on resolutions, to which the president should be added, and Drs. Finch, Burdick, and Baner were thus appointed.

The resolutions were reported and adopted as follows:—

“Whereas the sad intelligence has reached us that our

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revered friend and colleague Dr. Constantine Hering has passed from our midst, therefore—

“Resolved that it is with deep and unfeigned sorrow that we mourn our loss.

“Resolved that we deeply lament that he could not have been spared to finish the great work of his life, the ‘Guiding Symptoms of our Materia Medica.’

“Resolved that in Dr. Hering’s death we lose one acknowledged as first in his profession, a man of science, a ripe scholar, and a genial friend.

“Resolved that to the afflicted relatives we extend our deepest sympathy and regret.

“Resolved that a copy of the minutes of this meeting be transmitted to the family of the deceased.

“Resolved that delegates be appointed to attend the funeral.”

The following delegates were elected:—Drs. Edward Bayard, Alfred K. Hills, S. P. Burdick, Chas. A. Bacon, W. T. Baner, C. Lippe, L. de V. Wilder, St. Clair Smith, E. F. Hofmann, Wm. Scherzer, H. A. Wright, C. E. Blumenthal, M. Deschere, W. H. White, H. I. Ostrom, W. Y. Cowl, Jas. E. Lilienthal, M. A. Brinkman, M. W. Noxon, E. Carleton, jun., John F. Gray, R. McMurray, T. Franklin Smith, and B. G. Carleton.

Adjourned.

Attest,

ALFRED K. HILLS, Secretary.

Dr. Hering was born in Oschatz, Germany, January 1st, 1808; graduated in medicine at the University of Wurzburg, March 23rd, 1826, and afterwards went to Surinam, by appointment of the King of Saxony, for the purpose of making researches in zoology. He first commenced the practice of medicine in Parimaribo. In January, 1833, he landed in Philadelphia, and shortly after established the Allentown Academy. His subsequent labours are so well known to the profession that we deem it unnecessary to recount them at this time.

The funeral was largely attended by physicians from all parts of the country, Rev. S. S. Seward, of New York, conducting the services. The following named physicians were appointed pall-bearers, some of whom, from various circumstances, were prevented from being present:—Drs. A. Lippe, H. N. Guernsey, C. Neidhard, A. W. Koch, A. R. Thomas, J. H. Pulte, W. P. Wesselhoeft, F. R. McManus, Henry

Detwiler, John Romig, P. P. Wells, Edward Bayard, John F. Gray, J. F. Cooper, Charles G. Raue, James Kitchen, S. Lilienthal.

After a simple and impressive service, the interment took place in a most delightful spot at Laurel Hill. At the grave a touching event was the singing of two musical clubs, the members of which were his personal friends, and who were attracted there by their respect and love for the departed. And thus closed the opportunity for personal respect.

The following memorial committee has been selected, to which all communications should be addressed. Societies are requested to send a copy covering any action they may take respecting deceased, and journals a copy of the issue containing obituary. Ad. Lippe, Philadelphia, chairman; H. N. Guersey, Philadelphia, secretary; J. K. Lee, Philadelphia; E. Bayard, New York; W. P. Wesselhoft, Boston. It is proposed that memorial meetings be called simultaneously in the principal cities of the world for appropriate action.

Dr. Raue writes as follows:—

“The obituary of this great physician and good man needs no biographical sketch in a homœopathic journal, the readers of which may be supposed to be well acquainted with the signal facts of his long and eventful life. Neither is there any occasion to dwell particularly on the traits of his noble character, as that already has been done, beautifully and glowingly, by his friends the late Carroll Dunham and P. P. Wells, on the occasion of his semi-centennial jubilee of Doctor of Medicine, celebrated in the year 1876. What I shall mention here will pertain only to the history of his state of health during the last years of his life.

“For many years Dr. Hering has been inclined to asthmatic difficulties. During their aggravations the expirations were more difficult than the inspirations, and frequently attended with a wheezing noise. Of late years this asthmatic tendency became associated with occasional attacks of bronchial catarrh, especially during fall and winter.

“Latterly, however, the catarrhal attacks had grown much milder, and during the last year he scarcely suffered from them at all, while the asthmatic spells grew more severe and more annoying. They were brought on by any little bodily exertion, especially by going upstairs; he had to rest on each flight of stairs. They also, of late, used to come on periodically, early in the morning, about four or five o'clock, after waking, and when trying in the least to move or exert

himself for the purpose of changing clothes. But then there were, again, days and even weeks when these morning attacks remitted. Moving about, however, became more and more difficult, and the visiting of patients outdoors almost impossible for him. His bodily vigour gradually failed; he felt weak and exhausted, or 'very tired and lazy,' as he used to say. His appetite, too, became much impaired, and his bowels were in spells quite loose, and then again somewhat constipated. And yet, with all this, his mind kept as fresh and lively and as full of schemes for the future as ever. He would always enjoy a good joke, and would heartily laugh over it, even if it did occasionally excite a coughing spell.

"He was himself full of anecdotes and humorous comparisons, which he greatly enjoyed to relate. His life-work, to create a practical and reliable *Materia Medica*, based upon confirmed facts, filled his whole soul, and he never lost sight of it; he worked at it unceasingly, collecting not only from all sources, but selecting also with the highest acumen, which came of his immense practical experience. Two volumes of his 'Guiding Symptoms' bear witness to this great endeavour; the third is already in the press; the remaining volumes need only the editorial work, their substance is collected.

"Towards the end of May I was taken ill myself. Once the dear old friend came to my bedside to consult with our mutual friend, Dr. A. Fellger, to whose care I had confided my own case. Full of hope, as always, he cheered me up, but it took several weeks before I was able to resume my customary daily visits to him again. In the meantime, Dr. Berridge, from London, had arrived to attend the American Institute of Homœopathy at Milwaukee. His visits, and also a visit of his old friend Dr. P. P. Wells, had cheered him up greatly, and I found him, after this interruption of our intercourse, feeling comparatively well. He had been taking a dose or two of *Anacardium*, on account of the frequent yawning with which his asthmatic spells had been accompanied. There was no indication for changing the remedy at that time. On the 21st of July, when I saw him in the forenoon, he complained to me that last night, soon after midnight, he had had a very bad spell of asthma, worse than ever before, attended with much yawning and great restlessness, and that for these symptoms he had taken *Arsenicum*. 'I took only one globule, high, because, you know, I am afraid of aggravations. It had scarcely touched my tongue when I felt more quiet; I could lie down, and slept for four

or five hours soundly without a sign of asthma in the morning.'

"This seemed, and indeed was, a splendid work of *Arsenicum*. Next forenoon, July 22nd, he told me, 'I have had a very good night, no asthma, and good sleep. I wish *Arsenicum* would take away the other symptoms likewise' (meaning his weakness and loss of appetite). 'Here,' he continued, 'stands the cup of chocolate; I have scarcely drank one-half of it; I can't take any more.' 'It seems as if these attacks of asthma were anticipating; I am not quite sure whether *Arsenicum* has this symptom. Any way, I feel quite relieved to-day.'

"On the 23rd of July I saw him again in the forenoon, and remained with him for nearly one hour. He appeared quite natural, and spoke about several things as lively as ever. He worried, though, about some things regarding the publication of his 'Guiding Symptoms,' which I tried to smooth over. Worryment always had a very bad effect upon him, and unfortunately, in the last years, he had had too much of it. Still, I did not see anything that seemed alarming or could in any way arouse my suspicion or fear. And, indeed, the whole following afternoon, as I was later informed, he appeared quite as usual and lively. He had gone down into his office and attended to his patients as usual; he had remained downstairs until after supper, of which he partook, chatting all the time with those around him in his wonted manner. Then he went upstairs to his study, undressed himself unaided, and went to sleep. Suddenly, near 10 o'clock p.m., he was roused by another spell of asthma, and this time still worse than ever before, with the same loud yawning and the same dreadful restlessness. Mrs. Hering, becoming greatly alarmed, sent hastily for his neighbour and old friend, Dr. Wm. Koch, and also for me. Before any of us arrived, he said to a friend, 'I am dying.' They laid him on his right side, well propped up upon his sofa, when he became quiet. After Dr. Koch arrived he drew a few laboured breaths, and on my arrival, a few minutes later, he had ceased breathing altogether. My dear old friend had passed beyond the line of material encumbrances.

"C. G. RAUE" in *Homœopathic Times*.

MR. R. S. TATE, M.R.C.S.

WE very much regret to have to record the death of Mr. R. S. Tate, for many years a much-respected homœopathic

practitioner at Blackheath. He was a good Christian man, and leaves a wife and family, who keenly feel his loss.

LITERATURE.

AN EPITOME OF THE HOMŒOPATHIC DOMESTIC MEDICINE.¹

WHAT shall we say of a book that has run through twenty-nine editions? We wish it may run through twenty-nine more. It cannot be far short of half a century since Mr. Leath first began to publish works on Homœopathy, and he has undoubtedly done much to make it known in all parts of the world. The profession use our remedies very largely, and, more or less, on homœopathic lines. Would, in the interest of truth, that they were honest enough to say so!

This is a thoroughly practical work for everyday use and a great favourite with the public. Witness the fact that it is in its *thirtieth* edition.

Dr. Hughes's *Magnum Opus* is announced by this same firm of eminent homœopathic publishers as "nearly ready."

SKIN DISEASES, TREATED HOMŒOPATHICALLY.²

THIS is an excellent practical little work, consisting essentially of nearly 100 cases of cutaneous affections treated homœopathically by the author in private, dispensary, and hospital practice, and interspersed with naturo-historical definitions of the various affections enumerated by the author, and these very properly taken from the highest authorities on the subject.

As a work showing what practical Homœopathy can do in diseases of the skin, it is deserving of very high commendation. We are glad to see that the spirit of the great John Epps still lives in his kith and kin.

Dr. Washington Epps makes no attempt at any pathology beyond that of the ordinary natural history of the various

¹ The Epitome of the Homœopathic Domestic Medicine. By J. Laurie, M.D. Thoroughly revised and brought down to the present time by R. S. Gutteridge, M.D. Thirtieth Edition. London: Leath and Ross.

² Skin Diseases treated Homœopathically. By Washington Epps, Assistant Physician to the London Homœopathic Hospital. Second Edition. London: James Epps and Co.

nosological forms, and the cases are somewhat lacking in the philosophical bio-pathology of one Hahnemann, which is of greater clinical value than the mere necro-pathology of a Morgagni or a Rokitansky, or the natural history of a Hebra.

SICK NURSING AT HOME.¹

OF the "Sick Nursing at Home" we can speak with unqualified praise; it is full of sound knowledge, and will be eminently useful.

Of the "Home Treatment of Diseases" we cannot say much beyond expressing our belief that it might be worse, although it is antiquated, disjointed, and empirical. This applies to the *medicinal* treatment, however, and not to the *surgical*, which we highly commend.

Under the head of *Stunning* (p. 53) we are practically left to do nothing. May we, then, ask what God made *Arnica*, *Bell.*, *Ferrum*, and *Hypericum* for? Not to mention *Glonoin*.

We are cautioned against the use of *Arnica* in *Sprains* on account of the erysipelas with which we are all so familiar. Rather should the talented authoress say, "Use it in a homœopathic dilution, and you will get all its good effects without any of the bad ones."

It is because *Arnica* can congest and produce a condition like a bruise that it is useful in such like cases. Too much of it makes the mischief worse.

"THE STAR IN THE EAST."²

WE have before us No. 2 of this new venture, so happily called *The Star in the East*. It is a weekly religious newspaper published in Calcutta every Saturday; and promises to be a great blessing to India, and therefore to our whole empire.

We are strong believers in a world-embracing British Empire, and look with sincere pleasure on any good means tending to increase our knowledge of one another, and thus knit us more firmly together in the great bond of freedom called British citizenship.

¹ Sick Nursing at Home, being Plain Directions and Hints for the Proper Nursing of Sick Persons, and the Home Treatment of Diseases and Accidents in Cases of Sudden Emergencies. By S. F. A., Caulfeild. London: *The Bazaar Office*.

² *The Star in the East*. Edited by the Rev. W. Norris, Calcutta.

The Star in the East takes a broad-minded catholic view of things, and gives RELIGIOUS INTELLIGENCE concerning the Church of England, Baptist, Congregational, Methodist, Episcopal, Presbyterian, and Roman Catholic Churches.

Not content with this wide scope, we get even notices of the *Heathen* and of the *Theosophists* thus :—

HEATHEN.

“FIRE-STAMPING FESTIVAL.—The last event of the Dar-marajah festival took place, June 20th, before the temple, in Mint Street, Black Town. The proceedings excited a great deal of interest, embracing, as they did, what is called fire-stamping. A large fire is kindled opposite the temple, and as the flames die away, *poojahs* walk over it, apparently without being injured by the fire. This is done in commemoration of the tradition respecting Draupadi, who is alleged in the Mahabharat to have proved her virginity by walking over fire unscathed.

“THEOSOPHISTS.

“It is said that the Buddhist women of Ceylon regard Madame Blavatsky as a deity dropped from the clouds, and despite her energetic remonstrances, will insist upon doing *poojah* to her.”

We are glad also to see that Lord Ripon is appreciated at his real worth. Of him *The Star in the East* says :—

“The Marquis of Ripon may be ‘a captive,’ to use a phrase employed by Mr. Gladstone to designate a convert to the Roman Catholic faith; but a few little things that have transpired in connection with the new regime, tend to show that he is a man of honest and earnest purpose. We are disposed to believe that he has set his face against that inconsiderate encroachment on the Sunday’s rest that threatened to become a feature in officialdom. Many of our readers may not be aware that the New Civil Procedure Code, Act X. of 1877, repeals the only statute that made Sunday a *dies non*. Any work may be required by ‘driving’ secretaries and heads of departments at the hands of their subordinates on Sundays, and, indeed, the Government has a right to keep all its offices open on Sundays, if it chooses so to do. We need not be under any apprehension that this will be attempted; but this is the actual position to which the repeal of the Statute 29 Charles II., chap. 7, has reduced us. We shall not be surprised to learn that the practical effect has been to embolden men with official power to exact unnecessary

Sunday labour at the hands of many whose helplessness left them no option but to submit to the hardship. The Viceroy may or may not be aware of the repeal referred to; but we have great hopes that his example will duly impress all who are in authority under him with the necessity for curbing official zeal, when that zeal threatens to trespass on the weekly rest which both nature and religion require, and which, as affecting the whole population of this empire, has hitherto been prized as an important civil right."

Individually, we have no Gladstonian proclivities, but we consider his appointment of the Marquis of Ripon as Viceroy of India a very just and proper act. It is utterly ridiculous to exclude any one from service to the State on account of theological differences. The British State belongs to all British citizens, whether Jew or Gentile, Heathen or Theosophist.

We welcome *The Star in the East* on account of its broad Christianity and catholic British spirit. We wish it great success.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homœopathic World.

THE HOMŒOPATHIC CONGRESS.

DEAR SIR,—I beg to inform you that a Congress of Homœopathic Medical Practitioners will be held at the Great Northern Railway Station Hotel, Leeds,¹ on Thursday, September 9th, at 10 a.m.

The business of congress will be opened by an address by the president, Dr. Yeldham, on "The pursuit of certainty in medicine."

After the president's address, a short interval will allow the treasurer to receive subscriptions; then Dr. Burnett will read a paper on "The prevention of hare-lip, cleft palate, and other congenital defects; as also of hereditary diseases and constitutional taints by the medicinal and nutritional treatment of the mother during pregnancy."

Dr. Gibbs Blake will exhibit some laminated casts of the bronchial tubes from a case of plastic bronchitis.

¹ There is another hotel in Leeds called "The Great Northern."

At 1 o'clock the president will leave the chair for an hour.

At 2 o'clock a paper will be read by Dr. Drysdale on "The need and requirements of a School of Homœopathy."

After Dr. Drysdale's paper the congress will resolve itself into a committee to receive the report of the sub-committee anent the World's Convention of 1881, and of the Hahnemann Publishing Society; to elect a president and office-bearers; to select the place of meeting for the next congress; and to transact any other business which may be necessary.

The members will dine together at the Great Northern Railway Station Hotel, Leeds, at 6 p.m.

The subscription to the meeting, including the dinner, is ten shillings and sixpence.

I am, dear Sir,

Faithfully yours,

J. GIBBS BLAKE, *Hon. Sec.*

24, Bennett's Hill, Birmingham,

July 22nd, 1880.

THE LEEDS CONGRESS.

SIR,—In sending round my circular relative to the forthcoming congress, I feel that I have hardly given sufficient prominence to what will have to be done thereat in regard of the International Convention, which for next year takes its place.

Will you allow me to use your pages to remind our colleagues that at Leeds the final arrangements for this important gathering (including those of finance) will be presented by the committee, and discussed, and adopted by the congress; and that the office-bearers for next year to be then elected will be those of the convention. I need not say that these considerations form an additional inducement for every one of us to be present who can possibly manage it.

I remain, yours faithfully,

Aug. 19, 1880.

J. GIBBS BLAKE, *Hon. Sec.*

BUMSTED'S SEA SALT.

SIR,—In your notice of sea-salt in last month's issue of your magazine you were so good as to commend the article which bears our name for its appearance, but stated that it

would be well if we gave an assurance that the salt was made from pure sea-water. We are happy to be able to give the most unqualified assurance on this point.

Our salt is made three miles and more from any town, in proof of which we beg to hand an extract from our correspondents abroad at the manufactory:—

“In answer to your question if we obtain the salt near our town, we can inform you that the pans most approximated to the town are at a distance of three miles, and so they continue up the river until a distance of twenty-seven miles. Consequently you may be convinced that your salt is quite free from all possibility of contamination.”

We may, perhaps, explain sea-salt is made by evaporation of sea-water by solar heat, the brine being too weak to allow of the expensive process of evaporation by coal. Full particulars of the process may be found in “Muspratt’s Chemistry,” from which we have taken the following analysis of sea-salt:—

Chloride of Sodium	0.890402
Water	0.061000
Insoluble residue	0.001900
Chloride of Magnesium	0.023870
Sulphate of Lime	0.009800
Sulphate of Potassa	Trace
Sulphate of Soda	0.014475
Silicate of Soda	0.000337
Iron (Fe ₂ O ₃)	0.000400
Alumina (Al ₂ O ₃)	0.000500
	<hr/>
	1.002684

Recommended to be applied with friction as a counter-irritant and discutient in glanular enlargements and chronic diseases of the joints.

We are, Sir, yours faithfully,

D. BUMSTED AND Co.

36, King William Street, London Bridge, E.C.
21st August, 1880.

THE ALLOPATHIC CLIQUE IN DUBLIN.

DEAR MR. EDITOR,—On perusal of the late manifesto of the Dublin College of Surgeons, it strikes me as a very

laughable farce. They would, if they could, deprive their licentiates of their licence, but the Medical Act, happily, stops them there. We make Acts that wisely *re-act*. There are men of their lot independent enough to *defy them*, and if they are deprived of their Fellowship, ex-Fellow or late Fellow may be *more glorious* than the peacock's feathers. I wonder they did not command the offenders to surrender all drugs bearing the offensive name, and make a general bonfire of surreptitiously-obtained books, putting thereto some of their own lumber, and adding a rider that any of their clique seen to enter a homœopathic chemist's (there are several such in Dublin) would suffer the vengeance sold and distilled only by their body. We know how dangerous edged tools are and how prone allopaths are to go to *our* chemists for their *poisons*—not *billionths*, of course, but *sensible* doses, such as become sensible men. What a funny thing it would be if one of these days a mass meeting of the public would teach these *gamins* a lesson, who have not yet learned the difference between *idem* and *simile*! As I look at my dispensary book lying before me, I find that I am within two of the gracious number, *twenty-seven thousand*—a small mite as things go, but an evidence that the "idiot" public on this side the water do make a distinction between "*quacks*"—AND "QUACKERY." I am one of the quacks *drinking in* the inspiration of Hahnemann, "*sed longo intervallo*," nevertheless, as all ducks do, I raise my head and say, "*Quack, quack, quack*," for all these blessings, not omitting the billionths.

Yours faithfully,

HENRY USSHER.

1, Lansdowne Terrace, East Hill, Wandsworth,
August 3rd, 1880.

DR. BAYES ON A MUTUAL RECOGNITION SCHEME.

SIR,—Owing to the notices for congress having been already printed when I forwarded my request to be allowed to read a paper on the above subject, I am compelled to ask you to allow me to announce through your pages that it is my intention to read a short paper at the coming congress at Leeds on September 9th on the above subject, in view of utilising the means of homœopathic education at present existing in America and other countries, for the purpose of supplying the demand for qualified homœopathic practi-

tioners in England until we are able ourselves to fully educate and licence graduates of our own:

Yours very sincerely,

WILLIAM BATES, M.D.

21, Henrietta Street, Cavendish Square, W.

HOMŒOPATHIC ASYLUMS FOR THE INSANE.

DEAR SIR,—Dr. Henry R. Stiles, formerly Medical Superintendent of the New York State Homœopathic Asylum for the Insane, has forwarded the enclosed article, together with the sixth annual report of that institution (for the year 1876). Both are extremely interesting, and for the benefit of general readers I subjoin a few extracts from the report.

The first portion of this report deals with appointments, general arrangements, building requirements, and estimated expenses; the second (section A) is the treasurer's report; and the third (section B) is that of the medical superintendent. This latter states that during the year 113 patients had been admitted, 110 had been discharged or died, and 85 remained (as against 82 in preceding report). There were discharged cured 27 males, 19 females, total 46; discharged improved, 8 males, 4 females, total 12; discharged unimproved, 12 males, 24 females, total 36; escaped, 2 males; died, 6 males, 8 females, total 14. Particulars are fully stated, and it is added:—

“The medical treatment of this asylum still retains the three cardinal features with which we commenced, viz. (1) An entire avoidance of any of the forms of anodyne, sedative, or palliative treatment; (2) A scrupulous adherence to the homœopathic law of treatment; (3) The use of the single remedy in all our prescriptions. . . . Concerning restraint, we remarked in last year's report that it had ‘been employed only by direction of the medical officers, and it has been found possible, by means of tact and patience, to restrict its use, even in violent cases, almost to a minimum.’ . . . Paroles, entitling the patient to enjoy exercise in the open air unattended, and within certain restrictions as to distance, etc., are granted whenever circumstances seem to admit of it, and are very rarely abused. . . . In this connection I may mention ‘discharge paroles’ . . . of from one to six months' limit, to such patients as simply left us with any possibility of being obliged to return to us . . . on these conditions, viz. (1) That the patient's mental and physical

condition should be honestly reported to us, at stated times, by the friends; (2) That in case of the return of any unfavourable symptoms within the time specified in the parole, the patient should be promptly returned to our charge, and in such case would be received again on the original commitment papers; (3) That if the patient remained well at the expiration of his parole, he should then be considered fully discharged as cured. In this manner we have paroled eighteen patients, but a single one of whom has ever returned to us; and, though we have maintained a correspondence with the relatives of such cases, we have never heard of any lapse from recovery. . . . During the summer and fall of 1876, two new features were introduced into the social life of the asylum. One of these was the 'Sabbath evening praise' service, or 'sing' . . . the other is the 'reception evening,' on which, one week, the ladies of the 'convalescent ward' invite the gentlemen convalescents over to their ward, and the next week the gentlemen return the compliment."

Then follows an account of the "patients' surprise party," the inmates being driven eight miles, to the country residence of Mr. Joseph Brewster, for a social evening, and an oyster supper. Then comes a reference to the "Christmas Tree," of 1875; and the report concludes with a further reference to the general necessities of the institution.

It appears that the notation of each entry "embraces not only all that can be gleaned of the history of the case before admission, but a brief and complete daily record of its mental and physical symptoms, the medicine, dilution, and form of administration, and of everything in fact which contributes to preserve a perfect picture of the case and its treatment."

An account of these remedies, and the noted effects of different dilutions, would be interesting and instructive. A case of acute mania under my care two years since was signally benefited by *Belladonna* 200, both in the first instance and for a subsequent relapse, after *Bell.* 3 had failed; and the patient remains well. On the other hand, my own congestive headaches yield more readily to the mother tincture or first decimal.—Yours faithfully,

S. MORRISON.

St. Saviour's Road, Brixton Rise, Aug. 7th.

[Dr. STILES' article has been crushed out, but will appear in our next.]

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 4, Harley Place, Harley Street, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E. C.

SUBSCRIBERS TO ALLEN'S ENCYCLOPEDIA OF PURE MATERIA MEDICA will be glad to learn that the REPERTORY to the above great work will be ready for delivery in September.

DR. ALFRED C. POPE, Lecturer on Materia Medica and Therapeutics at the London School of Homœopathy, and one of the editors of the "Monthly Homœopathic Review," has been elected an Honorary Member of the American Institute of Homœopathy.

ANSWERS TO CORRESPONDENTS.

DR. BERNARD-HARDENPONT, Mons, Belgium.—Your paper on "*A Case of Prurigo cured by Rumez Crispus, with Remarks,*" will appear in our next number. We are much obliged for your able literary aid. British Homœopaths hope to welcome you, and many of the homœopaths of Belgium, at the *International Convention* next year. You must all come and show the

world that brave Belgium is not only to the front in material progress but also in our glorious Homœopathy.

DR. S. H. BLAKE, Liverpool.—Your paper entitled "Some Words on Diarrhœa" will appear in our next issue.

MR. L., Paris.—Dr. V. Léon Simon resides now at 5, Rue de la Tour des Dames, Paris.

CORRESPONDENTS.

Communications received from Mr. Alfred Heath, London; Dr. Shuldham, Boulogne-sur-Mer; Dr. Clare, Leeds; Dr. Pope, London; Dr. Ussher, Wandsworth; Dr. Harmar Smith, Ramsgate; R. Metcalfe, Esq., London; Dr. Morrisson, Brixton Rise; Rev. W. Norris Calcutta; Dr. Dudgeon, London; Dr. Clarke, Ipswich; Dr. Sanwall Das Ramasuehi, Lucknow, India; Dr. Hughes, Brighton; Capt. Maycock, London School of Homœopathy; Dr. Bayes, London; Dr. Berridge, London; Alfred L. Marchant, Esq., Bristol; Dr. Hahnemanu Blake, Liverpool; Dr. Bernard-Hardenpont, Mons, Belgium; Mr. Dufty, Sheffield; Dr. Reed, Wycombe; Dr. Gibbs Blake, Birmingham.

BOOKS AND JOURNALS RECEIVED.

The American Observer, July, 1880.

Modern Thought, August 1, 1880.

Allgemeine Homœopatische Zeitung, Bd. 101, No. 3, 4.

Sick Nursing at Home, being Plain Directions and Hints for

the Proper Nursing of Sick Persons and the Home Treatment of Diseases and Accidents in Cases of Sudden Emergencies. By S. F. A. Caulfeild. London: The *Bazaar* Office, 170, Strand, W.C.

The St. Louis Clinical Review, July 15, 1880.

The Medical Advance, July, 1880.

Urania, August, 1880.

Monthly Homœopathic Review, August, 1880.

The New York Medical Eclectic, June, 1880.

The Star in the East, Calcutta, July 18, 1880.

El Criterio Medico, xxi., Num. 70.

Plain Directions for the Treatment of Common Complaints and Homœopathic Medical Directory. London: Leath and Ross.

The Medical Counsellor, May, 1880.

The Medical Tribune, July 15, 1880.

Annals of the British Homœopathic Society, August.

Allgemeine Homœopathische Zeitung. Bd. 101, Nos. 5, 6.

The Journal of Medicine and Dosimetric Therapeutics, Aug.

The Dublin Journal of Medical Science, August, 1880.

The Barbados Globe, three numbers.

The Clinique, July 15, 1880.

The Midland Christian News, four numbers.

Revue Homœopathique Belge, June, 1880.

The Thirtieth Annual Report of the London Homœopathic Hospital, 1880.

The Chemist and Druggist, August 14, 1880.

The New England Medical Gazette, August, 1880.

The North American Journal of Homœopathy, August 1880.

Hot Air versus Hot Water Baths for the Working Classes. By Richard Metcalfe, F.S.S.

Testimonies to the Efficacy of Hydropathy in the Cure of Disease. By Richard Metcalfe, F.S.S.; E. H. Nolan, Ph.D., LL.D; and the late Lord Lytton.

The Homœopathic Times, August, 1880.

The Medical Press and Circular, August 18, 1880.

Sanitas Sanitatum et omnia Sanitas. By Richard Metcalfe, F.S.S.

The Homœopathic Times, August, 1880.

Archivos de la Medicina Homeopatica, Año. IV., Tomo II., Num. 66, 67.

Night and Day.

The Hahnemannian Monthly, August, 1880 (with portrait of Hering).

Allgemeine Homœopathische Zeitung, Bd. 101, Nos. 7, 8.

The Athenæum, August 14, 1880.

The Homœopathic World.

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LEADING AND GENERAL ARTICLES:—

The Allopathic Clique in Dublin,

The Way to Win.

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Auto-Inoculation as a Means of Diagnosis.

On Phosphorus in Organic Diseases of the Eye.

How they Die. V. Arsenical Wall-papers.

The Hahnemann Lecture or Oration.

Notes by the Way: Arsenical Papers

Again.

The Progress of Homœopathy in America.

The Sea Salt Bath.

LITERATURE.

CORRESPONDENCE.

SHORT NOTES, ANSWERS, ETC.

THE HOMŒOPATHIC WORLD.

OCTOBER 1, 1880.

THE LEEDS CONGRESS, 1880.

THOSE practitioners of medicine who represent science in therapeutics and whose leading light is the law of similars came together in congress at Leeds, at the Great Northern Railway Station Hotel, on Thursday, September 9th, at 10 a.m.

The business of congress was opened by an Address from the President, Dr. Yeldham, on "The Pursuit of Certainty in Medicine."

After the President's Address Dr. Burnett read a paper on "The Prevention of Hare-lip, Cleft Palate, and other Congenital Defects; as also of Hereditary Diseases and Constitutional Taints by the Medicinal and Nutritional Treatment of the Mother during Pregnancy." But previously Dr. Drysdale proposed a resolution expressing the regret of the congress at the death of the venerable Dr. Hering, and after lunch Dr. Drysdale read his paper on "The Need and Requirements of a School of Homœopathy." This was followed by Dr. Bayes's paper on the same subject, and a general discussion ensued.

In the evening the members dined together at the above-mentioned hotel.

The laminated casts of the bronchial tubes from a case of plastic bronchitis that were exhibited by Dr. Gibbs Blake, of Birmingham, were examined by the members with much interest. We think the example set by Dr. Gibbs Blake a very good one. If the most interesting pathological specimens that come across our paths during the year were carried to our congresses these would thereby gain in scientific interest. This is the more desirable because we are shut out from the ordinary societies on account of our love for science in therapeutics in lieu of chaotic empiricism.

The President's Address was worthy of the man, full of sound common sense and practical wisdom, the outcome of a long and successful career as a homœopathic physician.

F F

The Pursuit of Certainty in Medicine! Ay, that is the pivot round which the whole medical world revolves. To a very large extent our law of similars gives us the basis of this certainty. This was duly insisted upon by Dr. Yeldham. The pith and marrow of the Address lie in two suggestions. First, that our *Materia Medica* is overcrowded with drugs that produce embarrassment in our choice of the remedy. And, secondly, that this requires mending by subjecting the six hundred odd medicines in "Allen's Encyclopædia of Pure *Materia Medica*" to the tender mercies of a committee of revision. Individually we do not agree with this; we desire to see none cast out, because casting out one remedy will not give us any knowledge of what remains. *Hamamelis Virginica* is in the meantime only an empirical vein-medicine, a pain-killer, and good for bruises. Now, suppose we expunge this from our list of remedies, will that help us to a better knowledge of *Pulsatilla*, *Acidum fluoricum*, or *Sepia*? We fear not. We certainly want a better knowledge of our remedies, but there is nothing to prevent us from using our present stock with success if we have recourse to our Repertories. As Hering said, "If I want a new hat, I am more likely to get one to fit in a shop with a large stock than in one with but a small stock." So it is with us in the choice of the right remedy; we are, *cæteris paribus*, more likely to find the *simillimum* for a given case of disease amongst 600 than amongst 500 remedies. Dr. Yeldham's paper will be found *in extenso* in the *Monthly Homœopathic Review*.

Dr. Burnett's paper excited a good deal of interest and a lively discussion; our readers will find it further on.

Dr. Drysdale's paper was clever and exhaustive, and, together with Dr. Bayes's, leaves nothing more to be said about schools; so let us now buckle to and TEACH our *Materia Medica* and therapeutics, and assert our rightful position as the representatives of scientific medicine.

We cannot claim to give a complete list of all the members of congress, but the following gentlemen were amongst those present, viz., Dr. Bayes, London; Dr. Dyce Brown, London; Dr. Black, London; Dr. Gibbs Blake (General Secretary), Birmingham; Dr. S. Hahnemann Blake, Liverpool; Dr. Burnett, London; Mr. Cyrus Clifton (son of Dr. Arthur Clifton), Northampton; Dr. Drury, Bournemouth; Dr. Drysdale, Liverpool; Dr. Dudgeon, London; Dr. Hayward, Liverpool; Dr. Alfred E. Hawkes, Liverpool; Dr. Kennedy, Newcastle-on-Tyne; Dr. Edward Madden, Birmingham;

Dr. Maffey, Bradford; Dr. Moore, Liverpool; Dr. Moir, Manchester; Dr. Nankivell, York; Dr. Herbert Nankivell, Bournemouth; Dr. Neild, Plymouth; Dr. Owens, Leamington; Dr. Pope, London; Dr. Potts, Sunderland; Dr. Powell, London; Dr. Proctor, Birkenhead; Dr. Ramsbotham, Leeds; Dr. Reed, High Wycombe; Dr. E. B. Roche, Norwich; Dr. Scott, Huddersfield; Dr. Simpson, Liverpool; Dr. Wheeler, London; and Dr. Yeldham, London, alphabetically the last in our list, but the much respected President of the congress, verifying the saying that the last shall be first.

There were others present, but we could not obtain their names. We cannot maintain that the Leeds Congress was very numerously attended, but we can affirm that it was, nevertheless, a decided success, and the spirit that prevailed throughout the day was genial and kindly in the extreme.

Many homœopathic practitioners never take the trouble to attend our congresses, they lack in public spirit; others are usually unable to attend from general circumstances, while others, again, usually attend, but were this time prevented by special circumstances.

Thus, Dr. Arthur Clifton, of Northampton, was this year prevented from attending owing to family bereavement; many missed his genial presence.

The veteran Dr. Sharp, F.R.S., of Rugby, finds the fatigue of attending congress now too great owing to advancing years; he will be missed, for he has contributed many able papers to our general stock of knowledge at our congresses. May Providence still grant him many bright and pleasant years of useful life.

Dr. Roth was away attending the International Congress of Hygiene at Turin.

In the afternoon the preliminary arrangements for the International Homœopathic Convention to be held in London in 1881 were made, and the office-bearers appointed. Dr. Edward Hamilton, of London, is the President Elect, and his election is likely to give almost universal satisfaction, as he is a fine type of the English gentleman. The Vice-President Elect is the learned Dr. Richard Hughes, of Brighton. The Treasurer is Dr. Bayes, of London, whose energy and public spirit were warmly eulogised at the congress, and who will, doubtless, powerfully aid in rendering the World's Convention a great success.

Dr. Gibbs Blake, of Birmingham, is the General Secretary; Dr. Hayward, of Liverpool, Local Secretary for America; and Dr. Burnett, of London, Local Secretary for Europe.

We believe all these gentlemen will work together with the one object of rendering the International Homœopathic Convention of 1881 a grand success; they will be supported in their endeavours by the best men of the homœopathic body throughout the world.

The proceedings of the day were worthily concluded by a splendid banquet given in a magnificent apartment of the hotel.

Good readers, save the superlatives, the apartment is magnificent, and the banquet was splendid. Witness the *menu, que voilà* :—

Potages—Printanier, Crêcy. *Poissons*—Turbot, Sauce Hollandaise, Filets de Merlans au Gratin. *Entrées*—Bouchées à la Moëlle, Poulets Sautés Marengo. *Relevés*—Selle de Mouton Duchesse, Aloyeau de Bœuf Roti, Jambon au Madère. *Rots*—Grouse, Perdreaux. *Entremets*—Ananas à la d'Orléans, Pudding International. *Dessert*—Glace Panachée.

We do not claim any special medical interest for this *menu*, but we reproduce it, first, in gratitude to our host; secondly, to prove that the banquet was really splendid; and last, but verily not least, to tantalise those of our colleagues who did not come to the congress, and we sincerely trust the perusal of this *menu* will make their mouths water at the very thought of the *bonnes bouches* we all (as many as went) enjoyed at the Leeds Congress in 1880.

The members of congress learned with much regret that the local secretary, Dr. Clare, was prevented from assisting at the day's proceedings by passing indisposition; their gratitude to Dr. Ramsbotham, for his almost perfect arrangements, and his readiness to assist, is so much the greater.

LECTURES ON CLINICAL MEDICINE, MATERIA MEDICA, AND HOMŒOPATHIC THERAPEUTICS, AT THE LONDON SCHOOL OF HOMŒOPATHY.

WE would remind medical students and allopathic practitioners that Dr. Dyce Brown is about to commence lecturing on Clinical Medicine, and Dr. Pope on Materia Medica, at the above School. Intending students should send in their names to the Hon. Sec., Dr. Bayes, or to the lecturers.

ON THE PREVENTION OF HARE-LIP, CLEFT-PALATE, AND OTHER CONGENITAL DEFECTS: AS ALSO OF HEREDITARY DISEASE AND CONSTITUTIONAL TAINTS BY THE MEDICINAL AND NUTRITIONAL TREATMENT OF THE MOTHER DURING PREGNANCY.

By J. C. BURNETT, M.D.

Read before the British Homoeopathic Congress held at Leeds, Sept. 9, 1880.

MR. PRESIDENT and GENTLEMEN,—I take the liberty this morning of calling a little special attention to a subject fraught with considerable interest to us as human beings, as men of science, as biologists, and as practitioners of medicine and family advisers.

Should this paper set you a-thinking, and call forth a discussion and an expression of opinion, and also elicit the experience of those grown grey in the service of scientific therapeutics, I shall learn much therefrom.

I cannot hope to do more than just suggest a line of thought, but in every exercise some one must start, and so I beg leave to address you a few words on the above subject.

When a good gardener puts seed into the soil, he takes care that it shall be supplied with whatever experience teaches him is conducive to its development and growth; he does so because he knows that the future plant can be thus modified while still in Nature's earthy womb; indeed, we may say the plant never gets beyond this stage of dependency, as it lacks locomotive power.

We all know how chemistry has been successfully applied to scientific agriculture; and any Hodge looking at a poor crop of wheat in a field will be shrewd enough to surmise that the manuring or tilling had been neglected. He knows full well from what he sees in his own cottage plot that the well-dunged carefully tended portions bear the best crops, and that what there grows is not so readily affected by disease and drought by reason of its more sturdy growth.

Any country schoolboy knows that the poorest apples are on the neglected trees of hedgerows and of neglected grazed orchards, while the fine juicy ones are within the well-kept garden.

Who has not noticed the scraggy, stunted appearance of the calves born of the kine that are turned out to common or forest after they cease to give milk? The future mother-cows

lead a hard life, and get but poor sustenance, and their offspring are proportionately undersized and ill-conditioned, and have an ancient, wizened appearance generally.

Similarly, in the human subject, the child of the well-fed, well-worked, cheerful, happy woman, living in a sunlit airy habitation, is at birth the finest specimen of its kind.

On the other hand, what a miserable sight do the newborn babes of our courts and alleys, and of the pampered, tight-laced, high-heeled, lazy, lounging, carriage-possessing women of the higher classes present! The extremes meet; the poor blanched creature, half-starved, over-worked, shut up in some close sunless dwelling, brings forth fruit very like that of her pale-faced, over-fed, under-worked, sofa-loving sister of the mansion and of the palace.

And nature is inexorable; look at our bills of infantile mortality if you do not believe it. It is well so; God ordained in His undeviating laws that the fittest should survive, and they do.

Clearly, then, *we may take it for granted that the development of the fruit within the womb can be modified for good and for ill.*

We need not mince the matter; the future human being is made up of four principal factors. First the maternal ovum; secondly, the spermatozoon of the father, which requires, thirdly, a suitable soil for its development and growth. The womb is this suitable soil. These three factors being given, the blood of the mother supplies the fourth.

In the entire plant and animal world, the choice of the seed and soil lies more or less within ken and control, and faulty specimens get a short shrift, while the more fit are allowed to multiply; or in a wild state the weak are crowded out by the strong, and thus the fittest survive.

In our stock-breeding, the bovine and ovine species are well weeded of their faulty and diseased specimens by the butcher. That innocent individual, called the butcher, purchases the rickety or scrofulous calf of the honest farmer, and John Bull enjoys his *Kalb-fleisch* through the Norman medium of veal. Thus nature cares for the survival of the fittest of the bovine species.

With the human species it is very different; faulty specimens of man may not be annihilated for the bettering of the race, and civilised life tends to the protection and fostering of the physically faulty, and hence to the deteriora-

tion of the race. This is one great reason why civilisation tends to the destruction of society through a gradual deterioration of the race by the preservation of the weak from destruction under the reign of law, and by the collateral power of wealth.

In a savage state the weakling goes to the wall; in a civilised state he may be very rich, and of ancient lineage, and then it becomes most important, from the particular standpoint, that he should be married and beget offspring. This ramifies all up and down the various social strata. So in the end the barbarians are strong, and then numerous, and then they break in upon a highly-civilised community, and a reconstruction of society ensues.

It remains to be seen whether science and art will in the future be able to save civilised society from being overwhelmed by savage hordes.

The true source of national greatness is large families of healthy children; these are the only true "fruits of philosophy." Those other "fruits of philosophy" are rotten at the core, and, like all rotteness, lead by the shortest road to annihilation, having here, however, a preliminary stage of bondage and servitude to the seed of the truly philosophically fruitful.

Surely it would be a strange philosophy that came in the mouths of ranting demagogues; *fruit* is the means of reproduction; *Dawn of Destruction* is what they mean.

Mankind is moved to marriage from purely selfish motives; the pairing takes place for almost every reason except for the physical bettering of the race. No doubt it is well so; the production of the most massive members, or of the biggest brains, can hardly be the chief end of man.

Still nature works wisely in making us all, more or less, worshippers of physical beauty and strength; and when the period of motherhood comes nigh, perhaps no greater fear is known than that of ill-formed offspring. It may not be often expressed, but if you could look deep into the sacred secrets of the expectant's heart, you would know that many are the prayers that fly upwards for the great and blessed gift of a *perfect* child.

Is it all right?—Is it *perfect*?—is very commonly the first question one hears after the newling's *entrée au monde*.

To what does all this beauty-worship conduce? To the amelioration of the race. Many an important family has been saved from dying out by a supposedly ignoble *mésalliance*.

The British aristocracy is recruited from the ranks of the commoners in more ways than one.

To pretend to inaugurate marriages on racial or scientific grounds is crooked; and although the good old institution known as the family doctor may now and then be asked about the physical desirability of a given projected union, still this is very rare, and when it occurs it usually serves as a cover for other and occult reasons. Therefore, the physician's rôle begins later on. We all know what it usually is.

But to-day I propose directing attention to a subject that has met with but comparatively little notice—certainly with much less than it deserves. I mean the medicinal treatment of the human fruit, while still within the womb, for the cure of hereditary taints and for the prevention of deformity.

My attention was more particularly directed to the subject some six years since in the following manner:—

At the end of the year 1874 I was consulted by a gentleman about his children, the youngest of whom had double hare-lip. He had some confidence in homœopathic treatment, and was desirous of knowing whether there were any means of getting the wound to heal well after the operation for hare-lip that an able surgeon was on the point of undertaking. I recommended him the local application of *Calendula officinalis* as an excellent and well-established vulnerary, especially to clean wounds. The operation took place, the gentleman used the *Calendula* as directed, and the surgeon, a man of some experience, declared he had never before seen such a rapid healing process or such a nicely-healed surface in any of the cases of hare-lip on which he had operated.

The reputation of *Calendula* (the common marigold) as a vulnerary is very old, but it survives almost exclusively in the homœopathic school, in which it is, as you all know, in daily use.

The next older child than the one operated on had, and has, a slight insufficiency of the upper lip; if it were a little worse it would be hare-lip.

Subsequently this gentleman consulted me in regard to his own health, and after the consultation the conversation fell upon his children, upon the excellent result of the operation, and the rapid healing of the wounded parts. Then regret was expressed, especially as the child was a girl, as of course the neatest scar can never constitute a perfect or pretty lip. At the best it is only passable, and not particularly unsightly.

Finally he said, "In case my wife should have another child, what would you expect the next to be like?"

I answered, "That cannot be determined; but taking all the circumstances into consideration, viz., that your first child is perfect, that your second child has only a slight defect in the upper lip, that your third child has double hare-lip, and that your wife was in apparently good health with these, all equally, I should expect the next to have hare-lip also, a little worse than the last, and perhaps even cleft-palate."

He further inquired whether anything could be done to prevent it? My answer was, that I knew of no special experience on the subject at all, but as the body fruit could certainly be affected medicinally, I should think hopefully of properly directed medicinal treatment of the mother during pregnancy. I promised to do my best, and he said he would let me know if any further pregnancy should occur, and place the mother under my treatment.

The subject took hold of my mind, and I often animadverted upon it. Many remedies suggested themselves, and many plans of treatment; the one that found most favour with me was to be based upon specificity of seat or local drug affinity. I reasoned that any drug that would specifically affect the upper lip and palate might act as a stimulus to the part if coursing in the mother's blood, and thus bring about complete union of the bilateral parts. But an insuperable difficulty here presented itself—viz., I knew of no such drug with anything like a strongly-expressed affinity for the part. Such remedies as *Kali Bichromicum*, *Aurum*, *Iodine*, *Mercury*, *Natrum Muriaticum*, *Mezereum*, *Phosphorus*, were thought of, but I did not feel the local affinity idea was workable here.

I then thought of tissue affinity or specificity of histological seat, as worked out in its fullest extent of late years by Dr. Schüssler, of Oldenburg, in regard to disease. I thought that a formative element of the tissue might be wanting, and thus condition imperfect development. If we grow wheat, we must supply its elements, as manure, to the soil, and if we grow tissue we must supply its elements in the mother's blood which is the food of the fœtus: if the wheat just fail to finish the ear, we conclude formative elements are wanting; if the absolute concrescence of the bilateral parts of the human fœtus just fails of completion, we may fairly assume that formative elements are lacking. So I thought. And in order

to try to find out *what* was likely to be lacking, I went over embryology a little, and I will ask you to go over exactly the same ground as myself presently, by giving a short *résumé* of the development of the involved parts first, and then show how, and what remedy I diagnosed.

The surgeon who had operated on the little girl, and also the family accoucheur who assisted at the operation, were also consulted upon the hoped-for possibility of preventive treatment in the then future; but these gentlemen laughed at the idea, and said the only thing for it was operation, prevention being out of the question.

But we may reflect upon the fact that it is not at all an uncommon thing in our hospitals, and occasionally in general practice, to treat a pregnant person suffering from syphilis very actively with *Mercury*, and the results are on the whole very encouraging indeed; still, as far as I am aware, it is seldom that any physician attempts the intra-uterine treatment of any other complaint, and even here the *idea* has generally been to treat the *mother* only, or principally.

In thinking the matter over, and endeavouring to find some sound reason to guide me in the to-be-attempted preventive treatment of hare-lip, I was encouraged to hope for a good result from the recorded experience of a few homœopathic obstetricians who tell us of the successful medicinal treatment of the uterus and of the expectant mother herself; for it seemed no great difficulty, theoretically, to modify the development of the foetus, which grows in the uterus and is fed with the blood of the mother, seeing that both the mother's blood and uterus can, demonstrably, be modified therapeutically.

Now, although I felt the idea of trying to prevent hare-lip with the help of *specificity of seat* in the ordinary homœopathic sense unworkable, still this lay in the nature of the case rather than in the nature of the thing generally. Thus in those liable to beget offspring with defects or deformities, or displacements of organs, or parts to which we have approved remedies with specific affinities for such organs or parts, we might, and undoubtedly should, find it of eminent service, and also of the careful application of the homœopathic law of similars; also of the tripartite pathology of Hahnemann; and of the constitutional states of Grauvogl, and perhaps, even of the *Remedia Universalia* of Rademacher.¹

¹ A *Remedium Universale* is not a would-be panacea or cure-all, but one that hypothetically affects the universe of the microcosm, *i.e.*, not an organ.

But to return, let us examine the embryology of the parts involved in hare-lip and cleft-palate.

Biologists tell us that the face is originally formed of a middle portion proceeding from the forehead, or frontal process, and of a lateral portion on each side, derived from the superior extremity of the first visceral arch. These parts are at first separate.

The lateral and the inferior parts, destined to form the superior and inferior maxillary apparatus, are both derived from the first visceral arch, in which an angular bend appears; the part above this bend being converted into the superior maxillary mass, and that below it into the inferior maxillary apparatus.

The superior maxillary mass, in its growth, approaches the frontal process, and unites with it; a cavity being left between that process and the two superior maxillary masses, which becomes the nasal cavity. By the union of the superior maxillary masses (the superior maxilla and palate bone) of opposite sides beneath this cavity, the separation of the nose from the mouth by the palate is effected.

The mode of development of the face affords an explanation of the abnormal cleft-palate, and the congenital cleft between the upper maxillary and the intermaxillary bone, and of those congenital fissures which pass between the intermaxillary and upper jaw, as far upwards as the orbital cavity. Congenital clefts of this kind are thus the *results of an arrest of development occurring during the primitive conditions of the parts.*

We may, therefore, infer that cleft-palate is due to lack of a due supply of formative material; the superior maxillary masses ossify indeed, but fail to unite in the median line. If so it will follow that if the requisite amount of formative matter be supplied soon enough to the maternal blood, it will be given off to the fœtus, and tissue osseous union will take place, and deformity will be prevented.

But the skeleton may unite in the middle, and yet the soft parts fail to do so; and when this occurs with those of the superior maxilla, the deformity known as hare-lip is the result.

We may regard the basis of the upper lip structure as already differentiated into connective tissue, which is indeed the stroma of the whole body, and of all its organs: When, therefore, the soft parts fail to unite in the median line of the upper lip, and we get the ugly defect known as hare-

lip, we may conclude that the development became arrested from a lack of one of its constituents *in developmental or functional power*.

All things considered, I concluded it was, in this case, *lack of lime-life*.

Then the next point was—which salt of lime? Here the psoric constitution of the mother pointed to *Sulphur*.

My conception was not that there was an actual lack of lime as such, but rather a lack of assimilative or developmental power of the lime-function in the sense of Moleschott and of Schüssler, and that struma or psora (= morbid x) was the hindering agent.

I therefore decided on *Calcarea Sulphurica*, and believing it was *quality* that was required, and *not quantity*, I determined on the sixth centesimal trituration.

This is how I diagnosed, theoretically, a remedy for *this case* of presumptive defective formation, and this remedy I made up my mind to give if the lady should come under my care.

A little time elapsed, and the husband appeared to inform me that his wife was believed to be *enceinte*. *Calcarea Sulphurica*, 6th trituration, one grain night and morning, was prescribed. The lady continued to take it till the end of the seventh month of pregnancy, and during the last two months she took *Lithium Carbonicum*, and at full term *she gave birth to a healthy and perfect child*.

In due course a *second* pregnancy took place. The same course of treatment was adopted, and with the same happy result—viz., a *perfect child*.

Since this time I have kept the subject of the intra-uterine medicinal treatment of the human foetus before my mind; but my experience here has since been for the purpose of preventing, respectively eradicating, constitutional taints and hereditary proclivities. Cases other than those two, for the prevention of defect or deformity, have not hitherto come under my observation.

But this further experience of mine I will refer to again, as an interesting paper, published in the *Practitioner* for December, 1878, by Dr. Thomas P. Tuckey, of County Cork, Ireland, here claims attention. Dr. Tuckey is evidently an original thinker. This paper is entitled, "On the Preventive Treatment of Cleft-palate and Hare-lip, and some further Remarks on the Relation of the Ovaries to the Sex of the Child."

Our author tells us that his attention was directed some

years ago to the remarkable success which has attended the Dublin Zoological Society in the breeding of lions, and the great immunity which animals born in their gardens, in the Phoenix Gardens, enjoy from various disorders and deformities to which the lion bred in a state of subjection is liable. The most remarkable of these diseases is cleft-palate, which lions in a captive state are very apt to have. Dr. Tuckey believes it was the Rev. Professor Haughton, when speaking before some public assembly, who drew attention to this fact, and stated that it was his opinion that the cause of the lions in the Dublin Gardens being born so unblemished was giving the mothers bones which they could crush. This fact very much impressed Dr. Tuckey, and as he happened to have under his observation a family of several children who were all, both male and female, the subject of hare-lips, several of which cases were complicated with cleft-palate, he determined to speak to the mother, who was in poor circumstances, and ask her to let him know the next time she was in the family-way, that he might give her a medicine which would prevent her next child having the same deformity as the others. The poor woman was heart-broken, taking her children here and there to be operated upon, and quite jumped at the idea, and promised faithfully to come and report herself the moment she believed herself to be *enceinte*.

This is the woman's family history:—

Mrs. H., aged 35, mother of six children. Every one of her children have had hare-lips, two have also had cleft-palate. The disease appeared not to be hereditary, and she could not call to mind any of her family, or of her husband's family, who have had hare-lips. Is a fine strong woman, but has fearfully crooked eyes; no other deformity. Has always had good health. Her husband, small, but strong and healthy, never has had any diseases while she has been married to him. He and she have both lived all their lives in the country. He is sober, and has always been so. Her first child had simple hare-lips; no cleft in palate; does not remember getting any frights when carrying her children.

A pregnancy occurred; Mrs. H. presented herself, and the doctor prescribed the following mixture:—

R. *Calcis Phos.* ʒj. grs. 20.
Calcis Carb. ʒj.
Bicarb. Magnes.
Chlorid. Sodii.
Sodæ. Phosph. ā ā € grs. M.

To be added to an 8 oz. mixture composed of *gelatine, gum arabic, syrup of ginger, and cinnamon water*; ʒj. three times daily.

As clefts in the palate and lip are said to be due to arrest of development prior to the end of the third month, Mrs. H. was at once put on this mixture, which is intended to represent a very rough analysis of the constituents of bone. In any future cases Dr. T. thinks he would grind up the bones of the head of some animal, and give some of the powder instead of the above elaborately constructed mixture.

The essential parts of this mixture are clearly the *lime, phosphorus, and magnesia*. The little poly-pharmaceutical performance of adding *gelatine, gum arabic, syrup of ginger, and cinnamon water* is not a little amusing.

But to return. The woman took the mixture regularly until the fourth month; she went her full time, and was delivered of a girl, without a trace of deformity about her lips or palate; the child was healthy and strong.

Hearing of this case, a Mrs. L. came to seek Dr. Tuckey's advice. She was the mother of eight children, most of whom had cleft-palate and hare-lips; in four of them the hare-lip was double, and more shocking objects of deformity he had never seen. One boy was perfectly repulsive. The woman believed herself pregnant, and was at once put on the mixture. She went her full time, bore a girl without hare-lip, indeed, *but who evidently had had one in utero*, for the lip, though united, was united *crookedly*, and one side was puckered up, as if by a slight and narrow burn.

This is, truly, a most remarkable and interesting case.

I must demur to the statement that the arrest of development occurring before a certain period necessarily involves the conclusion that treatment in the later months of gestation would be useless. This is a pure assumption, and based on normal observations. Here we have to do with arrested and *therefore retarded* growth, and hence the nutritional or medicinal treatment should not only be begun early, but continued to the end; and one begun late would still be hopeful of obtaining amelioration, if not of complete normality.

Again, there is an objection to the use of the bone, simply as the lips have not the same constituents as the bones, and in the same proportions; so if we are to give pulverised heads we must give the lips too.

But we, happily, need neither one nor the other; neither

do we need any bulky, cunningly-devised mixture, with nasty or nice additions, to mystify, and obscure, and render our own observations open to objections.

Pure clinical experiment must be with one remedy at a time to be conclusive.

Thus, I may object to Dr. Tuckey's proposition that the *phosphates* did the work in his cases, on the ground that the *tincture of ginger* acted as a stomachic, and strengthened his patient's digestions, so that they assimilated more food, and *thus* were the defects prevented. Another might attribute it to the *gelatine*; a third to the *alcohol*; a fourth to the *cinnamon*.

Then this polypharmacy prevents individualising, which is the soul of all true progress in scientific medicine.

I was once struck with the extreme beauty of a lady's children, both parents being rather plain, and found that she had been in the habit of using a mixture of *phosphorus*, *iron*, and sherry during gestation to keep her strength up. Her own health was seriously injured by it.

I think it will be conceded that it is at least highly probable that the preventive treatment of congenital deformities and defects may be undertaken with good chances of success, and I venture to submit that this corner of the field of practical medicine is well worthy the attention and skill of all physicians, and also of all well-wishers of the race, lay as well as medical.

It will be of surpassing interest to the individuals and families more immediately interested, through having undesirable family proclivities.

There is here great scope for the tissue remedies, especially when dynamised, as it is likely to be qualitatively changed nutritive building material that is required.

No doubt the various cases of congenital defect and deformity differ essentially in their natures, and will require accordingly different remedial or preventive treatment.

This immense field lies fallow ready for the tilling talents of willing workers.

As soon as this is undertaken, facts will multiply, and reliable data will be at hand to guide us.

To draw a line of demarcation between the nutritional and medicinal treatment is not now possible. Undoubtedly some cases will require nutritional treatment solely; others will require medicinal treatment directed to the mother's constitutional crisis; in others, again, a debilitated generative

sphere may claim attention. Or a presumable taint in the marital product may call for the principal intra-uterine therapeutic endeavours.

Here I may narrate the following observation. A lady patient of mine was extremely fond of liver during one of her pregnancies; at least once a week she would partake copiously of it—pregnancy fads are as old as the world. This lady was delivered of a very fine *child that had extensive pigmentation of the forehead*, such as we are wont to see in some ladies during gestation. This brown discoloration gradually disappeared from the baby's forehead in about four weeks. The mother's skin was also in parts very deeply pigmented, but not the forehead.

Hitherto we have referred more particularly to the preventive nutritional and medicinal treatment of defects and deformities; it has, we opine, a certain future.

Perhaps it will now be profitable to consider the subject of disease from the same standpoint.

To start with, we may not do amiss to realise the fact that we get, so to speak, a capital leverage for our therapeutical work, inasmuch as we have a number of months in which to accomplish it. We know from daily experience that numerous diseases can be cured by a *course of treatment* spread over a considerable period of time, but which cannot be modified to any great extent with any *one* given remedy. The various remedies follow one another like steps in a staircase, and they are all needful to reach the top.

Then we have the most favourable physical conditions. Our foetal patients are not exposed to change of temperature, but have a constant temperature in the best possible medium, and they are pretty sure to take their physio regularly.

Ever since my attention was arrested, as before stated, by the observations of hare-lip, I have sought opportunities of testing the truth of this theory—that the body fruit, while still within the womb, can be nutritionally and medicinally modified at will. Further cases of deformity have not presented themselves, but in general practice I have had some opportunities of observing the beneficial effects of the medicinal treatment of pregnant women for the prevention of various to-be-expected morbid states.

Thus, a lady patient of mine has a good many moles and warts on her person, and her husband a great number of warts, some very unsightly, on his. Considering the frequent observations that warts will, at a more advanced period of

life, take on increased action, hypertrophy, and become epitheliomatous, their presence in an individual is not only æsthetically undesirable, but may become the source of positive danger to life; at any rate, they are ugly things at the best. Moreover, both of them are rheumatic and constitutionally strumous. This lady has passed through four pregnancies under my observation and professional care, and during each one I subjected her to a course of treatment with the most happy results. The four children were born with unblemished skins—wartless, moleless, and spotlessly pure.

It may be objected that the treatment had nothing to do with this purity of skin, as the interesting babes might have been equally unblemished without any treatment at all. Of course, I cannot *prove* the contrary, still—

“ Like genders like, potatoes tatoes breed,
Uncostly cabbage springs from cabbage seed.”

My belief is, and it is based on observation, that those four children would in all probability have all been born with unsightly warts on various parts of their persons had the mother not been treated to prevent it.

The course of treatment followed was in this wise—*à peu près*.

Sulphur, generally in the sixth, twelfth, or thirtieth dilution (by preference the last-named), was given as the most certain anti-psoric. This was granted time to act, and then followed *Thuja Occidentalis* as the anti-sycotic *par excellence*. Lest any specific taint lay in its history, *Mercurius* was given. The lady's teeth are very carious, and hence *Acidum Fluoricum* was given for a while; the children have thus far sound toothie-peggies, and teethed normally and without any mediævally superstitious gum-lancing.

Apropos of gum-lancing, if those who still adhere to this barbarous practice would just work up the indications of *Aconite*, *Belladonna*, *Ferrum Phos.*, *Kreasote*, *Calcarea Carb.*, *Calcarea Fluorica*, *Silicea*, *Phosphorus*, and the like, they would soon have, as I have, a *very* rusty lancet, and a very grateful heart, that they no longer need to pain the poor bairns and constitute themselves dreaded objects. Moreover, they would soon satisfy themselves, after a little careful observation, that the gums are not the offending parts, but the unfinished, abnormally constituted *teeth*, and a morbid something lying behind and beyond in the constitutional crisis. *Sapientibus sat.*

A lady, mother of several (five) children, was under my

G G

treatment for a chronic internal skin affection; her husband had formerly been successfully treated by me, for psoriasis of lower extremities, with *Arsenicum*.

The last baby I had treated for eczema while still at the breast, and when it was vaccinated the arm became very seriously inflamed, and the object of anxious care and medicinal treatment. All the five children had had, I was informed, something wrong with the skin, and every scratch with them festered.

The sixth pregnancy occurred, and I treated the lady during the greater portion of it. The principal remedies used were *Psorinum* 30, *Sulphur* 30, *Calc.-Sulph.* 6, and *Juglans Cinerea* 1.

The child came in due course; everything was normal, and the little mannikin was the finest of the lot, and remained for two years with a pure skin, and the vaccination caused no inconvenience. All the other children had had cutaneous affections before they were a year old, and some of them proved altogether intractable.

The child passed from my observation then, but I have heard that it now has "something on its arm," but what I do not know. Supposing it to be a cutaneous affection, the result of the preventive treatment would be that it remained free for the first two years of its life; and moreover, it is by far the finest and handsomest of the six children.

Of course I cannot *prove* that it would have been otherwise if the mother had had no treatment at all.

It was once my duty to treat a conjugal pair, each for the morbus gallicus, that admittedly was a marital acquisition. A pregnancy occurred while only too many unmistakable symptoms were objects of treatment. During almost the whole of the pregnancy the lady was persistently treated with *Mercurius*, *Aurum*, *Stillingia Sylvatica*, and the like, with an occasional pause. The usual term of utero-gestation resulted in the birth of an apparently perfectly healthy spotless child, and, as long as I observed it, it remained so.

No doubt other practitioners are in the habit of treating pregnant women for various ailments, and will be able, from longer experience and greater opportunities than mine, to give more striking examples of its efficacy in regard to the mothers, and perhaps also *quo ad* the offspring.

Having thus gone rapidly over the subject of the prevention of defect, deformity, and disease by the intra-uterine medicinal and nutritional treatment of the pregnant person

during gestation, it only remains for me to apologise for the meagreness of the practical suggestions I am able to offer in the few minutes allotted to me for this paper, and to express a hope that you will freely add hereto in the discussion which is to follow, so that it may be said that I merely give out the text and you, gentlemen, preach the sermon.

WANDERING SHEEP.

By E. W. BERRIDGE, M.D.

THIS text has been suggested by the history of a recent patient, and has led me to ask the question, "Why do homœopathic patients resort to allopathic oculists when their eyes are affected?" My Repertory on the Eyes has brought me a larger number of ophthalmic cases than would ordinarily have fallen to my share, and I have noticed this almost invariable history. They have been homœopathic for years, then they consult an allopathic oculist, who *poisons* and *butchers* them, and then, when the mischief is done, they return to the fold to be cured. The only reason that I have been able to discover for this remarkable aberration is, that they have been taught to regard eye (and also ear and uterine) troubles as purely local, instead of constitutional, as they really are. Specialities in operative surgery are unavoidable, but specialities in homœopathic treatment are an anomaly and an absurdity, and result in one organ alone being treated instead of the entire constitutional state as indicated by the totality of the symptoms. All *true* homœopathic physicians should instruct their patients on this important point.

Here is a case illustrating the folly and mischief of the old school treatment. A lady consulted Mr. X. for uterine disease. He applied iodine and caustic locally. The womb was cured (?), but just as it got well one eye became seriously affected. (Metastasis of the disease.) Then she consulted Mr. Y., an oculist, who (very wisely) told her that *constitutional* treatment was what she required. Afterwards she consulted Mr. Z., a celebrated oculist (whom I once detected disgracefully practising on the ignorance of a patient), and from him received local treatment. She derived no benefit, and after a time went again to Mr. Y., who said she was much worse, *and that he distinctly disapproved of Mr. Z.'s treatment!* In another case one of these infallibles diagnosed strumous

disease at the back of the eye, while another infallible said it was cancer. It would seem that these great men fail to diagnose sometimes, as well as to cure; and if so, why should any homœopath consult them even for an opinion?

I must add, however, that patients who thus wander from the path are often led astray by those who should know better. Another (a uterine) case has just come under my care. She had been to a *professed* homœopath at the West End of London. He inserted a pessary, which gave her much pain, prescribed strong-tasting iodine, injections of borax, and also one marked "poison;" also Eno's fruit salt, Seidlitz powders, and brandy. She derived no benefit, but a removal of the instrument, combined with the administration of the *homœopathic* remedy, as the Master teaches, has already much relieved her.

Spirit of Hahnemann! How can Homœopathy progress as it should when such empiricism is practised under its name? This patient was nearly lost to Homœopathy through it, as I know many are.

EUPATORIUM PERFOLIATUM 1x IN INTERMITTENT FEVER.

By Dr. S. D. RAMASNEHI, Lucknow, India.

BABOO G., aged thirty years, has been in the malarious districts of Bengal, where he suffered from intermittent fever for six months, for which he was given physic, quinine, iron, etc., liberally by the doctors of the old school, till at last he came to Lucknow, still suffering from the disease, and placed himself under my treatment on June 24th, 1879, having at that time very little faith in the homœopathic treatment. The symptoms at the time when he consulted me were: thirst before chill and then vomiting after drinking, vomiting of bile, aching pains in the upper limbs and the back, and as if the bones were broken, no appetite, urine scanty and of a dark colour, hot stage followed by debilitating perspiration.

June 24th. *Eupat.-Perf.* gtt. ij., *Aqua Pura*, ζ iv.; mix; a tablespoonful of this to be given every three hours.

June 25th. The attack this day was not so severe, and he passed a large quantity of urine. *Eupat.-Perf.* every four hours.

June 26th. Attack very slight, urinary secretions still

profuse, no bilious vomiting, appetite improved. Ordered *Eupat.-Perf.*, only one dose in morning.

June 27th. No fever or debilitating sweat; appetite improving. Stop medicine.

June 28th. No fever, improving. No medicine.

June 29th. Improving. *Eupat.-Perf.*, one dose twice a week.

July 4th. Getting strength, appetite good, motions free. Stop medicine. Since then he is all right.

THE CURE OF CATARACT BY MEDICINES.

By Dr. R. J. McCLATCHEY.

APROPOS to Dr. Lewis's review of Dr. Burnett's book on curing cataract by medication, in the May number of the *Hahnemannian Monthly* I noticed, in reading the *Revue Homœopathique Belge*, that Dr. H. Bernard gives some bits of experience of his own while reviewing Dr. Burnett's book in that journal. He says that he "benefited" a lenticular cataract of the left eye, in a person eighty years old, where the sight was gone, with *Cannabis* tincture, the sight returning in six months. He also treated a lady, seventy years old, having the arthritic diathesis, with *Spigelia*, and with marked benefit. He also refers to a case occurring in a young girl, in consequence of disappointment, which he relieved with the *Hypophosphate of Soda*; and in a number of instances he has helped several cases of cataract with *Cannabis* tincture and *Natrum Mur.* 1x, in alternation. As a piece of personal observation I may remark that Dr. Bushrod W. James, of Philadelphia, has brought about a great change within a few months, in a case of cataract occurring in a patient, and, indeed, a relative of mine, so that the lady, from groping about with much difficulty and uncertainty, is now able to go anywhere, and last night danced with great ease and enjoyment. The medicines used thus far in this case have been: *Chimaphila Umb.* 6th, for four months, thrice daily, and *Graph.* 3x trit., a powder every morning, noon, and night, during the past three weeks.—*Hahnemannian.*

HYGEO-THERAPY.

By RICHARD METCALFE, Esq., F.S.S.

(Concluded from page 411.)

THE effect of cold appliances is so well described by Sir John Forbes in the *Cyclopædia of Practical Medicine*, that we cannot refrain from giving the reader the benefit of his opinion.

“The application of cold water to the surface of the body produces an immediate and very powerful influence in the economy through the medium of sensation. The whole nervous system seems suddenly impressed, and as if about to yield beneath some hurtful power; but in general, before any of the important functions have been materially disturbed, the conservative energies are aroused to successful resistance.

“Refrigeration, to a certain extent, must of necessity result immediately from immersion in a cold bath; *cæteris paribus*, it is proportioned to the lowness of the temperature, and the *duration of the immersion*.

“There is an immediate retrocession of the fluids from the surface of the body to the internal parts. The bath produces this effect partly through the nervous impression excited by it, partly by the contraction of the whole superficial capillaries from refrigeration, forcing their contents inwards, and partly through the mechanical compression produced by the denser medium. . . . The almost instantaneous result of the shock is the *excitement of the nervous system to increased activity*, in virtue, no doubt, of that general principle of self-conservation bestowed in great or less degree on all living organised beings. The retrocession of the fluids from the surface to the interior organs and large vascular trunks, produces mechanical distention, and probably also vitally stimulates the parts, uniting its effects with those resulting from the direct conservative efforts of the nervous power. The centres of vitality—the *brain and heart*—are roused, the latter organ acts with *fresh vigour on its contents*, and the blood is propelled through the whole of the capillary system, more particularly of the surface, carrying with it life, heat, and renovated action.”

The speed of the retrocession and return of the fluids to the surface depends on the temperature of the water in conjunction with the state of the circulation, the suddenness of the impact, the duration of the bath, and the amount of rubbing, friction, and muscular movement both in the bath

and after it. The indispensable condition is to secure in all cases a vigorous reaction.

By repetitions of this process of stimulation by cold, managed with skill and care, the congested viscera are relieved and are enabled to put forth their power to heal. So long as there is a concentration of blood in them, whether there be a fulness or deficiency of blood in the general system, there can be no cure of disease affecting any part of the body; let the disease be gout, rheumatism, inflammation, congestion, atrophy, accident to bone or muscle, cough or catarrh. But no sooner is this concentration broken up by the processes just described, than the organic nervous centres, from which all healing virtue emanates, are enabled to act in the ratio of their soundness and energy. When these are at the maximum no local disease or injury can long afflict the sufferer. The viscera put forth their power, and disease speedily gives place to healthy action.

So much for the stimulating or rousing process. But, as has been said, there are times when the action of nature is in excess and requires to be moderated. The nervous system requires soothing, and the vascular excitement to be toned down. Here lies the opportunity for sedative measures—the wet sheet, the fermenting processes, the compresses, and the warm bath cooled down. These are brought into play alternately with the other measures, according as bodily excitement or depression may call for one or other. As the condition of the patient varies from day to day, so do the appliances under watchful management of the practitioner. And here let us observe that the great sensitive surface of the skin, and not the alimentary canal, is the field of operations chosen by the hydropathist by preference. The alimentary tube he reserves for its legitimate purpose of building up the body by sound digestion and pure blood-making, for which exclusively it is adapted.

The skin, on the other hand, is fitted by nature to be the great medium of transmitting impressions to the brain, spinal cord, and viscera, constituting as it does a great electric surface, patent to observation, and in no danger of receiving injury from the processes while exercising an extreme influence over the circulation and sympathetic media. Besides, as an organ of elimination, it can be utilised to a greater extent than can any other in the body and with greater safety.

The action of the skin is of far more importance to the animal economy than the majority of mankind are aware of;

nine-tenths of the diseases that afflict humanity are traceable to checked perspiration.

"To arrive at something like an estimate," says Erasmus Wilson, "of the value of the perspiratory system in relation to the rest of the organism, I counted the perspiratory pores on the palm of the hand (a task requiring no little patience), and found 3,528 in a square inch. Now each of these pores being the aperture of a little tube about a quarter of an inch long, it follows that on a square inch of skin on the palm of the hand there exists a length of tube equal to 882 inches, or 73½ feet. Surely such an amount of drainage as 73 feet in every square inch, assuming this to be the average for the whole body, is something wonderful, and the thought naturally intrudes itself, What if this drainage were obstructed?" No prophet is required to tell us that the result of such obstruction must be the serious derangement of the entire economy.

How is it, then, that attention is directed almost exclusively, not to the surface drainage, but to that through the alimentary canal? While the bowels are being continually whipped by drugs, the skin, which has a much larger part to play in the depuration of the blood, is in a great measure neglected. I am sorry to say, on the part of the profession at least, this neglect cannot be excused by even the poor plea of ignorance as to the functions of the skin. It is indeed surprising how men will shut their eyes to facts when they tell against their interest; and as an instance of it is the ignoring by medical men of the following facts stated by writers on animal chemistry. In perspiration, they tell us, are found not only water, but carbonic acid, some volatile acid, urea, chloride of sodium, fatty matters, earthy salts, some fatty acids, and alkaline salts. The total amount of these ingredients discharged within twenty-four hours is estimated by Lavoisier and Sequin at thirty-three ounces, a greater quantity than is withdrawn from the body by some other organs of excretion deemed of more importance, being double the amount of matter excreted by the lungs, and five times the amount of the normal discharge of the bowels. Yet multitudes who would become alarmed did their bowels fail to act for one day even, allow their skins to be blocked up habitually by dirt, grease, epithelial scales, etc., without thinking of the consequences.

What must be the effect of the reabsorption into the system of those matters which ought to have found an out-

let through the skin? Why, an increased amount of work is thrown on the other excretory organs, which, however, ultimately fail in compensating for the inactivity of the skin; and the result is the advent of rheumatics, fevers, urinary, cutaneous, and biliary diseases, headache, sleeplessness, nervousness, constipation, etc.; in fact there is hardly any end to the harmful results which may flow from failure of the functions of so important an organ, for that which in its proper character is simply excrementitious, becomes when unduly retained a positive poison.

In hardly any case can the functions of the skin be in a state of absolute abeyance. Whether in health or disease, there is always more or less of insensible perspiration, though the amount varies very much with the constitution and circumstances. So far it is well. For people who are able to lead a strictly physiological life insensible perspiration will suffice; unfortunately, however, experience proves beyond all doubt that to lead a primitive life in this world of toil is an utter impossibility. Consequently, mere insensible perspiration is not sufficient to maintain a high state of health without an occasional outpouring of copious visible streams.

Yet few of those millions who are "in populous cities pent" ever perspire profusely. The hand toiler does so, who lives by the vigorous efforts of his muscles, but not the brain toiler, and very rarely the fairer portion of civic humanity.

The consequence is a great deal of preventible illness, such as has been above alluded to, and a great amount of moping melancholy, and even insanity. An occasional thorough good sweat would obviate these evils. "Melancholy," says Sanctorius, "is dispelled by free perspiration, and cheerfulness, without any evident cause, proceeds from it." No less potent is perspiration in warding off from the system the other evils above enumerated.

Now, whether it be those whose duties involve sweat of brain rather than of brow, or those who lead a sedentary life at home, all require for health an occasional excessive outpouring by the skin. The object may be obtained by a variety of athletic exercises where there is ability to engage in them—a smart walk or ride, gymnastic games, sawing and chopping wood, etc. Such means of evoking perspiration as well as of developing muscle and nerve and promoting the general weal of the body, are undoubtedly the most natural, but they are not always available and efficient. In the first place, there is a large number of individuals who are not

capable of undergoing the fatigue attendant upon exertion to perspiration. In the second place, there are diseased persons in whose systems morbid matters are so deeply seated that they cannot be eliminated by all the perspiration procurable by any bearable exertion of nerve and muscle. It was to obviate this difficulty that Priessnitz instituted the sudorific process known as the blanket-pack, the only artificial sweating process he employed. Though now for the most part superseded as a general sudorific, the blanket-pack is still capable of doing good service in special cases. There are, for instance, sluggish, phlegmatic constitutions, in which the circulation has for years been in a state of torpor, with such symptoms as icy cold extremities, blue and purple skins, chilblains, with slight œdema, slow pulsation of the heart and wrist, and inaction of the liver, kidney, and bowels—all having supervened gradually; and to subject such a condition of body to the action of high temperatures would be inexpedient, since experience has shown that under such circumstances the skin will not act, consequently the circulation is harassed, and the bath is succeeded by distress and pressure on the whole of the organs.

A *gradual* sweating process is required in such cases, and the blanket "tuck up," with hot bottles, etc., being the most convenient, and attended with no risk, may be resorted to with advantage. It allows the body to develop its own heat gradually, so avoiding the risk attendant upon a too sudden and powerful stimulation—a risk similar in kind to that incurred by thrusting a frost-bitten limb into hot water, the sure way to produce sloughing and mortification.

As an eliminator of morbid matter, however, the blanket has serious defects. In the first place, its comparatively low temperature renders its action extremely feeble, and when the secretions have been brought to the surface they are, by being detained so long in close contact with the skin, liable to pass and repass through the pores several times in the course of an operation, the enhanced activity of the circulation accelerating this physiological action. In the second place, the patient is compelled to breathe offensive exhalations escaping from the upper part of the envelope; and, thirdly, eruptions are apt to be formed on the skin through the long-continued irritation. But, notwithstanding these defects, the blanket-pack may be made to do good service as a calefacient, preparatory to cool or cold appliances, except in the cases already specified.

The Lamp Bath has for its chief merit the expeditious character of its process, which is got through in from twenty to thirty minutes, instead of occupying three to four hours. It is, besides, very easily modified in a great variety of ways to meet the several conditions subjected to its influence. It has its drawbacks, however. The space included for the heated air, whether by box, blanket, or macintosh, is small, and soon becomes filled with noxious elements from the person, as well as from the process of combustion. The heat rises to around the upper part of the body, and the air is more or less burnt to support the flame; and, as it would thus be intolerable to the lungs, it cannot be grateful to what is in point of fact another lung, the skin.

The Vapour Bath is eminently soothing and agreeable to the skin, and in some diseases of that organ is preferable to any other sweating process. In point of speed it is even more convenient than the Lamp Bath, producing perspiration in ten or fifteen minutes. It requires, however, to be managed with caution, as when overheated it unduly excites the action of the heart, and relaxes the skin by too much soddening.

Over all these "minor sudorifics" the Turkish Bath possesses a very marked superiority. It is free from the objections of tediousness, unequal action of heat, noxious atmosphere, and relaxing moisture. It has been called the "short way to the water cure," and, looking to results, not without reason. Under the stimulus of heated oxygen the system is roused to action, the circulation is accelerated, and the exhalation from the skin and lungs increased. There is a physiological tumult in which every function has its action quickened, and the large amount of pure heated oxygen drawn into the system by lungs and skin greatly aids in the decomposition of carbon, consequently there is greatly augmented waste of the animal structures, together with the elimination of the *débris*. Effete and unhealthy elements are loosened and swept away, and the process, as a whole, is the most powerful alterative in its character which it is possible to conceive.

"Under the influence of pure heated air," says Dr. Barter, "free from visible steam, and continuously renewed by a perfect system of ventilation, no one feels the distress which so frequently accompanies other heating appliances, for while perspiration is more fully obtained, the pulse is seldom found to rise much above its normal standard." This is the great feature of the Improved Turkish Bath, and one on

which its perfect safety and curative property will be found mainly to depend.

Steam, by saturating the atmosphere with moisture, interferes with the free transpiration from the lungs and skin, and thus impedes the process which nature provides for cooling the body.

Steam also occupies the space which vital air should occupy, and thus from both causes nature is placed in a difficulty in encountering heat. Nature did not intend man to live in an atmosphere of steam or water. Pure air is man's proper medium, and if it be pure and dry it can never do harm.

Then as regards temperature; it is a matter of experience that the feeling of discomfort is always proportionate to the amount of moisture present in the atmosphere.

When the thermometer stands at 60°, the atmosphere, if dry, is felt to be agreeable, but if saturated with moisture it will be raw and cold. Again, if the atmosphere is at 80° and dry, it will not be oppressive, whereas if moisture be present it will be peculiarly disagreeable.

In the improved Turkish bath, free from visible steam, you can remain any length of time, and almost at any range of temperature, with infinite benefit and with perfect enjoyment. The pulse rarely rises, even at the end of a couple of hours, though the temperature be raised to 100°. The usual temperature in the hot room, however, is 150°.¹

If therefore you want to command perspiration without distress or discomfort—if you want to produce an impression of temperature on the surface, without injury to the system—if you want by temperature to prepare the body for atmospheric changes with impunity, resort to the improved Turkish bath.

¹ The extensive use of the Turkish bath has served to explode the old nonsense entertained about the danger of bathing while the body is hot and perspiring. Such danger existed only in people's imagination. There are conditions of body in which a cold bath should not be taken, but these are the four following:—1. When the body is chilled, let it be ever so little. 2. When it is exhausted. 3. When the stomach is full. 4. When the respiration is disturbed. But in respect to mere heat of body there cannot be too much; if not glowing or perspiring, it ought always at least to be comfortably warm prior to cold douching or immersion. Warmth, preparatory to the cold ablution on rising, is secured by the heat of the bed. At other times different means must be resorted to. The most natural means is no doubt exercise—a smart walk, a bout at gymnastics, or an athletic game will serve the purpose very well. But in the case of the delicate, the lame, and all who, from any cause, are precluded from raising the bodily temperature by the expenditure of nervous force, passive means may be resorted to.

Before we leave this part of our subject it may not be out of place to refer to "Crisis," a condition of body brought about by the treatment under the old *régime* of the water cure, and during whose continuance sweating processes must be largely employed to bring it to a successful issue. We hope to be able to show that the advent of the said "Crisis," with its formidable concomitant sufferings, was entirely owing to the insufficiency of the blanket as a depurator of the blood; and that the objects it served can now be effected in a better and more agreeable way. But a word in reference to crisis. What is it? Crisis is a disturbance set up in the system through the antagonism of diseased and healthy elements, in which the latter, roused and strengthened by the treatment, put forth their powers to eject the former through some channel of elimination. This may, according to the temperament and condition of the patient, be the mucuous membranes, the viscera, the blood-vessels, or the skin. In the first case, the morbid elements are carried off by vomiting and diarrhœa; in the second (*i.e.*, in case of the bilious), by abnormal discharges from the liver and kidneys; and in the third (wherein fever is set up), by copious evacuations *per vias naturales*; and in the fourth (*i.e.*, in the case of the scrofulous), by the skin, either in cutical perspiration or the formation of boils or abscesses. It will be seen, then, that crisis is a spontaneous effort of aroused nature—an upheaval of the powers of the constitution to eject morbid matter—a chronic condition made acute; consequently, so far as its effect is concerned, indispensable in the removal of chronic disease. It must not, however, be confounded with mere skin irritation, induced by hot mustard baths, calico bandages wrung out of hot mustard and water, mustard rubbed into the skin, and like appliances so extensively used in the Midland Counties, which are as destructive to the nerves and ruinous to the health as their employment betrays ignorance of the physiological significance of crisis. Whatever form crisis might take, it was not a pleasant ordeal to pass through, though borne for the sake of depuration of the system effected by it. When developed on the skin, boils, irritation, smells, etc., rendered the patient for weeks and months a nuisance to himself and all about him. The attendant suffering was so great that the robust alone could endure it; and it became a question with many, whether the good effected by crisis was a sufficient compensation. Life was sometimes endangered; in

fact, deaths from the effects of crisis occurred both in England and on the Continent. Hence one of the great deterrents from Hydropathy. It was thought a treatment only for the strong.

The reader has now some idea of crisis. The question now is—Must all who are cured by hydro-therapeutics pass through it in some of the shapes aforementioned? We answer, No; for we now have the Turkish bath, which possesses none of the defects of the sweating process formerly employed; hence crisis, at least in any annoying or disagreeable form, is not induced—it is rather anticipated by the thorough elimination from day to day of disengaged morbid matter, while the high temperature and consequent rapid evaporation prevent the exuded fluids from resting on the surface of the body, and the constantly renewed air carries off morbid gases as fast as they are evolved. It is only in the case of some strumous constitutions (where there is scrofulous eruption or incipient consumption) that the morbid elements, in spite of the depurative influence of the bath, concentrate locally in the body, and cause boils and eruptions. In such cases, however, these have never the offensiveness of the old form of crisis which has been described.

Paddington Green, August, 1880.

NOTES OF RECENT DISCOVERIES.*

New and Abundant Source of Curare.—A new and important source of curare has recently been brought to light by Couty and De Lacerda, and communicated to the Paris Academy. The authors were studying the genus *Strychnos* in South America when they found that a rather common plant in the neighbourhood of Rio Janeiro, *Strychnos triplinervia* (Martins), yielded an extract (both to water and spirit) having all the characters of curara, but somewhat less powerful. It is a non-climbing shrub, with glabrous leaves, triplinervated, inflorescence in cyme, abundant flowers, lobes of calyx lanceolated, corolla tubulated, etc. The extracts obtained with cold water, hot water, or spirit are less toxic than the curare of the Indians, but possess all its properties. Those obtained from the bark, either of the stem or root, are the most active.

* *Journal of Medicine and Dosimetric Therapeutics*, No. 6, June, 1880.

The experiments were made on pigeons, guinea-pigs, frogs and dogs: all these animals presented (1st) complete paralysis of the motion of the limbs; (2) arrest of respiration, the cardio-vascular functions remaining intact; (3) the motor-nerves gradually lost their excitability, and with stronger doses the pneumogastric lost its influence. The lesser activity of the product of *Strychnos triplinervia* has enabled the authors to follow easily the various phases of curarisation established by Claude Bernard.

The New Alkaloid.—A crystalline substance presenting the properties of an alkaloid, was extracted not long since by Scheckendahl from the bark of the *Aspidosperma Quebracho*; to this substance the name of *Aspidospermine* was given. More recently G. Fraude has made a very careful examination of the bark in question. Quebracho bark has been long used in South America as a febrifuge; certain physicians of Tucuman informed Scheckendahl that it possessed properties comparable to those of quinine, and it was supposed that this activity might perhaps be due to the presence of quinine itself in the bark. The wood of this tree has been used since 1873 by some tanners; considerable quantities of it have been imported for this purpose by M. Dubosc, of Havre.

In order to discover whether the bark contained an alkaloid or not it was treated in the following manner:—

1,500 grammes (or about 50 ounces English) were broken up and bruised, and then placed in an exhausting apparatus where it was extracted by 5 kilogrammes (10 pints) of water acidulated with 100 grammes (about 3 fl. oz.) of sulphuric acid. The liquid thus obtained was freed from tannin and colouring matters by the addition of a slight excess of acetate of lead. In the filtered liquid the excess of lead was precipitated by sulphuretted hydrogen, and the solution filtered again. When carbonate of soda is now added to the liquid until a slight alkaline reaction is obtained, a dense flocculent precipitate occurs. This is collected, dried at a moderate heat, and extracted by rectified spirit. The latter leaves a residue composed largely of carbonate of lime. The alcoholic solution having been boiled for some time with animal charcoal, is filtered, and the greater part of the spirit recovered from the filtered liquid by distillation. The remaining liquid is then diluted with its own volume of boiling water, and abandoned to spontaneous evaporation. The new alkaloid is gradually deposited in a crystalline form from this solution, but the crystals are rather strongly coloured. They

are separated, allowed to drip, and then dissolved in spirit, and the solution boiled for some time with animal charcoal, after which it is filtered and allowed to crystallise again as before.

It is only after four or five of these repeated operations that the new alkaloid is finally obtained in small very brilliant white prismatic crystals.

Aspidospermine is very little soluble in water, but is readily taken up by alcohol and by ether; it is fusible at 206° Centigrade; at a higher temperature it decomposes, and emits vapours with an odour resembling that of acroleine. When melted with potash, an odour of pyridine and quinoleine is noticed.

Its hydrochlorate and sulphate are very soluble in water, and possess an intensely bitter taste. The hydrochlorate precipitates in white flocks by addition of bichloride of mercury. It also gives with phospho-tungstic acid a white amorphous precipitate.

According to the analysis made by Fraude the crystallised Aspidospermine may be represented by the formula $C_{44}H_{30}N_2O_4$, or perhaps $C_{44}H_{28}N_2O_4$. In either case its constitution is evidently analogous to that of quinine and some other remarkable alkaloids. We do not know precisely what amount of Aspidospermine can be obtained from the Quebracho bark; but it is probable that this discovery will give it a greater commercial value. The new product has already been prescribed in this country, but it is doubtful whether it possesses the qualities of quinine.

Polyuria and Glycosuria.—Ch. Richet and Moutard-Martin have found that by injecting into the veins of a dog any variety of sugar (saccharose, lactose and inverted sugar) abundant secretion of sugared urine followed. The rapidity with which this polyuria is produced enables it to be observed in less than a minute (45 seconds) after the injection into the general venous system has been operated.

Mercury and Arsenic in Mineral Waters.—Prof. Lefort has called attention to the fact that by the use of Smithson's galvanic couple (consisting of a strip of gold wound round a piece of tin) formerly recommended for the detection of mercury, the presence of arsenic may be easily taken for that of the former. The test consists in getting a metallic deposit on the gold, which deposit can be volatilised in a little glass tube and there subjected to the action of iodine vapour which produces the red iodide of mercury. Arseniates in mineral

waters, etc., produce exactly the same reaction; metallic deposit on the gold, which deposit can be volatilised, and turns red by vapour of iodine.

HOMŒOPATHIC TINCTURE OF ACONITE.

OF late considerable surprise has been manifested at the discovery that of the regularly prepared homœopathic *Tincture of Aconite* as many as thirty, forty, and even more drops could be taken by healthy persons with impunity—*i.e.*, without the narcotic effects of "aconitin" becoming manifest—*while at the same time dilutions prepared of this self-same preparation had the usual prompt and characteristic effect if administered at the bedside.* The solution of this seeming incongruity is very simple.

According to Hahnemann's precept, tincture of *Aconite* is prepared by expressing the fresh juice of the plant, and afterwards mixing the same with equal parts of strong alcohol. As, however, "aconitin," the narcotic alkaloid of the plant, is not soluble in water, but in alcohol, it stands to reason that the expressed juice can only contain portions of the same; and as all the original provings were made with this juice of the plant, it is evident that the peculiar properties of the remedy rest not with this alkaloid alone, but largely in the extractive matter and volatile constituents of the juice.

Already in 1845, Fleming, in a treatise on *Aconitum Napellus*, mentions on pages 79 and 80, "The expressed juice contains only a portion of the active properties." "Aconitin is soluble in alcohol, but not in water."

"*Succus Aconiti* is a preparation that has been lately introduced to the notice of the profession by Mr. Bentley, and is said by him to be formed of equal parts of the expressed juice and rectified spirits. . . I have found that thirty minims may be taken without producing any effect, a circumstance readily explained by what has just been stated with regard to the activity of the expressed juice."

The tincture of *Aconite root*, however, is rich in "aconitin," as it is prepared by macerating one part of the fresh roots of the plant with two parts of strong alcohol, and hence contains a much larger percentage of its narcotic alkaloid.—*Boericke and Tafel's Quarterly Bulletin.*

H H

LITERATURE.

A MANUAL OF PHARMACODYNAMICS.¹

SUCCESSFUL books are like successful men. They increase in girth as they get older, and thus it is with Dr. Hughes's great work here lying before us. It is now a handsome volume of 945 pages demy octavo, and is very fittingly dedicated "To William Bayes, M.D., to whose energy and public spirit the LONDON SCHOOL OF HOMŒOPATHY owes its existence," and as "a record of some of the work done therein." Verily a school in which such work is done ought to need no further apology. We venture to affirm that, taken for all in all, a better Manual of Pharmacodynamics does not exist in modern literature. The present edition is by far more elaborate and scholarly than either of the preceding ones; indeed, so much is this the case that it is practically a new work altogether, and thus those who possess the earlier editions will find themselves compelled to get this also on account of the many and important additions that are to be here found. We consider this work so important that we propose to take time to assimilate it, and hence we must postpone our review of it to a future issue. At present we merely call our readers' attention to it, feeling assured that we shall earn the thanks of all those who may read it in consequence of our recommendation. We may just remark that this "Manual of Pharmacodynamics" has been translated into French, German, and Spanish.

THE COMMON DISEASES OF CHILDREN.²

THIS is an abridgment of the author's work on "The Diseases of Infants and Children" now appearing in a new edition, revised and enlarged. It is decidedly the best little work of the kind with which we are acquainted; it conveys a very large amount of useful information, and it is, indeed, suited, not merely in its small cost, but in its simple lan-

¹ A Manual of Pharmacodynamics. Fourth Edition, revised and augmented, being the course of Materia Medica and Therapeutics delivered at the London School of Homœopathy, 1877-1880. By Richard Hughes, L.R.C.P. Ed. London: Leath and Ross. 1880.

² The Common Diseases of Children, and their Homœopathic and General Treatment. By E. H. Ruddock, M.D. Second Edition, revised and enlarged. London: The Homœopathic Publishing Company. 1880.

guage, to the humblest individual who has only a small ability in reading. If its teachings were in the hands and heads of mothers and nurses, our bills of infantile mortality would be much lower than at present.

SANITAS SANITATUM ET OMNIA SANITAS.¹

THIS book has as motto the wise words of the Earl of Beaconsfield, to the effect that pure air, pure water, the inspection of unhealthy habitations, the adulteration of food, and other kindred matters, are the legitimate objects of legislation. "The first consideration of a Minister should be the health of the people."

The well-known hygienist and hydropath, Mr. R. Metcalfe, has worked up the Beaconsfieldian text into a very able treatise on the hygienic and therapeutic value of water, heat, and cold.

Our author begins with the anatomy and physiology of the skin, and passes thence to a consideration of many of the most important points in connection with hydro-therapeutics, and concludes with a large selection of pro-hydropathic correspondence from statesmen, men of letters, and men of physic. Mr. Metcalfe writes with considerable *verve*, by which his subject gains much.

We have a very high opinion indeed of the value of water, heat, and cold as curative agents, but we must emphatically protest against the notion that Turkish or other hot baths are either necessary or good for the *healthy*, or to be indiscriminately used in disease.

All persons of a hydrogenoid constitution are unfit subjects for hydropathic appliances, as their complaints are always rendered worse, and often incurable, by water, especially by cold water. The general opinion would seem to be that Turkish baths are a civilising, refining agency. Now, when did the Romans lie most in their sweating baths—in their conquering days, or when they were given over to gluttony and debauchery? The nearer Rome came to its final fall, the more did the Romans enjoy their hot baths. And has, then, the Turkish bath been so blessedly civilising and roborant to the Turks?

Turkish and Russian baths have a large and beneficial use in *disease*—that we admit and affirm; but we have no sym-

¹ Sanitas Sanitatum et Omnia Sanitas. By Richard Metcalfe, F.S.S. London: The Co-operative Printing Company.

pathy with the notion that Turkish baths can ever better the British workman. Either we have read history upside down or hot baths and national decay have ever gone hand in hand.

The great glory of the modern reviver of hydropathy, Priessnitz, lay in his *severity* as to diet. He stopped the overfeeding and determined to the surface hydropathically, and nature once more had free play, and again asserted herself, and health followed. We believe Mr. Metcalfe is a follower of Priessnitz as to diet, though he rightly stops short of his extreme severity. Individually, we must speak ever gratefully of hydropathy. It helped us back to health, *citò, tutò et jucunde*, as a true remedy should, so let no one suppose that we oppose the water-cure. God forbid. We merely point out one or two of the rocks upon which it strikes, and by which it gets into disrepute.

MATERIA MEDICA AND THERAPEUTICS ARRANGED UPON A PHYSIOLOGICAL AND PATHOLOGICAL BASIS.¹

THIS is a beautiful octavo volume of 780 pages, got up in a superior style, as is usual with American scientific and professional works. This is not a mere reprint of former editions, but in reality a new one, and has gained not a little by the collaboration of that old scholar Dr. Arndt.

What strikes us most is the exceedingly good English in which the whole work is written; it must have been carefully written, more carefully revised, and most carefully corrected. The following extract from the preface will give a good idea of the plan of this work. "Our aim in preparing this edition has been to make it as perfect a work of its kind as our school possesses. The student of Homœopathy will find in it everything needful to acquire a correct knowledge of this science; the practitioner may use it as a work of reference in doubtful cases, and if our allopathic friends should wish to obtain a knowledge of Homœopathy, they will find in this work the principles of homœopathic science and art exhibited in a clear and, I trust, elevated manner."

¹ *Materia Medica and Therapeutics arranged upon a Physiological and Pathological Basis.* By Charles J. Hempel, M.D. Third Edition, revised by the author, and greatly enlarged by the addition of many new and valuable remedies, personal observations, and numerous clinical contributions from public and private sources. By H. R. Arndt, M.D. Vol. I. Chicago: W. A. Chatterton. 1880. London: The Homœopathic Publishing Company, 2, Finsbury Circus.

And farther on:—"Although we have a number of works on *Materia Medica*, yet the present work seems to be demanded by the dignity and interests of the homœopathic science and art, as well as by the necessities of the practical physician. A mere aggregation and juxtaposition of symptoms is not sufficient to constitute a *Materia Medica*; at any rate, a *Materia Medica* which exhibits nothing but symptoms does not satisfy the needs of the homœopathic practitioner as a reliable guide through the labyrinth of pathology. What a physician requires to find in a work on *Materia Medica* is a clear and precise indication of the pathological derangements to the cure of which a remedy is adapted, or, to express this fact in our own technical language, to which a remedy is specifically homœopathic. Hence he expects to have two parallel series of morbid phenomena presented to his view and judgment—the pathogenetic series, or series of drug symptoms, and a corresponding pathological series, a series of morbid phenomena, or phenomena of disease. In the present work these two series have been constantly combined, yet in such a manner as to avoid making the business of prescribing a purely mechanical act."

This extract will give our readers an idea of the author's ideal. It will commend itself to those who abhor the use of the Repertory as an undignified mechanical operation, and to those who want a *conception* of a drug in its inmost nature. And most of us *do* yearn for an intimate acquaintance with the *inward* selves of our remedies. The Hempel now before us is one of the very best guides to such an intimate acquaintance with drugs and drug action, without which a physician can be no real healer of the sick, for *morbi non eloquentiâ sed remediis curantur*. We can therefore highly commend this work as worthy of a place in every physician's library, no matter what pathy he may swear by. And now that the illustrious Hempel has been gathered to his fathers very many of our body will be desirous of possessing the ripest teachings of our genial colleague in his ever-loved *Materia Medica*.

THE SIXTEEN PRINCIPAL REMEDIES.¹

As this is a compilation from Jahr, Hull, Hempel, Bryant, Hale, etc., the subject-matter may be regarded as reliable.

¹ The Principal Uses of the Sixteen most Important and Fourteen Supplementary Homœopathic Medicines. London: E Gould and Son. Bath: Edmund Capper.

Inasmuch as it is now in its *fourteenth* edition, it must be obvious that it no longer requires any demonstration of its *raison d'être*. It is really a very excellent little practice of physic, and put together by some one who has a very correct conception of *scientific* Homœopathy. There is more homœopathic *science* in this little book than in half the "Domestics" with which we are acquainted. We recommend it most heartily as an elementary and reliable "Introduction to Homœopathic Practice."

TROCHULES.

WE have received from Messrs. Ashton and Parsons a new preparation of theirs called Trochules, each Trochule containing one-fourth of a measured minim of the strong tincture. These gentlemen affirm that Trochules constitute an improvement in Homœopathic Pharmacy, combining the advantages of the strength of the mother tinctures with the convenience of the pilules; and they further state that the Trochules are prepared by Mr. Parsons's special process, and contain an appreciable and guaranteed quantity, viz., one-quarter drop, of homœopathic mother tincture. They are the size of the ordinary pilules (about one grain), but, unlike them, possess the colour, taste, or other distinction of the remedy with which they are charged.

While we cannot agree with Mr. Parsons's assertion that these Trochules "will do much to remove the barrier existing between Allopathy and Homœopathy," still we must admit that they constitute a very efficient and agreeable means of administering small appreciable doses of our remedies, and as such we recommend them. We think also that medical men in hot countries will like them in their pocket cases; one Trochule would medicate six or eight ounces of water, and thus there would be no inconvenience with tinctures.

We were always partial to the pilule, which we consider the *ne plus ultra* of pharmaceutical preparations, and a good sized pilule charged with a definite quantity of the mother tincture is decidedly a useful thing, whether prepared as Trochules or mother tincture pilules.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homœopathic World*.

THE ARNICA INSECT.

DEAR SIR,—In my letter in the June number of the *Homœopathic World* I referred to the supposed Arnica insect, and the idea of some that it was the cause of the irritating effect of *Arnica*. I said also that the fact of *Ammonia* added to the *Arnica* preventing this irritation, seemed to favour that idea, as on account of its *alkaline* properties it acted as an antidote to the *acid* poison of the insects. I am able now to put the matter beyond a doubt. If there is any insect that infests the *Arnica* plant, it has nothing to do with the irritation produced by the use of *Arnica*. This summer I have had a lot of green *Arnica* roots especially collected for me in the Upper Engadine. I have myself carefully examined and cleansed them, and made a very fine tincture, very much better than I have ever obtained from Germany. Why this should be I do not know. I have had this tincture applied pure to the skin of a gentleman who is very sensitive to the action of *Arnica*. The result was, that in a few hours after its application to the knee, it caused the most terrible irritation and inflammation, which lasted in spite of everything for a fortnight (*Ammonia* is of no use applied after), and so much did he suffer that he declared he would never go through such a trial again. The same gentleman, however, has experienced that *Arnica* mixed with *Ammonia* will not affect him, and consequently when he had recovered from the effect of the pure *Arnica*, I gave him a lotion composed of half of the same *Arnica* and half *Liquor Ammoniacæ*. This he has used without producing any irritation whatever, and it is not because the activity of *Arnica* is impaired, for before when so used it has given the relief desired, and further the activity of *Arnica* is increased by *Ammonia* if used with it. *Arnica* is also decomposed by acid. I do not know if I am right, but my idea is that in certain constitutions the perspiration being more acid than in others, the *Arnica* is decomposed or chemically altered, and so causes irritation from blood-poisoning (the gentleman referred to suffered at one time from excessive perspiration of the feet), and the

mixing with *Ammonia* not only neutralises the acid of the skin which is likely to be stronger in these constitutions, but it also protects the *Arnica*, and prevents its decomposition.

Perhaps some of your readers may be able to throw more light on this matter.

I am, dear Sir, yours truly,
ALFRED HEATH.

114, Ebury Street, S.W.,
September 9th, 1880.

[Mr. Heath's experiment adds testimony to the already known fact that *Arnica root* causes erysipelatous inflammation of the skin. Mr. Wyborn, of the firm of Messrs. Gould and Son, lately showed us two chrysalides (presumably of the *Arnica* insect), obtained by him from some dried *Arnica* flowers. We do not quite understand in what stage of development the "Arnica insect" is supposed to be the cause of the erysipelas. Can Mr. Heath or Mr. Wyborn settle this point? and is it not true that Dr. Bayes has seen *Arnica* 30 cause erysipelas?—ED. H. W.]

MR. HAMPDEN'S VIEWS.

SIR,—It is only in consequence of the exceeding interest I take in the advance of scientific truth, apart from professional craft or prejudice, that leads me to protest against the practice of too many modern authors of classifying such whimsical dreamers, such superficial philosophers, as Kepler, Copernicus, Galileo, and Newton, with such men as Hahnemann and other practical expounders of real facts, who have left behind them overwhelming evidence of the truth of their theories. Who will venture to tell me that Galileo or Newton has ever done this? And yet Dr. Morgan, in his otherwise valuable little work on "The Philosophy of Homœopathy," holds up these false reasoners as illustrations of the promoters of scientific truth! If it was true that Hahnemann could only be placed in the same category with Galileo and Newton, his principles would have but a poor chance of withstanding the tests of rigid inquiry. Dr. Morgan's account of what took place in the halls of the Inquisition must have been a device of his own brain! Is it physically possible that this cowardly apostate would or could have dared to utter the words Dr. Morgan, or some other equally misinformed historian, has put into the mouth of this aged

sufferer? Had he dared even to mutter any such language of remorse at his forced confession, the probability is that he would have been put on the rack again, till he learnt more respectful submission to the decrees of the Inquisitors. But I wish to learn on whose authority does Dr. Morgan venture to assert that "Galileo and Newton had described by infallible processes the laws of the universe"? (see pp. 7 and 8). The laws of the universe were "infallibly" specified some four or five thousand years before the earliest of these modern professors were born. Dr. Morgan evidently thinks Galileo quite right in affirming that "the earth goes round the sun, and not the sun round the earth." Then if Dr. Morgan has ever seen such a familiar instrument as the sundial, will he, or any of your ingenious readers, be good enough to explain the principle on which that instrument works, if, as Galileo asserted, the earth goes round the sun? Did this aged monomaniac venture to hope that all the people in the world were fools but himself? If the sundial can by any possible argument be proved to show the time on the outside of a revolving globe, then I shall very humbly apologise to Dr. Morgan for having attempted to expose the fallacy of his illustration. How any man, in his sober senses, can believe in a rotating earth revolving before a fixed sun, as long as there is a sundial in existence, I cannot understand. I have for many years been a staunch advocate of the system of Homœopathy; but I feel thoroughly ashamed to see it identified with one of the grossest and most baseless superstitions ever imposed on the credulity of mankind.

Yours truly,

14, Hatherley Grove, W.

JOHN HAMPDEN.

HOMŒOPATHY IN THE SEVENTEENTH CENTURY.

SIR,—In your issue of May 1, 1880, pp. 235, etc., there appeared two most interesting letters by Mr. W. H. Heard, of St. Petersburg, on the subject of Homœopathy in the seventeenth century.

I beg now through the medium of your valuable journal to inquire of Mr. Heard whether there is any mention of the real basis of scientific Homœopathy, viz., *the trial of drugs on the healthy*, in either Paul Fleming or Johannes Far-
mund Rumel, or in any other medical author of the same or of any earlier period. For it will hardly be maintained

by any competent person that the *idea* of the law of similars was discovered by Hahnemann; as I understand it we claim that Hahnemann proved drugs on the healthy human organism to ascertain what they were capable of doing, and then finding that they produced symptoms similar to the symptoms of the diseases they were known to cure, he set up *his* law of similars.

It seems to me that *simile a simili curari* was no new notion at all, but it meant many things for different authors. However, I am not sufficiently well read on the subject, and have not the means of referring to the proper works to give any opinion of value.

I am, Sir, yours, etc.,

N. B., June 8, 1880.

SPAGIRICUS.

TÂCHES CÉRÉBRALES.

DEAR MR. EDITOR,—Can any of our *confrères* tell us the origin and value of "Tâches Cérébrales;" they are stripes like vibices, and are made by marking the abdomen with a gold pencil, or anything that will leave a streak; as to their cerebral origin I leave that to the learned. All I can say is, that having taken a dose of *Quinine 2x* for weariness of my body, I had next morning itching in the epigastric zone, and as I made vigorous down-strokes there were the "Tâches Cérébrales" to perfection. I have not yet experienced any evidence that I am touched *above*, unless it be with pity for my allopathic brethren, who will keep to their old brick-work down in Egypt; they perhaps will consider the proof clear because I am a follower, to my poor brain's extent, of Hahnemann.

Faithfully yours,

Wandsworth, July 17th, 1880.

HENRY USSHER.

HALE'S NEW REMEDIES.

SIR,—In a recent number you were kind enough to publish an inquiry of mine relative to the modes of preparation of two of the forty new remedies mentioned in Hale's last edition, viz. :—

Antimonium Iodatum and *Aurum Arseniosum*.

If by these names *Iodate of Antimony* and *Arsenite of Gold* are meant, they have no existence, being incapable of pre-

paration. Had the modes of preparation been forthcoming, the substances used under these names could have been identified.

I am, yours faithfully,

WM. H. DARLING.

126, Oxford Street, Manchester,
July 5th, 1880.

[Will Professor Hale perhaps kindly give us the desired information?—ED. H. W.]

VERNONIA ANTHELMINTICA.

SIR,—Can you inform me where the *Vernonia Anthelmintica*, recently mentioned in your pages, is to be obtained.

September 18th, 1880.

Yours truly
INQUIRER.

[It may be obtained in tincture and trituration of Messrs. Heath and Co., 114, Ebury Street, S.W.—ED. H. W.]

REPORTS OF INSTITUTIONS.

LONDON HOMŒOPATHIC HOSPITAL.

THE Hospital, which was closed for repairs and improvements during the month of August, was reopened on the 1st September. The improvements effected, more particularly as regards the drainage, are such as to make the Hospital a model one in a sanitary point of view, and the closets throughout the institution have been changed by Mr. Bostel, of Brighton, a sanitary engineer, by whom all the repairs, etc., have been carried out in a manner which gives, we understand, entire satisfaction to the Board of Management, who are desirous that all who take an interest in the Hospital shall pay it an early visit of inspection.

Owing to the defective and antiquated nature of the arrangements previously in force for draining the Hospital, considerable annoyance was frequently occasioned on that account, and constant expenditure was needed. Under the plan devised by the Hon. Architect, Mr. Pite, and carried out by Mr. Bostel, the sanitary arrangements of the Hospital may be considered to be as nearly perfect as possible.

CANTERBURY HOMŒOPATHIC DISPENSARY.

Annual Report.

THE tenth annual meeting of the above Institution was held on Saturday, June 12th, 1880, F. Flint, Esq., in the chair, when the office-bearers for the ensuing year were elected.

The Secretary's and Medical Officer's Reports were then read.

It was resolved—

That the Secretary's and Medical Officer's Reports be received and adopted.

That an annual subscription of £2 2s. be made to the London Homœopathic Hospital.

That the best thanks of the meeting be given to the office-bearers of the past year for their honorary services.

That the Annual Report be printed and circulated.

That the best thanks of the meeting be given to the chairman for his presence and conduct in the chair.

Medical Officer's Report.

CASES TREATED DURING THE YEAR.

Cured	155
No report	17
Relieved	16
Dead	2
No better	3
On the books	27
Left Canterbury	9
15, Bridge Street, Canterbury, June 12th, 1880.	DONALD BAYNES.

[We must congratulate our colleague, Dr. Baynes, on his great success in bringing the blessings of Homœopathy within the reach of the poor.]

THE INTERNATIONAL CONGRESS OF HYGIENE
AT TURIN.

OUR distinguished colleague, Dr. Roth, of London (now rusticating at his Villa Beaujeu, Divonne, France), read the following papers at the International Congress of Hygiene at Turin:—

1. Sur l'inspection médicale obligatoire dans les écoles.
2. Sur la *Ladies' Sanitary Association* de Londres et ses œuvres.
3. Sur l'instruction des éléments de l'Hygiène et de l'éducation physique scientifique dans toutes les écoles primaires et secondaires.
4. Des moyens de prévenir la cécité.

5. Les conditions anti-hygiéniques dans lesquelles travaillent les ouvriers-mécaniciens dans les chantiers (ship-building yards) en Ecosse.

Dr. Roth informs us that the city of Milan invited the members of the Congress to a grand breakfast AND TO TWO CREMATIONS. Dr. Roth also visited the schools for rickety children at Turin and Milan. We trust he will on his return to London give the readers of this journal an account of his visit to the International Congress of Hygiene, including the *déjeuner à la crémation* !

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

At an adjourned meeting of friends of Hahnemannian Homœopathy, the following resolutions were adopted :—

“Whereas, We believe the *Organon* of the healing-art as promulgated by SAMUEL HAHNEMANN to be the only reliable guide in therapeutics, and

“Whereas, This clearly teaches that Homœopathy consists in the law of similars, the single remedy, the minimum dose of the dynamised drug, and these not singly but collectively ; and

“Whereas, Numbers of professed homœopathsists not only violate these tenets, but largely repudiate them ; and

“Whereas, An effort has been made on the part of such physicians to unite the homœopathic with the allopathic school ; therefore

“Resolved, That the time has fully come when legitimate Hahnemannian Homœopathsists should publicly disavow all such innovations ;

“Resolved, That the mixing or alternating of two or more medicines is regarded as non-homœopathic ;

“Resolved, That in non-surgical cases we disapprove of medicated topical applications and mechanical appliances as being also non-homœopathic ;

“Resolved, That as ‘the best dose of medicine is ever the smallest,’ we cannot recognise as being homœopathic such treatment as suppresses symptoms by the toxic action of the drug ;

“Resolved, That we have no sympathy in common with those physicians who would engraft on to Homœopathy the crude ideas and doses of Allopathy or Eclecticism, and we do not hold ourselves responsible for their ‘fatal errors,’ and failures in theory and practice ;

"Resolved, That as some self-styled homœopathists have taken occasion to traduce HAHNEMANN as a 'fanatic,' 'dishonest,' and a 'visionary,' and his teaching as 'not being the standard of Homœopathy of to-day,' that we regard all such as being recreant to the best interests of Homœopathy ;

"Resolved, That for the purpose of promoting these sentiments, and for our own mutual improvement, we organise ourselves into an International Hahnemannian Association, and adopt a constitution and by-laws."

A society was organised by the adoption of constitution and by-laws, and electing the following officers :—P. P. Wells, Brooklyn, president ; T. F. Pomeroy, Detroit, vice-president ; J. P. Mills, Chicago, Ann Arbor, secretary and treasurer ; E. W. Berridge, London, England, corresponding secretary. Bureaus : Ad. Lippe, Materia Medica ; C. Pearson, Clinical Medicine ; E. A. Ballard, Therapeutic Surgery ; T. F. Pomeroy, Obstetrics, and Diseases of Women and Children.

IN MEMORIAM, CONSTANTINE HERING, M.D.

At a meeting of the Homœopathic Physicians of Philadelphia, held July 25, 1880, in reference to the decease of Dr. Hering, the following resolution was adopted :—

"That a Memorial Meeting be held in honour of the deceased, at which physicians from all parts of the world should be invited to participate, either in person or by letter." The following committee was appointed to carry the resolutions into effect :—Drs. Ad. Lippe, Edward Bayard, William Wesselhæft, H. N. Guernsey, J. K. Lee.

On the 13th August this committee met at the house of Dr. Ad. Lippe, and the following resolutions were adopted :

To call a Memorial Meeting of Dr. Hering, to be held in the City of Philadelphia, in the hall of the Hahnemann Medical College, on Tuesday, October 10th, 1880, at 8 p.m.

To notify all the homœopathic journals of this Memorial Meeting, and ask them to so publish it.

To notify the friends of our school and of the deceased in all parts of the world of this proposed Memorial Meeting, to ask them to hold a Memorial Meeting on the same day, and forward the report of such meeting to this committee for incorporation in a memorial volume to be published by the friends of the deceased.

By order of the Committee,

AD. LIPPE, Chairman.

Philadelphia, August 14, 1880.

THE DOCTOR'S DREAM.

THERE was a famed professor—
A surgeon wondrous wise,—
For he had skill to cure all ill,
And they prais'd him to the skies.

One night he lay upon his bed,
Where his sleep did never fail;
But that night he trembled as he
slept,
And his face grew deathly pale.

For the hearts he had tormented,
To show his cruel skill,
They gathered all around him then
To work on him their will.

Those frogs that he had blinded—
Gigantic forms they seem'd,—
They delved his eyes out with their
paws,
And as he slept he scream'd.

But that cat he long had tortured,
Through her nerves so finelystrung,
Rose like a wild-eyed tiger there,
And she claw'd out his tongue.

Then the dogs he had dissected
Came on in packs and pairs,

And they gnaw'd into his vitals
As he had tortured theirs.

Nature could bear no more;—
With a wild and frantic scream
He burst the sleep, that seem'd so
deep,
And, behold, it was a dream!

But the cold sweat stood upon him
yet,
And he shivered on his bed,
And in affright that awful night
This trembling prayer he said:

“ Oh Father of endless mercy!
My cruelties forgive!
And I will spare Thy creatures fair
As long as I may live.”

So may he keep that vow,
To Him who spake so plain,
“ The measure that ye mete withal
Shall be measured to you again.”

We will say this happened in Rome,
That city of perfection;
May it happen to every doctor
Who sins by vivisection!

NEMO.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 4, Harley Place, Harley Street, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E. C.

BOOKS AND JOURNALS RECEIVED.

New York Medical and Surgical Journal, Aug. and Sept., 1880.

The New York Medical Eclectic, July, 1880.

The Colonies and India, August 28, 1880.

Modern Thought, Sept. 1, 1880.

The Homœopathic News, July, August, 1880.

American Observer, August, 1880.

Urania, September, 1880.

Allgemeine Homöopathische Zeitung, Nos. 9 and 10.

St. Louis Clinical Review,
August 15, 1880.

The Medical Tribune, Aug.
15, 1880.

Boericke and Tafel's Quar-
terly Bulletin of Homœopathic
Literature, August, 1880.

The Chemist and Druggist
(Educational Number), Sept.,
1880.

The Dublin Journal of Medi-
cal Science, September, 1880.

Dietetic Reformer, Sept.

The American Homœopath,
July and August, 1880.

The Mercury (Hobart Town),
July 17, 1880.

The Journal of Medicine and
Dosimetric Therapeutics, Sept.,
1880.

The Homœopathic Journal of
Obstetrics, August, 1880.

The New England Medical
Gazette, September, 1880.

The Yorkshire Post and
Leeds Intelligencer, Sept. 10,
1880, and Leeds Mercury.
[From Dr. Ramsbotham, our
best thanks.]

Barbados Globe (six num-
bers).

The Principal Uses of the
Sixteen Most Important, and
Fourteen Supplementary Medi-
cines. Compiled from the
Standard Medical Works of
Jahr, Hull, Hempel, Bryant,
Hale, etc. London: E. Gould
and Son, 1880.

The Homœopathic Thera-
peutics of Intermittent Fever.
By H. C. Allen, M.D., M.C.P.S.
Ont., etc., etc. Detroit, Mich.:
Drake's Homœopathic Phar-
macy.

Revue Homœopathique
Belge, Juillet, 1880.

El Criterio Medico, Tomo
XXI., No. 80.

CORRESPONDENTS.

Communications received
from Dr. John Moore, Stock-
holm; Dr. Ussher, Wands-
worth; Dr. Hughes, Brighton;
Dr. Berridge, London; Rev.
Stewart Walford; Mr. Alfred
Heath, London; Dr. Harmar
Smith, Ramsgate; Alan E.
Chambré, Esq., London Ho-
mœopathic Hospital; Dr. Pope,
London; Dr. Dyce Brown,
London; and Dr. Roth, Di-
vonne, France.

ANSWERS TO CORRESPON- DENTS.

THIS being Congress Number
of the *Homeopathic World*, a
number of papers have been
crushed out; they stand over
for our next issue.

DR. ROTH, Divonne, France.
—Kindly occupy an occasional
morning hour with writing an
account of the Turin Interna-
tional Congress of Hygiene,
and of the visit to Milan, &c.,
for this journal.

The Homeopathic World.

CONTENTS OF SEPTEMBER NUMBER.

LEADING AND GENERAL ARTICLES:—

Death of Constantine Hering.

The Homeopathic Congress, 1880.

Notes on a New Sphygmograph.

How they Die.

Observations on the Use of Vernonia

Anthelmintica in Leucoderma, etc.

Is there a Law of Therapeutics? and if

so, is the Formula "Similia Similibus

Curantur" a True Expression of that

Law?

Hygelo-Therapy.

Hering's "Guiding Symptoms."

The Temperance Hospital and the Ho-
mœopathic Hospital.

The London School of Homœopathy.

OBITUARY:—

Constantine Hering, M.D.

Mr. E. S. Tate, M.B.C.S.

LITERATURE.

CORRESPONDENCE.

SHORT NOTES, ANSWERS, ETC.

THE HOMŒOPATHIC WORLD.

NOVEMBER 1, 1880.

WHAT IS HOMŒOPATHY DOING IN THE DIRECTION OF LUNACY ?

By HENRY R. STILES, A.M., M.D., Dundee.

“WHAT is Homœopathy doing in the direction of lunacy?” is the pertinent question put in the *World* for August, by “a young lady—whose personal life for several years past has been alternately passed in and out of asylums.” Out of her own experience of what allopathy is *not* doing (and indeed cannot do), and of what Homœopathy *can* do, comes this question, fraught with deepest interest to English homœopaths, both lay and professional.

What Homœopathy is doing in Great Britain, in this direction, in an organised manner—that is, asylumwise—is evidently *nil*. Yet if all the cases of relief and, indeed, of cure from mental disease could be collected from the case-books and memories of British Homœopathic practitioners, it would doubtless give ample assurance of the superiority of Homœopathy in this, as in all other forms of disease.

What Homœopathy is doing in the direction of lunacy, elsewhere, I am fortunately in a position to state, for it was my good fortune to have been personally concerned in the organisation and conduct, for several years, of the first Governmental asylum for the insane, entirely under homœopathic treatment—an institution still in the full vigour of a successful career.

The State of New York, containing six million inhabitants and an area of half the size of Great Britain, has six insane asylums supported by the State Government—two of which are for the chronically insane. Some years ago, the homœopathic element of the States population, properly led by the homœopathic profession, after a long and persistent series of efforts, and under the rallying cry of “No taxation without representation,” obtained from the State authorities the same legal recognition for practice, for educational facilities, and

for a proportionate share of public medical offices in the State, as had been hitherto accorded to the so-called "regular" profession. The next step was in obedience to a long-felt want on the part of homœopaths, who felt that while a portion of their taxes went towards the maintenance of several insane asylums, entirely under the allopathic practice, which they could not believe in, they were debarred from an opportunity to secure for their own loved ones who might be overtaken by mental maladies the homœopathic treatment to which they were accustomed at home. If they yielded them to the care of an asylum at all, it must be to see them placed under a system of treatment which they distrusted, and which confessedly denied the efficacy of medical remedial agencies in ministering to the "mind distraught." For—tacitly, at least—the allopathic school places its whole reliance, in asylum practice, upon the "moral treatment," the "domestic arrangements," and the "development of self-government," etc., rather than upon any medicine. The homœopaths of New York State, therefore, insisted that if they paid taxes towards these objects, they were entitled to have at least one institution entirely under the homœopathic treatment, to which they could send their suffering friends and relatives. The plea was admitted, and a certain proportion of the needed amount being raised by public subscriptions, the State formally assumed the charge of the undertaking, appointed its Board of Trustees, and, by annual legislative appropriation, has founded and is constantly enlarging the institution known as "*The State Homœopathic Asylum for the Insane, at Middletown, New York.*"

This institution would never have been in existence if the *lay* homœopaths of New York State, in accord with and under the lead of the homœopathic profession, had not insisted on their rights. To Dr. E. F. Foote belongs the credit of the inception of this work, though he did not remain to reap its harvest. I assumed its charge in July, 1873; saw the first building completed; organized the staff, and conducted the hospital for nearly four years, and am happy to say that under the excellent management of my successor, Dr. Talcott, the Middletown Asylum is making itself felt as a power in Homœopathy—fully enlisting the confidence of the profession, not only in that, but in other States of the Union, and respected and complimented by even its allopathic compeers.

A peculiar feature of its management, introduced by myself, viz., the employment of a *female* assistant physician in the female wards, has, I am glad to see, been copied of late by at least one other asylum; and a Bill was presented at the last session of the New York Legislature, requiring that every one of the State asylums should be so provided with female assistant physicians. Though it failed to pass, I feel confident that the day is not far distant when this concession to female delicacy (far more necessary in an insane asylum than in an ordinary hospital) will be the rule in American insane asylums.

I may say, also, and with pleasure, that the relations between the homœopathic asylum and the other five (allopathic) asylums of the State have, from the first, been marked (as should be the case between institutions having a common end, and dependent upon a common source of authority and support) by the greatest courtesy and spirit of friendly assistance. *Sceptical* they are of our system, but I *know* that they give us credit for entire honesty and uncompromising allegiance to the homœopathic law of cure; and, in visiting their institutions and meeting with them in the Annual Conventions of American Superintendents of Insane Asylums, nothing but broad-handed kindness and goodwill has ever been shown towards us.

Now, our profession *believe*—yea, *we know* it as actual fact—that there is a *spiritual* power in the homœopathic law of cure that can be brought to bear most decidedly upon the disease of the mind. On a larger scale—such as is afforded by an institution fully equipped and fully recognised under the law—this fact can be developed with a power that becomes irresistible to the public mind. An asylum practice places Homœopathy *versus* Allopathy in the treatment of mental disease upon the *only* basis which is tenable for argument, viz., that of an exact scientific experiment. Why cannot the five allopathic asylums of New York State decry and cavil at the single asylum representative of Homœopathy? Because the conditions of experiment are exactly alike in all. *All* are on the same basis of Government support; all subject to the same lunacy laws, general rules and conditions; all open to official and public inspection, as such places should be; all officered by men recognised as able, educated physicians, etc.

In my opinion, when the public sentiment of the *homœopathic laymen* of Great Britain rises to the point of

demanding legal recognition for Homœopathy (and this must be done in concert with the homœopathic profession) it will attain what it most needs—a diploma-granting school of instruction; hospitals, asylums, etc., will follow naturally. You are slower folks than your American cousins, but you are so terribly tenacious of a purpose when once formed, that I have no fear of the ultimate result.

Still, an asylum for the insane need not wait for all this. It is a crying necessity; and a few resolute shoulders to the wheel, a few more earnest words like these of this "young lady," will, under God's blessing, secure *the beginning* of an institution which shall afford to the insane of Great Britain that relief which Homœopathy can give, and which they can secure for all their other maladies. I speak from the remembrance of nearly four years' asylum service—years which I regard as, professionally, the happiest of twenty-five years' practice, when I say that the establishment of such an institution would not only advance Homœopathy by a quarter of a century in Great Britain, but would afford untold happiness and comfort to many a poor sufferer and friends.

Let me ask the reader, Do you know what it is to place a loved one in an asylum? Especially, do you know what it is when you are obliged to feel that that loved one's chances of recovery are imperilled, on the one hand, by a treatment which is simply palliative and temporising, and, on the other hand, by a deprivation of that treatment which we know to be so signally efficacious in other forms of disease? And is it not time for the lay homœopaths of Great Britain to put their shoulders to the wheel, and provide an institution for the homœopathic treatment of the mentally afflicted?

CASE OF PRURIGO CURED BY RUMEX CRISPUS.

By Dr. H. BERNARD-HARDENPONT, of Mons, Belgium.

ERNEST CLEMENT, of Thien, agricultural labourer, sixty-five years of age, came to consult me on April 23, 1875, he being subject to *Chronic Prurigo* for the past three years, which was literally reducing him to despair. Patient is of sanguine temperament, and of robust constitution. The most careful examination did not reveal any other morbid symptom or actual lesion than the *prurigo*, and there was no evidence of any diathesis.

General health good. The eruption was pretty well uniformly distributed in the various regions of the skin, with the exception of the face, which was exempt. But the *prurigo* was, however, more confluent on the upper extremities, and particularly on the lower extremities. The itching was rather formicating than burning; *it was invariably aggravated by cold, and equally invariably soothed by warmth, especially in bed.*

The most varied, and also the most energetic, kinds of treatment of the allopathic school, both internally and externally, had been absolutely in vain.

As the patient lived at a considerable distance from my residence, I prescribed, first, *Croton Tiglium*, eight globules of the 12th dilution. (The high esteem in which M. Teste holds this remedy and also the *formication* led me, rightly or wrongly, to choose this remedy to inaugurate the treatment.) Secondly, a week after having finished the dose of *Croton*, the patient took *Rumex Crispus* in the same dose. This was suggested to me by R. Hughes's "Manual of Pharmacodynamics" in our French translation by Dr. Guérin-Ménneville, which had just appeared. To my great satisfaction the patient soon returned to tell me that although the first remedy was of no avail the second had been of immense benefit, and vastly ameliorated his condition.

However, on the 31st of May following he returned in hot haste to tell me of its having again gone worse. I at once gave *Rumex Crispus* 8-12 bis a fortnight apart, which promptly settled the matter.

Again, later, May, 1876, the *prurigo* reappeared, always with the same characters, and again yielded to *Rumex Crispus*.

Remarks.—I have thought this observation worthy of publication, on account of the simplicity of the indication and the neat result. Besides it is a question of an affection that is often rebellious, and clinical proofs of the efficacy of *Rumex Crispus* do not abound in our literature, at least as far as I know. Any way, the above observation confirms the value of this characteristic of *Rumex Crispus*—*the itching is made worse by the cold, and better by warmth.*

I should like to take this opportunity of giving some of the best bibliographic passages as a contribution to the history of the *internal* homœopathic treatment of *prurigo*. According to M. Jousset (*Éléments de Médecine Pratique*) *Arsenicum* is the principal medicament. But for the itching *Sulphur*

and *Lycopodium* are preferable; only we must bear in mind that *Sulphur* at first aggravates it. The itching of *Sulphur* is of the voluptuous variety, and is worse in the evening. The itching of *Lycopodium* is smarting, also occurring in the evening, but particularly when the body is hot.

Kafka (Die Homœopathische Therapie) enumerates in the treatment of prurigo *Merc.-Sol.*, *Sulph.*, *Silicea*, *Iodium*, *Lycopodium*, *Mezereon*, and *Sulph.-Iod.* His indications for *Iodium* are these: papules that are very apt to run together, or around which the skin is brownish, thickened, and covered with scales; irresistible nocturnal itching, compelling one to scratch, and thus causing insomnia, ill-look, cachectic appearance, emaciation, and dyspepsia. *Silicea* succeeded in his hands in curing a case of *Prurigo formicans* in which the patient, during the nightly itching, fancied that ants were crawling about under his skin.

Mezereon relieves the nocturnal itching is burning and insupportable. Like *Lycopodium* and the *Iodide of Sulphur*, it suits the inveterate cases.

Willmar Schwabe (Lehrbuch der Homœopathischen Therapie) considers *Merc.-Sol.* and *Ars.* as the grand remedies for prurigo; but he also enumerates *Iod.*, *Graphites*, *Sulph.*, *Lycopod.*, *Silic.*, and *Calcarea*. The medicinal treatment of prurigo is described by Ruddock, in his "Text-Book," as follows:—

"*Aconitum*.—Furious itching all over the skin, with febrile symptoms.

Sulphur.—Severe itching attended with thirst and dryness of the skin, worse in the evening and in bed. This is generally a prominent remedy, and is frequently specific, especially in recent cases.

Arsenicum.—Itching with burning, or an eruption emitting watery fluid, like sweat, and attended with much constitutional weakness. It is most suitable in chronic cases.

Ignatia.—Itching of the skin of a fine pricking character, resembling flea-bites, and changing from one part to another.

Other remedies are sometimes required. *Merc.*, *Carbo.-Veg.*, *Rhus*, *Mezer.*, *Causticum*. Teste has succeeded best with *Causticum* and *Merc.-Sol.*"

I do not think it would be profitable to reproduce the arid nomenclature of Jahr, either from his "Special Treatise on Diseases of the Skin" or from his "Manual," as he does not try to render the indications for the remedies at all precise.

Espanet recommends for prurigo with diurnal itching

Lycopodium and *Natrum Muriat.* (these would therefore rival *Rumex*).

We think it well in conclusion to note the symptoms of *Rumex* as given by Hale: "Itching in various parts of the body, especially the surface of lower extremities while undressing; stinging itching or prickling itching of the skin; itching of the vesicles when uncovered and exposed to cool air; eruption on the limbs of small red pimples. The eruption is produced by scratching; vesicular eruption, 'psoric itch,' eruption from wearing flannel."

REMINISCENCES OF THE LATE CONSTANTINE HERING, M.D.

By E. W. BERRIDGE, M.D.

ONE of the great objects of my recent voyage to the United States was to see Dr. Hering. We had corresponded for many years on the subject to which we had both devoted our lives—Homœopathy; and I much desired to see him before he departed from us, an event which could not be regarded as very far distant. On arriving at New York, where I was the guest of my friend Dr. Samuel Swan, I wrote to Hering announcing my arrival, and the date of my intended visit to Philadelphia, enclosing also a review of his *Guiding Symptoms* which I had written. In a few days I received this characteristic letter:—

112 and 114, North 12th Street, Philadelphia,
"June 2nd, 1880.

"To Dr. Berridge.

"My dear Colleague,—Welcome on our shore! Welcome in the land where Homœopathy will first be acknowledged! Thousand and more thanks for your copy of the review. Dr. Knerr read it first to me, and we both enjoyed it. Mohr came and read it, and, bursting out with real delight, I heard it again, all important parts, and it [is] full of it. I was overcome; could not write you yesterday. Lippe of course has the first right, but do not forget that he has you all the way and in Milwaukee. All Saturday and all Sunday, in hope you [do not] consider it a sin (on my account) to travel on the holy day—is at your disposal, from the early hours to the latest. You shall not only find me alone, but, if you like, with others who would like it. We have a good

deal to talk about all the matters we agree, but also some where we disagreed.

“There is nothing more horrible than a split. But let us talk about and make the best use of the little bit of time we have.

“Cinnabaris comes just right. The Calcarea preparations are now on the desk to be finished by your old friend,

“C. HERING.”

I have given this letter just as it was written, save that I have corrected the orthography, and added in brackets a few necessary words. Hering was a German, and his English was at times peculiar, but it was forcible, and at the same time characteristic. The point on which we disagreed was the propriety of the true followers of Hahnemann separating themselves by a distinct organisation from the pretenders, the see-the-case-at-a-glance doctors, and others. Now Hering had always opposed all such separation, and desired all professed homœopaths to remain in union. I, on the other hand, have for years advocated a clean separation from those whose who will not learn, and from those who deliberately reject Hahnemann's practical rules. Of this opinion I am still, and the International Hahnemannian Association, at which I have been labouring for years, and which at last the true Hahnemannians established this year at Milwaukee, will prove the thin edge of the wedge. After such separation Homœopathy will triumph; the half-and-half men will then have to take their choice, and either set to work and study and make themselves eligible for association with us, or they will quietly, and without loss to anybody but themselves, be absorbed in “the main body of the profession,” as some even now desire. But Hering was honest in the matter; he sincerely and conscientiously held the belief that by such a course the half-and-half men (mongrels, as Hahnemann called them) would be converted. But all the same, the idea has proved all along to be impracticable, and Hering knew my opinions and intentions on the matter. Hering was of a childlike, unsuspecting nature, utterly incapable of deception or baseness. He could with difficulty comprehend the existence of such evils in others; he had the innocence of the dove, but (in this matter) not the wisdom of the serpent; and I believe was often deceived by the false professions of men who merely desired the endorsement of his name to gratify their own selfish ends. When I asked

him to join our new Hahnemannian Association he said, "I will do it if a clause is inserted to the effect that your sole object is to help those who stand half way."

On June 5th I reached Philadelphia, where I stayed, as Dr. Lippe's guest, at St. George's Hotel. After calling on Dr. Lippe, and engaging in conversation with him till his office hours recommenced, I visited Hering. On my arrival I inquired if he was at home, and was answered in the negative. On inquiring further I found that he was merely not at home to patients, and so sent up my card, while I waited in his office, or, as we should call it here, consulting-room. After about a minute I was taken upstairs, and ushered into his sanctum. There on the sofa sat the old hero, a man of middle height, but with a deep, broad chest, showing his great vitality, and with long grey hair falling down to his shoulders. Around him were his books, on which he was constantly engaged. "Welcome, welcome!" he exclaimed as I entered. Then, after a few mutual expressions of pleasure at meeting, he broke out, "It is shameful, you have been kept waiting." I replied I only had to wait a minute or so. "You ought not to have been kept waiting a minute," he said; "I told them all, 'If Berridge comes, send him up at once.'" And then he told me always to come upstairs to him at once without waiting to be announced. The week I remained in Philadelphia, before going to Milwaukee, I visited him every day, sometimes twice. He was always glad to see me, always reluctant for me to go. On one occasion I had to leave him earlier than he expected. "Can you be anywhere better than with Dr. Hering?" he exclaimed. "Certainly not," I replied, "but I have to attend a meeting of the Lippe Society, of which I have been elected an honorary member." "That Lippe Society," he said (and I am afraid he used a "big big D"), "they held a meeting a few nights ago." I explained that this was a special meeting. "It is shameful," he exclaimed, "it takes you away from me." At the end of the week I went to Milwaukee. I took leave of Hering, not expecting to revisit Philadelphia; but the fates ordered otherwise. On leaving he said, "The next time come to my house, and bring your wife and all your children with you." After my visit to Boston I found I had still some time unoccupied, and I much desired to see my old friend again, in order to discuss some important matters. So I wrote to him to know if he had a room for me in his house for two or three

days. He sent a telegram with the characteristic message, "Come soon and stay long." I accordingly went down, and for several days was most hospitably entertained by him. But at last I had to leave; I did so with great regret, not expecting ever to meet him again in this world, and the day before I sailed for Old England he died suddenly.

The subject on which we conversed most was his life-work, his *Guiding Symptoms*. On my second visit to him I was daily engaged in helping him with it, correcting the proofs, and supplying him with additional symptoms. He presented me with a beautifully-bound copy of the first two volumes, interleaved with ruled paper for additions; and he told me that my additions would be the best of all.

The *Guiding Symptoms* is ready for press, and I see by the September number of the *Hahnemannian Monthly* that Drs. Raue, Knerr, and Mohr have been authorised by the executors to publish the remaining volumes, I trust to be followed by the *Analytical Therapeutics*, or *Repertory*.

Just before my journey to Milwaukee the venerable Dr. P. P. Wells, of Brooklyn, the President of our *International Hahnemannian Association*, called on Hering. He was going on to Milwaukee a day before I did. I saw him at Hering's house, and heard him read to him a valuable paper on one of the paragraphs of Hahnemann's *Organon*. Hering enjoyed it greatly, and afterwards told him in my presence that he had always intended to dedicate the *Guiding Symptoms* to him; that he had not done so yet lest the work should never be finished, but now that the third volume was in the press, and the completion of the work certain, he wished to carry out his intention.

On every side of Hering's sanctum there were shelves, one above the other, reaching almost to the ceiling. These contained most of his books, both printed and in MS., but there was also a large collection in other rooms. The MS. of the *Guiding Symptoms* is divided into books, a separate book for each medicine. The leaves are blank, with the headings printed at the top; and below there are the symptoms themselves, all arranged in order. All, therefore, that has to be done is to translate a few untranslated symptoms, strike out duplicates, and see it safely through the press. To publish all that Hering has written on *Materia Medica* will be the best monument we can raise to our departed friend.

I asked him the meaning of the signs | || | || in the *Guiding Symptoms*. He said that they corresponded to

Bœnninghausen's four grades, and have *not* been used to mark the distinction between pathogenetic and clinical symptoms, as an examination of the work shows. I consider this quite right in a work of this kind, though in monographs like his *Nux Moschata*, etc., etc., the distinction is, as it should be there, strictly observed.

In the first volume of the *Guiding Symptoms* there were some remarks about *Amyl Nitrite* which caused some surprise. It was there recommended as a *palliative* in angina pectoris; and in a late number of the *North American Quarterly* Hering appeared to suggest that in some cases of excessive pain, *opium* might be used as a palliative in conjunction with the homœopathic specific. This, as might have been expected, caused much surprise among the Hahnemannians, while the traitors in our ranks, as usual, exulted over his supposed departure from the faith. But I felt sure that Hering had been misunderstood, and had perhaps, writing in a foreign language, imperfectly expressed himself. *He told me that these things were written for those who had done their best to find the simillimum, and failed; that he never intended them to sanction a routine palliative practice.* This explanation, combined with his adherence to our Declaration of Homœopathic Principles, which he signed in my presence, is a sufficient refutation to the slanders and sneers of our anti-homœopathic opponents. Nevertheless, I much regret that these passages were written, as they are sure to be misunderstood and abused.

In the preface to the *Guiding Symptoms* it is stated that the mineral waters and dynamics would be omitted. I asked Hering the reason. He replied that there was much quackery connected with the use of mineral waters, and but little known with certainty. With regard to the latter, I mentioned Dr. Swan's remarkable discovery that such dynamics as magnetism, etc., can actually be potentised. He said he wished for further evidence, as the natural enthusiasm of a discoverer in such a field of science *might* impair his accuracy. I replied that I had verified Dr. Swan's statements, upon which he said, "If you have verified them, it is all right." He told me, *apropos* of my review of his *Guiding Symptoms*, that I "was the only man who understood him."

In the eighth number of the *Organon* I quoted Dr. Swan's statement that morbid matter in a high potency will cure the corresponding disease, *except* in the patient from whom it is taken. Hering, however, many years ago, writing of

Autopsorinum, advanced the opposite view. I asked him about this matter. He said, "Swan is right; *autopsorinum* acted in some cases, but not in all; I gave up that view many years ago." I asked him also about his old theory of dose, viz., that if the remedy be selected according to its primary symptoms, a low potency should be given, and *vice versâ*. He said that that was all wrong also; he had given it up for many years.

A physician who has lived for eighty years, working hard to the last, is sure to discover some important facts that are not to be found in the text-books. Here are some:—

Indifference to the presence of flies on the body is a sign of great danger; hypersensitiveness to them, of less danger.

If the bite of a dog heals very quickly, it is a bad sign. If itching or inflammation in the bite come on after an interval, it is premonitory of hydrophobia.

It is dangerous to pull out hairs growing in an abnormal part; such proceeding is followed often by ill-health.

Constipation is a good sign in old age; when looseness comes on it is a sign of approaching death.

Hering thoroughly enjoyed a joke. When I wrote the review of his *Guiding Symptoms*, on the appearance of the second volume, I did not wait to receive it, as I intended to write merely on the general plan of the work, and for that vol. i. was sufficient. I told Hering that I reviewed it before I read it, lest my mind should be biased, and he laughed heartily at the idea.

Some years ago I heard it said that Hering was in his second childhood, that he lived in the past, and that his conversation consisted chiefly of anecdotes of bygone times. Such anecdotes he did indeed enjoy telling, but it was always *à propos* of something of present importance. One he told me that his biographers should know. He said, "Helbig told me that the reason Trinks used to attack me was that I knew too much of his previous history, so that if ever I exposed him he could say it was done in revenge." Hering has been censured for having at times so severely spoken of Trinks, but it was fully deserved.

Hering was *not* in his second childhood, and all assertions to the contrary are venomous falsehoods. Though his bodily powers were failing his intellect was clear, and his interest in any new discovery intense. We have lost such a man as we shall not see again for years; but he has lived a useful life, and has now gone to his reward. May each of us strive to emulate his noble example.

THE PLACE OF SELENIUM IN INCONTINENTIA URINÆ DIURNA.

By J. C. BURNETT, [M.D.

END of April of the current year a little boy of about five years of age came under my observation suffering from incontinence of urine during the daytime. He had been then troubled for about three months, and not only spoiled all his nether garments, but there was such a strong smell that it became impossible to send him to school as theretofore. The urine was at times reddish, at others milky, and the incontinence was made worse by partaking of cooked rhubarb as food, such as in pies and puddings.

Nocturnal incontinence of urine is bad enough in children, as a clean or sweet bed or bedroom are out of the question. At first I thought the diurnal variety would be less distressing, but experience shows that it is much more so, as it is held to be unseemly to send a child about without clothing, and yet if he be clothed he becomes of impossible companionship for his fellows, on account of the strong odour, which cannot be hidden.

The parents of the patient in question are very intelligent people, and well up in that most useful art termed domestic Homeopathy. Hence they had made use of *Ferrum*, and seat-worms being present, also of *Cina* and *Santonin*. The *Ferrum* was of passing benefit, but no benefit was derived from the *Cina* or its alkaloid.

The principal urinary symptom of *Cina* is, "**Frequent urging to urinate, with passage of much urine the whole day,*" while those of *Santoninum* are very marked and may be aptly compared to the urinary symptoms produced by *Cantharides* and *Terebinthina*. In this case the urine was turbid; and the urine of both *Cina* and of *Santoninum* is also turbid. But the diurnal quality is not specially marked with *Cina* or its alkaloid. On the other hand the *Ferric* incontinence of urine was already characterised by Hahnemann as *diurnal*. (See Allen's "Encyclopædia of Pure Materia Medica," Art. *Ferrum*, p. 314; symptom 430.)

Hahnemann's correct observation in this respect was fully corroborated by the splendid provings of *Ferrum* by the Rademacherians. (See *Zeitschrift für Erfahrungsheilkunde*.) Thus—"Urging to urinate entirely absent during the night, but occurring regularly during the day," etc. (Loeffler).

So we see that the ferric character of the urinary in-

continence was fairly made out. I was so satisfied of this that I again ordered *Ferrum*, although it had been previously given. I gave the *Ferrum Phos.* in the 12x trituration; it did no good. From experience I can say that the *Ferrum Phos.* 12x trituration is a most potent remedy; therefore I could not blame the preparation. Neither could I blame the chemists, as it was obtained from a firm in the City whose triturator has a magnificent biceps.

There only remained this alternative, either *Ferrum* was not Homœopathic to this case (*i.e.*, either I had failed to give the true *simillimum*) or Homœopathy was a delusion. Now, from experience I know Homœopathy is a science and not a delusion; and I know, also from experience (*pater peccavi*), that finding the true *simillimum* is by no means an easy matter. To find just a rough *simile* is not so very difficult, though that is more than one always cares to do.

I set about the prescription afresh and looked up some other anti-enuretics of the peculiar medical people yecept Homœopaths. But first it was necessary to find wherein the *Ferrum* was weak in similarity. It seems to me that the urine in the ferric pathogenesis is primarily *light-coloured*; we read—"Urine more colourless than usual." Now, the urine of my little patient was *darker* than normal, reddish. It is true that we get a red urine from *Ferrum*, but that is not its primary effect; rather is it the secondary effect, and, of course, the urine would be red if the ferric proving be pushed far enough to get hæmaturia.

In the pathogenesis of *Selenium* we read—"Involuntary dribbling of urine, while walking," and redness of the urine is quite a marked symptom.

It thus seems that the difference in the character of the urine is worthy of attention.

So *Selenium* was prescribed on May 19th, and four grains of the third centesimal trituration were given three times a day.

In three weeks patient was well, and returned to school. He continues well to date.

Of course *Selenium* is not so exhaustively proved as *Ferrum*, and I may be wrong in offering the *colour* of the urine as a *differentia* between the diurnal enuresis of the two metals. At present I note in my scrap-book:—

Incontinence of urine by day, urine *light*—*Ferrum*; ib. urine *dark*—*Selenium*.

What we know of *Selenium* as a drug is principally due to CONSTANTINE HERING, the greatest living homœopath.

[This was already in type before Hering left us.]

HOMŒOPATHIC DISABILITIES, AND HOW TO REMOVE THEM.

A Paper read at the Leeds Congress.

By W. BAYES, M.D.

MR. PRESIDENT AND GENTLEMEN,—Many of you may have read my letters in the correspondence pages of the *Monthly Homœopathic Review*, which have appeared in the numbers for June, July, and August.

In these letters I advocate the formation of a Board of Examiners, with power to examine and grant diplomas to such candidates as shall be able to satisfy the proposed Board of their fitness to practise medicine and surgery, and especially as to their competence to practise Homœopathy. I further advocate the formation of a complete medical school, with a hospital of sufficient size to entitle it to teach clinical medicine and surgery fully and well.

The enlargement of our present Hospital to such a size as shall contain at least 130 beds (which would be our lowest limit) would involve so large an expenditure of money that it will probably be some years before this necessary part of a scheme for the formation of a complete Hospital and Medical School can be carried out.

It would cost £70,000 to enlarge the Hospital alone; and although we can prove the necessity for such an outlay, there are to be found not a few homœopathic patients who could, with but little self-denial, build and endow such an essential part of the School were they so minded, yet it takes some time to engraft the idea of its necessity on the public mind.

The endowment of a new Medical School in connection with the Hospital would require an additional sum of at least £30,000.

And we thus see that the need exists of £100,000 before we could safely found our new Medical School and its Hospital on such a basis and in such a manner as would give it a fair chance of permanence and a prospect of its allowing us

to educate practitioners of medicine and surgery competent to fill the needs of the homœopathic public of Great Britain. Now, although I feel the great and urgent necessity of such a work, although I am by no means discouraged by its obvious difficulties, I do not underrate the obstacles which surround the fruition of so great a work, and which will, for a time, retard its success. There are, however, no impassable mountains to those who have faith to remove them.

We see before us, it is true, a monopoly of medical degrees in the hands of a party which has imposed every possible obstacle against the attainment of education and proficiency in Homœopathy in the way of students and practitioners of medicine. Well, we must break down this monopoly, as many other monopolies have been broken down, by open, manly opposition, by battling for our rights in scientific medicine. We must assert our right to instruct in and to teach Homœopathy, and to license those students whom we have taught and found competent to practise, and to place these men on the same platform, and endue them with the same privileges as are enjoyed by all legally qualified medical men.

But I do not feel inclined to wait till we have raised the £100,000 necessary to enable us to found an English Medical School of Homœopathy, with its large hospital and complete organisation. Delays are dangerous. Enthusiasm, the mother of new institutions, is short lived. Therefore I have looked around to see what we can do towards providing skilled homœopathic medical men immediately, or within a reasonable time. Is there any means by which we can obtain a number of good average (speaking educationally) homœopathic doctors to place in the smaller towns and in the country districts in England, so that wherever 10,000 or even fewer inhabitants are settled within a given radius, there also may be found a good reliable practitioner of Homœopathy?

I answer, Yes, there is.

We must look on this as a cosmopolitan and international question, and not as one narrowed by insular limits.

Let us propose to ourselves to form a Board of examiners, composed of men thoroughly educated in every branch of medicine and surgery, and of all the collateral sciences. I should like this Board to design examinations, so carefully elaborate in all subjects, both practical and theoretical, as to be a real test of the knowledge of the candidate. I should

make the examination both *vivâ voce*, written, and clinical (carried out at the bedside itself, and not by the written statement of certain signs and symptoms, as is the case in some of the examinations). I should suggest that the candidates for examination should be required to comply with a curriculum equivalent to that required by the Royal College of Physicians or Royal College of Surgeons, according to the intention of the candidate to practise medicine or surgery, but the therapeutic part of his examination must be based on homœopathic therapeutics; and that before the candidate should be admitted to examination, certificates of having attended the various practical and theoretical courses should be shown to and approved by the Board.

But where I should depart from the scheme laid down by the British examining bodies would be the granting permission to candidates to obtain their education at any university or college in America, or in any foreign country (as well as in Great Britain), approved of by the Board; and I would accept candidates who could show certificates that one year's courses had been passed at one centre of instruction, a second at another, a third and fourth at others. The more varied a man's experience, the better physician is he likely to be.

Taking the regulations as to candidates for examinations for the licence of the Royal College of Physicians of London as some guide, each candidate must be—

- 1st. Twenty years of age; and must produce certificates—
- 2nd. Of good moral character.
- 3rd. Of having had a good general education.
- 4th. Of having been engaged in professional studies for at least four years.

Three winter and two summer sessions must have been passed at a medical school recognised by the examiners, and one winter session and two summer sessions must have been passed either in attending the practice of some hospital or other institution recognised by the Board of examiners, or as pupil to some legally-qualified practitioner holding a public appointment, giving opportunities of imparting practical knowledge of medicine, surgery, and midwifery, to the satisfaction of the examiners. We should propose that the student's fourth year should be passed in attending the practice of our London Homœopathic Hospital, or at the Birmingham Homœopathic Hospital, or at the Liverpool Homœopathic Dispensary, and also the lectures of the

London School of Homœopathy, or at some other homœopathic university or medical college or school to which a hospital or dispensary of sufficient size is attached, where the opportunities for clinical teaching are such as shall satisfy the examiners.

By the scheme I propose, the greatest amount of liberty for the acquirement of medical and surgical knowledge would be given, and we should invite the students from any well-constituted medical school to take the fourth year with us at the London Homœopathic Hospital and London School of Homœopathy.

The education for the first three years might be obtained at any approved medical school, allopathic or homœopathic, at home or abroad, but the fourth year must be devoted to the study of Homœopathy in some hospital, dispensary, or school, whose teaching is recognised by our Board of examiners.

An American physician, desiring to settle in England, and to bring over his son (a graduate of Harvard College), for a like purpose, intending that he should pass a year at the London School of Homœopathy, forwarded me the following letter :—

“London, January 30, 1878.

“Dear Sir,—Allow me to say that rather than leave the matter in suspense, I yesterday ventured to risk an examination by the Medical Council, but was politely informed by the Registrar (Dr. Pitman) that the said Council had lately decided not to recognise hereafter any college that graduated M.D. students short of *four years* of study, and as no one in America insisted on that time (only three) the Council had dropped even the *five or six institutions* heretofore recognised.

“This course leaves myself and son quite excluded from practice here, unless, as Dr. P. said, we should spend another year in study, and (Allopathy, of course) then be examined for the M.D. in England! This unexpected announcement has quite discouraged me for the future.—Ever truly, your friend and obedient servant,

“E. G. K.

“Dr. Bayes.”

This letter shows that the course I have above proposed would satisfy the requirements of the Medical Council, provided the extension in time of study were passed at a recognised school.

Therefore, were it not for the monopoly by which all medical degrees (and the granting them, and the recognition only of lectures which teach but one side of medicine) are placed under the control of the opponents of Homœopathy, we should be able to utilise the excellent teaching of the American universities, colleges, and schools as a means for supplying our want of homœopathic practitioners in this country.

Are we to submit to the unfair disability which this allopathic monopoly of medical degrees imposes on us? Homœopathy is not taught scientifically in any one of the nineteen recognised medical schools in Great Britain. The law refuses to recognise the degrees of the universities, schools, and colleges of other countries in which Homœopathy is taught scientifically. I say, No! we must submit no longer.

Let us form a strong examining Board, that is the first step. Let it be carefully chosen from such men among us as are fully and legally qualified.

It would be invidious to mention names at the present stage of the question. But I may say I have already the promise of support from several registered physicians of ample attainments and qualifications.

That a complete Board can readily be formed I have not the slightest hesitation in affirming.

I do not propose anything so Utopian as to appeal to those holding the present reins of power, under the existing allopathic monopoly.

I would proceed to the formation of the proposed Board of examiners with as little delay as possible.

The qualifications of the men chosen should be such as to ensure the responsibility of the Board, and the respectability of its certificate or diploma.

If a candidate proved his competence to the satisfaction of the examiners, I would advise him to demand registration at the hands of the medical council. If this were refused him, he should enter into practice. He would possess, say, an American or other foreign degree, he would have completed his medical education in accordance with the curriculum demanded by law. He would have been examined by a Board consisting of men legally qualified and capable of certifying his proficiency in all subjects required by the Colleges of Physicians and Surgeons, and if he were summoned for an infringement of the Medical Act, it would be the duty of the Board to protect him at its own expense. It is

improbable that a magistrate would fine a physician prosecuted under such circumstances, but if he did, the case should be carried up to the highest court if need be, and one such case would do much to obtain us a charter of independence.

My chief fear would be that, as in the case of *Dr. Quin v. the College of Physicians*, no such action would be taken.

In this latter case two courses of action lie open :

1. The obtaining a charter conferring the right to grant diplomas.

2. The seeking, or even compelling, recognition of our degree or diploma from the Medical Council, so that men holding our certificate might be placed upon the medical register. Either of these courses has its advantages. Probably the latter would be chosen by those whose minds tend to Conservatism; while the free and independent Liberals and Radicals of science would prefer the clearer heaven of the former.

Some minds may look upon the proposal as one against law and order, but an "accomplished fact" is a strong point, and we need strong points; some may have the extreme objection to originality of action which is apt to be inherent in the insular mind. Let me remind those who think thus that it is but a few years since a monopoly of metropolitan physicians' practice lay in the hands of the Royal College of Physicians of London—no man who did not possess this diploma had a legal right to practise within ten miles of Charing Cross. The Londoner despised the holders of Scotch and Irish degrees as heartily as some Englishmen may discredit the American diplomas of to-day. The London monopoly was broken up by the persistent breaking of the unjust law by physicians invading London from North of Tweed and from the Emerald Isle in such numbers that down went the monopoly. Let us follow this example.

I have lately been much interested by the perusal of a case of hardship owing to this monopoly. Dr. Thomas, formerly of Chester and now of Llandudno, went to America and studied medicine at a homœopathic college in Philadelphia. He passed his examination and took his degree before the passing of the new Medical Act. Consequently he had every legal right to register, but the Medical Council-refused to register him (the inference being that such refusal was in consequence of his degree being homœopathic). He took legal advice, and Mr. Justice Lush (Q.C. only at that time) gave his opinion that the Medical Council could be compelled

to register him. But Dr. Thomas shrank from the great expense which might be involved in a contention with the Medical Council, and forbore to press his claim further. Ought we to permit an unjust monopoly thus to exclude a well-educated physician from the register because he is a homœopath? Ought we not as a body to support Dr. Thomas, and to give him the strong grip of the friendly hand? It is time we should refuse to be downtrodden any longer. We have our precedent—how dear is a precedent to a Britisher!—for the adoption of a bold policy, in Dr. Quin's successful defiance of "law and order" in resisting the mandate of the Royal College of Physicians, founded on this very monopoly. On his refusal they threatened him with pains and penalties, he opposed them by "silent sedentariness," and then they let him go (see Dr. Hamilton's Memoir of Dr. Quin).

How can we gracefully, or even consistently, invite our American brethren over here next year to our proposed International Congress, and refuse to acknowledge American homœopathic degrees as equivalent to all others? Unless we invite these gentlemen here as recognised, scientific, and well-instructed physicians, we had better let the Congress alone. The present position of England as to American and foreign diplomas is as ridiculous as it is insulting. If a man is recognised by us as an honourable and praiseworthy member of our common profession in America or any other foreign country, he cannot be treated by us as a charlatan in England. A physician of education is a physician everywhere; we must acknowledge no insular or territorial limitations.

I care nothing for victory over our enemies or opponents. It is not from an antagonistic feeling towards them, nor from a desire to triumph as a partisan, that I ask you to advocate this course. Our active endeavour to provide well-educated homœopathic practitioners for the service of the public should rise from a far higher motive.

When, in conjunction with a few friends, I commenced the movement for the public teaching of Homœopathy by founding lectureships and a school, I saw that the allopathic tactics were arresting the number of earnest converts to the homœopathic system of medicine.

It is useless and puerile to a degree to point, as to a compensating circumstance, to the supposed fact that a given number of allopathic medical men are prescribing a few of

the same medicines as are used by homœopathic doctors. These men are not converts. They do not prescribe homœopathically. The very essence of Hahnemann's great reform, the careful individualisation of symptoms in each (individual) case of disease, is wholly wanting in their examination of their patients. For the most part they are wholly ignorant of the finer shades of the pathogenesis of the medicinal drugs they prescribe. At the best these men are mere "sign-painters," not finished artists. They have no real knowledge of the science of Homœopathy. They deny, and truthfully, that they are homœopaths. Let them go; they are of no use to us, and of very little use (speaking homœopathically) to their patients, and do nothing to further the science of Homœopathy.

Those who are acquainted with our homœopathic literature will find that for the past fifty years and more our early English fathers (speaking also homœopathically) have been teaching all who would listen to them, and especially impressing on the British public that statistics prove that patients treated homœopathically recover from acute diseases in a far greater ratio than do patients treated allopathically in the same diseases. Sometimes the homœopathically-treated cases recover as 10 to 2 which recover allopathically, and the statistics as to cholera, yellow fever, pneumonia, etc., as reported in our journals, in pamphlets, and in other works, show that where 100 cases die under allopathic treatment, only from 50 to 10 or less would die under homœopathic treatment.

Now, those who reported these statistics are reporting a great and important truth, or are most mischievously and perniciously distorting facts.

If, as I believe, they tell the truth, how can we withhold our active support from any *bonâ fide* and honest endeavours to enlarge the number of well-instructed practitioners of Homœopathy?

It is the consideration of the fact that while America has (in the same period of time) founded eleven noble medical institutions to promote scientific instruction in homœopathic medicine, and to supplement such instruction by granting degrees, diplomas, or licences to practise to such men as have proved themselves competent, we have not supported a single School of Homœopathy until the last three or four years, and still the majority of our practitioners fail to give it that active support, and would deny it the practical power

of licensing to practise, which alone can make it a real success.

That there are active opponents to this necessary effort, even among men calling themselves Homœopaths, is as great an astonishment as it is a grief to me.

It is well to point out to those homœopathic physicians who oppose every united effort to increase the number of homœopathic medical men in England, that by just so much as they are successful in checking the progress of those who would educate medical men fit to practise it, they are on their own showing, by uncontroverted statistics, aiding and abetting those who are daily increasing the annual mortality of these islands. Either these men believe or disbelieve in the statistics which they have published and circulated. They are therefore either propagating an untruth or they are allowing an increased mortality which it is in their power to prevent. On the horns of this dilemma I leave them impaled. Those who, like myself, believe that Homœopathy saves a very large percentage of human life, see their course clear. They will not consent to aid and abet in the constructive sacrifice of human life and health involved in the continued non-instruction of the medical student in the science of Homœopathy in this realm, and they will join in the endeavour to obtain the necessary legal powers to teach and to license the students of our school.

Mr. President and gentlemen, in my enthusiasm for the life-saving and disease-curing powers of Hahnemann's reform, let my excuse for strong words, if I appear to any of you to have used such, be found in my earnestness. The present Premier's definition of a "Radical" equally fits the conscientious medical reformer, for above all things he too is "a man who is earnest;" and we are told of such, "Seest thou a man diligent in his business, he shall stand before princes, he shall not stand before mean men."

MEMBERS OF THE LEEDS CONGRESS.

THE name of Dr. Richard Hughes, of Brighton, was omitted from the list of members in our last issue. We specially regret this, as there is no man in our ranks who shows greater self-denial and devotion to the cause than Dr. Hughes.

THE WESTMINSTER COLLEGE OF CHEMISTRY AND PHARMACY.

THE inaugural address to the students was delivered in Hawkstone Hall, Westminster Bridge Road, on Thursday evening, September 2nd, 1880, by George S. V. Wills, Principal, as follows:—

Gentlemen,—It is not my intention to inflict upon you any lengthened address, as I am desirous of making the evening one of pleasurable variety. I assume, however, that you have all entered college animated with the one desire to succeed, so as not only to keep up the prestige of our institution, but also to insure for yourselves honourable and prominent positions in life—positions which I trust will yield such incomes as shall enable you each to support a wife and numerous family of children in a comfortable and even luxurious fashion. To enable you to attain this much-desired goal, you will not begrudge the time devoted to-night in giving you a little preliminary counsel.

I presume you are all possessed with good intentions as to your work and the fulfilment of your duties. But remember, gentlemen, *intentions* are not actions, they are only the protoplasm, or life-germ. Intentions must be fed and fostered, nurtured and nourished, until they bear fruit in active effort. I am sorry to say that this is not always the final result of good intentions. Many young men have intended, and promised well, like a tree covered with blossom, but frost or blight has come and destroyed all prospect of fruit.

There are few, if any, young men, but who when commencing life mean to succeed, yet many do not succeed; and I believe the secret of non-success in most cases is a lack of hard work, dogged perseverance, plodding effort. Let every gentleman here lay it down as an axiom, "If I am to succeed, I must *work*."

I can assure you all that *no effort, no expense, no trouble*, shall be spared by the principals of Westminster College to insure your triumphant success, but we alone cannot achieve it. This is pre-eminently a co-operative process. We are determined that the course of instruction to which you have consented to commit yourselves shall be most thoroughly practical, regardless of both money and time.

The great tendency of the age is to superficiality—everywhere glitter and glare are being substituted for substance. This tendency of the times has crept, we fear, into "Schools

of Pharmacy," the one aim being to give the students merely such instruction as shall carry them through their examination, but which can never form a solid basis of knowledge on which they can securely build in after life.

I am happy to inform you that, although we have felt obliged to leave the scene of our labours for a season of much-needed rest, every provision both for student and teacher is complete; so we have little to do but at once set to work; but to insure success the work must be done in the right way.

Allow me to impress upon you the importance of a systematic arrangement of your studies. Since the founding of our now widely known and successful Institution we have always deemed this a matter of vital importance to the student, and we do not hesitate to say that this fact has had very much to do in securing the success of our College—a success which many cannot understand—which some would like to overthrow, *but which none can honestly deny*. To have formulated a judicious system of study, and then to stick to it, will be of incalculable advantage to you all. Such a system, after great care, has been instituted. Each of you will be provided with a tabular arrangement of study, a given time being allotted to each subject taken in hand. If you should be prevented from studying any one subject at any hour, pass it over, and proceed with the next during the time appointed; for the sake of other students, for your own sake, never upset any arrangement.

Except in case of illness, or events unforeseen, I see nothing to prevent all working in our prearranged order.

As most of you come up from the country, and are consequently strangers to London, allow me to suggest a warning word. You are in a city in which there are countless attractions, and unless you are very careful, and determined, in spite of every allurements to gain the one object for which you have entered College, your mind and attentions will frequently be insensibly led away, and the result will most probably be that when the time should come for congratulations at your success, it will be spent amid vain regrets, amid the death throes of once bright hopes, and the withering of prospects once promising and fair.

Forcibly, but respectfully, let me warn you against the temptations to evil in this great city. A word to the wise is enough: remember, gentlemen, "Virtue is its own reward."

I need scarcely assure you how much more pleasant it will

be for your *Instructors* if they feel they address willing ears and receptive minds. Our responsibility is great, and nothing tends so much to drag down our spirits and make our work a plague instead of a pleasure, a burden instead of a blessing, than to have listless, dull, and careless auditors.

Session after session we are, for the most part, imparting the same instruction, we therefore depend much upon your interest in the work for the maintenance of vigour and enthusiasm in our efforts to teach.

We express our most ardent desire for the success of you all; our endeavour shall be to prepare you both for examination and actual work in the most thorough and practical way. Commencing with the first principles and simple rudiments, we gradually lead you through the whole course, until your equipment is as complete as it is possible for us make it.

No student is allowed to miss any portion of our course for the purpose of drilling *simply* for examination.

Of course you are aware, gentlemen, that the law compels you to pass the minor examination before you can assume the title or take up the practice of "Chemist and Druggist;" but we trust that none of you will rest satisfied with less than the "Major qualification" which is the highest grade in Pharmacy, and, I believe, stiff as the examination may be, is within the reach of every man "who will," as Carlyle says, "assert a soul in him, and be a man." There are some who seem incapable of this, their natures possess no moral force, no power of firm resolve, while their *brains*, if they possess any, seem only as an exaggerated pipple.

If a college has the misfortune to receive such a student, its energies are expended, its opportunities and advantages received, but to little practical purpose. Nay, worse, the said student fails to pass his examination: as a consequence, the principals of the College are probably blamed, and the name of the Institution, so far as he is concerned, tarnished and misrepresented. It were better far if we never saw such an one. Our name is our honour, and to lose it we can by no means afford.

"Who steals my purse, steals trash; 'tis something, nothing;
'Twas mine, 'tis his, and has been slave to thousands;
But he that filches from me my good name,
Robs me of that which not enriches him,
And makes me poor indeed."

I am proud to record, gentlemen, that during the past year teachers and students have laboured together both

amicably and harmoniously. At all times we have found the students both ready and anxious to receive instruction, and also to submit to examinations, iterated and reiterated daily. The result of this you have heard in the report by Mr. Wootton, that out of 196 students who presented themselves from our College for the Pharmaceutical examinations during the past session, *one hundred and fifty-one* passed.

If this be not an encouragement and stimulus to those gentlemen who are just entering College, their nature must be of a cast-iron type, which would maintain an equilibrium in an earthquake.

If you work conscientiously and possess brains (and judging by your appearance, I should be inclined to say you are by no means deficient in this respect), I fail to see how you can be "plucked."

There always will be cases that are exceptional; sometimes a student is compelled through unavoidable circumstances to present himself for examination indifferently prepared. I trust, however, that this misfortune will befall none of you.

In coming to College some of you, I doubt not, have had a considerable amount of opposition to encounter from your friends, as they often erroneously consider that young men ought to be able to pass the *minor* examination, at least, upon the expiration of their apprenticeship. But my own experience has placed me in a position to say that very little is taught in actual business that is of any practical value in the minor examination.

The right place to learn dispensing is no doubt behind the counter, but botany can only be learned in actual and perpetual examination of plant and flower, and chemistry by undergoing a course of instruction in a laboratory.

My address is necessarily disconnected and fragmentary, yet, at the risk of making it more so, I would like to mention one or two other matters of interest.

Those of you acquainted with our journals are aware that for some years past the subject of provincial education has been agitated and discussed. The matter has been also attempted, for, as some of you know, an effort was made not long ago to establish, in connection with a well-known college in the North of England, a School of Pharmacy; a talented and practical Pharmacist was engaged, but on taking his professor's chair he found to his great astonishment that there was only *one* student. I should think that,

had he persevered in his instruction with this solitary pupil, he would certainly have succeeded in warding off any failure at the examination.

I presume you would not consider this address in any way complete unless a word or two were said upon the subject of our examinations.

With the examinations I have no fault whatever to find. I believe they are conducted in a most able manner, and by gentlemen who are thoroughly competent; and if a student has conscientiously worked at his studies, there is little danger of his failure; occasionally, however, some are rejected through extreme nervousness, to which they are naturally disposed, and which others acquire by their anxiety and hard work.

In order as much as possible to prevent this, I would advise students to be as abstemious as possible during their college curriculum; excessive smoking, and especially the slightest excess in drinking, be sure you avoid; if not, you are bound to pay the penalty. It is to be feared there have been melancholy instances of failures through these evils. Let the mistakes of others be a beacon to you. Remember the same causes, under the same circumstances, produce the same effect.

Many students have entertained the foolish notion that success depends upon luck—never harbour such an idea for a moment. I'll tell you your luck, although I am no descendant of the Witch of Endor, nor old Mother Shipton—work hard, do your best, and failure is well-nigh impossible; but take matters in a free and easy style, and depend upon luck, and your failure is inevitable.

You may have been born under a lucky star, but you will never become a shining star at the examinations unless you plod.

Some students conceive that if they only can go before certain examiners they are sure of success, but I don't think it matters much *which* examiner you get: if you are competent to pass you will do so; for although the examiners are not perfection (I have heard of some of them losing the control of their tempers with students, and sometimes this is not to be wondered at), yet, upon the whole, I believe the arrangements are most fair and satisfactory.

As matters now stand, a young man aspiring to become an associate of the Pharmaceutical Society may obtain his competency to do so in any way he pleases; but, as most of

you are aware, it has been suggested by some prominent members of our Society that students should be compelled to undergo a curriculum of "Ten months." In this I fail to see either utility or fairness: *utility*, because our existing examinations are, I believe, a sufficient guarantee to the public of a person's qualification to undertake the responsibility of a chemist or druggist; and *fairness*, because how many would then be entirely shut out of the profession altogether; and I venture to say, that to close the gates of Pharmacy against the poorer men who are now endeavouring to rise, would be in many cases to debar the brightest and most promising of our students. He who is born with a silver spoon in his mouth is often a spoony: while others, who as soon as they awake to the consciousness of existence, have to rough it, or to fight their course through innumerable difficulties, often prove to be the most intelligent, persevering, and useful of men.

Those of you who have indulged in the luxury of perusing biographical literature are well aware that the majority of our illustrious scientists sprang from humble parentage; and for any measure to be agreed upon in connection with our Society, which would not give equal chance to the young man in poorer circumstances with those better off, would be a calamity and a wrong.

With regard to the agitated and vexed question of "Co-operative Societies," I can only see one remedy, and that is a new Pharmacy Act, and I believe we shall have one before very long, with a little judicious working and waiting.

I shall be glad to see the obnoxious system of doctors dispensing their own prescriptions done away with for ever. Under existing circumstances, in many of our towns, the chemist has a struggle for existence, while the doctor lives in luxury, and still amasses wealth. This is scarcely upon the principle of "live and let live." May the day soon dawn that shall see the system so sicken that the skill of all the physicians combined shall not be able to restore it, and when, in its place, we shall have legislation more humane, and more worthy of the fuller light and boasted superiority of our English nation.

Allow me, gentlemen, in conclusion, to offer you my hearty and sincere congratulations upon the course of life which you have made your choice. I know of no study in the whole realm of natural science more delightful, more inspiring, than that of chemistry and botany.

If you are in sympathy with nature, your work will always

be your greatest pleasure. To be perpetually investigating the sublime, the beautiful, the wondrous display of infinite wisdom and beneficence manifested by the great Author of our world, in the elements among which we live, and the plants and flowers growing with lavish profusion at our feet, must surely be, to a true and noble mind, a labour of love.

[We give the entire text of Mr. Wills's able address, as it opens up the question of the relations of the doctor to the chemist and druggist from the chemist's standpoint. Mr. Wills would be glad to see "the obnoxious system" of doctors dispensing their own prescriptions "done away with for ever."

But what about *prescribing chemists*? Doctors at least learn pharmacy, and pay fees for the imparting of such knowledge (that is, in *this* country), so they are merely exercising their acquired rights when they dispense their own prescriptions; but can it be said of chemists and druggists that they learn minor medicine and surgery? And yet the law has declared that any chemist and druggist may lawfully exercise the calling of a physician and surgeon "from behind the counter," while a doctor from Paris or New York may *not*!

As to the doctor "living in luxury and amassing wealth," we are very much inclined to exclaim, "Name, name!" Widows of departed doctors, *is* it true? Individually we hold to the solidarity of physic and pharmacy, though different *in degree*. In large places they should work together, and in harmony; in small places and poor districts they must work alone. The matter should be arranged for the best interests of the public.—Ed. H. W.]

DR. USSHER'S PAPER ON "ARSENICAL POISONINGS."

OMISSION: fourth line from bottom of page 361, after "what a pity she," should be added *the lady*. If Dr. Clarke refers to a paper of mine on this said arsenical subject, in last year or the one before, he will find the case fatal in my household was due to a *buff* paper—alas! unsuspected till analysed long afterwards. When cases seem to be unaffected by medicines carefully chosen, then the query should be made: Is arsenic, whether in paper, curtains, carpets, or wearing apparel, at the bottom of it?—DR. USSHER.

THE HAHNEMANN LECTURE, 1880.

WE copy the following from the daily press of October 5th :—

“LONDON SCHOOL OF HOMŒOPATHY.

“At the London School of Homœopathy the annual address was delivered by Dr. J. C. Burnett. After remarking on the origin of this, the first Hahnemannian oration, and that it took the place of the ordinary opening address at the School, Dr. Burnett dwelt upon the duty of making a true history of Hahnemann known, so that posterity might not be misled by the false and slanderous aspersions cast upon his memory, by the bigoted ignorance and degrading trades unionism of what should be a liberal profession. He then proceeded to trace the dawn and rise of Homœopathy at the end of the last century, and its enormous development during the first three decades of the present century. He showed that Crumpe’s experiments with opium were subsequent to Hahnemann’s experiments with chinchona, that Haller taught the direct experiment with drugs on the healthy, that Stoerck, in 1769, came very near the discovery of the law of similars when he experimented with stramony on his own person and on the sick, but that he failed from want of greater knowledge of pharmacological history and from a lack of a truly philosophical mind. In giving the remarkable history of Hahnemann, Dr. Burnett showed that Hahnemann gave early signs of most extraordinary capacity and genius. He taught Hebrew at the age of thirteen; he was well acquainted with eight languages on leaving the Grammar School for the University of Leipsic at the age of twenty; he graduated as Doctor of Medicine at twenty-four, and his industry was such that he sat up every third night at literary work during forty years; and having practised as a physician for a number of years with extraordinary ability, he nevertheless gave up its practice in disgust, and retired to a village near Leipsic to live on his literary labours. Here he translated Cullen’s ‘Materia Medica’ from the English in 1790, and while engaged on this he was set a-thinking by Cullen’s clear iconoclastic reasoning; and to find out how the bark acted in ague, he took a quantity himself while in perfect health, and he at once got an aguish attack. Out of this experiment Homœopathy had grown. Dr. Burnett entered into details to prove that the Homœopathy of the fifteenth, sixteenth, and seventeenth centuries

had nothing to do with the scientific Homœopathy of Hahnemann, except in preparing the mind by the reasonings on healing by similars and by contraries. The lecturer entered fully into the various reasons assigned for the professional opposition to the master, and proved by reference to actual history that they could not be accepted as correct. In his opinion the opposition was due to very sordid motives, and to the ignorance of the mass of the medical profession of the nature of scientific Homœopathy. Dr. Burnett entered a strong protest against the flagrant dishonesty of certain professors at the metropolitan schools, who taught Homœopathy on the sly, and that very imperfectly, and loudly abused Hahnemann and Homœopathy all the time. This inglorious proceeding had been going on for years, and was gradually demoralising the rising generation of medical men. The position of Homœopathy as an inductive science was now, in the lecturer's opinion, fully established, and at present there were about 7,000 duly qualified homœopathic practitioners in the world."

INTERNATIONAL HOMŒOPATHIC CONVENTION, 1881.

SUBSCRIPTIONS received to October 23 :--

Jacob Dixon, Esq.	£1	1	0
R. T. Cooper, Esq., M.D.	2	2	0
George Wyld, Esq., M.D.	1	1	0
Dr. Mahoney	1	1	0
R. Ford Edgelow, Esq., M.D.	1	1	0
Walter Johnson, Esq., M.B.	1	1	0
Eugene Cronin, Esq., M.D.	1	1	0
M. Roth, Esq., M.D.	1	1	0
E. H. Millin, Esq.	1	1	0
John Mansell, Esq.	1	1	0
F. Neild, Esq., M.D.	1	1	0
Archibald Shaw, Esq., M.D.	1	1	0
Knox Shaw, Esq.	1	1	0
William Bayes, Esq., M.D.	2	2	0
Dr. Richard Hughes	1	1	0
J. Hayward, Esq., M.D.	1	1	0
J. C. Burnett, Esq., M.D.	1	1	0
T. D. Nicholson, Esq., M.D.	1	1	0
D. Dyce Brown, Esq., M.A., M.D.	1	1	0
D. Matheson, Esq., M.D.	1	1	0
J. S. Harper, Esq., M.D.	1	1	0

President—Dr. Hamilton. *Vice-President*—Dr. Hughes.
Treasurer—Dr. Bayes. *General Secretary*—Dr. Gibbs Blake.
Local Secretaries—Drs. Hayward and Burnett.

DEAR COLLEAGUE,—You are doubtless aware that the place of our Annual Congress is to be taken next year by an International Convention, forming a first quinquennial recurrence of that which assembled at Philadelphia, U.S., in 1876. It was decided at our recent meeting in Leeds that this Convention should be held in London during the week beginning July 11th, 1881. The general plan of the gathering is contained in the enclosed paper, and further information regarding it will be found in the report of the late Congress, and will be communicated to all when the arrangements are complete.

You will observe that one of the recommendations made by the committee, and accepted by the Congress, was, "that the expenses of the Convention be met by a subscription from the homœopathic practitioners of Great Britain, the approximate amount to be expected from each to be named as the time draws near." At our meeting at Leeds it was unanimously resolved that a subscription of one guinea be solicited from every one whose name is in the Homœopathic Directory, or is otherwise known to be practising homœopathically; and I hereby request that you will support us by contributing this sum to our funds, sending it (by crossed cheque or post-office order) to Dr. (William) Bayes, Treasurer of the Convention, 21, Henrietta Street, Cavendish Square, London, W.

I remain, yours very faithfully,

J. GIBBS BLAKE, General Secretary.

24, Bennett's Hill, Birmingham, Oct. 1, 1880.

SALT AND LOSS OF TASTE.

WE were lately reading UNTZER'S OPUS CHYMICO-MEDICUM (Halae Saxonum M.DC.XXXIV.), Art. *De Sale*, and were not a little astonished at this sentence (p. 183, § 28). *Insuper Gustatum depravatatum aliquo modo Sal restituit. Unde Crato in Consil. ad Gustatus (inquit) diminutionem nil utilius quàm Sal cum Raphano conciso, ante coenam masticatus et sub lingua saepè agitatus.* Truly there is nothing new under the sun, but we have the scientific *why* now, thanks to Samuel Hahnemann.—ED. H. W.

DR. STOKES'S CALAMITY.

WE feel sure that numerous colleagues will deeply sympathise with Dr. Stokes, of Sidmouth. We read in a late number of the *Sidmouth Directory* :—

THE RECENT FIRE.

When a sudden calamity falls upon a man, such as that which on the 9th instaut laid in ashes a comfortable home, it calls upon the generous impulses of men to aid and assist in any way they can. That unfortunate occasion called forth the kind and helpful energies of the people of Sidmouth, who lent such valuable aid in rescuing my property from the flames. Nothing could have exceeded the prompt, zealous, and generous devotion of all in lending a helping hand ; and had I been the personal friend of each who aided I could not have received more kindness, sympathy, and help. To all my neighbours and helpers, therefore, who so well befriended us, my wife and I offer publicly our most grateful acknowledgements, assuring them that the impression made can never be effaced from our memories. To one and all, once more, thanks !

ADRIAN STOKES.

Sidmouth, August 12th, 1880.

We sincerely hope that Dr. Stokes was fortunate enough to save his valuable MSS.

TO OUR CATHOLIC READERS.

WE have been called to account for wilfully wounding the susceptibilities of our Catholic readers.

The matter especially complained of is the concluding sentence of our leader for August. We should like to say that we had not the remotest intention of "insulting" our Catholic friends any more than we should like to insult our Jewish, Protestant, or Mahomedan readers and contributors. We have enough to do with the *odium medicum*, and gladly leave the *odium theologicum* to others. Our platform is the law of similars and medical liberty ; and on this platform we find men of all creeds. We even now cannot see anything reprehensible in what we said of *Pio Nono*. We have not only been accused of hurting the feelings of Catholics, but also of having strong personal proclivities towards the Roman Church !

LONDON SCHOOL OF HOMŒOPATHY,

52, GREAT ORMOND STREET, W.C.

Session 1880-81.

LECTURES ON MATERIA MEDICA

By ALFRED C. POPE, M.D., Vice-President of the British Homœopathic Society; Honorary Member of the American Institute of Homœopathy.

THE Lectures on Materia Medica, which will be delivered every Monday and Thursday afternoon, at five o'clock, throughout the ensuing session, will commence on Thursday, the 7th October, with an introductory address on the "Study of the *Materia Medica*."

The following is a syllabus of the lectures to be delivered during the first part of the session:—

- Oct. 11th. On Aconite.
- „ 14th. „ Belladonna.
- „ 18th. „ Belladonna.
- „ 21st. „ Opium and Hyoscyamus.
- „ 25th. „ Stramonium and Cannabis Indica and Sativa.
- „ 28th. „ Gelsemium and Conium.
- Nov. 1st. „ Agaricus, Nitrite of Amyl and Glonoine.
- „ 4th. „ A Review of the points of resemblance between the preceding medicines.
- „ 8th. „ Arsenic.
- „ 11th. „ Arsenic and Mercury.
- „ 15th. „ Iodine and Spongia.
- „ 18th. „ Potassæ Hydriodas.
- „ 22nd. „ Potassæ Bichromas.
- „ 25th. „ Phosphorus.
- „ 29th. „ Lachesis, Crotalus, and Naja Tripudians.
- Dec. 2nd. „ Apis Mellifica.
- „ 5th. „ Cantharis and Terebinthina.
- „ 9th. „ Antimonii Potassio-Tartras, and Antim.-Crudum.
- „ 13th. „ Ailanthus and Baptisia.
- „ 16th. „ A Review of the points of resemblance between Arsenic and the medicines which have followed.

During the second portion of the session, the following medicines will form the subject of the lectures:—

Rhus; Bryonia; Actea racemosa; Arnica; Hamamelis; Ledum; Ruta; Hydrastis canadensis; Phytolacca decandra;

Euphrasia; Drosera; Cinchona; Chloride of Sodium; Nux Vomica; Ignatia; Pulsatilla; Cocculus; Chamomilla; Ipecacuanha; Creasote; Lycopodium; Carbo vegetabilis; Æsculus hippocastanum; Aloes; Thuja occidentalis; Colchicum; Spigelia; Cactus grandiflorus; Digitalis; Camphor; Carbonate of Ammonia; Veratrum album; Helleborus niger; Platina; Crocus; Sabina; Secale; Sepia; Liliium tigrinum; Argenti nitras; Aurum; Ferrum; Zincum; Plumbum; Cuprum.

Communications relating to the School should be addressed to the honorary secretary, Dr. Bayes, 21, Henrietta Street, Cavendish Square, W., from whom all particulars can be obtained, either personally or by letter.

REVIVAL OF HOMŒOPATHY.

EVEN in the old world there are not wanting signs of a real revival of Homœopathy. In order to prepare a *mauvais quart d'heure* for our croakers, we copy from the *New England Medical Gazette* as follows:—

REPORT OF THE BUREAU OF ORGANISATION, REGISTRATION, AND STATISTICS TO THE AMERICAN INSTITUTE OF HOMŒOPATHY.

From this report it appears that there are 6,000 homœopathic physicians registered in the United States. There are 23 State societies, of which 17 are incorporated by their respective States. There are 92 local or county societies and 7 clubs, partly professional and partly social. Of the 38 homœopathic hospitals in this country, 30 report 1,682 beds, which provided, in the last year, for 14,959 patients, with a mortality of 367—about 21 per cent. The cost of building 25 of these hospitals has been 1,549,175 dollars, and they are mostly supported by contributions and paying patients. Of the 29 homœopathic dispensaries, 25 report having treated, in the last year, 117,564 patients, with 272,772 prescriptions, at a cost of 10,639 dollars 19 cents., or about 4 cents. for each prescription. Eleven homœopathic medical colleges are established, and instructed last year 1,192 students, of whom 387 were graduated. The total number of graduates from these colleges is 4,922. The cost of establishing 5 of these colleges has been 230,000 dollars; the cost of the others is not given. There are 16 homœopathic journals

published in this country, quarterly, monthly, and semi-monthly, with an annual total of 8,784 pages, and an aggregate of 23,450 copies. In addition, there are national medical societies, medical schools for special subjects, a publication society, and a very prosperous life insurance company, called the New York Homœopathic Mutual. The tables of statistics are compiled with great care, and will be of interest to statisticians and the friends of this school of medicine.

CASE OF GRADUAL CURE OF CATARACT.

Mrs. U., of St. Mary Church, was told by a clever London oculist, about three years since, that she had cataracts in her eyes, and must wait until she became quite blind to be operated upon. Last August she heard through a neighbour that her sight might be restored by anointing the eyelids three times a day with pure and fresh honey, first washing the lids with warm water, to get rid of any dust collected. She immediately began regularly anointing her eyes, and still continues. At first she could not distinguish the features of any one, though very near her, and can now see a hundred yards off, and reads with magnifying glasses. After each anointing the eyes smart and run with water. Much phlegm collects round the throat and ears. — *Devoniensis in "Church Bells."*

DEATH OF AN INFANT FROM STEEDMAN'S SOOTHING POWDER.

It makes one's heart ache to think of the harm done to children by the various allopathic "soothing" medicines.

In the *Chemist and Druggist* for August 14th, 1880, we read:—

"Mr. T. C. Brian, coroner for Plymouth, held an inquest on August 3rd, at the Nottingham Arms, Mutley, touching the death of Ernest Jarvis, aged ten months, the parents residing at 6, Chester Place, Mutley. Ellen Jarvis, mother of the deceased, said the child had not been very strong since birth, and as it was not quite so well on Saturday, July 31st, a

portion of a Steedman's soothing powder was given it. On the Sunday it was still unwell, and about 1 a.m. on the Monday morning she was aroused by the child breathing very heavily. Mr. Wolferstan, surgeon, was immediately sent for, and he came and remained with the child until 5.30 a.m., when it died. She bought the powder from Mr. Saunders, chemist, and she had given these powders very often to her other child, and they had done him good. Mr. Wolferstan, M.R.C.S., said he had attended the child since its birth; it was a very small child, and if his orders had not been strictly attended to by the mother it would not have lived as long as it did. On Monday morning when he visited the house he found the child unconscious, and from its appearance and other signs he saw that it was suffering from an overdose of opium. He applied the usual remedies, and after about three hours the deceased revived a little, but shortly after it relapsed into its former condition, and died about 5.30 a.m. The mother said she had given the deceased a portion of a Steedman's soothing powder. He could not, however, account for the death of the child, but he supposed the powder contained a narcotic, and that the child was unusually susceptible to its influence. The jury returned a verdict that the deceased died from the effects of a narcotic administered through inadvertence by the mother, but exonerated the mother from all blame."

TO BREAK OFF BAD HABITS.—Understand the reasons, and all the reasons, why the habit is injurious. Study the subject until there is no lingering doubt in your mind. Avoid the places, the persons, and the thoughts that lead to the temptation. Frequent the places, associate with the persons, indulge in the thoughts that lead away from temptation. Keep busy; idleness is the strength of bad habits. Do not give up the struggle when you have broken your resolution once, twice, thrice—a thousand times. That only shows how much need there is for you to strive. When you have broken your resolutions, just think the matter over and endeavour to understand why it is you failed, so that you may be on your guard against a recurrence of the same circumstances. Do not think it an easy thing that you have undertaken. It is a folly to expect to break off a habit in a day which has been gathering long years.

FATAL CASE OF POISONING FROM EATING BUTTERCUPS.

MR. C. ASPINALL, the coroner for Liverpool, held an inquest recently on the body of Mary Holden, four years of age, the daughter of an engine-tenter living at Everton. The mother stated that the child took ill on Tuesday night then last with pains in the stomach. She was sick and purged afterwards. On the following morning a neighbour's little girl, six years old, informed her that on Tuesday the deceased had eaten some buttercups which they had gathered in Newsham Park. This child was also afflicted, but was not very bad, and she explained that whereas she had only eaten one, the deceased had swallowed three. The deceased was not sick on Wednesday, but suffered from delirium that night. On Thursday and Friday she became worse, and died on Friday evening. Dr. C. L. Anderson said the child had died from an irritant poison. He added that buttercups were an acrid poison, and if eaten would set up an irritation of the intestines. The jury returned a verdict that death was the result of poisoning consequent upon eating buttercups.

Obituary.

FORBES LAURIE, M.D.

WE have to record the death of this gentleman, which took place on October 3, at his residence in Dunstable. It seems that the unfortunate gentleman was found dead in his surgery by his coachman. The *Dunstable Reporter* says:—"On Sunday morning last, just before divine service, the sad intelligence spread through the town that Dr. Laurie had been found dead in his surgery under most melancholy circumstances. As the deceased gentleman was greatly respected by a large number of the inhabitants, a general gloom was cast over the borough, and the utmost sympathy was everywhere felt for the bereaved widow and family who have been so calamitously deprived of a life that promised many years of usefulness. The unfortunate gentleman, after a long and arduous professional career, was contemplating retiring from his practice into private life, and it would

seem that negotiations had already been entered into for this purpose. He was sixty-six years of age last birthday, and had practised in Dunstable for forty years." It would appear that Dr. Laurie had suffered from gall-stones, and it is thought that while in great pain he took an overdose of some anodyne. Dr. Forbes Laurie leaves a wife and family and a large circle of friends who deeply feel his loss. He was undoubtedly a very gifted man, and held varied views on matters medical.

LITERATURE.

THE HOMŒOPATHIC THERAPEUTICS OF INTERMITTENT FEVER.¹

"To my homœopathic colleagues this monograph is respectfully dedicated; and the hope is fondly cherished that from its careful study they may obtain as much practical knowledge as the labour of its compilation has given the author."

We lately reviewed Professor T. P. Wilson's abridgment of this work, and now that we see the original by Professor H. C. Allen, we must express our gratitude for such an important contribution to our *scientific* literature. It is scientific because it is based on the law of similars, and each drug is dealt with as an individual, and each case is also strictly individualised. The introductory remarks on *The Cause* are truly masterly, and it does one's heart good to feel that the old seer's wondrous work is so thoroughly understood and so successfully applied.

Those who have not much to do with ague will probably find Dr. Wilson's "Special Indications for Twenty-five Remedies in Intermittent Fever" suffice, but those who live in a malarial district will do well to put "Allen on Intermittent Fever" on a low shelf of their libraries *au besoin*.

Probably many practitioners possess Lord "On Intermittent Fever and other Malarious Diseases" (Boericke and Tafel, 1871); and also Korndoerfer's "Bönninghausen's Homœopathic Therapeia of Intermittent and other Fevers" (same firm, 1873); if so, they do not need to be told that our special literature on intermittent maladies is very creditable

¹ The Homœopathic Therapeutics of Intermittent Fever. By H. C. Allen, M.D., M.C.P.S., Ont., etc. Published by Drake's Homœopathic Pharmacy, Detroit, Mich., at Boericke and Tafel's. London: The Homœopathic Publishing Company, 2, Finsbury Circus.

to our school; and those who have to do with ague and neglect such important aids to really homœopathic treatment are not abreast of the time, and do injustice to our doctrine, especially if they give *Quinine* all round, like Cullen gave the *Bark*, as a bitter, astringent, roborant, stomachic, tonic febrifuge.

SANITARY SCIENCE, CLIMATOLOGY, AND HYGIENE.¹

WE English people put our antique bureaus into snug corners to—look at. Brother Jonathan is not satisfied with that, but must needs use the word as equivalent to *committee* or board. Perhaps he makes some fine distinction between bureau, committee, and board.

Sanitarians and hygienists will be much interested by this able report. It contains *International Quarantine*, by Bushrod James, M.D.; *National Quarantine*, including that of seacoast, by George M. Ockford, M.D.; *Quarantine for Refugees* exposed to an epidemic of any kind by river, railroad, or waggon-way, by D. H. Beckwith, M.D.; *Disinfection of People, Cargo, and Baggage in Quarantine*, by M. S. Briry, M.D.; *The Cordon Sanitaire*, by R. E. Caruthers, M.D.; *The Location and Sanitation of Quarantine Stations*, by Louis A. Falligant, M.D. This is a very important contribution to literature to which we can only call attention. Should space permit, we hope at a subsequent period to reproduce one or other of these able articles in this journal. At present this is impossible.

THE CINCINNATI "MEDICAL ADVANCE."

Edited by T. P. WILSON, M.D., and J. P. GEPPERT, M.D.

WE learn that the *Medical Advance* will hereafter be issued simultaneously at Cincinnati, O., and Ann Arbor, Mich. By this the editors secure an enlarged field of the profession. They are promised the support and encouragement of the leading members of the profession all over the country, and especially members of the Faculties of Ann Arbor University, while we on the hither side of the pond

¹ Report of the Bureau of General Sanitary Science, Climatology, and Hygiene, to the American Institute of Homœopathy, Session of 1880. Chairman, Bushrod W. James, M.D., Philadelphia. Sherman and Co. 1880.

offer the editors our friendly greetings and warmest sympathy.

The *Advance* seeks to occupy a leading and independent position in our school. "Its law is progress; a point which yesterday was invisible is its goal to-day and will be its starting-point to-morrow."

Do British homœopaths realise how much they lose by neglecting to read our American literature?

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the *Homœopathic World*.

THE ARNICA INSECT.

DEAR SIR,—In your current number your correspondent, Mr. Alfred Heath, refers to "the supposed *Arnica* insect," and adds, "if there is any insect that infests the *Arnica* plant," etc.

Now a very cursory examination of some of the dry *Arnica* flowers which are offered in the market will afford abundant evidence of the existence of such an insect, and even the best flowers are not entirely free from the black pupæ of this pest.

In Jahr and Grüner's "Pharmacopœia," formerly so much used in this country, a caution is given that the flowers "are often soiled by the eggs of the *Musca Arnica*, of which they have to be cleaned before using them."

According to Kalténbach (*Die Pflanzenfeinde aus der Classe der Insecten*, Stuttgart, 1872), six different insects are found upon this plant, two of which are *Diptera*, and one of these is described as the parent of the black pupæ which are found among the achenes and pappi, and which are introduced into the apothecaries' glasses, and afterwards undergo their final metamorphosis, producing the perfect fly.

This is the *Trypeta arnicivora* of Löw, and as the work quoted was written fully half a century later than that of Meigen, the authority mentioned by Hering, it is possibly the same insect, which may have been differently classified recently; at least we are not in a position to question the

accuracy of the statement in the "Guiding Symptoms," which Mr. Heath ignores.

The presumption that erysipelatous inflammation is chiefly or wholly produced by tincture made from the flowers containing the *Arnica* fly is singularly opposed to the private medical testimony we have received to the effect that the tincture from the flowers alone can be used with impunity by those who are susceptible to the irritating effect of that prepared from the root. This was, we believe, the reason for introducing such a preparation into the British Homœopathic Pharmacopœia.

We are, dear Sir,

Yours faithfully,

E. GOULD & SON.

59, Moorgate Street, E.C.

AN AMERICAN VIEW OF THE SCHOOL.

SIR,—Allow me to enclose you a letter just received from my friend Dr. Talbot, Dean of the Medical Faculty of the University of Boston, an excellent answer to the timid counsellors in our own British Islands. Remember there are less than 300 homœopathic physicians in the British Islands. There are about 6,000 homœopathic physicians in America (United States). Homœopathy was introduced into both countries in or about the same year. Let Drs. Sharp, Dudgeon, Black, and others of like mind, see the result of their timidities, and, on the other hand, see what the wiser counsels in America have done, with lesser means to begin with. Truly we may feel ashamed and amazed.

Your very truly,

WILLIAM BAYES, M.D.,

Honorary Secretary London School
of Homœopathy.

21, Henrietta Street, Cavendish Square, W.,

7th October, 1880.

To William Bayes, Esq., M.D.

My Dear Doctor,—I have just received the *Leeds Mercury*, containing some account of the British Homœopathic Congress, and in it some notice of your report, and also Drysdale's remarks. Of course it is difficult at this distance to see anything of the "ins and outs" of such a

question, but it does seem to me that you are quite on the right tack in establishing an entire and separate medical school where all the influences will be favourable to Homœopathy, from Anatomy and Chemistry on to *Materia Medica* and Practice. It is only in this way that your physicians can be thoroughly educated. Not but what your school as now constituted, if well-instructed physicians would attend its lectures, could do a large amount of good, but the mischief of it is that those who need its instruction most will be the last ones to attend it. We had an experience something not unlike yours here in Boston. Two years before our school was started we organised a course of lectures on Homœopathy for physicians. A few who were friendly to our system and desired to know more of it came, but not a single rigid allopath came near us, and the audience was made up principally of homœopathic physicians and their enthusiastic friends. Now it is quite different. The fully established and equipped school takes in nearly all medical students who are by education, conviction, or social influence favourable to Homœopathy. It has not a little influence as well with the profession, and it has given us from thirty-five to forty-five well-educated physicians annually that we should not otherwise have gained. I hope, therefore, that you will bring all your forces in harmony for the founding of a thorough and entire school. Don't call it Homœopathic, but make it fully so, and let it be widely known that such are its opinions. I do not think by any means that your present school has been a failure; on the contrary, it has given life and activity to your ranks, and if it leads to a better way, Heaven be praised.

Yours sincerely,

J. T. TALBOT.

Boston, Sept. 22, 1880.

HOMŒOPATHIC PRACTITIONER WANTED AT KINGSTON, JAMAICA.

SIR,—As there may be young medical homœopaths who desire a new sphere in which to labour and grow rich, let me suggest to such to come out to Jamaica, where a most promising field exists. There is in our city of Kingston but one medical man who practises Homœopathy, Doctor J. C. Maddan, who is unfortunately afflicted with phthisis, so is

unfit for active work. Those who require medical aid are obliged to resort to amateurs, and you may understand how urgent is the requisition when an amateur now makes a living by attending to the calls of those who have sufficient faith in his skill. Kingston has a population of about 40,000 inhabitants, and stands in sore need of a homœopathic physician and surgeon. Day by day new converts are made to the system, yet they have to treat themselves when able, resort to amateurs when they have faith enough in them, or submit to the heroic treatment of the detested old school when they cannot help themselves. A handsome practice is open for a young man of energy and skill. Advise, therefore, some one to come out to Jamaica.

I am, Sir, your obedient servant,

H. J. BURGER.

Kingston, Jamaica, W.I., Sept. 8, 1880.

TINCTURE OF ACONITE.

SIR,—The article on p. 465 in the *Homœopathic World* for October headed "Tincture of Aconite" states that thirty or forty, or even more, drops of *Tincture of Aconite* may be taken by a healthy person with impunity. Is this not very misleading? Would so large a quantity not injure a man in health?

Would you oblige by a line or two in reply?

I am, yours truly,

JOHN MELROSE.

Edinburgh, 14th Oct., 1880.

[The proper dose of *Aconite* as a remedy in disease, in the hands of a layman, is one drop of the tincture of No. 3—*i.e.*, of the third centesimal dilution, or the equivalent pilule. What our correspondent refers to is an extract from the *Quarterly Bulletin* of Boericke and Tafel, the celebrated homœopathic chemists of America, and the thing refers to *Aconite as a poison*, and not as a medicine, and concerns more particularly pharmaceutical chemists. Messrs. Boericke and Tafel do *not* mean that doctors should give or people take thirty or forty drops of the tincture of *Aconite*, but that an experimenter may do so without being actually poisoned or seriously put out; or, in their own words, "without the narcotic effects of *Aconitin* becoming manifest." Moreover, we

think the article explains itself. Still it is perhaps as well that our correspondent should have called attention to the subject. We must confess that we should be afraid to take the quantity indicated.—ED. H. W.]

PLANT GATHERING.

DEAR SIR,—It may be useful to some of my brother chemists who are in the habit of making their own tinctures to know where to find some of the plants used in homœopathic pharmacy; and for that purpose, and in accordance with the promise I made you, I give herewith a few notes made on *some* of my botanical rambles this year, and shall feel pleasure in supplementing the list from time to time, or in answering questions any may feel inclined to ask through your journal as to the whereabouts of certain plants, if it is in my power to tell. And as too much care cannot be exercised in getting plants from herb gatherers, who so often bring the wrong thing, I shall be pleased to name doubtful plants, if sent to me in flower perfectly fresh and sound, and post paid.

I am, dear Sir, yours truly,

ALFRED HEATH.

114, Ebury Street, August, 1880.

Under the cliffs between *Dover* and *Walmer*: *Artemisia vulgaris*; *Conium maculatum* abundant and very strong; *Solidago virgaurea*, *Euphrasia officinalis*, *Agrimonia Eupatoria*, *Cynoglossum officinale*, *Eupatorium cannabinum*.

Between *Dover* and *Folkestone*: *Origanum vulgare*, *Rumex crispus*, *Verbena officinalis*, *Geranium robertium*, *Lactuca virosa*, *Stachys sylvat.* In the Warren, *Bedeguar* (*Spongia cynosbati*) in abundance on the sweetbriar. If you are very quick of sight you may see *Lacerta agilis*; possibly you may see it twice, but never a third time. The Jew's ear fungus, *Peziza auricula*, grows here also on elder bushes (*Sambucus nigra*).

Southend.—Beyond the coastguard, near the targets, abundance of *Urtica urens*, a few plants of *Lactuca virosa*, *Dulcamara*, several genera of the order *Chenopodiaceæ*, a few plants of *Hyoscyamus niger*, *Verbena officinalis*, very fine plants of *Anagallis arvensis*, *Convolvulus arvensis*. *Apium graveolens* abundant.

Mitcham Junction Railway Station.—*Melilotus alba*, *Solidago virgaurea*.

Box Hill.—Chelidonium majus, Buxus sempervirem, Ilex aquafolium, Taxus baccata, Tanacetum vulgare.

Petworth.—Solidago virgaurea, Symphytum officinale, Euonymus europæus, Agrimonia eupatoria, Menyanthes trifoliata, Vinca minor, Cicuta virosa, Arum maculatum, Lamium album (in Burton Park very fine trees of Castanea vesca), Betonica officinalis.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 4, Harley Place, Harley Street, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E. C.

BOOKS AND JOURNALS
RECEIVED.

Archivos de la Medicina Homeopática. Año IV. Tomo II. Nos. 68, 69, 70, and 71.

Allgemeine Homöopatische Zeitung, Bd. 101, Nos. 11, 12, 13, and 14.

The Homœopathic Times, September and October, 1880.

United States Medical Investigator, August 15, 1880.

The Hahnemannian Monthly, September, 1880.

The Medical Advance, Sept., 1880.

Clinical Therapeutics. By Temple S. Hoyne, A.M., M.D. Vol. II. Parts IX. and X.

Chicago: Culver, Page, Hoyne, and Co., 1880.

The American Homœopath, September, 1880.

The Colonial Standard and Jamaica Dispatch, Kingston, W.I., September 1 and 2.

The Dietetic Reformer, Oct. 1880.

Monthly Homœopathic Review, October, 1880.

The British Journal of Homœopathy, October 1, 1880.

Bristol Times and Mirror, September 25, 1880.

Journal of Medicine and Dosimetric Therapeutics, Oct., 1880.

Report of the Bureau of General Sanitary Science, Climatology, and Hygiene. Prof. Bushrod James.

Chemist and Druggist, Oct. 15, 1880.

St. Louis Clinical Review, September 15, 1880.

L'Homœopathie Militante, Troisième Année, No. 4

The Medical Counsellor, Sept., 1880.

CORRESPONDENTS.

Communications received from Dr. Berridge, London; Mr. Alfred Heath, London; Dr. Proctor, Birkenhead; Dr.

Reed, High Wycombe; Dr. Cooper, London; H. J. Bürger, Esq., Kingston, Jamaica; Dr. J. Murray Moore, Auckland, New Zealand; Dr. John Moore, Liverpool; Dr. Maffey, Bradford; Dr. Bayes, London; Dr. Pope, London; R. Metcalfe, Esq., London; W. Burr, Esq., London; Dr. Gibbs Blake, Birmingham; Mr. J. M. Wyborn, London; Alfred L. Marchant, Esq., Bristol; John Hampden, Esq., Bayswater; Dr. John Clark, London; P. Cowell, Esq., Liverpool; Dr. Richard Hughes, Brighton; Dr. Harmar Smith, Ramsgate; Dr. Roth, London; Dr. W. Morgan, Cardiff; and Messrs. Gould and Son, London.

ANSWERS TO CORRESPONDENTS.

DR. PROCTOR, Birkenhead.—Thank you very much for the suggestion, but we have lacked the necessary time and *verve*. We should be glad to get the article from you.

DR. MAFFEY, Bradford.—Your paper stands over for our December number.

DR. USSHER, Wandsworth.—We still trespass upon your kindness.

DR. COOPER, Kensington.—We propose to commence your article entitled "*Chronic Deafness or Proliferous Otitis, a Test of Systems of Medicine*," in our next number.

MR. J. NICKLIN, Hanley.—Many thanks. You see your suggestion is not easy to follow. An editor is in much the same position as a miller; there is a very necessary connection between the flour and the grist.

DR. JOHN CLARKE, London.—Your paper, "Parish Doctors," is in type.

DR. HAHNEMANN BLAKE, Liverpool.—The corrected proof of your article "On Diarrhœa" has not reached us.

MR. RICHARD METCALFE, London.—Your "Hygieo-Therapy, Part II., *Materia Medica*," is crushed out.

MR. ALFRED L. MARCHANT, Bristol.—The correspondence is in type, and will appear in our next issue.

The Homœopathic World.

CONTENTS OF OCTOBER NUMBER.

LEADING AND GENERAL ARTICLES:—

The Leeds Congress, 1880.

Lectures on Clinical Medicine, *Materia Medica*, and Homœopathic Therapeutics, at the London School of Homœopathy.

On the Prevention of Hare-lip, Cleft-Palate, and other Congenital Defects: as also of Hereditary Disease and Constitutional Taints by the Medicinal and Nutritional Treatment of the Mother during Pregnancy.

Wandering Sheep.

Eupatorium Perfoliatum 1x in Intermittent Fever.

The Cure of Cataract by Medicines.

Hygieo-Therapy.

Notes of Recent Discoveries.

Homœopathic Tincture of Aconite.

LITERATURE.

A Manual of Pharmacodynamics.

The Common Diseases of Children.

Sanitus Sanitatum et Omnia Sanitas.

Materia Medica and Therapeutics Arranged upon a Physiological and Pathological Basis.

The Sixteen Principal Remedies.

Trochus.

CORRESPONDENCE.

The Arnica Insect.

Mr. Hampden's Views.

Homœopathy in the Seventeenth Century.

Tâche Cérébrales.

Hale's New Remedies.

Vernonia Anthelmintica.

REPORTS OF INSTITUTIONS.

London Homœopathic Hospital.

Canterbury Homœopathic Dispensary.

The International Congress of Hygiene at Turin.

The International Hahnemannian Association.

In Memoriam, Constantine Hering, M.D.

The Doctor's Dream.

SHORT NOTES, ANSWERS, ETC.

THE HOMŒOPATHIC WORLD.

DECEMBER 1, 1880.

DEFEAT OF THE ALLOPATHIC CLIQUE IN HALIFAX.

ALL true lovers of liberty and progress will rejoice to learn that a most nefarious conspiracy to injure an innocent and capable man and public servant has been unearthed and stamped out by the citizens of Halifax. Thank God liberty is no exotic plant in Great Britain. These are the facts. Eight years ago Dr. Daniel Ainley, a duly registered medical practitioner, a Licentiate of the Royal College of Physicians of Edinburgh, and a Master of the Royal College of Surgeons of London, was appointed by the representatives of the rate-payers of Halifax to the post of their Medical Officer of Health. The whole of the profession in the town memorialised the Town Council to upset Mr. Ainley's appointment. Why? Ay, why? Why, do you think, good readers? Had Mr. Ainley broken the law? No. Was he incapable of performing the duties of medical officer? No, he was and is admittedly a capable man. Was he an infidel or a blasphemer of the Word of God? No. Had Mr. Ainley spoken evil of the Queen's Majesty, or shown contempt for the law of the realm? No; he is a loyal subject, and a good citizen, and a lover of law and order.

Then why should the enlightened members of a learned profession go *en masse* and memorialise the Town Council of Halifax to depose Dr. Ainley? Echo answers, "Why?"

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Three years ago Mr. Ainley was reappointed Medical Officer for the Borough of Halifax. At this period the medical profession of the town again showed their extraordinary concern for the public (!) weal by trying to influence Mr. Ainley's committee to get him rejected. They failed.

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During the past three years the members of the medical

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profession at Halifax have been steadily and quietly at work, and this time—how sweetly disinterested and how just!—managed to get *two allopathic druggists* on the committee charged with the appointment of the doctor!

We greatly admire the wisdom of setting dispensing chemists and druggists to appoint the doctor, because there cannot be any charge of “cooking a committee” trumped up. Any way, Mr. Cookson was appointed by this nice little committee by the overwhelming majority of one (5 to 4), and consequently Mr. Ainley was ousted. It is quite true that Mr. Ainley had faithfully and efficiently served the borough for eight years, and had never had a complaint lodged against him. It is equally true that the to-be-preferred new man, Mr. Cookson, was *unknown* (!) to several of the five who voted for him. But what of that, when it is a question of the public weal? *Salus populi suprema lex*, and hence it must be obvious that a tried servant of the public with eight years’ good character cannot be as eligible as a stranger.

But perhaps Mr. Cookson is of older standing in the profession? No; on the contrary, Mr. Ainley was already Medical Officer for the Borough of Halifax while Mr. Cookson was still only a student.

Then had Mr. Cookson deserved in some special manner of the inhabitants of Halifax? No; *in common with all his colleagues*, he had set the public will at defiance, and treated the state of the public health with indifference and contempt, by refusing to lend any aid to the Medical Officer of Health of the Borough, and thus laid himself open to the reproach of being a bad citizen, willing only to serve the public when paid to do so. Mr. Cookson and all the other allopathic sectarians refused to co-operate with the Medical Officer of Health in the person of Mr. Ainley. On what ground, then, would they ask Mr. Ainley to co-operate with Mr. Cookson? How did the Town Council of Halifax receive the recommendation of the said Sanitary Committee? The *Halifax Courier* of October 30, 1880, thus reports the meeting:—

“APPOINTMENT OF A MEDICAL OFFICER.

“At a meeting of the Sanitary Committee, held on the 12th inst., a resolution in favour of the reappointment of Mr. Daniel Ainley as Medical Officer of Health for the Borough was lost by five votes to four, an amendment that

advertisements be issued for a legally-qualified medical practitioner at the salary of £100 per annum, the appointment to be subject to three months' notice by either party, being carried. At a further meeting of the committee, held on the 19th inst., it was resolved, 'That Mr. Hugh Alexander Cookson be appointed Medical Officer of Health for the Borough, at the salary of £100 per annum, to perform all the duties of a Medical Officer of Health as prescribed by the orders of the Local Government Board, the appointment to be subject to determination by either party giving to the other three calendar months' notice in writing.' It was recommended that powers be obtained to borrow £10,000 for a sanitary depôt; and a further proposal by the same committee was that a clause be inserted in the provisional order about to be applied for requiring medical men and others to furnish returns of infectious diseases to the Medical Officer of Health. The confirmation of the minutes having been proposed by Mr. Councillor Pollard,

"Mr. Councillor Hanson asked the chairman (Mr. Pollard) *if he could give any tangible reasons why Mr. Ainley had been removed from his position and another appointed to take his place.* (Hear, hear.)

"Mr. Pollard, in reply, said that when Mr. Ainley was appointed three years ago, he was recommended by the committee with a majority of one. This time the numbers were reversed, five being for Mr. Cookson and four for Mr. Ainley. The majority who voted for Mr. Cookson were *under the impression that the committee did not receive that support and confidence they ought to receive from the medical profession. He did not wish, if he could avoid, to go into particulars,* but this was the position of the majority on the committee—that in case an epidemic fever were to break out, they would not receive that support from the medical profession which they should have. They ought to be in a position to stamp out any infectious disorder. Information should be sent in by medical men as soon as they found any outbreak, but during Mr. Ainley's term of office *that was not so, he not having the support and confidence of the profession.*

"Mr. Councillor James Booth observed that the reasons given by Mr. Pollard were such, he was sure, as the Council would not accept. It was *strange indeed that after a man had served the town for eight years, and served it without a word of complaint from any one—(Hear, hear)—done his work efficiently and satisfactorily—the Sanitary Committee should*

say that because there was a majority of one they would appoint another man. There certainly ought to be more tangible reasons than these. (Hear, hear.) With regard to the medical men not supporting him, he believed in many towns the medical men and the medical officer were at variance. As an amendment he moved, 'That so much of the minutes of the Sanitary Committee as relates to the appointment of Hugh Alexander Cookson as Medical Officer of Health be not confirmed, and that Mr. Daniel Ainley be reappointed Medical Officer of Health at the salary of £100 per annum, the appointment to be determined by three months' notice on either side.'

"Mr. Councillor Hanson seconded the amendment. He said he did not consider it advantageous to make changes without more tangible reasons than had been given by the chairman of the committee. *He expected to hear there were cases of dereliction of duty, but no such instance had been given.* Unless it was shown that Mr. Ainley had not performed his duties to the satisfaction of the Council or the town generally, he thought they would be unwise to change him.

"Mr. Alderman Thomas spoke in *very high terms of Mr. Ainley's ability*, having had good opportunities of seeing his conduct. He would certainly like to know what Mr. Ainley had done wrong, for *he heard the best accounts of him generally throughout the town*, that he was a right and proper person to fill the office. What, he asked, was to be anticipated by electing Mr. Cookson?

"Mr. Pollard said neither himself nor any one of the majority who voted for Mr. Cookson had the slightest personal feeling against Mr. Ainley, *nor on account of HIS HOMŒOPATHY (!)*. It was simply because they thought a medical man who had the support, assistance, and confidence of the medical profession would be better able to carry out the duties than Mr. Ainley. *He did not think they would care very much if their decision was reversed.*

"Mr. Alderman Riley mentioned that it had been stated that *certain members of the Sanitary Committee did not even know Mr. Cookson.* (Laughter.) He had heard it said there was a political element imported into it, but that he did not believe. He stood there as knowing something of Mr. Ainley, and without fear of contradiction he could say *he was a most painstaking man.* As to the position of the medical profession, *it was nothing else than a spirit of dictation and a spirit of trades-unionism, their aim being to make the position*

of the Sanitary Committee uncomfortable if they did not remove Mr. Ainley. (Hear, hear.) In his opinion the town would suffer more materially if they removed Mr. Ainley. Again and again he had seen it throughout Lancashire and Yorkshire, where the medical faculty would not work with the medical officer of the town. (Hear, hear.)

“Mr. Councillor Binns said *there was no complaint made either with regard to any delinquencies on Mr. Ainley's part or incapacity for performing his duties. There was, therefore, no reasonable ground for his removal.*

“Mr. Councillor Brierley read a *memorial*, signed by the principal medical men in the town, stating their *pleasure at hearing of the appointment of Mr. Cookson as medical officer*, and expressing their readiness to co-operate with *him* in maintaining the good sanitary condition of the town. *It was plain, he added, that they would have nothing to do with Mr. Ainley—that he was ostracised. If he lived to be an old man, and in practice in Halifax, they would never have ought to do with him.* (Shame.)

“Mr. Councillor Smith spoke at some length of Mr. Ainley's fitness for the post, and Mr. Pollard having replied, the matter was put to the vote. For the amendment were—Aldermen Midgley, Thomas, Riley, Longbottom, Walsh, Parkinson, and Brook; and Councillors Clegg, J. Booth, M. Booth, Shaw, Halliday, Brown, Binns, Cordingley, Wilkinson, Barraclough, J. Holdsworth, Hunt, Hanson, Lord, Smith, and Bottomley. On the contrary being called, *no vote was recorded.* The minutes, as altered, were then carried unanimously.”

The italics are ours. We see, therefore, that Mr. Ainley has been reappointed Medical Officer, and that not one of the intriguing opponents had the courage to vote against him after their trumpery intrigue had been shown up.

Reduced to the concrete, the matter stands thus. Mr. Ainley, in treating his patients, is in the habit of being guided by the law of similars, and he thus finds himself in the van of scientific therapeutics. In common with Mr. Ainley, there are some *seven thousand* other medical men in the world whose therapeutic guide is the same homœopathic law; and every year witnesses an increase in the number. The majority of the profession have been silly enough to set themselves against this science in the treatment of disease, and have denounced it in language that we need not repeat. In their blind hatred they vilify *every homœopath because he*

is a homœopath, in the childish belief that they can beat back the wave of progress, and keep the public and the profession in eternal subjection and thralldom. In Halifax they cannot beat Dr. Ainley by showing by the results of their treatment that Allopathy is better than Homœopathy. In this they have failed in Halifax as everywhere else. In these days science is winning all along the line, and therefore Homœopathy wins by being in harmony with the spirit of the advanced men of the times. In the language of Mr. Councillor Brierley, the allopathic sectarians will have nothing to do with Mr. Ainley. They have, indeed, not stoned him, but they have *oyster-shelled* him, and even though Dr. Ainley "should live to be an old man, and in practice in Halifax, they will never have aught to do with him." (Cries of "Shame" in the Council.)

Will it never occur to these big babies that Dr. Ainley is superior to them all *on medical ground* BECAUSE HE FOLLOWS SCIENCE IN HIS TREATMENT OF DISEASE, while they still grope about in the chaos of empiricism? Has even *one* of these allopathic trades-unionists ever tried to master the mere alphabet of the science of Homœopathy? Never having learned Homœopathy, how can they be considered competent judges of it? Surely everybody, even the dapper allopaths of Halifax, must learn a thing before they can know it. They know nothing of Homœopathy but what their equally ignorant leaders have told them; in accordance with the traditional dementia of all who are doomed to extinction—*quos deus vult perdere, prius dementat*—they try to save their creaky craft by extraordinary exhibitions of imbecility, and the usual result must of course follow.

These allopathic sectarians represent only the *worst* traditions of the profession, and they are fast bringing the practice of physic into contempt and ridicule. They do not seem to perceive that they are playing the part of the woodman who vigorously sawed off the bough on which he was himself perched. At the present moment the only true representative of the medical profession in Halifax is Dr. Ainley.

In the sacred name of liberty we thank the Town Council of Halifax for declining to allow a petty party of trades-unionistic ratteners to stem the tide of progress in scientific therapeutics. Here we again see that if we are ever to have fair play we must lean on the—people. *Vox populi vox dei.*

THE PROPOSED COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

THERE are nineteen ways into the medical profession in Great Britain, respectively nineteen Examining Boards, or Bodies; some of these are Universities, or *Studia Generalia*, from the good old Catholic times, and some of them are Royal Colleges.

How many of these are favourable to Homœopathy? Not one.

How many of them teach Homœopathy openly and properly? Not one.

How many of them examine in Homœopathy? Not one.

How sad it is to think that in this country the only really available scientific principle in therapeutics is nowhere recognised, and nowhere taught, except at our own School.

It is proposed to establish a College of Homœopathic Physicians with powers and duties analogous to those of the Royal College of Physicians of London. When established it is proposed to proceed to obtain a Royal Charter for the same.

How much longer is Homœopathy to be kept out in the cold? We invite a free discussion of the whole subject on the broad grounds of liberty in science and proper protection for the homœopathic public against incompetent practitioners.

The allopaths have nineteen examining bodies for their protection, the homœopaths have not one.

Do, then, the homœopaths pay no taxes?

The homœopathic portion of the profession have been waiting for the past forty years for intra-professional recognition, and their position is, like that of all beggars, contemptible. The common medical Hodge is totally incapable of comprehending Homœopathy, and yet from a majority of these very Hodges we are to expect recognition!

The kind of intra-professional recognition which we may expect is that which the loving professional brethren accorded to Hahnemann at Königslutter eighty odd years ago, and again the other day to Dr. Ainley at Halifax. For eight years Dr. Ainley has been Medical Officer of Health, and for these same eight years *all* the allopaths have refused to cooperate with him in the *sanitary and hygienic* measures *for the public weal*. And they openly admit that they will never have aught to do with Dr. Ainley, even though he live and practise in Halifax till he is an old man.

So if Dr. Ainley is ever to have intraprofessional recognition he must become a dishonest man and deny what he believes to be true, or wait till he leaves Halifax for Hades.

Candidly confessed, brother homœopaths, are we not veritable children to sit faithfully expecting what we must know can never come?

Individually we do not care one iota whether the allopaths recognise us or not. We should like to treat them as professional brethren, requiring, indeed, more knowledge and enlightenment, if they have sufficient intelligence to see that recognition means reciprocity and fair play; but if they persist in remaining so absolutely and hopelessly ignorant of scientific therapeutics, and so arrogantly conceited withal, *we really cannot recognise them*, but must leave them in their crass ignorance, for we consider our life too precious to be entirely thrown away. As for their abuse, we can well afford to smile at that and pity the abusers. We should as soon think of discussing the niceties of colour with a blind man who had never seen any colour as to discuss scientific therapeutics with the ordinary ovine allopath, whose pharisaism is really exquisite. Forsooth he is a "regular," but a regular what?

SOME WORDS ON DIARRHŒA.

By Dr. S. H. BLAKE.

It has been remarked that nothing approaching to a rational system of medicine—rational throughout its principles and practice—can be attained until such system refers its principles to the causes and the effects of disease. It is clear that there are two classes of cause and effect, namely: 1. The causes of the disease, and the effects of those causes, which effects constitute the disease. 2. The course and progress of the disease itself, or rather the phenomena presented by the diseased individual, are also divisible into causes and effects. Thus the proposition may be put: hot weather and fruit are two of the causes of summer diarrhœa. This is cause and effect of the disease; but, secondly, intestinal catarrh causes pain, griping, diarrhœa. This is cause and effect in the disease, and this is so because of the primary symptoms, and of the firstly formed pathological condition; and to illustrate this let us suppose a case of summer diarrhœa, where the primary symptoms and firstly-formed pathological condition of intes-

tinal catarrh are the effect of unwholesome fruit, or else of sudden checking of perspiration over the abdominal integuments in persons who wear unsuitable covering during the night. Or, again, suppose it be owing to a combination of such causes. This pathological condition so primarily induced becomes the cause of the pain, the griping, and the diarrhœa. With the first class of causes homœopathic medicine has nothing to do; it does not remove the causes of disease; it does not remove either the hot weather or the fruit. A homœopathic drug may, indeed, be forced into the position of subserving two distinct methods of medicinal action in such a case, as when *Rheum*, *Colocynth*, and such-like purgatives are given (wisely or not) in such doses as at first to purge, and remove offending material, or material supposed to be offending, and where the latter effect of these drugs is homœopathically effective against the diarrhœa that would have been, or is about to be, induced by offending material that has been removed by the first and purgative action. Such an extension of the application of the rule of similia in combination with the physiological action of drugs may be very successful to outward appearances, and this is especially the case in some rare individual instances. But the homœopathic application is, to say the least of it, strained, and can but rarely, if ever, be applied in perfect unison with the rule that the symptoms of the patient should closely correspond to those of the medicine. Thus *Castor Oil*, *Rhubarb*, and such-like drugs are applied not unfrequently in ordinary practice to intestinal irritations without diarrhœa, or with an impending or already commenced diarrhœa, with the alleged view of clearing the *Primæ Viæ*, and thus removing the cause and curing the diarrhœa. If this be actually what is done the procedure would be reasonable enough if we are to be guided by the principle that "prevention is better than cure," and this would accord with Hahnemann's own view, that where poisonous matter lies in the alimentary canal it should be removed speedily by a purgative or an emetic; but that this can very rarely be required is obvious from the fact that nature has in so many instances already quickly removed the causes that can be so removed by purging before we are called in to treat the case, leaving us only the irritation and diarrhœa to cure by homœopathically acting drugs. The effects of a chill stand in the same category as regards the application of similia provided flannel be placed over the abdomen at night, or other causes of the chill be

removed; whilst, should excessive heat play a part in the causation, and we are not able by artificial means to lower the temperature, and regulate it at the same time, our homœopathically acting medicine is continually at war with the effects of this continuing cause, and in this case I would venture to submit that we should use a lower dilution of the indicated medicine, other things being equal. Whether or not we apply the physiological action to the removal of the cause as often as we ought to do must be left to be decided by each physician for himself, but that the double effect of such medicines should be necessarily required, if even it could be employed at the opportune moment, seems doubtful from the consideration of the great disproportion of the amount of the dose required to induce or increase the diarrhœa, and the amount of the same drug as would be appropriate to cure the ensuing diarrhœa if it were an appropriate medicine, and further from the consideration that if the medicine were one of the best that could be selected to cure such diarrhœa the symptoms should closely correspond to those of the diarrhœa, in which case a much smaller dose than one requisite to produce these physiological symptoms is required to cure them easily, safely, and without aggravation. Therefore, if we were to apply the double action in a thorough manner, we should either aggravate the disease, increasing its early symptoms, or at the least render the cure slower, and paralyse the effects of nature in her effort to set matters straight, in consequence of the powerful presence (toxicological) of the remedy in greater quantity than is required to oppose the deranged force.

As to *Opium*, the great restrainer of diarrhœa (as a mere symptom), it is difficult for one to see how this can be in any way homœopathic to diarrhœa in the great majority of cases, yet it seems to be so in some exceptional and conditional forms of that disease. No amount of special pleading can be made to bolster up a remedy of this sort as acting homœopathically under ordinary conditions.

It is noteworthy that diarrhœa, and especially dysenteric forms of it, whether tropical or English, are only masked for a time by *Opium*, and the worse the symptoms are the more so is this the result of the treatment. In a few days, and often as soon as the *Opium* has been omitted, if only for a day, the liquid evacuations commence afresh, and as freely as ever; especially is this so if the case be a recent one, or

a severe dysentery attended by the signs of bowel ulcerations. After *Lead* and *Opium* combined have been administered we meet with the same results. It is not until *Nitrate of Silver*, *Arsenic*, *Mercury*, *Charcoal*, *Nitrate of Potash*, and such-like remedies have been exhibited that anything like a satisfactory amendment begins to take place. Any one can observe similar results for himself in any hospital or dispensary in the country, and it is a wonder that such results have not opened the eyes of the whole profession to the truth, but the physiological effects of drugs are very blinding and misleading to the mind unacquainted with the dealings of Homœopathy in more senses than one. We might say of some of the drugs still in common use for diarrhœa, what a physician of our acquaintance, who is neither an Englishman nor an Irishman, said in reference to *Chloral Hydrate* when asked for information as to its value in sleeplessness—viz., “I know nothing about it, but you may throw it out of the window.”

Nevertheless *Chloral* once saved a consultation in a severe case of asthmatic bronchitis with great excitement and hysterical delirium at night, and of course sleeplessness—a train of symptoms not very unlike those produced by *Chloral Hydrate* when taken for a long time. This is possibly a homœopathic action of the drug. The advantage referred to in this case was not found on the side of the consulting physician, of course, but on the part of the patient. I have known twenty drops of *Laudanum* produce free purgation in the obstinate constipation induced during a prolonged gonorrhœa in a young man about twenty years of age. *Opium* ϕ in drop doses, assisted by quarter-grain doses of *Acetate of Lead* in alternation, also freely opened the bowels and cured the retention of urine in twenty-four hours (both previously complete), which had been induced by amputation of piles, and had lasted for a week unrelieved. *Opium* sometimes causes retention of urine. It may do so conditionally when given in considerable doses during other diseases, as in fevers. Its retention is associated with symptoms referable to the fundus vesicæ, and I would even venture to suggest that the further condition leading up to this is the obstinate constipation so often present in fevers, and its aggravation by the *Opium*, and hence the indirect production of the paralysed state of the fundus of the bladder; add to these symptoms scanty urine, and the difficulty caused by *Opium* is very readily understood. I have observed this state of affairs

take place in a bad case of rheumatic fever where *Opium* had been given for sleeplessness.

One of the few instances of diarrhœa which *Opium* appears to check under the earlier system of medicine is that of elderly persons of a relaxed habit of body, which it sometimes seems to effectually put a stop to without any manifest evil after-effects; and the diarrhœa once restrained, the patient recovers, with very great relief, a frequent urging and straining with small evacuation—or with involuntary small stools is the symptom. Is there, under such circumstances, a better remedy? Is such action homœopathic? The only symptoms to which one can imagine *Opium* to be properly and completely homœopathic are those of a double condition, one of primary constipation, secondary diarrhœa, as of intestinal obstruction (or ileus) attended by diarrhœa (found in rare cases), or of retained stool, hard round stools, hard lumps, accumulated stools, attended by an ineffectual diarrhœa, the retained stools or obstruction remaining behind and unpassed, being in relation to diarrhœa as cause to effect. It is thus seen that the diarrhœa to be cured by *Opium* is a purely conditional one, a later symptom, and that its cause, the retained stool or obstructed bowel, is really the thing removable by *Opium*. To this end and purpose the dose of *Opium* may be made appropriate—viz., a small quantity will be sufficient to cure the obstruction or constipation, and so set free the cause of diarrhœa, which dose of itself might be quite insufficient to physiologically and at once check a diarrhœa of this kind. We here again see how unnecessary it is, as a rule, to employ a drug in such a large quantity as to ensure our obtaining its double action. In fact, this might actually defeat the object we have in view, and prevent the exit of the retained fœces which should follow the diarrhœa when the obstruction has been removed by the *Opium*.

Is *Opium* practically ever purgative to the perfectly healthy person? Does such a symptom usually follow the administration of a large or small dose or doses within any reasonable time of the administration of such dose or doses of *Opium*? Does such action of *Opium* increase the number or frequency of the evacuations? To these questions I would venture to reply, certainly it does not. There do not appear to be any number of instances on record of its having done so. Had it this action there would be good grounds for its suitability to many cases of diarrhœa which no one pretends that it is as a homœopathic medicine.

As every summer comes round and brings with it fresh cases of diarrhœa, so we are again and again led of necessity to the strict application of the principles of Homœopathy to each individual case. But how, and for what symptoms, are we to apply the law? Upon the answer to this question will depend the amount of success that will follow our treatment. To this question it may be truly answered, For all the symptoms. This is the comprehensive law in its crude form, and perhaps the great stumbling-block to the natural mind. But how is the best medicine to be chosen for all the symptoms? Surely not for all the symptoms in the abstract, or as they may perchance stand disconnected, without their rational conjunction, without their relationships of course and progress, or of cause and effect. Were these things possible, it were as easy to select a good homœopathic remedy as to select the time of a train from a "Bradshaw"—and this is not always easy to the beginner on his travels.

It is quite clear that we must first get an approximately correct idea of the individual capacities of our selected medicine, and information as to those symptoms which are the rule of its production, and another separate idea of such other symptoms as are the exceptional or conditional product of the remedy, before we can obtain a complete and scientific picture of the pathogenesis of the drug, or expect to put the drug in force with a reasonable hope of that success which we think ought to be our reward. But this has all been said before.

To descend from theory to practice. In the warm weather, when fruits are abundant, we have so grand a remedy in *Veratrum Album* for the summer complaint that we may be apt at times to be tempted to put it in force once too often—to put it in the first rank when it should stand in the second. I refer especially to those cases of purging and cramping pains in the upper abdomen. Indeed, in these cases the majority of the symptoms may yield to *Verat.-Alb.*, particularly the purging and pains. Nevertheless, because this drug may not stand in the first rank as regards the case to be treated, the totality may fail to give way to the symptoms; urgent symptoms, diarrhœa and cramping pain, return again, although completely suspended for a time.

It is good to remember that *Veratrum Alb.* produces vomiting and purging at the same time, and that diarrhœa with frequent stools and cramping pain is the almost uniform result of its toxicology. But bearing in mind, at the same

time, that *Verat.-Alb.* produces also constipation (conditionally or exceptionally?), and cures constipation in some peculiar and exceptional cases of disease, one may perhaps be tempted to put this drug in force in a case of summer complaint where there are gripes actually attended by constipation, following, it may be, diarrhœa in the first instance. This might be to commit a great mistake—not indeed necessarily a fatal mistake, for even yet it might palliate. We might forget that *Bryonia* is characterised by alternation of diarrhœa and constipation, and herein lies the course and progress of the symptoms. Such does not belong to *Verat.-Album.* The main result of this drug is purging. So is it also with *Arsenic* and *Colocynth*, and I have observed that where a case of severe griping is attended by no evacuations, *Colocynth* given in the third decimal alternation has only aggravated the case by bringing on a pain after each dose, yet without relief to the temporary constipation, nor even eventually to the pain in the bowels, showing it to be probably inappropriate, and I would venture to suggest that this is because in the main the primary acute symptoms of *Colocynth* are “gripes with diarrhœa,” and not gripes with bound bowels. It is a matter for much thankfulness that the originators of the Cypher Repertory have given us the course and progress of the symptoms.

It has perhaps never occurred to the mixopath that the *Hyoxyamus* which he mixes so successfully with his *Colocynth* acts so successfully and so permanently in allaying the gripings of the latter drug by its homœopathic action. It may not, it is true, stand as a first-rank homœopathic curer of the gripes of *Colocynth*, but it is sufficiently a similar to render it at least a homœopathic agent in abdominal pains. If this were not so I do not think it would so effectually relieve the pain induced by the purgatives. In this case they have indeed succeeded in mixing homœopathic principles, unknowingly perchance, with the antipathic so as to effect a complex result in the production of an artificial diarrhœa unattended by much pain, a result by them so much desired; indeed, the temporary effect of this cross-breeding is often very gratifying—but how temporary the benefit obtained! This at this very day forms a part of the allopathic art of prescribing—namely, the mixing of a homœopathically-acting palliative to the ill-gotten pains of a toxicological purgative, and this is the very mixture of homœopathic and allopathic principles in therapeutics which

the Dublin College of Surgeons have so much decried. We trust, therefore, that they will not permit their children to use pills made of *Colocynth* and *Henbane*. I find in the pathogenetic scripts under *Hyos.* these symptoms:—“Hiccough with spasms and rumbling in abdomen;” “Pit of stomach tender to touch;” “Cramps of stomach relieved by vomiting;” “Colic as if abdomen would burst, presses the fists into the sides;” “Abdomen sore to touch;” “Enteritis, peritonitis;” “Stools frequent, urging, small in size—involuntary stools.” It is no wonder this drug so conveniently relieves, or rather cures, the ill effects and violent actions of *Colocynth* during its primary pathogenetic effects, and leaves behind only its profuse evacuations. This is to mix Homœopathy with Allopathy indeed—toxicology as a cause of disease, and as a proof for Homœopathy. *Hyoscyamus* rarely fails to relieve at once the violent cramps and spasms of summer diarrhœa, also of gastritis and of gastro-enteritis, with the violent cramping spasms sometimes called English cholera, but which is much more common in hot climates, from the chilling air of the cool night which follows the burning day.

But it generally fails to arrest the entire disease; where there is either diarrhœa or constipation present of a different kind from that caused by the drug, it very naturally fails to cure. As an illustration of these remarks I will refer to a case treated. An elderly woman of seventy-four, a very thin person of strong constitution, but subject to somewhat confined bowels and a so-called inactive liver and occasional bilious attacks, came under my care for summer diarrhœa. Frequent purging and cramping pain, causing her to hold the two sides of the abdomen and press the hand for relief over each side of the stomach. The tongue was coated yellowish brown, stool frequent, day and especially at night; abdomen somewhat distended, and considerably troubled with rumbling of wind and accumulation of same; soreness and tenderness; the stools more or less bilious; patient lies flat on back, would like to lie on either side, but cannot, it hurts her (*Bryonia*?).

Veratrum Album was given, and checked the diarrhœa and pains for twenty-four hours, a great relief. Still she was not well, tongue remaining unclean, more wind rumbling, and symptoms as of obstruction in bowels remained. Constipation was now the condition for a day, but eventually the diarrhœa and pains returned. *Colocynth B* was given;

each pill was followed by an aggravation of the pain. Evidently neither of these medicines was really suitable. *Hyoscyamus* ϕ was given and completely relieved the spasmodic pains, but failed to relieve the bowels, which still remained confined, and after the pains had ceased under *Hyoscyamus*, a painful rumbling and sensations as from accumulation of flatus about epigastrium all the time; yet the appetite kept good, she was hungry, wanted to eat, yet dared not, feeling it would make her worse. Next day more pains fled into the posterior and lower chest walls and into both mammæ. *Bryonia* 1x was then given. This medicine, true to its characteristics, removed all the complaint, and the patient got up and walked about, and twelve hours after it had been commenced she felt quite well. In such cases a certain amount of muco-enteritis may be superadded to flatulent obstruction and constipation, or to diarrhœa if present. Here, then, are the distinguishing differences between the pathogenesis of *Bryonia* and *Veratrum Album*:—

With *Bryonia Alba*, "Fulness as with wind, with cutting, stitching, griping pains, painful to touch and worse from motion, with rumbling and gurgling, with bilious diarrhœa and stools following, and relieving for a time the cutting pains, or there is constipation, and further, there is alternation of diarrhœa and constipation."

With *Verat Alb.* there is vomiting, a very prominent symptom, distinctly gastric catarrh, not merely from intestinal constipation or obstruction, and flatus as with *Bryonia*, but with diarrhœa in addition. There is vomiting with diarrhœa, and there is cramping pain with this diarrhœa; nocturnal, too, like *Bryonia*. But the constipation of *Veratrum* comes afterwards, and is a continuous form, or chronic constipation. How different a picture is this from that of *Bryonia*! If *Bryonia* had been used in the first instance in the case cited, how much more speedy might have been the cure! One word in favour of *Hyoscyamus*. It relieved the spasmodic pains, true to its characteristic action where the symptom is present, a feeling as if the abdomen were very full, with cuttings and tenderness, yet the patient presses the fists into the sides (abdomen) to get relief from the pain; these symptoms were present in the case referred to, and the *Henbane* removed them, yet this drug failed to cure the case, and under its use the patient did not rise from the bed and get well again until the *Bryonia* had been given her.

HOW THEY DIE.

VII.—Parish Doctors.

By JOHN H. CLARKE, M.D.

As I was driving home one winter's afternoon in the early part of 1879 from seeing a patient in the country I was caught up and hailed by a farmer driving behind me. He inquired if I was a doctor, as he wished me to see a labourer of his who was lying very ill in a cottage some distance on the road, and whom he did not expect to recover. His medical attendant was the parish doctor, who had not been near him for four days.

I went with him and found the man in one of the two upstairs rooms of a four-roomed cottage. In the other room upstairs lay the body of his wife's mother, who had just died of some illness incidental to old age. The patient himself was a young man under thirty years of age, strongly made, steady, and previously of very good health. He had a family of two or three children. I found him suffering from a severe attack of erysipelas involving the whole of the right thigh. Matter had formed to such an extent that the limb appeared to be one bag of it. It had found for itself an outlet, and was oozing in a continual stream from a small hole behind the knee. It had a most offensive smell. The man's wife had no idea of managing the wound, and had received no instructions. He lay on a miserable bed, into which the matter was flowing freely. His strength was reduced to the lowest ebb, and he was suffering most acutely. The treatment he was receiving from the doctor was a *quart bottle of physic*, which he had received four days before I saw him, with instructions to take it until seen again.

I made use of the scanty resources I had at hand, gave the wife instructions how to keep the wound and the bed clean, administered appropriate medicines, and on my next visit brought necessary dressings and instruments, and made openings in the limb sufficient to allow the matter to escape, the natural opening being altogether inadequate. At the same time I ordered him to receive constant supplies of nourishment. I confess I had great fears when I saw him first, his strength was so far gone, and the risk of blood-poisoning from fœtid matter being so great. I was agreeably surprised to find him markedly better after my first visit, and the improvement went on steadily from that time until

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the limb healed entirely, and he was able to resume his work.

This is a sample of work done by parish doctors. How any man with a vestige of conscience, or of professional skill, could leave a fellow-creature to sink into a state like that in which I found this man it is hard to conceive. Unfortunately this is not a solitary example. Speaking to the farmer above named afterwards, I asked him how it came about that such a man was appointed to take care of the poor. The farmer was one of the guardians who had had the appointing of him. "You see," he said, "we had no choice. He was the only one who applied. We knew quite well that he wouldn't do his work, but we had no one else to appoint in his stead. It was just the same before he came. Another of my labourers was ill, and the man who was attending him knew nothing about what was the matter with him. I could see he was a dead man if nothing was done. So I got another doctor to see him, and he at once saw what was to be done, and relieved the man there and then, and in a few days he was all right again."

Of course all parish doctors are not alike, but at the same time a great number of them take the appointment for the sake of the pay, in a business spirit, and *try to make the best out of it, endeavouring not to do too much for their money.* There is no danger of their patients leaving them, and they grow careless, if not callous. The stipend being small does not attract medical men of much reputation, and even if the poor find well-intentioned doctors they do not often find a great degree of skill as well.

Here then is another factor added to the many which work against longevity amongst the poor—want of skilled medical attendance—and when to that is added want of skilled or intelligent nursing, and the conveniences needed by the sick, it becomes a formidable factor indeed.

And now I must bring my remarks on this subject to a close. I might go on enumerating the minor causes at work in the same direction, but enough has been said to show that whilst poverty does indeed tend to an increase of the bill of mortality, it is not the largeness of families that makes the increase, and no Malthusian measures would reach the factors that lie at the root of the evil. Ignorance, with the helplessness that ignorance brings, has its own tale of victims, and it leaves its subjects defenceless before the giant's Cupidity and Callousness, which come in Protean

forms to complete the work of death and establish the truth of the saying, "How expensive (in life) it is to be poor."

NOTES BY THE WAY.

By DR. USSHER.

PROVIDENT dispensaries are now becoming so common that a word or two may not be out of place. Inasmuch as I was for three years medical officer to one I can speak with authority. There is one great element of good in them—*help is brought to the home of the sick poor, the provident poor, the deserving poor.* For this class, and for them alone, the benefit was intended. These institutions are governed generally by a mixed committee, a plan which commends itself to the working man, because he thinks his interests are thereby better represented, but, as I take it, the very opposite. *I judge by results.* Had the thing been limited to the *bona fide* poor, the corroborated testimony of the person who employed him forms an ample security for the *bona fides* of the transaction. On the other hand, the working men of the committee are sedulous to secure for their own friends medical benefits, and so they smuggle in, without inquiry, A, B, or C, not working men in any sense, but those who desire medical service at a cheap rate, and who are *very ready* to avail themselves of consultation help at a guinea. One such case I brought before my committee, as glaring as it was audacious. An infant was entered alone out of a family for a halfpenny per week. The mother had the services of her own doctor. One Sunday evening my help was requested, the mother representing the case as one of emergency. She came to the hall door (the side entrance was too much for her stilted dignity), for this wife of a *barge-owner* must come in her pony phaeton, becomingly attired in black silk. The transparency of the cheat led to her withdrawal of the child, and the dispensary lost her valuable contribution. The *friends* of the working committee are persuaded to join, and their contributions represent the eager crying wants of the working man. Not a bit of it, but the impecunious, *improvident* race of clerks, who live to the ultimate penny, and beyond it, and allow themselves to be styled "esquire," to which I have no objection, the meaning is obvious. It is the same story of imposition done in a private

way, just as it is done in a public way at our hospitals. The king's lace is discovered under the beggar's garment. Nor are the homœopathic dispensaries free from it. I saw, no matter where, one lady arrive in her carriage, finely dressed and duly braceleted with *real* gold. A half-crown ticket procured her immediate admission, and I discovered on *inquiry* that her husband was secretary to an assurance society with a salary of £700 or £800 per annum, and the taker of the half-crown saw no objection if she came with the rest. She did not even pass into the general waiting-room, but had a prompt "open sesame" for her *demi-écu*. She would have been worth five shillings at least to me as a *surgery patient*; and so imposing a get up, with equipage, would, as a *lady patient*, have been appraised at half a guinea each interview. I don't wonder that the doctors turn against these dispensaries. They rob them of most respectable clients, and I have no doubt that plenty in the class above them would avail themselves of the benefit but for the association. So it seems there *is* a use for pride. To classify the poor, as is done at one of these local dispensaries, is bad taste—a fifty shillings per week class and one at thirty shillings, the former paying eightpence per week per family, the latter fourpence. The wages of the working man ought not to be subject to inquiry. If he is a working man, receiving more or less, let him in. It is a manifest absurdity to charge for the attendance at a confinement *Class A*, fifteen shillings, and entrance fee of seven shillings, when there are plenty of doctors who would attend for a guinea. Then to deny a man medical help for a month is wicked. He might enter, perfectly well in health, and get a fatal attack of diarrhœa or dysentery. Yet in such case he must send for some one else. The whole thing is full of abuses, not to speak of the prescribing. Eighty patients I have had in allopathic days, and of course with the impotence that is joined to ignorance, I was forced back on made mixtures—*Purgantia, Tonica*, etc., etc. They did a little good, thanks to nature's choice, not mine, and made medicine bibbers of every man-jack of them. The nastiest that my fertile ingenuity called forth—*Quassia* and *Jalap*—proved no stopper to their bottle. The result was hits and misses, more of the latter.

Prescriptions.

Years ago I used to see long, carefully-tied packets of physicians' prescriptions which were sometimes to do duty

in affections not quite "similar." To have informed the proprietress that they did not belong to her would have entitled me to a box on each ear at the very least — paid for, not mine!

A patient, now mine, formerly Dr. —'s for many years, presented her prescription to a Moorgate Street chemist, and, as he said, by the doctor's orders he impounded it. She was highly indignant—I think righteously so. Both doctor and chemist lost their client, and I can say that if I were the patient the chemist would be invited to another place. He has no *right* to it, nor has the doctor, on the ground of misuse. However philanthropic the argument, to retain a paper which might have gone to Australia, for all he knew—the *ipse dixit* is his own, the *ipse scripsit* not—is a piece of tyranny, and as all tyrants, medical or religious, are odious to me, so I record it.

Repeated Doses.

We, who are struggling on the road to a purer Homœopathy, find that too much medicine is the rule. Carroll Dunham says *Calc.-Carbonica* need seldom be repeated. There are exceptions. Are they among those where there is a constitutional craving for the substance, or are they overdressed allopathic cases, where we find a resistance to remedies. For example, certain male disorders which have been allopathically dosed for months. Are these less amenable to our forces than our new comers? I humbly think so. Just now a case of ovarian tumour relieved and lessened many times by *Graphites 2x*, but with better results from one dose than from six or a dozen. Last time I gave only one dose, and a ten days' course of *Sacc.-Lact.* in globules, which latter medicine was praised as the *best she had*. Her size was lessened, and so long as improvement holds I do not repeat the dose.

PANNA: NEW REMEDY FOR TAPE-WORM.

PANNA is the root of *Aspidium athamanticum*, whose habitat is the Cape of Good Hope.

It is said to be the best, mildest, and safest remedy against tape-worm. About six grammes, divided into three doses, are sufficient for a complete cure, so it is said.

Colleagues might like to try it in some of those old cases that defy everything.—J. C. B.

LLANDUDNO AS A WINTER RESIDENCE.

THE Llandudno Hydropathic and Winter Residence Company, Limited (Managing Director, Henry Thomas, M.D.), has just declared a dividend at the rate of 10 per cent., besides carrying forward a good balance for the next half-year. It is very probable that Llandudno is not even yet duly appreciated at its true value as a winter residence. The treatment of pulmonary and kidney affections often imperatively calls for *warmth* in the winter, and *warm* hydropathic appliances; and a large *warmed* establishment, such as the Llandudno Winter Residence, is beyond the means of even the very wealthy, except on the social plan of the hydropathic establishment. The artistic elegance of the Llandudno Hydropathic establishment is probably unique; at least we have never seen anything equal to it. It has, we think, one fault—the *cuisine* is too liberal and too *recherchée*.

Dr. Thomas, a well-known physician, who is the managing director, has lately added a *new large salt-water plunge bath* to the "Turkish" department.

To give our readers an idea of the climatic advantages of Llandudno, we print the following particulars regarding it:—

THE TEMPERATURE OF LLANDUDNO IN WINTER.

The lowest temperature registered during October to December, 1877, and January to March, 1878, inclusive:—

LLANDUDNO	46·2	42·8	39·5	39·6	39·8	39·6
London (Camden Square)	41·7	39·6	35·5	35·5	37·7	36·3
Barnstable, Devon	46·5	43·5	40·0	39·5	40·1	40·8
Bournemouth, Hants ...	42·2	40·6	37·1	37·6	38·4	37·1
Osborne, Isle of Wight .	42·4	40·3	35·4	35·8	38·1	36·9
Hastings, Sussex						No return.

Mean degree of humidity (saturation=100), January to March and October to December, 1877, and January to March, 1878. (The advantage of dryness of winter climate for invalids cannot be too carefully considered.)

LLANDUDNO	79	82	82	79	81	82	81	91	77
London (Camden Sq.)	87	84	86	79	86	88	88	86	78
Barnstable, Devon ...	87	87	82	81	82	85	86	87	78
Bournemouth, Hants .	No return.			80	89	88	89	92	81
Osborne, I. of Wight .	93	89	85	90	91	92	92	95	86
Hastings, Sussex									No return.

These are extracted from the returns of the Registrar-General, and admit therefore of no gainsaying, and they indeed show Llandudno to be one of the most desirable winter residences in this country for invalids.

LITERATURE.

DR. HUGHES'S PHARMACODYNAMICS.¹

We just announced in our October issue the appearance of this important work. We now proceed to consider it more in detail. The introductory lecture is excellent and instructive reading; we especially commend the concluding remarks that are explanatory of our queer-looking nomenclature; this is of great importance *vis-à-vis* of our friends the enemies because they are fond of prating about our nomenclature being purposely made by us to differ from theirs from unclean motives. Only their ignorance of our history can explain this. Dr. Hughes, in a most felicitous manner, gives a short historical *aperçu* that clears the cloud at once and leaves the fair form of Homœopathy in the bright and beautiful light of truth.

We notice that the superlative of *simile* is written throughout *similimum* instead of *simillimum*. Dr. Hughes is such a correct writer that we have searched for some authority for his mode of spelling it, but find none whatever. Perhaps he objects to exceptions to rules.

The second and third lectures on the *Sources of the Homœopathic Materia Medica* shed a flood of light on the subject and constitute a most important addition to this edition. All students of Hahnemann and of his Homœopathy should read this, as the information it contains is unique, being the outcome of years of laborious and conscientious research.

We should like to know *why* Dr. Hughes writes an *n* at the end of *chronische* in the title of the book on "Chronic Diseases;" viz., he writes *Chronischen Krankheiten*; this is incorrect.

Lectures four and five, on the general principles of drug-action, constitute a philosophical epitome of the whole subject.

Lecture six, "Homœopathy — What it is," is marked *vij.*, so there are two marked *vij.* In this sixth lecture the author traces the early history of Homœopathy in the master's own mind. We venture the opinion that this part is weak and does not really present us with the true course of events; this arises, probably, from the fact that Dr. Hughes has not seen Hahnemann's translation of Cullen's

¹ Dr. Hughes's *Manual of Pharmacodynamics*. Fourth edition. Revised and enlarged.

Materia Medica. This is very excusable, as the work is exceedingly rare; probably only a small edition was printed. We refer more particularly to the pre-homœopathic Hahnemann; indeed, exclusively so, as the various developmental stages of Homœopathy itself are given by Dr. Hughes with great accuracy and in his usual polished style.

Lecture seven is on our posology, and gives an all-round view of this difficult subject. Dr. Hughes admits the efficacy of 30ths and 200ths, and yet denies the doctrine of drug dynamisation because of its being unscientific. Now, whether is it easier to believe in actual dynamisation or in the presence of some of the medicinal substance in the 30th or 200th? To us both are equally absurd and inconceivable *à priori*; YET THEY ACT!

With the eighth lecture begins a consideration of the acids. The cure of ganglia by *Acidum Benzoicum* 12 and 30 (Dr. Turrel's) is an important contribution, for it proves the efficacy of dilutions and the amenability of chiralurgical complaints to real homœopathic treatment. What with *Arnica*, *Silicea*, *Sticta Pulmonaria*, and *Natrum Muriat.* we are now pretty well set up in the therapeusis of ganglia. Now we want the *differentiæ* between them.

Acidum Carbohicum has taken a definite place in our armamentarium, and Dr. Hughes devotes a couple of pages to it. Next comes an exquisite epitome of the virtues of *Acidum Fluoricum*. Then the rest of the acids are disposed of (not omitting *Acidum Salicylicum*), and all in a masterly manner.

The tenth lecture is on *Aconite*, a complete treatise in itself.

We are very glad Dr. Hughes touches upon the Hæmorrhoidal Diathesis "of the older authors." We have heard many remarks on it from still living teachers, and it is freely recognised in central Europe, and whether recognised or not in this country, probably five per cent. of our chronic patients suffer from it. We are now referring to the article on *Æsculus Hippocastanum*, which remedy we have indeed found a grand anti-hæmorrhoidal remedy; *with* constipation mostly. We think Dr. Hughes very right in not casting *Æthusa Cynapium* overboard.

The article on *Argentum* is in general very good, but faulty where it refers to Kraher. Dr. Hughes has evidently not read Kraher, but obtains his information from Allen's *Encyclopædia*, or rather from its supplement.

And, unfortunately, the article in Allen's supplement (p. 324), said to be "taken from the original," is so bad that it is almost beneath serious criticism. But Allen gives the quantities taken by Kraemer correctly, namely, from $\frac{1}{10}$ of a grain to $\frac{1}{5}$ of a grain *four times a day*. He began on October 26th with the $\frac{1}{10}$ of a grain, and finished on November 5th with $\frac{1}{5}$. So Kraemer took over *twenty grains* in eleven days, in doses beginning at $\frac{1}{10}$ and ending at $1\frac{1}{2}$. In a subsequent experiment he took 1 grain in an ounce of water at one dose. And on the last day of his first experiment he took, of course, $4\frac{2}{3}$ grains. Now this is a very serious thing, to ingest over 20 grains of nitrate of silver in eleven days, and is little short of heroism. And this experiment Dr. Hughes thus narrates (p. 221, art. *Agent.-Nit.*): — "Some physiological experiments with fractions of a grain ($\frac{1}{10}$ — $\frac{1}{5}$) are related by Kraemer in his monograph on silver, and may be read in Allen's supplement."

We submit to Dr. Hughes whether that is quite fair to Kraemer's heroic self-sacrifice?

Although Kraemer is scantily noticed, Wunderlich's and Grauvogl's experience and views are clearly and well brought out.

Lecture fifteen commences with *Arnica*, and we note that Dr. Hughes sides with Hering in condemning the flowers because of the "Arnica insect." We are pleased to note that Rademacher has at last credit for his observation that *Arnica* is a myotic. Then comes an elaborate account of *Arsenicum*, "the greatest of medicines because the greatest of poisons." A better *exposé* of the qualities, pathogenetic and therapeutic, exists nowhere.

Apropos of *Aurum*, p. 269, we must still adhere to the expressed opinion that *Aurum* has a powerful action upon the encephalon.

After *Aurum* comes a capital article on *Baptisia Tinctoria*. That on *Belladonna* deserves special attention.

Of *Berberis Vulgaris* Dr. Hughes concludes thus:—"Berberin has also been credited with anti-periodic properties, but recent trials have resulted negatively." We must seriously demur to this statement; beyond question, *Berberis* has oft-times cured genuine intermittents.

The use of *Bovista* in asphyxia, and its effects on the head, are duly noted. Its use, on the recommendation of Drs. Frédault and Guérin-Méneville, in eczema of the back of the

hands, known as bakers' and grocers' itch, may be worth remembering, as eczema is not exactly easily cured.

We call special attention to our author's article on *Bromium*.

Our old friend the *Carburetum Sulphuris* seems quite unable to get comfortably settled in medical nomenclature. As *CS*, we generally read of it as the *Bisulphide of Carbon*. Allen calls it *Carboneum Sulfuratum*, having got a sudden dislike to the *ph* in "sulphur" and its derivatives. Now the true orthography of "sulphur" is a little doubtful, and has been given as *sulfur*, *sulphur*, and *sulpur*. The advantages of the *ph* are twofold: first, it is correct, and secondly, it has been current in literature for many centuries. Of course, *sulfur* is also correct, and we believe more classic, but to alter the *ph* into an *f* in an *English* encyclopædia has an air of superficial scholarship about it. Dr. Hughes calls it *Carbon Sulphuratum*, and makes no mention of Lampadius, who discovered it, and first used it, and that very largely, as a remedy.

The article on *Chelidonium Majus* is good, and Dr. Hughes has the courage to admit that the doctrine of signatures first led to its use as an hepatic. He very rightly characterises the locus of the *Chelidonium—pneumonia*. This has stood us in good service three or four times, where, without it, we should have been in a difficulty. He does not mention its use in cataract; nevertheless there is a form of cataract which *Chelidonium* cures.

We now come to the lecture on *Chloral* (p. 385). Dr. Hughes says:—"Into the use of this drug (obtained, as you know, by the action of chlorine upon alcohol) as a hypnotic [Query, an hypnotic?] I do not propose to enter. You can learn it from the ordinary text-books; you may use your judgment as to its adoption. *Chloral is unquestionably the least harmful agent of the kind we can employ when we must employ them.*" The sentence which we italicise is diametrically opposed to our own observations.

The article on *Cina* is very good. *Cistus*, *Clematis*, and *Coca* are also well epitomised.

We are very pleased to see *Coccus Cacti* getting a little justice; as a kidney remedy it is grand.

Conium is carefully handled. We rejoice to see Dr. Hughes endorse the "Störckian tradition."

Under *Corallium Rubrum* we read, "Our only therapeutic knowledge about it is derived from *Teste*." If Dr. Hughes will read back a bit in the seventeenth century, and before

and thereafter, he will modify this statement. M. Teste is a little apt to omit references to bibliography, but not so Dr. Hughes, who is one of the most honest authors we ever read; indeed, his anxiety to give every man his due is almost too great.

Cundurango is well treated of, but the cure of a hard tumour of the breast, with a concomitant crack in the corner of the mouth, and which was narrated in the *Homœopathic World* some time since,¹ is not noticed, although it is almost the only individualised case in the whole clinical history of the drug.

Cuprum is exceedingly well handled.

Dulcamara is duly appreciated, and its action graphically delineated. Well may Dr. Hughes exclaim (p. 474), "Dr. Harley's iconoclasm will not exclude *Dulcamara* any more than it will *Æthusa* from our *Materia Medica*." To which, Amen.

Ferrum calls forth a masterly article and a discussion of its true mode of action. We would call very special attention to this article on *Ferrum* (p. 481).

Gelsemium is very justly characterised as "the most valuable of the American contributions to the *Materia Medica*," and its action well explained.

On reading the article on *Gratiola* one is quite astonished to see what a powerful drug it really is; and yet who uses it?

Whatever you do, do not omit to read the lecture on *Iodine* and the *Iodides*.

And so we might go on, did space and time allow, to luxuriate in this wonderful work. But it is needless, as "Hughes" is our daily bread in the homœopathic economy. Why? Because his "Manual of Pharmacodynamics" is the outcome of a good dozen years' hard work. All these years he has been garnering facts as isolated items, and here he lays them all together in one homogeneous whole, all neatly cemented together by his own peculiar genius. It is the best book in any language to hand to an inquiring allopathic brother. It came, thank God, to us just in time. We pity the medical man who has not "Hughes's Manual of Pharmacodynamics" in his library. It is well Dr. Hughes has given us a new edition, as we have nearly thumbed the old one to death; and a greater compliment never was offered to an author.

¹ November, 1879.

BRITISH HOMŒOPATHIC MEDICAL DIRECTORY
FOR 1881.

WE wish to call attention to this most useful undertaking of Messrs. Thompson and Capper, homœopathic chemists and publishers, of Liverpool, Birkenhead, and Manchester. It enters now upon its fourth year, and constitutes the only Medical Directory of Homœopathic Practitioners of Great Britain. Since the British Homœopathic Society is too inert to issue an official directory, they might at least subsidise that published by Messrs. Thompson and Capper, and thus allow of its enlargement, so that it might contain at least such portions of the Medical Act as bear on the practice of Homœopathy, and also a little other needful and interesting matter.

We trust that every homœopathic practitioner will individually show his appreciation of this praiseworthy enterprise by affording every information to the publishers, and by regularly subscribing for it. The value of this little directory is much enhanced by containing a list of homœopathic chemists in the various parts of the country. We therefore trust that not only the homœopathic practitioners, but also the homœopathic chemists, will do their best to make the Homœopathic Medical Directory a real success and a permanent institution.

"DOCTOR, WHAT SHALL I EAT?"¹

OUR author thus makes his *début*—"When entering upon the practice of my profession, I well remember that one of the first questions which greeted me was, 'Doctor, what shall I eat?' I also recollect that in the college lecture-room I received no special instruction which would aid me in making a reply, and therefore, from necessity, I early began searching for such information as would enable me to answer intelligently this question, which was almost daily repeated."

Among the varieties of milk we notice "clabbered milk," and at first wondered what that might be. Whey is not mentioned, so we thought that perhaps whey had become

¹ Doctor, what shall I Eat? A Handbook of Diet in Disease for the Profession and the People. By Ch. Gatchell, M.D., formerly Professor of the Theory and Practice of Medicine in the University of Michigan. Chicago: Duncan Brothers. London: The Homœopathic Publishing Company, 2, Finsbury Circus.

converted into "clabbered" milk over yonder, but later on the matter is cleared up. We are told that "clabbered milk, sour milk, and buttermilk, are *equally* as nutritious as fresh milk." Is not that *equal* to saying that the part is *equal* to the whole?

The first chapter begins with a laudation on "feeding fevers;" and, indeed, Dr. Graves's self-chosen epitaph, "He fed fevers," is Professor Ch. Gatchell's motto. We would submit that the diet of fevers requires almost as much individualising as the disease in regard to the remedies. We fully approve of Dr. Gatchell's first rule, "Give *no solid food* to a fever patient," fruit always excepted.

The "Diet in Dyspepsia" is capital, and if the dyspeptic will study this chapter, and follow its advice, they will save themselves much misery and many fees.

We cannot refrain from giving the author's account of clabbered milk (p. 35):—

"CLABBERED MILK.

"This is simply *thick*, sour milk. It is also called *loppered* milk, and *bonny-clabber*.

"Set a quantity of skimmed milk away in a covered *glass* or *china* dish. When it *turns*—*i.e.*, becomes smooth, firm, and jelly-like—it is ready to serve. Do not let it stand until the whey separates from the curd, or it will become acid and tough.

"Set it on the ice for an hour before it is wanted for use. Serve from the dish in which it has turned. Cut it carefully with a large spoon, put in saucers, and eat with cream and nutmeg.

"This is one of the most wholesome dishes, and those to whom it is new soon acquire a taste for and grow fond of it. Marion Harland, in her excellent book, 'Common Sense in the Household,' says of bonny-clabber: 'Few people know how delicious this healthful and cheap dessert can be made if eaten before it becomes tart and tough, with a liberal allowance of cream and sugar. There are not many jellies and creams superior to it.'"

One could wish that both Marion Harland and our author would take a little more trouble with the writing of "the Queen's English."

Our author writes clabbered milk with a hyphen, thus—"clabbered-milk." Now, "clabbered" must be either an adjective or a past participle used adjectively; it may, there-

fore, not be joined to the next word with a hyphen. We do not write a "loved-lady" or a "crabbed-critic"!

There is a very nice description of that delicious thing called *Schmier-Käse* (p. 36), for which we must refer our readers to the book itself.

The article on "How to Choose a Wet Nurse" is perfection; so is that on "How to Wean the Baby." But, anent the weaning of babies, there is one bit of advice which Dr. Ch. Gatchell gives on p. 77 which slightly staggers us. He says, "Do not wean during the summer season." Now, previously he had advised us to wean the baby when it is about nine months old. He ought fairly to tell us how to make the nine months terminate in the winter.

But this elegant little work, "Doctor, what shall I Eat?" contains a vast amount of most excellent advice and trustworthy information, and we cordially commend it to our readers. The truth is we have been picking holes in it because we owe its author, Dr. Ch. Gatchell, a grudge. Why? He promised us, lang syne, an article for the *Homœopathic World*, and has—not sent it!

We thought he would be writing a book one of these days. Reviewing books is about the only pleasure an editor has—*ex officio*.

HOME-MADE TREATMENT.¹

THIS is an original notion that is also clever. First there are indications for certain remedies; then in lieu of nosological names we have an excellent first lesson in individualising; and then come "Reasons for Homœopathy." This is the very thing, as a first introduction to Homœopathy, but some of the quotations are erroneous, notably that on page 37, where Hahnemann is made to say, "In citing these passages I wish to free myself from the reproach of arrogating to myself the merit of the discovery." Such a sentiment was never uttered by Hahnemann; in his "Organon" he disclaims merely having originated the *idea* of healing by similars. We would ask our author to read the "Hahnemannian Lecture, 1880," where this is clearly brought out. It is time we left off confounding the semi-superstitious homœopathies of the Middle Ages with Hahnemann's scientific induction.

¹ *Home-Made Treatment*. By C. F. Nichols, M.D. Boston: Otis Clapp and Son. London: Homœopathic Publishing Company, 2, Finsbury Circus.

THERAPEUTIC KEY, OR PRACTICAL GUIDE FOR THE HOMŒOPATHIC TREATMENT OF DISEASES IN GENERAL!

THIS is a wonderful little book, that seems to contain nearly everything pertaining to the practice of physic, and all neatly epitomised, so that the book may be carried very comfortably in the pocket, to serve as a source for a refresher in a case of need.

It tells of the tongue, discourses of the heart and pulse, dilates upon the thermometer and thermometric indications, informs us of the urine with its chemical analysis, specific gravity, reactions, tests for albumen, sugar, and pus; passing thence to potable water, it indicates tests for its various impurities, and then entertains us on the important subject of deodorising and disinfecting agents. Next we have an obstetric calendar, and this brings us to the book proper, which commences on page 16! Beginning here with Abscess, Dr. Johnson marches right through the whole list of ills until he arrives at Yellow Fever. Every complaint is thoroughly handled therapeutically, and special indications given under each one for the various remedies. This lands us safely at the 243rd page, whereon begins a chapter on "Characteristic Symptoms of the Most Important Homœopathic Remedies," which starts *comme toujours* with *Aconite*, and leaves us at *Veratrum album*.

It is a marvel to us how the author has contrived to put into 347 pages such a vast amount of information, and all of the very kind that is needed. No wonder it is in its tenth edition.

Right in the middle of the book, under P, we find a most useful little chapter, or article, on "Poisonings," telling the reader what to do in such cases.

The man in a large town who has a good library and willing consultants near by, and patients who can pay for them, need not get "Johnson's Therapeutic Key," but the isolated practitioner, who often has desperate cases all alone in outlying places, whither he cannot carry either library or consultants, and where he must be all and do all, and where he is apt to spend many an anxious moment in solemn con-

¹ Therapeutic Key, or Practical Guide for the Homœopathic Treatment of Diseases in General. By J. D. Johnson, M.D., Author of "A Guide to Homœopathic Practice." Tenth Edition, revised, improved, and enlarged. New York and Philadelphia: Boericke and Tafel: 1880. London: Homœopathic Publishing Company, 2, Finsbury Circus.

clave with himself, wishing he might but have just half an hour in his library before prescribing for the patient—such an isolated practitioner will do well to put “Johnson’s Key” into his pocket and leave it there for the unlocking of morbid mysteries in these weary times of all-aloneness, for he will find it a veritable viaticum and vade-secum.

CORRESPONDENCE.

[By inserting the letters of our correspondents, we do not necessarily identify ourselves with all the opinions expressed therein.]

To the Editor of the Homœopathic World.

THE HOMŒOPATHIC TINCTURE OF CAMPHOR.

DEAR SIR,—By this post I send you supplement of the Saturday *Bristol Times and Mirror*, and request your perusal of the paragraph headed “Sad Death at Bridgwater,” upon the third page (first column). Herewith I enclose correspondence arising out of the matter therein contained. I have now waited a fortnight for the objection, if any, mentioned in the second letter to Dr. Parsons, but have received none. I read the case in Monday’s and Tuesday’s *Times and Mirror*, but now send you the Saturday’s supplement, it being therein contained under one heading. Dr. Parsons is evidently of the class referred to by Hughes (“Pharmacodynamics,” third edition, page 231, lecture Camphor).

Trusting you will give publicity to the correspondence,

I am, dear Sir, respectfully yours,

Bristol, Oct. 8th, 1880.

ALFRED L. MARCHANT.

SAD DEATH AT BRIDGWATER.

Some excitement has been caused at Bridgwater by the sudden death, under very singular circumstances, of a commercial traveller, at the Royal Clarence Hotel. The name of the deceased, who was previously unknown at Bridgwater, was Mr. James Coll, traveller in the employ of Messrs. Andrews and Co., linen and damask manufacturers, of Belfast. He came from Wells, where he had been staying at the Swan Hotel. On his arrival at the Clarence he complained of feeling indisposed. He was at once shown to his bedroom,

and lay down there for a couple of hours, afterwards returning to the commercial room, where he did some writing. Between nine and ten o'clock he went to the post-office. About eleven o'clock he went to his bedroom, but soon afterwards was found wandering about the landing, and as his demeanour was strange, and he again complained of being ill, a medical gentleman was sent for. Although nothing serious was apprehended, it was deemed advisable that some persons should be left in charge of the man for the night. The necessity for this precaution was soon made evident, for his delirium grew worse and worse, and in an hour or two afterwards he was a raving maniac. His loud screams of "Police" and "Murder," etc., created great alarm, and his conduct became at length so violent that, in addition to the other watchers, including another commercial traveller, a couple of policemen were called in, and great difficulty was experienced in preventing his jumping out of the bedroom window, the glass of which was broken. Subsequently he became calmer, and lay down again, but between four and five o'clock he was, at his own request, assisted out of bed. Shortly afterwards alarming symptoms set in, and before the arrival of the medical gentleman, who had left, and was again hurriedly sent for, he expired. At the inquest held on the body on Tuesday, evidence was given to the effect that the deceased had stated shortly before leaving Wells that he had recently had three attacks of *delirium tremens*, and that he expected another attack; also that he was suffering from chronic diarrhœa, brought on by his drinking heavily for the last five years. Mr. Crocker, a commercial traveller, having identified the body of the deceased, whom he had met at hotels throughout the country, Mr. Rochester, another gentleman staying at the Clarence, gave evidence of the strange and violent behaviour of the deceased, including his attempts to jump out of the window, and added that the greatest possible kindness was shown to him by Mr. and Mrs. Leaker and all others in the hotel. Before Dr. Parsons came the deceased told him (witness) that he was suffering bad from diarrhœa; witness went to a chemist's for a sixpenny bottle of tincture of *Camphor*, and poured some drops of it upon a piece of sugar, repeating the dose twice afterwards. *Dr. Parsons strongly condemned the use of this homœopathic solution of Camphor, and quoted Dr. Johnson, physician to King's College Hospital, in proof that, although it was a popular remedy for diarrhœa, it was nevertheless a very dangerous and poisonous one,*

and he thought the public should be warned of the danger attending its use. His opinion, from the symptoms he observed, was that the deceased died from the excessive use of alcohol. The jury, after some deliberation, returned a verdict that death resulted from excessive drinking and an attack of diarrhœa combined. It was stated that the deceased had nothing more to drink after reaching the Clarence, where he arrived quite sober, than a little soda and sherry, and Dr. Parsons expressed the opinion that *delirium tremens* returned in consequence of the sudden cessation of the use of alcohol after a heavy drinking bout. It appeared from some correspondence read that there had been a serious disagreement between the deceased and his wife, whose present whereabouts are not known. Deceased was about forty years of age.

3, Unity Street, Bristol, Sept. 23, 1880.

Sir,—In a notice of the inquest held at Bridgwater, on the body of a commercial traveller, your remarks are reported as follows:—"Dr. Parsons strongly condemned the use of this homœopathic solution of *Camphor*, and quoted Dr. Johnson, Physician of King's College Hospital, in proof that, although it was a popular remedy for diarrhœa, it was nevertheless a very dangerous and poisonous one, and he thought the public should be warned of the danger attending its use." Now, sir, I cannot bring myself to believe that any medical gentleman could be found to give utterance to a statement so glaringly absurd. I am, therefore, compelled to believe that you have been most grossly misrepresented. As well may the manufacturers of the old lucifer match caution the public—on account of the danger—against the use of Bryant and May's, which "strike only on the box," as for an old-school allopathic physician to caution the public against a homœopathic preparation of medicine on account of its poisonous nature. Let the public be informed of the relative quantities of an allopathic and a homœopathic dose of *Camphor*, and it will very quickly decide which of the two is the more dangerous. I am well aware that the stupendous advantages of Homœopathy over the old system of medicine, in being daily more and more appreciated by the public, must be a source of intense irritation to an old-school practitioner. Yet I cannot believe that a gentleman of your position would so far forget himself and the merest fundamental rules of common courtesy, as to be guilty of availing himself of the

opportunity afforded by his presence at an inquest, to make a statement which, in his own conscience, he must needs know to be both malicious and untrue, and that too for the sole purpose of bringing into contempt a system of medicine which, as a medical man, he must know is the only true science of therapeutics in existence, a fact which he has not the fortitude to acknowledge. In conclusion, I may add that I have treated hundreds of cases, and myself times out of number, with the homœopathic preparation of *Camphor*, and invariably with the result desired, and *never* with any evil consequences.

Enclosing stamped and directed envelope for reply,

I am, Sir,

Yours respectfully,

Dr. Parsons, Bridgwater. ALFRED L. MARCHANT.

P.S.—It is gratifying to observe that the jury brought in a verdict diametrically opposed to what I trust may prove to be a misreported suggestion. A. L. M.

King's Square, Bridgwater, Sept. 24, 1880.

Sir,—I beg to acknowledge your letter of the 23rd inst., respecting certain remarks I made at the inquest held at Bridgwater on the body of a commercial traveller on Monday last, and which are correctly reported in the public press.

Yours faithfully,

FRANCIS JNO. PARSONS.

Mr. Alfred L. Marchant, Bristol.

3, Unity Street, Bristol, Sept. 25, 1880.

Sir,—I am extremely sorry to find by your reply to my note of the 23rd inst. that the report therein referred to was correct. The old allopathic practice of medicine is doomed to die—it will die, *very hard*, no doubt. Being anxious to assist in getting it out of its misery as soon as possible, I intend doing all in my power to expedite the accomplishment of so desirable an end. Every little will help; I therefore intend publishing this correspondence. Should you entertain any serious objection to such a course, a reply, by return, to that effect would be considered by me, and, *if considered prudent*, acted upon.

I am, Sir,

Respectfully yours,

Dr. Parsons.

ALFRED L. MARCHANT.

NO NEW ORDEAL.

DEAR COUNSELOR,—If you do not ask for *counsel*, you, at least, call for communications. If, in sending you a communication, I should venture a little counsel, do not be vexed.

You have done well, hitherto, but I predict a still better doing in the future.

I beg you not to take up the idea that the age in which you live and the work which you have to do, is, in any important sense, *peculiar*. This is the same world in which your fathers lived; humanity, in respect of ailments and needed help in times of suffering, is very much the same as in ages back. Modest men of healing and blatant quacks, old fogies with fossil opinions, and young upstarts with everything new and striking, abound on every side.

The ancient and the modern, moss-covered systems and freshly-formed doctrines, are struggling for the mastery now, as centuries ago. The cry of incoming tides of error, of old landmarks in danger, of dastardly innovation, of iconoclasts, of despisers of the learning and wisdom of the fathers, of horrible sceptics and heretics, is heard just as it was heard before you and I were born.

True, there is steam power, railways, telegraphs, and dazzling, useful gleams of electrical light of which our fathers knew little or nothing. And in medicine we have vaccination, and *similia* and a few other things not much dreamed of a hundred years ago.

But, coming into the particular field which you are expected to cultivate, the domain of Homœopathy, do not suppose that the time of your advent is at all remarkable, save for the singular idea, entertained and often expressed by some of your editorial *confrères*, that a day of *peculiar* trial has dawned upon our system of practice.

Half a century, a third of a century, a quarter of a century ago, there were men, enthusiasts, who, seeing the possible effects of a single remedy, in a single case, prescribed by a homœopath, ran without medical study, without anatomy, without physiology, with nothing but a manual and case, into medical practice, into medical authorship, into the position of medical teachers and judges of medical men. Then was heard the cry—"higher! every year higher!" to the horse-tamer who had become the loosener if not the tamer of the fiery spirits of sand, sulphur and charcoal.

Then was the indignant voice of denunciation raised against the inquiring microscopist who turned his instrument towards the attenuated particles of the "drug-potency." Then was a knowledge of physiology and pathology decried as lustily as now. Then were doubters of the all-comprehensiveness and all-sufficiency of the law of similars and the entire sacredness and purity of all the desultory provings of drugs called heretics and haters of the truth.

Then, as now, there were men of weak backs and limber knees, brought from allopathic obscurity into successful practice and respectability by Homœopathy, who were afraid to be called *homœopaths*, and who were ready to bend their supple hinges in profound obeisance to men, who, calling them *quacks*, anon bestowed a smile of clever condescension.

No, dear *Counselor*, be persuaded that no strange days nor times of trial have awaited your coming, and that your vocation will be to gather and shed all possible light upon the medical field, so that facts may be distinguished from fancies, and truths from falsehoods.

Do not listen to the croaking of old-fogyism, which tells you that the best times have all gone by—that the days are evil—that the old landmarks are forgotten—that everything is going straight "to the dogs;" nor yet to the *eurekas* of the medical freshmen, who find nothing worth remembering in the records of the past, who stumble into all manner of ridiculous ditches while ever gazing ahead and upward, like the boy with the strange banner "excelsior."

Be conservative; advocate that which seems true, yet allow a free communication of thoughts, whether heterodox or orthodox, coming from the old or the young, the professor or the prentice-boy.

Remember that the heterodox of yesterday is largely the orthodox of to-day; and so shun dogmatism and prescription.

The palaces looming up before you, so beautiful and enticing, will often vanish as you approach, and prove themselves but castles built in air. Risk not too much of what is real in pursuit of them.

"Well"—you say—"what of all your philosophising and moralising? We shall stick to the good and give the bad the go-by."

Ah! there's the rub. In matters of science, where observation and experiment rule, something more than the

editorial eye and the editorial pen must decide what is good and what is *bad*.

Down to the last hour, in the afternoon of earth's day, every ray of light is needed to aid you and me and those who come after us, in determining the true and the false. Put up no shutters on the windows of your mind—try not to fence in the truth for fear it may be contaminated by surrounding evils. Be liberal, be kind, be courteous, and so will you have the largest share of light and see the greatest number of truths, and do the greatest amount of good.

Be the organ of no exclusive party, as you are not the property of any particular society or college or clique of medical men. But, in opening your pages to all comers, in avoiding the evils of partiality, you need not and should not admit communications which display indecencies and personalities and senseless comicalities, calculated to benefit no one.

I have not yet seen No. 1 of Vol. III., under the new administration, and hence know not how much that I have been counselling you to do is already begun and how much of my platform is already occupied by the good *Counselor*.

AN EX-EDITOR.

[We cannot deny ourselves the pleasure of reproducing this remarkable letter from the *Medical Counselor*.]

NOBLE OFFER TO THE BEHOOF OF ENLARGING THE LONDON HOMŒOPATHIC HOSPITAL.

WE learn on good authority that a large-hearted friend of scientific therapeutics, commonly called Homœopathy, has offered to give, on certain feasible conditions, £1,000 towards enlarging the London Homœopathic Hospital. We understand that the generous donor's immediate object is to see this Hospital of sufficient size to qualify it as a Medical School, its present number of beds being by many too few. We sincerely hope that others of our wealthy friends will emulate this princely example.

SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. J. C. BURNETT, 4, Harley Place, Harley Street, W.

NOTICE.—We intend always to go early to press, and would therefore beg that all literary matter and correspondence be sent to us as early as possible.

All advertisements and business communications to be sent to Mr. J. E. STRETTON, 2, Finsbury Circus, London, E. C.

ANSWERS TO CORRESPONDENTS.

DR. COOPER, London.—Your lecture is crushed out.

DR. MOORE, Liverpool.—Your paper on a "Case of Chronic Dyspepsia cured by *Acidum Cyanicum*" is very welcome, and will appear in due course. Compliments of the season.

DR. MAFFEY, Bradford.—Your article is in type.

DR. USSHER would like his friends to note that he removes at Christmas to 1, Holbroke Terrace, next St. Paul's Church, New Wandsworth.

DR. HITCHMAN, Liverpool.—Your paper on "Pulse and Temperature" has reached us, and will appear in due course.

DR. JOHN H. CLARKE, South Kensington.—We unfortunately mislaid your new address, and therefore we have read the proof for you.

DR. ROTH, London.—Your very suggestive paper came too late for insertion.

CORRESPONDENTS.

Communications received from Dr. John H. Clarke, London; Dr. Bayes, London; Dr. Ussher, London; Dr. Maffey, Bradford; W. H. Heard, Esq., St. Petersburg; Dr. Ainley, Halifax; Dr. Thomas, Hydro-pathic Establishment, Llandudno; Dr. Hitchman, Liverpool; Dr. S. H. Blake, Liverpool; Dr. Moore, Liverpool; Dr. Roth, London; Dr. Cooper, London.

BOOKS AND JOURNALS RECEIVED.

L'Education physique et l'hygiène scolaire. Par le Dr. Roth, de Londres. Baillière and Co.

On the Influence and Use of the Will in the Treatment of many Spinal Deformities. By Dr. Roth. London: E. Gould and Son.

Allgemeine Homöopathische Zeitung, Nos. 15, 16, 17, 18, Bd. 101.

The Medico-chirurgical Quarterly, Vol. I., No. 1. October, 1880. Edited and published by John Butler, M.D., 102E 22nd Street, New York.

The Method of Our Work, not Faith, is the Basis of Organisation of Medical Societies. By C. Wesselhoft, M.D.

Revue Homœopathique Belge, Août, 1880.

The Hahnemannian Monthly, October, 1880.

The Vaccination Question. Speech by Mr. Taylor. Delivered in the House of Commons, Friday, June 11, 1880.

The Vaccination Enquirer

and Health Review, Nos. 1 and 2.

Dublin Journal of Medical Science, Oct., 1880.

The Feeding and Management of Infants and Children, and the Home Treatment of their Diseases. By T. C. Duncan, M.D., author of "How to be Plump," etc. Chicago: Duncan Brothers, 1880. (Sold only by subscription.)

Rocky Mountain Medical Review. No. 1., Vol. I., Sept., 1880.

The Clinique, Vol. I., No. IX., Aug. 15 and Oct. 15, 1880.

Clinical Therapeutics. By Temple S. Hoyne, A.M., M.D., Vol. II., Parts IX. and X., with title-page and index. Chicago: Culver, Page, and Co.

Home Made Treatment. By C. F. Nichols. Boston, U.S.: Otis Clapp and Son.

United States Medical Investigator, Oct. 1, 1880.

La Reforma Médica, Tomo IV., Num. 8, 9. Mexico.

Barbados Globe. Three numbers.

Bradford Observer, Oct. 26, 1880.

Report of the Bureau of Organisation, Registration, and Statistics to the American Institute of Homœopathy. Session 1880.

New York Medical Eclectic. Sept., 1880.

Monthly Homœopathic Review, Nov. 1, 1880.

Twenty-first Annual Announcement of the Hahnemann Medical College and Hospital, Chicago, Ill., 1880.

The Medical Advance, Oct., 1880.

Halifax Courier, October 30, 1880.

Hoyne's Annual Directory of Homœopathic Physicians of Illinois for the year 1880.

Modern Thought, Nov. 1, 1880.

Modern Physician, Nov. 1, 1880.

Dietetic Reformer, November, 1880.

A General Symptom Register of the Homœopathic Materia Medica. By Timothy F. Allen, M.D., author of the Encyclopædia of Pure Materia Medica. Boericke and Tafel, New York and Philadelphia, 1880 (or rather no date).

A Treatise on the Medical and Surgical Diseases of Women, with their Homœopathic Treatment. Fully illustrated. By Morton Monroe Eaton, M.D., Cincinnati, Ohio. New York and Philadelphia: Boericke and Tafel, 1880.

Bibliothèque Homœopathique, November, 1880.

On the Study of the Materia Medica. An Introductory Address on the occasion of the opening of the class of Materia Medica at the London School of Homœopathy. By Alfred C. Pope, M.D., M.R.C.S., etc. London: E. Gould and Son, 1880.

Monthly Magazine of Pharmacy, Nov., 1880.

United States Medical Investigator, October 15, 1880.

El Criterio Medico, Tomo XXI., Num. 10.

New York Medical and Surgical Journal, November, 1880.

St. Louis Clinical Review, Oct., 1880.

Journal of Medicine, No. 11, November, 1880.

Chemist and Druggist, Nov., 1880.

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