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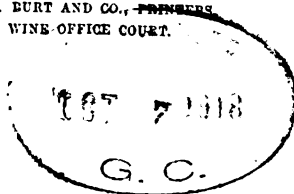
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THE
LIBRARY

HOMŒOPATHIC WORLD.

JANUARY 1, 1881.

PRO REIPUBLICÆ BONO.

WE have not much to say. We want to thank all our kind friends for their liberal literary support, and our readers for their continued interest in the *Homœopathic World*, as it now enters upon its sixteenth volume. We record with gratitude that during the past year our important reform has made real progress in this realm. There is some hope that mediocre medical men will no longer be able to retard the advance of Homœopathy by the horrible bogeys with which they seek to terrify the weak and the wavering. There is, in general, nothing so fearful to the middling mind as *dissent*; he would not go to a dissenters' chapel for the world. The mediocre medical man is alarmed at medical dissent; he is, before all things, a member of the medical profession. "My profession" is his idol—not "My country," nor "My species," but "My profession." He might smile at the annihilation of his country, but he must preserve his religion intact, and his religion is expressed in the formula, *fine professional feeling*. Anything may go to the wall provided "the profession" be spared. When we analyse this self-styled high professional feeling we find it is reducible to two fundamental parts—(1) a kind of Platonic love for a shadow, and (2) to personal vanity. In its effects it is equivalent to vulgar trades-unionism, yet it is not vulgar; on the contrary, it is refined. And herein lies its subtle perniciousness. Were it vulgar it would repel; being refined and gentle, it attracts.

A few rise above it and see its real nature. We have nothing against a really fine professional feeling, as without it we should all go to the wall, but we would warn our professional brethren that "our profession" is a great curse to mankind unless it be for the truth and for the weal of the many. Individually medical men are called upon to vindicate the dignity of medical truth by shaking off the

fettering fear lest they be regarded as wanting in that spurious "fine professional feeling" which is in reality mere medical cant.

The interests of the medical profession must be the interests of mankind (another word for *the public*), or it ought to be destroyed—*pro reipublicæ bono*. The world is advancing, and if we, as medical men, are to survive as a body, we must pull down the shutters of prejudice, let in the truth, and keep our house in order according to its beautiful light.

At the present day the most advanced truth in medicine is *Homœopathy*, and this is suffering from a deadly poison falsely called "fine professional feeling." *The profession* spurns it; *the people* in large numbers demand it. We believe it to be an act of high professional policy to establish a College of Homœopathic Physicians and Surgeons as a means of letting in the light to the profession itself, and thus bring the interests of the profession into harmony with the interests of mankind, commonly called *the people*.

We are not to be deterred from advocating this view by taunts or insinuations of base motives. We would warn others not to allow themselves to be frightened from the path of real rectitude and true manliness by any such taunts. We have no sympathy with any vulgar pandering to the public, nor with the polite puerilities of those whose mission consists in caring for "the profession." Let every medical man do his duty by his patients, and we have no fear for our profession, to which we are as much attached as any man. But we are nauseated with the inane nothingness of those who would have it appear that "the profession" is given over to their especial care, and exists as an abstract something above, and different from, the interests of mankind (the people) in general. We hate priestcraft and tyranny, and none the less when we see it usurping a place in the noble profession of medicine as common trades-unionism under the specious cloak of "fine professional feeling."

We are weary of waiting for intra-professional recognition, and at last the utter ridiculousness of the position is dawning upon us. Does not Horace neatly picture the position of our waiting party—

*Rusticus expectat dum defluat amnis, at ille
Labitur et labetur in omne volubilis ævum.*

We call our readers' special attention to the correspondence

of Dr. Bayes with distinguished members of the profession in America. Let our motto be—Forward! We have dangled our legs on the banks of the river of expectancy long enough.

CASE OF CHRONIC DYSPEPSIA CURED BY ACIDUM CYANICUM.

By Dr. MOORE, Liverpool.

Mrs. C., aged fifty-five, has been a frequent invalid for fifteen years or upwards. Suffers from a weak stomach—viz., feeble digestion. Pain after eating, and occasional sickness sometimes at night. The pain comes on two or three hours after eating, and is felt just above the navel; is tender to pressure. Sometimes she has pyrosis, occasional acidity of stomach, flatulence, and constipation. The aforesaid symptoms sometimes alternate with hepatic symptoms, such as pains in the right side, sallow complexion, etc., but never positive jaundice. It is difficult to judge whether the disease is gastric or hepatic. Moreover, the above hepatic symptoms yield to the ordinary hepatic medicines as they are indicated. She recovers for a time, but soon falls back again to a morbid state. In November of last year (1879) she had a very severe attack, with great sickness and vomiting of grumous matter, similar to an attack she had about two years ago. As in the former instance, so now, I prescribed *Tereb. φ*, two drops, repeated every two hours, with speedy relief and cessation of sickness. A train of abdominal symptoms followed this attack, chief of which were *tenderness in the region immediately above the umbilicus*, with an apparent thickening or sense of enlargement to the touch, whether of the duodenum or of the head of the pancreas is not very clear. There is occasional vomiting, *chiefly in the evening*, and through the night hours. Sometimes the matters ejected are bilious, sometimes mucoid, at others food undigested. The pain in the part is of a burning character, and extends upwards to the œsophagus, but rarely as high as the throat. There is anorexia. Tongue covered with a white fur, but nothing very remarkable in its appearance. There is wasting of the body. The symptoms, as a whole, look very bad, and point to serious mischief going on in the abdomen—perhaps a cancerous condition of some of the organs.

At this period of the disease Dr. D. saw the patient with me in consultation, and advised *Atropia B.* and *Kali Bich.* These were followed by *Kali Carb.* and one or two other medicines, but no very decided benefit accrued.

In April I reviewed the whole case on my return from a journey to Scotland, and thought of correspondence of the symptoms with some of the acids. On a former occasion I found the *Oxalic Acid* to benefit Mrs. C. decidedly, but here what I regard as the "characteristic" indication for it was *not* present—viz., *the burning pain extending up to and involving the throat.* Hence I turned to *Hydrocyanic Acid*, which has strong resemblances to *Oxalic Acid*, yet differing from it in being a more neuralgic and parenchymatous medicine, showing a more profound action on the vital organs generally, while *Oxalic Acid* acts on the membranous tissues more destructively from its caustic character. Such, at least, I think we may infer from the provings we have, which in relation to *Hydrocyanic Acid* are very meagre. The pathogenesis of *Acid. Hydro.* is worthy of note in reference to the case in point. While it produces inflammation and ulceration of the whole gastro-enteric lining, it affects most those parts lying near *the orifices* of the duodenum and that part of it into which the biliary and pancreatic ducts open. Whether this observation is of any value or otherwise must be left to future experience. However, on the 2nd of April, 1880, I prescribed *Acid. Hydro.* 1, gtt. iv. in $\frac{3}{4}$ iv. *Aque*, a dessert-spoonful for a dose (viz., gtt. $\frac{1}{2}$) every three hours at first, gradually diminishing the frequency of the dose as the patient improved.

THE PRESIDENT OF THE FRENCH REPUBLIC
AND DR. GAILLIARD, EDITOR OF "L'HOMŒO-
PATHIE MILITANTE."

WE learn with sincere satisfaction that the President of the French Republic, at the suggestion of his Minister for Foreign Affairs, M. B. St. Hilaire, has conferred the cross of Officer of the National Order of the Legion of Honour upon our distinguished colleague, Dr. Gailliard, of Brussels. Dr. Gailliard is the editor of *L'Homœopathie Militante*, whose very name speaks volumes, and truly expresses our position. We read the manly articles constantly pouring from his prolific pen with lively interest, and we hereby offer Dr.

Gailliard our warmest congratulations on his well-merited distinction. Dr. Gailliard truly remarks, "*Il y a autre chose à conquérir que de la peine et du profit en combattant sous notre drapeau.*" The *Lancet* may copy this.

CHRONIC DEAFNESS OR PROLIFEROUS OTITIS A TEST OF SYSTEMS OF MEDICINE.

By ROBERT T. COOPER, M.D., Physician, Diseases of the Ear, London
Homœopathic Hospital.

I PURPOSE in this paper to deal with the subject of the curability of chronic deafness, as this affection, or affections if you will, constitutes a legitimate, if not a more legitimate test of the value of dynamised or attenuated drugs than any other chronic disease with which we are acquainted. Given all the resources of Allopathy, and given with these the everyday experience of homœopathic practitioners, and we are still compelled to confess that the treatment of long-standing deafnesses is unsatisfactory in the extreme.

I do not wish to speak slightly of any practitioners; much meritorious work is done by all schools of medicine; but if we are to speak the truth, and nothing but the truth, the confession must be made that hundreds, nay, thousands, are suffering from one of the greatest afflictions to which poor suffering humanity is prone, without there being a ray of hope presented to them—without, in fact, a gleam of sunshine to lighten the to-morrow of their existence, without a silver lining to brighten the dark cloud of their earthly pilgrimage. This being the case, and knowing, as all who have studied such subjects must, that an all-wise Providence has not left man without resource, without some means whereby to mitigate the sufferings of his fellow-men, I have long and thoughtfully, and with hope, often dimmed but never obliterated, pursued inquiry into the best means of coping with an affection that holds this peculiar position—that while it is admitted, ordinarily speaking, to be perfectly curable, all authorities testify to the inefficiency of their resources. Homœopathy holds its position as a system of medicine more scientific than any other—it professes to supply us with an accurate method of discovering the curative powers of drugs. Now what we wish is this: in

the particular instance of deafness to bring it to trial by asking ourselves the very simple, very practical, and yet very decisive question whether, when Homœopathy is properly carried out, it can enable us to deal successfully with deaf cases, that without it would be beyond remedial range?

This question has but very seldom been asked in homœopathic literature, chiefly, doubtless, because writers have confined their attention to fields of practice of greater general interest than the diseases of the ear furnish.

Understand, pray, that I am now speaking of those cases of chronic deafness, and they are legion, where no organic adhesion of the membrana tympani to the middle ear, or cicatricial adhesion of one wall of the Eustachian tube to the other, exists, but only of cases where a certain stiffening or thickening of the structures engaged in acoustic functions is present, and where with our usual modes of inspection and our instruments of diagnosis we are unable to detect any such grave interference with the ear-structures as necessarily involves deprivation of hearing faculty.

I exclude then from inquiry the *organically* incurable cases of deafness, and I also, allow me to say, exclude cases of recent catarrhal origin that can be successfully met by the application of the air douche by means of Politzer's bag, and the administration of some of our simple remedies, as, for example, *Pulsatilla* or *Kali Hydriodicum* in almost any dose whatever. A description of the class of cases we are specially referring to will be found in my "Lectures on Diseases of the Ear," p. 125, and a fuller one in Toynbee's work,¹ under the heading "Rigidity of the Mucous Membrane." This is his very faithful description:—"The mucous membrane of the tympanum may be subject to chronic inflammation, complicated or not with rheumatism, at any period of life, and, if neglected, this is liable to terminate in a rigid state of the membrane (*i.e.*, the mucous membrane); so that the ossicles become bound together more firmly than is natural. In advanced years this rigid condition seems to take place without any symptom of inflammation. The membrana tympani also partakes of this rigid condition, and, what is of far greater importance, the base of the stapes may become much more firmly fixed to the border of the fenestra ovalis than is natural. As a consequence, the membrane of the fenestra rotunda and the

¹ "Diseases of the Ear" (by Joseph Toynbee), p. 266 (chap. xiii.). London: Lewis, 136, Gower Street.

fluid of the labyrinth participate in this fixed condition. This affection is less prevalent in the young than in the adult, in whom it is liable to occur after repeated attacks of cold, whether with pain or not. It is, however, most frequent in persons advancing in life, and may, in fact, be considered as the disease which causes deafness in advancing years. The generally received opinion that in this kind of deafness the nervous system is at fault, is manifestly incorrect, as proved by the symptoms and by the mode of relief found beneficial. The *diagnosis* of this affection," Toynbee continues, "is far from being difficult; although, as will be seen, it offers very little to guide the medical man except the history of the case." And then in describing the symptoms he says:— "Many patients will most distinctly hear a single voice, although low, but are puzzled to hear anything distinctly when two or more persons are speaking; others hear the voice but cannot discriminate the words; others again hear slow conversation, but cannot follow it when rapid. These symptoms indicate that the *adapting power* of the ear, dependent, as already shown, upon the ossicles and their muscles, is at fault."

These, then, constitute a class of affections appropriate in every way as a criterion of the curative power of pharmaceutical preparations; they include not alone the deafnesses of advanced life, but as well the deafnesses that begin in childhood, with or without any very obvious cause, but which have proved or are known to be rebellious to the ordinary measures adopted for their relief. Toynbee, it must be allowed, speaks more hopefully of the treatment of these cases than the number of uncured cases to be met with in every rank of society would at all justify.

Now of late years, and, indeed, from the moment that Hahnemann wrote his celebrated article in *Hufeland's Journal*, much has been written upon the relative merits of Allopathy and Homœopathy as systems of curative medicine, but it is of late years only that a spirit of perfect fair play is beginning to be manifested towards Homœopathy, and by a spirit of fair play I mean one that breathes forth a stern and determined endeavour to arrive at the truth in the interests of the sick more than in the interest of any opinions whether generally received by the profession or the creation of the writer's imagination. It is because I believe that this spirit actuated Dr. Kidd in putting together his "Laws of Therapeutics" that I hail that work as a great and positive

gain to medicine, and one for which the public cannot be too thankful.

But while saying this, truth also compels me to say that there is not a single sentence in the whole of his book that would in any way aid the practitioner in treating the class of cases we have selected as test-cases. True, Dr. Kidd does give a single case of catarrhal deafness of seven weeks' standing¹ cured with *Iodide of Potassium* in four-grain doses, but this belongs to a class of cases that the aurist finds little or no difficulty in relieving effectually with a few whiffs of a Politzer bag. For any hope held out to the very numerous sufferers from established deafness we look in vain.

But my reason for particularising Dr. Kidd's work is not alone that it is written in a truthful and sincere spirit, but because the conclusions he arrives at regarding material doses of drugs are entirely in accordance with my own observations, so long as I confined my attention to the low dilutions and the crude preparation of drugs. Dr. Kidd's main conclusion is this, that "*the use of pure undiluted tinctures*" was far more satisfactory than that of the lower dilutions of our drugs (the second, third, and sixth dilutions), the only ones that there is the slightest evidence of Dr. Kidd having ever used.

In all this I agree with Dr. Kidd most cordially, and moreover am convinced that in the hands of a competent practitioner the mother tinctures, if prescribed with accuracy and their doses regulated in accordance with the ever-varying requirements of disease, are all-sufficient for dealing with the great majority of cases met with by the general practitioner in his rounds.

And did this constitute perfection in medicine, the *Ultima Thule* of physic, we might well rest content. We might then recline upon a pillow of velvet, and exultingly cause the air to reverberate with *eureka*s as we read the agonised gropings and ridiculous surmisings of the fathers of medicine. But unfortunately we can do nothing of the kind. The innumerable company of the uncured would cry aloud in forcible contradiction to any such pretences, and of these that deaf patients constitute a large proportion is undeniable. If we are to arrive at the truth we must not proceed in a self-opinionated spirit, which would lead to our throwing aside or underrating observations that may be of the greatest service to the sick.

¹ "The Laws of Therapeutics," p. 146.

The main object of the physician ought to be to cure disease, and whatever means he has at his disposal to accomplish this, it is his bounden duty to make use of, whether this be the inexpressible fraction of a drug or a nauseous bolus of a stinking medicament. To inquire why attenuated drugs cure is to inquire too curiously, if it be that such inquiry leads, as it has in too many instances, to our discarding them altogether; otherwise it is, of course, a perfectly legitimate use of reason. What we stand in need—urgent and pressing need—of is *fact*, useful fact, fact that will lead patients that hear indifferently to hear clearly and distinctly. What we do not need in anything like the same degree is any disquisition into the why and the wherefore of the behaviour of the means that accomplish this. Enough that is wonderful to startle and alarm is being revealed in every department of human knowledge. In the domain of medicine, and in medicine alone, the *fiat* of so-called common sense has gone forth, and any progress that is not according to knowledge is declared by a profession that dogmatizes as though it were infallible to be incompatible with social or professional privileges.

Our object in proceeding with this investigation into the action of the high dilutions is to determine whether the high dilutions—that is to say, distinctively homœopathic preparations—possess *any curative virtues whatever*, but more especially whether they possess any influence in deaf cases that *might not reasonably be expected from the more material preparations of drugs*.

Observation No. 1.—Mary Short, aged fourteen, short in stature, was admitted to the London Homœopathic Hospital on Saturday, 21st February of this year, with deafness which had come on gradually, and without obvious cause, from early childhood, the right side being the worst.

There is no history of otorrhœa. Father died of diabetes; mother living. Patient's digestive functions quite good; catamenia not appeared.

Hearing, right 2-30th, left 6-30th.

Right malleus handle stands out like a white bar, giving the idea of a fibrinous deposit in front of it. Beyond this the membranes look natural.

The tonsils are largish, otherwise there is no abnormal throat appearance.

Calcarea Carbon. 200.

A drop to go over a fortnight was given (1 drop in 6 oz. of water, and a teaspoonful three times a day).

March 6th.—Hears much better. Right 6-30th, left 8-30th.

March 20th.—Still better hearing; in fact, hears quite well.

Both sides, hearing 20-30th; in other words, the watch-hearing is all but normal, the voice-hearing apparently perfect. The white bar remains unchanged upon the right membrane.

From the conviction derived from a considerable experience in the behaviour of drugs in deaf cases, I can unhesitatingly assert that the above case would not have recovered in such a short time had there been a low dilution of *Calcarea* prescribed. Nay, I will go further, and say, with almost equal confidence, that but for the high dilution the chances to the patient of recovery of hearing powers were extremely remote.

This opinion is based upon the fact that the deafness had existed from early childhood, and had increased with her growth, and that no perforation of the membrane, with or without otorrhœa, existed: Be it remembered that entire dependence was placed upon drug-action, no Eustachian inflation or local application whatever having been employed.

The intermediate dilutions of *Calcarea*, the 3rd, 6th, and 12th, are, so far as my experience in deafness goes, very unreliable.¹

This case speaks with an eloquence that is unquestionable, but after all it is but a unit; we must look out for additional facts.

Observation No. 2.—Florence Ellis, a girl of eight, was admitted under me at the London Homœopathic Hospital, 29th November, 1879. She had been deaf three years, it is supposed from measles. *Very deaf* on both sides; watch heard at *one inch* only.

History of a moist eruption on the scalp as an infant; subject to chilblains, and to hard pruriginous pimples on the thighs, some of which are now present; the tonsils are large; bowels act after every meal.

Prescribed *Calcarea Carb.* 3x, gr. x. to go over a fortnight.

December 13th, 1879.—Is better in herself, but deafness is the same; bowels act more strongly (not after a meal); state of the skin is better; tonsils the same; deafness not

¹ This case has already appeared in the *M. Hom. Review*, and as Case XXX. in the second edition of my work. *Op. cit.*

better.¹ Watch-hearing shows improvement; $2\frac{1}{2}$ inches on right, and $3\frac{1}{2}$ inches on left.

Prescribed *Calc.-Phos.* 3x, as above.

January 3rd, 1880.—About same. Has an increased number of dry scaly spots on head, the remains of the old eruption; dry cough every night; tonsils are smaller. Watch-hearing—right $3\frac{1}{2}$ inches, left $5\frac{1}{2}$ inches. Continue.

Under the *Calc.-Phos.* improvement went on, but doubtfully, and during the last week in January, and up till the 6th of March, *Sulphuric Acid* in the second decimal was given.

On this day (6th March) she was described as not being so well; has much giddiness, and coughs a great deal at night.

Prescribed *Bellad.* 3x, a pilule three times a day.

March 20th, 1880.—She has been starting in her sleep, and is unable to go to school, complains continually of pains in the back of her head and constant crying. Her cough is bad day and night, and she can be got to eat only bread and cheese, *never sweets*, of which she used to be very fond.

Here we had a plainly-marked aggravation from the *Belladonna*. The child was probably exceptionally sensitive to *Belladonna*. Anyway the opportunity was a good one for seeing whether a *Belladonna* influence existed in the 200th dilution sufficiently strong to affect this patient. To determine this, as well as to afford her the chance of its exerting a curative action, constituted a perfectly legitimate object for prescribing the 200th dilution, a drop of which to go over a fortnight was given.

On 3rd April, 1880, her father brought her, saying that she had been continually complaining of earache night and day, and the deafness had got worse; and, besides, had a good deal of headache, and swelling, with painfulness along the glands down the left side of the neck.

The earache was so great that her father had to prevent her taking the medicine at different times; *upon each occasion that she discontinued it the earache left her.*

Watch-hearing—right 2, left $1\frac{1}{2}$.

My investigations into the action of *Iron* led me at this juncture to prescribe the *Ferr.-Muriat.* in the 30th, one drop for the fortnight, the chief reason being that in high dilutions it meets many of the symptoms of *Bellad.*, and is particularly appropriate for the same class of patients.

¹ The day's report gives, of course, the *voice-hearing*—the patient's own or parents' opinion; the watch-hearing is as taken by myself.

April 17th.—Her father describes her as wonderfully improved. There has not been a trace of earache since, or cough, and her deafness is much improved.

Watch-hearing—right $2\frac{1}{2}$ in., left 7 in.

This case proves the power of a high dilution to cause *aggravation*; beyond this it proves nothing.

Let us now turn to other cases.

Observation No. 3.—Eliza Young, aged twelve, a cousin of Mary Short, the first patient, and admitted the same day, 21st February, 1880, has been deaf on and off for four years, always very bad when she has a cold. Tonsils are large, meati filled with dry scaly cerumen. Hearing—right 4, left 3 in. *Pulsatilla* ϕ , seven drops to go over the fortnight, was given, and at the end of this time hearing was—right 6, left 7.

Again, on 20th March, improvement was noticed, and catamenia had come on *for the first time*. Hearing was then $7\frac{1}{2}$ and 14, and rose till, on 17th April, it was 13 and 18. On 1st May, however, the report was unfavourable; she had caught cold, and was not hearing so well. Watch-hearing—8 and 12.

Up to this time *Pulsatilla* had been given, but we now changed to *Calcarea Carb.* 200, gtt. j. for a fortnight, and with this she improved rapidly, and by the end of May was discharged cured, the hearing then being 25 in. on both sides (30 being normal).

As the cure in this case may be explained upon the supposition of improvement being consequent upon the establishment of the functions, we shall not comment upon it more than to say that the determined and progressive amelioration which set in after the *Calcarea* was most probably a medicinal effect. This approaches to a certainty if we find the *Calcarea Carb.* exerting a like beneficial effect in other cases.

Observation No. 4.—We therefore bring forward the case of Eliza Hudson, a servant, thirty-two years of age, who since ten years old has been deaf, the deafness having come on after a severe attack of rheumatism. She is quite unable to hear conversation, and on the right side the watch can be heard only on pressing it firmly against the ear, on the left side just off contact ($\frac{1}{2}$ inch).

She is subject to fainting fits, and has had much physic for sore eyes. I can get no further history of her case.

Upon the day of her admission as an out-patient of the hospital under my care (8th May, 1880) I prescribed *Calc.*-

Carb. 200, gtt. j. for a fortnight, and to remain without medicine the other fortnight. She could only attend once a month.

June 5th, 1880.—Greatly improved. Has been having a cold, but the deafness did not get worse during it, as had always been the case heretofore. Discharge has disappeared from the right ear. This discharge had been going on for six weeks. It went away three days after commencing with the *Calcarea*. The discharge had been so profuse that it used to run down the cheek and make the skin of her face sore.

For three nights after leaving off the *Calcarea* she was unable to sleep, and she felt stupid, as though she had taken too much wine.

She has been three years in Brighton, and until last month has never, when indoors, heard the church bells. Altogether feels herself much better.

Here after leaving off the *Calcarea* medicinal effects showed themselves, a matter quite in accordance with Hahnemann's teachings. It is one of the remedies recommended by our early observers for "mania à potu," but writers of the present day are too full of foregone conclusions to admit any such remedial property. Many have long adopted the facile method of laying down laws based upon opinions having no other foundation than their own surmisings.

The duration of the action of *Calcarea* is "upwards of fifty days," and a knowledge of such a fact explains why it is that absolutely inert substances sometimes appear to have an effect, the truth being that the system when at rest is responding to the action of previously administered drugs.

Observation No. 5.—Here is another case, that of a lady in South Kensington. Mrs. —, aged forty-four, came to me with a companion to see if I could do anything for her deafness, and a more unpromising case it would be almost impossible to imagine. There was simply no hearing power whatever except for a tuning-fork placed against the teeth; against any other part of the head it vibrated unperceived.

There was a history of a severe accident to the head in childhood and of blood-poisoning in after years. No noise of any kind could be heard, but very loud noises could be felt. Is subject to uterine and ovarian irritation.

Lachesis 30 was given without any effect for two weeks.

Then *Phytolacca* 200 for two weeks, but equally unsuccessfully.

Then (7th May, 1880) *Sulph.* 200.

On 27th May I received this letter from the Isle of Wight:—

“Dear Dr. Cooper,—I think you will be as pleased to hear as I am all gratitude to tell, that yesterday, when we went over from Ventnor to Sandown, and the 42nd Highlanders were firing and practising, I *heard* the guns fired, not *felt*, as heretofore.

“With all the gratitude of all my heart,

“I am, yours very sincerely,

“_____.”

“I should add, we were on the *Pier*, and not near the soldiers or fort.”

In the whole allopathic pharmacopœia there is not a single preparation of any drug that is even *credited with any property capable of influencing such a pronounced case of deafness as this was*. This is a strong statement, but is in perfect harmony with fact; I defy any one to characterise it as incorrect.

Authorities may wrangle about the doses of medicines; I put this test question to those who favour material doses to the exclusion of attenuated drugs. Can you point me to any instance of a large dose of a drug having exerted such a decided influence upon the system of a patient unable to hear anything as to restore even partially the hearing faculty, and this in the space of two weeks? A therapeutical inquiry like this is far more important to deal with, for it is simpler, and more definite, than any information we are likely to gain by comparing the usual statistics of cases treated in rival hospitals.

Understand I require that the medicinal influence be exerted upon the deafness through the system generally, and that it be not a mere local effect, such, for example, as is sometimes obtained by injecting solutions of *Iodide of Potassium* or other drugs into the middle ear, either by way of the external meatus or the Eustachian tube.

I might adduce many more facts than these to prove the positive influence properly selected remedies exert upon deafness when given in doses that experience has shown are most appropriate for the most obstinate forms of this distressing affliction, and I might easily quote authorities to show the futility of medicinal treatment in all kinds of deafnesses, but especially in cases where, as in the last patient,

the non-conducting media of the ear are implicated; but so well illustrated is this in the large number of persons who suffer from deafness that it would be a work of supererogation to undertake to demonstrate what is really as clear as daylight.

Nor do I think, for the present at all events, it is at all necessary to bring forward additional facts. If any painstaking observer of drug-action reads this carefully, he will, if he be unprejudiced, be led to pursue inquiry into the reality of the influence possessed by high dilutions of our drugs; while, if hindered in the outset by the thought of the storm of opposition and the social disabilities that would follow an expression of conviction, I opine that he will think a second time ere he enters upon any such investigation.

EXTRACTS FROM MY CASE-BOOK.

By Dr. HARMAR SMITH.

Phytolacca in Inflammatory Induration of the Mammary Gland.

Mrs. R—, Ramsgate, October 5th, 1880, æt. twenty-eight, pale and delicate-looking, has recently weaned her infant about six months old, and came to my free dispensary this morning suffering from a large abscess of the left breast; does not appear any hope of resolution, but not quite ready for the lancet. *Hep.-Sulph.* 4 *tis horis*, and apply hot linseed poultices with *Phytolacca* lotion.

8th. Abscess pointing, and when opened discharged a large quantity of bloody pus, with immediate relief to the constant and severe pain which she had been suffering for many days and nights. Continue *omnia*.

13th. The abscess has ceased to discharge, and has left an indurated mass; there is "caking" or induration also in several other lobes of the gland: All these spots are tender to the touch. She has much pain since the discharge ceased. To take *Phytolacca* 1x, three drops four times a day, and keep a *Phytolacca* lotion constantly applied to the breast.

21st. The pain has ceased entirely, and there is no tenderness, and scarcely any hardness of the breast remaining. My patient, however, has a very weak pulse, and scarcely any perceptible impulse over the left ventricle. To alternate *Tinct. Digitalis* 1x with the *Phytolacca*.

26th. The breast is perfectly well, the induration is all gone.

From what I remember of the results of my old school practice, the *recovery* of this case would have occupied more months than the *cure* has weeks, especially in a person of such a delicate constitution.

Ramsgate, November 15th, 1880.

CASE OF EXOSTOSIS OF RIGHT *OS CALCIS* CURED BY *HECLÆ LAVA*.

By J. C. BURNETT, M.D.

DR. GARTH WILKINSON went once to Iceland for a holiday, and observed that the animals which fed in the pastures where the finer ashes of Mount Hecla fall suffered from immense maxillary and other exotoses. Being an adherent of the scientific system of medicine founded for us by Samuel Hahnemann, he brought some Hecla lava home with him, and it has been already successfully used to cure affections similar to those which it is capable of causing.

On July 3, 1880, a young lady, æt. fifteen, came under my observation with an exotosis on her right *os calcis* (that had been noticed about a fortnight), somewhat smaller and a little flatter than half a walnut shell. It was at times painful. Patient was in other respects in good health and well nourished, but her teeth were not very sound. She goes blue in winter, and suffers also very badly from chilblains both on hands and feet, worse on hands.

R. Trit. 2 *Heclæ Montis lavæ* ziv.

S. Six grains three times a day.

17th. The exotosis is decidedly smaller; it never pains now.

Pergat.

September 25. The exotosis has entirely disappeared; the two heels being compared, no difference between them can now be discovered.

Heclæ lava has been shown to consist of silica, alumina, calcium, and magnesia, with some ferric oxide. We are therefore not astonished that it can cause and cure exotoses.

Brother allopath, this is science in therapeutics; what have *you* to take its place? Give absorbents and paint the part with iodine? What guarantee can you give me that

your absorbents will not absorb a bit of the pancreas or some small glands in lieu of the exostosis?

Or you are, also, true to *your* principle: *Contraria contrariis curantur?* Then pray tell me *what* is the *contrary* of an exostosis?

Excuse my saying that I look on your confusion and pity your wicked, wilful ignorance. Oh, please never give *Heclæ lava* for exostoses, because that it is a portion of the "delusion called Homœopathy," which Sir William Jinkins does not believe in.

NOTES ON CLIMATE.

(From *Life of Sydney Dobell*.)

SPAIN—MALAGA.

A WARMER and, above all, a more equable climate than Cannes was desirable, and it was decided that Malaga should be the chief resting-place for winter.

A storm having destroyed part of the Spanish line of railroad, the plan was changed, and they took a steamer at Marseilles for Barcelona. November 5, weather hot (70° in the shade). Marseilles seems like the hotel of the whole world—a wonderful picture from the sea, with its background of mountains, and the coast like that of Scotland beyond Oban. After a short rest at Barcelona the travellers proceeded to Valencia, thence to Malaga, through the Switzerland of Spain. I have seen nothing more desirable than this most magnificent of European lands. We have found in Malaga almost the perfect climate. Instead of the white electric light of Cannes, Nice, and Barcelona, we have here a large, substantial, generous sunshine, like English August, and instead of the super subtle ether that takes the place of air in those districts, an atmosphere more like English summer than anything I have found abroad. Instead of deadly Provençal nights, we have here a temperature that allows us to sleep with the window open—not lower than 60° at the coldest part of the night. At Malaga the temperate winter climate permitted him to be much out of doors; the streets and market-places offered endless objects of interest, suggestion, and inquiry, and gave opportunity for studying the national life and character. In the beginning of March the setting in of the winds from Africa made the travellers

c

decide to leave and to visit the great wine-growing districts before returning to England.

ISLE OF WIGHT.

The Undercliff is in fact the ruins of many ancient land-slips, beautiful in a sort of scene-painting beauty. Backward from Niton the town becomes a beautiful and smiling little tableland of pastures and gardens. This tableland is shut off from the interior of the island, and consequently from the north winds, by a semicircle of cliffs, and contains, out of sight among the ups and downs, the village of Niton. The Undercliff is threaded with warm lanes. I suspect the superiority of this coast is not so much in the difference of the thermometer as in the very peculiar character of the climate. The wonderful steadiness of temperature and the indescribable clearness of the utterly dry air, which seems incapable of mist, is the essential distinction from every other English climate I have seen. November 22.—Most of the days are as cloudless, sunny, and genial as June.

THE PERMUTATION OF CARBON.

PROFESSOR NEVIL STORY MASKELYNE, F.R.S., of the British Museum, has examined the presumed "diamonds" manufactured by Mr. James Mactear, of St. Rollox, Glasgow, and has published the result of his examination in a letter to the *Times*, from which the following is extracted:—

"Firstly, the diamond excels all substances in hardness. Secondly, its crystals belong to the cubic system, and should not, therefore, present the property of doubly refracting light. Frequently, however, from the influence of strain within the crystal, caused by enclosed gas-bubbles or other causes, diamonds are not entirely without action on a ray of polarised light sent through them. Finally, the diamond is pure carbon, and, as such, burns entirely away when heated to a sufficiently high temperature in the air, and more vividly so burns or glows away when heated in oxygen gas.

"The specimens I had to experiment upon were too light to possess appreciable weight, too small even to see unless by very good eyesight or with a lens, yet were, nevertheless, sufficiently large to answer the three questions suggested by the above properties.

“ A few grains of the dust, for such the substance must be termed, were placed between a plate of topaz—a cleavage face, with its fine natural polish—and a polished surface of sapphire, and the two surfaces were carefully ‘worked’ over each other, with a view to the production of lines of abrasion from the particles between them. There was no abrasion. Ultimately the particles became bruised into a powder, but without scratching even the topaz. They were not diamond.

“ Secondly, some particles, more crystalline in appearance than the rest, were mounted on a glass microscope slide, and examined in the microscope with polarised light. They acted each and all powerfully in the manner of a bi-refrangent crystal. It seemed even in one or two of them that, when they lay on their broadest surface (it can scarcely be called a ‘crystal face’), a principal section of the crystal was just slightly inclined to a flattish side of it in a manner that suggested its not being a crystal of either of the ortho-symmetrical systems. Be that as it may, it was not a diamond.

“ Finally, I took two of these microscopic particles and exposed them to the intense heat of a table blowpipe on a bit of platinum foil. They resisted this attempt to burn them. Then, for comparison, they were placed in contact with two little particles of diamond-dust exceeding them in size, and the experiment was repeated. The result was that the diamond particles glowed and disappeared, while the little particles from Glasgow were as obstinate and unacted on as before. I had previously treated the specimen I have alluded to as the first on which I experimented by making a similar attempt in a hard glass tube in a stream of oxygen, and the result was the same. Hence I conclude that the substance supposed to be artificially formed diamond is not diamond and is not carbon; and I feel as confident in the results thus obtained from a few infinitesimal particles that can hardly be measured, and could only be weighed by an assay balance of the most refined delicacy, as if the experiments had been performed on crystals of appreciable size.

“ Not content with merely proving what these crystalline particles are not, I made an experiment to determine something about what they are.

“ Heated on platinum foil several times with ammonium fluoride they became visibly more minute, and a slight reddish-white incrustation was seen on the foil. At the suggestion of Dr. Flight, assistant in this department, a master in the craft of the chemical analyst, these little particles were

left for the night in hydrofluoric acid in a platinum capsule. This morning they have disappeared, having become dissolved in the acid, and on evaporation there is seen a slight white incrustation, on the capsule, of the residuary fluoride. I have, therefore, no hesitation in declaring Mr. Mactear's 'diamonds,' not only not to be diamonds at all, but to consist of some crystallised silicate, possibly one resembling an augite, though it would be very rash to assert anything beyond the fact that they consist of a compound of silica, possibly of more than one such compound."

Mr. Maskelyne concludes that "The problem of the permutation of carbon, from its ordinary opaque black condition into that in which it occurs in nature as the limpid crystal of diamond, is still unsolved. That it will be solved no scientific mind can doubt, though the conditions necessary may prove to be very difficult to fulfil. It is possible that carbon, like metallic arsenic, passes directly into the condition of vapour from that of a solid, and that the condition for its sublimation in the form of crystals, or its cooling into crystal-diamond from the liquid state, is one involving a combination of high temperature and high pressure present in the depths of the earth's crust, but very difficult to establish in a laboratory experiment."

PULSATILLA 30x IN CHRONIC VARICOSE VEINS.

Mrs. M. had been badly suffering from varicose veins and ulcers in the legs for the last nineteen years, for which she was all along under homœopathic treatment, and had taken *Sulphur*, *Sepia*, *Graphitis*, and *Hamamelis*, without effecting a permanent cure.

She consulted me on 15th June, when she was ordered to apply bread poultice to ulcers and to take internally the following prescription:—

Puls. 30, globules 24, *Aqua* ʒiv.; of this a tablespoonful to be taken every morning.

20th June. Ulcers looked healthy and the enlarged veins subsiding. Continue the same medicine.

24th June. Ulcers nearly healed up and enlargement of veins all subsided. Take the same medicine every alternate day.

1st July. Ulcers healed up, and her general health was improving. Discontinue medicine.

13th July. She complained of a little burning, in the place of ulcers, at night. Ordered to take *Bell.* 30, one dose at night, and to take *Pulsatilla* 30, one dose every week.

1st August. No complaint of any sort. To take *Pulsatilla* 30, one dose every fortnight for some time.

When I visited her in September I found her all right, when I ordered her to discontinue medicine.

DR. RAMASNEHI.

HOMŒOPATHY IN THE UNIVERSITY OF MICHIGAN.

WE are very much pleased to note that Dr. H. R. Arndt has been elected Lecturer on the Therapeutics of Gynæcology and Obstetrics in the Homœopathic Department of the University of Michigan. We congratulate our Michigan colleagues on this addition to their number and *weight*. We were very sorry to learn that Professor Jones resigned his chair. Geniuses are not quite as common as apples.

THE CHILD-KILLING SEASON.

THE following from the *New York Herald* is applicable, to a considerable extent, to this city:—"Next to the offspring of the helpless poor, no one has better reason to dread the colder winter weather than some of the children of the rich. Fashion once decreed that bare knees were the proper thing for children, whether in winter or summer; and although this rule has been modified to some extent, the custom almost invariably prevails of restricting children to a single thickness of cotton or wool as sole protection of knee and lower leg against the cold. How this senseless and cruel violation of physical law ever became popular is more than the sane intellect can imagine; but the fact that it is so will force itself upon the attention of any one who observes children under ten years of age. It may be too much to hope that the generality of mothers will modify a dress that looks pretty, but ordinary humanity demands that the extremities of children be very warmly clad, and if the present style of dress is not to be altered in shape and effect, a change to thicker clothing for feet and knees will be of unspeakable benefit to hundreds of thousands of children who suffer keenly from weather such as we have had of late."

HYGEO-THERAPY.

PART II.

Materia Medica.

By RICHARD METCALFE, Esq., F.S.S.

(Continued from Vol. XV., page 462.)

IN my previous contributions I gave an outline of the theory and philosophy of Hydropathy as comprehensive as the space admitted, I now follow with what I venture to designate its *Materia Medica*, and for convenience dividing it into two sections, viz., *primary* and *subsidiary*. For the present I confine my remarks exclusively to the application of water and the use of its various applications to the body, leaving for future consideration the treatment of subsidiary measures consisting of diet, clothing, air, sleep, electricity, magnetism, etc., all of which come under the code of hydro-pathic *régime*. Were it compatible with the space that could be given to any single subject I should have no difficulty in indicating the various medical actions of the following appliances with at least as much certainty as can be done by the various other recognised medical systems. Beginning, then, with a description of the general appliances, we come first of all to

The Bed Bath.—In this bath the attendant, without disturbing the bedclothes, slips a warm blanket under the patient, and after removing the light dress, holds up the bedclothes with one hand, and with the other sponges the body all over, which process is followed by a brisk dry rubbing. Local spongings are administered in the same way. This appliance is only resorted to in cases of extreme debility and difficulty of reaction.

2. *The Towel Rub.*—This operation is performed piecemeal, commencing with the upper part of the body, while the legs remain covered and the feet on a hot tin. The attendant with a wet towel quickly rubs the head, arms, and trunk (the patient assisting if he is strong enough). After the parts operated on have been rubbed dry and the under-clothing adjusted, the legs are treated in the same way.

3. *The Wash Down* is administered to the patient seated in an empty bath, beside which is placed a pail of water, with two coarse towels soaking. With one of these the patient rubs himself in front, while the attendant quickly rubs behind with the other. The towels are re-wetted two

or three times, and the process, which lasts from one to five minutes, is succeeded by a brisk dry rub.

4. *The Dripping Sheet* is prepared in three different states of saturation:—(1) With the water dripping or streaming off. (2) With as much water as it can carry without dripping. (3) Well wrung out. The first requires a patient to stand in a bath of some kind, into which in winter warm water should be poured to the depth of an inch. For the second or third a mackintosh sheet spread on the floor will suffice for the patient to stand on, though in cold weather a hot can should be placed under his feet, as they are usually delicate persons of languid circulation for whom this appliance is prescribed. The wet sheet must be large enough to envelop the whole body, and is thrown over the patient by an attendant from behind, when the patient rubs the front of his person, the attendant the back, an operation which requires considerable nervous and muscular force as well as rapid movements on the part of both. The rubbing, however, is not done with the sheet itself, but with the hand passing over it as over a glove. When this has been done sufficiently the wet sheet is succeeded by a dry one, when both rub again until the patient has well reacted and feels a comfortable glow of heat all over the body. After adjusting the underclothing the feet are served the same as the body.

5. *The Bedroom Affusion or Cataract Bath* is administered from two pails, while the patient is seated in an empty bathing utensil. The water is made to fall from a height of about two feet, one attendant pouring on the chest, the other on the back. Afterwards they rub the patient's chest, back, and legs vigorously with the hand for about half a minute, when the patient jumps out of the bath on to a hot tin and is rubbed dry.

6. *The Shallow or Slipper Bath* is a vessel about five feet long, and about two feet broad at the top, tapering to about one and a half at the bottom, in which the patient sits down, with extended legs in six, nine, or twelve inches depth of water, called respectively the ordinary, deep, and full shallow bath. With his wet hand or with a towel he vigorously rubs his limbs, chest, stomach, and face, now and then throwing a double handful of water over his head, while an attendant rubs the back and ribs from behind. The duration of this bath ranges from one to ten minutes, according to the requirements of the case. On emerging from the bath the patient stands on a hot tin, has a dry

sheet thrown over him, and rubs and is rubbed until thoroughly dry and warm.

7. *The Pail Douche* is of three kinds:—(1) After a tepid shallow one or two pails of water of lower temperature are poured over the patient's back and chest. (2) Three or four pails of water of graduated temperature are poured over the patient seated in an empty shallow bath with the plug out; (3) Three or four pails of cold water are dashed suddenly and forcibly over the patient standing in an empty bath, which process serves as a sort of stepping-stone to the use of douches.

8. *The Plunge Bath* needs no description.

9. *The Shower Bath* is superseded by the needle bath.

10. *The Spouting Douche* is a stream of water from a flexible tube, and consequently can be directed on to any part of the person, as firemen direct the stream from their engine-hose. When this bath is not given in a warm room, the patient should stand on a hot tin or in mustard-and-hot-water.

11. *The Spray Bath* is a modification of the spouting douche, and is used in the same way as regards the hot tin, etc. The stream is made to spread out into a multitude of small jets, as in the hydro for watering plants.

12. *The Wave Douche* is given from a pipe of three inches diameter, terminating in a projecting mouth about six inches broad, from which the water issues in the form of a cascade, and with immense force, as the pipe communicates with a large cistern. It is made to play chiefly on the back, though sometimes on the chest. Like the descending douche, the wave is suited only for the robust, or those finishing a course of hydropathic treatment.

13. *The Descending Douche* is a column of water of from one to three inches in diameter, falling from a height of about ten, fifteen, or twenty feet. It is made to play on the muscles of the back, joints of the arms, legs, etc., never on the head or region of the heart or stomach. In winter the patient stands on a hot tin while taking the douche.

Coming now to the local appliances, we have—

1. *The Ascending Douche*.—In this bath the patient, partially undressed, seats himself on an apparatus resembling an ordinary commode, when a jet of water is made to ascend in the form of douche or spray, and to play on the parts exposed to it. In hæmorrhoids and uterine complaints this bath is frequently employed with advantage.

2. *The Sitz Bath.*—The patient, with a blanket round his shoulders, seats himself in a conveniently-shaped bath, the water being of variable depth, as in the case of the shallow bath. The running sitz consists of a continuous stream of water running in at one aperture and out at another. In taking it, a cold cloth should be applied to the head, and the feet placed in hot water or on a hot tin. The duration of this bath is from five to thirty minutes.

3. *The Spinal Bath.*—The patient, seated over a vessel, has the whole length of the spine bathed with dripping towel or sponge, or with cans of water poured one after another. The process may last from five to ten minutes—the feet on a hot tin, and a hot pad to the chest, well covered up.

4. *The Eye Bath.*—A small syphon is employed to direct a stream of water upon the eye, or eye-glasses are used, in which the eye is repeatedly immersed.

5. *The Nasal Bath* is employed in catarrh, and in stoppage or other affection of nasal passages. In the first place a hot pad about seven inches square is applied to the forehead, and secured by a bandage wound about the head. Water, at first warm, is then sniffed up, which is ejected by the mouth. A few trials enable the patient to accomplish the process with ease.

We now come to a description of bath quite *sui generis* in point of construction and action, and which forms a very important addition to the hydropathic *Materia Medica*. Though its present application is new, the principle is old, being that of a shower-bath first employed B.C. 96 by Asclepiades, a medical practitioner at Rome, and a friend of the orator Cicero. But instead of streams descending on the shoulders and chest exclusively, the needle-bath directs hundreds of horizontal jets of water at high pressure on the body from head to foot. The simultaneous piercing of these *watery needles* all over the frame causes a great stimulation of the skin without drawing a proportionate amount of caloric from the body, thus powerfully favouring reaction. Of course, the same holds true of local needle-baths, which are equally effective.

The Needle Bath is of quite recent introduction into this country, having been imported from either France or Germany. It may be briefly described as follows. In a suitable spot is fixed a perpendicular six feet in height and three inches in diameter, supplied with hot and cold water at high pressure from pipes of slightly less diameter. From

this upright pipe branch smaller ones (like the ribs from the spinal column), about seven inches apart, which are about three-quarters of an inch in diameter, and pierced for jets on the inner side. The highest is about five feet from the floor. Turned on at high pressure, the water issues from these rib-like pipes in a thousand biting jets, which converge towards the centre, where the bather stands to receive them. This form of the needle bath is used with good effect as the *finale* of the Turkish bath processes.

The needle-bath has been adopted in a variety of forms, to meet the requirements of patients needing local applications. Besides the *needle sitz*,¹ which acts with great force on the abdominal or pelvic region (the patient being seated with his feet on a hot tin or in hot water), various apparatuses are used for applying this form of bath to the legs, the arms, and the head. The apparatus for the lower limbs is of tubular form, constructed to admit both legs to above the knee. It consists of a double case, the inner being perforated, and the water introduced between the casing, the pressure being regulated according to the necessities of the occasion. The *douching* is performed with smarting effect by the jets from the perforations of the inner casing. The arm bath is a *facsimile* of the leg bath, only much smaller. The head bath is constructed to receive the back and top of the patient's head as he lies down flat on his back. The jets play upward and horizontally. For convenience and efficacy these local needle-baths excel all others of the kind.

(To be continued.)

A PRINCE PHYSICIAN.

WE learn from an extract from the *Reichsanzeiger* that Prince Charles Theodore, of Bavaria, is qualified for, and has been duly admitted to practise as a physician, within the limits of the German empire. Prince Charles has already

¹ While on the Continent, and alert to take note of any new invention worth "annexing," my attention was directed to an ingenious *needle sitz* used at the establishment *Hydrotherapique* of Dr. Donandy, at Nice, who was consulting physician to the Hôtel Victoria, where I stayed for three months. The proprietor of the hotel, on learning that I was greatly pleased with this needle sitz, very handsomely made me a present of one, which is now at my establishment at Paddington. It must be seen and used ere its construction can be understood and its efficacy appreciated. Attached to this sitz are two distinct forms of *ascending douche*, intended specially for the treatment of local ailments, whether male or female.

distinguished himself in cases involving delicate surgical operations, is a specialist of some renown in eye-diseases, and has been at the disposal of his many patients at all hours of the night and day. Generous as well as wealthy, he relieves the necessities of his poor patients, besides curing their ailments. His tenants upon the magnificent estate of Tegoniste will not consent to being attended by any other medical adviser. Dr. Charles Theodore von Wittelsbach is a brother of the Empress Elizabeth of Austria, the Queen of Naples, and the Duchess of Alençon; and upon the death of his elder brother, Duke Louis William—who contracted amorganatic marriage—will be the head of the Bavarian ducal line, formerly reigning over the Palatinate, Deux-Points, and Berkenfeld.

THE SURGICAL QUALIFICATIONS OF MOTHER NATURE.

PERHAPS the most remarkable union *per primam intentionem* is the following, culled from the *New England Medical Gazette* :—

“On the 5th of February, 1880, Dr. L. L. Stanton, of Tarborough, N. C., was called to see Mary S., a girl of eleven years, quite anæmic and small for her age. While procuring firewood she placed her hand in the way of an axe, when at one blow it was severed from the styloid process diagonally across the trapezium, passing through the scaphoid bone and posterior annular ligament, dividing all the muscles, bones, and blood-vessels, and *completely separating the hand from the arm*, except a small portion of skin, below the articulation with the ulna; the hand was hanging at right angles to the arm when the physician arrived, half an hour after the accident.

“Amputation at the joint above was at once decided upon, and Dr. Stanton returned to his office—a distance of half a mile—for the assistance of another physician; this being impracticable, he replaced the hand, holding it securely in position with silver-wire sutures and adhesive plaster. During the process the patient complained of pain in the arm from the needle, but none when it was used on the hand.

“The hand and arm were secured upon a broad splint and kept warm by hot flannel cloths. Twelve hours later the hand was much swollen, but there was no sensation or pul-

sation, nor had the patient complained of pain, but rested quietly. The next day there was a little pain, but no change in appearance. On the third day there was pulsation in the hand and a different colour; and from this time there was no suppuration, no secretion of any kind, and the wound entirely healed. The sutures were removed on the fourteenth day, and for a time the hand was carried in a sling. At present the patient is able to extend the fingers, and grasp with nearly her usual strength. There is no ankylosis of the wrist joint."

WORK AND WORRY.

If a difficult task must be performed, it will not do to have the mind disturbed. The greatest hindrances to the successful performance of any task possible to the one undertaking it are doubt, fear, and worry. If the faculties are held calmly to their work, the feelings kept in their proper place, the intellect unclouded, the will firm, and, of first moment, faith in one's self unshaken, success is assured. To be ready for emergencies, we must form the habit of doing in the best manner the present task. A great deal of good work is done by men and women so overpowered with perplexity, with sorrow, with poverty, with sickness, that if they stopped to take an inventory of their powers, and the obstacles in their way, they would have no heart to undertake what is set them to do. Clergymen preach, and orators speak, and editors write with aching heads, with feverish pulses, with trembling limbs, and no trace of physical infirmity appears in their achievements. Men and women in the quiet walks of life walk steadily and well, though bearing heavy burdens of pain, and weariness, and care; and when the task is done, naught remains to testify that in trembling and weakness the labour was performed. It is easy enough to say that one should not overtax his strength, that he should not draw upon to-morrow for the expenditure of to-day; but very few have reached middle life without finding out that there are times when it is the highest wisdom to take no counsel "with flesh and blood," but measuring the demand of the hour, gird up the energies and meet it. Afterwards settle the account.

POISON IN LADIES' DRESSES AND FLOWERS.

WE are poisoned by arsenic in wall papers, and in the paint of Venetian blinds, and in the dye of curtains and carpets. Let ladies remember that this insidious bane may also be lurking in their prettiest dresses. The *Lancet* gives, from a German source, a brief account of a young lady who, after wearing for some time a dark-green (silk?) dress trimmed with light leaves, was attacked by an outbreak of pustules on her neck and arms, which was especially painful at night. After enduring this for a long period, the young lady consulted a physician, who recognised the effect of arsenical poisoning. The dress, on chemical examination, showed a large percentage of arsenic in its material. We lately traced symptoms of arsenical poisoning to a bunch of artificial flowers worn by a lady on her breast.

THE DERMATOLOGICAL DEPARTMENT OF THE LONDON HOMŒOPATHIC HOSPITAL.

WE learn with much pleasure that Dr. J. Galley Blackley has been elected Physician for Diseases of the Skin at the Homœopathic Hospital, Great Ormond Street, Bloomsbury. This choice of the Hospital authorities is especially to be commended, as Dr. Galley Blackley has not only been at Vienna a pupil of Baron von Hebra and of Neumann, but he has for years shown a special liking for dermatology, as witness his able contributions to the subject in our literature.

A MERITED DISTINCTION.

WE learn with great satisfaction that Dr. Roth, of London, has been elected a Foreign Corresponding Member of the Italian Society of Hygiene.

Dr. Roth has been fighting the battle of preventive medicine these thirty years, and he now stands foremost in the ranks of the hygienists of Europe. As a nation we are wise in our proverb, "Prevention is better than cure," but individually we are sadly amiss in the prevention of disease.

LITERATURE.

DISEASES OF WOMEN.¹

THIS is a large, handsome volume of 782 pages, beautifully printed on good paper, and strongly bound in leather. The illustrations are numerous and good, and well bring out the anatomical relationships of the parts, and put the various dislocations before the mind very clearly indeed; in fact, almost too clearly, for he who learns thus, and then tries to carry his knowledge into practice, will feel rather disappointed at the less obliging disposition of nature herself.

Drawings of almost all the principal instruments are given, and the whole subject brought down to date.

There is an air about this work that commends it very much to our judgment for the use of the student, and of the general practitioner, and hence, we believe, it is destined to become the class-book in homœopathic colleges for many years to come. There is a healthy absence of the scissors and paste business. The author holds the candle of his own experience, and thus affords a reliable aid to the gynæcological pathfinder in all his freshness and inexperience. It is also free from the nauseating pretence to infallibility of a certain American gynæcologist who stops the hæmorrhage of *placenta prævia* with one dose of the right remedy, and is equally successful with retained placenta and hour-glass contraction of the uterus—viz., one dose in a high dilution relieves the spasmodic contraction, separates the concrecent placental surface and uterine parietes, and puts everything right in less than no time.

From a literary standpoint it is rather faulty. On page 26 we read, "CASE THIRD.—A *miss*, aged about, etc." We see no sound philological objection to the use of the substantive *miss*, but it is not usual in good English except in certain locutions. On page 27 occurs the word *tendonous*, in lieu of *tendinous*; on page 39, "*attrosia*"—this is a printer's error, no doubt. Dr. Eaton seems in strange doubt as to the use of "shall" and "will;" thus he says on page 43, "The first point in the treatment of menorrhagia is to enjoin and insist upon absolute rest, in the recumbent posture. This will greatly aid us in the treatment, and without it we *will* generally fail!" This

¹ Treatise on the Medical and Surgical Diseases of Women, with their Homœopathic Treatment. Fully illustrated. By Morton Monroe Eaton, M.D. New York and Philadelphia: Boericke and Tafel. London: Homœopathic Publishing Company, 2, Finsbury Circus, E.C. 1880.

amusing kind of mistake occurs many times throughout the book. Does Dr. Eaton hail from "Caledonia stern and wild"?

We do not usually stick at a hard word or two, but Dr. Carl Braun's *Colpeurynter* and *Colpeurysis*, mentioned on page 45, certainly conduce to maxillary exertions of the most anxious kind, and the designation is really too pedantic, and does not, moreover, express anything beyond κολπευρίνω—and how many other objects serve the same purpose? If the word *Colpeurynter* is to be restricted to Braun's air-bag, all common sense in the formation of new words is cast to the winds.

But the most horrible word in the book is on page 586, where we read, "perhaps the term inflammation is *illy* (!) chosen." This is too dreadful. We do not expect philological illability in any author, but to write such a word transcends all reasonable limits. Still these are mere blots on a well-painted picture, and they are over the varnish, and may thus be washed off before the second edition comes out.

GENERAL SYMPTOM REGISTER.¹

THIS long-hoped-for "Index" has come, and now lies before us in all the glory of a comely volume of 1,321 pages, beautifully printed on good clear paper and bound in rather poor cloth.

Every scientific practitioner in the world will heartily thank the indefatigable author for crowning his pharmac-encyclopædic edifice so promptly with a workable repertorial index. The thing we are most thankful for is that *the arrangement is strictly alphabetical*: FIRST, THE PART AFFECTED; SECOND, THE SENSATION, *conditioned or modified*. No fads or fancies, theories or hypotheses. Of course everybody has a copy of the "Encyclopædia," and now everybody will get a copy of the "Index." We cannot pretend to review such a work. It bears every mark of care, capability, and conscientiousness, and to hunt about for specks of dirt on such a grand picture is not the kind of work for us. The only piece of advice we offer to intending purchasers is that

¹ A General Symptom Register of the Homœopathic Materia Medica. By Timothy F. Allen, M.D., author of "The Encyclopedia of Pure Materia Medica." New York and Philadelphia: Boericke and Tafel. London: The Homœopathic Publishing Company, 2, Finsbury Circus, E.C. 1880.

they ask for, it either entirely unbound or bound in leather, for common cloth binding, no matter how nice to the eye, soon begins to tear at the back, and becomes the source of endless annoyance. This applies, of course, to a work for frequent reference, and Allen's "Index" is practically a dictionary to his "Encyclopædia," and as such will be used many times a day.

REPERTORY TO THE MODALITIES.¹

DR. WORCESTER says, "This little book was originally compiled to meet a want felt in my daily practice. With its help I have many times been able in a few moments to decide upon the indicated remedy; while, without it, a longer search would have been required than the busy physician is able, or the indolent physician willing, to make."

We know a physician who is both busy and indolent, and he is constantly on the hunt for a short cut to scientific prescribing, and he says he is going to jog along a bit with Dr. Worcester and see how he feels with the modalities as a starting-point.

This *Repertory to the Modalities* is, indeed, a most useful undertaking, and will, beyond question, be a material aid to rapid and sound prescribing where there are prominent modalities.

The first chapter treats of the sun and its effects, both beneficial and hurtful, and we see at a glance that *Strontium*, *Carb.*, *Anacardium*, *Conium Mac.*, and *Kali Bich.* are likely to be useful to patients who like basking in the sun. No doubt many of these modalities are more or less fanciful; still a great many of them are real and of vast clinical range.

The book is nicely printed on good paper and strongly bound; it contains only 160 pages.

We predict that it will meet with a steady, long-continued sale, and in the course of time be found on the tables of most of those careful and conscientious prescribers who admit the philosophical value of (for instance) lunar

¹ *Repertory to the Modalities, in their Relations to Temperature, Air, Water, Winds, Weather, and Seasons.* By Samuel Worcester, M.D., Lecturer on Insanity and its Jurisprudence at Boston University School of Medicine. Boericke and Tafel, New York and Philadelphia, 1880. London: Homœopathic Publishing Company, 2, Finsbury Circus, E.C.

aggravations, effects of thunderstorms, etc. And who, being without the priggishness of mere brute science, does not?

CHEMISTS' AND DRUGGISTS' DIARY, 1881.

THIS is an excellent publication, full of information more or less bearing on the apothecaries' calling. Amongst others we notice a list of "London Doctors and their Addresses;" a "Directory of London Hospitals;" "Sale of Poisons;" "Wills;" "Poisons and Antidotes;" "Apprenticeship;" "The Pharmacy Act;" and a host of other practical matters about which every chemist is sure to require a referential authority scores of times in the course of the year. We call attention to the clever article (p. 82) on "Patent Medicines and Proprietary Articles." The table of "Moneys, Weights, and Measures of the Principal Countries of the World" (p. 79) is specially complete, and the "Table showing the Length of Days and Nights and the Hours of Sunset and Sunrise throughout the Year" (p. 78) is really a most ingenious and graphic diagram.

THE MEDICINAL TREATMENT OF DISEASES OF THE VEINS.¹

WE are necessarily debarred from reviewing these one hundred and sixty-six pages about venous affections and their medicinal treatment. No doubt others will judge them fairly. Books are like men, they reach their right level sooner or later.

MESSRS. ARMBRECHT, NELSON, AND CO.'S PHYSICIANS' DIARY FOR 1881.

WE have received a copy of this elegant and useful diary, and can commend it to our colleagues as the very thing we need for carrying in our pocket for the purpose of making notes of visits, etc., etc.

¹ The Medicinal Treatment of the Veins: more especially of Venosity, Varicocele, Hæmorrhoids, and Varicose Veins. By J. C. Burnett, M.D. London: The Homœopathic Publishing Company, 2, Finsbury Circus, E.C. 1881.

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. BAYES ON THE LONDON SCHOOL OF HOMŒOPATHY, AND THE INTERNATIONAL RECOGNITION SCHEME.

PROPOSAL ACCEPTED BY NINE OF THE UNIVERSITIES AND MEDICAL COLLEGES IN AMERICA.—LETTERS FROM THE PRESIDENTS, DEANS, OR SECRETARIES.

Objects.

SIR,—The objects of this scheme were set forth in the paper read by me at the Congress held in Leeds in September. Briefly they are these: It is desirable that the number of skilled homœopathic physicians and surgeons should be increased, so that reliable homœopathic practitioners should be established in every town or district in Great Britain containing 10,000 inhabitants and upwards. At present the homœopathic *clientèle* is far too large and too scattered to allow them to obtain skilled practitioners of Homœopathy for all their ailments. While the patients are in London or its neighbourhood, or in or near some other large town, they can readily obtain the advice they require, but in the country districts it is otherwise; they must then, in case of severe illness, either send to London or some other large city for advice, at an expense that none but the very wealthy can afford, or they must trust themselves to be treated by correspondence (which involves much risk, and is always troublesome and a source of anxiety), or they must trust to domestic treatment, or to treatment by amateurs, or, lastly, they must call in the advice of a practitioner of the old school, and, for a time, revert to a system which they believe to be fraught with dangers and inconveniences. This also is a great hardship.

Therefore we desire to increase the present very small number of skilled homœopathic physicians and surgeons.

There are three ways of doing this, which are open to us. The *one* is represented by our *London School of Homœopathy*, as at present constituted—viz., that of providing lectures on the science and practice of medicine, teaching *only those points in*

which our science leads us to differ from the *ordinary teaching* of the allopathic medical schools. This mode of teaching is, therefore, intended as supplementary only to the usual medical school courses.

There is this practical difficulty, which I fear is insuperable. The present scheme of medical education demands that *four years'* medical study shall be gone through before a degree, diploma, or licence to practise is granted. Most students after four years' study at a university or college are desirous to enter at once into practice on obtaining their diploma or licence, and cannot or will not devote a fifth year to the study of any new subject, such as Homœopathy. There are other reasons and objections on which I need not enter here; that they are potent is evident from the fact that the *sons of homœopathic practitioners* have not, as a rule, attended the lectures given in our School, although their fathers allow that our lectures and teachers are excellent.

The second course open to us is that of founding a complete NEW MEDICAL SCHOOL in which all the usual branches of neutral study shall be taught, and in addition, the homœopathic *Materia Medica*, and the homœopathic science and practice of medicine and surgery.

No doubt but this is the best possible thing to do, but there are practical difficulties. In the first place, our first students could not be fitted to practise till four years after the opening of the *New School*, and the *New School* itself could not be formed and ready to work for some two or three years. We must enlarge the Hospital to 100 or 150 beds (at present there are fewer than 70); we must collect together a sufficient staff of teachers, whom we must subsidise for some years, until the School becomes self-supporting; and, in fact, the Hospital and School will require at least £100,000 before we could hope to start a really efficient school. Who will give us £100,000 for so noble a purpose? At present, I fear, we have less than £3,000 collected or promised for the School.

Therefore we must seek some other (third) course, which will promise us an immediate or early supply of good homœopathic practitioners. To my own mind, such a *source of supply* is to be found only in America, and even there the practitioners are not ready made to our hands, for this reason. *Our practitioners must be in every respect as well instructed, both practically and theoretically, as are those of the older school.* Now, in America the course of study demanded by many of the universities or colleges is of shorter duration than our own.

In some of the medical schools two years' instruction is deemed sufficient to allow a man to submit himself for his examination. In the majority of the schools a three years' course is deemed sufficient. Now, as in this country no man is allowed to *qualify* under four years, we could not ask the Medical Council to register these gentlemen in England as legally qualified without some further course of study. But in such a case this is what I would propose: that the *course of education* received in America should be admitted as equal to a similar period passed in medical study in England, and that a course of lectures or hospital practice passed through in America should count as equivalent to a similar course in England. So that any man who has graduated in America, at the end of two years' course of study, should only be required to pass TWO YEARS further in an English medical school or hospital, and may then present himself for complete examination, which, if he passes, shall allow him to register. The man who has graduated after a three years' course in America shall be only expected to pass one year longer in medical study in England, etc.

By this scheme, which would involve our having an Examining Board connected with our Hospital and School in England, we might very soon add a not inconsiderable number of homœopathic physicians and surgeons to our present ranks.

But in offering this recognition to the graduates of American universities and schools, it also seemed to me that we should have a right to expect an equivalent recognition from them for the student-work done at our own London School of Homœopathy, and I wrote the following note accordingly, sending a copy of it to the president, dean, or secretary of each of the *eleven universities, colleges, or medical schools* in America enumerated below.

- The University of Boston.
- „ University of Michigan.
- „ University of Iowa.
- „ Hahnemann Medical College of Chicago.
- „ Chicago Homœopathic College.
- „ New York Medical College for Women.
- „ Pulte Medical College of Cincinnati.
- „ Homœopathic Medical College of St. Louis (subsequently called the College of Homœopathic Physicians and Surgeons).
- „ Homœopathic Hospital College of Cleveland, Ohio.

The Hahnemann Medical College of Philadelphia.

„ New York Homœopathic Medical College.

To this letter, which is subjoined, I have received the following replies. In addition to my letter, the authorities of the London School of Homœopathy officially forwarded a copy of DR. RICHARD HUGHES'S new edition of his *Pharmacodynamics*, embodying his lectures delivered within the School. This volume was presented to the president, dean, or secretary of each of the medical (homœopathic) schools in America. A copy of our rules, of our last report, and of the announcement of the coming sessional work, was sent to the same school officials.

The letters will speak for themselves, and show a cordial and genial appreciation of our effort for international recognition, which, I hope and believe, will be warmly re-echoed by the whole body of our professional brethren on this side.

Yours truly,

WILLIAM BAYES, M.D.,

Honorary Secretary to the London School
of Homœopathy.

21, Henrietta Street, Cavendish Square,
London, W.

LETTER FROM DR. BAYES TO THE PRESIDENTS, DEANS, ETC.,
OF THE UNIVERSITIES, MEDICAL SCHOOLS, ETC., IN
AMERICA.

21, Henrietta Street, Cavendish Square, London, W.
29th July, 1880.

To Dr.—,

Dean of—.

Dear Sir,—At a meeting of the Committee of the London School of Homœopathy held on Monday, July 12, I received permission to apply to the authorities of your university (or college), asking you to consider whether you would incline to recognise such lectures as are or may be delivered at our School as equivalent to lectures on the same subjects delivered in the school of your university (or college) provided the courses are equal in scope and number, we, on our part, accepting your lectures as equivalent to ours of equal number and scope. We have a great want of qualified practitioners of Homœopathy in Great Britain. Both medical education and the granting of degrees and diplomas

are at present wholly in the hands of an allopathic monopoly, which excludes homœopathic teaching from all the recognised schools. But it has occurred to me that we may be able to obtain legal powers to examine and grant diplomas or licences to those who have obtained American or foreign degrees or diplomas provided their course of instruction come up to the standard demanded by the constituted medical authority at present existing in Great Britain, and, further, that when the courses of such American or foreign universities or colleges are shorter and less complete than those required in Great Britain we might obtain powers to supplement such deficiency in an English School of Homœopathy—*e.g.*, if an American diploma or degree can be obtained after two years' study, and if the English standard requires four years' course of instruction, we still might be allowed to count those two years as having so far qualified the candidate, and then proceed to add two years' further study in this or some other country, after which (four years having been completed) we could proceed to examine such candidate, and grant our degree or diploma to such as pass satisfactorily. When the American course prescribes three years of instruction we should add one year's course in our School before proceeding to examine and grant the diploma. Before taking any further step will you have the courtesy to furnish me with full particulars as to the course of study demanded of the graduates of your university (or college), and believe me, with the highest consideration,

My dear Sir, yours most faithfully

Hon. Secretary, etc.

WILLIAM BAYES, M.D.

P.S.—You will kindly understand that we have at present no licensing power, but by the action contemplated above we hope ultimately to obtain such power.

New York Homœopathic Medical College,
Lake George, New York, Aug. 17, 1880.

Dear Doctor,—Yours of July 29 came duly to hand. I will lay the matter before our faculty on my return from my summer vacation. I can safely assure you that lectures delivered in the London School of Homœopathy will be recognised by our school.

Yours fraternally,

J. W. DOWLING, M.D., Dean.

William Bayes, M.D., Hon. Sec.

New York Homœopathic Medical College,
New York, Nov. 13, 1880.

My Dear Sir,—Your letter of October came duly to hand. The receipt of the letter was from some cause delayed. The new edition of Dr. Hughes's "Pharmacodynamics" also came. In acknowledging its receipt, and thanking you for it, I wish to tell you in what high estimation it is held in this country, not only by physicians of our own school, but by the fair-minded practitioners of the so-called regular school of this city. Not long since I was invited by Dr. C. R. Agnew, the oldest and most prominent ophthalmologist in the city, to an evening entertainment at his house to meet Mr. Thomas Hughes, Q.C., of your country. Among the guests were most of the prominent old-school physicians of this city. In conversation with several of them I learned that Hughes's "Pharmacodynamics" was a work to which they frequently referred in their private practice. All spoke in the highest terms of it. Dr. Webster, Dr. Agnew's partner, said he proposed using some of the remedies in the treatment of diseases of the eye, as directed in Dr. Hughes's book. My own advice to every student of medicine, and to every physician who applies to me for information as to the first step to be taken in the study of Homœopathic Materia Medica, is to purchase this valuable work. I also received the prospectus of the "London School of Homœopathy"—the rules and laws—and the "British Homœopathic Medical Directory," for which please accept thanks. The date fixed by your Committee of Arrangements for the International Congress gives great satisfaction to all. You will probably have a large delegation from America. With kind regards to the profession connected with your School,

I remain, yours fraternally,

J. W. DOWLING,

Dean New York Hom. Med. College,

President American Institute of Homœopathy.

Wm. Bayes, M.D., Hon. Secretary, etc.

Hahnemann Medical College, Philadelphia.

August 18, 1880.

Dear Sir,—Yours of the 29th ult. has been received. At the next meeting of the faculty of our college I shall bring up the matter of your inquiry, and then communicate with

you again. I will now say that I can see no objection or difficulty in the plan you propose. I mail you a copy of our announcement, giving particulars as to our course of study, etc., You will notice that we only confer degrees after *three years of study*, though the applicant may have attended but *two courses of lectures*. One year may be devoted to study with a preceptor, either before the first course of lectures or between the two. The three years' graded course which our school was the first to offer, is becoming popular with many of our colleges, and will probably soon be adopted by all and made obligatory where it is now optional. I would ask you to send me a circular, giving particulars as to your course of study; also if you have a Directory of Homœopathic Physicians that you could send me I would feel greatly obliged.

Very truly yours,

A. R. THOMAS.

William Bayes, M.D.

The Boston University Medical School,
66, Marlborough Street, Boston, Aug. 28th, 1880.

My Dear Bayes,—Your kind note has been too long unanswered, and I can only find excuse in the fact that I have been unable to consult the proper authorities in the matter easily, it being the season of general vacation. Would it be an impossibility for you to establish a full medical school with all the rights and powers pertaining thereto? This has, of course, been of great advantage to us in America, and you would find it not less important I am sure in England. I have been engaged the past year as chairman of the Bureau of Organisation, etc., of the American Institute of Homœopathy, in collecting some statistics of Homœopathy in this country. I will forward these to you in a few days, and am sure you will be interested in them. We are now in a position to make more rapid progress than ever before, and we see evidences of the bitter prejudices against Homœopathy being about to give way, and I predict that in a few years Homœopathy will be taught in many of the present Allopathic schools. If this is done the effect will be felt in your country as well, and will greatly assist you. At any rate, keep up good cheer. Every step forward must be retained, and I am sure a mutual recognition, sympathy, and co-operation will strengthen us on both sides of the Atlantic. Next year

we shall have the largest meeting of the Institute ever held, and from thence we hope to have a good delegation to England.

Believe me, ever your sincere friend,
I. T. TALBOT.

The Boston University Medical School,
66, Marlborough Street, Boston, Aug. 28, 1880.

My Dear Sir,—Your note of July 24 was duly received and has been informally laid before the President of the University and some of Faculty of the Medical School. From this consultation, as well as from my own sentiments and feelings, I can assure you of a warm sympathy on the part of this school for the embarrassing position in which the homœopathic physicians of Great Britain, for whom as a body we have the highest respect, find themselves placed; and we shall be happy to co-operate with them to remove as far as possible these disabilities. It seems hardly proper in us to make any suggestions to those who know the position they occupy, but if the London School could acquire some legal powers in teaching and conferring degrees, there would be little difficulty in so arranging the curriculum that the examination in one school would be accepted in the other. Be assured that any plan you may adopt will receive our most cordial consideration and earnest effort to assist in bringing the Transatlantic schools into co-operation, that they may assist each other and mutually benefit and advance the profession. As soon as some definite plan of action is determined upon, I beg you will inform me, and also in what manner we can best aid you.

Believe me, my Dear Sir,
With highest consideration,
Very sincerely,
I. T. TALBOT, M.D.,
Dean of Boston University School of Medicine.

To Wm. Bayes, Esq., M.D., Hon. Sec. to the
London School of Homœopathy, Etc.

Hahnemann Medical College, Chicago, Sept. 10, 1880.

Dear Doctor,—Yours received. In reply would state that the Hahnemann Medical College of Chicago will recognise your lectures on the various subjects as equivalent to ours

on the same branches. The course of study here embraces all that is taught in any American College, with the addition of practical bedside teaching in surgery, obstetrics, ophthalmology and otology, venereal and skin diseases, gynæcology, and general medical cases. The time of study is three years, but the student attends two or three winter courses of lectures, according to his circumstances in life (rich or poor). Shall be happy to answer any questions at any time.

Yours very truly,
T. S. HOYNE,
Registrar and Treasurer Hahn. Med.
Col. of Chicago.

William Bayes, M.D., Hon. Sec. to the
London School of Homœopathy.

The Chicago Homœopathic College, Chicago,
Sept. 15th, 1880.

My Dear Doctor,—In reply to your letter of inquiry, I have the honour to say that this college would be happy to enter into some arrangement with the School you represent, providing there is not too great a diversity in the respective schedules of lectures, etc., to admit of such interchange of courses. It is, in our opinion, an arrangement which could not, in justice to the student, be extended to all our colleges. Here each college derives its authority directly from the State, and is in itself a licensing body, the holder of a degree being further required only to register his diplomas. Registration is required in less than one-half of the States. Each college also fixes for itself the length of terms, standard of examinations, etc., so that where any disposition exists on the part of a Faculty towards loose practices there is plenty of scope. In this college full attendance upon lectures is absolutely required, and the attainment of an average of at least 70 per cent. in all examinations. Our examinations are as severe as those of the Royal College of Surgeons of London; in fact, in many terms, we have used the same questions. I have sent by the mail carrying this our announcement, which gives the branches taught and other particulars bearing upon the question. If you will be good enough to send us anything of a similar character, with which to make comparison, we shall be glad to submit a precise schedule of equivalent courses, etc., for guidance

in the future. We believe our graduates capable of passing the R. C. examinations on leaving us. We hope to be able shortly to adopt a three years' obligatory course of study on a graded plan. A good many of our students now take three years. Hoping that a definite understanding may be arrived at,

I am, yours very faithfully,

CHAS. ADAMS, M.D., Sec.

Wm. Bayes, Esq., M.D., Etc., Hon. Sec.
London School of Homœopathy, London.

The St. Louis College of Homœopathic Physicians
and Surgeons, St. Louis, Sept. 21, 1880.

Dear Sir,—As soon as your School has a legal organisation we will no doubt give you the full recognition you desire. If your School consists only of a company of physicians, united for the purpose of teaching Homœopathy and the other usual branches, and yet having no charter or legal status, our charter and by-laws would not allow us to recognise it as a college. As soon as you can claim a legal existence as a School of Medicine we will be glad to extend to you the courtesy you ask. Hereafter our college will be known as "The St. Louis College of Homœopathic Physicians and Surgeons," as the enclosed announcement and circular will explain. The branches taught in our college are signified in our announcement.

We hope to adopt the three years' course after this coming session. At present we do not deem it politic. If I have not comprehended the full import of your note, or if this reply is not satisfactory, I would be pleased to hear from you again in regard to this matter.

Yours very truly,

G. D. WALKER, Dean.

Wm. Bayes, M.D., 21, Henrietta Street,
Cavendish Square, London, W.

The St. Louis College of Homœopathic Physicians
and Surgeons, St. Louis, Nov. 9, 1880.

Dear Sir,—I have to acknowledge the receipt from the President, Committee, and Governors of your School, authenticated by the signatures of Lord Ebury as President and yourself as Honorary Secretary, of a volume of lectures

delivered within your School, accompanied by a letter of explanation from yourself, and to express my grateful sense of the honour you have done me in this compliment, and of my hearty sympathy in the movement for international recognition which you propose. I also wish to thank you for the copy of your rules and laws, and the announcement of your School for the present session, and the British Homœopathic Directory, which were duly received. I hope to have the pleasure of meeting you at the International Homœopathic Convention, to be held in London in July next. With high regards for yourself and your honoured compeers in the work of Homœopathy,

I have the honour to subscribe myself,

Your obliged servant,

G. S. WALKER.

William Bayes, M.D., Hon. Sec. of the
London School of Homœopathy.

Homœopathic Hospital College, Cleveland.
99, Prospect Street, Cleveland, O.,
September 24th, 1880.

Dear Sir,—Your communication, addressed to Dr. Boynton, and bearing date of July 29th, 1880, relative to recognising your course of lectures, is handed me for reply. I have to say that I took occasion to read your letter at a meeting of the Faculty, and action was taken to this effect—namely, that the Homœopathic Hospital College will recognise the course of lectures as delivered in the London School of Homœopathy, so far as it is consistent with the following rules governing graduation:—"Candidates for graduation must be twenty-one years of age, and must have attended two full courses of lectures, the latter in this college. They must have studied medicine three years, and must approve themselves to the Faculty and Board of Censors as possessing a good English education, and a satisfactory knowledge of medicine and surgery." Approximately our course upon the *Principles and Practice of Medicine* and upon *Materia Medica and Therapeutics*, each includes fifty-five lectures. These are the only branches, I understand, which you are at present prepared to teach. From the above it will appear that, provided a student attend fifty-five lectures upon the branches named in your School, he would be accredited with one full course on the said subjects upon entering our

college; provided of course he be otherwise qualified. I have to present to you the compliments of the college, and to wish you success in your most worthy effort to extend our cause in Great Britain. Present also our personal regards to your colleague, Dr. Pope, whom we had the pleasure of entertaining in our city, and believe me, with great consideration,

Most truly yours,

W. A. PHILLIPS, M.D., Registrar.

Wm. Bayes, M.D. Etc., Hon. Sec.

London School of Homœopathy.

University of Michigan Homœopathic College,
Ann Arbor, October 5th, 1880.

Dear Sir,—Your note of inquiry concerning inter-collegiate studies, etc., is received, but being absent from the city on my vacation tour, my reply is unavoidably delayed. I am much gratified to know of "the organisation of the London School of Homœopathy," and at the outset let me assure you of the interest taken by our Faculty in all your matters looking to the establishment of a Homœopathic Medical College in Great Britain, and we desire to maintain the most perfect accord and reciprocity in college education. We will recognise all lectures that are delivered at your School as equivalent to those delivered in our department of the University, provided the courses are equal in scope and number. Our course hereafter will consist of three years' study and of nine months' duration, which I believe is the longest consecutive term of any of our American colleges. If your students, after taking certain courses of study, wish to come here to obtain their degree, we will accept their official evidences of study as equal to ours, as far as they go, and give them full credit for such courses. How far have you advanced in the organisation of your School? I shall be pleased to learn of the progress that your School is making, and to reciprocate with you in all matters touching equality in medical education. I enclose herewith a circular sheet of our course of study, and by same mail forward an announcement. Please reciprocate when yours is ready for distribution.

I remain very truly,

Yours sincerely,

E. C. FRANKLIN, Dean.

William Bayes, M.D.

University of Michigan Homœopathic College,
Ann Arbor, October 25th, 1880.

My Dear Doctor,—I received a few days ago a copy of Dr. Hughes's Lectures, with inscription signed by President Ebury and yourself, also a copy of the Rules of your School and Directory, for which please accept thanks and the assurance of all aid and encouragement that lies in my power to render you and the cause you represent. Endorsed as you are by such an array of notable and distinguished names, it will not be long before your position is assured, and the glory of Homœopathy made more resplendent by overcoming the combined opposition against it. I shall do all in my power to assist your School in its ordeal, and to give it "international recognition" whenever and wherever I can exert influence in its behalf. With fraternal greetings for the success that has so far attended your "energy and public spirit,"

I remain,

Very sincerely yours,

E. C. FRANKLIN.

To William Bayes, M.D., Hon. Sec.
London School of Homœopathy.

State University of Iowa,
Homœopathic Medical Department,
Office of the Dean,
Iowa City, Iowa, October 15th, 1880.

Dear Sir,—Your esteemed favour of July 19th was placed before our Faculty October 13th, that being the first Faculty meeting held since it was received. I am pleased to say that we have unanimously decided "to recognise such lectures as are or may be delivered at the London School of Homœopathy as equivalent to lectures on the same subjects delivered in the Homœopathic Medical Department of the State University of Iowa." In order to obtain the degree of Doctor of Medicine in this institution it is required that the candidate be twenty-one years of age, have pursued the study of medicine three years, have attended two full courses of lectures, and must have been engaged in the study of Practical Anatomy and Practical Chemistry. The following studies are obligatory, and examinations in each are required: Chemistry, Anatomy, Physiology, Practice, Surgery, Materia Medica, Obstetrics, and Diseases of Women. Permit me to

assure you that in your efforts to raise the standard of Homœopathy in England, by placing it before the people and the Government in such a light as to demand its public recognition, you and your colleagues have our most cordial and fraternal sympathy. Trusting that we may each live to see the day when your efforts are crowned with success, and Homœopathy have equal prestige and privilege in Great Britain as in America,

I am, yours fraternally,

A. C. COWPERTHWAITÉ,

Dean, Homœopathic Medical Department, S.U.I.

William Bayes, M.D., Hon. Sec.

London School of Homœopathy.

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, 5, Holles Street, Cavendish Square, 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.

Wilde, Weston-super-Mare; Dr. Maffey, Bradford; Dr. Roth, London; Dr. John Clarke, London; R. Bailey Walker, Esq., Manchester; R. Metcalfe, Esq., London; Captain Maycock, London School of Homœopathy; Dr. Hughes, Brighton; Dr. Harmar Smith, Ramsgate; Dr. Berridge, London; Dr. Hayward, Liverpool (*ex parte* H.P.S.); Dr. Morrison, London; Dr. J. Galley Blackey, London; Dr. Stokes, Sidmouth.

ANSWERS TO CORRESPONDENTS.

COLONIAL SUBSCRIBER, BARBADOS.—We cannot notice anonymous communications. Enclose your card, and then we shall be happy to give you any needed information; but we do not prescribe.

CORRESPONDENTS.

Communications received from Dr. Bayes, London; Dr.

BOOKS AND JOURNALS RECEIVED.

New England Medical Gazette, November, 1880.

Medical Counselor, October, 1880.

Hahnemannian Monthly, November and December, 1880.

United States Medical Investigator, August, November, and December, 1880.

American Observer, October, 1880.

Homœopathie Militante, No. 5, 1880.

Archivos de la Medicina Homeopatica, Números 72, 73, and 75.

Homœopathic Times, November, 1880.

Allgemeine Homœopatische Zeitung. Bd. 101, Nos. 19, 20, 21, 22, 23, 24.

Revue Homœopathique Belge, October and November, 1880.

The Medical Enquirer, November, 1880.

The Medical Tribune. Vol. II., No. 12.

Modern Thought, December 1, 1880.

Boericke and Tafel's Quarterly Bulletin of Homœopathic Literature.

Dietetic Reformer, December, 1880.

Monthly Homœopathic Review, December, 1880.

The Medical Advance, November, 1880.

The New York Medical Eclectic, October and November, 1880.

The Night Medical Attendance on Poor and Rich. By Dr. Roth.

Materia Medica Pura. By Samuel Hahnemann. Translated from the latest German editions by R. E. Dudgeon, M.D., with Annotations by Richard Hughes, L.R.C.P.E. Vol. I., *Aconitum—Ipecacuanha*, 1880.

The Journal of Medicine, December, 1880.

El Criterio Médico. Madrid, 30 de Noviembre de 1880.

St. Louis Clinical Review, November 15, 1880.

The Somerset County Gazette, Saturday, December 11, 1880.

Chemist and Druggist, December 15, 1880.

Dublin Journal of Medical Science, November and December, 1880.

Transactions of the Homœopathic Medical Society of the State of Pennsylvania. Sixteenth Annual Session, 1880. Pittsburgh: W. W. Lewes and Co., 1880.

La Reforma Médica. Tomo IV., Num. 10.

Night and Day, December, 1880.

Homœopathic Journal of Obstetrics and Diseases of Women and Children, November, 1880.

The Homœopathic World.

CONTENTS OF DECEMBER NUMBER.

LEADING AND GENERAL ARTICLES:—

Defeat of the Allopathic Clique in Halifax.

The Proposed College of Homœopathic Physicians and Surgeons.

Some Words on Diarrhœa.

How they Die. VII. Parish Doctors.

Notes by the Way.

Panna: New Remedy for Tape-Worm.

Llandudno as a Winter Residence.

LITERATURE:—

Dr. Hughes's Pharmacodynamics.

British Homœopathic Medical Directory for 1881.

"Doctor, What shall I Eat?"

Home-Made Treatment.

Therapeutic Key, or Practical Guide for the Homœopathic Treatment of Diseases in General.

CORRESPONDENCE:—

The Homœopathic Tincture of Camphor. No New Ordeal.

Noble Offer to the Behoof of Enlarging the London Homœopathic Hospital.

SHORT NOTES, ANSWERS, ETC.

THE HOMŒOPATHIC WORLD.

FEBRUARY 1, 1881.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION, 1881.

OUR readers have already been made aware that there will be a great homœopathic forgathering this year in London. The day named for the together-coming is July 11th, and a cordial invitation has been extended to all the homœopathic physicians and surgeons of the world to come.

We would respectfully suggest to British homœopaths, of all shades of opinion, the propriety of laying aside all internal differences for the nonce and uniting for the good of the cause and for the sake of showing a united front to the world, and of giving a hearty English—British—welcome to our guests. In another part of this journal will be found a note from Dr. Bayes in regard to the subscriptions. We cannot believe that even one homœopathic practitioner of Great Britain will fail to give the minimal guinea towards defraying the needful expenses of the Convention. Let it not be said of us by foreigners and strangers that we gave them a poor welcome. In America a committee has been formed with the view of facilitating arrangements for visiting the Convention.

Our American colleagues are reminded that the following gentlemen are its members:—Dr. J. T. Talbot, 66, Marlborough Street, Boston; Dr. W. Tod Helmuth, 299, Madison Avenue, New York; and Dr. Bushrod W. James, 18th Street, Philadelphia.

These three distinguished colleagues constitute the American Committee for the London Convention, and all those transatlantic friends who intend honouring the metropolis of Old England with a visit would do well to communicate such intention to one of these three gentlemen.

Dr. Hayward (117, Grove Street, Liverpool) is one of the local secretaries; any one, therefore, needing advice or information connected with the Convention, or with the port of Liverpool, will do well to write to Dr. Hayward.

All subscriptions should be sent in without delay to the Treasurer, Dr. Bayes (21, Henrietta Street, Cavendish Square, London, W.). It is very requisite that all moneys be forwarded *soon*, so that the officers of the Convention may have the funds in hand, and be thus in a position to judge of how the arrangements can be best effected.

The General Secretary is Dr. Gibbs Blake (24, Bennett's Hill, Birmingham), and any information may be obtained from him regarding papers to be read, etc.

Dr. Edward Hamilton, of London, is the President elect; but it is not customary to trouble the president with inquiries.

Decidedly the most active member of the Convention is the Vice-President elect, Dr. Richard Hughes (College Villa, Brighton). Before the appointment of the officers, Dr. Hughes had already begun with the arrangements, and he is, practically, the acting representative of the officers of the Convention. It was felt that it would be better to leave much of the work that should strictly fall to the general secretary, or to the local secretaries, to Dr. Hughes on this account. With his usual self-denial and public spirit Dr. Hughes is almost daily occupied with arrangements and correspondence.

The local secretary in London, Dr. Burnett, is making up a list of those who may be willing to entertain visitors to the Convention at their homes. It is thought that many homœopathic practitioners, and lay homœopaths, residing in or near London, might be pleased to receive as guests some of the visitors to the Convention, in a manner similar to what is usual with the various religious bodies when they hold their denominational or missionary meetings. All those, therefore, who are willing to be the hosts of our visitors are requested to send word to Dr. Burnett (5, Holles Street, Cavendish Square, W.) to that effect.

As we are expecting visitors from almost all parts of the globe it would be well for those who speak French, German, Italian, Spanish, etc., to mention the fact, and to say whether they will receive *any* member of the Convention, or whether they extend their invitation solely to a special member.

Those willing to entertain several members of Convention will kindly mention such willingness in their communication to the London local secretary.

Let us all work together to render the International Homœopathic Convention of 1881 a great success; if we

have any little fighting to do about our School, or our Hospital, or big doses or wee doses, or what not, let us put it off till *after* the Convention. Perhaps then we shall be a little more tolerant of one another's views and keep out of side issues by dint of real profitable work on the great Hahnemannian highroad.

Success to the Convention!

CASE OF CHRONIC DIARRHŒA CURED BY JALAP.

By ADRIAN STOKES, M.D.

A SINGLE woman, aged seventy, came to me on the 6th October, 1879, and said she had for seventeen or eighteen years had diarrhœa daily. The stools were usually six or eight per diem, sometimes in the night, attended by extreme urgency, and leaving some degree of tenderness afterwards. Being crippled by an ankylosis of the right wrist, she was much dependent on her servant, and as she had not always a servant, she was liable to irregularity in getting her food, and often it was not well prepared when she did get it. She lives in a lone cottage in a country lane, some four miles from my house, and had some difficulty in getting conveyed to and from it. I saw her a few times at long intervals, in which time she got *Coloc.* 1, *Phos.-Ac.* 1, *Hyo.-A.*, and *Nux* 1, with but little alteration of her state. I saw nothing of her from the end of November to March, 1880, but heard of her cottage having being entered by tramps, who half strangled the poor old woman, and robbed her of a few shillings in January. When she again came to see me she had become much emaciated, and the diarrhœa was constant, six or eight times in twenty-four hours, motions dark, very offensive, and of gruelly consistence, attended and followed by much griping and some tenesmus. *Nux* 1. April 26th reports the same state. *Verat.-A.* 1, to be followed by *Jalapæ* 1st trit. May 11th reports the number of stools to be two per diem, pain much less, motions formed. June 1st, still has some looseness, but is much better, and improving in looks as well as comfort. *Jalap.* 1 to be taken occasionally. From that date I saw no more of my old patient, until having occasion to be near her dwelling a month ago. I called to ask her how she was. She told me she had had no further trouble with her bowels after the last *Jalap.*, and had been quite comfort-

able ever since. She had become stout, and looked in capital health.

Sidmouth, January, 1881.

ON COMPULSORY MEDICAL INSPECTION OF ALL SCHOOLS.

*A Paper read before the Société Médicale des Bureaux de Bienfaisance,
October 13th, 1880.*

By Dr. ROTH.

(TRANSLATED FROM THE FRENCH.)

THE Voluntary Medical Inspection of Infant Asylums has been known in Paris for the last thirty years. The inspection was made by medical men who, at great sacrifices of time and labour, gave their services gratuitously; but, giving their services gratis, they proved their love for childhood by putting zeal into their work, and, convinced that they were doing a good work, they continued it for years.

I have the pleasure of the acquaintance of several of our eminent colleagues who have worked in this way upwards of twenty years, and I am told that there is among us even another who, full of beneficence, gave his services so long as thirty years.

It is greatly to be regretted that these honourable men should have been set aside, although they have acquired, during years of observation, the experience necessary for a medical inspector of schools—an experience which cannot be acquired either by books or by lectures at the medical schools.

The new inspectors are paid, or rather badly paid. It is their duty to visit the infant asylums and schools twice a month and to restrict themselves to contagious diseases, while those who worked gratuitously used to visit the schools much more frequently, and never restricted themselves to one class of diseases.

For the sake of my younger colleagues I may mention that Dr. Cerise, in 1857, published the second revised edition of his "Médecin des Salles d'Asile." He strongly recommends the careful supervision of every single child, and speaks of the necessary qualities and duties required of the Infant-Asylum Inspectors. His book contains excellent instruc-

tions, with which every medical inspector of schools ought to be acquainted.

After this short introduction, allow me to read my paper on *Obligatory Medical Inspection*, which is, from a Hygienic point of view, of the greatest importance in all primary, secondary, and superior schools, since it contributes to the prevention of many school complaints and the propagation of all infectious diseases. Among the former the most frequent are headache and congestions of the head, nasal hæmorrhage, several eye-diseases and short-sightedness, catarrh and congestions of the chest, bronchitis, constipation and hæmorrhoidal affections, back-ache, several deformities of the spinal column, cold feet, and sluggish circulation.

When we consider that almost all contagious diseases, and the majority of those just mentioned, are preventible in school, it is unnecessary to mention any additional reasons for the obligatory medical inspection of all schools.

Hitherto this sort of inspection has been compulsory in Boston (U.S.A.), in Brussels for many years, and latterly in Antwerp and other Dutch towns; but in France only in the Département de la Seine. It is therefore evident that this inspection is still extremely limited, in spite of its recognised necessity.

As I have neither the details nor regulations of the inspection in Boston, I cannot speak of it.

About a year ago, in July, 1879, the Prefect of the Seine published his "Règlement concernant le service des médecins inspecteurs des écoles primaires et des salles d'asile communales." In the April of the same year the Council of Hygiene and Public Health had adopted the report of Dr. Delpech on Medical Inspection in the Département de la Seine.

Without wishing to enter into a minute criticism of the regulations, their title itself shows that medical inspection does not extend beyond the schools mentioned; it is evidence that, even in Paris, they are not sufficiently advanced to admit the necessity of the inspection in secondary and higher schools.

But even in schools subject to inspection it is restricted merely to the prevention of contagious diseases, such as eruptive fevers, smallpox, measles, chicken-pox, and scarlatina; of parasitic skin-affections, as itch, pityriasis, the various forms of ringworm; and of local diseases, as ulcerative stomatitis, diphtheria, angina pectoris, croup, whoop-

ing cough, catarrhal and purulent ophthalmia, typhoid fever, epilepsy, and St. Vitus's dance.

The inspectors have no orders to inspect the eyes, ears, teeth, chest, form of the spine, or to examine scrofulous and rickety children; the school furniture, ventilation, lighting and warming apparatus, closets, urinals, and the locality of the school, are *not* subject to any obligatory inspection.

There is therefore no reason to expect in Paris any grand result from the medical inspection so long as it is confined to primary schools and infant asylums, and so long as contagious diseases are only taken into consideration.

At Brussels all the municipal schools are subject to medical inspection. Under the direction of Dr. Janssens, head of the Bureau d'Hygiène of the town, several physicians are specially engaged for the purpose. Their duties are confined not only to the hygiene of the school itself and all its surroundings, but also to the school furniture and to every individual pupil. The delicate and sickly pupils are placed at the beginning of the school term under hygienic or medical treatment; at the end of the year, the results of the treatment are reported on. The inspectors also report on the healthy state of the dormitories and of the food of each sickly pupil. A dentist is specially entrusted with the inspection and treatment of the teeth.

It is quite true that an inspection like that in Brussels is expensive, but if we take into account the sums spent on Hospitals, Homes for Incurables, and Orthopædic Institutions—if we think of the large number of deformities and diseases which can be prevented at the right time—it will readily be admitted that the prevention is better, easier, and cheaper than the cure. No treatment will produce so many cures as Hygiene well understood and applied can at the right time prevent. Before the inspection was compulsory only children with parasitic diseases of the skin and scalp were excluded from school; no measures were taken to make the school localities healthy, and the parish doctors, who had only to visit the schools now and then, had no time to occupy themselves with the preventive medicine—*i. e.*, Hygiene.

Brussels is the first town which, in 1874, established a Bureau d'Hygiène, with special physicians for medical school inspection. The Burgomasters Anspach and Vanderstraeten, Councillor Depart, and our colleague Dr. Janssens, possess the great merit of having confided the medical inspection of schools to five assistant-physicians belonging to the Hygiene service.

"We cannot turn a medical man into a Hygienist at a moment's notice," says Dr. Janssens, and it is he who has especially directed these medical inspectors in their hygienic studies and in their practical application to schools. This is a field hitherto quite neglected, and little explored by preventive medicine.

It is not enough for a man to be nominated a Medical Inspector of Schools, but it is necessary, in order to be on a level with this important and delicate mission, that he should have those indispensable qualities required to fulfil the duties of his office. In many countries the great value of medical inspection is not at all known. For instance, in England they ridicule the small number of advocates for medical school inspection, and those who consider it to be even indispensable in the interests of public hygiene. In France, as I have already shown you, it is restricted to the Département de la Seine, where it is still very incomplete.

As long as special medical men are not appointed to the service of school hygiene, and as long as the authorities, municipal and others, are not convinced that the prevention of diseases and deformities of the pupils in all schools is easier and less expensive than their cure, there is no hope for obtaining from medical and compulsory inspection, and from all hygienic means (necessarily applied, in consequence of this inspection), all those great and good results which may be justly expected.

I cannot do better than quote the opinion of the organiser of this inspection as to the scientific and other qualities which a medical inspector of schools should possess. This opinion of Dr. Janssens, which I most cordially share, is—

"That the physician must have a clear idea of his duties, and a sympathy, of course, with children, and especially with those badly provided by nature; he must have a very varied technical knowledge, besides the indispensable notions of hygiene and of general and special pathology. This knowledge he must endeavour to keep up by the careful reading of home and foreign publications.

"Anybody who wants to know the current of progress of the science must begin by being a linguist; he must besides be familiar with the use of certain instruments, such as the anemometer and hygrometer, to which he will constantly have recourse, in order to examine the state and movements of the air in the schoolroom; he will want technical notions relating to the art of the architect and to the science of the engineer, chemist, and physicist.

“He must fully understand the principal reagents used for the discovery of certain impurities contained in the surrounding air and in the drinking-water. He will often have opportunities for making use of his knowledge acquired in microscope-work, a knowledge which public hygiene has frequently recourse to at present.

“Finally, it is desirable that he should have some ability in the art of teaching, so as to make himself easily understood when he talks about the Elements of Hygiene to the pupils; thus, when he explains to them the results of the abuse of alcoholic drinks and tobacco, of the remedies prescribed by quacks, and of the oft-repeated prejudices against vaccination; it is also very useful when he wishes to explain some critical remarks, for which his weekly visits furnish many opportunities; for instance, on bad and abnormal positions, the causes of short-sightedness, the use of too warm or too light clothing at the wrong season, etc.

“It must not be forgotten that all this knowledge cannot be acquired at once; it is only by the diligent study and careful observation of everything which daily occurs or presents itself to his investigation, that he arrives at that point when he feels himself master of his art, and possessor of what the ancients called the “*oculus medicus*,” a term which might be translated by “the hygienic eye.” This rare quality he will acquire in course of time, but neither by instruction in books nor by university lectures will he be able to procure perfection.”

The duties of a medical school inspector are—

1. To inspect the school buildings, class-rooms, and out-houses, so as to see that they are well kept; the natural and artificial lighting; the warming and ventilating apparatus and their deficiencies; the purity of the air and its change by dust, various gases, animal emanations, and products of combustion—especially carbonic acid; and the temperature of the air at different heights—on the ground and at the heads of the pupils.

2. To look after the school furniture, which is in general everywhere neglected. He has to pay attention to the height of the seat, desk, and shape of the back.

3. To see that the teachers and monitors are subjected to a medical examination before admission to the practice of their profession, since a weak or delicate teacher cannot attend to the health of his pupils.

Wherever education is obligatory it is the duty of the

school authorities to guard against the school becoming the centre of any infection. The physician must therefore examine every pupil at the commencement of the school year, and put him with those who are strong and healthy, or with those who are delicate and sickly.

4. To write on the bulletin for each pupil the name, place of birth, date, height, and weight, the circumference and diameter of the head and chest, as well as the capacity of the lungs. He must also note the force of traction, the colour of the hair and eyes, any congenital or accidental diseases, the condition of the eyesight, teeth, ears, and nose, as well as of the touch. Vaccination and re-vaccination must also be noted.

The report on the sickly and delicate pupils contains chronic constitutional diseases (which are subdivided into scrofulous, rickety, anæmic, phthisical, and paralytic) and various complaints of the different senses; there are also the dates of commencement and end of the treatment, the various hygienic or medicinal remedies made use of, and the results obtained.

Dr. Bertillon, at the last International Congress of Education at Brussels, proposed some simple means for a more detailed somatologic examination, which is done in Brussels by more numerous and various methods; he wished, among other things, that the colour and nature of the hair should be more carefully noted; he mentioned its different shades of colour (with their subdivisions) and its various characters.

The monthly report of the medical inspectors at Brussels on the hygienic state of the school localities gives details of the cleanliness of the schoolrooms and school furniture; the management of the lighting, warming, and ventilating apparatus; also the thermometric returns, with their highest, lowest, and weekly averages (these thermometric observations are made by the teacher six times a day—viz., at 8.30 and 11.30 a.m., and at 2, 3.30, 8, and 9.30 p.m.). Details are also given as to the condition of the urinals and water-closets, cloak-rooms, gymnasiums, lawns, and outhouses; if the medical inspector has given any hygienic instruction to the pupils, *the subject* on which the lecture or conversation has taken place is mentioned in the monthly report, which also contains a list of these three categories of disease:—

A. Short indispositions and traumatic accidents.

B. Parasitic, contagious, and other diseases which require a temporary absence from school.

C. Feverish diseases, exanthemata, requiring a protracted treatment at home or at a hospital.

The statistics of the diseases and mortality give the whole number of absences from school, and that of each pupil (whether the absence be caused by indisposition or disease), the characters of these prevailing indispositions and diseases, and the number of deaths, together with their causes.

The statistical tables of the locality of each class-room give the number of pupils in each class, the length, width, and height of each schoolroom, the superficial and cubic space per pupil, the number and *surface* of the windows, and the various modes of warming and ventilating.

The statistics of the results of treatment obtained at the end of the school year as given by the differences in the somatologic measurements show the individual physical progress.

An accessory advantage of such a school inspection is that the officers of health are at once informed of the centres of infection in the various parts of the town, and, by improving the salubrity of the lodgings of the working and poorer classes, are thus enabled to prevent the spread of contagious diseases.

These somatologic data and various statistical tables will form the basis of researches very important for the study of pathogenesis and preventive medicine. We shall know beforehand which constitutions or characteristic appearances predispose to certain diseases, while the school bulletins of health of each pupil will serve as the anamnesis in after life when, having left school, they are predisposed to some diseases.

I thank you, gentlemen, for having permitted me to make this communication on a subject which is indeed important, not only with regard to the health of the inspected pupils, but also to the whole community, because, by preventing school and epidemic diseases among the children, we prevent their spread among adults; besides, it is good economy to diminish the expenses for medical treatment and to increase the productive power of the country.

Should you approve of the necessity of obligatory medical school inspection, I have only to ask you to inquire into and propose the most suitable means for its general introduction. This could be done either by establishing special courses on the subject for young medical men, or, as it was suggested to me by our esteemed and philanthropic colleague, Dr. Passant, by forming a special Society of Medical School Inspectors.

Wimpole Street, W.,

January, 1881.

THE ACTION OF *CEANOTHUS* ON THE SPLEEN.

By JOHN H. CLARKE, M.D.

THE following case came under my notice soon after the publication of Dr. Burnett's observations on *Ceanothus*, and as it appeared to me to resemble closely the cases that had received benefit from that medicine, I determined to give it a trial. As *Ceanothus* is at present but little known, cases exhibiting its action are valuable, and it has occurred to me that this one might be read with interest.

Mr. F., aged fifty-two, carpenter, tall, spare, rather dark, very active, and very steady, of good family history, his own children being strong. He lives in a very healthy though somewhat exposed situation. He belongs to the better class of artisans. On March 5th, 1879, he came to me complaining of pain in the left side. He described it as an aching in the region of the left sacro-iliac joint, coming round to the ribs in front, and extending upwards as high as the fifth. With the pain there was a sensation of cold water dropping under the arm. The pain was relieved when he could get rid of flatus with which he was troubled. He had had the pains for two years, during all which time he had not been able to lie on his left side. Latterly the pain had been getting worse. The tongue was clean, appetite good, bowels rather costive. On examining the chest I found the heart and lungs normal. There was tenderness to pressure for an inch beyond the free border of the left free ribs, and dulness on percussion over the same area, the dulness passing under the ribs for a distance of two inches. Patient had never had intermittent fever, and did not suffer from chills. I diagnosed splenic enlargement, and ordered him to take *Ceanothus Amer.* 1, pil. i. quater die. He began to take this on the 7th, and on the 12th reported, "Pain in the side decidedly better. The medicine acted at once. Can lie on the left side now." On examining the affected region I found the tenderness very much diminished. What pain there was was chiefly in the back. *Repeat.*

19. On the night of the 12th, after partaking somewhat freely of lentil soup, he had a sensation of fulness, and this was followed by an attack of urticaria. There was, however, with it no increase of the pain. On a former occasion, after eating heartily of that food, a similar urticarious attack ensued, and at the same time the pain in the left side was considerably worse. Now the pain in the side is better. Tongue clean, bowels regular, appetite better. The eruption

has disappeared, but he feels oppressed in breathing, and faint. I left off the medicine for a time, and gave *Nux Vom.* 1, pil. i. quater die.

April 2nd. Better altogether. No indigestion. Eats well. He has the pain sometimes—principally on Saturdays and Sundays when he is at rest. He can lie on the left side with perfect ease. There is no dulness anterior to the margin of the left free ribs. I repeated *Ceanothus* 1 as before, leaving off the *Nux*, and he had no occasion to return. About a twelvemonth afterwards I saw his wife, and heard from her that he had kept perfectly well. Such are the facts of the case, and to my mind they afford clear evidence of the power of *Ceanothus* to affect the spleen.

15, St. George's Terrace,
Gloucester Road, S.W., Jan., 1881.

HOMŒOPATHY IN AMERICA.

By E. W. BERRIDGE, M.D.

THE VOYAGE.

My object in visiting the United States, was to study and develop *Homœopathy*, consequently I could attend to little else while there. Yet at the same time I contrived to see something of its cities, as well as the natural beauties of the country; I also acquired some experience of American home-life. The ensuing sketch is chiefly professional, but if my wayward pen should occasionally indulge in a "goak," I trust the readers of the *Homœopathic World* will pardon it, remembering that when these notes were written I was in a *merry key*! Indeed, a friend, observing my partiality for American institutions, especially the American humour, called me a *merry cuss*, a joke which I am sure the grave editor of the *Homœopathic World* will denounce, not so much for its irreverence, as for its horrible Latinity!¹

At 11 a.m., May 18th, 1880, I left Euston Station, *en route* for Liverpool. After a time I entered into conversation with one of my fellow-passengers. Had we been Frenchmen we should have been chatting from the first moment of starting!

¹ "Tendency to make puns," *Cannabis Indica* (see Allen's *Encyclopædia*, Symptom 228). I have taken it, nay, made a proving of it, but it has not cured me; and my children are developing the same tendency at an alarmingly early age. Suggest remedies, please, somebody.

I found he was Dr. —, of Liverpool. He said he had looked into Homœopathy, but was repelled by seeing so many professed homœopaths resort to allopathic practices. This I know, from other sources, deters many of the best minds from investigating our system. I advised him to see my friend Dr. Skinner on the subject.

I arrived at Liverpool at 4.15 p.m., and proceeded to the house of Dr. Skinner, who in the evening gave a banquet in honour of Dr. H. N. Guernsey and family, who were intending to sail for Philadelphia on the 22nd. Drs. Hudson, Gordon Smith, Hawkes, Peter Stuart, Mahony, and Gilbert, were also present.

True Homœopathy in Liverpool is advancing, and under Dr. Skinner's guidance, several of the younger physicians, who had practised Homœopathy loosely from want of proper instruction, are now on the right track. I venture to prophesy that Liverpool, with its environs, will soon contain more true Hahnemannians in proportion to its population than any other city in England—thanks to Dr. Skinner.

I had secured my passage on the Britannic, White Star Line. This line was recommended to me in preference to all others by those who had travelled by most of them, and I can confidently recommend it. In the first place, the ships are very quick, and time is an important item in a physician's calculations when on a journey like this. But the second, and to me the most important, point was freedom from *mal de mer*. Unlike the "hardy captain of the Pinafore," I was "ever, ever sick at sea." Indeed I have known my stomach misbehave itself even on a nearly smooth ocean. I was informed by those who had tried the experiment that they were less sea-sick on the White Star Line than on any other. Consequently I decided at once, and took my passage on the Britannic, the largest and best-arranged of their ships. And here I would offer a few words of advice to intending *voyageurs*.

1. Get a state-room (why is a cabin called a state-room?) to yourself if possible. Economy of space is strictly carried out on board ship, and in these state-rooms there is hardly room to swing a cat—at least, not a long cat!

2. If you cannot do this, secure a *lower* berth. It is not easy, if you are sea-sick, to mount into the upper berth. Only remember, if you occupy the lower berth, and your companion above is sea-sick—*keep your head in!*

3. Secure an *outside* state-room if possible. The nights

are often hot, and the cool sea-breeze coming through the open port-hole is delightfully refreshing.

4. If you are foolish enough to gamble or bet at home, don't do it on board ship. There are often sharpers on board. On that subject I could a tale unfold. But a wink is as good as a nod to a blind horse, and those who *will* gamble with strangers must take the consequences.

I left Liverpool at 4 p.m., May 20th, and the steam tender took us on board the *Britannic*. All was bustle and confusion . . . (I have seen that remark before somewhere). Soon we started for Queenstown; the wind was not in our favour, so the men manned the yards and furled the sails. An incorrigible punster observed that he thought they were the ship's cooks, because they were in a *cool and airy* situation! His hearers shuddered, and immediately "sought the seclusion that a cabin grants"! It is well they did, for he was meditating a pun on our highly esteemed ship! We had about 180 saloon passengers on board, besides about 1,000 emigrants. Some of the names were suggestive. We had four tons of apples (Appletons); one parson on board (whom the sailors are said to deem unlucky—a sort of Jonah), and a (Mr.) Bishop; a Mr. Aaron, and a lady who had a decided growth of *hair* on her chin and upper lip; two Birches for those who were unruly, and their names were placed on the list immediately before mine, as I might be required, as physician, to superintend punishment. Lastly, there was a gentleman whom we christened E. Metic, Esq.; his true name might be pronounced Make-you-sick, though it was spelled, and probably pronounced, in a very different manner. That his suggestive name might act as a homœopathic prophylactic was the devout prayer of all.

On May 21st, about 10.30 a.m., we reached Queenstown, after a smooth and pleasant voyage so far. As we had to wait for the Irish mails (I really have tried hard not to say Irish *males*, though we took on a good many of them also), some of us decided to go on shore.

One of my patients, with "his sisters, his cous—"—I mean his wife, son, and daughter, was on board, on his way back to Canada, so we formed a party. We went on shore in a tender, then took the steamer up the river to Passage, and thence the train to Cork. We drove about Cork in an "outside car," saw many of its "foine" buildings, had lunch, returned by the next train, and steamed away across the "herring-pond" at 5 p.m. By the way, if any of the readers

of the *Homœopathic World* should inquire what an "outside car" is, I can best describe it in the words of the driver—that it is called an outside car because the wheels are inside, and an inside car is called so because the wheels are outside. If this lucid explanation is insufficient, I must refer them to Messrs. Parnell, Biggar, and Co., for further information.

May 22nd. So far, our voyage had been everything that could be desired. But to-day! My friend came to my state-room with a request for some medicine for his family, and the pleasing intelligence that there was a head-wind, a chopping sea (what is the good of the sea *chopping*, when one cannot eat a chop? the wind had much better come in *little puffs*), and that nearly all on board were sea-sick. Being woke up out of one's first sleep by the night-bell, and summoned to go out on a cold winter's night, is bad enough; but imagine a sea-sick doctor being called up to attend to others suffering from the same complaint! I informed my friend that for the present I confined myself strictly to *consulting* practice, and did not visit!

Fortunately I was prepared for the emergency. My friend Dr. H. N. Guernsey had kindly written out the symptoms of the chief remedies for sea-sickness. So having a copy of the same with me, I forthwith prescribed for my friends, and then turned my attention to myself. My sickness was evidently from the plunging of the vessel, so I took *Cocculus*, and it certainly relieved me much. Though for three days I felt qualmish, unless lying down, and could eat but little, and was actually sick two or three times a day, I *know* from past experience what it would ordinarily have been. At the end of the first half-hour of sea-sickness I should have been afraid I should die; at the end of the second I should have been afraid that I shouldn't; and at the end of the third I should not have cared a—(this is a respectable medical periodical!)—whether I did or not. Under the influence of *Cocculus* I did not advance even to the first stage; neither did I get into the condition of an American gentleman, who said that "if he had been sea-sick much longer, he guessed he should have brought up his immortal soul." I prescribed for several persons on board, and found, just as Dr. Guernsey did, that Homœopathy is as efficacious in sea-sickness as in any other complaint.

On the 25th the weather was fair and quite calm, and we had no more trouble of that kind. On the 26th we encountered a fresh experience. There was a dense fog, and

the melodious fog-signals were hoarsely screaming all day, to warn the polar bears to get out of our way, we being near Newfoundland. In the afternoon there was sudden cold; thermometer in air 40°, and in the water 34°; pieces of ice were seen. I could not have believed before that it could be so cold in that latitude at the end of May, but I was glad that I had taken the advice of my better half, and brought all my winter clothing with me. About 7 or 8 p.m., going at half-speed, we came upon our first iceberg; it was calculated to be about 50 feet in height by 150 feet in length. It passed by us at the distance of about 200 yards; it looked at first, through the fog, like a mass of white mist, but on approaching it more closely we could see it distinctly. About 3 a.m. we passed by an enormous iceberg, one of the largest the captain had ever seen; it was like a young island, and it reached in height above the masts. It was reported next day that there was a polar bear on the top of it, singing "Rule Britannia;" an American lady on board insisted, however, that "The Star-Spangled Banner" was the song sung; altogether there was such discrepancy of evidence, that I am inclined to regard this incident as apocryphal.

Most of the emigrants were Irish, though there were many Germans, and some Swedes. We had some fun with them during the voyage. One of us offered half-a-crown to the one who danced the best jig, which was won by a native of the Emerald Isle. He then offered the same prize for the best story. "Is there to be a big loi in it, your honour?" asked Pat. "The bigger the better," said our friend. "Thin, shure, sor, your honour is the manest jintleman in the ship!!" Paddy won the prize: he had evidently kissed the Blarney Stone.

Another amusing incident, verging on the horrible, also occurred. One of my friends found his umbrella had disappeared from his state-room, and suspecting that the rolling of the vessel had projected it along the floor into the neighbouring cabin, he inserted his hand beneath the partition, and to his unspeakable horror drew forth *a man's hand and arm with no trunk attached to it!* When he had recovered from the shock he saw that it was an *artificial* limb.

The rest of the voyage passed without any special incident. On May 30th we reached New York early in the morning. The Custom-house officer came on board, and made us all swear (I don't mean use a "big, big D") that we had nothing contraband on board; after which we disembarked at 9 a.m.,

and found that our oaths were disregarded, for we had to unfasten and exhibit every trunk in our possession! This we all thought rather mean.

(To be continued.)

CASE OF CARDIAC DROPSY—RECOVERY.

By JOHN MAFFEY, L.R.C.P., Etc.

AT the meeting of the Congress of Homœopathic Practitioners, held at Leeds in September last, I had the great pleasure, for the first time, of meeting our friend the Editor of the *Homœopathic World*. He asked me then if I intended to contribute any more cases to the pages of this publication. I have, ever since its establishment by my friend the late Dr. Ruddock, felt a deep interest in the *World*, which has supplied a much-felt want, and shall always be willing, if in my power, to further its objects. I regret, however, that of late I have seldom felt able to contribute anything of interest to its pages, or that would enhance the cause of Homœopathy amongst its circle of readers. Therefore but for the Editor's request, and a somewhat too readily expressed scepticism of some of my colleagues assembled at the Congress, to whom I casually mentioned one of the cases to be hereafter related, I would not now obtrude its particulars into this journal.

At the end of April of the present year a gentleman whose family have for some time past been patients of mine placed himself under my care, apparently suffering from an attack of nervous dyspepsia; his history, so far as I can ascertain it, being as follows. He is sixty-seven years of age, has been a remarkably healthy man, occupying an influential position for many years, but had recently sustained a severe reverse of fortune. When I first saw him he was in a highly nervous condition, pulse quick, weak, and irregular, the heart's action being precisely the same, but I could detect no abnormal sound; tongue coated in centre and posteriorly with dirty white fur. For these symptoms I gave him *Nux Vomica* and *Digitalis*. For a few days this seemed to relieve him. This went on for about a week, when I was hurriedly summoned to see him at 11 p.m. I then found him in a very distressed condition, which he attributed to the cardiac region. The heart was acting tumultuously, and this was

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accompanied by slight pricking sensation about its apex. Still I could detect no abnormal sound. I prescribed *Aconite* and *Spigelia*. Next morning (May 6) I found he had had a comfortable night, and expressed his determination to go to business during the day. Continue medicines.

May 8.—Much the same, but having most restless nights. The pricking pain entirely gone. *Gelsemium*.

10.—Rather better. Continue.

11.—Has had a terrible night. Vomiting acrid, bitter matter, which has left him with burning pain in œsophagus and epigastrium; tongue coated; heart's action very tumultuous; pulse 125; liver considerably enlarged. *Oxalic Acid* and *Veratrum Viride*.

9 p.m. The burning pain has subsided, and altogether feeling more comfortable. Continue medicines.

12.—10.30 a.m. No return of the vomiting or burning pain. Early part of the night very much disturbed, and got no sleep until between 2 and 3 a.m.; dizzy; says he is "moidered" (localism for muddled, but really conveys more than that word does); pulse 110; tongue less coated. *Belladonna* and *Oxalic Acid*.

9 p.m. Has nasty, short, frequent, dry cough, having taken some cold; burning pain has returned; pulse 120; heart much the same as for two or three days past. *Acon.* 1x frequently.

13.—Visited 10.30 a.m. No sleep; did not take the *Bromide of Calcium* which had been prescribed in case of urgent need; heart much quieter, but for the first time detected slight regurgitant mitral bruit, and also very slight œdema of the lower extremities; urine scanty, high-coloured, non-albuminous. *Apis Mel.* and *Verat.-V.*

14.—Has had splendid night, having taking some *Chloral*; is now more relieved than for days past; heart quieter, but bruit much plainer; swelling rapidly extending; urine scanty. *Cantharis*.

15.—Dropsical effusion making headway very rapidly; heart about same; had very good night. *Digitalis* and *Canth.*

16.—10 a.m. Much the same. Continue.

4 p.m. Dr. Ramsbotham saw the case with me at this time, and confirmed my diagnosis that this was a case of mitral insufficiency. The anasarca extends now to the top of the thighs, which are enormously distended; the liver is greatly enlarged, and there is passive effusion about the chest. Dr. Ramsbotham suggested grain doses of *Citrate of Cattrin* thrice a day, which was accordingly given.

17.—Just the same, excepting, if anything, more effusion. Continue.

18.—Has had bad night, in other respects much the same. No increase in quantity of urine passed. Repeat.

19.—Most decidedly worse; urine less in quantity; heart's action very laboured. *Dig. φ* and *Verat.-V. φ* in drop doses every hour in alternation.

9 p.m.—No better; very excited. Repeat *Chloral*.

20.—Has had rather better night; is decidedly calmer this morning. Continue *Dig.* and *Verat.-V.*

9 p.m. Has had a quieter day, and is now more composed. Repeat *Chloral*.

21.—Much the same; has had a bad night. *Digit. φ* and *Arsenicum 3x*.

8.30 p.m. Very restless. Repeat *Chloral*.

22.—Has had a much better night, and is decidedly calmer this morning. Has little dyspepsia, so substituted temporarily *Nux Vomica* for the *Arsenicum*. *Digit.* and *Nux Vom.*

10.30 p.m. Quieter. Continue.

23.—Restless night up to 5 a.m. (did not take the draught); since then has had five hours' sleep; very quiet now. Continue.

3 p.m. Dr. Ramsbotham saw him again with me. He considers there is very little change, what change there is being for the worse, and that a fatal termination of the case is only a question of time. He suggests *Elatarium 1*, *Bovista 1x*, and *Veratrum Alb.* as medicines likely to be of service; also hypodermic injection of *Morphia*, in quarter-grain doses, in preference to using the *Chloral* any longer.

10 p.m. Nice and quiet, so did not use the hypodermic injection; left him sleeping.

24.—Had very good night; slept from my leaving to 2 a.m., and then off and on up to 9 this morning; heart quieter; very nicely on the whole; fidgety because his bowels have not acted, this being the second day. It is very difficult to persuade many patients under such circumstances that it is very much better the bowels should remain quiescent. *Bovista* and *Verat.-Alb.*

10 p.m. Very nicely indeed. Continue.

25.—Much the same. Repeat.

26.—Had a bad night. Repeat, and give *Coffea 3* if needful.

27.—Much the same, but had rather restless night. *Digitalis* and *Verat.-A.*

10 p.m. Much the same. *Gelsem* ϕ , gtt. v. pro dos. hor. somni.

28.—A very poor night; anasarcal fluid oozing from lower extremities slightly. *Digitalis* ϕ and *Arsenicum* 3x.

Has had a most comfortable day; slept a good deal; heart very much quieter; passing more urine. Continue, and *Gels.* ϕ

29.—Has had a very good night, passing more urine. Against my better judgment was to-day persuaded into letting him take a decoction of broom tops.

30.—Not nearly so well, but has passed a little more urine than before taking the broom; has had a terribly restless night. *Digit.* ϕ and *Verat.-A.*

8.30 p.m. Has had a comfortable day; less urine passed. Continue. *Gels.* ϕ , gtt. xxx. pro nocte.

31.—Has had a better night; less urine passed. *Digit.* ϕ and *Arsenicum.*

9 p.m. Has had a tolerably quiet day; more urine passed. *Hyoscyamus* ϕ pro nocte.

June 1.—Much the same. Repeat *Dig.* and *Arsenicum.* Did not see him in the evening, as I was away from home. Has passed more urine, nearly six ounces in twenty-four hours.

2.—Very poorly, though he has passed nearly eighty ounces of urine, but the constant passing of it tires him much. *Arsenicum* and *Verat.-Vir.*

11.30 a.m.—Suffering very much from dyspnœa. *Aconite.*

3.—Has had very bad night; urine passed about same in quantity. *Digitalis* and *Arsenicum.*

10 p.m. Much the same. *Hyoscyamus* ϕ pro nocte.

4.—About the same; has had another bad night; seventy ounces of urine passed. Repeat *Dig.* and *Arsen.*

9.30 p.m. Another severe attack of dyspnœa; heart's action very laboured. Gave hypodermic injection of *Morph.-Mur.*

5.—Has had a good night; only forty ounces of urine passed in twenty-four hours. Repeat *Digit.* and *Arsen.*

10 p.m. Very nicely. Left a dose of *Morphia* ready for the nurse to inject it if needed. I may here say that I was greatly aided in this case by the help of one of the most useful and skilled nurses I ever had under my orders.

6.—Very drowsy when I called, nurse having administered the *Morphia* at 2 a.m.; seems very nicely; urine only thirty ounces. Repeat *Dig.* and *Arsen.* Did not see him in the

evening, as I was away from town. Nurse gave the injection of *Morphia*.

7.—Only twenty-four ounces of urine in last twenty-four hours; heart fluttering and intermittent in its pulsations, and accompanied by the heaving action again. *Digit.* and *Verat.-Vir.*

10 p.m. Much the same; thirteen ounces of urine since morning only. Hypodermic injection of *Morphia*.

8.—Much the same. *Digit.* and *Verat.-Vir.* Nurse to give the hypodermic injection to-night in my absence.

9.—Has had very bad night; dyspnœa more urgent; heart's action much more feeble; pulse broken; effusion increasing, and distention therefrom very distressing; only twelve ounces of urine in last twenty-four hours. *Digitalis* and *Arsenicum*.

9.30 p.m. Decidedly worse. As I attribute a great deal of the aggravation of the symptoms during the past four or five days to the *Morphia* medication, I resolved to return to the use of *Chloral*, which certainly had before soothed considerably, and did not seem to have the deleterious secondary effects of the *Morphia*. I therefore this evening gave some *Chloral* with *Bromide*.

10.—Most decidedly worse. Repeat *Arsenicum* and *Digitalis*.

11.—Fast asleep when I called; has slept nearly the whole night. 1.30 p.m. Has only just roused up. Repeat *Digitalis* and *Arsenicum*.

10 p.m. Nicely. Repeat.

12.—Has had five hours' sleep without taking the draught; heart much quieter; upper extremities swelling. Repeat *Digitalis* and *Arsenicum*.

14.—Much the same. Repeat.

15.—Restless at early part of night; took the draught which he had by him; slept well after that. Has also passed much larger amount of urine—forty-four ounces in twelve hours. Repeat.

16.—Took a draught again last night; did not sleep very well, but has passed seventy-six ounces of urine. Is this the *K.-Brom?* Repeat.

8 p.m. I stayed with him for an hour, as he was very irritable.

17.—Has had three hours and a half's sleep; is most irritable; has taken one dose of the *K.-Brom.* mixture. Continue.

10.45 p.m. I had not been at home half an hour, when I

was hurriedly summoned to him by a messenger informing me he was dying. When I arrived at the house he was suffering from a terrible attack of dyspnoea. Face livid; covered with cold perspiration; extremities cold; heart's action very intermittent. I really thought he was dying. I remained two hours with him, applying usual remedies under such circumstances. By this time (11.30 p.m.) the paroxysm had considerably quieted down, so I gave him a strong draught of *Chloral* and *K.-Brom.*, and left him for the night, little expecting ever to see him conscious again.

18.—Has had five hours' sleep; paroxysm of dyspnoea ceased entirely at 1.30 a.m.; he then went to sleep; has passed fifty ounces of urine, and is still almost too drowsy to notice me. *Digitalis* and *Arsenicum*.

19.—Has had very good night; was asleep when I called. Repeat *Digitalis* and *Arsenicum*.

20.—Nicely, excepting coughing a little; expiratory murmur a little roughened. I expect he took cold during the attack on the night of the 17th inst. Pulse quick and full; bruit very distinct. *Aconite*.

21.—Much as usual; has had a bad night, as his draught got spilled when he was about to take it. *Digitalis* and *Arsenicum*.

23.—Very much the same.

24.—Has had very good night; between seven and eight hours' sleep without the draught. Repeat *Digitalis* and *Arsenicum*.

25.—Very fast asleep at my morning visit, and has been sleeping the greater part of the day; only took part of the draught last night. Repeat *Dig.* and *Arsen.*

26.—Sixty ounces of urine in last twenty-four hours. Repeat.

27.—Sixty-five ounces of urine in twenty-four hours; œdema less.

28.—Ninety ounces of urine in twenty-four hours; œdema decreasing.

Dr. Ramsbotham, in a note to me at this time, suggests *Lycopus Virg.* *Lycopus Vir.* ϕ and *Arsen.*

29.—Nicely. Œdema rapidly decreasing now.

30.—Heart's action slightly intermittent; urine, 110 ounces in twenty-four hours; swelling less. *Digit.* ϕ and *Lycopus Vir.* ϕ .

July 1.—Has had a very bad night again; heart much worse again. Has got cold? One hundred ounces of urine last twenty-four hours. *Digitalis* ϕ and *Arsenicum*.

2.—Has got a nasty cold; respiration over whole of left side of chest very much roughened; heart irritable. *Acon.* and *Bry.*

3.—Very low and weak; anasarca has almost entirely disappeared; cough troublesome; tenacious sputum; bronchial râles over left chest. *Bryonia* and *Antim.-Tart.*

4.—Cough much better, but is altogether weaker and very low indeed. *Digitalis* and *Arsen.*

9 p.m.—Very “cantankerous,” but certainly better. Continue. Is taking draught regularly all this time at night.

5.—Asleep when I called at 10.30 a.m. Night draught losing its effect at early part of night.

6.—Dr. Ramsbotham saw him with me at the afternoon visit. Expressed his astonishment at the disappearance of the dropsical effusion; suggested no change in treatment. He (Dr. R.) considers there can be no permanent improvement, in which I am obliged to cordially agree with him. Repeat *Arsen.* and *Digit.*

7.—Much the same in other respects, but has got an attack of conjunctivitis of the left side. *Bell.* and *Merc.-Sol.*

I need not give any further detail of the daily state of this case. The eye symptoms soon yielded to ordinary treatment of such cases. The other symptoms gradually subsided, and by the middle of August it was necessary to walk the patient twice or thrice the length of a long room to enable me to detect the regurgitant bruit, in quiescence the abnormal sound was entirely absent. Almost the only medicines given from the above date were *Digitalis* ϕ and *Arsen.* 3x.¹ On the 25th of August an attack of choleraic diarrhœa (which has been epidemic in the town) set in, and for two or three days prostrated him very much. Again, on 13th of Sept., another attack, though less severe, occurred. These yielded easily to treatment, but after both, for a few days, the regurgitant murmur was very distinct, though it soon yielded to *Arsenicum* and *Digitalis*. All the trouble now left is the slightest possible œdema above ankles, and of course the gentleman is very feeble. I am not trying to set this up as a cure of mitral valvular insufficiency, because I am satisfied perfect resolution never occurs in such cases; but I do claim for it that the persistent use of homœopathic remedial measures has gone far towards bringing about such a much-to-be-

¹ I tried the effect of these medicines carefully when given singly, but found they did not act nearly so satisfactorily as when given in alternate doses.

desired result. Those of my colleagues sceptical as to my diagnosis could still easily satisfy themselves on the point, for slight over-exertion will at any time make the regurgitant bruit plainly audible. On the 31st of August I found my patient so much recovered that I took him for a drive of about a mile and a half. Several times since he has accompanied me upon part or the whole of a long morning round, and this without any apparent inconvenience. He can now walk from a mile and a half to two miles without distress on a level road.

I have no doubt some of my professional brethren will take exception to the mode in which this case was treated, especially in the adjuncts of a non-homœopathic character with which I supplemented the treatment; and also those who stickle for purity may disagree with the "slipshod" alternation of medicines. In such a case one is glad to do anything that at the time seems to be for the best, so as we ought first to be physicians, and afterward pathists. I hope the result has justified the means. One thing will, I think, present itself to any one who reads the case carefully, that is, the wonderful control *Digitalis* and *Arsenicum* always had over the most troublesome symptoms.

I had a similar case under my care some time ago which would further illustrate the benefit to be derived from the persistent use of four or five of our medicines in chronic cases of heart disease. A clerical friend of mine, who was fond of bringing me cases from amongst the poor of his parish, which cases some of the allopaths had pronounced incurable, asked me, about four years ago, to see the wife of the keeper of one of our public parks. The woman had been pronounced incurable (as is the case) and about to die (as was not the case) by three or four of the foremost practitioners in this town. She had an inefficient mitral valve, was very prostrate, and suffering a great deal from general anasarca. I stuck to this almost hopeless case for a couple of years, the result being that whereas for four years her husband had been obliged to hire help in the domestic work of his household, she is now, and for two years has been, able to do the entire work of the house, including washing and baking, unassisted. She still has a slight mitral murmur, but no dropsical swelling, and can walk into the town and back, a distance of nearly three miles, without difficulty. The medicines used in this case were *Aconite*, *Apis*, *Bryonia*, *Gelsemium*, *Arsenicum*, *Digitalis*, *Spigelia*, and *Cactus*—chiefly *Arsen.*, *Dig.*, and *Spig.*; and

these were mostly given singly, not in alternation, *Arsenicum* certainly being the most useful.

Bradford, Yorks, October, 1880.

AN EXPLANATION.

By J. C. BURNETT, M.D.

A FEW weeks since I brought out a little treatise entitled "The Medical Treatment of Diseases of the Veins," and in it occurs the following parenthetic chapter (pp. 61-2):—

"THE VENOUS ZIGZAG LINE.

"By the way, there is a pathognomonic appearance of the chest, in some cases of disturbances in the portal system, and to which I desire to call attention—viz., we find *marked on the cutaneous surface of the chest, about corresponding to the costal insertions of the diaphragm, a zigzag line of small veins.* I have never read about this, as far as I remember, but I often see it when examining patients with chest and abdominal complaints, and in my case-takings I call it the *venous zigzag.* No doubt others observe it as often as myself. When the patients get better, this venous zigzag becomes less and less visible."

Shortly after this was published Dr. Edward Blake, of London, called my attention to the fact that he made especial mention of this zigzag line in his paper on Emphysema read at the Liverpool Congress some years since, and not only so, but showed drawings of it to the members present. This paper was published in the Transactions of the Congress.

The publication of my little work above referred to has reminded Dr. Blake that he had a short paper on the subject of this "præcordial vascularity" (which, by the way, is generally less pronounced in the præcordia than on the surface of the hypochondres), and, at my request, he has handed it to me for publication. It follows this article.

I very much regret that I was not previously acquainted with any literary notice of this vascular zigzag line, because I should not only have rendered honour to the earlier observers, but I should have endeavoured to show that it certainly is *not* pathognomonic of pulmonary emphysema. Moreover, it is often present in persons of the mildest disposition.

With this confession of ignorance, I ask the reader's attention to Dr. Blake's paper. Now that attention is more prominently called to the subject, a very profitable discussion might arise on it. If so, both Dr. Blake and myself will be amply rewarded.

A PATHOGNOMONIC SIGN OF PULMONARY EMPHYSEMA.

By EDWARD T. BLAKE, M.D.

AMONGST the varied conditions which conduct to what is called "death from natural causes," a very prominent position must certainly be assigned to Pulmonary Emphysema. When we consider the important *role* played by this disease in the drama of human existence, it is rather curious that, compared with other affections of the chest, it has been so systematically ignored and neglected. In many manuals it is, if not quite put out of court, quickly discussed and then quietly shelved. When we think too of the rare and insignificant complaints to the study of which some specialists have devoted the energies of a lifetime, we are surprised that so few have rested their fame on an exhaustive research into the natural history of Emphysema. That the occurrence of Emphysema is common enough, our consulting-rooms and the *post-mortem* table amply attest. That it is the first factor in an enormous number of cases which, in routine practice, are treated as primary morbid conditions of the heart, liver, and even of the brain, few careful men can doubt.

How do we recognise the existence of Emphysema? *Dyspnoea* is common to so many diseases. Of course we look for perverted inspiro-expiratory ratio, and again in typical cases the contour of the thorax is most suggestive. But for all this it is easy to overlook its existence; as a matter of fact we know that it frequently is overlooked. It is on this account that I wish to draw attention to an indication which is at once easily detected and unmistakable. This evidence of the existence of Emphysema is by no means of invariable occurrence, but I have not yet seen it where vesicular Emphysema is absent, and when I do encounter it, it always serves to attract my mind to this rather neglected condition. This physical sign, concerning which the classic memoirs are

silent,¹ consists of a line or fringe of dilated, branching, cutaneous blood-vessels, pale purple in tint, running downwards and inwards from the lower edge of the anterior thorax in the direction of the insertion of the diaphragm. This vascular hemizone usually forms the upper boundary of the hypochondria, but on one occasion I saw it unilateral, running across the right side of the abdomen, four inches below the right rib-margin, corresponding precisely with the free border of an enlarged liver.

Is this vascularity sympathetic and similar to that which is sometimes seen in the breast or the ovary after long-established disease of the cervix uteri, or is it explicable on purely anatomical grounds? We know that the venous blood from the thoracic parieties is returned to the heart, partly *viâ* the intercostals, chiefly by the internal mammary veins. The latter pass up behind the sternum, and would suffer compression between that bone and a highly emphysematous lung. This would throw the blood, already ascending at a disadvantage, back upon the capillaries; the internal mammary arteries, exposed to the same conditions as the veins, would not experience the results of this as much as the vessels of the surface which are free from pressure. This then may be one cause of the peculiarly dilated state of the superficial arterioles which has been described above.

¹ Some years ago Professor Laycock, of Edinburgh, a keen and careful observer, always on the look-out for analogies, drew attention, I think in the *Medical Times*, to the existence of these vessels, referring to them under the name of "præcordial vascularity." He made a curious observation that he had found this condition associated with a passionate temperament. More recently, Dr. George Johnson has described a peculiar change in the arterioles of emphysematous subjects. There can be little doubt that many men have detected this sign, and have relegated it to its right place; but I am not acquainted with any writing in which these vessels have been shown to be indicative of emphysema. Probably some of the readers of this journal are better informed. I trust they will take the trouble to refer us to an existing record.

HOMŒOPATHY AND THE SPANISH CURÉ.—Homœopathy does not appear to be in favour in Spain. It is reported that the Curé of Scudomi has declared from the pulpit that any sick person belonging to his parish who tried to cure himself by Homœopathy would, in case of death, be refused the rites of the Church.—*Nottingham Evening Post*.

CASES OF IDIOSYNCRASY.

By W. H. HEARD, Esq.

ONE of our best known homœopathic physicians, Dr. Bojanus, practising in Moscow, in a note to his Russian translation of Dr. Walser's public lecture, "What is Allopathy? and What is Homœopathy?" relates the following remarkable cases of idiosyncrasy.

A woman of a healthy, though not robust, constitution, the mother of thirteen children, had a peculiar aversion to *iodine*, and could not take it in any attenuation. Thinking it might be mere fancy, I used occasionally to make experiments upon her, giving her *iodine* in various dilutions, from 3 to 30, under different names, but she would invariably spit out the dose, recognising *iodine* by its taste. On one occasion the woman had an attack of typhus fever, and was lying in a highly delirious state. Reckoning on the absence of consciousness precluding the possibility of any imposition, I gave her, for the sake of experiment, one drop of *Iodine 30* on a small piece of sugar. The dose had scarcely touched her tongue, when she spat it out, and exclaimed in a tone of great irritation, "Why do you give me that nasty stuff, you know I cannot endure it?" On her recovery I told her of the occurrence, but she was unable to call it to mind.

He had another similar case with a peasant, and therefore a person totally unacquainted with either the names or taste of medicinal substances. He was suffering from a catarrh of the stomach corresponding to *Nux Vomica*, which was administered in powders, each powder containing from five to six globules of the 12th potency, two powders to be taken daily for the space of a week. After the lapse of that period the man reported himself much improved. Not wishing to interfere with the beneficial action of the medicine by a needless repetition of the doses, I gave him some unmedicated sugar-of-milk powders. At the end of another week he appeared again, saying, "You gave me some powders, but they were not the same as before; those were bitter and the last were sweet; give me some of the bitter powders, they act much better." With the view of verifying this statement, I went into another room, and prepared two powders, one containing five crushed globules of *Nux Vomica 12*, and the other consisting of pure sugar. I put the sugar powder on his tongue with the question,

"Well, are these the same?" "No, sir, this powder is sweet; I want the bitter powders." I then administered in the same way the other powder, containing five globules of *Nux Vomica*, and as soon as it was dissolved by the saliva, the man exclaimed, with a joyful air, "These, these are the powders; I want some of these, they do me much good."

The same author brings forward some experiments made by another well-known medical gentleman in Russia, Dr. Dahl, with *Carbo Vegetabilis*, *Lycopodium*, and *Natrum Muria-ticum*, of the 30th attenuation respectively. The subject selected was a man of an athletic constitution, who had never suffered from illness, ate and drank a great deal, and was of a gay, reckless disposition. The above-mentioned substances were administered separately for a certain period of time, with the following results:—The charcoal produced constipation with flatulency, the club-moss retention of urine, and the salt fits of ague.

These experiments were repeated so frequently, and with such unvaried effects, that the man was enabled to distinguish the powders by their action, and, being ignorant of the substances they contained, he gave each of them a fancy name. At the end, however, of three or four months he declared he was tired of it all, and would not suffer any more experiments to be tried upon him. Then Dr. Dahl, still not being perfectly satisfied with his observations, began to administer the medicines without the man's knowledge, and always with the same results. Once it happened that he secretly put a few globules of *Natrum Muria-ticum* in a glass of punch which was being handed to the gentleman at the card-table. The next day he called upon Dr. Dahl and began to rate him, saying he must have contrived to administer some of that confounded stuff, as he had been troubled with ague the whole night.

The value and interest of these facts, as an argument in favour of Homœopathy, require no comment, clearly demonstrating as they do, on the one hand the undoubted presence of medicinal substances in the higher potencies, and, on the other, the marked action of infinitesimal doses on the healthy subject, and consequently the capability of such doses to influence the organism, when rendered far more sensitive and susceptible by the presence of symptoms similar to those produced by the morbid agent.

St. Petersburg, Russia,
January, 1881.

CHEERING THE IODIDE OF POTASH!

WE clip the following exquisite story from the *Homœopathic Times* :—

"THE MIRACLE OF THE IODIDES.

"Who shall say that therapeutics is without its romance? It was before the laryngologists, in the days of the Second Empire, eight and twenty years ago. R— was the first tenor of Paris. Scarcely any one could sing even second to him, and he held the French capital enslaved within the compass of his gamut. But suddenly his song ceased. Days passed, and he came not on the boards. Was he tired? Perhaps. Weeks went by, and he warbled not. Was he not well? He was not well. Then weeks ripened into months and months into years, and R— had been consigned to the brilliant past of the opera. But one day, after a silence of two years, it was announced that he would sing again, and in his old rôle in 'Favorita.' What a rush there was to see the resurrection, and to judge if the tradition of his song was true! The Emperor was there with Eugenie; Magnan, commander of the garrison, a hundred thousand strong; the admiral of the fleets, De Morgny, in all his superb brilliancy; and, what concerns us most, the Ecole de Médecine was out in full force, and Ricord was there in the zenith of his fame. R— never sang better. His melody came by the gushful. The storm of applause shook the roof. Rising even above the rest of the din, quaking the towers somewhat, were the plaudits of Ricord—Ricord, who notoriously knew not one note from another, save those upon the Bank of France. Marshal Magnan sat beside him. 'How comes it, Ricord,' he said, 'how comes it thou cheerest the music so vociferously—thou who diagnosest not between A minor and B flat?' Then answered him the great Ricord, 'Hang the music, Magnan; it is the *iodide of potash* I cheer!"

OUR NEWNESS.

THE *Allgemeine Homœopatische Zeitung* has just commenced its one hundred and second volume. It is published at Leipsic, and has been the leading homœopathic journal in Germany for a round half-century.

A LADY'S LOGIC.

WE were lately amazed and amused at the following :—

SCARLET FEVER.

To the Editor of The Times.

Sir,—I have read the interesting letter of Mr. Wynter Blyth, published in the *Times* of to-day, and, as I have just treated a case of scarlet fever in my own family very much as he recommends, I should be glad to bear my testimony to the success of his method.

My little boy was taken ill six weeks ago with drowsiness, headache, and vomiting. In a few hours he was in a burning fever. I gave him a wet pack for forty minutes and then washed him from head to foot in warm soapsuds. He was very ill and delirious in the night. I put wet bandages on the body, chest, throat, and head, and covered them with flannel. In the morning he was still very feverish, and I gave him another pack followed by warm soapsuds. On the third day, when the rash was fully out, he was much relieved, and I continued the wet bandages, renewing them as soon as they became dry, and night and morning washed him all over in warm soapsuds, followed by a tepid bath. When the rash began to fade a little I rubbed him after his bath with fresh, warm olive oil, over the whole of his body twice a day. No skin peeled off, but in one or two places I noticed the sort of "dust" spoken of by Mr. Blyth, and plentifully anointed it [*sic!*] with oil. On the eighth day he was well and walked for ten minutes in the garden. He has not had the slightest relapse, but he was regularly oiled night and morning for three weeks. From the beginning of his illness his little sister passed every spare moment at his bedside, and she slept in the next room with the door wide open between. The elder brother came home from school ten days after the attack began. The governess was frequently in the little boy's sick-room reading to him; all the servants saw more or less of him, but no one has taken the disease.

I should mention that the window in the sick child's bedroom was generally kept wide open top and bottom, night and day, and was always open a few inches even in severe weather. It was only closed entirely during the washing process; the fire, also, was never allowed to go out.

As I was under the impression that the chief danger

from infection began with the desquamation of the skin, I did not commence the oiling so soon as might have been desirable. The fact, however, that the disease has been confined to a single case, although twelve persons have come in contact with the child, is strong evidence in favour of the plentiful use of soap and water and fresh air. The child had no medicine except a little *Aconite* and *Belladonna* the first few days. I am not a homœopath, but as I have frequently found that fever and sore throat are relieved after taking these medicines, I think they may do some good.

I wish many mothers may read Mr. Blyth's letter. At present, I know they shut themselves up hermetically with their sick little ones for weeks together to the great damage of their own health. I have one friend who thus secluded herself for six weeks in one room.

I am, Sir, faithfully yours,

URSULA M. BRIGHT.

Alderley Edge, Cheshire, Jan. 3.

Of course the whole question of scarlet fever, and all that pertains to it, is finally settled now. Mrs. Ursula M. Bright has "treated" one whole patient all to herself, and, strange to say, that patient survives. Let us analyse the treatment a little, and, for the sake of clearness, let us number the items.

1. A wet pack for forty minutes.
2. Washed with soapsuds.
3. Wet bandages on body, chest, throat, and head.
4. Another pack.
5. Another soapsudding.
6. More wet bandages.
7. Another soapsudding.
8. A tepid bath.
9. Another bath.
10. Rubbing with warm olive oil twice a day.
11. A plentiful anointing of certain places with oil.
12. No medicine.
13. Only a little *Aconite* and *Belladonna*.

Why does Mrs. Bright deem it needful to say that she is not a homœopath? Who said she was?

It must be very clear to the world that the reason why *Aconite* and *Belladonna* are useful in scarlet fever, is because Mrs. Ursula M. Bright, of Alderley Edge, Cheshire, has frequently found that fever and sore throat are relieved after

taking these medicines. Eighty years ago, one Samuel Hahnemann was driven out of Königsutter because he showed that *Belladonna* causes a scarlet skin and a sore throat, and is therefore homœopathic to scarlet fever.

HEARN'S GLASS BOTTLES FOR HOMŒOPATHIC MEDICINES.

MR. HEARN, Glass Bottle Manufacturer, of Dalston, London, E., has sent us samples of bottles of his manufacture. We have pleasure in stating that they are of first-class quality, and we can therefore highly recommend them. We do this the more willingly as we have more that once been in imminent danger of cutting our fingers with the commoner sort of bottles often in use. Mr. Hearn's bottles (that is, the specimens before us) are of good material, and particularly well annealed, so that there is no danger of their breaking in the hand while they are being corked. They are also of suitable thickness, and the rim at the top is nicely rounded, and hence there is no danger of cutting one's fingers. They have another good quality—viz., they all stand firmly on their bottoms; and this is important, for one often sees little bottles *lying* on mantelpieces because the bottoms are too uneven to permit of the more stately perpendicular position.

BANQUET TO T. F. ALLEN, M.D.

FROM the last number of the *Hahnemannian Monthly* we cull the following account of the public honour rendered to the editor of our great dictionary of drugs:—

On the evening of December 16th, 1880, at Hotel Brunswick, New York, the publishers of the *Encyclopædia of Pure Materia Medica* tendered a complimentary dinner to T. F. Allen, M.D., in commemoration of the completion of his great work.

Soon after the guests assembled they were invited into the dining-room. The table was exquisitely beautiful. Instead of the conventional long and narrow shape, it was circular, and of sufficient circumference to comfortably accommodate the nineteen who were present.

In the centre was tastefully arranged a six-pointed star

eight or ten feet across. It was composed of ferns and smilax, adorned with large white japonicas.

At the points, as well as at the junction of each two consecutive points, stood a small figure, holding aloft a candle, each of which was provided with a tiny shade.

In front of the decorated plates lay a bill of fare, printed in gold on blue satin.

After the *menu*, in all its richness and luxuriance, was served, Dr. E. M. Kellogg, in his own happy and humorous way, assumed the duties of toastmaster.

Responses to his calls were made by Dr. P. P. Wells, chairman, Drs. T. F. Allen, C. Wesselhœft, Walter Wesselhœft, Helmuth, O'Connor, S. Lilienthal, Dowling, Payne, Burdick, E. A. Farrington, and Messrs. Boericke and Tafel. A letter was also read from the Rev. Mr. Hastings.

Dr. Allen gave a brief history of his labours, its difficulties and hindrances. We were more than ever enamoured of his *Encyclopædia* when we learned with what care and extended research it had been produced.

Dr. P. P. Wells referred quite appropriately to Dr. Allen's student days, paying him the well-deserved compliment that he was always energetic, persevering, and was evidently the man of men for the work assigned him.

Dr. C. Wesselhœft responded in behalf of Boston physicians; but the toastmaster, though not discrediting the speaker's remarks, demanded an indorser in the person of Dr. Walter Wesselhœft. The latter did not hesitate to comply.

Dr. F. E. Boericke, when called upon, replied, considering the *Encyclopædia* from a publisher's point of view. We were agreeably surprised to learn how large a number of complete sets had been sold. We hope the list will still increase.

Mr. A. Tafel, in the course of his remarks, mentioned the fact that Dr. Drysdale's long-expected translation of Hahnemann's *Materia Medica Pura* is well under way. Volume I. is in the custom-house, and will, therefore, soon be in the market. Extremes meet, the oldest and the newest *Materia Medica*.

Dr. Tod Helmuth, the poet laureate of the evening, read a poem dedicated to the editor of the *Encyclopædia*. We hope that the *North American Journal of Homœopathy* will give it in full for the benefit of the profession.

Dr. S. Lilienthal, always genial, was especially so on this occasion. In reply to an appeal from Dr. Dowling, that there

be at once published a book for students, called Allen's *Hand-book*,—a book which would suit the moderate purse,—Dr. L. retorted, that if students would smoke less and take less lager, they would have money enough for needed purchases.

Dr. Dowling arose in self-defence, and also on behalf of the students. If *some* of our professors would set the example by desisting themselves, college deans would have a better chance of being heeded!

Dr. Dowling further, when requested by the toastmaster, masked his wonted good-nature in a serious relation of how, desiring to live no longer, he thought a lethal dose would be found by a reading of the nine thousand pages of Allen's *Encyclopædia*. He did not believe that any man, save the editor, had accomplished this but himself! And still he lives! He read Aconite's 4,000 symptoms, and felt a little better. He had just read the last page of the Index, and feels that he is a well man!

Dr. E. A. Farrington was called upon to speak for Pennsylvania. He— Well, the audience happily survived it.

[Dr. E. A. Farrington is himself the author of this report.—Ed.]

Dr. O'Connor responded to his toast with a few well-directed and spicy remarks.

Dr. Paine, in a serio-comic way, bemoaned the completion of the *Encyclopædia*. He had been reading it with his family, and they would miss its delightful and thrilling narratives. Glancing about with well-feigned amazement at the laughter excited, he exclaimed, "Why, does it not contain that which will make the eyes sparkle and the pupils expand? Has it not words of irony—" The rest was lost in the bursts of applause which followed.

Dr. Burdick was called upon to deliver the after-birth. He objected to the nature of the work assigned him, but succeeded in delivering a very neat and appropriate concluding speech; after which we dispersed, highly delighted with our evening's entertainment.

E. A. F.

THE LONDON SCHOOL OF HOMŒOPATHY FROM AN AMERICAN STANDPOINT.

"WE have no doubt whatever that the great reason why Homœopathy has flourished so much better in America than in England is that for years we have had our regularly

chartered schools legally empowered to grant licences to practise, while they have had to depend entirely on out-comers from the allopathic ranks. Even if a young man has been previously brought up with correct (*i.e.*, homœopathic) therapeutic notions, if he goes to an allopathic school he is exposed at an immature and susceptible age to a tremendous pressure in the direction of the fleshpots of Egypt; and if he is not sustained by good principles, he may acquire prejudices not easy to eradicate. All of our English confrères, therefore, recognise the necessity of some institution through which to disseminate sound doctrines, but they differ greatly among themselves as to just what it shall be and how conducted. The present School, devoted to lectures on homœopathic therapeutics, is strictly a private enterprise, open to students of the regular schools and physicians, and confers no powers or legal privileges. There are now nineteen corporate bodies scattered throughout the kingdom which are empowered to grant licences to practise; but according to present indications Parliament will soon enact a law compelling every candidate in the country to be examined by *one* Board, no matter where his education may have been acquired. Most of our English homœopathists at the Leeds Congress in September advised the *laissez-faire* principle, to wait for "something to turn up," like Mr. Micawber; some wanted to get the present School recognised by the London University as competent to give instruction in *materia medica*; and the majority evinced a desire to sit down on Dr. Bayes, thinking his views visionary and impolitic.

"We regret that our exceedingly limited space this month forbids our discussing this subject at any respectable length, and we dislike to presume to offer any advice to our brethren in their dilemma, because the institutions and customs of the two countries are so different, and we find after careful investigation that it is an exceedingly difficult and intricate problem to solve; but perhaps we may be pardoned for expressing our decided conviction that if the alteration of the present medical law in the way expected is, as they say, soon almost inevitable, or at any rate very probable, instead of sitting down and supinely letting this golden opportunity pass by, *now is just the time* to exert all their energy and to strike a blow which shall secure protective clauses of some kind or other in the new law. They did a somewhat similar thing twenty years ago. Why cannot they do this now? If our English brethren, though solid and thorough, had not been proverbially slow, they would have fought hard and

accomplished it long ago. In some way or other homœopaths ought to have the power either to grant licences themselves, or to be represented on the examining Boards."—*New England Medical Gazette, Dec., 1880.*

Obituary.

MR. JOHN WALKER.

MR. JOHN WALKER, the widely-known homœopathic chemist of Conduit Street, London, has gone home to his great rest. An intimate friend of the deceased writes us :—

"I send just a few particulars concerning the late Mr. John Walker, some of which you might like to insert in the obituary record in the *Homœopathic World*.

"Mr. Walker was born at Bathgate, N.B., 1811. In early life he left Scotland and went to Liverpool, where he carried on business as a chemist of the orthodox school for some years, till the truth of Homœopathy was made manifest to him by the effects that medicines administered in accordance with its principles had on his own person, Dr. Drysdale being the physician. Since that time—over forty years ago—he was an unwavering believer in their truth, and a zealous promoter of their acceptance by those with whom he was brought into contact.

"About thirty years (more or less) since, he came to London and settled in the West End, where his genial welcome and intelligent and agreeable conversation secured him very many friends, not a few of whom survive to mourn his loss.

"In June, 1878, he was stricken with paralysis, and a second attack in September following made his recovery hopeless. He lingered on under varying conditions of health, every care and attention being bestowed upon him that loving hearts and willing hands could render.

"On the first Sunday of the new year symptoms causing anxiety to his friends were present, which continued till he expired, about 3.30 p.m. on Thursday, the 6th inst. His mind was clear, and he was able to speak up to the day of his death.

"Perhaps some of the foregoing may be acceptable to some of the readers of the *Homœopathic World*, and I regret

it is so meagre; but others can, and perhaps will, do justice to the veteran homœopath here referred to."

Requiescat in pace.

LITERATURE.

THE FEEDING AND MANAGEMENT OF INFANTS AND CHILDREN.¹

THIS book is sold only by subscription, so we presume it is no use to review it. This is a great pity, as it is by far the best work on the subject which we have read in any language.

We will only give its dedication. "To my mother, whose earnest, hopeful yearnings, watchful care, loving training, and noble philanthropic inspiration, moulded and fashioned my whole life, this volume is humbly inscribed."

But we would just say to the author of this delightful treatise, that if mothers generally are to know all that it contains, a good many doctors will have to shave off their beards and go to school again. Perhaps the greatest charm about it is its grand simplicity. Evidently Dr. Duncan is a fine baby kenner, an eminent authority in pædology, and a man of no mean merit.

HAHNEMANN'S MATERIA MEDICA PURA.²

OUR review of this important work is unavoidably postponed, so we advise every one to procure it, in order that they may judge of the fairness of our yet-to-be-written opinion of this laborious undertaking. Those who are afraid of the investment without perusing a review of the work will find a very able one by Dr. Drysdale in the January number of the *British Journal of Homœopathy*.

¹ 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. London: The Homœopathic Publishing Company, 2, Finsbury Circus, E.C.

² Hahnemann's Materia Medica Pura. Translated by Dr. Dudgeon, annotated by Dr. Hughes, and published by the Hahnemannian Publishing Society. Vol. I., *Acon.*—*Ipec.* 1880.

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. MOORE'S CASE.

DEAR MR. EDITOR.—By some very unaccountable means, the *finale* of my case of Chronic Dyspepsia, or, as I would call it, Gastro-Enteritis, was omitted in your last number, the last slip of the paper being lost or mislaid, perhaps. The summing up of the case was to the effect that no relapse had occurred, and that the patient has not required any medical aid since; that the cure was thorough and most satisfactory.

I am, yours faithfully,

51, Canning St., Liverpool,
January 15th, 1881.

JOHN MOORE.

[The last sheet of the copy had slipped down behind the drawer. We have recovered it, and, with many apologies to Dr. Moore, we now print it. It is as follows:—

“In two or three days she began to feel improvement, appetite returned, the digestion became less disturbed and more steady, and by steady perseverance with the *one* and same medicine, and same dilution (1st centesimal), she got quite well, could eat almost anything, and the constipation, which was one of her great troubles, vanished. My attendance ceased entirely on the 22nd June, and she has not since required any medical treatment and continues well.”]

“HOW THEY DIE.”

DEAR SIR,—I am exceedingly sorry you should have permitted such remarks as those of Dr. John H. Clarke on the subject of parish doctors. That gentleman evidently has no proper idea of the subject he is writing about. He appears to think that a “parish doctor” is not an ordinary member of a learned profession, but some irregular species of practitioner who takes an appointment for the sake of filthy lucre, but who is entirely unskilled in his profession.

I think I should not be guilty of exaggeration if I said that Union medical officers, *as a body*, are a better informed class of practitioners than any other, hospital surgeons and physicians excepted.

I write from a considerable experience of "parish doctors," having been Union medical officer to a large district for over eighteen years.

Dr. Clarke seems to be not aware that all Union officers are bound to be duly and doubly qualified; and from the amount of competition for appointments there is never any difficulty in obtaining "skilled medical attendance," which, according to Dr. Clarke, is "wanting," and is one cause of "want of longevity amongst the poor."

Every officer is appointed by the Local Government Board in London, and his qualifications are rigidly investigated.

Lastly, there are few better surgeons to be found than those amongst parish doctors, for it often happens that there is no hospital for miles round.

That there are good and bad men amongst them is of course true, but then this applies to all classes of mankind.

Dr. Clarke, after describing a gross case of neglect in a surgical case, says, "This is a sample of work done by parish doctors!" This is a gross libel, and shows how little he knows of the work which is going on amongst the poor.

Yours faithfully,
L.R.C.P., M.R.C.S., etc.

[We inserted Dr. Clarke's remarks for the same reason for which we give publicity to those of "L.R.C.P., M.R.C.S., &c.;" we believe in fair play and individual responsibility.—
ED. H. W.]

MR. HEARD'S ANSWER TO "SPAGIRICUS" ON HOMŒOPATHY IN THE SEVENTEENTH CEN- TURY.

DEAR SIR,—Your correspondent "Spagiricus," referring to my two letters on "Homœopathy in the Seventeenth Century," which were inserted in the May issue of your esteemed periodical, is desirous to know if any mention is made in either Paul Fleming or T. F. Rumel of the trial of drugs on the healthy.

I regret not being able to satisfy your correspondent's

wish, my knowledge of those two authors being limited to the information contained in my communications. Nor am I able to state whether the proving of drugs on the healthy had ever been suggested previous to Haller's recommendation, contained in his "Swiss Pharmacology," published last century, or attempted before Hahnemann undertook his wonderful series of experiments.

As to the main principle of our system, the *law of similars*, its partial acknowledgment has existed at least as long as the *principle of contraries*, for we know that it was recommended and occasionally acted upon by Hippocrates, and that many physicians have expressed their belief in the efficiency and utility of that law. Among these one of the most remarkable was Paracelsus (died in 1541), who likewise recommends the small dose. In all likelihood the principle of similars was originally the exclusive and universal therapeutic guide, as it most undoubtedly is destined to become again at no very distant date. The existence among most nations of sayings illustrative of the notion that diseases ought to be treated by similar morbid agents, seems to prove clearly enough that it was the prevailing rule of cure. I allude to such sayings as "one wedge driving another" (*cuneus cuneum trudit*), "take a hair of the dog that bit you," etc. The Russians express the idea very distinctly and positively: "Cure yourself with what has caused you harm." It must, however, be observed, that there does not appear to have been a sufficient discrimination between the notions of *similis* and *idem*, as is likewise pretty clearly seen by the extracts I had the pleasure of communicating.

Availing myself of the opportunity, I beg to forward you a few very remarkable cases of extreme susceptibility to the action of homœopathically prepared medicines. At the same time I take the liberty of requesting you kindly to let me know, through the medium of your journal, where Dr. Martiny's "Lectures on Homœopathy," noticed by you last year (Oct. issue), can be obtained, as two booksellers to whom I have applied here have not been able to procure it.

I beg to remain, Dear Sir,

Very truly yours,

WM. HY. HEARD.

Alexandroffsky Mechanical Works,

Beyond the Nefsky Barrier, St. Petersburg, Russia.

SCHOOL OF HOMŒOPATHY AND LICENSING BODY.

DEAR SIR,—There cannot be a doubt but that Dr. Bayes is working in the right direction in attempting to increase the number of homœopathic physicians and surgeons. Nothing will spread Homœopathy so quickly and extensively. Every young practitioner in fighting for his daily bread would be an apostle spreading the doctrine and practically illustrating its truth. It is a crying shame the early English homœopathic practitioners, whether now dead or alive, did nothing practical years ago to accomplish this end. It is to be hoped the utterly insane idea of converting allopaths or merging the two systems into one is at last exploded or in a fair way of being exploded.

To manufacture legally qualified homœopathic practitioners requires money, and money can be got, and in excess of what may be required, if the right means are taken. Medical men as a rule are neither agitators nor organisers of public movements, because generally they are not business men outside their own profession. The homœopathic laity are a scattered, unorganised element, without any inter-communication or correspondence. Medical men of both systems appear to have the same dread of lay interference as have the clergy. Few homœopathic practitioners tolerate an amateur homœopath or take him into their confidence, any more than a parson tolerates a lay preacher. Yet amateur homœopaths have in a blundering enthusiastic way done no mean part in extending Homœopathy. Excuse me, gentle Editor, patting myself on the back a little. What I mean is that if the homœopathic medical men have made up their minds to establish a School of Medicine to grant licences to practise, they must unite with and organise the lay element, and the lay element will find the money and force the Government to grant a charter.

Dr. Bayes's proposal resolves itself in my mind into the question of how best to organise the lay element, so as to develop it into a public movement with a capital of £100,000.

There may be better plans than I have thought of whereby this may be done, but I will suggest one programme.

First, you want an energetic man, or even two or three if possible. Let him be a travelling organiser, and devote his whole time to travelling about. He should go to the

principal towns where homœopaths are numerous and get up meetings and form committees for a homœopathic league, and appoint collectors to get subscriptions.

To bring matters to a focus, let a petition be drawn up and printed, addressed to the Queen, stating the want of homœopathic practitioners in the country, and the desire of the people to have a School with licensing power. Let it be the work of the different local committees to get this petition signed; simultaneously *with this work* let subscriptions be collected, and an alphabetical register kept of all homœopaths in each district.

You must have a strong central committee in London, but it should certainly be formed principally of laymen who won't quarrel, and who are practical business men, with a few doctors and peers who would not be obstructive, and would make reliable trustees of the funds.

I should take great delight in acting as the travelling organiser, did not official employment render it impossible. In six months much might be done; great bitterness would be developed in the allopathic breast, which, properly handled, would help on the movement wonderfully. A little opposition greatly aids any public movement.

An active M.P. should be secured, and a deputation of a few noblemen and doctors should seek an audience with her Majesty and present the petition. The signatures to the petition would prove a good index to the number of homœopaths throughout the country, and it would then be seen what force we have to back us in obtaining a Royal Charter.

If a suitable American could be got as a travelling organiser it would be well. Americans have a special aptitude and smartness for this kind of thing, they have more "go" and "push," and they like to be always rushing about and working people up. Fluency of speech, confident address, gentlemanly manners, pushing yet not over obstructive, and familiarity with Homœopathy, are the qualities wanted. I should think a man might be got at £5 per week with travelling expenses. Care should be taken in the selection as to honesty, and he should be required to join the guarantee society.

I say, "Organise, organise, organise," and £100,000 is but a small amount to obtain.

Yours truly,

E. B. IVATTS.

TINCTURE OF ACONITE.

DEAR SIR,—The remarks concerning *Aconite* tincture, in this month's *Homœopathic World* (October), are certainly likely to mislead, especially those who are not chemists, and as dangerous accidents may result, I would like to say that, whatever the formulæ at one time followed in making *Aconite* tincture may have been, in preparing the fresh plant tincture now, the plant is thoroughly exhausted by expression and maceration in *strong alcohol*, and *Aconite* ϕ tincture contains *all* the active properties of the plant, and always means an active and dangerous poison.

I am, dear Sir,

Yours truly,

114, Ebury Street, S.W.,
October 9th, 1880.

ALFRED HEATH.

REPORTS OF INSTITUTIONS.

BRITISH HOMŒOPATHIC SOCIETY,

52, GREAT ORMOND STREET, W.C.

Session 1880-81.

THE Fifth Ordinary Meeting of the present Session will be held on Thursday, February 3rd, 1881.

Private business at 7 o'clock.

Public business at 8 o'clock.

A paper will be read by Dr. Roth, of London, entitled, "Notes on Rickets, their preventive and curative treatment; and on a visit to the Italian Schools for rickety children."

A paper is promised for March by Dr. Bayes, of London, "On the means existing in England for teaching Homœopathy; the British Homœopathic Society, the London Homœopathic Hospital, and the London School of Homœopathy; showing the aims and scope of each of these Institutions, with suggestions for increasing their efficacy, and for drawing them into nearer and closer relation to one another."

RICHARD HUGHES, Hon. Secretary.

INTERNATIONAL HOMŒOPATHIC CONVENTION.

THE following subscriptions have been received by the Treasurer, Dr. Bayes:—

	£	s.	d.		£	s.	d.
Dr. Dixon ...	1	1	0	Dr. A. Williams ...	1	1	0
Dr. Cooper ...	2	2	0	Dr. Süss Hahnemann ...	1	1	0
Dr. G. Wyld ...	1	1	0	Mr. J. H. Nankivell ...	1	1	0
Dr. Mahoney ...	1	1	0	Dr. Lloyd Tuckey ...	1	1	0
Dr. R. F. Edgelow ...	1	1	0	Dr. J. Roche ...	1	1	0
Dr. W. Johnson ...	1	1	0	Dr. E. B. Roche ...	1	1	0
Dr. E. Cronin ...	1	1	0	Dr. Thos. Hayle ...	1	1	0
Dr. Roth ...	1	1	0	Mr. S. Stephens ...	1	1	0
Mr. E. H. Millin ...	1	1	0	Dr. A. C. Clifton ...	1	1	0
Dr. Croucher ...	1	1	0	Mr. T. Engall ...	1	1	0
Dr. D. Baynes ...	1	1	0	Dr. Cash ...	1	1	0
Dr. Gibson ...	1	1	0	George Norman, Esq. ...	1	1	0
Dr. Collins ...	1	1	0	Dr. Tuthill Massey ...	1	1	0
Dr. A. C. Pope ...	1	1	0	Mr. E. R. B. Reynolds ...	1	1	0
Dr. Jagielski ...	1	1	0	Dr. P. Proctor ...	1	1	0
Dr. E. G. Gould ...	1	1	0	Dr. Wielobicki ...	1	1	0
Mr. J. Mansell ...	1	1	0	Dr. Samuel Brown ...	1	1	0
Dr. Neild ...	1	1	0	Dr. Washington Epps ...	1	1	0
Dr. Shaw ...	1	1	0	Dr. Bryce ...	1	1	0
Knox Shaw, Esq. ...	1	1	0	Dr. Scriven ...	1	1	0
Dr. Bayes ...	2	2	0	Dr. T. M'Ilwraith ...	1	1	0
Dr. Hughes ...	1	1	0	Dr. J. M. Galloway ...	1	1	0
Dr. Hayward ...	1	1	0	Dr. Prater ...	1	1	0
Dr. Burnett ...	1	1	0	Dr. F. Black ...	1	1	0
Dr. T. D. Nicholson ...	1	1	0	Dr. Eubulus Williams ...	1	1	0
Dr. Dyce Brown ...	1	1	0	Dr. Clarke ...	1	1	0
Dr. Matheson ...	1	1	0	Dr. Pallar ...	1	1	0
Dr. J. Moore ...	1	1	0	H. Harris, Esq. ...	1	1	0
Dr. Harper ...	1	1	0				
Dr. Clare ...	1	1	0				
Dr. S. Morgan ...	1	1	0				
				Total ...	£64	1	0

The above represent the subscriptions from fifty-eight physicians and surgeons practising Homœopathy. The British Homœopathic Directory for 1881 contains the names of about 300 practitioners of Homœopathy. It is hoped that the 248 or more who have not yet sent in their subscriptions will shortly do so, as it is impossible to make arrangements for the coming Convention until the sum likely to be contributed is definitely known.

Treasurer:—William Bayes, M.D., 21, Henrietta Street, Cavendish Square, W.

LEIPSIC HOMŒOPATHIC DISPENSARY.

THE number of new patients who attended this dispensary during the year 1880 is 3,947, as against 3,400 for the previous year. So the old lamp in Leipsic has not yet quite gone out.

We send our compliments to Dr. Richter, and hope he will honour us with a copy of the *Jahresbericht* when it comes out. Saxon soil is classic for us homœopaths, and notably Leipsic.

HASTINGS AND ST. LEONARDS HOMŒOPATHIC DISPENSARY.

THE committee have great pleasure in presenting to the subscribers and donors to the Dispensary their first annual report for the year ending Christmas, 1880.

In Hastings there had been in existence two homœopathic dispensaries, one in High Street, the other in Robertson Street, but at the close of last year it was thought advisable to amalgamate them. The necessary arrangements have been fully carried out, and in addition many alterations and improvements have been made—viz., a lease of the rooms at 4, Wellington Square, has been taken; a dispenser appointed, and a portion of the room fitted up for his use.

The attendance of the medical officers has been increased from two to three afternoons a week.

During the year 716 patients presented themselves at the Dispensary for relief, and the total number of attendances recorded is 2,621, making an average weekly attendance of about 52 patients.

The committee are very grateful to the largely-increased number of subscribers who have so kindly helped them in carrying out these details, and trust for a continuance of the same liberal support.

The expenses of the year have been unusually heavy owing to the necessary outlay for the fittings and alterations.

The benefits conferred by the Dispensary could be largely increased by the opening of a Home in connection with it, for the reception of severe cases of illness, and for those patients who may have to undergo operations.

A lady has most generously given a donation of £200 towards a fund for this Home, and further aid is promised from others. It is proposed at first to hire a few rooms, or should the funds allow it, to take a small house for the purpose.

Subscriptions and donations for "The Home Fund" will be gladly received by E. O. Wollaston, Esq., 44, Pevensey Road, or any member of the committee. Gifts of linen,

blankets, bedding, etc., will be of great service and thankfully received.

[There is a healthy look about this report which bodes well for the future of Homœopathy at Hastings and St. Leonards. We congratulate Dr. Croucher and Mr. Knox-Shaw on this result of their conjoint activity. There will be a Homœopathic Hospital in Hastings yet.—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, 5, Holles Street, Cavendish Square, 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. MILLER, 2, Finsbury Circus, London, E.C.

ANSWERS TO CORRESPONDENTS.

DR. MURRAY MOORE, AUCKLAND, NEW ZEALAND.—Very much gratified at the spread of Homœopathy in your part of Greater Britain. In the treatment of cataract by medicines it is well to change the medicines as seldom as possible, and not to expect much under two years. The medicinal solution of cataract lies principally *below* the diaphragm. The best *Eye Repertory* extant is Dr. Berridge's. We have seen a case of *retinitis* much improve under *Titanium 6*, but the exact *simillimum* should be our aim in every case of dis-

ease, no matter how a Cullen or a Sauvage might baptize it.

DR. HITCHMAN, LIVERPOOL.—The proof of your paper was not received in time for this number.

CORRESPONDENTS.

Communications received from Dr. S. H. Blake, Liverpool; C. Knox-Shaw, Esq., St. Leonards; Dr. Morrison, Brixton Rise; Dr. Roth, London; Dr. John H. Clarke, London; Dr. F. G. Stanley-Wilde, Nottingham; Dr. Moore, Liverpool; E. B. Ivatts, Esq., Dublin; Dr. Bayes, London; Dr. Davidson, Florence; Dr. Blumberg, J.P., Southport; Dr. Shuldham, Putney; Dr. Murray Moore, Auckland, New Zealand; Rev. Stewart Walford, Ipswich; Dr. E. T. Blake, London; Dr. Roth, London; Dr. E. M. Hale, Chicago; Dr. Ussher, London; Mr. Crutenden Marten, London; Mrs. Docetti Walker, Dundee; Dr. Hughes, Brighton.

BOOKS AND JOURNALS RECEIVED.

Allgemeine Homöopathische Zeitung, Bd. 101, Nos. 25, 26; Bd. 102, Nos. 1, 2, 3, 4.

First Report of the Hastings and St. Leonards Homœopathic Dispensary, 1880.

Dietetic Reformer, January, 1881.

American Homœopath, December, 1880.

Biliary Calculi, Perineorrhaphy, Hospital Gangrene, etc. By C. H. von Tagon, M.D. New York and Philadelphia: Boericke and Tafel, 1881.

St. Louis Clinical Review, December 15, 1880.

Medical Eclectic, December, 1880.

Homœopathic Times, December, 1880.

Daily News, Jan. 5, 1881.

[Thanks to sender.]

A Critical Revision of the Encyclopædia of Pure Materia Medica. By T. F. Allen, M.D.

Journal of Medicine and Dosimetric Therapeutics. Jan., 1881.

Bulletin de la Société Médicale Homœopathique de France, Août, 1880.

New England Medical Gazette, November and December, 1880; January, 1881.

Chemist and Druggist, Jan. 15, 1881.

La Reforma Médica. Tomo IV., Num. 2.

Hahnemannian Monthly, January, 1881.

Diseases of the Ear, with Cases Treated. Illustrated. By R. T. Cooper, M.D. London: The Homœopathic Publishing Company, 1880.

Boletín Clínico del Instituto Homeopático de Madrid. Año 1, Núm. 1. [A new venture, to which we wish great success.]

El Crítico Médico. Tomo

XXI., Número 12; Tomo XXII., Número 1.

Revue Homœopathique Belge, Décembre, 1880.

Archivos de la Medicina Homeopática, 76 and 77.

United States Medical Investigator, January 1, 1881.

Homœopathic News, Vol. IX., No. 12.

Modern Thought, January 1, 1881.

The Organon, January, 1881.

Barbados Globe, five numbers.

The Medico - Chirurgical Quarterly, January, 1881.

The Medical Tribune, Jan., 1881.

The Homœopathic World.

CONTENTS OF JANUARY NUMBER.

LEADING AND GENERAL ARTICLES:—

Pro Republicæ Bono.

Case of Chronic Dyspepsia Cured by Acidum Cyanicum.

The President of the French Republic and Dr. Gailliard, Editor of "L'Homœopathie Militante."

Chronic Deafness or Proliferous Otitis a Test of Systems of Medicine.

Extracts from My Case-Book.

Case of Exostosis of Right Os Calcis Cured by Heclæ Lava.

Notes on Climate.

The Permutation of Carbon.

Pulsatilla 30x in Chronic Varicose Veins.

Homœopathy in the University of Michigan.

The Child-Killing Season.

Hygelo-Therapy. II. Materia Medica.

A Prince Physician.

The Surgical Qualifications of Mother Nature.

Work and Worry.

Poison in Ladies' Dresses and Flowers.

The Dermatological Department of the London Homœopathic Hospital.

A Merited Distinction.

LITERATURE:—

Diseases of Women.

General Symptom Register.

Repertory to the Modalities.

Chemists' and Druggists' Diary, 1881.

The Medicinal Treatment of Diseases of the Veins.

Mesars. Armbrecht, Nelson, and Co.'s Physicians' Diary for 1881.

CORRESPONDENCE:—

Dr. Bayes on the London School of Homœopathy, and the International Recognition Scheme.

SHORT NOTES, ANSWERS, ETC.

THE HOMŒOPATHIC WORLD.

MARCH 1, 1881.

BOYCOTTING THE HOMŒOPATHS.

WE poor peace-loving homœopaths have been "Boycotted" at every turn and corner for the past eighty years. The *Liberal Review* of January 22, 1881, gives us a friendly leg up in these words:—

Dr. Hayward, the eminent and respected homœopathic physician, has our sincere sympathies. He has been "Boycotted." He is not an Irish landlord, it is true, but nevertheless, on the authority of his professional colleague, Dr. Drysdale, whose witness surely is true, he—that is Dr. Hayward—has been Boycotted. He has been Boycotted by his profession for the offence of being a Homœopath. This is terrible. The fearful example set by those Irish rascals appears to be spreading in all directions. We have heard of people of divers sorts and conditions being Boycotted, from clergymen to costermongers, from noblemen to nobodies—even Colonel Steble and Mr. William Simpson have been named as recent victims of this new social ostracism which was heard of under its modern designation on the shores of Lough Mask, and is now permeating all ranks and circles of men. But we had thought that physicians, men of science, savans, and philosophers, would have been exempt from this new foible of disorganised society. Yet Dr. Hayward, so his friend Dr. Drysdale states, has been Boycotted. The principal act of the Boycotting consists in the fact that the advertisement of a new edition of Hahnemann's *Materia Medica* has been refused admission to the columns of the *Lancet*, the leading organ of the medical profession. This was stated by Dr. Drysdale yesterday at the annual meeting of the Liverpool Homœopathic Dispensaries, and moreover, one or two other speakers bore witness to the Boycotting of physicians suspected of the homœopathic heresy being a common practice in the profession. Alas! then it would seem that even medical men are afflicted with the ordinary

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failings of humanity, and subject to fits of spleen and jealousy just like ordinary mortals. After the pretensions to infallibility which leading members of the medical profession have so often put forward on certain subjects, it is a terrible revelation to have this confession from one of themselves.

After all, this offence of Boycotting is turning out to be a very common usage in this country, however immoral or heinous an offence it may be in Ireland. It seems to be so common that we begin to suspect that it must only be an old friend under a new name. It surely must be the time-honoured practice of "sending to Coventry" or "cutting" an acquaintance rechristened. We have heard of a certain society of amateur legislators laying down a new principle of English law by making Boycotting a misdemeanour, punishable by fine and imprisonment. If such a principle ever gain a place in our statute book it will not only be Irish Land Leaguers who will have to suffer the pains and penalties in such case made and provided. A number of people we could mention would be hauled before one of our law courts and summarily convicted. And among them so great an authority on matters medical and surgical as the editor of the *Lancet*. Let Dr. Hayward and Dr. Drysdale, with their fellow homœopathic practitioners, be comforted. They may have their revenge yet. It will soon be too risky a thing to Boycott anybody.

THE CONNECTION BETWEEN NATIONAL WEALTH AND NATIONAL HEALTH.

By H. BLUMBERG, M.D., J.P.¹

THE object of my paper is to trace and to elucidate the connection which necessarily exists between the wealth of nations and the health of the individual citizens. My object is not to prove that national health promotes national wealth—that is too obvious; but, *vice versa*, that national wealth is one of the great—nay, the greatest, elements of national health. Before beginning, I must draw your attention to the difficulty of the task, by no means in order to enhance the praise for having undertaken it, but rather to palliate or excuse my obvious shortcomings. You will notice that my

¹ Read at the first meeting of the new Southport Literary and Philosophical Society.

reasoning will have to be often deductive; not only because the subject somewhat demands it, but on account of the insufficient data which statisticians appear to have provided in that direction. Take, for instance, public health. I have ransacked a good many books, and my acquaintance with the principal languages of Europe has helped me a good deal; but still I had in most instances to fall back on the tables of mortality as a criterion. But it is obvious that the annual mortality of a place or of a country is by no means an infallible guide in estimating the health of the inhabitants. There may be a large number of invalids not well enough to live and not ill enough to die; but we have no data except the general remarks of travellers to judge apart from the tables of mortality of the health of different nations. It requires consideration whether provision should not be made for that object in the decennial census. A man might object to state his religious persuasion; but I doubt whether any one would object to state whether he is suffering from any complaint. As regards the wealth of nations, the difficulty is even greater. We have the most divergent estimates from different writers. Some are simply ignorant of the law of evidence; others are led by vanity, or sometimes by political motives, to exaggerate the wealth of their own country and to diminish that of other peoples. Some criterion, no doubt, is the state of public credit. *Cæteris paribus*, a nation which can borrow at three per cent. must be doubly as wealthy as a nation which must pay six. I have tried to be guided only by trustworthy writers, and in other cases have drawn a probable mean which I believe will be near the truth.

Having said this by way of preface, I invite you to accompany me to a country on our earth which we shall name A, a town in A called B, a street in B called C, and a house in C called D, in which we suppose at this moment a baby to be born called J. Let us suppose also that as we are members of a philosophical society, we are tempted to ask a question—What average chance of health and length of life, wealth and happiness, is in store for this baby J? As regards his or her share of happiness I cannot tell you anything. It is only likely that it will have its proper quantum of tears and laughter: but I can pretty confidently tell you that its average chance of life is about thirty-three years and eight months, but its chance of wealth as taken on the average we shall see by-and-by. Is there any practical good

to be gained by such a speculation or such calculations? Yes; I firmly believe that the result of such calculations—and I am the first who ever made them—would, if sufficiently published and acted upon, dispel many errors which are at the root of the doctrines of Socialists, Communists, and Nihilists. For the sake of argument, therefore, we shall suppose that every being has an innate right to his or her fair share in this globe of ours. Then come, of course, two questions which must be answered before a solution is possible. First, how much is our globe, with everything it contains except men, worth? and, secondly, how many human beings are we at present to divide it between? Let us take the second question first. Even so short a time as twenty years ago it would have been most difficult to state with approximate probability the number of inhabitants on this fair planet; but now, thanks to the labour of many statisticians of many nationalities, and also thanks to the census introduced into so many countries, we can safely assume the population of the globe in this year of our Lord to be about fourteen hundred millions. The second question—How much this planet is worth? is far more difficult to answer; and even the closest calculation will of course be very hypothetical. There is no stock exchange for the stars, though there is a rise and a fall in them. Nor can we imagine any being who would bid for even the smallest asteroid. The only way is to subdivide the globe into many hundred parts and states, and then to value each separately. The guides to such valuation will be, first, the extent of territory; secondly, the fertility of the soil; thirdly, the number of cities and towns; fourth, the state of the national trade and industry; fifth, the estimated income of the inhabitants. All these present great difficulties, but they are not quite insurmountable. Let us try. Let us take, for instance, England and Greece. I mean Greece as at present, and not as it will be shortly. Great Britain and Ireland contain 5,776 geographical square miles. We know that about three-fifths of its soil is very fertile and highly cultivated. We know that it excels all other countries of the earth with the exception of Belgium in the density of its population, and with no exception at all in the extent of its trade and manufactures. We know, or we calculate with great probability, that the income of every English man, woman, and child is about thirty-two pounds, which would make the general income of all the inhabitants eleven hundred millions of pounds. From

these and other premises we draw the conclusion that the capital value of the United Kingdom of England and Ireland is about ten thousand millions of pounds. Take Greece now as a contrast. The kingdom of Greece is about 950 square geographical miles. It contains about three-fourths of mountainous, arid regions; one fourth is exceedingly fertile, but badly cultivated. There are no great wealthy cities, their trade is pretty well developed, but their manufactures are in their infancy. The average income of the 1,500,000 inhabitants is hardly £10 a-piece, or fifteen millions a year altogether. I doubt, therefore, that all Greece—barring, of course, its claims on Turkey—would go higher under the auctioneer's hammer than one hundred and twenty millions of pounds. By that process we come to estimate the capital value of all countries which are civilised, and allowing a certain amount for the unknown, we come to the grand total of sixty thousand millions of pounds, which is made up as follows in millions of pounds:—

England, Scotland, and Ireland	10,000
France	6,000
Germany.	4,000
Austria	2,400
Russia in Europe	2,200
Italy	1,800
Spain	830
Turkey in Europe	800
Belgium	750
Holland	300
Denmark	200
Sweden and Norway	200
Switzerland	200
Portugal	200
Greece	120
Total	30,000
America	16,000
Africa	2,000
Australia	1,000
Asia	11,000
Total	60,000

Let us now go back to the poor baby which we left in the street D, crying probably most bitterly because we have left unanswered his question as to how much capital he is entitled to during all his future earthly existence. We are now able to tell him or her, that if he works like average men, his share of this money value of the earth will be 60,000 millions, divided by 1,400 millions, or, in other words, £42 17s. 6d. This revelation will be cheerful news, perhaps, for the baby, but a heavy blow to the great expectations of the Communists, whose idea is that by sharing every one will at once become well to do. It reminds one of an anecdote about the late Baron James Rothschild. During the revolutionary days of 1848 he was accosted in the street by a beggar, who said, "Citizen Rothschild, you know all men are brothers; now give your poor brother something." The Baron, who, though immensely rich, was also very miserly, gave him *deux sous*—a penny. "Is that all?" exclaimed the indignant beggar. "Yes," said the Baron; "and if I were to give to every brother of mine as much, I should be bankrupt."

Yes, gentlemen, this is all—£42 17s. 6d. This is the capital. And mind you this is the product of human work. Without it, without the thought which invents, the senses which measure, or the muscles which act—without them this globe would be what they call a drug in the market, a wilderness of monkeys, for which even Jessica would not give the smallest gem. Man has found this earth barren, and has made it fruitful. He has found a white sheet of paper, and has written a valuable cheque of 60,000 millions of pounds upon it. The earth is like the mother of the Gracchi—she finds her most valuable jewels in her children.

Now it is obvious that man's principal endowment for the attainment of wealth, either for himself or his family or his nation, is good health. Health is the proper balance of all physical functions. It is a duet between mind and body in which there occurs no false note. There is no doubt that the physical conformation of the soil and the climate have some influence on the health of different nations, but by no means to the extent to which it is generally supposed. Man is the most adaptable of all animals; he can flourish in the ice-bound islands near the Pole, as well as in the heat of the Tropics. We shall therefore dismiss the consideration of climate from our calculation. The race is also an index to the state of a nation's health, but only a poor and fallible

one. Englishmen, for instance, are of a large, sturdy race; Sicilians, of a small and apparently weak race; but I firmly believe that there would be no difference either in their longevity or in their share of health, but that the latter either ignore the sanitary laws or for want of means are unable to give them play. The fact is, health travels in the same carriage with civilisation, and the latter again is rarely to be found separated from the company of wealth. I speak of course of nations. Individuals may and do ruin their health not only though, but because they are rich, but in nations wealth naturally leads to improvement in dwellings, in clothing, in feeding, in all public sanitary measures, diminishing of course sickness and mortality. Well may not only the sentimental philanthropist, but also the practical philosopher or statesman, exclaim, with Sterne, "Oh! blessed health, thou art above all gold and treasure. 'Tis thou who enlargest the soul, and openeth all its powers to receive instruction, and to relish virtue. He that has thee has little more to wish for, and he that is so wretched as to want thee wants everything with thee." I could enlarge upon this theme, but my object is not to prove that health is wealth; no, I want to complete the circle, and to prove that wealth—national wealth, I mean—is conducive to national health. We shall therefore now examine, if you allow me, the sanitary condition of the nations, and compare them with their financial position.

It is true that even the wealthiest and most civilised nations spend a hundred times as much on their engines of destruction, on their army and navy, as on the means of preserving life or enhancing the bodily welfare of their citizens; but the difference between rich and poor nations is that in the latter there remains not even a modicum for health after paying for all war implements and warriors. I wanted to take each individual country and compare the wealth of its inhabitants, the state of the national finances, and the percentage of taxation on the income; but, on second consideration, and for fear of being tedious, I drew the accompanying maps of Europe, which will sufficiently illustrate, and, I hope, prove my argument. The one represents the financial state of the different countries, which is the better the lighter they are painted, and the other the mortality of the same countries, which is the heavier the darker they are drawn. You will notice on examination that with two or three slight exceptions the different shades

are equal on both maps. To illustrate my idea still further, I have inserted in the one map the percentage of taxation on the probable income of the inhabitants, on the other the different rates of annual mortality for a number of years in the different countries. After looking at these maps attentively you will agree with me that a full exchequer has something to do with promoting strength and long life. Unfortunately, as I mentioned before, the unhappy differences between peoples seem to require that the best part of a nation's wealth should be spent in measures of safety. What would you say to a city that spent a hundred times as much on its policemen as on its streets, parks, or schools; or a paterfamilias who would feed his watchdogs on beef-steaks, and his children on potatoes? Let us hope! Perhaps the time is not so far distant when, as Tennyson sings,

“ The common sense of most shall hold a fretful realm in awe,
And the kindly earth shall slumber, wrapped in universal law ;
When the war-drum throbs no longer, and the battle-flag's unfurled,
In the Parliament of Man the federation of the World ! ”

But even before that auspicious day we could do a great deal. The wealth of England is enormous, and it increases every day; I am sorry to say health has not kept pace with it. A mortality of 22 in a thousand is still too high for so rich a country. Some measures not too difficult or costly to carry out would, I believe, diminish materially that figure. I will, as the practical aim and the consummation of my lecture, enumerate in detail the measures which I would like, either by the initiative of government, municipalities, or private individuals, to be carried into effect. It is but right to acknowledge that sanitary science is a plant of recent growth, come, as it were, in the train of that great revolution in medicine which marks our present century. But the teachings of that science, though she be young as yet, ought to be taken more to heart. Let us notice some shortcomings in our great and pre-eminently wealthy country. 1. There is compulsory mental education for the young, but very little is done for the physical education of the two million or more of school-children. My friend Dr. Roth, of London, has shown this fact clearly in his admirable pamphlet on the neglect of scientific Physical Education and Hygiene by Parliament and the Educational Department. 2. Let us take such apparently small affairs as the chairs and benches on which the school-children sit,

or the desks on which they work, and the best authorities will tell you that they are ill adapted, as a rule, for the health of boys and girls, and lead often to curvatures of the spine and short-sight. Here are some drawings of chairs and desks as they ought to be. 3. The absolute want of proper knowledge of the laws of health or of physical education among the working-classes. It is satisfactory to observe that lately there has been a movement both in London and in Manchester to disseminate tracts bearing on health among the poorer classes of our large towns. 4. The neglect of the proper supervision by civic authorities of the building of houses. In England, unfortunately, unlike in that to other countries, house-building is mostly a speculative affair, the object, of course, being to build as cheaply and to sell as quickly and dearly as possible. Something has been done in the direction of supervision lately, but not much. I maintain that there is no house in this district built on speculation—that is, built according to all the desiderata of sanitary science. 5. The rapid growth of our great centres of commerce and manufacture, and the insufficiency often in consequence of either good drainage, or of breathing apparatus in the shape of open places and parks. 6. The adulteration of food and the perfect impotency of the feeble laws against it. We read in the “Arabian Nights” how the Grand Vizier ordered a man who sold bread with false weights to have both his ears cut off. Should not the man have even a stronger punishment who sells instead of wholesome food a mixture of rotten flour and alum? As regards the adulteration or the dilution of milk, I intended to send the following letter to a member of Parliament whom I have the honour of knowing, but on consideration I think it best to read it here, as publicity is all I wish for in the matter.

My dear Sir,—Many circumstances during the last twelve months have led my attention to the question whether some more effectual means might not be found to check the supply of adulterated or vitiated milk to the public. There is no article of food of so high an importance for the national health as milk. Recent researches have conclusively proved that milk from tuberculous cows can produce tuberculous consumption in man. On the quality of the milk, I maintain, depends to the greatest extent the physical, and to some extent the mental character of a nation. It is the food of the child, and the child is father to the man. A child brought up on watery milk will be rickety, scrofulous,

idiotic. If it grows up, it will probably become an inmate of our hospitals, workhouses, or prisons, for muddy blood produces muddy thoughts, and there is no great step from the latter to crime. But even among the adult population milk enters largely into their daily fare. The number of partial or total abstainers from spirituous drinks is rapidly increasing; they must fall back upon pure milk, or cocoa, coffee, or tea, all with a mixture of milk. Surely, if the Legislature takes such care, and rightly so, to restrict and superintend the liquor traffic, they ought also to pay some attention to the great substitute—milk. The present laws are perfectly insufficient to protect the public. A milk-dealer is occasionally fined five or ten pounds for mixing water with his milk, but he often makes ten times that amount by his adulteration in three months! Besides, how few people take the trouble, or do not shrink from the expense of having the milk analysed! There is another and as serious side to this question. Now and then an epidemic of typhoid fever breaks out in one or the other of our populous towns. It is clearly traced to milk poisoned by the admixture of impure water. Are the men who sold such milk punished? Not at all. The law has but an imperfect hold on them, though they have perhaps murdered a dozen people. And how many cases of ill-health are attributable to the same cause, though the cause remains unknown? My proposal to remedy this abnormal state of things is the following, which I submit to you to bring, if you think fit, to the notice of Parliament. I would introduce an Act by which the milk trade would be regulated in the same way as at present the liquor trade is. 1. Every farmer who sells milk, every cowkeeper and milkdealer, would have to be licensed. 2. The licensing fee ought to be very low, say 10s. a year, so as not to interfere with the trade. 3. The licences ought to be granted by the Justices of Peace in the same manner as is now done with public-houses. 4. The premises of every such licensed person ought to be inspected at least twice a year by a competent officer, who would be paid by the licensing fees. 5. He would report at stated times to the magistrates, and they would be empowered to cancel at once the licence if the cows were not kept in a proper place and manner, or if the wells were contaminated with sewage or obnoxious matter. 6. Every farmer, cowkeeper, and milkdealer has to report at once any case of serious illness on his premises to the inspecting officers.

7. The dealer who is found out to have sold adulterated milk is first to be fined as now. The second time his fine ought to be tenfold. The third time he ought to lose his licence. This proposal is clearly in favour of the honest farmer, as their cows' milk will not have to fear the competition of water. It will, if carried out, be the greatest boon for the rising generation. The only persons adversely affected by it would be unscrupulous milkdealers, who have hitherto played with the lives of their fellow-citizens, and profited largely by the carelessness of consumers and by the laxity of the law.

I remain, my dear Sir, yours truly,

HY. BLUMBERG.

These are the six subjects in which, in my opinion, a reform is necessary and easily effected. England stands foremost among nations in civilisation and wealth. Let her always be also foremost in advocating and carrying out all measures for increasing the health and strength of her citizens, not forgetful of the fine lines of Goldsmith,

“ Ill fares the land to hastening ills a prey,
Where wealth accumulates, but men decay.”

I hope I have proved to your satisfaction—firstly, that the theories of Communists, if carried out, would disappoint their very authors; and secondly, that a nation's wealth cannot be better employed than in promoting the nation's health; and I have only to thank you, gentlemen, for listening with patience and indulgence to an essay written under the disadvantage of a busy professional life.

THE LIFE-SHORTENING EFFECTS OF THE CHEMICAL LABORATORY.—It is a fact worth noting, says *Nature*, that M. Chevreul, who is now in his ninety-fifth year, has begun his course on Chemistry at the Paris Museum of Natural History with as much apparent zest and energy as he did fifty years ago when he first entered on his duties of that chair. The programme of his course, *Les Mondes* informs us, is beautifully and firmly written in his own hand. Notwithstanding his approach to the centenary, he still looks young and fresh.

JOTTINGS BY THE BEDSIDE.

By E. B. SHULDHAM, M.D., M.A. Oxon.

THE theory of like curing like is pleasant and attractive, but the practical test of this theory is pleasanter and more attractive still. We all know a good deal about the theory, and we all wish to know a good deal about its practice. I speak now of the intelligent minority in the ranks of medicine, who value the dead Hahnemann more than the living Gull or Jenner. Is the living dog greater than the dead lion? I doubt it. To my point. When I first began to practise Homœopathy I hunted through the back volumes of the *British Journal of Homœopathy* and of the *Monthly Homœopathic Review* for all the clinical records I could find of cases treated according to the law of similars. I studied all these cases with a volume of Hull's *Jahr* by my side, and I hope I learned some good things. I was very grateful to my colleagues for their kindly guidance, and now, after some years of homœopathic practice, I find the greatest pleasure in reading the accounts of some good cures made by my colleagues practising both at home and abroad. I am extremely catholic in my tastes, and can enjoy a paragraph by our genial Editor, Dr. Burnett, in the pages of the *Homœopathic World*, and the caustic writing which I find in the *Organon* is equally interesting. I trust, therefore, that those of my medical brethren whose daily manœuvres are on the field of M's and CM's will not be scared at my sorry taste for the humbler walks in homœopathic life of first and second decimal. Here is a tolerable shot fired some years ago with a drop of the first decimal dilution of *Nux Vomica*. It came about thus:—

A young fellow about nineteen years of age passed by the Medway when the water was low; this was in Maidstone. Now when the water is low in this neighbourhood the river stinks. There is no other word for it—let it pass. My patient smelled the stink, and he got a sharp attack of diarrhœa and vomiting. I was sent for in the morning about ten. The young fellow had passed a very restless night; his bowels had acted frequently, and he had also been sick. He had been griped a good deal, and his tongue was coated with a brown fur. There was no fever, but there was slight frontal headache and thirst. I gave *Arsenicum* in the third decimal dilution. Half a drop for a dose, to be

taken every two hours. The stools were watery, but there was no blood in them, and there was no straining.

My patient was a near neighbour, so I was called in again about 3 p.m., and found that, though the diarrhoea was somewhat lessened, the vomiting was still troublesome. I gave *Ipecacuanha* in half-drop doses of the first decimal.

I called in the evening about seven o'clock. The sickness had not abated, and even cold water caused sickness. There was no fever; there was less thirst, but slight purging and constant nausea.

I thought of *Nux*, and told my patient to put out his tongue. On this fur-coated tongue of his I let fall two drops of the first decimal dilution of *Nux Vomica*. I advised him not to drink any more water, nor to take any more physic, until I called again. He followed my directions, and when I looked in at ten o'clock that night I found my patient comfortable in every way. He had not been sick, nor had his bowels acted since this one dose of *Nux*.

I told his father that his son would be about the next day, and that there was a quiet night in store for the household. Just as I was leaving the room the father said to me, "But I say, doctor, aren't you going to give David any more medicine?" And he looked quite downhearted at the prospect of another night of vomiting and diarrhoea for his luckless son. I replied, "No, that dose is quite enough; let it work, and to-morrow morning we will talk about some fresh physic."

I called to see my patient on the following morning, the day after the wreck, and sure enough the *Nux* had done its duty. A good night had been passed, there had been no return of the sickness or the diarrhoea, and my young friend had eaten some breakfast with relish.

To finish the story. I gave a few doses of *Nux* in the third decimal dilution, and said "Good-bye" to my patient.

Perhaps it would have been better to have left well alone, and to have refrained from giving any more medicine; but it is like touching up a picture, there is always a last touch which seems to be wanted, and sometimes this last touch spoils all. In this case, however, *Nux Vomica* 3x broke no bones.

Putney, Feb. 14th, 1881.

HOMŒOPATHY IN AMERICA.

By E. W. BERRIDGE, M.D.

(Continued from p. 65.)

NEW YORK.

AFTER getting my baggage examined and passed by the Customs (a most annoying *custom*, which I should be glad to see more honoured in the breach than the observance), I sent it on by "Express." This is an American institution which we should do well to copy. At the landing-stages, and at every railway depôt, these "express" men are to be found. Among the most noted of these companies is "Adams's Express." These men wear badges, so as to be easily recognised. They take the baggage to its destination for a fixed price, giving you a check corresponding to the labels they attach to each article. Then they become responsible for the same, and the passenger has no further trouble in the matter. All he has to do is to pay the amount on arrival, and hand back the check. How different this from our way of managing matters, which necessitates the passenger looking after his baggage perhaps several times during a long journey.

This being all arranged, I started for the house of Dr. Swan. There are three modes of conveyance in the States besides the railways—hackney coaches, omnibuses (generally called "stages"), and tram-cars. Our London cabmen would envy their New York brethren, who charge a dollar a mile; but then their carriages are really elegant: such vehicles as we have here would not be tolerated on the other side of the pond. The tram-cars and stages possess an ingenious arrangement for preventing dishonesty on the part of the servants of the company. Each passenger puts his fare into a little box, which no one on the car is able to open; if you require change, you hand the money to the driver, who gives you its equivalent in five-cent. pieces carefully sealed up in a little packet. It is true that they may be sometimes defrauded by the passengers themselves, but that of the two is a much less frequent evil. The American mind is too vast to stoop to such petty larceny. If a Yankee does a dishonest act, he does it on a large scale, as "What-are-you-going-to-do-about-it Tweed" did; or he introduces such scientific skill into the manufacture of his wooden nutmegs as to remove him above the sphere of the mean individual who rides first-class with a

third-class ticket to save sixpence. Moreover, the Americans are free thinkers and free speakers; there is no hypocrisy about them, no worship of Mrs. Grundy. It is not in the United States that bank directors are found who ruin thousands by fraudulent transactions, and compound for their iniquities by building a "kirk," or refusing to read Monday's newspaper because it was printed on the "Sawbath"; nor was it an American who, after a life of wickedness, left by will half a million to a religious organisation, a donation which was wittily designated as the biggest premium for *fire insurance* on record!

New York, with the exception of the old part of the town, is built in a mathematical manner. The avenues run from north to south, and are intersected by the streets which run from east to west. This renders it very easy for a stranger to find his way about town. (I mean this in a literal, not a figurative sense; in New York the innocent traveller had better keep clear of doubtful company, or else he will probably have to say, with shame and regret, "I was a stranger and they took me in.") The most fashionable street is Fifth Avenue, where the millionaires of New York love to dwell. No tram-cars run on its sacred precincts, and no elevated railroad shuts out the light of heaven from its aristocratic inhabitants. Fifth Avenue divides the city, the east and west streets starting from it in opposite directions.

New York in the summer is at times excessively hot. Just previous to my arrival the heat had been 96° in the shade, a most unpleasant contrast to the cold of the ice-region through which the ships had recently passed. Indeed, the captain of one is reported to have said that it was like coming out of the Arctic regions into a place never named to ears polite, except when discussing theology or quoting Milton's "Paradise Lost." It was raining when I landed, so that I became gradually acclimatised; but an American lady very unkindly told me that the weather was specially ordered on my account, to remind me of my distant native land.

Dr. Samuel Swan resides in a magnificent house, 13, West 38th Street, close to Fifth Avenue. I had corresponded with him for several years, and on learning that I intended to visit the States, he most kindly invited me to make his house my headquarters, which I did with great pleasure. Dr. Swan is a man of about sixty years of age, full of enthusiasm and earnestness in the cause of Homœopathy, an industrious student, ever on the watch for fresh

discoveries, and a firm disciple of Hahnemann. It is to him that the profession is indebted for the discovery that articles of food, when dynamised, develop medicinal properties; that the morbid products of disease, when dynamised, become most powerful therapeutic agents for the cure of these very diseases; and that dynamic powers, such as the healing force of the magnet, can be transferred to inert substances, and dynamised *more Hahnemannico*. I say we are indebted to him for these discoveries in science, though some glimpses of the truth had illuminated others before him; for he is not the true discoverer who merely ascertains a fact, but that honour belongs to him who so forces it upon the attention of others that it is universally known. As might be expected, these wonderful discoveries are still ridiculed by unthinking materialists, but they have been verified again and again by those who have honestly put them to the test. The profession does not yet know how much it owes to Dr. Swan. He is the author of those wonderful provings of *Lac Canium* and other remedies recently published in vol. iii. of the *Organon*; and I have in MS. a still larger collection of his provings of remedies which have never yet been published. Those who sneer at these discoveries, because their little minds cannot grasp them, or because they will not accept anything which does not harmonise with their preconceived notions, might study with advantage the following quotations from two living authors:—

(1) "Sneers are for the ignorant, not the wise; and a philosopher, when novel experiences present themselves, should seek to know their cause."

(2) "Your pseudo-philosopher, who will always think he has plumbed the ocean with his silver-topped cane, is a great bore sometimes."

New York and its environs are honoured with the presence of many true Hahnemannians, rivalling Philadelphia in this respect. Drs. Bayard, P. P. Wells, C. Lippe, Fincke, Ostrom, Wilde, Carleton, Schliek, and others—not forgetting T. F. Allen, the industrious compiler of the "Encyclopædia of *Materia Medica*"—are there resident. On the afternoon of the day of my arrival Dr. Swan took me to see Dr. Bayard, a veteran Hahnemannian of great reputation. He is, I believe, a descendant of the Chevalier Bayard, and, like him, well deserves the motto, "*Sans peur et sans reproche*." He has had a vast experience, and now that he is on the contributing staff of our new Hahnemannian journal, the

*Homœopathic Physician*¹ (concerning which more hereafter), it is to be hoped that he will give the profession the benefit of it. He took me for a drive in the magnificent Central Park, which surpasses in beauty anything in London. At his house I also met Dr. Ostrom, one of the first operating surgeons in the city, and at the same time a true Hahnemannian—rather a rare combination, unfortunately. He is known favourably by his work on Diseases of the Breast.

The next day (31st) was "Decoration Day." It is a public holiday, and derives its name from the decorating of the graves of the soldiers who fell in the rebellion. I saw the soldiers march through the city with their bands of music. Many of them bore honourable wounds, received in that fierce struggle by which the curse of slavery was forever abolished in the great republic. This day I called on Dr. Constantine Lippe, the son of Dr. Adolph Lippe, of Philadelphia. Like his father, he is a true follower of the Master, and is a living witness of the truth of his doctrine. In the rebellion, being in the U.S. army, he was severely wounded by a bullet in the leg, the bone being injured. The allopathic surgeon, knowing no better, poor fellow, wanted to amputate the limb, and seemed inclined to perform the operation whether the patient wished it or not; but Dr. Lippe drew his pistol, and said he would shoot the first man who attempted it. "What shall we do?" said the surgeon. "Send me home to my father," was the reply. Accordingly he was sent home, and the leg was cured *without operation*, pieces of bone coming away during the treatment without any surgical interference. The pretenders to Homœopathy, the see-the-casc-at-a-glance doctors, assert that Homœopathy is of no use in intermittent fevers, and that massive doses of Quinine *must* be given. When Dr. C. Lippe commenced practice, he declared that he could and would cure such cases by homœopathic treatment alone. This was a bold defiance to the enemy; he placed himself thereby in the position of a general who has crossed the river into the enemy's country and burnt his ships behind him; there is no retreat possible. So Dr. Lippe had to work hard and study his cases, and found, as all others have done who have fairly tested the truth of Hahnemann's teaching, that intermittents form no exception to the rule. He told me that

¹ *The Homœopathic Physician*, edited by E. J. Lee, M.D., Philadelphia. Sole agent for Great Britain, Alfred Heath, 114, Ebury Street, S.W. Price 11s. per annum by post.

through practice he now found them to be among the most easy diseases to treat. This consistency of principle and practice has necessarily met with its reward; the allopaths of New York respect him, though they cannot agree with him, and many perform operations for patients under his care, while they refuse to do so for the patients of half-and-half men, who profess one thing and practise another. He told me of a case which had recently happened there. Two professed homœopaths diagnosed labour-pains as peritonitis, and gave large doses of *Morphia*! The patient getting worse, they were dismissed, and an allopath summoned. The woman died, and an inquest was held. As the allopath had also given *Morphia* the charge of malpractice fell to the ground, and they were acquitted. But an allopathic physician on the jury remarked to another who professed Homœopathy, "I used to respect you homœopaths as men who at least did your patients no harm, but I cannot say so now." Dr. C. Lippe is the author of "A Repertory to the Characteristic Symptoms of *Materia Medica*," which has been received everywhere with favour, and pronounced to be the best on the subject. It is the one which I habitually use myself. He told me of some remarkable discoveries he had made with reference to diphtheria, and also the sequelæ of gonorrhœa. These I will not attempt to quote, hoping for papers on these subjects from his own pen.

Dr. T. F. Allen I found hard at work at his "Index," which was then passing through the press. It is a matter of surprise to me how he can do such an immense amount of work. Besides his professional and literary labours, he is a musician, and played a fine piece to me on his organ. I also saw Dr. Lilienthal, the editor of the *North American Journal of Homœopathy*. He is a most genial man, and a favourite with every one. He was preparing a third edition of his "Clinical Therapeutics," and also a second edition of his work on "Skin Diseases," which will be much in advance of the former.

Drs. P. P. Wells and B. Fincke reside at Brooklyn, to reach which I had to take the steamer across the ferry. This reminds me of a good story. Americans are so busy that they do not always pay sufficient attention to their personal safety. One of them, not wishing to lose the boat, which was just steaming off, made a rush and a spring to get on board. He alighted on the boat, but lost his footing, and fell down, half stunned for the moment. On recovering he looked back

at the landing-stage, by this time about one hundred yards off, and exclaimed, "Well, I guess that was an almighty big jump!" I was unfortunate in not seeing Dr. Fincke. I had no time to call on him during my first week's stay in New York, and on my return he was out of town. I was happy, however, in visiting Dr. P. P. Wells, and in seeing him frequently afterwards. Dr. Wells is a fine specimen of the old English gentleman, honoured and respected by all, both for his invariable courtesy and professional attainments. He read to me two remarkable papers, one on one of the paragraphs of Hahnemann's *Organon*, and the other on the Latent Action of Medicines, or the time required for a remedy to produce its full effects. He is a thorough Hahnemannian, and is the first president of our International Hahnemannian Association, which we established a little later at Milwaukee.

I did not see much of the hospitals of America. Although an English writer has spoken of these institutions as "philanthropic buildings," I did not suppose they differed much from those in England, and my desire was to see men, not bricks and mortar, however "philanthropic" the latter might be. I did, however, visit the Hahnemann Hospital in Park (4th) Avenue. At that time it was only for paying patients, but a fair had just been held to enable them to accommodate gratis patients also. Its arrangements were excellent, everything that could conduce to the comfort of the sick being attended to.

Some years ago I was elected a corresponding member of the Hahnemann Academy of New York. That institution I found had ceased to exist, but its place was supplied by the Clinical Club. The club meets every month, and after business the members partake of a supper together. I was elected an honorary member.

One remarkable feature of New York which was quite novel to me was the elevated railroad. This is a railroad high in the air, on a level with the top stories of the houses. It is supported on strong iron pillars, and light railway-cars are driven over it from one end of the city to the other. It is a great improvement on our underground railway, as the passengers are not exposed to the vapour of brimstone *before their time!*

An account of New York—even a professional one—would be incomplete without some notice of Manhattan Beach. How any one in the city can be otherwise than healthy with

such a sea resort only a few miles distant is a wonder. The hotel there is one of the finest in the world. There is splendid bathing accommodation, bands of music, and an elegant restaurant. By the way, I there tasted for the first time a preparation of clams called "Clam Chowder." How it is made I do not know, and if I did, alas! we have no clams here. But it is worth the voyage across "the three thousand miles of everlasting wet" to taste it, and this is a pleasure a renewal of which I anticipate some future day. Manhattan Beach had recently been rendered notorious by the proprietor (a Mr. Corbyn) issuing a ukase forbidding persons of the Hebrew persuasion to take up their abode in his establishment. This example I believe has been followed by some others, and it has been carried so far that the Christian wife of a well-known Jewish physician was refused admittance. So after all Europe is not alone in the intolerance of an Anti-Semitic agitation. It is to be hoped that such an illiberal measure will speedily be abolished. Admitting that a low and vulgar Hebrew is an extremely objectionable person indeed, a race that has produced a Beaconsfield should not be thus insulted through the faults of a mere section. We have reason to know how members of the same race differ. An Irish gentleman is a real gentleman—no one more so; but an Irish obstructionist—! As might be expected, the comic papers found plenty of scope for witticism over this affair. One of the best jokes, though a little tintured with American irreverence for the sacred traditions of the past, is found in *Puck*, a journal resembling our *Punch*. A cartoon, depicting various amusing attempts of the persecuted race to enter the angel-guarded precincts of Manhattan Beach, was given, with the motto,

"And the Lord hardened Corbyn's heart, and he would not let Israel come."

(To be continued.)

DR. W. WILBERFORCE SMITH thinks there can be no universal law of cure, because diseases cannot be all included in one class. (See *London Practitioner*, July, 1880.) That's nothing. There is a coloured preacher down in Virginia who thinks there is no universal law of gravitation; and what is more, he gives better reasons for his belief than his educated, benighted medical brother does for his.—*Hahnemannian Monthly*.

PULSE AND TEMPERATURE.

By WILLIAM HITCHMAN, M.D.

It is well said that the THERMOMETER is of great importance in the diagnosis of various diseases—since as a matter of fact the physician's hand, normal withal, and uninfluenced by alcohol and tobacco, is not adequate to determine temperature, scientifically,—nor can we even trust the *feelings* or the sensations of the sick and suffering. In the cold stage of ague, for instance, when the pallid skin feels colder than natural, or what is usual in the equilibrium of force, yclept health, when the teeth are chattering and the whole framework of molecular physics is in a state of cold tremor, the temperature of the blood is considerably augmented. The scientific physician is yet known to the public in 1880 as a "homœopathic doctor," mainly because a dominant exclusive majority wantonly and persistently will it so, to the prejudice of public and profession alike, and ostracised and outlawed thus despotically as every philosophic follower of Hahnemann the great and good MASTER OF MEDICINE is, according to my observation of him at home and abroad, he is most careful to avail himself of *every* resource in the art of healing that is now commended by modern scientific research or sound clinical experience. Does he not count the pulse and the respirations,—explore head, chest, and abdomen, examine secretions and excretions, condition of flesh and blood, state of tongue, in short, power of locomotion, and strength or weakness of mind and body generally? With what new instrument is he practically unacquainted? And does he not understand the correlations of "Pulse and Temperature," the peg on which I hang these remarks? Most assuredly. Let us repeat them for the benefit of others. An increase of temperature of *one* degree above 98° Fahrenheit corresponds with an increase of *ten* beats of the pulse per minute, as in the following table:—

Temperature of 98°	corresponds with a pulse of	60
" 99°	" "	70
" 100°	" "	80
" 101°	" "	90
" 102°	" "	100
" 103°	" "	110
" 104°	" "	120
" 105°	" "	130
" 106°	" "	140

All the medical philosophers in Germany, and elsewhere, have long since determined the ranges of temperature and pulse with great accuracy. As a general practical result, writers in the periodicals of Europe and America are equally agreed, for example, that in temperate regions of the globe, the normal temperature of our mortal coil, at completely sheltered parts of the cutaneous surface, amounts to 98.5° (or a few tenths more or less), and that a rising above 99.5° , or a depression below 97.3° Fahrenheit, are sure and scientific indications of *the right thing being in the wrong place*, provided always the said increase or depression is persistent. Within a temperature of 101° to 105° , febrile phenomena are both grave and severe, as a matter of course, and if there be a rising above 106° Fahrenheit, and thence onwards to 108° or 109° Fahrenheit, not only is the patient "in jeopardy every hour," but his friends may seek the cheapest and best undertaker forthwith, since a fatal issue is certain in a very short time. On the contrary, when the temperature begins to fall from the evening to the morning, there is rational hope of recovery, or good indication of improvement; while a commensurate rise of temperature, from the evening till the morning, will necessitate an altered bulletin in the daily newspapers, the fact being that the patient is getting worse. Singular enough, to the outsider, stability of temperature, from morning to evening, is a good sign, but from evening till the morning such a condition is of unfavourable omen. In acute collapse there may be a *decrease* of temperature, even below the normal heat of the body, and this state indicates the approach of death; also in typhus fever, and chronic wasting diseases; but if transitory in other cases, it may announce a favourable crisis, and precede the return of normal health. This is true of the morning remission of remittent fever, and likewise during the apyrexia of intermittents. Withal, thermometers themselves, curved and straight, may determine inaccurately for patient and physician when employed, as they not unfrequently are, in a hasty, pedantic, officious, and perfunctory manner. Each instrument should be retained *in situ*, during a period of not less than three minutes, and every subject of experiment ought to have been at physiological rest, or in bed, for an hour before an observation is made with regard to "Pulse and Temperature" or the value of the thermometer estimated in the diagnosis of disease. And even though fever and inflammation may consist in the formation and multipli-

cation of new bioplasts, true wisdom may yet be found in the "Organon of the Art of Healing," and an "Essay on a New Principle for ascertaining the Curative Powers of Drugs," by Samuel Hahnemann, M.D., Erlangen, 1796—not of an age, but for all time. Why do men wait for a more rational principle? Because they have not set themselves patiently and laboriously to inquire into the physiological action of medicines on the healthy body, and the special dynamic influence of a well-selected homœopathic medicine, in a dose so small as to be just sufficient to overcome and extinguish the disease. Science is found only in the order of nature, and virtuous deeds are all in all.

"Grau, theurer Freund is alle Theorie
Und grün des Lebens goldner Baum."

From 1840 to 1880, inclusive, I have adhered more or less closely to the principles and practice of Hahnemann, yet, ever and anon, Homœopathy seems to deserve more singularly the gratitude of the physician and of all humanity, as a majestic and beautiful therapeutical rule, *essentially involving the highly rarefied dose*. Of the coarser examples of the homœopathic action of allopathic remedies, the "orthodox" journals are often full, as is the Dispensatory of the rejected Lord Rector (Sir Robert Christison), not to mention the latest kindred works. In what other therapeutical principle is so much of truth and value to be found in daily practice? None! How else were it possible for the physician to remove, as I have done, pink stains on human flesh, and patches of that hue from about the lips and inside the mouth, by means of what looks like water and globules of sugar? Was *Chloride of Gold* non-existent save on the label, as "words, words, words," or the ideal agent of a weak mind? Why is the fluttering pulse of a feeble and nervous patient unrelieved in the absence of potentiated decillion-fold dilution of Zinc? Why, moreover, in numerous instances, during the present year, have irritation and morbid sensibility of the alimentary canal *remained*, together with the spasm, paralysis, either partial or complete, violent recurrent colic, rigidity of the abdominal muscles, cramps, obstinate constipation, diminished urine, increased saliva, anxious gloomy countenance, giddiness, debility, torpor of mind and body, convulsive agitation, and tendency to comatose insensibility, despite the "legitimate" treatment of the *Lancet*, until the patient was ordered the right specific remedy? (*Acetate of Lead* 30). Again and

again have I met with cases of pain in the stomach and bowels, vomiting and diarrhœa, or what not, temporarily relieved by Allopathy, and cured only by Homœopathy? An "infinitesimal" dose of *Phosphorus*, alone, has removed the chronic tenderness and tension of the abdomen which made food hateful and life miserable. And so I might proceed, from the first to the last page of my beloved journal, the *Homœopathic World*, were it necessary, with a record of such practice and treatment, but the whole may be summed up in three words—LIKE CURES LIKE.

SPECIAL REPORT ON THE OUTBREAK OF SCARLET FEVER IN THE BOROUGH OF HALIFAX.

By DANIEL AINLEY, M.R.C.S., L.R.C.P., Medical Officer of Health.

It may be said with truth that Scarlet Fever is never entirely absent from any large town for any lengthened period. The deaths from this disease have ranged in this town from 17 in 1872 to 105 in 1876.

In the month of December, 1880, five deaths were registered from Scarlet Fever, two being in the immediate neighbourhood of the present outbreak. There was nothing in this circumstance to make it special; but on the first three days of January upwards of 50 cases of Scarlet Fever or sore throat commenced simultaneously in the upper part of Hopwood Lane, in South Ward; the number reported up to this (Wednesday) evening is 319, 58 of these being simply sore throat. The number of deaths registered to the same date is 33.

So many cases commencing together, in quite a small cluster of houses, pointed to one common origin. What the one common cause was, opinions differed. This was only natural. The influences which act in common upon a given population are not many, and to each in turn blame was attached. For our present purpose they may be summed up as follows:—1st, the air, or atmospheric causes; 2nd, the drains; 3rd, the water; 4th, the milk supply. Let us consider each of these impartially, and see how far they help us to account for this very serious outbreak.

First. Atmospheric causes. A few words will dispose of this. Atmospheric condition has been known to show very

decided influence on the health and lives of the people, but it has always been over large areas. No one would think for a moment that the air was very different in South Ward from that in West, at the same time.

Second. The drains are said not to be good in this particular neighbourhood. It is true that nearly all the streets in which the fever has occurred are not *through* streets. The drains are blocked, of course, at one end, and several years ago there were a number of cases of fever in Bentley Street, but they were all what is aptly termed "drain fever," or as we best know it, "typhoid fever." The whole of these drains fall into the main sewer in Hopwood Lane, which is large, deep, and well ventilated, with an incline of 1 in 25. Besides the open street ventilators, within 100 yards of the houses, a branch connection from the main sewer is joined to the boiler of Messrs. Gaukroger's mill, on Stott's principle, which has been in daily operation for more than two years, drawing from the main sewer 1,000 cubic feet of sewer gas per minute, so that it almost seems impossible that there should be any accumulation of noxious gases in the sewer. Not only so, but so far as I know we have had no complaint of bad smells in the district for some time back. As a precautionary measure, however, I would recommend that the drains be examined, especially with regard to the amount of fall they have towards Hopwood Lane.

We now come to the water. It was very natural that the water should be blamed for this outbreak—that is, by the public—because, ever since the Roils Head water has been supplied for domestic purposes there has been daily complaints of it. No matter what the virtues of the water are, if it looks dirty or discoloured it is quite enough to make it at least unpalatable, and all the more so with Halifax people, who have so long been accustomed to such splendid water. Immediately, therefore, as soon as we heard such a charge, a sample was given to Mr. Wood, our borough analyst, and he reported as follows:—

"Halifax, January 14th, 1881.

"Dr. Ainley, Medical Officer of Health.

"Dear Sir,—I have examined chemically and microscopically two samples of water from the new reservoir at Roils Head, drawn at 219, and 285, Queen's Road, and have to report that, though the water is of a brown colour, due to the presence of a little peaty matter, it is quite free from

any contamination with sewage or any dangerous organic matter.

“I am, dear Sir, yours truly,
“W. H. WOOD, F.I.C., F.C.S., Borough Analyst.”

On account of the foregoing analysis not being satisfactory to a gentleman of the town, who had procured another analysis from the borough analyst of a neighbouring town, Mr. Wood was requested to make a further analysis, giving details as to quantities of the various substances he found. The following report is the result of that analysis:—

“Halifax, January 20th, 1881.

“To the Sanitary Committee, Halifax Corporation.

“Gentlemen,—I have now completed my analysis of a sample of Roils Head water received yesterday from Mr. Travis. The sample was obtained from the reservoir itself, and not from 1, Vickerman Street, the supply having been cut off. The results are as follows:—

Total solid matter	4.55	grains per gallon.
made up of		
Organic and volatile matter	1.89	” ”
Inorganic matter	2.66	” ”
Chlorine ¹	0.525	” ”
Free ammonia	0.05	parts per million.
Albuminoid ammonia	0.04	” ”
Total hardness	1.96	” ”

Action on permanganate, $\frac{1}{2}$ c.c. decolourised by 250 c.c. water in 22 hours
(showing absence of readily oxidisable matter).

“On igniting the solid matter no odour indicative of sewage was evolved. The water when boiling, in estimating the albuminoid ammonia, had a very slight urinous odour.

“These results are in accordance with my previous reports, as indicating freedom from sewage contamination.

“I am, Gentlemen, yours obediently,
“W. H. WOOD, F.I.C., F.C.S., Borough Analyst.”

We may now summarise the reasons for believing that the Roils Head water has had nothing to do with the outbreak.

¹ Equal to 0.865 grains common salt.

1st. The borough analyst says that although it is discoloured with peaty matter, which comes from the moors, it is practically free from dangerous impurities.

2nd. The water in question is *not* supplied to the locality where the fever broke out. Roils Head water supplies the district west of Queen's Road, and the first fifty cases occurred below, or east of Queen's Road, which is supplied from the Victoria reservoir, and is the same practically which supplies the whole town and district.

3rd. There is no conclusive evidence extant that water was ever the carrier of scarlatina poison.

It is impossible, therefore, to believe for one moment that the water had, or could have had, any connection, as a cause, with the outbreak of scarlet fever; but I think the water-works committee have acted very judiciously in shutting off the Roils Head supply, until some means can be adopted to render it freer of solid matter.

We come now to the fourth common factor, which is milk. This very useful, and to children very indispensable article of diet, has been the media of infection in several serious outbreaks of scarlet fever, and the story of this differs in nowise from those which have preceded it, except in its extent.

On Monday morning, January 3rd, such a number of persons had been attacked during the past forty-eight hours with symptoms of scarlet fever, that many were alarmed, and as I was going from one patient to another, in Hopwood Lane, at the end of Handel Street, a gentleman asked me, "Do you know that the milkman is at home ill, and many of those attacked are his customers?" I replied no, but would look after it. I immediately sent my groom to the house of Mr. Travis, sanitary inspector, who lives in Queen's Road, with the request that he would go to Roils Head Farm, and ascertain what was the matter with the milkman's son. Mr. Travis reported that he was laid up with quinsy, and was only taken ill on the Saturday, January 1st. As many of those who were ill commenced on the same day as he did, it was clear that his illness could not have caused theirs. This being unsatisfactory, and the cases daily increasing, nearly every one of which were the milkman's customers, we went again, on Tuesday, January 4th, and ascertained the places at which he collected his milk, in addition to that supplied by his own cattle. It being the day of the meeting of the sanitary committee, we had to postpone further inquiries to

attend the meeting. On that day one of my patients had told me that the farmer's man had told them that his children were ill. As we returned to Halifax we met Horsfield, the farmer's man, who has a wife and six children, and who was returning from delivering his morning's milk. I asked him if his children were not ill, and he said yes. I inquired the nature of their illness, and he said bronchitis. I asked, "Have you had a doctor?" He replied, "Yes; but he cannot say what it will be until to-day or to-morrow." That sounding very suspicious, we went again next day and examined all the farms—three in number, besides Roils Head Farm, which supplied the milk. Finding these all very satisfactory in every respect, we then went to the house of Horsfield, at Newlands. In the house was a girl, some twelve years of age, nursing a baby, and in the bedroom above four children in scarlet fever, the eldest of whom was convalescent. We were informed by the parents that the eldest of the four commenced on the previous Thursday, December 30th, and the others on the Tuesday. How Horsfield got the fever is the business of others, not mine. This, beyond all question, was the cause of the outbreak. Horsfield milked all his master's cows night and morning, brought the milk to the town several evenings a week, and after the Saturday that young Bell was taken ill brought all the milk to the town both night and morning. Having a wife and six children, one being a baby, the mother could not attend to all her household duties and nurse the sick besides; the probability is that Horsfield himself would do what nursing he could; and, not only so, he would also put his clothes on the bed at night for extra covering, which is an almost invariable rule in persons of his class. Straight from this fever house, person and clothing alike infected, he went to milk the cows, and to do what was required to prepare the milk for being sent to the town, he himself also frequently distributing it. As a great number of these cases commenced within three days of the attack on Horsfield's children, it has been alleged that the latter could not have caused the former. This objection can have no weight to those who understand the disease. Sir Thomas Watson, in his "Principles and Practice of Physic," fourth edition, page 907, says:—"The contagion of Scarlet Fever is active, but uncertain; it is not so strong, nor so uniform in its operation, as that of smallpox, but it seems to be peculiarly subtle and tenacious. It lurks about an apartment, or clings to furniture and clothes, for a

very long time, even after some care has been taken to purify them." But the activity of the poison seems to depend very much upon the medium which conveys it. Just as water is an unknown carrier, so milk is a common carrier of the poison; and because it is milk, increases the life and energy of its passenger. An example of this occurred at Fallowfield, near Manchester, in August of 1879, when a similar outbreak took place, and many of those attacked commenced within twenty-four hours of the time they had drunk the infected milk. Some of my own cases have commenced within six hours of having partaken of the milk. The poison germs having found a suitable element in which to develop, were maturing ere they entered the living organism to carry on and complete their deadly cycle. This idea is borne out by Dr. Lionel Beale, in his work, "The Microscope in Medicine," last edition, page 319, where he says:—"The contagious bioplast is a living particle of extreme minuteness, in most cases less than the one-hundred-thousandth of an inch in diameter. It is invariably colourless, and often so clear and structureless that it is only with difficulty discovered in the fluid medium in which it is suspended. Such a particle may be easily transferred from an infected to an uninfected organism. It may be carried a long distance from its source of origin without losing its vitality, and even after having passed through different media, and after having been exposed to considerable changes of temperature, it may excite in the invaded organism a series of changes, resembling, even in very minute particulars, the phenomena which characterised its presence in the organism from which it was immediately derived. Nay, some contagious bioplasts will grow and multiply in certain animal fluids—milk, for example—and thus the particles may increase in number out of the body. This will suffice to show you that while milk, when pure, is the most important aliment we have, yet it is the most dangerous when polluted.

The measures we adopted to arrest the progress of the disease I will only enumerate. The first, both in time and importance, was to stop Horsfield, the farmer's man, from attending to his usual duties. We advised him to stay at home until all his children were better. We ascertained, as far as possible, by our own house-to-house canvass, assisted very much by the School Board officers, the number of persons affected, and, where we could not persuade them into the hospital, gave directions as to the importance of

isolation. Printed bills were distributed to every house, giving full information, both preventive and restorative, for every stage of the disease. Post-cards were distributed to the medical men on which to report cases daily, and some were promptly sent in. The main sewers and drains throughout the neighbourhood were flushed with water from the mains. The Goux closet tubs were removed every second day where they had fever. Disinfecting powder was given out at the Town Hall to every applicant, and advised to be freely used. The Board School in the neighbourhood, and also at Pellon Lane, has been closed; more than forty private schools have postponed the commencement of next term. Some of the public libraries have also been closed, and those which have not closed have issued notices to the effect that books must not be brought in from any infected house. All the Sunday schools of the infected district, as well as many others, have been closed for the past two Sundays. The large gatherings in the Drill Hall, where some five thousand persons met nightly to hear Mr. Spurgeon's evangelists, were brought to a sudden termination. At the request of the authorities very many public meetings and entertainments have been postponed or abandoned, such as balls, parties, distributions of prizes to scholars and others. From all this you will see that a wholesome alarm has possessed the public mind, effecting a mutual co-operation with the sanitary committee in checking the ravages of this fatal disease.

In conclusion, I should like to make a few practical observations and suggestions.

1st. There is no article of general consumption so dangerous to the health and lives of the people as milk. Even when sewage contamination in water has produced typhoid fever it has often been through the milk. How essential and imperative, then, is the thorough inspection of the production, distribution, or storage of milk. The dairies, cowsheds, and milkshops order of July, 1879, was issued to prevent as far as possible such a calamity as we are now deploring; but, practically, we may say it is a dead letter. I would strongly advise the prompt application of every clause of that order, under personal supervision.

2nd. Under the provisions of the Contagious Diseases (Animals) Act a farmer who sacrifices his cattle for the public good receives compensation. The strongest inducement is held out to him to carry out the law, but in the other

Act there is none whatever, and when we stood in the house of Horsfield, the farmer's man, amidst his sickness and poverty, we felt it hard to prohibit him earning bread for his family. This is wrong; surely human beings are of more value than cattle. What a saving, both of money and sorrow, it would have been if his wages had been paid to stay at home.

3rd. This outbreak teaches us in a terrible manner the insidious and almost incredible contagiousness of scarlet fever. I have for a long time said that the number of deaths from this disease in a town do not indicate its sanitary condition or otherwise. In 1876 over 90 per cent. of our deaths from scarlet fever were traced to infection from previous cases. It is the same now. What the remedy, is we have only to learn what the authorities are doing just now with regard to the cattle disease. Because a few cases have occurred here and there the whole of the cattle of the West Riding are in quarantine, and not until every town has similar powers of isolation will scarlet fever ever be stamped out.

Halifax, January, 1881.

HEROIC PROVING OF APIS.

THE Rev. Stewart Walford sends us the following extract from "Hunter's Bee Manual."

It has one very important bearing—viz., it shows that in our provings we must not expect any given harmful substance to continue to produce pathogenetic symptoms beyond the saturation point of the organism.

"I went to one of my hives, caught a bee, placed it on my wrist, and allowed it to sting me, taking care that I received the largest amount of poison by preventing it from going away at once; then I let the poison-bag work, which it does for some time after being separated from the bee. The first day I only stung myself twice. A bee-sting has always had a very bad and injurious effect upon me, inasmuch as it has always caused a great amount of swelling and pain; in fact once, when stung on my ear, the part became so painful and swollen that I hardly got any sleep the following night, and it was eight days before I recovered. The first few stings I got during this experiment had the usual effect; the whole of my forearm was affected with a

cutaneous erysipelas, and there was disorder of the muscular nerves, accompanied with heat, redness, swelling, and pain. The attack lasted till Sunday, and on Wednesday, October 7, I was so far recovered that, following the same plan, I stung myself three times more, also on the wrist. The attack of erysipelas this time was not nearly so severe; but, as before, I felt a stinging sensation as far up as my shoulder, and I noticed that a lymphatic gland behind my ear had increased considerably in size, the poison being taken up by the lymphatic system. On Saturday, October 10th, I again treated myself to three stings, and the pain was considerably less, though the swelling was still extensive. October 17th I had had eighteen stings, when I stung myself seven times more during the next week, and reached the number thirty-two October 31st, the course of the experiment having lasted very nearly four weeks. After the twentieth sting there was very little swelling or pain, only a slight itching sensation, with a small amount of inflammation in the immediate neighbourhood of the part stung, which did not spread farther; and I stung myself, November 8th, without its having any effect on me."

SUICIDE OF "THE ORGANON."

THE following circular has reached us :—

"To the Subscribers to 'The Organon.'

"Liverpool, January, 1881.

"It is with extreme regret that the editor announces the abrupt termination of *The Organon*. He has long devoted to its pages much time and attention, and finding it impossible any longer to do so without serious risk to his health and interference with other duties, he has determined to relinquish all interest in the undertaking. He feels that some apology is due for having raised the expectation of the public by issuing the first part of a new volume, but he has desired the publisher to return the full amount of all the subscriptions already received, and thus issues the first part without charge."

We are sorry Dr. Skinner has strangled his own baby; all things considered, it was a promising boy.

NOTES BY THE WAY.

By Dr. USSHER.

(Continued from Vol. XV., page 549.)

Bellad. 3x produced pain on the right side of the face: worse 4 to 5 a.m., and I was compelled to stop it. *Kreasotum* 24 caused violent pulsations all over the body, after a few doses of globules. I mention *this* fact because some of us disbelieve the power of high potencies to produce a proving. These globules I have had for twelve years in my possession. May I presume to offer this advice—never alter a medicine when it is doing good, and don't interfere with the good done by overdosing. Some of us don't get aggravations! I have had two this week, in a lady after her confinement, one from *Arnica*, the other *Belladonna*, both in the 3x. She had a bad labour (forceps), and we would willingly have dispensed with the violent headache of each remedy. We have to learn the value of *Sac. lactis* and proof spirit. Can no one suggest or devise a pleasant drink for total abstainers?—the prospect of good and cheap water is such a distant one. It must be an age of deception when I see a certain so-called Fruit Salt sold as a beverage, and in Moorgate Street too! Pleasantest of delusions, this!! There is an agreeable mode of giving phosphorus and iron, zoedone, and of giving it without the iron in the sparkling hygeia, far too dear for public general use. My eyes after its use looked fishy in the whites, sight misty, morning irritability, hawking of old tasting musty mucus, scraping sore throat, dull headache, and dreams of an unhappy character. Surely one does not want phosphorus always; but for a drink of pleasant flavour such as this is, some one might be enterprising, without suggesting cold tea, or warm, with a *souppçon* of lemon. To the thirst-bound in torrid weather such as we had last summer, let me suggest a visit to Sainsbury's, in the Strand, where refrigerated drinks made after the American style, flavoured with fruit syrups, are obtained. If they don't like the iced carbonated strawberry, lemon, chocolate, cherry, etc., then don't go again.

When you put on a new coat, how much better are you for all the dye-stuff that seeks an entrance to the body *vid* the axilla? I fear I am getting suspicious; the odour that comes along with it is certainly *not human*. May I divert to a description of a handy form of enema, the invention of an allopath, supplied to his patients at the cost of a guinea,

but made anywhere for much less—Arnold and Sons, of Smithfield, for instance? A funnel-shaped india-rubber bag, holding a quart or more, fitted with a cover to its ring, and a hook to suspend to the bed-top. It is transparent; the tube and rectal piece are of nice soft rubber, fitted with a stopcock, and controlled in a moment. It might be utilised for ozæna, or otorrhœa, with other elastic fittings, or for eye use, with a spray, or again for the throat. It is worth the note, not the guinea.

A girl had a small tumour on the right side of her face, hard, but moveable. *Baryta Carb.* 12, one pilule three times daily, made a trifling difference, but since I used the 6x trituration of Keene and Ashwell's there is a marked lessening. The same has been observed by myself in chronic enlargement of the tonsil—the trituration of *Baryta* effected what the tincture of the 12th did not. As a further illustration of the difference of potencies I have now a little patient taking *Calc.-Carb.* for rupture: 12 made a slight difference, 30 has done great things. It seems to us, who get a constant proof of it, that the virtue of the same medicines lies in doses, varying in their magnitude, and at different times, with the same individual. Perhaps the resistance of the sick body to the dose, or the more careful choice of the similar, has something to say to it. Sometimes the higher potency of the same drug, and oftener the lower, has the best of it. The fact is beyond gainsaying.

Dioscorea Villosa.

The more we can precisionise the more valuable our observations are. I select two cases which occurred the same morning, one a woman constantly suffering from painful dyspepsia, eructating large quantities of wind, and constantly drinking largely of tea. Her pain was epigastric, shooting up and down, then violent retching. Relief was immediate. My other patient was the one I gave increasing doses of *Nux Vomica* 1x to. 1 gr. made him easier, 2 grs. before dinner still further ameliorated him, but 3 grs. perfected his relief. I thought now that *Nux* was still on the cards; but no, his pain lasted *every day from 3 to 7 p.m., following his meals.* After the *Dios.-Vill.* 1x the pain lessened, then came on a half-hour later. Finally, an hour after meals, he too was troubled with great flatulence from the stomach. This was October 21st, and I have not had him since. On

the 29th, this note: "Has taken no medicine, for he is free of pain: like *Iris*, it gives prompt relief, and if the succour does not soon come, I should again look over my remedy." A third case. Miss E. was promptly helped by this remedy. She was always suffering from flatulent dyspepsia, rolling up volumes of wind; very sedentary in her occupation, and no doubt working soon after meals,—one of the gossipy order of young women, who are magniloquent over their tea, and killed with flatulence after it. Generally her evening was the worst, and both *Pulsatilla* and *Nux* had rendered good service. But at last pain after every kind of food or drink led me to *Dios.-Villosa*, and prompt indeed was its action, and great her relief, so much so that there has been a long spell in her attendance on me. Lillenthal puts it very plainly under art. Stomach, p. 578: "Sharp cramping pains in pit of the stomach, followed by raising, belching and gulping enormous quantities of tasteless wind, followed by hiccough and discharge of flatus downwards; dull, heavy, weary pain in the stomach, worse after eating; relieved by copious eructations of air." It reminds one of *Lycopodium*, in that there is satiety after a little; in the other they are afraid to eat, and are surely worse if they do.

Aurum Mur.

A minister came to me with a very ugly nose, excessively red, and covered with pustules that gave him anything but an envious appearance. He was depressed in spirits. I turned to Hering, and, under "Nose," I read: "Feeling of soreness in nose, especially when touched. Tip of nose 'knobbly' red, nose red and swollen;" and, under "Skin," "fine papular eruption on face, small and large blotches, stinging burning, feeling like hard knots, of a dirty yellow colour, often indicated with ruddy complexion. *Aurum Mur.* 6x trit. (Keene and Ashwell's), gr. ii., ten doses." Only one was taken, and I saw the gentleman in a week, lively, and free from all trouble. I noticed in this case little scales in the redness around the pustules. This, I believe, is a key to *Aurum* with the depression. At any rate, note it; branny scales, I call them.

Calvert's tooth-powder I have to thank for an uncommon bad backache. See proving in Allen.

Urine boiled, and effervescing with nitric acid, denotes *Carb.-Ammon.* I observed this symptom in a rheumatic

bedridden patient, and removed it with a few doses of *Ammon.-Carb.* 2x trit. The pains are better, and the feebleness was much less after *China* 3x, so much so that she got out of bed, but since the latter remedy great blotches have come out on her body, with manifest improvement of the rheumatism. Will those gentlemen who ignore *Psora* explain this little fact?—perhaps it was the hot weather.

PLANTAGENET.

THE *Planta genista*, which gave its name to so famous a race of kings, is not a plant of which we know, perhaps, quite as much as might, historically speaking, be expected of us. The old English name for it—"whyn"—has almost disappeared from use, and protracts a sort of phantom existence in the appellation of a small bird called the winchat. Its more modern title of "broom" is familiar enough, but it may be doubted whether many people know the difference between it and gorse or heather. In Spain the true *genista* grows in great abundance, and in the southern parts of France, especially where the soil is sandy, it is encouraged and even artificially cultivated with some success by the peasants. The seed is sown broadcast, and after three years the young herb is fit to be cut and used as forage. It will easily be supposed that there is not a great deal of nutriment in it, and it would not be very suitable for use on one of our properties managed in the high-farming style; but it serves to keep alive the goats and some of the more hardy sheep during winter, and ekes out the supply of fodder when more palatable provender is scarce. It is, however, not only as an article of food that the *genista* is used in Lower Languedoc. The villagers in that country have discovered that its virtues include a capacity for yielding textile fibre which can be made into cloths. The *Journal of Practical Agriculture* gives a detailed account of the process by which the fibres are separated from one another, and prepared, by soaking in water, for use as threads. The result is a linen so strong as to be untearable and almost indestructible. The stuff has at first a dark reddish appearance, and is rather unpleasantly rough to the touch, but with use and wear these defects disappear, and it becomes smooth and very white. It is rather curious that this use for the plant is known almost alone to the people of Lan-

guedoc, and it is suggested that some valuable experiments might be made on a large scale with a material that has hitherto been too much despised, except when it appeared on the helmets of Fulk of Anjou and his descendants.

CASE OF POISONING BY TEA.

A CURIOUS case of tea-poisoning has been put on record—a case which brings out vividly the fact that “the cup that cheers,” if taken in excess, may be reckoned as deleterious a drug as alcohol itself. The victim was a horse belonging to the gallant Lord William Beresford. It appears that by accident a quantity of tea got mixed with the corn which a Kaffir groom gave his lordship’s charger, and that the animal ate it greedily. The results are very fitly described as “startling.” The horse “plunged and kicked, and ran backwards, at intervals galloping madly around, finally falling into a donga, where it lay dashing its head on the rocks, and was dispatched by an assegai thrust through its heart.” The *post-mortem* appearances were, as might be expected, indicative of extreme cerebral congestion. Although little is supposed to be known about theine, the active principle of tea, it may be mentioned that Dr. Alexander Hughes Bennett, the son of the distinguished physician of that name whose teaching helped to put an end to the old bleeding treatment of inflammation in this country, made not long ago some very careful and thorough experimental researches on the subject. The results Dr. Bennett achieved by studying the symptoms appear confirmed by the case of Lord William Beresford’s horse. As might be expected, there was cerebral congestion, and the wild behaviour of the animal indicates that as one result of this, severe cerebral excitement was produced. The horse also appeared to a great extent insensible to pain. Taken in conjunction with the rest of its behaviour, the inference is that, whilst excessive theine paralyzes the sensory part of the nervous system, it leaves the motor nerves free to act under the stimulated influence of the centres of volition. The effect of tea-poisoning, in producing all the violent muscular action manifested by Lord William Beresford’s horse, thus seems intelligible enough.

LITERATURE.

IS CONSUMPTION CONTAGIOUS?¹

THIS is a scholarly production relating to the two vitally important questions as to whether consumption is or is not contagious, and as to whether it can be transmitted by means of food.

Dr. Clapp answers both questions in the affirmative, piling on the agony so that few will finish reading the second part without trembling at the eating of every beefsteak lest it be tuberculous, and suffering from the horrid nightmare that acute tuberculosis lurks in the contents of about five per cent. of the milk-pails that supply our babies with food.

We envy the quiet calm of the vegetarian who also eschews the food of calves. Is it true that we *must* expose ourselves to tuberculosis by eating beef, and our children thereto by feeding them with cow's milk? We learn on good authority that *very tender* beef is apt to be tuberculous. More than once we were just about to tooth a sappy steak when this horrid notion came into our mind, and we got a certain sinking at the stomach, and——put up with the potatoes and pudding for that day.

INFLAMMATION CHIEFLY OF THE MIDDLE EAR.²

THIS is the best work on the homœopathic treatment of Diseases of the Ear in the English tongue. We cordially recommend it.

HAHNEMANNIAN LECTURE, 1881.—We learn that Dr. Richard Hughes, of Brighton, has been appointed Hahnemannian lecturer for the current year.

¹ Is Consumption Contagious, and Can it be transmitted by means of Food? By Herbert C. Clapp, A.M., M.D., Lecturer on Auscultation and Percussion in the Boston University, etc. Boston and Providence: Otis Clapp and Son. 1881.

² Inflammation Chiefly of the Middle Ear, and other Diseases of the Ear. Being a Course of Lectures delivered to the Students at the London School of Homœopathy during the Winter Session of 1877-78. Second Edition, with Additional Cases. By Robert T. Cooper, A.B., M.D., Physician, Diseases of the Ear, London Homœopathic Hospital. London: The Homœopathic Publishing Company, 2, Finsbury Circus, E. C., 1880.

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 BREATH OF OUR NOSTRILS.

DEAR SIR,—Do you physicians and physiologists of the West know that you (in fact all human beings, and no wonder if even the brutes) breathe through the two nostrils alternately, and never through both at the same time? If not, there should be a stir about the matter, since it is occurring every day, every hour, in every one's life. Here in India we have a whole treatise in Sanskrit devoted to the subject. There are in it minute details about the alternation of breathing which are said to affect almost all the functions of a living man. The breathing through each nostril continues for from two to six hours. Exercise hastens the change and rest retards it. So much for the present. I shall be glad to furnish you with details about the subject when occasion comes.

Yours truly,

CN. CHATTERJI,
Homœopathic Practitioner, Gaza.

Gaza, 7th January, 1881.

"HOW THEY DIE."

DEAR SIR,—Your correspondent "L.R.C.P., M.R.C.S., Etc.," takes exception to some remarks of mine on parish doctors in your December issue. I am sorry if my remarks have hurt your correspondent, or have conveyed a bad impression of parish doctors as a whole; but on re-reading my article I cannot find that they are capable of bearing that construction, and if "L.R.C.P., Etc.," will take the trouble to do the same, in calmer moments, I think he will find that it contains very small grounds for his panic.

His remark that I imagine parish doctors to be unqualified men in the legal sense is perfectly gratuitous.

I have taken special pains to guard against the supposition that I was speaking of *all* parish doctors—parish doctors as a body." It would ill become me to do so with

my limited experience. I was speaking of parish doctors and their work as I had encountered them. That others have had a larger and happier experience of the gentlemen and their work I am delighted to know and acknowledge. In my experience the average parish work has been in point of excellence and thoroughness many degrees below average private practice, and in my opinion this has had its share in augmenting the death-rate of the poor.

If "L.R.C.P., M.R.C.S., Etc.," had read my article carefully, I do not think he would have ventured to say that "there is *never* any difficulty in obtaining skilled medical attendance." I refer him to the article for my answer to this assertion.

I am, Sir, yours, etc.,

JOHN H. CLARK, M.D. Edin.

15, St. George's Terrace, Gloucester
Road, S.W., Feb. 10, 1881.

EDUCATIONAL RECOGNITION OF HOMŒOPATHS.

DEAR SIR,—I fully agree with Mr. E. B. Ivatts (*Homœopathic World*, February) that "there cannot be a doubt but that Dr. Bayes is working in the right direction in attempting to increase the number of homœopathic physicians and surgeons" in Great Britain. There is still less doubt in my mind that Mr. Ivatts himself has struck the "keynote" of such an attempt—viz., *the necessity of organisation* by both homœopathic doctors and laymen. This has been successfully accomplished in America, and it can be effected here also. When it is done it will reveal an amount of wealth, social prestige, and intelligence among the adherents of Homœopathy which will astonish not only the adversaries, but even the friends of Homœopathy. British homœopaths do not realise their own strength in the social and public scale. If they did they would rise and stretch themselves, as a strong man about to run a race. Mr. Ivatts's plan is simple and practical. Let it be put into operation without delay. Let our best men in London devise and issue a petition, as suggested, "addressed to the Queen, stating the want of homœopathic practitioners in the country, and the desire of the people to have a school with licensing power." Let local committees be formed to register homœopaths and to collect subscriptions; but, above all, let every homœopathic

physician in Great Britain be furnished with *four* copies at least of this petition paper—one to be kept on his waiting-room table, for examination and signatures; one to be kept on his consulting-room table, where he can bring it directly to the notice of patients; one to be carried with him in his pocket on his daily rounds; and one or more to be given into the charge of some enthusiastic layman (there are always some such in every doctor's *clientèle*) who will take pleasure in circulating it among *his* or *her* friends. If the enthusiastic layman is a lady (forgive the Irishism) all the better. There is no doctor in the land who could not "keep the ball rolling" in this way, with no detriment to himself, and the results would astonish and please himself. Let each doctor, armed with this petition, feel himself responsible for a full representation of his own personal practice. And there are many more than patients in Homœopathy who would willingly sign such a petition—men and women who are liberally disposed, and *who see the justice of such a demand* for educational recognition on the part of Homœopaths.

In certain districts or localities, and owing to certain circumstances, the travelling agents or organisers would act well, but I believe that it would be best that the initial movement should commence with the physicians themselves. If their action is imperfect the "travelling organiser," the local committee, and the public meetings, the columns of the daily press, etc., may all be brought into requisition as circumstances seem to warrant.

But let us have prompt action—a form of petition, etc.—something to go to work on—and then, oh, Israel! every man to his tents, and gird himself for the fray.

H. R. STILES, M.D.

Dundee, February 16, 1881.

PROGRAMME OF THE INTERNATIONAL HOMŒOPATHIC CONVENTION.

SIR,—I shall be much obliged if you will allow me, through your pages, to bring before our colleagues the following outline of the probable business of the approaching gathering.

On Tuesday, July 12th, after the president's address, the reports from the different countries as to the history of

Homœopathy for the last five years and its present condition therein will be before the meeting; and discussion will be held on the best modes of improving our position and furthering our cause.

On Wednesday, the 13th, the Institutes of Homœopathy and Materia Medica form the subject of the day; on Thursday, the 14th, Practical Medicine and Gynæcology; on Friday, the 15th, Surgical Therapeutics, Ophthalmology, and Otiatrics. From the papers under these headings, received or promised, the following topics present themselves for discussion, and have been (provisionally) adopted as a programme.

Wednesday.

1. The selection of the remedy, with especial reference to individualisation and generalisation.
2. Alternation.
3. The relative value of clinical and extra-clinical evidence as to the efficiency of infinitesimal doses.

Thursday.

1. Homœopathy in hyper-acute diseases — dysentery, cholera, yellow fever, and in hyper-pyrexia.
2. The possibilities of medicine in cancer.
3. The treatment of affections of the os and cervix uteri.

Friday.

- 1.
2. The treatment of iritis, simple and syphilitic.
3. The place of homœopathic medication in ear disease.

It will be observed that the subject for discussion under the head of surgical therapeutics remains a blank. Upon this branch of our science *we want papers*. It is not so with the others. We should not refuse fresh essays if they were worth acceptance; but we have no need to invite them. Our object in publishing the above information is to invite debaters on the various topics. It will be remembered that the essays are not to be read at the meetings, but printed beforehand and furnished to any one who applies for them with the intention of taking part in the discussion on their subjects. I shall be glad to receive the names of all such as soon as may be convenient; and will see that

they receive in good time the papers belonging to the matter they select.

I am, Sir, yours very faithfully
(for the Officers of the Convention),
RICHARD HUGHES.

36, Sillwood Road, Brighton,
February 5, 1881.

REPORTS OF INSTITUTIONS.

THE LONDON SCHOOL OF HOMŒOPATHY.

THE forty-first monthly meeting of the committee was held on the 14th ult., John Boodle, Esq., in the chair.

The committee have appointed Dr. Richard Hughes to deliver the *Hahnemann Address* in October of the present year.

The annual meeting of the School is appointed to be held on Tuesday, April 12th, at 4 p.m. It is particularly requested that our subscribers and governors will attend this meeting. Important business connected with the future working of the School will be then discussed and arranged.

It is not usual to answer anonymous communications, but the honorary secretary having received an anonymous note professing to correct his statement that there are about 300 practitioners of Homœopathy in Great Britain, by saying that the "Homœopathic Directory" contains the names of only 275, Dr. Bayes would inform him that, in addition to these 275 avowed practitioners of Homœopathy, there are many who practise Homœopathy exclusively, but object to their names appearing in a directory as homœopaths, on account of the unworthy persecution which might follow such an avowal. A considerable number of such physicians are known to Dr. Bayes.

The School entered upon its fifth year on the 15th December, 1880, the period for which the School was constituted, as at present organised. Gentlemen desiring to suggest changes in the working of the School are requested to communicate their views to Dr. Bayes, as succinctly as possible. Suggestions thus made will be submitted to the next committee meeting, and shall have every consideration given them at the annual meeting. One suggestion of a practical

nature is before the committee—to fund the surplus moneys, and add them to the sum already invested.

To extinguish the annual subsidies now paid to the lecturers, and the salaries. Of the income that will be produced, to set apart £50 annually as an endowment for a clinical lectureship at the London Homœopathic Hospital, to be held for two years by the appointed lecturer (who may be eligible for re-election). The surplus to be used for the payment of the rent of lecture room, and for the endowment of a Hahnemann Lectureship. The lecturer to be elected annually. The surplus to accumulate until a sufficient sum is available to enable the trustees for the fund to propose further endowments. It will be needful that certain changes shall be made in the constitution of the executive of the School, to simplify its working. The course above indicated is one which would provide permanence for the most essential lectureship.¹ A scheme is also provided for the encouragement of further lectureships, subsidising them in proportion to the number of pupils receiving instruction at their hands.

The above propositions will, if carried out, form a nucleus easily expanded into a new medical school when sufficient funds have accumulated.

WILLIAM BAYES, Honorary Secretary.

21, Henrietta Street, Cavendish Square, W.

INTERNATIONAL HOMŒOPATHIC CONVENTION.

THE following additional subscriptions have been received by the Treasurer, Dr. Bayes, to 23rd February, 1881 :—

Subscriptions already announced	...	...	£63	0	0
Dr. Adrian Stokes	...	...	1	1	0
Dr. Henry Woodgates	...	...	1	1	0
Dr. George Shepherd	...	...	1	1	0
Dr. Purdom	...	...	1	1	0
Dr. H. R. Stiles	...	...	1	1	0
Dr. Arthur Sandberg	...	...	1	1	0
Dr. P. Torry Anderson	...	...	1	1	0
Dr. W. A. Kennedy	...	...	1	1	0
Dr. R. E. Dudgeon	...	...	1	1	0

¹ "In order to make any real improvement in training our students as practitioners, it is necessary, to a large extent, to substitute tutorial and bedside teachings for the long courses of lectures now delivered on medicine and surgery."—*Report of the Committee of Council of the British Medical Association on Medical Education, Jan. 7, 1881.*

OXFORD HOMŒOPATHIC MEDICAL DISPENSARY,
37, HYTHE BRIDGE STREET.

Eighth Annual Report, 1881.

Physician—Arthur Guinness, Esq., M.D., F.R.C.S.

THE Oxford Homœopathic Dispensary has now reached its eighth year, and continues to do its work. The number of attendances has increased, as also the number of subscribers, but the total amount of the subscriptions is somewhat less. Your thanks are due to the committee of the Hospital Sunday Fund for their usual gift of £10, also to that of the Hospital Saturday Fund for their subscription. The regulation of last year controlling the number of home-visits has not had any influence in checking attendances, but has checked the not unfrequent needless applications, to the advantage of the more really necessitous cases.

The present position of the Dispensary being favourable to patients arriving by rail, it is hoped that additional subscribers may be obtained from the many outlying small towns and villages from which applications are made, the annual number of which amounts to about 300. Among these Ifley, Hincsey, Cowley, Headington, Wheatley, Kidlington, Eynsham, and Bicester contribute the larger number.

Our thanks are due to the medical officer, Dr. Guinness, for his unremitting attention to his duties, which, as proved by their numbers and their voluntary offerings are well appreciated by the patients.

The following is the report of the physician :—

New Patients admitted in 1880	2,023
Attendances	3,246
Total number since opening in 1872	14,359
Vaccinations	53
Deaths	9

NOTTINGHAM HOMŒOPATHIC INSTITUTION.

Annual Report.

Medical Officers—Dr. Bradshaw and Dr. Stanley Wilde.

ANOTHER year has passed away, and this Institution enters upon the twenty-seventh year of its existence.

The medical officers have much pleasure in announcing that the average attendance at the dispensary now reaches *upwards of two hundred patients a week*; a convincing proof of the

estimation in which Homœopathy is held by the poorer classes, and of their appreciation of the benefits to be derived therefrom.

Whilst making this gratifying statement, they would call special attention to the fact that, with the exception of the few subscribers whose names are appended, this Institution is entirely a self-supporting one, and that its usefulness and sphere of work might be largely augmented if a greater number of subscribers were forthcoming. The advantages of homœopathic treatment are now becoming more fully recognised and appreciated ; and Homœopathy is thus making steady progress, both at home and abroad, with all classes of people.

In America there are insurance companies who insure the lives of persons who are treated homœopathically at a cheaper rate than the ordinary tariff, it being known that the mortality is less under this treatment.

A fact, worthy of notice, which is well known to all homœopaths, and not a few allopaths, is that the standard text-book of the day on therapeutics, in the medical schools, is full of homœopathic teaching from beginning to end. The source from which such knowledge was obtained is, of course, totally ignored.

These, however, are a few of the signs of the times, and they require no further comment here.

MYSTERY OF DREAMS.

It is related that a man fell asleep as the clock tolled the first stroke of twelve. He awakened ere the echo of the twelfth stroke had died away, having in the interval dreamed that he committed a crime, was detected after five years, tried, and condemned. The shock of finding the halter about his neck aroused him to consciousness, when he discovered that all these events had happened in an infinitesimal fragment of time. Mohammed, wishing to illustrate the wonders of sleep, told how a certain man, being a sheik, found himself for his pride made a poor fisherman ; that he lived as one for sixty years, bringing up a family and working hard ; and how, upon waking up from this long dream, so short a time had he been asleep, that the narrow-necked gourd bottle filled with water, which he knew he overturned as he fell asleep, had not time in which to empty itself.

How fast the soul travels when the body is asleep! Often, when we awake, we shrink from going back into the dull routine of a sordid existence, regretting the pleasanter life of dreamland. How is that sometimes, when we go to a strange place, we fancy that we have seen it before? Is it possible that when one has been asleep the soul has floated away, seen the place, and has that memory of it which so surprises us? In a word, how far dual is the life of man? how far not?

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, 5, Holles Street, Cavendish Square, 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. C. MILLER, 2, Finsbury Circus, London, E.C.

ANSWERS TO CORRESPONDENTS.

DR. MORRISSON, BRIXTON RISE.—Your paper has been crushed out.

DR. S. H. BLAKE, LIVERPOOL.—Your paper is marked for insertion in our next issue.

DR. MIDGLEY CASH, TORQUAY.—Your communication reached us too late for insertion in this number; it will appear next month.

DR. STOKES, SIDMOUTH.—Your article on "Mechanical Medicine" stands over for our April number.

CORRESPONDENTS.

Communications received from Dr. Bayes, London; Dr. Guinness, Oxford; Dr. Stiles, Dundee; Dr. Hughes, Brighton; Dr. Bradshaw, Nottingham; Dr. Stanley-Wild, Nottingham; Dr. Reed, Maidenhead; Dr. Ainley, Halifax; Dr. Berridge, London; Dr. Clarke, London; Dr. Tuthill Massey, Redhill; Dr. Henry Minton, Brooklyn, New York; George Norman, Esq., Bath; Dr. Shuldham, London; Dr. R. M. Theobald, London.

BOOKS AND JOURNALS RECEIVED.

Barbados Globe, three numbers.

The Liberal Review, January 22, 1881.

The Homœopathic Times, January and February, 1881.

Teething and Croup. By W. V. Drury, M.D., M.R.I.A. Enriched with notes and additions by T. C. Duncan, M.D. Chicago: Duncan Brothers, 1881.

An Index of Comparative Therapeutics. By Samuel O. L. Potter, M.D. Chicago: Duncan Brothers, 1880.

Monthly Homœopathic Review, January, 1881.

Woodhall and Claffin's Journal, January 29, 1881.

A Critical Revision of the Encyclopædia of Pure Materia Medica. By T. F. Allen, M.D.

St. Louis Clinical Review, January 15, 1881.

El Criterio Médico. Tomo XXII., Número 2, Año XXXIII.

Dietetic Reformer, February, 1881.

The Medical Call. Vol. I., No. 1. Quincy, Ill. [A new venture.]

Therapeutical Materia Medica, containing the chief uses and clinical uses of two hundred and sixteen remedies, arranged upon a new and available plan for study and practice. By H. C. Jessen, M.D. Chicago: Halsey Brothers, 1880.

Medical Press and Circular, Wednesday, January 19, 1881.

Report of the Committee of Council of the British Medical Association on Medical Education, 1881.

Modern Thought, February 1, 1881.

United States Medical Investigator, January 15, 1881.

Bibliothèque Homœopathique, No. 5, 1881.

Plain Directions for the Treatment of Accidents and Common Complaints by Homœopathic Medicines. Calcutta: R. K. Mitter and Co., 1880.

Allgemeine Homœopathische Zeitung. Bd. 102, Nos. 5, 6.

Barbados Globe, five numbers.

The Clinique. Vol. II., No. 1. Herald of Health, January and February, 1881.

Bulletin de la Société Médicale Homœopathique de France. No. 5, 1880.

Boletín Clínico del Instituto Homeopático de Madrid. Año I., Núm. 2.

Twenty-eighth Annual Report of the Committee of the Free Public Library of the City of Liverpool.

La Reforma Médica, Tomo V., Num. 1.

Chemist and Druggist, Feb. 15, 1881.

The Medical Tribune, Feb., 1881.

American Observer.

Revue Homœopathique Belge, Janvier, 1881.

Fairfax. Essays, Hints, and Observations on Personal Economy, Diet, and Hygiene. London: Fairfax Company.

The Homœopathic World.

CONTENTS OF FEBRUARY NUMBER.

LEADING AND GENERAL ARTICLES:—

The International Homœopathic Convention, 1881.

Case of Chronic Diarrhoea Cured by Jalap.

On Compulsory Medical Inspection of all Schools.

The Action of Ceanothus on the Spleen. Homœopathy in America.

Case of Cardiac Dropsy—Recovery.

An Explanation.

A Pathognomonic Sign of Pulmonary Emphysema.

Cases of Idiosyncrasy.

Cheering the Iodide of Potash!

Our Newness.

A Lady's Logic.

Hearn's Glass Bottles for Homœopathic Medicines.

Banquet to T. F. Allen, M.D.

The London School of Homœopathy from an American Standpoint.

OBITUARY:—

Mr. John Walker.

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SHORT NOTES, ANSWERS, ETC.

THE HOMŒOPATHIC WORLD.

APRIL 1, 1881.

HOMŒOPATHIC LITERATURE AND THE BOOK TRADE.

THE obstacles in the way of homœopathic literature are very great, and the removal of any one of them must be a source of sincere congratulation.

Some may not know that the booksellers have a reference catalogue published every year containing as nearly as possible the whole of the current literature of the country.

For the first time in the history of Homœopathy we find that homœopathic works are included in the "Reference Catalogue of Current Literature for 1880."

This is the catalogue whence booksellers derive their information, and an enormous undertaking it is. And now that homœopathic works are no longer excluded from it any bookseller can take orders for homœopathic works. We regard this as a most important acquisition, because homœopathic literature will thus gradually free itself from the tyranny of rival chemists, some of whom, unfortunately for the development of Homœopathy, narrow the sale of our literature to their "own publications."

It is also important from another standpoint. It is well known that the ordinary medical booksellers will have nothing to do with homœopathic publications because it does not pay by reason of the bitter hatred of the ordinary narrow-minded allopath, who will not publish through, or deal with, any medical bookseller who has aught to do with Homœopathy. Thus, what with the rattening of the allopaths, and the pettifoggishness of some of the homœopathic chemists, the homœopathic author has but a sadly poor chance, unless he write claptrap calculated to sell medicine chests.

Now, however, the homœopathic author (thanks to the enterprise of the "Homœopathic Publishing Company") finds his works in the "Reference Catalogue of Current

Literature," and hence it becomes at least possible for the ordinary bookseller to take cognisance of homœopathic publications.

The freedom of the press has ever been the sheet-anchor of our School, and our literature is daily and almost hourly advancing its interests, and undermining the allopathic foundations. The allopathic sectarians may shut us out from their journals, from their societies, from their dispensaries, and from their hospitals. A certain great lady may here and there oust a homœopathic practitioner or two to make room for Sir William, but, so long as we have a flourishing literature, we may laugh the efforts of all our persecutors to scorn.

We would call the attention of all homœopathic authors and journalists to the great desirability of getting all their works and journals duly catalogued every year in the booksellers' "Reference Catalogue of Current Literature," just as a preliminary step to more general recognition. Let us remember that when our journals and our books are once launched they are practically insuppressible and indestructible, and are thus bound to tell in the cause of truth sooner or later.

We write the history of medicine in our literature, as the lamented Dr. Rutherford Russell used to say.

MECHANICAL MEDICINE.

By Dr. ADRIAN STOKES.

A LITTLE time ago I was reading in the *Practitioner* a very sensible article, by Dr. Lauder Brunton, on the treatment of debility arising from overwork and brain-fag, in which he spoke of exercise as being essential to keep the muscles in action and the blood aerated. He inclined much to the opinion of the late Lord Palmerston, which he quotes: "The best thing for the inside of a man is the outside of a horse;" and strongly recommends a canter of a morning to put a man into condition for using his brains to good purpose. Now, it is not every medico who owns a horse, or who can ride for health or enjoyment; and in my opinion it is not a morning canter that will suffice to circulate actively the blood of a man who writes for hours at a stretch. Men need frequent changes of position, and frequent use of the upper and lower limbs, as well as changes in the postures and

movements of the trunk, to harmonise the arterial and venous currents, and to balance the supplies sent to the brain, lungs, intestines, great glands, and to the limbs and skin. If a man who habitually studies much and writes much feels his blood stagnate at times, and his temperature seems to fall, he wants some stimulus to revive him, set his blood flowing, and his nerve currents moving. His library is hardly likely to afford space for a walk, and he will probably have no portable gymnasium at hand. What can he do? He can imitate the action of the rustic, who in a cold day bangs his arms over his chest until the hands overlap the shoulder-joints. This action raises the ribs, expands the chest, stretches the arms, and communicates strong and thrilling vibrations to the lungs, and to the muscles of the arms generally. The lower limbs cannot be similarly treated, but the circulation in them can be promoted by vigorously kicking out each leg several times in succession. The digestive organs can in like manner be stimulated by mechanical pressure exercised by stooping as low as possible, and then raising the body rapidly to the erect posture, throwing the arms upwards, and carrying the movement so as to stretch the recti abdominis. Lateral motions can be practised by swaying the body half round, letting the arms swing as is done in the act of mowing with a scythe. This action pulls on the abdominal oblique muscles, and thus helps action of the bowels, stimulating the colon by mechanical pressure. The natural stimulant of all secreting glands and membranes is their friction against each other, and the pressure made on them by muscular movements; and when secretion is defective, no mode of treatment can be successful to restore function that does not include the physiological stimulus, and provide for its application in some way or other.

Mr. Grantly Berkeley, who was always a great authority in matters connected with games and sports, had a lively perception of the value of exercise in promoting health. In his memoirs he describes his mode of proceeding, which was generally to rise pretty early, and to take a half-hour spell, before dressing for breakfast, in pounding a sack of sawdust with a pair of boxing gloves, varying the exercise now and then by swinging on a bar, or by a turn at quarter-staff, or broadsword exercise. He attributes to the constant practice of these exercises his long-sustained physical vigour and excellent health, and every doctor will endorse his opinion.

But not only do such exercises largely help to prevent sickness: judiciously applied, and regulated scientifically, they do much to remove it when it occurs; and I would here appeal to the methods and the experience of Professor Georgii and Dr. Roth and others. At present, however, I wish to point out the efficacy of movement in those cases, now so frequent, of loss of activity in the secreting organs, glands, membranes, and skin, from too sedentary a mode of life, and too close application to reading and writing. These cases usually present indications of dryness and congestion of the mucous membranes, torpidity of liver, fulness of hæmorrhoidal veins, abdominal distention, more or less constipation, and a certain dimming of the brightness of the intellect and depression of spirits. To people in this condition horse exercise does not commend itself usually; and if a man in this state does mount a horse, he too often finds it jolt his head very unpleasantly, or makes him feel so ill at ease that he is too glad to relinquish the experiment, *crede experto*. Bodily movements can, however, be performed in one's own room, and a man can rise from his writing and relieve the overfull veins of his head by raising and depressing his arms, and by rapidly and forcibly extending them several times. Then, by several extensions of the lower extremities, he can call more blood towards them, and thus aid in relieving the head and lungs. For the purpose of increasing vital actions, notably the normal functions of secretory organs, percussion over the thorax, abdomen, and loins is a means I frequently resort to with most satisfactory results. To show immediately how vibrations from gentle percussion traverse the tissues, let any one utter a note on the voice, sustain it for a few seconds, and tap the chest with the finger-tips; it will be perceived instantly what a slight blow is required to thrill the chest, and cause the vocal sound to be broken into quavers. This percussion can be applied with greatest benefit in chronic catarrhal states, when the air-tubes are dry and the cough harsh and strident, and may be used with slight taps of the finger-tips, or blows from the ulnar side of the hand, or even from the closed hand. Frequent repetition of this treatment will soon loosen the secretions and promote expectoration.

In chronic dyspepsia, when the primary process of digestion is slow, the mucous membrane of the stomach may be roused to more efficient secretion by percussion round the waist, administered by the heel of the hand, or when it is

done on the back, by the radial side of the hand. The process should be kept up until a glow is felt through the chest and stomach, and it can be renewed at a later stage of digestion if it be felt to be desirable.

This process may be applied with the greatest advantage over the region of the caput coli, either to rouse torpid muscle and expedite the removal of material, or to enhance muscular activity in the bowel, and so prevent accumulations. Those who suffer from chronic constipation know the misery they suffer from large accumulations of material and dryness of lower bowel. Let them every morning after breakfast give a good pommelling to the colon all round, back and front, and especially over the caput cæcum, and do it every day. The same stimulus can be most usefully applied over the kidneys, and to the rectum through the coccyx. The remedy is not far to seek, *it lies in every person's hands*, is very easily applied by the patient or by another, and always with satisfactory results, which sometimes are quickly apparent.

Unfortunately, patients who consult a physician are too apt to expect that *he* shall do everything for them, and remove all their ills by prescribing drugs, they being very unwilling to undertake any part of the treatment themselves; and when they are recommended to do this or that, consider it to be too much trouble, and quite beside the question. So, if the doctor has for a patient a man suffering from dyspepsia and low spirits, he may find on inquiry that the man is a stockbroker, who lives twenty miles or so from the Exchange. He has to be at business by 10 a.m.; he rises at eight or a quarter past, or later, puts on part of his clothes on the stairs, bolts his breakfast in a hurry, or perhaps starts to run half a mile to the train with his mouth full. He reaches the train blown and panting, and his heart thumping audibly; then, while digestion, suspended by exercise, is proceeding, he reads his business letters and transacts important affairs; and when lunch time comes, is glad to toss off a few glasses of Epernay to put him where he ought to have been at first—in a condition to do his business easily and without suffering. This goes on for weeks or months, and the man takes a run down to Scotland, or goes to Ilkley or some other hydropathic place, where he gets his skin opened and has time to get his digestive and nervous systems quiet again. Now, if the physician recommends his patient to pommel a sack of sawdust for a quarter of an hour before

breakfast, the man thinks the advice absurd, and if he is advised to pommel his own body, he may think the doctor is enjoying a joke at his expense, or that he is "just a little eccentric." This is, at any rate, my own experience; and what I have written above concerning the efficacy of movement and percussion is also my experience, personal, and confirmed by years of practice and observation of results. I ought to say, however, that I owe all the knowledge I have on this subject, and all the advantage I have derived from it, to the principle involved in the method of the great Swedish gymnast Ling, and the teachings and practice of his disciples, Georgii, Roth, and the late Mr. Ehrenhoff, of Liverpool, who demonstrated to me the value of percussion in the states I have described as remediable thereby. I shall be glad if my remarks call attention to the great value of exercise and movement as a help in many ailments difficult of treatment by drugs, and to the great value of the gymnastic treatment generally.

Sidmouth, Christmas, 1880.

HOMŒOPATHY IN INCURABLE DISEASES.

By Dr. R. M. THEOBALD.

It is not safe to say what diseases are curable and what incurable. Our conceptions of the resources of the homœopathic medical art are being continually expanded, as apparently hopeless cases yield to appropriately selected remedies. But if any disease can be considered hopeless, cancer, in its later and more advanced stages, certainly may be so regarded. Yet even in these desperate cases the power of Homœopathy to give relief and secure a calm and peaceful Euthanasia is equally surprising and delightful. I may give the following case as illustrative of these remarks.

Early in July, 1880, I was asked to suggest some treatment for the relief of a lady afflicted with cancer in the left breast. The patient was in her sixty-ninth year, had been married for thirty-eight years, never had any family, enjoyed fairly good health, but was subject to attacks of bronchitis, which had induced her for some years to pass the winter in Italy or some mild climate. The cancerous disease dated, as far as I could ascertain, from about the beginning of the year 1879. She was not resident in my

neighbourhood, and was under the care of her own medical (allopathic) attendant, and she wished him to watch the course and progress of symptoms, while following my directions. I saw her first in the beginning of August, 1880, and found the whole of the left breast completely infiltrated by cancerous deposit. There did not seem to be one portion of normal tissue left. The axillary glands were swollen and hard, and evidently affected by the disease. Her general health was feeble. She suffered occasionally, but not constantly, from severe pains. The cancerous breast was furrowed by deep fissures in many parts, from which a thin, sanious discharge flowed. The cure of such an enormous cancerous mass was evidently hopeless. The most that could be expected was mitigation of pain, and some limitation to the activity of the disease and the spread of its progress. I gave the patient *Hydrastis* 6, to be taken three times daily, and a lotion of the *Hydrastis* root, powdered, for external use. This treatment was continued for some months, to about the end of the year 1880, and with most happy results. The whole mass assumed a healthier appearance. It ceased to extend, the edges of the openings became more level and less "exuberant" in their granulations, the discharge lessened in quantity, and there was a complete cessation of pain, which had been so much dreaded both by the patient and her friends. Appetite increased; the ordinary functions of digestion were carried on easily and healthily; sleep was quiet and sufficient.

After some months' use of the *Hydrastis* a troublesome rash appeared on the skin, covering more or less all the surface of the body. This was attended with severe irritation and stinging. It was evidently caused by the too continuous use of the *Hydrastis*. As I treated the case by correspondence I could not attend to all the incidents of the disease as they arose, and the patient was so conscious that the *Hydrastis* was doing great good that she was unwilling to suspend its action even for a time. But the rash became constantly worse, and the intolerable irritation interfered with sleep, and began to affect the general health. She was to a great extent reconciled to it, because she saw that the disease was not obviously advancing, and she concluded that the nettle-rash was an indication that the virus of the complaint was expending itself in other ways, and that the irritation was nature's equivalent and substitute for a great deal of pain. The doctor in attendance meanwhile had

watched the action of *Hydrastis* with great interest, and expressed himself astonished at the stationary condition, so far as the disease was concerned, produced by this treatment. He tried to combat the irritation of the rash by cooling lotions, but without any good result. A *Rhus* lotion and the internal administration of *Rhus*, which I prescribed, had not much effect. The local doctor could not control his impulse to give an opiate; but that stupefied the patient, and produced such unpleasant head conditions that it was not approved and was not repeated. At last the patient yielded to my persuasions and discontinued the *Hydrastis*, and all the cutaneous disturbance subsided in a few days. After a time the *Hydrastis* was resumed, but with more moderation, and the health of the patient was restored to its average condition. It was plain, however, that the disease was stealthily advancing, for gradually the left arm became paralysed and helpless. The patient could not walk without help. The spoiled arm had to be supported by attendants. Towards the end of February (22nd) cough came on. At first this was attributed to cold. It was looked upon as the recrudescence of old bronchitis. But it was too severe and too obstinate to admit of this explanation, and it soon became evident that the lungs had been invaded by the cancerous disease, and that the end was approaching. Still the patient had intervals of comfort, and was extremely bright and cheerful to the last. But after dressing the tumour on the evening of February 28 the patient became unconscious, and remained so till eight o'clock a.m. of March 1, when she quietly and peacefully expired.

The one remarkable feature in this case is the complete absence of the pain which is so characteristic of this formidable disease, which the patient herself, as well as her friends, constantly expected with apprehensive horror. This never came. The household serenity was not broken, but the patient, as long as she retained consciousness, could use her finely cultivated mind and enjoy the companionship of her family and friends.

30, Finsbury Pavement, E.C.

THE NASAL DOUCHE is defined by a distinguished Philadelphia clergyman as "one of those things which the doctor gives you to amuse yourself with while he gets his hand into your pocket."

AN ACCIDENTAL PROVING OF BELLADONNA.

PATHOGENESY ABSOLUTE AND CONTINGENT.

By Dr. S. H. BLAKE.

THE difficulty of deciding whether or not any array of symptoms should be noted as being caused by a certain drug is well illustrated by the instance of erysipelas which I will shortly recite. Had such a disease been produced under the actual administration of *Belladonna* during a systematic proving, I do not for a moment doubt that it would have been registered as one of the pure effects of *Belladonna*. Again, had it occurred during the treatment of symptoms other than those of the erysipelas during the treatment of a sick person, there would still be a strong inclination to consider the *Belladonna* the prime agent in its causation. However, in this instance the subject was not actually ill at the time of taking the medicine, but had just recovered from a short course of treatment, which took place as follows:—

On November 27th, James G., eight years of age, came under treatment for swelling of the glands and cheek, with some tenderness, but no redness of the skin, and vomiting, for which *Bell.-B.* was prescribed. Two days after, the swelling resembled mumps, and *Merc.-Viv.* 3 and *Bell.-B.* were ordered every two hours in alternation. In two days more, the symptoms being all on the decrease, these medicines were repeated. But he came again on the 6th December with fresh inflammation of the cervical glands, when *Bell.* 1c, pil. every third hour, was prescribed, and the advent of suppuration being then imminent, *Hepar* 6, 3 hor., was ordered, and on the 14th December the neck was found already distended with pus, which was evacuated by my colleague, Dr. C., who prescribed at this time *Silicea* 6, 3 hor., and this medicine being repeated on the 18th, completed the cure of the neck.

This lad presented some of the traits of the strumous diathesis, chiefly visible in the thickened lips, large *alæ nasi*, and thick large ears, but on the whole he was not of a very unhealthy appearance. The eyes blue-grey, and the hair light brown. Skin if anything a little too pale, but no excess of colour nor *anæmia*.

I heard nothing more of this case until Dec. 24th, which gives us an interval of six days, and then on visiting the patient I found him in bed exceedingly ill. On my entry the mother

at once informed me that he had taken without her knowledge some of the pills prescribed on a former occasion, which had been left by accident in the bedroom within his reach, and that she attributed the present illness to his taking these pills. The boy admitted having taken at least three or four of the pills. This woman is one of the poorest class, and totally ignorant of the action of medicines, which is not so with many persons who employ homœopathic treatment. I, however, began by doubting whether his taking some of his former medicine could have led to such serious results, and therefore requested the woman to point out to me on the prescription paper what former pill had been taken by him, whereupon she indicated that the *Belladonna* had done the mischief, and was quite certain that this medicine and no other was the one that she had left by accident on the bedroom table, and from which he had taken the pills, as he admitted. Personally she knew nothing of the effects of this drug, but as the boy began to feel ill and get steadily worse directly after taking it, she attributed the illness entirely to this act on his part, and had severely reprimanded him. On December 20th, then, he took three or four pills of *Bell. 1c* (which had been given a few days previously for inflamed glands, under which he had recovered without any pathogenetic effect, unless, indeed, that the subsequent suppuration had been taken as the aggravation and pathogenesis of *Belladonna*). The first symptoms he complained of after taking the *Bell.* were sore throat and malaise, but he then hourly and daily became worse, yet in a gradual way. On the second and third days he vomited his milk and tea, "no food would stay down." During the third day he became more feverish and sick, but during part of this day kept some food down, but took very little and was much more ill. On the following day the lips began to swell (fourth day) and the fever increased; dry heat, no sweat night and day. Thirsty and often asking for drink, but if given cold water, drinks only a little of it at one time, and does not care for water, but drinks more freely of milk, which he prefers. Delirium chiefly from 12 to 1 a.m., but occurs both earlier and later.

Five days after taking the *Bell.* he had developed a full attack of erysipelas of the face and head, and in this condition I found him at my first visit, December 24th.

His symptoms were then as follows:—

The eyes both completely closed, with œdematous swelling affecting both upper and lower eyelids. The eyelids swell

over and conceal the lids like soft cushions, and the upper eyelids especially have a diffused red erysipelatous blush over them, though not of a very bright red colour. There was some pain on attempting to evert the closed lids in order to see the pupils, which I could not fairly succeed in doing, for he resisted me strongly, but the pupil was moderately dilated (left eye) even before candle-light. The lids were inflamed and tender, and a rather copious thin, yellow secretion was found under and between the lids, gluing them together. The ocular conjunctiva in the neighbourhood of the cornea did not appear to be at all congested. There was some photophobia, and he closed the eye spasmodically on any attempt to open it, but the painful swelling seemed to be the chief cause of his objection to have the lids separated. The whole face and nose, particularly the lips, were much swollen; the latter dry, red, everted, and with sordes on them. The ears were affected in a similar manner, especially the right ear, which presented a cluster of small blisters about the auricle, on its anterior surface, some of them of the size of half a pea. The swelling extended down to the neck, and more so on the right side of it. The scalp swollen in a similar manner. Although there is on the cheeks, eyelids, and lips a dull and diffused redness, the general colour is if anything of a pale kind, and there is no bright redness, nor any very deep red or dusky appearance. The blisters contain a dull yellowish fluid. The head and neck are painful to movement, and when interfered with he pushes the hand away forcibly. He has been getting more and more restless every night, and on the night of the 23rd was very delirious, which increased at midnight, but he continued restless, stirring more or less all night. When his mother brought him some supper he told her he had plenty of these things already around him. At night he appeared to be resisting some frightful object which he perceived in his delirium—was very restless and excitable. He is often seen “putting off,” or “pushing away from him,” people he fancies he sees during delirium. During the daytime is much calmer, and appears quite rational, and talks comparatively little, and is awake during the day; lies for the most part quietly on his back. When seen at 4 p.m. I found the pulse weak, thready, and 140 to 150 per minute, and unequal in fulness, but regular. Urine passed in fair quantity.

Prescribed—*T. Rhus Tox.* 1, gtt. x. in aq. ζ iv., ζ iii. every third hour.

But for the serious consideration that this illness had been induced by *Bell.*, I should perhaps have administered *Bell.* to this patient, although it would appear still to be an open question whether or not another dose of *Bell.* would be a suitable medicine to ameliorate the symptoms, although such may have been excited by a previous dose of the same named medicine. But inasmuch as the questions how far, and in what direction, are the symptoms resulting from a single dose of any drug ameliorated or modified by another dose of the same named drug? are hardly to be answered, although it has been stated that a dose, repeated, before a prior dose has had time to exhaust its effects, will in some way stop or interfere with the symptoms, overlapping them by another wave of pathogenetical action; and as furthermore what time may be permitted to elapse before we may safely employ such a therapeutic measure in practice is also doubtful, in this state of doubt I thought it safer during so serious a state of erysipelas of the head to give another and altogether different medicine, and so gave *Rhus*, which is pathogenetic of an erysipelas very like the present instance, especially of the ophthalmic inflammation, and in an erysipelas passing from left to right, and with yellow vesicles or blisters on the skin. There is likewise delirium with *Rhus*, but it is of a milder and lower type, and muttering, and, as we shall see, the active delirium of this patient was not so much ameliorated by the *Rhus* as was the erysipelatous swelling. This would point to the importance of taking into account the mental state and nature of the nocturnal delirium, especially in deciding between two such medicines for erysipelas, and not deciding too much by the mere locality of the erysipelas on this or that part of the face, on the presence of vesicles here or there, or on the exact amount of facial redness present. Here again the mental condition appears to render considerable service in deciding in favour of any one medicine, as it has done with so many other diseases; and, again, a decision mainly in favour of a drug by the cause of disease is not free from difficulty, although when present and very plainly perceived to be cause it may not be without use, as, for instance, damp, or, again, east wind, or sudden changes of temperature, damp and cold after heat, and so on; they all appear to help, but they do not alone easily decide our minds one way or the other. A frequent inquiry as to these causes in actual practice has led one to infer that they seem very often to set going a double or complex condition of the

organism, as if from two separate causes, acting contemporaneously. For instance, during very changeable weather I have frequently treated patients for rheumatic pains and other allied symptoms, where two quite different medicines seemed required to complete the cure. Thus after washing with hot water, a woman goes out into the cold air to hang up the washed clothes, or another person after rain walks fast and gets heated by walking, and then after the walking gets exposed to a cutting cold wind. Erysipelas or rheumatism, say, are caused by these errors. Then one may observe that one patient comes with distinct rheumatic symptoms indicating *Bryonia*, and this medicine being given effects a great improvement in a short period of time, but leaves some symptoms behind, and on a second examination of the patient one finds that the symptoms left present an altered character, and instead of being intensely aggravated by movement are now relieved by it, and may be chiefly in one locality, the pain having been removed from other localities, and on prescribing *Rhus* these remaining symptoms are relieved. This sequence of events I have observed frequently cropping up in practice, and *vice versa* *Rhus* may be first indicated and first prescribed and followed by *Bryonia* with a like result. Whether or not some one remedy might have been chosen which would have met the whole condition, such, for instance, as *Dulcamara*, for the effects of the double cause, damp cold, is a further question; but I can testify to the very frequent success of the sequential administration of *Bry.* and *Rhus*, and can explain them by nothing so well as that there has been double cause in the origin. But this is after all only conjecture.

To return to the patient. On December 26th he is very much improved, disease evidently past the climax, and now declining. He is able to sit up in bed without assistance, and can reply a little to questions. Right eye half opened, its pupil moderately dilated; skin of face beginning to peel off, still dry; swelling of face, head, eyes, and ears much diminished. But the delirium is as much marked as ever during the early hours of the morning. They had had difficulty to keep him in the bed; he had been again contending with some imaginary object or person in the early morning, and endeavoured to escape from the bed. The delirium was active and well-marked during the night. There is, however, considerable swelling of the neck and glands under the right ear and jaw; inflammation and

secretion from eyes less; ocular conjunctiva quite clean and white; œdema of lids much diminished. I apprehend suppuration of the glands again. As the erysipelas is so much better I repeat *Rhus Tox.* 1 in the same manner as before. The glands did not subsequently suppurate as it was feared they would.

December 28th. Delirium was altered in type last night for the first time, then being not active, but quieter and muttering, erysipelas getting less, right glands tending to suppuration. This change of delirium I consider to be owing to a substitution of *Rhus* delirium symptoms for those of *Bell.* The correspondence not being near enough for cure, the modification is perhaps made simply in favour of the new and non-curative symptoms (in this case the group of mental symptoms). In other respects much improved. Repeat *Rhus* as before.

Here is an instance in which, if the symptoms were due to *Belladonna*, the patient must have been under his then existing conditions very susceptible; that is, the result was a contingent one—in other words, conditional. No ordinary healthy person under ordinary conditions would have such an illness after pilules of the 1c of *Belladonna*. Again, it is possible that the peculiar susceptibility may arise from different reasons in different instances. Thus we have idiosyncratic individuals in whom the susceptibility may be hereditary or acquired. One person may be always very susceptible to a drug when in his ordinary health, as, for instance, some persons who are naturally susceptible to tobacco, *Ipecacuanha*, *Iodine*, etc.; or, again, acquired, as a person who has been salivated is easily affected by a minute dose of *Mercury*.

There is yet another element in contingency, that which is led up to by prior or present illness, or, again, condition of the organism, or artificial disease, which is led up to by prior or present medicinal action, the persons being still under the effect of the medicines, though perhaps for a time to the ordinary observer not manifestly so by any outward signs or distinctive symptoms. This element of contingency might be divided, like that of idiosyncrasy, into the two classes hereditary or acquired, according to whether the causes of such condition date back to birth or prior to it, or whether only due to causes of the illness or medicinal effect acting more recently than the period of birth. It is therefore clear that contingent conditions of the system make up a very large

class of those we have to do with, and that little, if even anything, can be put down as actually absolute. In a world where everything is practically conditional, there can be but little that is absolute or final. If we were to label every symptom occurring under one or more contingencies as contingent symptoms, how many symptoms would there be left for us to label as absolutely pure symptoms under absolutely normal conditions of health and of temperature? It is probable that there would be a decided minority. But for practical purposes there would be a class which we might term, for the sake of convenience, absolute symptoms; such, for instance, as *Arsenic* under all ordinary circumstances producing in certain doses a gastro-enteritis, with vomiting, diarrhœa, etc., and these are no less useful than other drug-effects in curing similar conditions. We could not exclude these; they appear to make up a very pure and uncomplicated class of homœopathic pathogenesis and treatment. At first sight, for selective purposes one would almost like to have these effects bracketed off or labelled as absolute effects. Whether the labour of accomplishing this end, if at all possible, would be repaid by any corresponding benefit in selection of the best similar, is a very interesting question. It appears that, having selected in any given case so as to satisfy all the conditions, as age, sex, climate, temperature, diathesis, when we take up the totality of symptoms and match them with any given medicine, that the result in treatment is very satisfactory. This is the complex side of Homœopathy, and we learn that it is at once the most useful and the most extended in pathogenesis and therapeutics. If so we cannot draw the line, there may be any amount or number of contingencies, and we must even carry this subject into the diseased state, both occurring naturally and artificially; but, as is well known, the difficulty here becomes extreme when we wish to translate symptoms occurring in the sick into pathogenetic symptoms. To do so in a wholesale way might be to scatter tares among the wheat. But could we render the difficulty less by laying down such rules as would render the liability to error less likely? On *à priori* grounds, to begin with, the better the medicine has been selected, that is the more completely it covers the symptoms, the less likely will be this medicine to excite its pathogenesis, inasmuch as it is occupied in already subduing these by virtue of the homœopathic law. Hence, the better the Homœopathy the physician is able to practise, the less

likely are his drugs to excite their pathogenetic symptom ; with one exception, namely, such symptom or symptoms as the patient did not previously present, and such as are not commonly found in such disease, and such as are also caused by the medicine then being used, and especially if used in too large a dose of such pathogenetic qualifications. Hence, the main mass of symptoms following after the prescription of a good homœopathic physician cannot be pathogenetic, they must be symptoms of the original malady. To be sure, any increase of such symptoms, however great the temptation might be to dictate them pathogenetic, would be properly termed, not the pathogenetic properly so-called, but the aggravation, that would indicate that if they corresponded to the proving only, that the dose was either much too large or too often repeated.

It is another question whether or not any medicine capable of causing aggravation of this or that array of symptoms is in reality a true pathogen of such symptoms when they occur during treatment. Whether they be or be not so, the pathogenesis could but be only mere conjecture until the questions of exact dosage should be actually and finally settled, which, again, can with great difficulty ever become absolutely settled. Hence the difficulty of settling the pathogenesis from such a source may never be unravelled, and, even if it could, the simpler method would far surpass it in time, opportunity, and convenience, and so supply us with the required materials long before the settlement of exact dosimetry. Even under very large doses of homœopathic medicine, correctly selected for the symptoms, it is with great difficulty that these real aggravations occur, and generally only for a short time, as, if not kept up by repetitions of the drug, the aggravation and the symptoms rapidly disappear together under the homœopathic influence. This is the result, practically, in many diseases, especially the more acute; thus, a diarrhœa under *Arsenicum* 1, or an acute dysentery under *Merc.-Cor.* No. 3x, may rapidly disappear, even too rapidly, though without any return of the symptoms, even a copious discharge of blood from the rectum disappearing in a few hours after such a low dilution of *Merc.-Cor.* But where the case is chronic, and the lesion larger, the cure cannot be so rapid; but there is still the same difficulty in producing the true aggravation, although here it would seem, to judge by results, that there is a more ready production of fresh patho-

genetics (symptoms not formerly present), and likewise a greater readiness on the part of the organism to approach nearer to stasis where doses are used somewhat less than those equivalent to aggravation, the patient appearing to be nearly in a balance between continuing ill and getting better; and hence it is, I suppose, that homœopaths generally have declared the medium and higher attenuations, with infrequent repetition of dose, as the more valuable method of treating chronic diseases. The reasonable connection between this state of affairs and that taking place under acute diseases, seems to be accounted for best when we consider the state of the body on the one hand in a violent state of perturbation, that is excessive mobility and reaction [and hence it is perhaps more readily and speedily affected for change for better or worse under such conditions]; and, on the other hand, in the more chronic disease, in a condition more approaching to stasis, or of steadily-progressive derangement. In the latter case the cause of the symptoms has got a firm hold somewhere in the organism, from which it cannot be detached but by a continuous or repeated effort, and from which any doses would be unlikely to detach it without aggravation, unless in attenuation, actually in smaller quantity than those such as the middle doses, which seem capable of causing in time a similar disease approaching near to the static condition of disease, or that state which exists for a time without outward symptoms yet is present, or gives way to the alternating, pendulum-like actions of drugs. For similar reasons the infrequent repetition of the dose in chronic diseases seems to be the most useful. The question of time comes in here, and, according to these considerations, one would think that there must be some definite proportion between time and quantity of dose, and time and repetition of dose. Thus if doses of grade A take B amount of time to produce and form a chronic disease C, there should be within reasonable limits a dose grade A' which will take B' amount of time to cure a similar chronic disease C'. Chronic diseases with the beforenamed provisions (amount of lesion) do take a considerable time to cure, hence we might endeavour to find an approximate time for the probable cure of such chronic diseases, when we know them to be curable. If repetition of dose were included, another letter, A", might be inserted into this formula. The same plan might be applied to acute diseases, but time is short, art long.

In order further to eliminate sources of error in register-

ing pathogenetic symptoms, and supposing that we only note such new symptoms, and especially if we do so chiefly in chronic diseases, as the patient had not experienced before he took the medicine, and again if such new symptom be not known to be a common one naturally occurring in the disease under question, and diseases are now pretty well known, and excluding also such as might occur from change of diet and temperature, etc., as indeed has to be done in the case of pure provings, then it becomes difficult to see on what grounds such a symptom could be rejected as non-pathogenetic. That it has not been previously known lends it additional value when found, and, if registered with a mark signifying it as contingent, together with its conditions, then it could not deceive, and might be subsequently corroborated. Here is an instance of a group of symptoms caused by *Helonias*:—Miss M., aged twenty-three, of spare habit and nervous temperament, easily upset by slight causes, as when thunder and lightning are in the air, and subject to dyspepsia, constipation, too early and copious menses, has had rheumatic fever, and is subject to neuralgias, has sensations of internal coldness and external heat. For this young lady, wisely or unwisely, probably the latter, I had prescribed *Helonias A.*, gtt. ii. bis die. This produced a well-marked influenza cold, with copious discharge from the nose, which became red and swollen. But the most marked effect was the sneezing. My note runs thus:—"The discharge from the nose has moderated, but the frequent and repeated sneezing has continued every day, or nearly so, for the three weeks whilst taking the *Helonias*, and it commenced as a fresh symptom to which she is not subject on commencing this medicine; but the menses have not appeared this time for over a fortnight. She never sneezed 'so much before in her life' as during this medication. The nose also is tender and swollen, and the discharge makes the nose and lip somewhat sore, although not of an exceedingly irritating quality. Discharge not watery and thin."

She omitted the medicine for a day, when the symptoms were ameliorated, but they returned with increased force on resuming it.

These nasal symptoms are not found in Hering's nor in Allen's *Materia Medica*. They may be new, but, as is seen, they are very contingent in the case reported.

Liverpool, January, 1881.

(*To be continued.*)

HOMŒOPATHY IN AMERICA.

By E. W. BERRIDGE, M.D.

(Continued from p. 116.)

PHILADELPHIA.

ON June 5th I started for Philadelphia, for so many years the headquarters of Homœopathy, not only in America, but in the world. Once a day a "parlour car" is put on the line, and though the journey is only a comparatively short one, I took a ticket for it, to see what a luxury travelling in the States has been made; nor did I regret the extra dollar it cost me. The car was beautifully fitted up with easy-chairs, revolving on a pivot, so that the passengers could face any way they chose. I was seated next a very intelligent gentleman, who most kindly gave me every information about travelling by rail. This courtesy I invariably experienced from my fellow-travellers; every one seemed pleased to assist me in every possible way. In about two hours' time I arrived at Philadelphia.

Dr. Adolph Lippe had invited me to stay with him. At the time I arrived, however, his house was undergoing some repairs, so I found that he had engaged some elegant apartments for me at St. George's Hotel, in Fourteenth (Broad) Street, only a few minutes' walk from his house. Here I remained as his guest for a week, when we started together for Milwaukee. I can confidently recommend this hotel to travellers.

Dr. Lippe's second son met me at the railway depôt with his father's carriage, and after having taken me to the hotel, whither my baggage had been sent as usual by express, he drove me on to No. 1204, Walnut Street, where the latter resides.

Philadelphia, like New York, is arranged with mathematical accuracy, if possible still more so. In one direction run the streets named after the indigenous trees—Walnut, Chestnut, Pine, etc., etc.; while crossing these at right angles are streets designated by numbers. Thus the houses are all built in blocks; the first or first two figures of the houses in the "tree" streets (if I may so call them) always refer to the number of the street crossing immediately below; thus No. 1204, Walnut Street, means No. 4 above Twelfth Street, and as the odd and even numbers are on opposite sides, it denotes the second house on the left above Twelfth Street. This plan

greatly facilitates the progress of the stranger, as it is impossible to mistake one's way.

In a former number of the *Homœopathic World* I gave an account of our beloved departed colleague Constantine Hering, therefore the present sketch is devoted solely to the remaining homœopathic physicians, who still fight the battle of truth against falsity and error.

Dr. Adolph Lippe is really the Count von Lippe, the descendant of an old and illustrious family in Germany; but just as Jenichen, being a republican, dropped the "von," so he, living in a republican country, has done the same. Dr. Lippe is the acknowledged leader of the homœopathic physicians in the States. He is a man about sixty-five years old, judging from his appearance, possessed of a vigorous constitution, and a tall, powerful frame, capable of great endurance. It is hardly necessary to say that he is a true Hahnemannian, and as such has achieved unrivalled success, so great that some anti-Hahnemannians amongst us have presumed to call in question his accuracy, if not his veracity. But this is nothing new; these pretenders to Homœopathy do not believe Hahnemann; how can we then expect them to believe his followers? Nothing succeeds like success, and Dr. Lippe's deserved reputation, not only among the best families of Philadelphia, but over the rest of the continent, is a sufficient proof of his skill, for there are far too many homœopathic physicians there to allow an impostor to retain a lucrative practice merely because years ago he was pushed into practice by an influential citizen,—*as has occurred on this side of the "pond."*

Philadelphia possesses a beautiful park, through which I drove with Dr. Lippe's wife and daughter. In this park are the Zoological Gardens. Being only a few years old, they of course cannot compete with our own, but they contain the nucleus of a very fine collection of animals, in which I was much interested, and visited them afterwards again with Dr. Joseph Guernsey. And this reminds me of a story. Those who shoot owls for the sake of their plumage always find it more or less injured thereby. So it became a *desideratum* to avoid this. Many plans were suggested and tried in vain, till at last an inventive genius hit upon the following scheme, as simple as it is ingenious. The owl, being a nocturnal bird, is sleepy during the day, and does not open its eyes more than necessary. The hunter takes advantage of this ornithological peculiarity, and attacks the owl during

the daytime. He waits till he finds an owl on the branch of a tree, then he stands under it, and does something to attract the bird's attention. The owl sleepily half opens his eyes, and turns his head round to look at the intruder. The hunter then walks round and round in a circle beneath the branch, while the owl keeps on turning his head round and round to look at him till he dislocates his neck, and falls down dead at the hunter's feet! Those who don't believe this had better try it the next time they find an owl; it is sure to succeed,—provided you keep on long enough!

Dr. H. N. Guernsey resides in Chestnut Street, and his son, Dr. Joseph Guernsey, lives a little distance off in the same street. I had met Dr. Guernsey in England the same year; he sailed by another line which took him direct to Philadelphia, and I saw him there after his arrival. He is the author of the well-known work on Obstetrics and Gynæcology, which has already reached three editions, and is without doubt the very best work on the subject. He took me to a meeting of the County Homœopathic Medical Society, to which I was invited, and there spoke earnestly in defence of Hahnemann's teaching. He also showed me several of the noble edifices of the city, among others a splendid masonic temple. I also visited the celebrated Washington memorials.

Dr. Raue was very ill when I first arrived, so that I did not see him till later; he had been busy upon the second edition of his Therapeutics, but his illness had delayed it: it is expected to be ready this year. Dr. Raue was one of the oldest friends of the late Dr. C. Hering, and has been appointed, in conjunction with Drs. C. B. Knerr and Mohr, to edit the remaining volumes of the unrivalled *Guiding Symptoms*. That this work may speedily be completed is the hope of all Homœopathic physicians; it will prove the best and most lasting memorial we can raise to the memory of our departed friend.

The most important news which I received at Philadelphia was the formation of the Lippe Society. Five true Hahnemannians, Drs. Carleton Smith, G. Clark, W. James, W. J. Guernsey, and E. J. Lee (now editor of the *Homœopathic Physician*), finding that all existing societies were of a very mixed kind, and that most unhomœopathic practices were often advocated there, formed a new society of pure Homœopaths, and requested Dr. Ad. Lippe to be their president, and to allow them to name it after him. Later on

Dr. Adolphus Fellger joined. This society at present consists of seven resident members, but a large number of the true men in various parts of the world have been elected honorary members, among whom are Drs. Swan, Biegler, and others, of America, and Drs. Wilson, Skinner, and the unworthy writer of these papers, in England. The Lippe Society had existed in an informal manner for some time before my arrival, but while I was there their code of rules was drawn up, and the society established on a firm basis. Some interesting and instructive papers have been read there, and it has proved the nucleus of a still larger organization, the International Hahnemannian Association, of which more hereafter. It is to be hoped that similar local Hahnemannian societies, affiliated to the larger one, will spring up all over the American continent. Thus will the honest physician be encouraged, the waverer strengthened, and a clear line of demarcation be drawn between the true men and pretenders, to the great benefit of the sick and of our healing art.

I twice visited Dr. Farrington, the chief editor of the *Hahnemannian Monthly*. He is a man about the middle age, well informed, and a diligent student of our *Materia Medica*. He is now publishing in his journal some comparative "Studies in *Materia Medica*," which cannot fail to be of value. He showed me a collection of high potencies, made *by hand* by Dr. Baruch, of New York, reaching as high as the CM. He followed the worthy example of Dr. Hering, and signed our Declaration of Homœopathic Principles, as also did Drs. Raue and Knerr.

(To be continued.)

NOTES ON WATER.

By Dr. MORRISSON.

THOUGH classified by the ancients as an elementary substance, water is, in reality, a compound made up of two gases, hydrogen and oxygen; just as the air we breathe is another, composed of nitrogen and oxygen. How do we define the word "gas"? It is an aëriform fluid—a substance which, in its free state, cannot be handled. There are many such substances, some of which are stable, or elementary, as hydrogen, nitrogen, and oxygen; and others unstable, as steam, mixed vapours, and even our atmosphere. Remember that the word "stable" means a something in a state or con-

dition from which it cannot be changed, while "unstable" means being in a state or condition in which disintegration may occur; though advances in chemistry are constantly lessening the number of the former class.

Every substance, whether simple or compound, stable or unstable, possesses both size and weight. Now, hydrogen is the lightest of all known substances, hence its weight is expressed by the figure 1. As compared with hydrogen, another colourless gas, oxygen, weighs 16. These two gases may combine to form a something else. But they always combine in certain proportions, and this fact, with others similar, appears to me to completely refute the doctrine of many so-called sceptics, who would have us believe that everything originates in "chance." Possibly there might be a "chance" action in two volumes of hydrogen combining with one of oxygen, but no "chance" could ordain that the resulting compound should invariably prove to be water.

So we see that when hydrogen and oxygen unite in the proportion of two parts by weight of the former, with sixteen by weight of the latter, a third product is formed, with the combined weight of 18, which product we call water. Heat and electricity tend to its formation, as well as to its disintegration. The mist that covers a lamp globe when the wick is first lighted, and the dewdrops which sparkle on the blades of grass, are the result of the condensation of watery vapour ever present in the atmosphere. And this brings us to the point, that water exists in three states or conditions: first, as steam, or vapour; second, as water, in its usual states; and, third, as ice—*i.e.*, water solidified.

We all of us know something about steam. Those who have seen engines at work may have noticed that each engine has a furnace. The boiler of the engine is filled with water, the engineer lights his fire, and the heat from this fire converts the water into steam. In order that this process may take place, the resistance of the atmosphere must be overcome. This resistance, or weight, of the air which surrounds us, is nearly 15 pounds to the square inch. Heat represents force, and at 212° the resistance of the air is overcome. If the thermometer stands at 75° in the shade, we say, "How very hot the weather is!" But the amount of heat required to make water boil is 212° , nearly three times our 75° . This is at elevations approaching the sea level. Then we get steam. But, in mountain air, water boils at a lower temperature—that is, with less heat. I have stood at

the top of Mount Wellington, in Tasmania, some 4,400 feet up, and there the absolute heat of boiling water was so much less as to render it difficult to cook potatoes, or to make tea of a decent strength. On the other hand, by persistently heating water in strong boilers, its steam may be made hotter than usual, even to three times its usual temperature. The actual heat of water is greatest just as the boiling-point is reached, though we are apt to think that the vigorous jet of steam from the spout of our tea-kettle indicates the greatest "drawing" power for tea-making.

Now of water itself. We all ought to know something about that. Most of us are aware that it should be our natural drink, though some of us prefer it with "a little drop" of something added. These "little drops" are often very strong, and this reminds me of an incident which I have heard Sir Robert Christison narrate to his class at Edinburgh University. Of an old patient of his, a man then upwards of seventy years of age, Sir Robert said, "I know that he has gone to bed drunk every night for upwards of forty years. He transacts his business in the mornings, takes to his glasses in the afternoons, and, by the evening, is thoroughly intoxicated. On one occasion I said to him, 'I wonder, man, that the whisky has not killed you long since!' To which he promptly replied, 'Eh! sir, the whisky kills no man, but some fools die in the seasoning.'" It is not every toper who could look with satisfaction upon his past experiences; and, if any reader is disposed to try the "seasoning" process, he should peruse Lamb's "Confessions of a Drunkard." The writer of that relates how, in his dreams, he craved for that which his waking stomach rejected,—water. Water is present, in considerable quantities, in nearly everything we eat and drink. It is largely used in manufactures, both in use and abuse, for, like most things, it has its abuse. Water is an absorbent—that is, it takes up other substances. Thus it may contain lime, various salts, mineral matters, and disease germs; and many living creatures find in it a home. Stagnant water, as that of ditches and pools, invariably contains animalcules of various species and sizes. Under an extreme sense of thirst I have sipped water impregnated with alkaline matters; water which was highly poisonous, as evidenced by the carcasses of animals which had been destroyed by it. That was in the desert, with no prospect of obtaining anything better for hours to come; and only those who have so

thirsted can fully value a good supply of pure water, whether for domestic or cleansing purposes.

The third form in which we obtain water is that of ice. This is water congealed. When water becomes converted into ice, considerable expansion takes place, as the housewife will learn from experience if she leaves her jugs filled during frosty weather. Ice performs its uses in nature, for the coatings which ponds, lakes, and rivers receive in severe climates, protects the deeper portions of water from the excessive cold, just as snow protects the ground, and enables the creatures beneath to survive during severe winters. Thus our younger friends will see that ice performs even greater services than that of cooling drinks, and forming a surface for skating.

Clouds take up water, and return it as rain, snow, or hail. We have spring water, river water, and sea water, each with its various properties. Spring water and river water are influenced by the adjacent soil, and from this cause we derive natural mineral waters.

As already mentioned, water may be abused. If taken in too large quantities, or at unsuitable temperatures, it interferes with digestion; and the prevalent use of "the cup that cheers, but not inebriates," is a fruitful source of digestive derangements. Hence in this, as in other things, let us be temperate.

There is even a comic side to the taking of water, which Tom Hood, with his usual aptitude, specially mentions. In a pathetic ballad, entitled "John Day," after saying that John Day

"was the biggest man
Of all the coachmen kind,"

the writer narrates the troubles that came upon his hero through unrequited love, and the loss of his good proportions, and adds:—

"The barmaid of the 'Crown' he loved,
From whom he never ranged;
For though he changed his horses there,
His love he never changed.

* * *

"Now some will talk in water's praise,
And waste a deal of breath;
But John, though he drank nothing else,
He drank himself to death.

"The cruel maid that caused his love
Found out its fatal close;
For, looking in the butt, she saw
The butt-end of his woes."

And thus I end my water tale, with this injunction to the thirsty being around us,—Bathe freely, drink sparingly, and let prudence be your constant guide.

St. Saviour's Road, Brixton Rise, Dec., 1880.

THE COUGH OF ARALIA.

By J. C. BURNETT, M.D.

Aralia Racemosa is not an accepted homœopathic remedy, and Dr. Allen did not insert Dr. Jones's little proving in his *Encyclopædia*, but he has put it into the *Appendix*.

Dr. Hughes has also now added it to the list in his well-known *Pharmacodynamics*, but only as a supplementary remedy. So it seems to be just timidly peeping into our big drug-house. I know of no clinical experience with it beyond what we find in Hale's *Therapeutics*.

It appears that the plant has a great reputation in the United States as a cough medicine, and Professor E. M. Hale very properly says that this warrants us in expecting that it has at least some specific affinity for the respiratory organs. The common people have in some way found out that the "spikenard" is good for coughs, Hale comes and makes a note of it. A step farther is made by Dr. S. A. Jones, who made a proving of it in 1870, and thus lifted the popular cough medicine out of useful empiricism on to the scientific basis of Hahnemann's induction.

I happened to read Jones's proving in Hale's "New Remedies" some six or seven years ago, and I was much struck with the character of the cough. I fancy the thing that helped to impress it upon my mind was the fact that I had had just at that period a lady under my care who was suffering from a cough that came on after lying down at night. I had been tinkering away at this cough, and could not cure it; so I blamed the damp house in which the lady resided, and its proximity to a brook prettily hidden among the willows close by. *Hyoscyamus*, *Digitalis*, and a number of other remedies came into play, but the cough would not budge a bit. Need I tell the heartrending tale that the patient lost faith in her doctor (the writer) and in his much-vaunted pathy, and set about healing herself with quack medicines and orthodox sedative cough mixtures? Of course I felt humiliated, and I therefore made up my mind to read

my *Materia Medica* a little more diligently. It was quite evident that the cough was a curable one, for the most careful physical examination failed to detect anything besides a few moist râles that tallied with the very moderate amount of expectoration.

Failures are very instructive at times.

Just after having received my *congé* from this lady I was reading Hale's "New Remedies," and came across Dr. S. A. Jones's proving of *Aralia Racemosa*, where he says:—"At 3 p.m. I took ten drops of the mother tincture in two ounces of water. An interesting book caused me to forget my 'dose.' The events of the night joggled my memory very effectually."

He goes on to say that he retired to rest at midnight, feeling as well as ever, but he "had no sooner lain down than he was seized with a fit of asthma."

I put down the book—Hale's "New Remedies" was not quite so thick then as it is now—and said to myself, "That's Mrs. N.'s cough, that is just how she does. She lies down, and forthwith begins to cough, to get laboured breathing, and to—make her poor hard-toiling husband wish he were a bachelor;" at least he might have wished it, for aught I know to the contrary.

A little time elapsed, and the writer was sent for to see one of this coughing lady's children with eczema. The bairn's common integument having been prescribed for, I timidly inquired about that cough. "Oh," said Mrs. N., "it is as bad as ever; I have tried everything, and do not know what to do." I sat down and wrote:

"R Tc. *Araliæ racemosæ* 2," and it cured *citò, tutò, et jucunde*, and that not because *Aralia* is good for coughs, and has an affinity for the respiratory organs merely, but because it is capable of causing a cough like the one that was to be cured.

This happened somewhere about six or seven years ago, and I have since cured this kind of cough with *Aralia* whenever I have come across it, and at a rough guess I should say that would be thirty or forty times.

Case 2.—*Tussis Araliæ*.—A lady came under my observation last summer. She resides in the West End of London, and had been under competent homœopathic treatment for her throat, and had certainly derived benefit, but still her cough did not leave her, so that she was on the point of

removing from London and going to the south, whereof she is a native, she and her friends having become apprehensive lest her chest should become affected. Her cough was not identical with Mrs. N.'s, but the only difference was that it *did not come on till after a first sleep* of not long duration. Patient would go to bed quite well (so did Mrs. N., and so did Dr. S. A. Jones) and lie down and go to sleep, and, *after a short sleep*, would wake up with a severe fit of coughing that would last an hour or more.

Aralia 3 cured it entirely in a few days, and she gave up all idea of returning to the south.

Case 3.—*Tussis Araliæ*.—A child of not quite six gets croupy coughs in damp weather that usually yield to *Dulcamara*. Occasionally, however, there remains the kind of nocturnal cough described in Case 2—viz., she will go to bed, lie down, fall off to sleep, and presently awake with a violent bout of coughing. Originally, before thinking of *Aralia*, I had in vain given *Hyoscyamus*, *Gelsemium*, *Aconitum*, *Spongia*, *Hepar*, *Dulcamara*, *Phosphorus*, and *Bryonia*. Then the early nocturnal character of the cough determined me to try *Aralia*, and with prompt effect.

Case 4.—*Tussis Araliæ*.—An asthmatic gentleman of fifty years of age, with moderate emphysema of the lungs, has long been under my care. At first he was almost always short of breath on exertion, and had bad nocturnal attacks of dyspnoea and cough. A prolonged course of constitutional treatment has at last partially cured him, but when he catches a cold he gets an attack of bronchial catarrh with *early nocturnal cough*.

It would be tedious to give the treatment of his whole case, but it will suffice to say it consisted principally of antispasmodics and hepatics.

One day this gentleman said he wished I could give him a medicine *for his cough*, to have by his bedside at night, because otherwise when he caught cold (as at this time) he would go to bed quite well, fall asleep, and presently awake with a violent fit of asthma that would last from one to two hours, more or less; then he would get up a little phlegm and go to sleep again.

I prescribed one-drop powders of *Araliæ 3x pro re natâ*. The next time I had occasion to see this gentleman he exclaimed, "I thought those powders would have killed me.

I took one as you directed, when my cough became much more violent than I have ever known it, but it soon ceased, and has never returned."

He keeps some of these powders by his bedside ever since, and on various occasions they have helped him, thus far unfailingly. He has not had an aggravation since the first time of using them.

These cases are samples only, but they teach a useful lesson; to give more than these would be irksome.

It will be seen that *Aralia*, although a new remedy, is a comparatively old friend of mine, and I can confidently commend it for *early nocturnal cough that occurs either immediately on lying down, or MORE COMMONLY after a first fore-midnightly sleep.*

Professor Samuel Jones's cough was immediately after he had lain down, but it will be noted that he did not retire till midnight, whereas all my patients, I believe, went to bed before. From a fairly extensive experience of *Aralia* as a cough remedy I have formed the conclusion that it is homœopathic to its cough by reason of its *time* and *patient's recumbent position.*

It is *no good*, I believe, in coughs occurring *at any time* on lying down, neither does it avail in a cough caused by a relaxed uvula; neither will it, as far as I am aware, cure any lung lesion whatsoever beyond bronchial irritation and catarrh. And most positively *it is no good at all* in the after-midnightly, or 2 or 3 a.m. dyspnoea and cough of genuine asthma. In such cases I have given it in vain. But for the previously described variety of cough it is a *remedium probatissimum.* Here, for the thousandth time, we see the exactness of our homœopathic science. In conclusion, my thanks to Professor Hale for introducing my now dear friend *Aralia*, and my still greater gratitude to Professor Samuel Jones for the more intimate scientific acquaintance. As homœopaths we owe a deep debt of gratitude to drug provers.

"HOMŒOPATHY is a disease of new countries."—*N. Y. Med. Record.* Seems to be contagious, too. Don't investigate it, Mr. Record; you're a dead allopath if you do! Unless you stand away off and use Ringer's Patent Grappling Hooks.—*Hahnemannian Monthly.*

LITERATURE.

THE LAWS OF THERAPEUTICS.¹

THIS eclectic compilation has reached a second edition, and comes before us, "with the author's compliments," for review.

For its medical and ethical merits and demerits we refer our readers to Dr. Berridge's really clever pamphlet entitled "Homœopathy Vindicated," and without which lateral illumination Dr. Joseph Kidd's book cannot be properly comprehended.

Dr. Berridge having thus dealt with it from a medical and ethical standpoint, we will approach it from the literary and philological side, and endeavour to gain *some* knowledge from its perusal. In vain we have sought some *medical* knowledge from a reading of its pages, so replete with other men's work—but stay, no, not in vain, for there is one "law of therapeutics" promulgated in it with which we were previously completely unacquainted, and we will not pass it over unnoticed, because we would give every man his due. We do not know whether Dr. Kidd can claim all the honour of the discovery of this great therapeutic law, or whether he may have to share it with any other eclectic brother, but we candidly confess that for ourselves we had no previous knowledge of this law at all.

Dr. Kidd does not resemble Hahnemann very much except in one particular—viz., he enunciates his new law for the first time in a modest footnote. In making this approximation we do not wish for a moment to detract from Dr. Kidd's merits as an original discoverer, for although Dr. Kidd herein certainly does resemble Hahnemann, still we do not believe that Dr. Kidd has imbibed his liking for footnotes from this said Hahnemann, because Dr. Kidd himself gives the most incontrovertible evidence that he has never read other than scraps of the works of that obscure German. The yet-to-become-celebrated footnote of Dr. Kidd may be found on page 225, and runs thus: "At the same time, in the same house, I was in attendance upon her grandson, aged six, for scrofulous disease of the hip-joint. For him I

¹ The Laws of Therapeutics, or the Science and Art of Medicine. By Joseph Kidd, M.D. Second Edition. London: C. Kegan Paul and Co., 1881.

prescribed butcher's meat and Bass's ale three times a day. He made a good and perfect recovery."

Let us note the scientific accuracy of this new therapeutic law; for the meat must be the butcher's and the ale Bass's, and these three times a day.

But we are digressing from our primary intention of not reviewing the more strictly scientific portion of Dr. Kidd's great work. Our excuse must be the prospect of "some Bass's" *three times a day!*

We will now return to the literary and philological excellencies of the book. Our author will not complain that we commence with the title-page.

We like the title exceedingly, notwithstanding that it is a misnomer, for it is all-embracing, including Bass's beer three times a day.

Next to the title we encounter a formidable Latin motto that is, indeed, not new, yet Dr. Kidd contrives to vivify it by—a little bad spelling. Ordinary mortals are content to quote the hackneyed old saw as *magna est veritas et prevalebit*, but our author is evidently an original thinker, and spells the last word thus: *prevalebit*. And it is hard to blame the poor printer this time, for the thing is in the second edition.

The dedication is uniquely naïve, for it is "To the Advancement and Diffusion of Truth."

Perhaps some one will say, "Well, what is the matter with that? Is not that noble?" Yes, gentle friend, but just look at the reverse side of the title-page, and read the line in brackets. "[*The rights of translation and of reproduction are reserved*]"!!

He pompously dedicates it to the advancement and diffusion of truth, and then reserves the right of translation and of reproduction!! And mark ye, if all that is here taken from others were taken from this book, there would be some awful gaps. How eloquent is often *le revers de la médaille!*

But let us pass on to the work itself. On page 4 we read, "The study of therapeutics includes all that concerns the *prevention* and treatment of disease, etc.," and hence it is evident that Dr. Kidd does not know the meaning of the word therapeutics, for that which concerns the prevention of disease cannot possibly be included in therapeutics: efficient prevention renders *all* therapeutics *impossible*.

So what can we reasonably expect from a person who is so completely ignorant of the real AND ACCEPTED signification of the principal word in the title of his book?

The historical part of Dr. Kidd's work is merely an excerpt from two or three histories such as any schoolboy might make. As a sample let us take the ordinary textbook talk about Paracelsus (p. 21), viz. :—"He boasted that he had discovered the 'elixir vitæ,' the universal remedy of which mankind had been so long in search; but his own death, at the age of forty-eight, served to humble the confidence of his followers."

Now, would Dr. Kidd be *very* much surprised to learn that the mighty Paracelsus was *murdered*? And that the cause of the death was a fractured skull? And that this fact has been written in the book of history for a good half-century?

On page 22 Dr. Kidd mentions Bartholin, but spells the name with a final *e*, thus—*Bartholine*! And just before this startling innovation we read, "Their therapeutics were [*sic*] invariably," etc.

Our author ought to know at his time of life, and when in the very act of writing about the "Laws of Therapeutics," that the word *therapeutics* is a noun in the singular number when used as a medical term. In the plural it refers to the religious devotees that are described by Philo. Reviewing a book replete with such crass ignorance is one of the purgatorial exercises of an editor.

There still remain 223 pages, as we have only got to the 22nd in this review, and our space will not allow of any more, which, indeed, were needless, as Dr. Berridge's "Homœopathy Vindicated" is not only a clever, but a most learned review of Dr. Kidd's work.

We have merely cited a few examples of the bad spelling and bad grammar, and for a true appreciation of the work itself we refer to "Homœopathy Vindicated," which is published as a pamphlet.

THE HOMŒOPATHIC PHYSICIAN.¹

THIS new venture has for its motto the somewhat worn yet ever beautiful motto, *Magna est veritas et prævalebit*,

¹ The Homœopathic Physician: a Monthly Journal of Medical Science. E. J. Lee, M.D., Editor. Vol. I., No. 2, February, 1881. New York: Bedell and Brother. London: Alfred Heath and Co.

which is also the motto of Dr. Joseph Kidd's "Laws of Therapeutics." But there is this difference, the *Homœopathic Physician* spells the words correctly, whereas Dr. Kidd does not.

We find the following as the guiding star of the *Homœopathic Physician*: "If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve to be mentioned only as a caricature in the history of medicine. —Constantine Hering." To which, Amen. And on this starlit path we wish the *Homœopathic Physician* a prosperous career.

THE HOMŒOPATHIC COURIER.¹

THEIR salutation thus begins: "With the new year we launch into the domain of medical journalism the *Homœopathic Courier*, a journal wedded to no dogma, but to be devoted exclusively to medicine and its allied sciences, from a homœopathic standpoint."

We send friendly confraternal greetings to the editors of the *Homœopathic Courier*, and wish their journalistic career may be brilliant in its usefulness, and the journal indeed a representative one, holding the old flag high aloft in the South-west.

CARLSBAD.²

THIS is a reprint from the Belgian *Revue Homœopathique*, and consists of a proving of the waters, together with therapeutic indications and contra-indications.

Amongst the ophthalmologic indications we note that Dr. Kafka affirms that a certain form of cataract is curable by Carlsbad water. We lately read the bald dictum of an American eye-carpenter that, "in Burnett's Monograph on Cataract there is not a single case of cataract cured by any means whatsoever." It occurred to us that poor Burnett

¹ The Homœopathic Courier. Vol. I., No. 1, January, 1881. Editors: J. T. Boyd, M.D., Department of Theory and Practice; J. T. Kaut, A.M., M.D., Department of Neurology and Electrology; Wm. C. Richardson, M.D., Department of Obstetrics and Diseases of Women and Children; J. W. Thrasher, M.D., Department of Surgery. W. C. Richardson, M.D., Managing Editor. Published monthly, by H. L. Verdier, 721, Chestnut Street, St. Louis, Mo. London: The Homœopathic Publishing Company, 2, Finsbury Circus.

² Carlsbad, ses Sources, son Action Physiologique et ses Indications. Par le Dr. Théodore Kafka, Médecin à Carlsbad.

must feel very small. In said monograph it is affirmed that certain cases of cataract have been cured by the Carlsbad water, and hence we are pleased to have the corroboration of our able colleague, Dr. Theodore Kafka, the worthy son of a worthy sire, who practises as a homœopathic physician at Carlsbad.

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.

HOMŒOPATHIC PRACTITIONER WANTED AT KINGSTON, JAMAICA.

SIR,—My letter on this subject, published in the last November number of your valuable periodical, having produced for me a greater number of correspondents in England, Canada, and the United States than I am able to reply to separately, be so good as to afford me the use of your columns for answering the numerous questions which have been put to me. I should have done this earlier, but a serious attack of typhoid fever laid me prostrate, and a trip into the country for change made me defer all correspondence till my perfect restoration to health.

(a) The climate of Kingston is dry; the mercury never stands higher than 90° during our hottest summer months; whilst in the winter it falls no lower than 68°, although about five o'clock in the morning it may occasionally be a couple of degrees lower; of course this is the temperature within doors in a well-ventilated bedroom. Yellow fever is not endemic, but is usually brought hither from Cuba or some southern port of America, nor is it fatal but to those who bring it with them, or those of intemperate or imprudent living who happen to take it here.

(b) The fees payable are 12s. for the first visit of each day, and 6s. for every subsequent one. Night visits are charged for at £1 each; fees for midwifery stand at £6 8s. All normal patients have their accounts rendered to them yearly, and a deduction is sometimes made of from 25 to 50 per cent. according to the amount of the bill and the condition in life of the patient. Transient patients pay full rates, also those

living out of the city. For "farming," the fee is usually £5 per annum if for an only patient; if more, about £3 each.

(c) House rent depends on size of dwelling and its locality. A house for a single man may be had for £2 10s.; for a family, as high as £7 per month; but for newly arrived persons, comfortable board and lodgings may be obtained for about £5 per month. Servants' wages range from 5s. to 10s. per week, and servants here are frequently required to discharge duties of cook and house-cleaner, or butler and groom.

(d) There are four or five collegiate schools in the city, besides innumerable primary ones.

(e) There is no homœopathic dispensary or hospital, but preparations from Messrs. Gould and Son, of London, are sold by Messrs. McCartney and Wood, stationers, of Kingston; and the concentrated tinctures of some "American Remedies" may be obtained from Mr. Kinkead, druggist.

(f) About £150 would keep a single man for six months whilst gathering a practice. The people of this country are remarkably hospitable, and welcome strangers *heartily*.

(g) Beef is sold at 6d. per pound, mutton at 9d., pork at 6d., potatoes at times as low as 1½d. per pound, a good hen for 2s. 6d., a turkey for 16s., ham as low as 1s. per pound, the very best York at 1s. 6d. per pound, and fish in abundance at about one penny per pound. Wines and spirits are high—good French brandy at 24s. per gallon, good Jamaica rum at 12s. per gallon.

(h) The extent of practice and probable income will depend on the ability, energy, and benevolent amiability of the medical man. The population of the city is about 40,000.

Lastly, I have to remark, from the questions put to me, it appears as if Jamaica is supposed to be a wild, uncivilised country, inhabited by a horde of naked black savages running loose all over the place. Those persons who come out with this notion will be agreeably disappointed. Society here is thoroughly organised and respectable. Churches abound in every direction, and of almost every principal denomination. There are more than twenty places of worship in the city, a great number of schools, benevolent societies, building societies, life and fire insurance offices, Masonic and Good Templar lodges, public library and museum, daily newspapers, telegraphs, street car lines of conveyance, gas-lighted streets, public market places, etc.

I do not see that I can say more, except this, that the opening for a homœopath should be filled by a man whose

suavity of manners is equal to his skill. American diplomas are not, however, open to registration here, and this precludes the practitioner from suing in our courts of law. The amateurs who practise Homœopathy here, and I must confess pretty successfully, are *low* dilutionists, so it would be in vain for a medical man who depends on high potencies to hope for a large practice here in cases of acute disorders.

Thanking you for the space afforded,

I remain, Sir, your obedient servant,

H. J. BURGER.

Kingston, Jamaica, 24th Feb., 1881.

THE HERING MEMORIAL.

DEAR DOCTOR,—At the “Hering Memorial Meeting” held in Philadelphia on the 10th of last October, at the same hour that similar memorial meetings were held in the chief cities of the United States and of Europe, it was unanimously resolved to collect the various speeches and eulogies delivered at these meetings into a volume, under the title of “The Hering Memorial,” which should serve not only as an expression of the veneration and affection in which we hold the memory of our great colleague, but also as a monument to his surpassing excellence as a man and physician, more enduring than any structure in bronze or stone, and one which, we are sure, would be more in accord with his own wishes.

The undersigned, literary executors of Dr. Hering, were appointed to edit this memorial volume, for which the materials are already in hand, and are merely awaiting the necessary funds for publication.

The Rev. Dr. Furness has kindly consented to write a short memoir of his old friend, and this, with the material before mentioned and various papers furnished by eminent physicians and by personal friends, will make a volume of several hundred pages, which cannot but prove of great professional and historical value; and at the same time its contents will be sufficiently varied to prove attractive to general readers, even for the few minutes they are awaiting attention in the physician’s office. The book will be handsomely bound and illustrated.

In order to accomplish this object, you are asked to send to any one of the undersigned whatsoever sum you may find

it a pleasure to give towards the publication of this book, in memory of one who gave freely of all he had to his beloved Homœopathy.

To all contributors to the publication fund a copy of the book will be sent.

Messrs. Boericke and Tafel, the well-known publishers, have kindly consented to attend, without remuneration, to the distribution of the volumes; the artist furnishes the drawings as his contribution; there remains, therefore, as the sole expense of the book, the cost of paper, engraving, printing, and binding. Whatever sum remains after paying these four items will be presented to Mrs. Hering in the name of all the subscribers, of whose names a printed list will accompany each volume.

Yours respectfully,

C. G. RAUE, M.D.,

121, North Tenth Street.

C. B. KNERR, M.D.,

112, North Twelfth Street.

C. MOHR, M.D.,

555, North Sixteenth Street.

Philadelphia,

January 1st, 1881.

IS THE "HOSPITAL SUNDAY" ALSO FOR HOMŒOPATHIC DISPENSARIES?

DEAR SIR,—We have in this town a hospital for the indoor and outdoor relief of the sick poor entirely under allopathic treatment, and we have also a homœopathic dispensary where patients attend, but no hospital attached, both institutions being supported by contributions. I find that everything collected in the various places of worship on "Hospital Sunday" has always gone entirely into the coffers of the hospital, and my object in now writing is to ascertain through any of your readers what is done in other places, and whether or not the homœopathic dispensary has any just claim to share with the hospital in the division of funds raised in this manner. Whether the *indoor* relief of sickness, as indicated by the possession of beds, is a *sine quâ non* in order to participate in the advantages of this collection I do not know.

But it appears to me that as a medical charity doing a good share in the work of relieving the sick poor, the homœo-

pathic dispensary is fairly entitled to share in this fund, very many of the contributors to which are firm believers in the law of "similia."

I am, yours faithfully,

A. MIDGLEY CASH.

Torquay, Feb. 23rd, 1881.

[The *indoor* relief of sickness is *not* necessary. All over the country the homœopathic dispensaries have their proper share of the proceeds of the "Hospital Sunday." Dr. Midgley Cash should therefore at once make application for participation.—Ed. *H. W.*]

THE HEROIC PROVING OF *APIS*.

DEAR SIR,—In your prefatory note to the interesting extract from "Hunter's Bee Manual," quoted in your last issue, you make this remark: "In our provings we must not expect any given harmful substance to continue to produce pathogenetic symptoms *beyond the saturation point of the organism.*" From this I infer that you explain the inertness of the later stings by supposing the system to have become saturated with bee-poison from the earlier. May I suggest that there is another explanation possible? A medical friend, an amateur apiculturist, told me, whilst looking over his hives, that when he first began to keep bees he was stung several times, and suffered as most people do, but after a short time the stings took no effect, and he had since remained proof against the poison, though stung but rarely, and by no means saturated with it. The explanation he offered was that the bee-sting produced a constitutional disease, and that the protection one or more attacks afforded against subsequent attacks was the same in kind, if not in degree, as that noted in the exanthemata. With this view I am inclined to agree. It is true that some poisons produce a tolerance of their action in the human system, and cease after a time to produce their usual effect when exhibited, but the greater number destroy life before the saturation point is reached.

It may be interesting in this connection to note a remark of Trousseau's on the action of *Urtica urens*. He is speaking of the treatment of measles ("Clinical Medicine," vol. ii. Sydenham Soc. Trans., p. 224). He advises urtication—*i. e.*, scourging the patient with nettles, in certain cases, and

says : "It is a curious fact that on the second day of this treatment the nettle-rash, even when the small nettle *urtica urens* (more active than the large nettle *urtica dioica*) has been used, is notably less, and at last, after three or four days, the application produces no effect. This arises from the system having become habituated to the poison, and not from the vitality being so impaired that the organism is no longer acted upon by it. We see precisely the same tolerance of this poison exhibited by country girls, who take hold of, and carry in their naked arms with impunity, the very same nettles which at first stung them smartly."

May there not be an analogy between the action on the organism of the germ poison of the exanthemata, the animal poison of the bee, and the vegetable poison of the nettle? And is it not possible that the analogy may be yet further extended? I leave these suggestions with your readers.

Yours, etc.,

JOHN H. CLARKE, M.D.

15, St. George's Terrace, Glo'ster Road, S.W.,

March 10th, 1881.

[The question seems to turn on the term "saturated." We called attention to the *fact*, and offered no explanation. The point we had in our mind was this. It is often stated that a given pathogenetic symptom must be not only produced once, but repeatedly, if it is to be enregistered as trustworthy. To this we cannot assent, because only very few persons might possess the requisite idiosyncratic susceptibility, and just this idiosyncratic susceptibility of a prover might be completely exhausted by the first proving. As a case in point we refer to Dr. S. A. Jones's proving of *Aralia*, of which mention is made in this number.—Ed. H. W.]

NEW TREASURER OF THE WORLD'S CONVENTION.

DR. BAYES has resigned the treasurership, and Dr. Black has consented to serve in his stead. In future, then, all contributions to the funds of the Convention must be sent to Dr. Francis Black, 33, Kensington Gardens Square, London, W.

REPORTS OF INSTITUTIONS.

BATH HOMŒOPATHIC HOSPITAL.

THE annual meeting of the subscribers and friends of the Bath Homœopathic Hospital was held in the board room of the institution, on Tuesday, January 25th, 1881. There were present the Rev. J. H. Way in the chair, Rev. G. W. Newnham, Messrs. G. Cruickshank, G. Norman, G. Cadbury, and E. Capper.

The chairman, in a few introductory remarks, said, that whilst they were met together to hear of the progress of their own institution, it would be well to bear in mind the extent to which Homœopathy was increasing all over the world and especially in America, where homœopathic physicians could now be numbered by the thousand. Any one who had given Homœopathy a fair trial could not but acknowledge that the result was much superior to that obtained under the old treatment. He would not detain them longer this inclement weather, but would ask at once for the report.

Mr. Norman then read the report and the statement of accounts.

The chairman moved that the report and statement of accounts be adopted and printed for circulation amongst the the subscribers and friends of the institution.

The Rev. G. W. Newnham, in seconding the proposal, said he was truly glad to find they had such a favourable report to present, and that the finances were in a better condition than last year.

Mr. Capper said that the state of the finances ought to have a special notice in regard to the expenditure. There had been an increase of twelve in the number of patients resident in the hospital during the year, namely, forty-six against thirty-two last year, yet the cost of maintenance had been considerably less. This was owing to the fact that a more acute class of cases had been admitted than formerly. Acute cases were more suitable to the objects of the charity, more rapidly dealt with, and therefore less costly than the tedious and often unsuitable cases which had frequently been sent as it were to a house of rest. He believed that in consequence of this and of the more decided advantages offered to the subscribers of one guinea, there was a more widely spread interest taken in their institution at the present moment than there had been for many years. He thought

that their thanks were due to their collector, Mr. Cadbury, for his zeal in obtaining new subscribers.

All this being carried unanimously, the chairman moved that the following gentlemen be appointed to act on the committee during the present year:—Revs. G. W. Newnham, N. Nürnberg, J. H. Way, and H. Tarrant, Drs. Newman and Morgan, Messrs. G. Cruickshank, T. Geeves, and G. Norman.

This was seconded by Mr. Capper and agreed to.

The Rev. G. W. Newnham then proposed that the hearty thanks of the committee and subscribers be given to their honorary medical officer, Mr. Norman, for so energetically carrying on the work of the hospital, also to their honorary treasurer, Mr. Cruickshank, for his continuous and valuable services.

This was seconded by Mr. Cadbury and carried unanimously. A vote of thanks to the chairman closed the proceedings.

Thirty-first Annual Report, 1880.

The committee of the Bath Homœopathic Hospital in presenting their report to the subscribers for the year 1880, are able to say that while the general work of the hospital has been carried on much as usual, there has been a considerable development of the in-patient department. Forty-six patients have been resident in the hospital during the year, for periods varying from one to nine weeks. Twelve of these were men, thirty-one women, and three children.

Among the diseases treated have been diphtheria, typhoid fever, rheumatism, cancer, consumption, general debility, ozæna, laryngeal catarrh, bronchitis, inflammation of the lungs (acute and chronic), pleurisy, congestion of liver, enlarged liver, gall stones, enlarged spleen, inflammation of kidney (acute and chronic), paralysis, intercostal neuralgia, sciatica, nervous debility, diseases of the spine, elbow joint, and bone of leg, injury to muscles of leg, varicose veins, and diseases of the skin.

Most of the patients received relief, but one child died in the hospital from blood poisoning. The increase in the number of in-patients has been due in great measure to the system of free admission by subscriber's ticket, adopted at the last annual meeting, which, by rendering the hospital more accessible to the poor, has led them to avail themselves more largely of its benefits.

To further still more this good object the committee would

beg all subscribers of smaller sums than one guinea, to raise their subscriptions to this amount, that they may be able to assist any poor person desirous of becoming an in-patient.

The hospital has lost a good many subscribers during the past year by death or removal from Bath; and although the income for the year is above the average, it is not due to an increase in regular subscriptions, but to donations and a legacy; new subscribers are much needed at present to maintain the usual yearly income.

Amongst the deaths the committee much regret that of E. G. Smith, Esq., late Registrar of the County Court, who was for some years one of their number, and who took considerable interest in the working of the hospital.

On the other hand the committee have to render their thanks to Lady Llanover for her liberal subscription of £15 during the past year, and to Mrs. Mainwaring for holding a sale of work at her house in November, in aid of the hospital, whereby a sum of £33 was realised.

It is hoped that during the autumn of the present year a bazaar will be held on a larger scale, and that friends receiving this early announcement will be prepared to assist in making it a success.

The hospital receives no aid from church collections or public entertainments as other institutions do, and the committee think that a bazaar is quite a legitimate way of obtaining help.

The receipts were further increased last year by a legacy of nineteen guineas, left to the hospital under the will of the late Mrs. Dillwyn, who was for many years a steady supporter of the institution.

The committee believe that the new regulations made last year concerning the admission of in-patients have worked quite satisfactorily. As has been already mentioned, they are favourable for the patients, and on the other side, sufficient use has made of the free guinea in-patient tickets to justify the committee in thinking that the arrangement is agreeable to the majority of the subscribers.

The attendances of out-patients have been nearly the same as last year—viz., 3,300, with 600 new cases, and the sum of £38 2s. has been received from those who have paid for their attendance. As the charge made is only a shilling a month, this sum represents between 700 and 800 separate payments, and is an evidence of the popularity of this method of treatment.

The following presents have been received during the year:—

“Sunday Magazine” and “Victoria Magazine,” for 1879, from T. Gilman, Esq.; “Leisure Hour” for 1873 and 1874, “Sunday at Home” for 1874, 1875, and 1876, and “Chatterbox” for four years, from Mrs. Dike; “Hand and Heart,” from Mrs. Clifford; “London City Mission Magazine,” from Lady Llanover; “British Workman,” from Mrs. Mainwaring; “Christian” and other periodicals, from Miss Stace; “Day of Rest” for 1876, from Mrs. Wilson; “Home Words” and “Tract Magazine,” from Miss Pinnell, and several other magazines anonymously. Also old linen from Mrs. Theobald, oranges from Miss Eade, flowers from Argyle and Percy Chapels after flower sermons, and a pair of crutches from an old patient. Christmas cards from Mrs. Norman and W. Phillips, Esq. Illustrated papers were also kindly lent by W. Phillips, Esq.

In conclusion the committee give their hearty thanks to all who have assisted the institution by subscriptions or services rendered during the past year, trusting that during the present year their kind interest may be continued on behalf of the Bath Homœopathic Hospital.

[We congratulate the committee and staff of the *Bath Homœopathic Hospital* on the foregoing most satisfactory report.—ED. H. W.]

NEWCASTLE-ON-TYNE HOMŒOPATHIC DISPENSARY.

Report for 1880.

THE attendance of last year has been on three days of the week, instead of two. The number of patients entered during the year was 835, which is nearly double the number in our last report (1878). The increase in the attendance, the numbers either cured or relieved, together with a longer list of subscribers, afford ample encouragement that the institution is doing good work, and that its usefulness will extend.

T. E. PURDOM, M.D.

W. A. KENNEDY, M.R.C.S., L.R.C.P.

THE NEW PRESIDENT OF THE WORLD'S CONVENTION.

DR. EDWARD HAMILTON has resigned the position of president-elect of the coming "International Convention," to the occupation of which he was chosen by the Leeds Congress. In consequence of this a meeting of the executive committee has been held at the London Homœopathic Hospital to consider what steps should be taken.

After some conversation and discussion it was resolved that Dr. Hamilton's resignation be accepted, and consequently Dr. Richard Hughes, who had been chosen to fill the vice-president's chair by the Leeds Congress, has become the president-elect.

We have therefore now no vice-president, and hence the committee determined to call upon the Convention at its first meeting to proceed at once to the election of a vice-president. This change in the presidency will not in any wise alter the arrangements for the Convention, or mar its prospects of success. It is in our ranks just as it is in all our other mundane matters—no one is absolutely necessary. So that if any given individual, of whatsoever degree, from pride, pique, or passion, refuse to serve in the ranks, he only has to fall out, and the gap is soon filled. Still we should have admired the ex-president-elect far more had he stood to his guns. We homœopaths are very like Achilles in that we very readily "sulk in our tents;" we are like children who cannot follow their own sweet wills, but go and pout in a corner.

THE LONDON SCHOOL OF HOMŒOPATHY.

WE draw the attention of our readers to the usual annual meeting of this institution, which will take place on Tuesday, the 12th of this month, at four o'clock, at the London Homœopathic Hospital, Great Ormond Street, W.C. Lord Ebury takes the chair.

LONDON HOMŒOPATHIC HOSPITAL.

THE annual meeting of the governors and subscribers of this charity will be held in the Board Room of the hospital on Thursday, the 28th inst., at three o'clock in the afternoon. The Right Hon. Lord Ebury will occupy the chair.

INTERNATIONAL HOMŒOPATHIC CONVENTION.

THE following subscriptions towards I.H.C. have been received since February 23rd:—

Amount already announced	...	...	...	£72	9	0
Dr. Usher	...	...	...	1	1	0
Dr. A. E. Hawkes	...	...	...	1	1	0
Dr. A. Guinness	...	...	...	1	1	0
Dr. Drysdale	...	...	...	1	1	0
Dr. Bodman	...	...	...	1	1	0
The Hon. Dr. Allan Campbell	...	...	...	2	2	0
Dr. S. Morriſson	...	...	...	1	1	0
Dr. F. Flint	...	...	...	1	1	0
Dr. Edward Blake	...	...	...	1	1	0
Dr. H. Buck	...	...	...	1	1	0
Dr. Wm. Roche	...	...	...	1	1	0
Dr. W. Scott	...	...	...	1	1	0
Dr. A. C. Chalmers	...	...	...	1	1	0
				£87	3	0

As it is desirable that the committee should be enabled to make arrangements, it is desirable that those gentlemen who have not yet paid their subscriptions should do so without delay.

In order to entertain our foreign guests appropriately, it is requested that those of our *confrères* who incline should offer sums of £5 and upwards as a guarantee fund.

WILLIAM BAYES, M.D., Treasurer.

THE BAYES BANQUET.

WE learn that Dr. Bayes is retiring from London practice, at least for a while, on account of his health, and men of light and leading amongst his friends have determined to give a dinner in his honour on this occasion. We are extremely glad that this step has been taken, because it shows that the Party of Progress still means to push on till victory is theirs all along the line.

DR. REIL, the well-known author of the monograph on *Aconite*, which gained the prize of the *Homœopathischer Centralverein*, and who subsequently went to Egypt and became physician to the Khedive, died lately at Cairo.

ANOINTING IN CASES OF INFANTILE DISORDERS.

DR. H. GUARD KNAGGS, F.L.S., has been testing, with uniformly successful results, the value of a very simple method of treating such infantile complaints as atrophy, bronchitis, convulsions, diarrhœa, febrile disturbances generally, and indeed all disorders of childhood which are accompanied by an unnatural state of the skin. The treatment simply consists in smearing with salad oil the whole surface of the body, from the crown of the head to the tips of the fingers and toes, the process being repeated every twelve, six, or even four hours, according to the urgency of the case. Of course the use of a long flannel gown or small blanket is obvious, and the fluid should be slightly warmed. The application of oil possesses the following immense advantages over the ordinary warm bath: (1) Skin-action is more completely and permanently restored. (2) The danger of reaction is avoided, for there is no sudden change of temperature; and, moreover, the sheet of oil protects the surface from atmospheric influences. (3) It acts as a fuel-food, not only preventing waste of tissue, but actually increasing the bulk of the little patient. (4) It does not depress, but, on the contrary, appears to exhilarate. The formidable affections above mentioned will frequently yield to this treatment, or, at any rate, show signs of abatement, in from twenty minutes to four-and-twenty hours; but sometimes forty-eight or even seventy-two hours will elapse before any decided signs of improvement occur.

A NEW DISEASE.

A boy lately died at the Sainte Eugénie Hospital, Paris, of hydrophobia. His saliva, taken four hours after death, has been found by M. Pasteur to have remarkable properties, causing what appears to be a new disease. Two rabbits immediately inoculated with the saliva diluted died in about thirty-six hours. Other rabbits were inoculated with the saliva or with the blood of the first, and death ensued even more rapidly. The process was several times repeated, and with like effects. The animal, in five or six hours, loses appetite, afterwards becomes weak and paralysed, and at length dies of asphyxia. The windpipe is a good deal congested, and shows hæmorrhage. There is also a swelling of the ganglions on either side, and of the groin and axillæ,

etc. M. Pasteur has observed in the blood of the inoculated animals a small organism, or microbe, which (by his method of artificial cultivation) he finds good reason to regard as the agent of the malady. It is a very short rod, slightly contracted about the middle; a sort of aureola appears round it, probably due to mucous substance. It is somewhat like the microbe of chicken cholera, but differs entirely in its effects. Fowls inoculated with it are not in the least affected. It is further singular that while the rabbit is always so quickly killed by the effect of inoculation, the guinea-pig, so closely related to the rabbit, retains its vigour and appetite weeks after inoculation. Whether there may not in this case be a long incubation of the virus remains *sub judice*. The new malady seems thus far distinct from rabies in the absence of the usual incubation, the nature of the anatomical lesions, and the transmission by inoculation with the blood of the dead animal. Further, dogs inoculated with the boy's saliva died in a few days without presenting rabid symptoms. M. Pasteur, however, thinks it would be rash to affirm the absolute independence of the two disorders; and if rabies may be attributed to the presence of a microscopic organism, some hope is offered that science may find a means of attenuating the action of that terrible malady.—*Times* (Feb. 1, 1881).

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, 5, Holles Street, Cavendish Square, 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. C. MILLER, 2, Finsbury Circus, London, E.C.

ANSWERS TO CORRESPONDENTS.

DR. SIMPSON, WATERLOO.—Your article is marked for insertion in our next issue.

CORRESPONDENTS.

Communications received from Dr. Berridge, London; Dr. Purdon, Newcastle-on-Tyne; Dr. Theobald, London; Dr. Ussher, Wandsworth; Dr. John H. Clarke, London; Dr. Noble, London; Dr. S. H. Blake, Liverpool; Dr. Torry Anderson, Upper Norwood; Dr. Bayes, London; Dr. Simpson, Waterloo; Dr. Tuthill Massy, Redhill.

BOOKS AND JOURNALS
RECEIVED.

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Annals of the British Homœopathic Society and of the London Homœopathic Hospital, No. 52, February, 1881.

The Homœopathic Journal of Obstetrics, February, 1881.

The Homœopathic World.

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- LEADING AND GENERAL ARTICLES:—
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 The Connection between National Wealth and National Health.
 Jottings by the Bedside.
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 Special Report on the Outbreak of Scarlet Fever in the Borough of Halifax.
 Heroic Proving of Apis.
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 Notes by the Way.
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- REPORTS OF INSTITUTIONS:—
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 Oxford Homœopathic Medical Dispensary.

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 Mystery of Dreams.
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THE
HOMŒOPATHIC WORLD.

MAY 2, 1881.

DIARY OF THE MONTH.

April 2, 1881.

“Dr. Quain was speedily assured by Dr. Kidd, in writing, that Dr. Kidd was not treating, and never had treated, Lord Beaconsfield homœopathically.”—*Medical Times and Gazette*.

* * * * *

April 3 and 4.

“The public should distinctly understand that Lord Beaconsfield is *not* being treated homœopathically, but allopathically.”—*Times, Telegraph, Standard, and Daily News*.

* * * * *

April 14.

“None of the medicines have done me any good.”—*Earl of Beaconsfield to Lord Rowton*.

* * * * *

April 19.

“This morning, a little after half-past four, Lord Beaconsfield died.”

DR. KIDD'S REPUDIATION OF HOMŒOPATHY.

THE *Homœopathic World* is called upon to comment upon the medical aspects of the case of the Earl of Beaconsfield. In one sense we love not the duty, for both the doctors and a large portion of the public press have not disdained to pander to a too general pruriency. One lay journal very early in the illness gave to the world, we suppose on the authority of Dr. Kidd, the important information that the noble earl's urine contained some albumen. Many, too, have been the comments on the nature of his lordship's expectoration. A more undignified affair has rarely been chronicled.

Dr. Kidd seems to have been very desirous that the world should know what an excellent nurse he is; after nursing his patient for a dozen nights in succession it is no wonder that he became a little confused. We mention this because we have always held that a *nursing* physician destroys his own chances of therapeutic success. When a physician sits up nursing his patient night after night he must of necessity get into a condition in which his value to his patient *as a physician* cannot be great. In a grave case the physician should be a general, and not a peddling private. The undesirability of even too frequent visits is well known to all practical men of ability. In the practice of scientific medicine—*i.e.*, Homœopathy—this is doubly important. And in the psychic treatment of one's patients the physician's constant presence is fatal to successful treatment, and the psychic part of the treatment often turns the balance: it is frequently just like the casting vote. These points are well illustrated in the present instance, in which there is no evidence of successful treatment whatever, except the opportune return of Lord Rowton, which was too long delayed.

Taking Dr. Kidd's own confession of the treatment of the noble patient, it must be regarded as irrational and unscientific from the beginning, and fitly culminating in the use of a quack's nostrum; it consisted essentially of calomel, ammonia, and antispasmodics, a stimulant and a depressant at one and the same time! No wonder Her Most Gracious Majesty became alarmed and wished for further advice. Such treatment may be worthy of a nurse, and "usual," and "orthodox," but we emphatically declare it to be irrational and unscientific.

Notwithstanding Dr. Kidd's tall talk about "treating his patients with ordinary pharmacopœal remedies in ordinary pharmacopœal doses," Dr. Quain would not move till Dr. Kidd *put it in writing* thus:—"I (Dr. K.) am not treating Lord Beaconsfield homœopathically." Homœopaths could have told Dr. Quain that he need not have taken that trouble.

Dr. Kidd further wrote to Dr. Quain:—"Every direction and prescription of yours will be faithfully carried out by me." This kind of thing may be very polite, but it involves some strange things to promise so much; it presupposes either that Dr. Kidd, considering himself only as a nurse, would have no voice in the further treatment, or that he had no principles either orthodox or heterodox. *Physicians* do not meet together one to obey the other, but *to consult* on the best means to be adopted, and, failing an agreement, one retires. A certain modicum of dignity is necessary to the peace of mind of most of us.

The professional morality of the meeting of "the reputed homœopath" Dr. Kidd and of Dr. Quain was challenged in the medical journals. Dr. Kidd wrote a rambling illogical letter to those journals. Here we will only cite this portion: "Although, to quote the words used, a reputed homœopath, I desire once for all to *disclaim any such party designation*. Six years ago I resigned all connection with the Homœopathic Hospital and Society. In a very extensive practice, *extending over thirty-four years*, I have *always* adopted that course of treatment which my own study and experience have taught me to be most effectual to my patients" (the italics are ours).

To this we must remark that Dr. Kidd has his name in *this year's Homœopathic Directory* as a *homœopathic practitioner!!* The proof that it did not get there without his authority is given by the fact that his places and hours of consultation are fully given.

Then, again, if Dr. Kidd has *always* adopted the same course of treatment for *thirty-four years*, how is it that he *resigned* homœopathic connections *six years ago*?

We need say no more, as we give an historical epitome of some points in the case in another part of this journal, so that the facts may be before our readers. It is altogether a most painful affair.

THE TEMPLE OF HOMŒOPATHY.

MANY are the assaults that have been made upon the temple of Homœopathy. She herself has been said dead a good many times, and been duly interred decently and indecently by both friend (!) and foe. The allopaths have oft and again sung solemn requiems for her eternal repose in the big bosom of oblivion. Traitors tall and small have betrayed her for pieces of silver in varying quantities at as many different times. The impure quack has oft donned her livery, and dragged it in the mire, and held it up to view in dirty corners. Ignoramuses with no right to practise at all, except as barbers, have sheltered themselves under her mantle, and thus brought her into reproach as the foster-mother of ignorance and law-breaking. Ill-educated obscure medicos have loudly ranted in her temple, and thus have come into prominence, and have then debased and maligned her in order to burn tiny tapers at their own altars.

Many of her weakly priests, who had long served at her altar, have yielded in times of temptation, and finished by defiling her temple.

Not a few of the strongest of her devotees from time to time have been piqued at some supposed neglect, and vented upon her the wrath of a jilted lover. She has stood it all, and is none the worse. Her high priest, Hahnemann, has also not by any means been spared by friend (!) or foe. 'Twere in vain to count up all the slanders that have been hurled against him; the tongues that uttered them have withered, and the slanderers have perished in the very venom of their own out-breathings.

Withal, Homœopathy is to medicine what light is to the photographer; and, incredible as it might appear, the powers that be prefer the farthing rushlight of Allopathy to the brilliant electric light of Homœopathy, which seems too much for their weak optics. But Sir William Jenner, the President of the Royal College of Physicians, Dr. Kidd, Dr. Quain, and Dr. Bruce, all declining and ignoring Homœopathy, were unanimous in agreeing to administer a quack nostrum to a venerable statesman that, for aught they knew or know, may be a deadly poison, and *may* have *killed* the patient.

MEDICINE A LA MODE.

THE death of the Earl of Beaconsfield has called forth the sorrow of the whole nation, from the Crown to the cot. The literary man, the great statesman, the patriotic Englishman, were all combined in the person of Benjamin Disraeli. May his spirit fire others to yet wave the British flag over all the Africanders. But the *Homœopathic World* joins no party in politics. That little sentiment is from a personal splutter of the editorial quill. We have rather a few words to say anent the extraordinary spectacle offered to the world by the family physician of the noble earl. We of course refer to Dr. J. Kidd.

At the time of the Peace-with-Honour gathering at Berlin the orthodox world was shocked by the news that the *homœopath*, Dr. Kidd, was summoned from London to Berlin to apply his leechlore to the case of England's envoy. At the home-coming Dr. Kidd did not deny the soft impeachment, though the *Lancet* did announce to its troubled readers that Dr. Kidd was *not* a homœopath. We remind the *Lancet* of this because this journal affects now to believe—nay, even affirms—that this same Dr. Kidd is a homœopath. At the commencement of the last illness of the noble earl no one was in the least surprised to learn that Dr. Kidd was in attendance, for earls and countesses require their doctors as well as meaner mortals. But what both homœopaths and allopaths did *not* expect was the subsequent undignified *dénouement*. For Dr. Kidd, "in an agony of despair," sent for Dr. Quain, who is of the orthodox medical persuasion. The *Medical Times and Gazette* of April 2, 1881, narrates Dr. Kidd's "agony of despair" thus:—

"ILLNESS OF THE EARL OF BEACONSFIELD.

"Public feeling has been much excited during the week concerning the health of the ex-Premier, and the greatest anxiety has been evinced to learn the condition of the illustrious patient. For several weeks past the Earl of Beaconsfield has been suffering from indisposition, but it was not until a fortnight ago that acute symptoms developed, these being of the nature of bronchial catarrh, which has been extremely prevalent in London during the recent bitter east winds. On Sunday night last paroxysms of asthmatic breathing supervened, greatly aggravating the severity of the attack, and during Monday the condition of the patient

gave considerable anxiety to Dr. J. Kidd, who has been Lord Beaconsfield's regular medical attendant for several years. By-and-by true articular gout appeared, and was attended with some relief of the chest symptoms; but the restlessness and exhaustion caused by the pain, together with the spasmodic attacks of dyspnœa, and the difficulty of expectoration, soon gave rise to dangerous prostration. This was the state of the case when, on Tuesday morning, Her Majesty the Queen expressed her desire that further medical advice should be obtained, and in the forenoon Dr. Quain received Her Majesty's command to visit the patient. Some difficulty arose from the fact Dr. Kidd, though a legally qualified physician, is commonly believed to practise what is called Homœopathy; but under any circumstances it was Dr. Quain's duty to obey the Queen's command. *Moreover, he was speedily assured, in writing, by Dr. Kidd, that he was not treating, and never had treated, Lord Beaconsfield homœopathically.* Besides this, he took the wise precaution of guarding himself from any misconception by laying the matter before some of the best known and most highly esteemed Fellows of the Royal College of Physicians."

So it seems that although Dr. Quain was obliged to obey the Queen's command, *yet he first decided upon the professional prudence of such a course by consulting with his fellows!*

The *British Medical Journal* of the same date puts the matter thus:—

"ILLNESS OF THE EARL OF BEACONSFIELD.

"Both public and professional interest has been greatly excited during the last few days by the grave illness of the ex-Premier, Lord Beaconsfield. So far as we have been able to ascertain the facts of the case, we learn that his lordship has been suffering from a severe attack of bronchial asthma, associated with undeveloped gout. This is not the first, though it is the most severe, attack of the kind from which his lordship has suffered. For some few weeks he had been ailing, but his indefatigable attention to public business led him to think less of his health than he ought to have done; and we believe we are right in saying that, being present on the night of the Candahar debate in the House of Lords, he was obliged to have recourse to relief from an antispasmodic before he addressed the House.

"On Saturday, Sunday, and Monday, owing, no doubt, to

the inclemency of the weather, his lordship's symptoms became aggravated; and, during the night of Monday, or early on Tuesday morning, the attacks of spasmodic breathing were so distressing, and the exhaustion so great, as to cause the gravest alarm for the immediate consequences. Her Majesty, on Tuesday morning, participating in the anxiety felt by his lordship's many friends, desired that further advice should be obtained; and Dr. Quain was requested to attend in consultation with Dr. Kidd. It should be mentioned that Dr. Kidd had for the last three years attended his lordship in like attacks. When this request was made to Dr. Quain, he declined, with great regret, to accede to it, under the impression that Dr. Kidd was a homœopathic practitioner. *Being, however, assured in the most positive manner that Lord Beaconsfield had on no previous occasion been treated homœopathically, and was not being so treated on this occasion,* he sought the advice of some of the most prudent and experienced Fellows of the College of Physicians, who were decidedly of opinion that Dr. Quain would not, under the circumstances, be justified in persisting in his refusal. Those who have known Dr. Quain, and his strict integrity in all that relates to professional honour and feeling, during his long and distinguished career, will at once accord their approval of the course which he pursued under the difficult circumstances in which he was placed."

Hence it would appear that Dr. Quain really at first disobeyed his Queen.

The *Lancet* also, of April 2, inserts the following two letters without comment:—

“HOMŒOPATHY OR—WHAT?”

To the Editor of the Lancet.

Sir,—We, both Liberals and Conservatives, have heard with great regret of the illness of Lord Beaconsfield, and I am sure most of us have observed with pleasure that the Queen had suggested that further advice should be called in. This suggestion, as we know, was carried out, and the skill of Dr. Quain was soon placed at the disposal of the Earl. In the account given in to-day's *Times* of the consultation between the two eminent advisers of his lordship, it states, that “Dr. Quain expressed his approval of the treatment adopted by Dr. Kidd.” Now, Sir, I was always under the impression that Dr. Kidd was a homœopath—indeed, the

leading spirit of Homœopathy in London; and that Dr. Quain was an allopath. How, then, are we to reconcile this agreement in treatment? "Is Saul also among the prophets?" Has Dr. Kidd altered the tenour of his ways, and gone over to the old school? Or does he *profess* Homœopathy and *practise* Allopathy? Or does he reserve Homœopathy for his less eminent patients? Or has Dr. Quain—but no, the thought is too dreadful!

Yours faithfully,

A. GEORGE BATEMAN (Allopath).

Canonbury Lane, March 30th, 1881.

To the Editor of the Lancet.

Sir,—In to-day's paper I see that Dr. Quain is reported to have met Dr. Kidd in consultation on the case of Lord Beaconsfield, and, further, that he approved of the latter's treatment. Is Dr. Quain aware that Dr. Kidd's name is in the Homœopathic Directory for this year, and that he was lately on the Council of the London School of Homœopathy? And what treatment from a professed homœopath could Dr. Quain endorse?

I am, Sir, yours obediently,

March 30th, 1881.

JUNIUS.

The *Lancet* gives no reply whatever to these inquiries; we know of no better.

But in its issue of April 9th, 1881, it has no fewer than three leaders on the subject. We quote the second of these, which is as follows:—

"There are three professions in the practice of which submission to the will or whim of an employer is impossible. The lawyer cannot construe an Act of Parliament in accordance with the views of his client, or, if he does, it is with the knowledge that his private interpretation will be set aside by any court of law which may be called upon to adjudicate. The divine may not so stultify the first principles of religion as to adapt the doctrine he preaches to the desires or predilections of his congregation. It is equally impossible for the medical practitioner to submit his scientific judgment of the laws of health and disease, the principles and methods of treatment, to the whim or the prejudices of his patient. The physician who will undertake to treat the sick on either of two systems which are contradictory and mutually de-

structive is like the preacher who should offer his hearers a choice between the dogmas of Christianity and Mohammedanism, and agree to speak as the prophet of either indifferently.

“If Homœopathy be a *true* system of medicine, the regular system—which the Homœopath stigmatises as ‘allopathy’—must be false. It is obvious, therefore, that a physician who is willing to practise either of these systems at the bidding of the sick person who seeks his services, or on his own eclectic judgment, cannot be acting under a due sense of the importance of the work in which he is engaged. Consistent Homœopaths will hold with us in this contention, and they will concede that it is only on the presumption of earnestness in our several divergent beliefs that we can agree to differ with anything like mutual respect. The ‘Homœopath’ who can reconcile it with his own conscience to practise what he calls ‘allopathy’ when occasion offers—who, in short, is ready to become all things to all patients that he may win some—can be no true disciple of Hahnemann, who, as we pointed out in March, 1875, in connection with a question arising at the Birmingham Midland Institute, insisted that Homœopathy ‘must be *exclusive*,’ and that ‘all backward straying to the pernicious practice of the old school (whose opposite it is as day is to night) is totally impossible.’ And the practitioner of the regular school who is willing to aid and abet the errant homœopath in his excursions into the province of what we term orthodox medicine, cannot but be regarded by us as a paradox. The position occupied by Dr. Kidd is as strange as it must be unsatisfactory to members of the school with which he is most closely identified. The position taken up by Dr. Quain in this matter is at once inexplicable and embarrassing.

“It is impossible to regard the consultations which have taken place, between two gentlemen representing antagonistic schools of thought, in the light of serious endeavours to arrive by scientific deliberation at a concerted judgment on the state of their distinguished patient, and the measures to be taken for his relief. One at least of the two must have been lukewarm in his allegiance to the principle on which he had consented to act in the treatment of this particular case, while the other could not fail to feel that he was working with a physician who belonged to a school whose every tenet is opposed to the principles of that which he claims to represent. What could the two men thus thrown together

have in common? On what premisses can their argument have been based? The issues at stake were not of a nature to be jeopardised by any lack of concord or earnestness. Life and death may have been in the balance. How should these two physicians work together except they be agreed? Every practitioner must feel that what he does for his patient is to the full extent of his knowledge or belief the best that can be done, or he must defer to the judgment of a colleague in whose scientific attainments and clinical experience he has the utmost confidence. The status of the doctor and the rank of the patient cannot affect the issue raised. The *bona fides* of the consultants may not be called into question, but the considerations we urge are of the highest gravity, and they cannot either be gainsaid or lightly set aside."

We are not often at one with the *Lancet*; but, with one or two reservations (of which anon), we most heartily endorse the above-quoted sentiments. The *Lancet* rightly remarks that it is a question of *principle*, and not one of persons.

We quite concur in the view taken by the *Lancet* that homœopaths and allopaths cannot possibly agree on the mode of medicinal treatment, and therefore such meetings can only be of benefit under very exceptional circumstances.

As the limits of our space do not permit of arguing out the various points that are here raised, we must continue the subject in our next issue.

DR. KIDD'S "LEADERSHIP."

WE should just like to point out to the *Lancet* a very serious mistake that is being constantly made by allopaths with regard to Dr. J. Kidd's position amongst the *homœopaths*. Dr. Kidd is in no sense a leading *homœopath*, and never has been; we believe he has never been either president, vice-president, secretary, or treasurer of any body of homœopaths, or of any of the homœopathic congresses. He has never been editor of any of the homœopathic journals, and his contributions to homœopathic literature are certainly not more than second-rate. It is the expressed opinion of really leading homœopaths of thirty years' standing that Dr. Kidd has done a vast amount of harm to *scientific* Homœopathy by the equivocal position which he has long occupied. Dr. Kidd still puts his name into the Homœopathic Directory,

as a homœopathic practitioner, and in his letter to Dr. Quain he declares he has been practising allopathically (at least, so far as the noble earl's case is concerned) for more than three years, and this is borne out by the fact that Dr. Quain, who is a straightforward allopath, quite concurred in the treatment. This is the kind of thing that ruins the good and honourable name of homœopath in the eyes of the profession at large, and therefore we emphatically protest against it. Possessing a *large* practice and being a "leader" have no necessary connection whatever. We believe the editor of the *Lancet* does not practise at all, and yet he "leads" not a few—by the nose.

Homœopathic practitioners, however, reserve to themselves the right and duty to use everything in the whole domain of physic; their drug treatment is just according to the law of similars, as far as it goes for each individual. And the *portée* of the law depends upon the marksmanship of each individual practitioner. Some can hit the target from all across the field, and some cannot. Each one weens his own acuity the measure of normality; some are colour-blind for the finer shades of Homœopathy. We are not all Carrol Dunhams.

ALARMING HÆMORRHAGE RESULTING FROM EXTRACTION OF TEETH.

By THOMAS SIMPSON, M.D.

THE disastrous results which may follow losses of blood such as are incidental to ordinary dental operations are strikingly illustrated, I think, in the following case.

The patient, a lady, æt. thirty-five, blonde hair, fair skin, through which the bloodvessels were conspicuous, had five teeth extracted on 12th March at 3 p.m. The teeth being brittle were difficult to extract, requiring the forceps to be deeply inserted, involving a good deal of laceration. Beyond great soreness and slight oozing no untoward results ensued until thirty hours had elapsed, when hæmorrhage of an alarming nature prompted the patient and her friends to seek medical advice. A medical gentleman who was called in to her aid plugged the oozing cavities with cotton wool soaked in solution of perchloride of iron.

This method failing, solid lunar caustic was applied to the bleeding surface, but this only partially arrested the flow, which continued throughout the second night.

When I saw her on the morning of the third day she had a pallid look, with ecchymoses around eyes and mouth, as if they had been bruised, and numerous purple spots on body and extremities. Pulse 140 per minute, faintness on sitting up in bed. She had recently vomited a pint of grumous fluid, had passed a stool containing blood, and urine containing sufficient to deposit a sediment of blood an inch deep.

Topical hæmostatics having proved unsuccessful, I at once gave her minute doses of *Phosphorus*. An hour after the first dose the oozing from the gums ceased, the urine became gradually clearer, so that in two days none was perceptible, the coagula in the mouth loosened, the appetite became vigorous, which enabled us to supply her abundantly with beef-tea, milk, eggs, and brandy; and her recovery went on so rapidly that within a week she was able to sit up, all danger having passed away.

The lessons taught us by this case appear to be simple and all-important.

1st. To ascertain if possible the existence of the hæmorrhagic diathesis in persons proposing to undergo any operation involving loss of blood, however slight.

2nd. The unreliable character of the much-vaunted local hæmostatics.

3rd. The immense value of the specific remedy, such as *Phosphorus* in this case proved to be.

Waterloo, March 19, 1881.

[Our allopathic friends are reminded that in cases of poisoning by *Phosphorus* hæmorrhage from almost all parts is the most prominent symptom. Dr. Simpson's prescription is therefore therapeutically scientific—*i.e.*, homœopathic. We recommend Sir William Jenner to study this case. We are charmed with its exquisite homœopathicity. If the *Lancet* dare, let it reproduce this case, with the co-relative symptoms from the symptomatology of phosphorus poisoning juxtaposed. It is very odd that Dr. Joseph Kidd's repudiation of Homœopathy does not affect the homœopathic action of *Phosphorus*.—ED. H. W.]

" ECCE MEDICUS."

As a subject, the curing of disease concerns everybody. As an art, it is studied by comparatively few, and even these are divided into two hostile camps respecting one of its

first principles. We shall be forgiven, therefore, if we recommend for general perusal a little book on the subject, which has just been published. Its title is "Ecce Medicus"—"Behold the Physician;" its author, Dr. J. Compton Burnett. Having read thus far, orthodox allopathic practitioners in medicine, we suspect, will be disposed to throw down the paper containing this article, with much the same gesture as Mr. Dale or Mr. Enraght might throw down a copy of the *Rock* which he had taken up unwittingly, mistaking it for the *Church Times*; for Dr. Compton Burnett is only too well known as a pronounced and somewhat aggressive homœopath. Second thoughts, however, are better than first impulses; and even his opponents might do worse than hear what the doctor has to say—not so much on the homœopathic system as on its founder, Samuel Hahnemann. The wrestlings of a great mind with a great subject—whether we consider success or failure to have been the result of the contest—cannot but prove instructive. And it is just this struggle which Dr. Burnett brings out in the small volume before us. Independently of all controversy as to the merits or demerits of the system to which, with the modesty of true genius, he refrained from giving his name, Hahnemann's is a remarkable and suggestive life story—characterised by as much loyalty to conviction as that of Galileo, by as much self-sacrifice to its leading idea as that of Bernard Palissy, and by as much plodding and indomitable perseverance as that of Watt or Stephenson, and, therefore, full of dramatic interest. The son of a poor but gifted painter of the ware which has rendered Dresden famous, the great founder of Homœopathy was destined for such employment as was common to youths of his rank in life in Saxony a hundred years ago. He showed, however, so early and so marked an aptitude for the study of letters, that the head master of the college at Meissen, his birthplace, took him in hand, and educated him free of expense. He well repaid the kindness, for at twenty he had acquired a thorough knowledge of no less than eight languages, Arabic, Hebrew, and English being among them. With this equipment, but with no money, he set out to study medicine at the University of Leipsic, where he exchanged instruction in the subjects he knew for instruction in the subjects he desired to know and the means of living. He obtained, moreover, from the Leipsic publishers, translation work, sitting up all night every third night to do it—a habit which, once acquired, he

continued for forty years, and which accounts for the enormous bulk of his literary remains; and with the proceeds he passed on to Vienna to complete the studies necessary for taking his degree at what was then one of the most renowned schools of medicine in Europe. How he subsequently entered upon the practice of his profession, held high and honourable posts, published several works which gained him a European name, married happily and saw a young family growing up around him, are facts which derive their chief interest from what happened afterwards; for hitherto we have been dealing only with the pre-homœopathic Hahnemann. It had long been dawning upon him that the system of medicine then in vogue was to a large extent empirical—that the so-called remedies he was called upon daily to prescribe had very little scientific basis, and were rather an imposition than otherwise—when, suddenly, in the prime of life, with a happy and comfortable home about him, and with his prospects brightening on every hand, the growing suspicion deepened into a settled conviction, which drove him to throw up his lucrative practice for conscience' sake and begin the world anew. It had not as yet presented itself to his mind that there lay concealed in nature a new system of medicine—still less that he was himself destined to be its discoverer. He simply betook himself to his old book-drudgery at Leipsic, where we find him not long afterwards, clad in the garb of the very poor, wearing clogs of wood, helping his wife to perform the heavier duties of a small and poverty-stricken household, and earning barely sufficient to keep the wolf from the door. So true is it that the well-being of the race is built upon the sacrifice of the individual. How, in translating the work of a Scotch professor of medicine, Hahnemann first found the key to the true meaning of the hitherto cabalistic phrase *similia similibus curantur*; how by patient research and by courageous experiments upon himself he developed it; how he reduced it gradually to a system and put it in practice; how he was persecuted by his own profession, hunted from city to city, deprived of the means of obtaining a livelihood wherever he went, until he was taken in hand and protected by a powerful patron—these are matters which we must leave the reader to study at large in the pages of Dr. Burnett's vivid little book. Our part is done if we have awakened sufficient interest in the subject to send him thither.—*Liverpool Mercury.*

A CASE OF HYDROPHOBIA.

EUTHANASIA OBTAINED BY THE CORRESPONDING NOSODE.

By E. W. BERRIDGE, M.D.

"A FOURTH mode of employing medicines in diseases has been attempted to be created by means of Isopathy, as it is called; that is to say, a method of curing a given disease by the same contagious principle that produces it. But even granting this could be done, WHICH WOULD CERTAINLY BE A MOST VALUABLE DISCOVERY, yet, after all, seeing that the miasm is given to the patient highly dynamised, and thereby consequently, to a certain degree, in an altered condition, *the cure is effected only by opposing a simillimum to a simillimum.*"

A boy, aged 15. In 1874 had abscesses in hip and sacrum from diseased bone. I cured him of this, and he remained well for two years. On November 5th, 1877, I prescribed *Sulphur* for rheumatic pains. On December 5th, 1877, he was bitten by a dog on right arm and left leg. The same day I gave him one dose of *Hydrophobinum CM* (Swan). The wounded parts had been neither excised nor cauterised. All that I could learn about the dog was that it ran into the shop, the boy shouted at it to drive it out, upon which it flew at him and bit him; the boy was then rescued by his father, and the dog quietly walked out of the shop, ran down the street, and bit another dog, which was ill for a week or two afterwards. On October 31st, 1878, I prescribed *Lycop.* for rheumatic pains, and on November 14th *Syphilinum*. On November 26th he was better, and I did not see him again until his present illness, November 11th, 1879.

About six or eight weeks before the fatal attack he had tingling in the bitten wrist, where the scar was still visible, but it ceased after twenty-four hours.

On November 6th these symptoms returned,—a tingling as from an electric battery in the wrist.

On November 7th the symptoms increased. Pressure on the bitten wrist threw out a feeling of soreness all up arm, with a burning sensation; pain like rheumatism extending to shoulder; tingling in wrist as before.

November 8th.—Dull aching pain in shoulder increased gradually, and by 5 p.m. he could not use the arm from pain. The tingling and soreness continued irrespective of pressure on the bite, though this made them worse and caused tingling or prickling like pins and needles all up arm. The whole nervous system seemed affected by the tingling, until the

vibrations became so great that his parents could feel the quivering as if he were charged with electricity. He felt sleepy and retired, but was very restless at night and did not sleep. Through the night and next day the pain in shoulder increased.

November 9th.—The aching continued, extending up neck and chest; relieved by the application of hot salt bags; there was also tightness of chest, and he could not get his breath. About 8 p.m. he first refused water. His parents were going out for a walk, and he asked them not to be away long as he felt he was going mad. On their return he said he could not drink. He then tried to drink, but as the glass approached his lips he started, and said that he felt a freshness proceed from the water which made him shudder. From that time he drank nothing, and since his dinner on November 8th (when he only ate a little) has eaten scarcely any solid food. During the night he became much worse, with craving for drink and pain extending from shoulder to muscles of chest and throat. His father had diagnosed his case as rheumatism, and given him *Acon.* and *Bry.*

November 10th.—His father sent for a neighbouring physician, who first gave him, at 10 a.m., a brown bitter powder, and afterwards *Bell.* and *Lach.* in low dilutions. What the "brown bitter powder" was I could not ascertain; the physician told me nothing about it, but I learnt it afterwards from the father. On this day he had frequent paroxysms, during which he would stand up on the bed, jump and shriek. When he felt one coming on he would exclaim, "Hold me tight, I shall hurt you or myself." The paroxysms gradually increased till I saw him, occurring every two or three minutes for an hour; then there was an interval of half an hour. Tongue and throat parched; great burning heat in throat; froth in mouth which he could not eject.

November 11th.—I was called in consultation in the early morning. His father says that nothing has relieved him, but that he became worse and worse, especially since 4 or 5 a.m., till I prescribed for him, after which there was an immediate improvement. When I first saw him he was in a violent paroxysm, crying out that he wanted water and that none had been given him for a long time, and reproaching his parents for their cruelty in withholding it; then when they offered it to him he told them to take it away else he should bite the spoon in two, shrieked,

jumped about, threw himself about wildly, being held with difficulty, and threatened those around him. The *slightest* draught of air made him shudder and scream; he says he can feel a cool emanation from the water when near him. Pulse 150, feeble. Tongue covered with foam. Says that the touch of a cold hand, or the entrance of cold air into the mouth, "sends an electric battery through him." If he tries to drink he gasps and shudders. I gave him a spoonful of water; he took it with a sudden snap and gulp, and was then convulsed, jumped about, and seized hold of his father. Yesterday he could lie quietly for an hour unless disturbed or unless he tried to drink; subsequently he was unable to lie but had to sit up; for the last hour or two he has been obliged to stand. Since 4 or 5 a.m. the paroxysms have come on every fifteen minutes, and are decidedly more severe. He says he cannot get a full breath from a feeling of a ton weight on chest. Urine scanty. Since the 9th he has had no sleep; has not been able to swallow liquids, and has only eaten a sponge-cake and a few grapes; he has excessive thirst, and there is froth before his mouth.

At 7.8 a.m., just after a very severe paroxysm, I gave him a dose of *Hydrophobinum CM* (Swan). In a few minutes he sat down quietly, which he had not done for some time. At 7.18 a.m., a dose. He takes the globules with a hurried gulp. He now seemed quieter, repeated a prayer after his father, and asked his forgiveness for what he had said to him during the former paroxysms; he was quite rational and conscious; he thinks he will die, and says he is quite ready, telling his relations not to grieve. At 7.30 a.m. I gave a dose, which he took more quietly. The other physician says that this is the best interval he has had since 3 or 4 a.m. At 7.45 a.m. a dose; has been walking about the room supported by his parents; unnaturally talkative, but rational. At 8 a.m. a dose; says head feels clearer. At 8.7 a.m. took a tea-spoonful of warm tea better than he took the last water. At 8.15 a.m. a dose. 8.22 a.m. *Has had no paroxysm since the first dose*, except a little shuddering from a draught and when drinking the tea, but he now jumped up with momentary paroxysm of gasping; he says his breath has been shorter since the last dose and thinks he has had too much. At 8.38 a.m. the paroxysms increased, but were momentary; he jumps up gasping, the last time with a shriek, as when I first saw him. Previous to this he had been quieter for some time. Repeated the dose. For the

first time since I saw him has had a little saliva in mouth, but he cannot swallow it. *Has not craved for drinks since the first dose.* At 8.45 a.m. jumped up with a shriek, a momentary paroxysm, without perceptible cause. At 8.47 a.m. two more paroxysms. Gave another dose; directly afterwards had a still more severe attack, though less severe than the first I witnessed. By 9.5 a.m. had had twenty repeated attacks every minute or half minute, but lasting only about thirty seconds; pressing him tightly at hypochondria helps him to get his breath; he thinks he is dying. 9.12 a.m., has been better for the last five minutes; spits more. I was now obliged to leave him. After the first attack in which I saw him had passed off, while quietly walking about the room with his parents, he said he felt strong enough to take us all up and shake us. During the severe paroxysm which occurred just before I left him he assured us that he would not hurt us, and asked us to strike him so as to make him call out, as this enabled him to get his breath.

His father furnished me with the following report of the boy's symptoms after I left him. The spitting and vomiting of phlegm and froth continued for several hours. *He could not spit before I gave him the medicine,* but the ability to do so came on a little just before I left him, and was fully established immediately afterwards. *No thirst or asking for drink after the first dose till just before death.* The paroxysms changed in character, consisting only of catching of breath, relieved by any one jerking the hypochondria forcibly inwards and by beating the abdomen. He would ask them to strike him hard, it did not hurt him; he wished to be struck *suddenly* when the attack came on. This occurred every few minutes till 2 p.m. From 2 p.m. to 4 p.m. rapid vomiting of liquid, at first froth and phlegm, then dark-brown liquid. After 4 p.m. he stood stooping, with his hands on his knees; he said that if he raised himself up he should die at once; this lasted till 9 p.m., vomiting all the time. About 8 p.m. there was fæcal vomiting. At 5 or 6 p.m. there was involuntary urination. After 2 p.m. the catching of breath gradually became more feeble. *No pain after 2 p.m.* The vomiting lasted till he died at 9 p.m. At 8.30 p.m. he ate four sponge-cakes dipped in sherry-and-water, and sat up, saying that he felt refreshed by them; but he soon vomited them, partly through the nostrils, and died. An hour before death was quite conscious; just before there was a little wandering. He took four or five doses after I left him.

This case demonstrates that in incurable cases, even of the most painful character, the administration of the homoeopathic remedy is all-sufficient to procure euthanasia.

HYGEO-THERAPY.

By RICHARD METCALFE, Esq., F.S.S.

(Continued from page 26.)

BEFORE entering upon the description of another form of appliance, namely, packs, compresses, and bandages, we would premise that in these operations it is, generally speaking, best to use linen; this material retaining but little water, being a good conductor of heat, and besides exerting a sedative and antiphlogistic action. It should therefore always be employed where it is desired to abstract heat or allay inflammatory symptoms. Cotton, however, may be used where it is desirable to produce local or general irritation; in other words, artificial crisis; its action on the skin, while calefacient and irritating, being at the same time poultice-like. Its properties of retaining much water and conducting heat badly may also make it a suitable material for packing phlegmatic subjects with languid circulation. Another consideration which ought to be borne in mind in applying these processes is that the utmost punctuality should always be observed, as the slightest neglect or inaccuracy might mar the desired effect.

The most powerful and useful of the packing processes, and one which is very effective in fevers, etc., is

The Full Sheet Pack. Over a mattress is spread a mackintosh sheet, and over that a dry blanket. A sheet, some two yards broad by about a yard and three quarters long, is wrung out of cold or tepid water and spread over the blanket. The patient, *thoroughly warm*, then reclines quickly, and is as quickly encased in the sheet, a wet towel is spread over the front of the trunk, and each side of the sheet brought over the arms and legs, thereby bringing the wet envelope in contact with every part of the skin. Over this the first blanket is drawn, not too tightly, but as if the operator were packing a piece of fine porcelain carefully in straw or other padding. This padding process completed, all interstices filled up, and the patient made easy and comfortable, the mackintosh and second blanket are wound tightly

round all, rendering compact the encasement like an Egyptian mummy, and preventing all evaporation. If more clothing is required the ordinary bedclothes or an eider-down bed is added. The duration of the pack is regulated according to the requirements of each case, but is usually from forty to sixty minutes, and packs of every kind are always followed by some form of ablution. It is usual during the winter months to apply a hot bag to the stomach and a hot bottle to the feet.

The Half Sheet Pack is a similar operation, only the legs are left out. In the absence of a half sheet, four thin pantry or huckaback towels may be used, one in front, another at the back, and one cut in two, a half on each arm—all applied lengthways.

The Trunk or Lazy Pack is effected by raising the night-dress and laying a blanket beneath the patient, then placing two towels, one at the back and the other on the chest, while the patient lies in his warm bed. This pack is much resorted to during the winter months and in case of extreme debility.

The Chest Pack is a similar operation, minus the towel applied to the back.

The Liver Pack is effected by applying over the region of the liver a large wet towel folded in four with a hot can over it.

The Stomach and Bowel Pack is effected in like manner by a wet towel folded in four, applied to the abdomen with or without a hot can over the pack.

Compresses are modifications or localisations, so to speak, of the wet sheet pack. They are wet cloths applied to the localities requiring to have heat abstracted or heat conserved. The remarks given above apply to compresses as well as to packs, as the reader will easily perceive.

The Cold or Cooling Abdominal Compress has for its outside layer a piece of linen or cotton about twelve inches broad in the centre, and tapering, in boat fashion, to about four inches in breadth where the ends meet behind. To these ends tapes are sewn, to be brought round and tied in front. The second layer is of mackintosh, which is tacked on inside to prevent evaporation. Two or three tapes are tacked on transversely to confine the next layer, viz., the loose wet cloth, in its place. The wet cloth is made of coarse linen of sufficient length to reach from hip to hip, and from eight to ten inches broad. When wetted it is spread inside the mackintosh and held on by the tapes. The compress is then applied to the abdomen,

made to meet behind, and the tapes brought round and fastened in front. It can be easily unfastened and the cloth re-wetted.

The above serves for a *heating compress* by substituting unbleached calico for linen as a wet cloth, and either placing a thick piece of flannel betwixt it and the mackintosh or winding a long piece of flannel over the compress all round the body to secure additional heat. In this case the wet cloth is not usually changed so frequently.

The ordinary compress of Priessnitz was a piece of cloth about seven feet long and one broad, as much of which is wetted as will reach round the body, or it may be sufficient to wet only what will reach from hip to hip. The dry part is wound round above it and properly fastened. This compress allows the vapours generated to escape, an advantage which cannot be claimed for the more trim and artistically constructed compress described above, whose mackintosh lining tends to keep the gaseous vapour and exuded matter near to the skin, which is very undesirable in the case of atonic dyspepsia and delicate habit of body.

The drawback alluded to is, however, not apparent when the case is one of difficult digestion, constipation, or heat of head arising from over-taxation of the brain and not one of cachectic state of body. The mackintosh in such case keeps the bandage moist, which is a great advantage to those engaged in business and having no opportunity of changing the compress in the middle of the day.

Compresses are made to fit the chest, arms and throat, or in fact any part of the body. These local packings are very largely employed in hydropathic treatment, and are very efficacious, especially in stomach affections.

The Crisis-Producing Bandage consists of calico or swansdown, which is sometimes wrung out of mustard-and-water or salt-and-water, in crises or eruptions on the skin; the bandage should be renewed every two or three hours.¹

With respect to packs and wet-cloth appliances generally, it may be observed that their efficiency depends more on the

¹ In a previous paper (see ante, page 461-2) I refer to the crisis, and take this opportunity of noting that the artificially induced crisis formed no part of Priessnitz's system. The opinion that a crisis cannot be induced in a healthy subject is an erroneous one. The continuous application of a heating compress made of swansdown calico, with mustard, will result in a crisis in any subject. The course of treatment followed by the late Mr. Smedley, of Matlock, I regard as being a mistake, and has in many cases been followed by dangerous results.

frequency with which the wet application is changed than on the thickness of the material wetted and applied. An idea prevails that where active fever exists the wet sheets or bandages applied should be of considerable thickness and applied in an almost dripping state, which is a sad mistake. The application of such excessive confined moisture to the entire surface of the body exerts an unfavourable influence on the skin's texture by soddening and puckering it. An excessive amount of moisture applied at once may economise labour but does not accelerate the cure, while in many cases the patient becomes faint and exhausted by the process. The wet sheet or cloth should be moderately wrung out where the object is to withdraw heat from the body; and frequent repetition of the envelope in thin sheets should be adopted rather than the employment of a very thick material excessively saturated and applied for a longer period. Another reason, suggested by experience, for the adoption of this method is that the blood is thereby effectively determined towards the skin, so that the after-ablution is succeeded by a general glow over the body, whereas, by the method here deprecated, the skin is so thoroughly relaxed that the after-bath fails to constrict it; hence the bathing operation is succeeded by raised papulæ or goose skin, indicative of internal congestion, a result diametrically opposed to that required by the conditions of the case under treatment.

Should, however, the patient while in the wet-sheet pack feel chilly, more covering should be thrown around him and hot cans applied to the stomach and feet if that has not been done previously. If such measures do not suffice, he should be taken out of the pack and placed in a vapour, lamp, or Turkish bath—or even a hot-water bath will do—until thoroughly warm. A tepid dripping sheet followed by a brisk rub with a blanket will appropriately conclude the operation.

The ablution should *instantly* follow the release from the pack, and no time be allowed for the patient's body to come in contact with the atmosphere.

The process of fomentation, though apparently simple, is often managed in a bungling and inefficient manner through an ignorance from which we are sorry to say no class is free. In fomenting let a piece of thick huckaback towelling be placed over an empty vessel, and over it laid a piece of flannel, of the requisite size, in two or three layers. The towelling should extend beyond the flannel one foot at

either end and six inches at either side, so that the attendants shall be able to handle it. Boiling water should then be poured on it, and, when heated sufficiently, it should be put through a wringing machine, as machine wrung fomentations are undoubtedly the best. In the absence of a machine, however, it may be wrung out by hand. Meantime, the patient having had a mackintosh with a folded blanket spread under him as he lies in bed or elsewhere, the hot flannel taken out of the towel wrapper is applied and pressed gradually to the parts so as not to excoriate the skin, and the ends of the blanket beneath are taken up and brought together over it. Immediately on its requiring to be changed another flannel, prepared exactly in the same way, should be in readiness and applied instantly on the withdrawal of the first, and so on as often as any renewal may be necessary, which is generally at intervals of from seven to fifteen minutes. By means of a hot can above the flannel, however, a uniform temperature may be kept up for an hour or two. This is a great saving of labour and answers remarkably well where a continuous uniform heat is all that is required, but in many cases this is not enough. A frequent renewal of the vivifying stimulus of the moist heat is sometimes desirable, and that is effected by changing the flannel.

A distinction must be drawn betwixt *hot* and *warm* fomentations.

Hot Fomentations are so called when the flannel is made as hot as can be borne. They are used in the incubating stage of typhoid fever, and in the cold stage of versatile fever, in the violent internal pains of cholera, and in inflammatory visceral irritation, when applications strongly derivative and rapidly subfacient are called for.

Warm Fomentations are those intended rather to soothe the nervous system than to bring the blood to the surface, and are of a temperature to be borne with comfort. The point to be aimed at is the removal of internal irritation, and beyond what is required for this the fomentation should never be carried, either in respect to temperature or duration. The hot can is often serviceable in this kind of fomentation.

Fomentations, like other appliances, are general or local.

A general fomentation is when the process is applied to the front of the trunk, especially beneath the breastbone and across pretty far back on both sides, so as to include the *colon* in the upper part of the abdomen, the *stomach* in all its

length, the *liver* to the right, the *spleen* to the left, and the portion of the *small guts* situated above the navel. If the process be extended over the rest of the abdomen, the bladder and womb, as well as the remainder of the small guts and the head of the colon, will be included. So also will the large and thick networks of ganglionic nerves, and the ganglions themselves, which control the functions of these great organs of nutrition and excretion.

Local fomentations as such are applied to one region only, as that of the stomach, bowels, kidneys, chest, throat, liver, etc., and are often resorted to in affections of those parts. They are managed in the same way as the general fomentations.

Local warm fomentations are frequently employed in inflammations, in gouty and rheumatic joints, in neuralgia, erysipelas, and local eruptions, with the effect of soothing the nerves, relieving pain, reducing irritation, and arresting entirely or partially the progress of morbid action. In the case of severe local injuries with ragged or lacerated wounds, they assuage pain and impart comfort. When there is much bleeding, the cold wet cloth should first be applied, and changed frequently until the bleeding has ceased, when the fomenting flannels should be applied, and changed every eight or ten minutes until the desired effect has been produced. A piece of fine linen should always be interposed between the flannel and the injured part during the fomentation. After this soothing process a piece of wet linen or lint, not too much saturated, should be spread over the injury, and covered with a piece of oiled silk, overlapping the edges. The fomentations should be resumed on the return of throbbing or pain. This method of treating external injuries is much to be preferred to the use of poultices, which soon become sour, favour the formation of pus, and by-and-by become irritating. By the water-dressing and fomenting, wounds are cured without any of those drawbacks, and without heat, pain, or discharge.

Fomentations, when not intended for stimulation and revulsion, are eminently *soothing*. They frequently procure sleep when opiates only fever and irritate. Applied at night they often procure action of the kidneys and bowels by the morning, when diuretics and purgatives prove powerless. They arrest the most violent bilious and nervous headaches, stay fits of asthma, tic of the face, toothache, sciatica, spasm of bladder, and infant convulsions, whether from teething or

indigestion. In diarrhœa they are combined with repose, a sovereign remedy.

So far as diminishing excitability of the brain is concerned, the warm fomentation is *lowering*. But indirectly it strengthens. Often an inflamed stomach, by sympathy, incites the function of the brain to the development of a degree of impulsive energy that passes for power, so as to make the patient *fictitiously* energetic in conversation and action. The fomentations withdraw the incitement from the brain by reducing the inflammation of the stomach, when the *fictitious* strength departs. In return for this apparent loss, the fomentation, by reducing the inflammation of the digestive viscera, enables them to send such natural stimulus to the brain as will give it sustained energy. The weakness felt as the result of the fomentation is only in the *animal* nervous system, the great source of nervous force.

The Hydropathic Sudorifics have this advantage, that they act directly and powerfully on the organ whose activity it is sought to rouse. Comparing them one with another, however, there are differences in respect to rapidity of action and range of power, of which the reader will do well to take note.

(To be continued.)

LONDON SCHOOL OF HOMŒOPATHY.

52, GREAT ORMOND STREET, RUSSELL SQUARE, W.C.

Summer Session, 1881.

DR. D. DYCE BROWN will resume his course of lectures on Principles and Practice of Medicine, commencing on Monday, 2nd May, at 5 p.m. The lectures will be continued every Monday and Friday. The following subjects will be treated of:—Diseases of the Digestive Organs, followed by the Specific Fevers and Diseases of the Liver, if there is time.

Dr. Richard Hughes will commence his course of "Institutes of Homœopathy and General Pharmacodynamics" on Tuesday, May 3rd, at 4 o'clock, and will continue it on every Tuesday and Thursday at the same hour, till the end of July. He will begin by reading Hahnemann's "Organon," with critical and illustrative remarks; and the lecture of May 3rd will be introductory to the subject, giving a general account of the work in its several editions. Any time which will remain when the "Organon" is finished will be devoted to the subject of the general principles of drug-action.

Clinical teaching in the Hospital will be given—

On Monday at 9 o'clock, and Thursday at 3 p.m., by Dr. J. G. Blackley.

On Tuesday and Friday, at 2 p.m., by Mr. Thorold Wood.

On Wednesday and Saturday, at 3 p.m., by Dr. D. Dyce Brown.

On Saturday at 3 p.m., by Dr. R. T. Cooper (on Diseases of the Ear), and by Dr. C. L. Tuckey.

The fee for the summer course, including Hospital practice and lectures, will be £3 3s.

Dr. Dyce Brown's Course £1 1s.

Dr. Hughes's Course £1 1s.

Hospital and Dispensary Course £1 1s.

For further information apply by letter or personally to Dr. Bayes, Hon. Sec., 21, Henrietta Street, Cavendish Square, between 11 and 1.30 on any day except Saturday or Sunday.

A HOMŒOPATHIC PROFESSOR AT THE WURTEMBERG MEDICAL FACULTY.

WE learn that Dr. Sich, a distinguished homœopathic practitioner, has been nominated by the Wurtemberg Government professor at the Royal Faculty of Medicine. [The *Lancet* will please copy.]

THE BAYES BANQUET.

THE following address was presented to Dr. Bayes at a dinner given to him on the 27th of April, 1881, at the Grosvenor Gallery, New Bond Street.

London, April 27th, 1881.

Dear Dr. Bayes,—A number of your professional brethren, together with others who have watched with much interest the persevering efforts you have made, during many years, to extend a knowledge of Homœopathy, both throughout the profession of medicine and among the public, desire, on the eve of your removal from London, to express to you the strong sense they entertain of the value of the work you have accomplished, the undaunted energy you have displayed in its performance, and the thoroughly disinterested motives by which you have ever been actuated in devoting yourself to the propagation of the principles of Homœopathy.

In laying the foundations of an Institution for the public teaching of Homœopathy (The London School of Homœopathy) you have earned a full title to the gratitude of all who appreciate the value of the Therapeutics of the School of Hahnemann. The work you have done in this direction has been arduous, at times we fear it may have been attended with some discouragement, but it must be a satisfaction to you to feel that it has achieved a measure of success, which there is every reason to hope and believe will be largely added to in the future.

Your exertions directed to increasing the prosperity, and adding to the usefulness of the London Homœopathic Hospital, have been rewarded by a most appreciable increase in its revenues, and, we believe, in its usefulness as a field for the practical study of Homœopathy.

In these and in other ways you have rendered essential services to the progress of Scientific Medicine—services which we desire on this occasion publicly to acknowledge.

While regretting deeply the loss which we shall sustain by your removal from London, we trust that, with renewed health, both the Institution which you have founded, and that which you have fostered, will continue for many years to come to derive advantage from your energy, enthusiasm, and intimate acquaintance with their requirements.

With our best wishes for your welfare,

We are,

Dear Dr. Bayes,

Faithfully yours,

[ABOUT EIGHTY HOMŒOPATHIC PHYSICIANS.]

MEDICAL OFFICER OF HEALTH FOR HASTINGS.

WE learn with much satisfaction that Mr. Charles Thomas Knox Shaw, L.R.C.P. Lond., M.R.C.S. Eng., son of our colleague Dr. Shaw, has been appointed Medical Officer of Health for Hastings. Being a homœopath, of course the whole allopathic clique of Hastings and St. Leonards are moving heaven and earth (to go no lower) to nullify the appointment. They are not frank enough to say it is on account of Dr. Knox Shaw's Homœopathy, they object to his age! He is not so old as some of his allopathic colleagues! We trust the new Medical Officer of Health will mend his naughty ways in this respect, and hasten to grow

a thick beard, for we all know that the beard makes the man and not the brains.

THE SOCIETY FOR THE PREVENTION OF BLINDNESS AND THE IMPROVEMENT OF THE PHYSIQUE OF THE BLIND.

ADVICE TO MOTHERS WHO DO NOT WISH THEIR CHILDREN TO BE BLIND.

ONE of the most frequent causes of blindness is the inflammation of the eyes of new-born babies, a disease which can be prevented and always cured.

In almost all Blind Schools in England and the Continent a third, and even more, of the children's blindness is caused by the **NEGLECT AND UNSUITABLE TREATMENT OF THIS DISEASE.**

In the Wilberforce School for the Blind, out of eighty-nine pupils thirty-seven are blind from this cause, and several eminent oculists state that half the blindness in Europe is due to this inflammation of the eyes of new-born babies.

The reason why so many have fallen victims to this disease is the general ignorance of mothers, and unpardonable neglect of the midwives, nurses, and others who have charge of the infants in their earliest days; in many cases these persons prevent resort to skilled medical assistance, in order to try some unsuitable domestic remedies, until it is too late, even by the most skilful treatment, to save the child's eyesight.

Although the disease appears sometimes in a very mild form, it may still, without some suitable treatment, have an unfortunate issue; but in most cases the disease takes a more determined character, and then if left to itself may develop with such rapidity that, in the course of a day or two, all hope for preventing blindness is lost. In general newly-born babies seldom suffer from any other eye disease, and its first appearance is easily recognised by the redness, swelling, and heat of the eyelids, and by the discharge of a yellowish-white matter from the eyes.

This dangerous and ruinous disease can in most cases be cured, if immediately on the first appearance of these symptoms you send for a medical man; until his arrival do nothing **EXCEPT TO KEEP THE EYES AS CLEAN AS POSSIBLE BY VERY FREQUENTLY CLEANSING AWAY THE MATTERY DISCHARGE.**

The cleansing of the eye is done best in the following manner :—

I. Separate the eyelids with the finger and thumb, and wash out the matter by allowing a gentle stream of tepid or warm water to run between them from a piece of rag or cotton wool held two or three inches above the eyes.

II. Then gently move the eyelids up and down in a circular way to bring out the matter collected under them ; wipe it or wash it off in the same manner. This cleansing will take three or four minutes, and is to be repeated regularly once every half-hour at first, and later, if there is less discharge, every hour.

III. It must be borne in mind that sight or blindness depends entirely in these cases on the greatest care and attention to cleanliness. Small pieces of rag or cotton wool are better than a sponge, as each rag is to be used only once, and should be burnt immediately ; sponges should never be used except they are thrown away or burnt after each washing.

IV. A little washed lard or zinc ointment should be smeared along the edges of the eyelids occasionally to prevent them from sticking.

V. The eyes should not be covered up by any bandage or handkerchief, as the discharge is thereby prevented from escaping.

VI. Fresh air and an equal temperature in the sick-room are absolutely required, and the eye while suffering from the disease should be kept carefully from all strong lights. Many cases of this disease might be entirely prevented by cleanliness of the eyes :—

1. Immediately after the birth of the baby and *before anything else* is done, the eyelids and all parts surrounding the eyes are to be wiped with a soft dry linen rag ; afterwards these parts must be washed with tepid water *before* any other part is touched.

2. Avoid exposing the baby to cold air ; do not take it in the open air when cold—at any rate dress the infant warm and cover its head, because cold is also one of the causes of this eye disease.

If relatives and others who are interested in the welfare of blind children or adults wish for further information, or to contribute to the objects of the Society, they are requested to communicate with Dr. Roth, *pro tem.* Hon. Treasurer and Secretary, at 48, Wimpole Street, London, W.

LITERATURE.

ABRIDGED THERAPEUTICS, FOUNDED UPON
HISTOLOGY AND CELLULAR PATHOLOGY.¹

AWAY back in the youth of the world as we know it, when Egypt was in the van of all mundane science, and the home of learning and of medical knowledge, there existed a crude kind of Homœopathy that might well be called iso-organopathy. It consisted in giving healthy animal organs to cure the like, but diseased, human organs. Thus the lungs of foxes were administered in shortness of breath, lung to lung. Some exhibited the lung of the adult fox: *Pulmo vulpis*. Others preferred Master Reynard's lights in their more juvenile condition, the *Pulmones vulpecularum* of the authors. These old Egyptian medicine-men evidently had an idea of healing by similars and of antipathy: good vulpine lights to cure diseased human lungs! This notion recurs in every other author all through the ages, and is by no means extinct yet, experimental science notwithstanding.

Some years ago the late Dr. Von Grauvogl originated the idea of function remedies, or at any rate wrote about such. See his *Lehrbuch*, or its English translation by Dr. Shipman.

About seven years ago Dr. Schüssler came forward with his twelve tissue remedies that we possess in an English version from the pen of the lamented Hering.

We need not enter into the matter further. Most people know that these twelve remedies are great polychrests that have long been a part of our *Materia Medica* in one form or another. Dr. Schüssler's idea is undoubtedly very clever, and worth careful study as a refinement of the crude old notion above alluded to; and, interspersed with a few scores of theories and hypotheses, it has a very scientific look. We admit that it has a certain value, inasmuch as it helps us to understand the said remedies and their true spheres of action. For this tissue-remedy side-light on our pharmacology we shall be ever grateful to Dr. Schüssler. Many a good cure have we wrought with the aid of these remedies, and so did many other homœopaths before Dr. Schüssler was born.

The twelve remedies are the sulphate, phosphate, and chloride of sodium; the same salts of potassium; the

¹ Abridged Therapeutics, founded upon Histology and Cellular Pathology. By W. H. Schüssler, Dr. Med. et Chir. Authorised translation. By M. Docetti Walker. London: Elliot Stock, Paternoster Row.

sulphate, phosphate, and fluoride of lime; the phosphate of iron; the phosphate of magnesium and silica. All these were common remedies before Dr. Schüssler's time. The use of tissue remedies is also not by any means new or confined to any branch of the profession. Dr. Schüssler's originality consists in adapting Hahnemann's theory of drug dynamisation to Molleschott's conception of the high therapeutic value of the inorganic constituents of our bodies. How much Von Grauvogl helped to this we do not know, and it is immaterial. With this historical introduction we may proceed to review the translation before us. On the whole it is very well done, and gives us Dr. Schüssler's written views in a moderately good English dress. But, it will be asked, what about Hering's translation, under the title of "The Twelve Tissue Remedies"? That is just the question we have ourselves put to the translator, but without receiving any reply. A satisfactory answer probably cannot be given, because with Hering's translation in our hands we did not need another unless it were better. Be it noted that Mrs. Walker, coming years after Hering, *makes no mention of his translation*. But, *en revanche*, puts on her title-page "All rights reserved"! We must really ask *what rights?* The "Translator's Preface" thus starts: "With Dr. Schüssler's permission I have undertaken the translation of his system (*sic*) of treating disease by means of triturated tissue salts, constitutional tonics (*sic*), which tend to restore the lost or disturbed proper balance of cell salts. Its publication in English will, I hope, make it known to many to whom otherwise it might be unavailable." While penning this Mrs. Walker knew perfectly well that it already existed in an English translation, and it had long been advertised for sale by various homœopathic chemists and booksellers. It is hardly likely that Mrs. Walker's translation should be more scholarly than C. Hering's.

There is another curious feature about this "all rights reserved" translation, viz., that Hahnemann and his Homœopathy come in—nowhere; also that it contains a little ticket pasted in at the front to the effect that "the medicines, direct from Germany, as prepared for Dr. Schüssler, are to be had from the following wholesale and retail chemists." The list is headed by Savory and Moore, and consists *exclusively* of allopathic chemists.

Mrs. Walker's kindness to the benighted English is certainly very great, for not only does she give them a trans-

lation they already had, but she even makes special arrangements for us poor islanders to get our flint, brimstone, phosphorus, potash, and soda "direct from Germany"! And that is not all; as they are in *homœopathic* trituration she appoints *only allopathic* chemists to dispense them. This wise arrangement must stand in some occult connection with the "all rights reserved" notion. That nearly *all* homœopathic chemists in this country have been dispensing these very tissue remedies *for at least five years* is, of course, not stated. Naturally if triturated brimstone is better in Oldenburg than in London that would solve the problem. And in the present dearth of salt and silica in these realms some imported "direct from Germany" would be a distinct gain to somebody. Verily the blessings of free trade are endless.

Let no one suppose that we undervalue the many practical deductions of Dr. Schüssler. We have read every edition of the *Abgekürzte Therapie*, and we willingly acknowledge all we have learned from it, but we must state that Schüsslerism as a system of medicine will not stand. Nevertheless it is a most valuable notion, and is simply and strictly a chip off the old homœopathic block.

AN INDEX OF COMPARATIVE THERAPEUTICS.¹

A MIGHTY heap of dry bones adapted to ex-lay practitioners without preliminary education, and with a minimum of professional training. Will suit the crude-minded empiric who does not know the soarings of an eagle from the flappings and flounderings of a bat. It is nicely printed and beautifully bound; in fact we like its coat much better than the lining.

TEETHING AND CROUP.²

THIS is a useful little work, with whose teachings we in the main agree, but the gum-lancing which it permits we utterly and entirely condemn. Neither do we approve of *india-rubber* rings for children to bite.

¹ An Index of Comparative Therapeutics. By Dr. Potter. Chicago: Duncan Brothers. 1880.

² Teething and Croup. By W. V. Drury, M.D., M.R.I.A., Physician in Charge of Diseases of Children to the London Homœopathic Hospital, etc. Enriched with notices and additions by T. C. Duncan, M.D., President of the American Pædological Society, etc. Chicago: Duncan Brothers. 1881.

We are sorry to see Dr. Dupcan add *Chloroform*, *Chloral*, and *Bromide of Potassium* to the remedies for convulsions. We trust no child of ours may ever get such treatment. On the other hand, the initial remark about the Homoeopathic Treatment of Croup is very sensible. It runs thus:—"Of all the diseases to which children are liable croup is the one most dreaded by the inexperienced. Every one, and especially every mother, should know that there are five or six different diseases with a croupal cough—*e.g.*, acute laryngitis, spasmodic laryngitis, membranous laryngitis, diphtheritic laryngitis, and croupous pneumonia. The one that most frequently attacks children is the spasmodic—the most alarming, but least dangerous, while the one (membranous) least alarming at the outset is the most dangerous."

These two brief essays are rather wanting in finish, but, with the before-mentioned exceptions, they are essentially useful and commendable.

GATHERED THOUGHTS FROM LETTERS.¹

HERE, under the pretty motto—

"On ne dit jamais aussi bien
Que quand on dit vrai,"

we have such a bouquet of the flowers of thought of the Fénélon of Italy, gathered by F. H. H., as can hardly fail to gratify and instruct as many as may read the same. The gatherer is a lady who aided at the founding of the *Homoeopathic World*, and who begins her preface to "Gathered Thoughts" thus:—"More than forty years ago, when I was first obliged to keep to my couch, my dear mother took pleasure in reading to me while I employed myself with some light needlework. One book, of which she was especially fond, was an old translation of Ganganelli's letters."

The extracts made by Miss Hurslowe have been prepared for the press by her niece, the authoress of "Dorothy Compton," and printed at the Home for Little Boys, near Farningham, Kent.

We cannot enter into a consideration of these forty pages of gleanings from a beautiful field, but we commend the little book most heartily.

¹ Gathered Thoughts from Letters written by Giovanni Antonio Ganganelli, Pope Clement XIV. London: F. Pitman.

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.

LACHESIS.

DEAR SIR,—The enclosed paragraph from *Public Opinion*, February 2, 1881, may interest some of your readers who like myself have been perplexed by the consideration as to what serpent the medicine known as *Lachesis* is derived from. In 1854 I asked Dr. Hering to give me particulars as to the precise reptile. In reply he referred me to a specimen at the Museum of Natural Sciences, Philadelphia, but unfortunately the then curator could not find the specimen.

On further referring to various authorities on reptiles, I could never satisfactorily make out any one serpent which answered to "*Lachesis trigonocephalus*." It is possible this paragraph refers to the identical creature.

Yours truly, X.

ADVENTURE WITH A VENOMOUS SERPENT.

The fer-de-lance (*Trigonocephalus lanceolatus*) is closely allied to the rattlesnake, and is perhaps one of the most deadly serpents in creation. Its poison apparatus is immense. The name is derived, no doubt, from the elongated triangular shape of the head, flat and almost black on the upper surface, thicker and lighter below. The jaws are of enormous thickness. It varies from dull sandy-grey to dusky-brown in colour, very difficult to distinguish from the ground on which it lies, with irregular, indistinct, diamond-shaped markings of a faded purplish hue about the sides; the scales are strongly imbricate, and "keeled" or sharply ridged along the back, while in length it measures from two to eight or ten feet. Its great peculiarity, however, is the claw or horny nail at the end of the tail; this is, like our finger-nails, an appendage of the skin, and may be considered the rattle of the true *Crotalus* in a rudimentary condition. Mr. Arthur Strading, writing to the *Field*, says:—"I myself once brought to England its congener, the deadly curucucu of Brazil (the only one that has ever reached

Europe alive); the two reptiles being hardly distinguishable from one another; but it survived its arrival only six days. It was given to me in Rio de Janeiro in an open bowl-shaped basket, being lassoed round the neck, and so tied tightly to the wicker-work at the bottom. I had no snake-tongs, and was not quite so confident about manipulating venomous serpents then as a closer acquaintance has since made me; so, when I got it on board the ship, I covered the mouth of the basket with canvas, thus converting it into a sort of kettledrum. I cut a square hole in this, which corresponded when the drum was inverted to an aperture in the top of a snake-box, made by removing the perforated zinc. Then I cut the lasso from the outside, in the hope that the curucucu would drop through the hole into the box. This, however, he refused to do, but dashed wildly around inside the basket, striking at my hands; and, as the wicker-work was neither very thick nor close in texture, it may be imagined that the situation was not altogether devoid of interest to me. And while matters stood so, there came a crisis, which rendered the next few moments the most disagreeable I ever remember. We were steaming out of the Bay of Rio, and, as the vessel crossed the bar, the heavy swell outside caught her right abeam, and caused her to give two or three of the most tremendous rolls I ever experienced. I really thought for the instant that she was going over. Everything in my cabin went adrift, of course—books, boxes, crockery, chairs, and about a dozen other snakes came tumbling about my ears, with a deafening din of smashing glass and wood-work. I was thrown off my feet; and as she rolled back, a huge wave thundered in at the port and flooded the cabin with water. No assistance was at hand; but I clung to my basket and box, never once relinquishing them from my arm, but holding them together literally for dear life. I might as well have been drowned as have given my scaly prisoner a moment's chance of getting at large. He was safely housed at last; but I could not free his neck from the single turn of the cord. This interfered with his respiration, and must have ultimately caused his death, for he was a well-nourished specimen, and should have got on all right at the Zoo."

ARSENIC IN WALL PAPERS, ETC.

DEAR SIR,—I am requested by the Petition Committee of the British Homœopathic Society to ask you to kindly insert in your next issue the following appeal to members.

At the monthly meeting of the society in March it was decided to present a petition to Parliament praying for legislation to protect the public from the danger that exists in the wide-spread use of arsenic in the manufacture of wall papers and other articles of domestic use. At the same meeting a committee was appointed to take steps towards getting up the petition. At a meeting of this committee held April 7th it was resolved that the editors of the monthly homœopathic journals should be requested to insert an appeal to members of the society to forward any evidence they may possess bearing on the subject.

I therefore beg to ask all members who have, or have had, cases of sickness traceable to this cause under their care, to kindly forward to me the notes of such at their earliest convenience.

It is desired that the notes be as full as possible, the tests used for the discovery of the poison named, or the name of the analyst given, and all other evidence of its presence and action stated.

I am, Sir, yours obediently,

JOHN H. CLARKE, M.D.

15, St. George's Terrace, Gloucester Road,
South Kensington, S.W., 8th April, 1881.

ILLNESS OF THE EARL OF BEACONSFIELD.

DEAR SIR,—It is said that Dr. Kidd is treating Lord Beaconsfield allopathically. How is this? Can Dr. Kidd give any explanation? What does the *Homœopathic World* say to this? Many of your readers and others interested in Homœopathy are anxious about the matter. I shall look for some word or two in the May number of your journal.

A HOMŒOPATH OF SOME THIRTY-FIVE YEARS.

London, April 12th, 1881.

SIR,—Is, or is not, Dr. Joseph Kidd a homœopath? He certainly appears as such in the Directory of Homœopathic

Physicians of Great Britain, and as the author of a book on Homœopathy. Or is he a sort of therapeutical "Jim Crow," who "jumps about, and turns about—jes' so?"

H. R. S.

Dundee, April 4, 1881.

DEAR EDITOR,—What is the meaning of this? In the *Standard* of March 30th it is stated that Dr. Joseph Kidd, Lord Beaconsfield's "ordinary medical attendant," had met Dr. Quain, a well-known *Allopathic* physician, in consultation on the noble earl's case. Furthermore, it is stated in the same paper that Dr. Quain "expressed his entire approval of the treatment adopted by his lordship's medical attendant." On reading this I began to wonder whether Dr. Quain had turned homœopath, or Dr. Kidd turned allopath. My query was answered by the *Daily Telegraph* for March 31, which states: "An impression having got abroad that Lord Beaconsfield has been homœopathically treated during his illness, it is authoritatively stated that *there is no foundation whatever for any such belief*. His lordship, during the earlier stages of his present illness, *both when attended solely by Dr. Kidd*, and since the period when Dr. Quain was called into consultation, *has been throughout treated according to the regular practice of allopathy.*"

Is this true or false? It is a matter of the utmost importance. Many physicians have called Dr. Kidd in consultation, and many persons have consulted him on their own account, supposing that he was a *Homœopathic* physician. Hence, if this paragraph be false, it contains a serious reflection on Dr. Kidd, which is calculated to do untold injury to his professional reputation. On the other hand, if it be true, then it becomes the duty of Dr. Kidd, as an honourable gentleman, to *publicly* repudiate Homœopathy, so that no mistake shall be made for the future, and to withdraw his name from the Homœopathic Directory, which up to the present time he has done. Perhaps you can explain this strange enigma; for at present I am completely

PUZZLED.

April 2, 1881.

["Puzzled" is doubtless aware before now that Dr. Kidd has "publicly repudiated Homœopathy," and proffered his heart and hand to the *Lancet*, but this the *Lancet* declined, and then next day Dr. Kidd, in the *Times*, repudiated his

repudiation. The fact that Dr. Kidd hails from Hibernia may account for it.—ED. *H. W.*]

SIR,—In the *Times* of April 14th appears a letter from Dr. Kidd, copied from the medical journals to which it was sent. In it Dr. Kidd says, “Although, to quote the words used, a reputed homœopath, I desire once for all to disclaim any such party designation. Six years ago I resigned all connection with the Homœopathic Hospital and Society.”

How are we to reconcile these statements with the fact that Dr. Kidd has allowed his name to appear in the Homœopathic Directory even to the present year? And if he “resigned all connection with the Homœopathic Hospital and Society” six years ago, how is it that four years ago (1877) we find him actually on the COUNCIL of the London School of Homœopathy?

Furthermore, Dr. Kidd says, “Like other practitioners, I use the drugs of the British Pharmacopœia; but in many (!) cases I have learnt from experience that what are called ‘homœopathic remedies’ may be usefully prescribed. Such remedies I freely use in suitable (!) cases, and according to my own judgment.” [Italics all my own.] It will be seen that Dr. Kidd here puts “the drugs of the British Pharmacopœia” in the first place, reserving “homœopathic remedies” for “suitable cases.” I ask also why Dr. Kidd, if he really wished to repudiate the name of homœopath, did not send his letter himself to the daily papers and the homœopathic journals, that the public, and not only the profession, might know exactly where he stood.

Yours obediently,

VERITAS.

[We do not know why Dr. Kidd writes one thing to the *Lancet*, and another thing to the *Times*.—ED.]

PHYSICIANS AND HOMŒOPATHS.

EMPIRICISM IN EXCELSIS.

SIR,—In the *Globe* of Tuesday we read: “It seems that, for the asthmatic affection, his lordship” (Lord Beaconsfield), “derived the greatest comfort from *Himrod’s Powder*, which was recommended to him by Sir Philip Rose. He

last inhaled it at one o'clock this morning, and seemed to derive comfort from it."

Allow me to ask the President of the Royal College of Physicians, through your paper, "Who is Himrod? What is his powder? Did Sir William Jenner, Drs. Quain, Kidd, and Bruce, consult with Sir Philip Rose, who does not, I believe, hold any medical degree?"

Finally, on what possible ground do the "regular" faculty accept the *secret remedy* of a *quack*, and *sanction* its administration, while they *reject*, with scorn, the well-known remedies of the British Homœopathic Pharmacopœia? One thing alone appears certain in medical ethics, as sanctioned by the College of Physicians—that, although all the remedies in its Pharmacopœia fail to relieve a patient, the next resort of that learned body is to turn to *secret quack remedies*, rather than to those afforded by Hahnemann and his followers. Is not this "empiricism in excelsis"?

Homœopathic remedies, we know, have been experimentally proved (tried) upon healthy individuals before they are administered to the sick. The effects they produce, physiologically, become a guide as to the tracts of the body on which the drugs, so given, act; and as to the diseases they are likely to cure. But all this knowledge of Hahnemann and his followers is not only thrown away on the College of Physicians, but we are told by Sir William Jenner and other learned pundits that such knowledge disqualifies those who have looked into it and believe in it from so much as touching the hems of the garments of "regular" physicians.

Yours, etc.,

WILLIAM BAYES, M.D.

LONDON HOMŒOPATHIC HOSPITAL.

SIR,—Some misapprehension existing in the minds of certain homœopathic physicians as to the state of the hospital, I visited the hospital to see for myself whether the hospital was filled with "cases of no value in a scientific point of view, or for the purposes of education," as had been asserted by one traducer. I enclose you the state of the hospital at the time of my visit [see next page], and deem it a sufficient answer to the hospital detractors.

Yours very truly,

WILLIAM BAYES, M.D.

THE STATE OF THE HOSPITAL AS ASCERTAINED BY A VISIT PAID ON TUESDAY, DECEMBER 4th, 1880.

No.	Name.	Disease.	Medical Officer.	Treatment and Remarks.
<i>Hahnemann, 12 beds.</i>				
1	Ross, James	Perineal Abscess	Mr. J. Thorold Wood...	Lachesis 6, gtt. j. t. d.
2	Baker, William	Acute Eczema	Dr. Blackley	Belladonna φ, gtt. ss. 4 tis.
3	Conn, Herbert	Subacute Rheumatism	Dr. Mackechnie	Bryonia 1x, gtt. j. ter.
4	Dane, Walter	Gout	Dr. Blackley	Pulsatilla 1, gtt. j. ter.
5	Judd, George	Acute Rheumatism	Dr. Blackley	Bryonia φ, gtt. ss. 4 tis.
6	Fullerton, George	Rheumatoid Arthritis	Dr. Mackechnie	Iod. φ, gtt. j. ter.
7	Newman, William	Nephritis, Dropsy, Emphysema, and Bronchitis	Dr. Dyce Brown	Arsen. 3x, gtt. j. ter.
8	Perrin, William	Pneumonia	Dr. Dyce Brown	Phosph. 3, gtt. j. 4 ter.
9	Collin, Samuel	Acute Rheumatism	Dr. Dyce Brown	Bryonia 3x, gtt. 4
10	Lapham, Samuel	Abscess of Kidney	Dr. Blackley	Hep. Sulph. 3x gr. j. ter. China φ, i bis.
11	Torrens, R.	Acute Pneumonia, Cirrhosis Liver	Dr. Mackechnie	Sulphur φ, gtt. j. ter.
<i>Ruth, 7 beds.</i>				
12	Mipfel, Elizabeth	Ovarian Tumour	Dr. Carfrae	Belladonna φ, gtt. v. t. d.
13	Cooper, Elizabeth	Menière's Disease	Dr. Dyce Brown	Soda Salicylate 3x, gtt. j. t. d.
14	Carroll, Mary	Cancer of Liver	"	Hydrast. Canad. φ, gtt. j. t. d.
15	Ectley, Anne	Anæmia and Irregular Menstruation	Dr. Mackechnie	Ferrum Redact. 1x, gr. j. t. d.
16	Serjeant, Jessie	Hip-joint Disease	Mr. J. Thorold Wood...	Merc. Solub. 6, gtt. j. t. d. LongSplint
17	Hummersten, Harriet	Ascites	Dr. Blackley	Scilla φ, gtt. j. 4tis hrs.
<i>Dorcas, 5 beds.</i>				
18	Adams, Elizabeth	Uterine Fibroid	Dr. Carfrae	Secale φ, gtt. v. 3tis hrs.
19	Jupp, Norah	Cancerous Stricture of Rectum	"	Colocynth, 3x gtt. j. 4tis hrs.
20	Trimm, Helen	Uterine Fibroid	"	Pulsat. 1x, gtt. ij. t. d.
21	Knight, Julia	Metritis and Cervicitis	"	Collinsonia 1x, gtt. j. t. d.
22	Waldon, Esther	Retroflexion and Menorrhagia	"	China φ, gtt. j. t. d.
<i>Lydia, 8 beds.</i>				
23	Rattles, Anne	Chronic Abscess	Dr. Dyce Brown	Calc. Carb. 30 gttj. t. d.
24	Meen, Anne	Bright's Disease, Erysipelas, and Pelvic Abscess	"	Apis 3x, gtt. j. 8 hrs.

25	Price, Jane	Acute Rheumatism, Endocarditis, and Pericarditis	Dr. Mackechnie	Fer. Mur. ϕ , gtt. j. t.d.
26	Harvey, Emma	Blood Poisoning	"	Baptisia ϕ , gtt. j. t.d.
27	Davis, Anne	Continued Fever	Dr. Blackley	Rhus 1x, gtt. j. t.d.
28	Hemming, Elizabeth	Hemiplegia	"	Acid Picric 3x, gtt. j. t.d.
29	Badcock, Anne	Typhoid Fever	Dr. Mackechnie	Arsenic 3x, gtt. j. t.d.
30	Meizen, Ada	Cardiac Hypertrophy and Dilatation	Dr. Blackley	Arsenic 3x
	<i>Cambridge, 6 beds.</i>			Digitalis ϕ , aa gtt. j. 3tis hrs alt.
31	Smith, Laura	Ulceration of Cervix	Dr. Dyce Brown	Belladonna 1x, gtt. j. t.d.
32	Wyness, Ellen	Mitral Incompetency	"	Arsenic 3x, gtt. j. t.d.
33	Wilson, Anne	Subacute Rheumatism	Dr. Blackley	Bryonia 3x, gtt. j. t.d.
34	Rolfe, Jessie	Chronic Bronchitis	Dr. Dyce Brown	Phosph. 3, gtt. j. t.d.
35	Wild, Annette	Abscess of Ear	Dr. Dyce Brown	Verat. Virid. 1 gtt. j. 3 hrs.
				<i>Locally.</i> —Verat. Vir. ϕ , gtt. xij.
				Glycerini et Aquae aa ζ ss.
36	Frith, Caroline	Erysipelas of Head and Face	Dr. Blackley	Apis 3x, gtt. j. 4tis hrs.
	<i>Lake, 6 beds.</i>			
37	Havers, George	Pyelitis	Dr. Dyce Brown	Berberis ϕ , gtt. j. t.d.
38	Patrick, George	Disease of Elbow Joint	Mr. J. Thorold Wood	Calc. Phosph. 6 trit., ij. t.d.
			"	Spirits and Carbolic Oil dressing.
39	Woodruff, Thomas	Scirrhus of Breast	"	Spigelia 3x, gtt. j. 4tis hrs.
			"	Operated on four days ago.
	<i>Eve—Private Ward, 1 bed.</i>			
40	Wilmott, James	Caries of Vertebrae with Iliac Abscess	"	Calc.-Phosph. 6 trit. ij. t.d.
			"	Hepar.-Sulph. 3x, gr. j. t.d.
	<i>5 beds and 8 cols.</i>		"	Sulphur 3x, gr. j. t.d.
	White, Louisa	Abscess of Abdominal Wall	Dr. Blackley	<i>Locally.</i> —Ung. Sulph. 3 ss.
	Perkiss, Rosa	Impetigo Capitis	"	Ung. Petrolei 3 j.
			"	Arsen. Iodid. 3x, gr. j. t.d.
			"	Lotio Calcii Sulphidi.
43	Chatters, Jeffrey	Tabes Mesenterica	Dr. Dyce Brown	Arsen. 3x.
44	Lockwood, Hannah	Pustular Scabies		Phosph. 3 aa gtt. j. 2 hrs alt.
45	Thompson, Elizabeth	Tubercle of Lung and Acute Broncho-pneumonia		

“HOW FAST THE SOUL TRAVELS WHEN THE BODY IS ASLEEP!”

SIR,—This sentence in your March number has led my mind back to an alarming event in my early life, some twenty-five years ago. I was then engaged to a lady I very much loved, and who possessed and exercised a great power of will over me. During the early part of this engagement I visited at the Hall in the village not far distant from the Vicarage where the lady resided. I was in the habit of spending from Saturday to Monday at the Hall. One of those mornings for my departure I found myself standing between the two closed windows in the lady's room; she was in a small camp bedstead without curtains directly opposite, looking at me without any appearance of alarm. She looked at me and reached out her hand towards me, when my disembodied spirit instantly disappeared to join its material body, which it most mysteriously had left, and, as it returned and was fitting in on the right side, and when half united, I could see internally within me the un-united spiritual part, one glow like an electric light, while the other united half was hidden in total darkness, looking black as a thundercloud, when, like the shutting in of a drawer, the whole became united, and I awoke in great alarm, with the belief that if any one had entered my room and moved my body from the position in which it lay on its back, the returning spirit could not have joined its material case, and that death—as it is vulgarly called—was inevitable. It was about five on a fine summer morning, my window was wide open, as is my wont in my bedroom during fine dry weather, the lady's bedroom looked eastward, mine directly west. I have no impression whatever how I became transported from house to house and room to room; both rooms were on the second floor, about four or five hundred yards apart, but not in view of each other, which was interrupted by the church and tower. I may here refer to the vision related by St. Paul in Corinthians, where he tells us that during his vision he could not tell whether he was “in the body or out of the body,” but on my returning to the body I knew that I had been out of the body, but have no idea whatever of how I got out of it, or how I travelled through walls or windows; but the lady saw me distinctly, and acknowledged the vision to her brother, who looked rather incredulous while I related the circumstance before his sister; she was then very much

alarmed, and dreaded a repetition, which might be fatal to the visitor. The lady is now no more; she has long since gone to another and a better world.

I related this as a *miracle* to Professor T——ll, who denied miracles; he admitted that “a number of such cases would go far to settle the point in dispute;” but he wrote, “they must be in sufficient numbers to outweigh the failures.” I heard of two cases during the *transition* state from this life into another, where one, a lady, appeared to the object of her earthly affections, and in the other where a young man appeared before his lady-love!

Lord Brougham has related of himself that in one moment of time his whole past life was before his mind. I recollect a like circumstance occurring to myself. One day on returning from my morning rounds I felt rather fatigued and, while waiting for luncheon, I seated myself in an arm-chair and fell instantly into a slumber, when my whole past life passed instantly before me during a second of time, and I felt astonished at my many sins—when instantly an unconquerable desire seized me to go into all the world and preach the Gospel, not to those at home (who have it) but to the heathen, and to them preach salvation through Christ Jesus. I felt I had all the knowledge and the courage to go forward like a Loyola or Livingstone, when I suddenly awoke and lost all my good resolve, and lost that horror of sin which was so prominent during my vision, and have only since gone on *mending* my ways, but not with that ardour which, if it lasted, would have led me through all the world over to tell of the great things which God had done unto me, in converting me and taking me into His service—now I can only say with the Psalmist, “I will praise Thee, for I am fearfully and wonderfully made; marvellous are Thy works; and that my soul knoweth right well.”

The lady had a sweet voice in speaking and singing; she was a dark brunette, with black hair and eyes, having a slight tinge of auburn. I had fair hair and blue eyes, both had fresh complexions, now my hair is growing grey.

“But oh! how short those hours of love,
How long their bitter rueing!”

During the reign of George III. an officer, who was prepared to return by the next mail from Calcutta, appeared to his sister, one of the ladies-in-waiting on the Queen at

Windsor. She was so persuaded in her mind that her brother had died at that very moment that she related the circumstance to the Queen, who promised to post to Southampton to meet the steamer, when the sad news was confirmed to the very letter. It is strange that those who appear when the soul is disembodied to those they love or have an obligation to fulfil, should appear in their ordinary dress; this clothing is coupled by the mental vision. In truth in our present finite state we cannot comprehend or explain those mysteries, but I fully believe we are approaching a higher knowledge of our spiritual state and how it is interwoven with the material past. Recent discoveries in telegraphy and phonography are doing something towards unravelling this phenomenon. It will not be out of place here to draw your reader's attention to the 19th chapter of Job, 26th verse; the translation from the original Hebrew should be "*out of my flesh shall I see God,*" not *in*, as now so frequently quoted by clergymen—*our teachers*.

Yours, &c.,

INCOGNITO.

REPORTS OF INSTITUTIONS.

HOMŒOPATHIC HOSPITAL, BROOKLYN, NEW YORK, U.S.A.

A PRIVATE letter, March 20, from the resident physician of this well-established institution says: "At the last board meeting it was decided to 'go ahead' with the new building (in extension of the old one), which is to give us three additional wards of twenty beds each—three stories and basement. Plans are already prepared, and we expect to be ready to occupy in October.

"Our ambulance (presented to the hospital by the surgical staff) is doing us good service, and advertising the name of the 'Homœopathic Hospital' as we have never had a chance before. The staff have purchased a horse, and the hospital has taken a stable on the same block. We are connected with police headquarters by telephone, and the ambulance surgeon is appointed by the City Board of Health, which has also assigned a district to us, and it affords us plenty of work. We have good surgical cases—nine last month. Our ambulance driver sleeps in the hospital, and we have

already the credit of being able to 'get out' sooner than either of the other ambulances—*four minutes* after the call is given is the usual time. Not bad for homœopaths, is it?"

Brooklyn is a city of about 650,000 inhabitants. Cannot the London Homœopathic Hospital have its ambulance and its district and its share of surgical cases? H. R. S.

Dundee, April 4, 1881.

ESTABLISHMENT FOR VACCINATION WITH CALF LYMPH.

A PRIVATE establishment for vaccination with calf lymph has been opened at 228, Marylebone Road, London, W., where children can be vaccinated and adults re-vaccinated direct from the calf every Monday, Tuesday, Wednesday, and Thursday, from 2 till 3 o'clock. A calf vaccinated with original animal vaccine will afford lymph in the most efficacious state of its development on the days named.

The calves are carefully selected, and remain under constant supervision of a qualified veterinary surgeon. Their temperature is noted, and they are fed exclusively on pure milk supplied by the West End Dairy Farm Company, and every care is taken to keep them in good health and order. The stables are fitted with approved sanitary arrangements. The establishment is open throughout to medical gentlemen as well as others interested in the subject to afford every opportunity of examination.

The advantages of this method, which has been amply tested by *millions* of cases on the continent¹ and in America,² may be thus briefly stated:—

I. The danger of imparting infections and other diseases, the most important and well-founded objection to vaccination from human beings, is absolutely avoided.

On the other hand, there is no fear of communicating any disease from which the calf may suffer. For of these very few only are at all transferable to man, and are so easily discovered, that no calf suffering from any of them is likely to be received for vaccination. Besides it is a general experience that, whenever the vaccinated calves get out of health, the pustules fail to appear.

II. Under no circumstances will lymph be taken from

¹ Belgium, Holland, Germany, Austria, Italy, France, Switzerland, Russia.

² F. Martin. Transactions of the American Medical Association for 1877.

either babies or adults in this establishment. Therefore the inconvenience of opening the pustules, which is a cause of trouble to parents and of pain to children, and possibly may diminish the protective property of vaccination, is altogether avoided.

III. Erysipelas, the most dreaded disease which sometimes follows vaccination, is of very rare occurrence after vaccination with fresh animal lymph.¹

IV. The experience of many physicians goes to show that lymph obtained from the human frame subsequent to transmission through a great number of persons fails in its object. Consequently though successful vaccination frequently occurs from this kind of lymph, yet it has lost much of its protective property, and leaves the patient liable to the disease against which the precaution had been taken. Animal lymph is decidedly stronger in its action and produces a stronger reaction in the human body, and it is quite in accordance with facts that it affords a more thorough and more durable protection.

V. There will be no practical limit to the production of lymph, as arrangements are made to meet any sudden extensive demand.

The patients in every case should appear eight days subsequent to vaccination for examination and certificate.

No previous appointment is required.

Fridays and Saturdays vaccination with calf lymph at reduced fee.

CHARLES RENNER, M.D. (Würzburg), L.R.C.P.
(London), M.R.C.S. (England).

¹ Dr. Martin, of Boston, l.c., says:—"I decidedly assert the immunity from erysipelas of true animal vaccination."

HOMŒOPATHIC HOSPITAL AT BERLIN.

HERR VON WIESECKE, a member of the Prussian aristocracy, has bequeathed 50,000 thalers for the foundation of a homœopathic hospital at Berlin, or at one of the other principal towns of the kingdom.

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, 5, Holles Street, Cavendish Square, 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. C. MILLER, 2, Finsbury Circus, London, E. C.

ANSWERS TO CORRESPONDENTS.

THE BAYES BANQUET.—This was a great success, but took place too late to admit of our reporting it in this issue. We hope to do so in our next.

CORRESPONDENTS.

Communications received from Dr. Bayes, London; Dr. Tuthill Massy, Redhill; Dr. Arthur L. Kennedy, Blackheath, S. E.; Dr. Pope, London; Dr. London, Carlsbad, Bohemia; Dr. Lorbacher, Leipsic; Dr. Harmar Smith, Ramsgate; Dr. John H. Clarke, South Kensington; Dr. Berridge, London; Mr. Hoskin, Malta; Professor Dowling, Dean, Homœopathic College, New York; Dr. Stiles, Dundee; Dr. Ussher, Wandsworth; Dr. Thomas, Llandudno; E. B. Ivatts, Esq., Dublin; Dr. A. Petit, Rozat, France; Dr. Clifton, North-

ampton; Dr. Knox-Shaw, St. Leonards; Dr. Maffey, Bradford; Dr. Donald Baynes, Canterbury.

BOOKS AND JOURNALS RECEIVED.

The Medical Call, April, 1881.
Allgemeine Homœopatische Zeitung, Bd. 102, Nos. 11 to 14.
La Reforma Médica, Tomo V., No. 3.

Notes on Rickets and Ricketty Deformities. By Mathias Roth, M. D. London, 1881.

Dublin Journal of Medical Science, March, 1881.

New England Medical Gazette, February and March, 1881.

The Medical Tribune, March, 1881.

United States Medical Investigator, March 1, 1881.

The Medical Counselor, December, 1880, January, February, and March, 1881.

A Guide to the Clinical Examination of Patients and the Diagnosis of Disease. By Richard Hagen, M. D. Translated and enlarged by S. E. Grannu, M. D. New York and Philadelphia: Boericke and Tafel.

The American Homœopath, February and March, 1881.

The Richmond Standard, March 5, 1881.

Homœopathic Times, March, 1881.

Catarrhal Diseases of the Nasal and Respiratory Organs. By G. N. Bingham, M. D. New York: A. L. Chatterton Publishing Company, 1881.

The Ethics of Mongrelism: a Supplement to No. 1, Vol. IV. of "The Organon." By Dr. Skinner. Liverpool: Adam Holden, 1881.

The Monthly Homœopathic Review, April 1, 1881.

Bibliothèque Homœopathique, 12^e Année, No. 7.

Revue Homœopathique Belge, 7^e Année, Nos. 11 and 12.

Modern Thought, April 1, 1881.

The Clinical Review, March 15, 1881.

Dietetic Reformer, April, 1881.

Boletín Clínico del Instituto Homeopático de Madrid, Año I., Núm. 6.

A Review of the Facts and Records of Explosions. By S. B. Goslin, F.M.S.

Reference Catalogue of Current Literature. London: Joseph Whitaker, 1880.

The Clinique, March 15, 1881.

Indications de l'usage à Domicile des Eaux Gazeuses de Rozat. Paris: Germer-Bailière, 1880.

Barbados Globe, five numbers.

Hastings and St. Leonards Observer, Saturday, April 9, 1881.

The Hahnemannian Monthly, April, 1881.

British Journal of Homœopathy, April 1, 1881.

The Therapeutic Gazette, March, 1881.

Chemist and Druggist, April 15, 1881.

Bulletin de la Société Médicale Homœopathique de France, 1^{er} Novembre, 1880.

The Homœopathic World.

CONTENTS OF APRIL NUMBER.

LEADING AND GENERAL ARTICLES:—
Homœopathic Literature and the Book Trade.
Mechanical Medicine.
Homœopathy in Incurable Diseases.
An Accidental Proving of Belladonna.
Homœopathy in America.
Notes on Water.
The Cough of Aralia.

LITERATURE:—

The Laws of Therapeutics.
The Homœopathic Physician.
The Homœopathic Courier.
Carlsbad.

CORRESPONDENCE:—

Homœopathic Practitioner Wanted at Kingston, Jamaica.
The Hering Memorial.
Is the "Hospital Sunday" also for Homœopathic Dispensaries?
The Heroic Proving of *Apis*.
New Treasurer of the World's Convention.

REPORTS OF INSTITUTIONS:—

Bath Homœopathic Hospital.
Newcastle-on-Tyne Homœopathic Dispensary.
The New President of the World's Convention.
The London School of Homœopathy.
London Homœopathic Hospital.
International Homœopathic Convention.
The Bayes Banquet.
Anointing in Cases of Infantile Disorders.
A New Disease.

SHORT NOTES, ANSWERS, ETC.

THE
HOMŒOPATHIC WORLD.

JUNE 1, 1881.

THE TYRANNY OF THE TIMES.

IN regard to Homœopathy this is true, whether we say the *Tyranny of the Times*, or the *Tyranny of the "Times."* We do not know whether we have any right to complain, inasmuch as the *Times* really and truly represents the majority of our fellow-citizens. We are in the minority. In some things the *Times* is pretty fair, but it systematically excludes almost everything which may be said to be directly or constructively in favour of Homœopathy. Not long since, it published some libellous trash from the pen of an allopathic practitioner of good trades-unionistic repute, who was, however, too cowardly to put his real name to the publication. We think we know him nevertheless.

We may explain to our readers that in the *Times* of last Good Friday a letter appeared on the subject of Homœopathy, displaying the usual amount of ignorance characteristic of its opponents, and the ordinary misrepresentation of the motives and practice of those who acknowledge their faith in it, to which we have been so long accustomed. This letter was fully replied to by several homœopathic physicians in papers of the following day and on the Easter Monday. The *Times* correspondent, however, made certain charges against the character and *bona fides* of homœopathic physicians which the British Homœopathic Society felt ought to be met in an authoritative manner, and should not be merely left to the repudiation of individual practitioners, however well-known and respected they might be. At the first ordinary meeting of the Society which occurred after the publication of this correspondence (Thursday, May 5) Dr. Hamilton and Mr. Cameron moved for and obtained the appointment of a committee to draw up resolutions bearing upon this point, to be submitted to an extraordinary meeting of the Society. This latter meeting, at which an unusually large number of members attended, took place on

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the 12th ult. By this the following report was drawn up, and signed by the President and Secretary on behalf of the Society, and by them sent to the *Times* for publication.

Its insertion was, we regret to say, REFUSED.

“An extraordinary meeting of the *British Homœopathic Society*—a society consisting exclusively of duly qualified and registered members of the medical profession—was held on Thursday, the 12th inst., to receive the report of a committee appointed at the ordinary meeting on the 5th inst., to take into consideration certain passages in two letters published in the *Times* newspaper by a correspondent since the previous ordinary meeting, viz., on the 15th and 18th of April.

“The following are the passages referred to :—

“‘The regular practitioners maintain that there are no homœopaths, and that the whole system has died out long ago. They maintain that those who now call themselves homœopaths do not differ from ordinary practitioners in anything but in making a profession of pursuing a particular method of treatment, which as a fact they do not pursue, and that the question is not one of science at all, but simply one of morals. . . . The followers of Hahnemann, on the other hand, have been content to seek a short cut to remunerative practice by ministering to the ignorant credulity of the vulgar rich.’

“The following resolutions regarding these assertions were agreed to *nem. con.* :—

“‘Resolved—

“‘That from the structure and wording of the letters referred to, it being evident that the writer of them is a medical man, the *British Homœopathic Society* deeply regrets that any member of the medical profession should have been found capable of so recklessly imputing dishonest conduct to his professional brethren as this correspondent has done.

“‘That the members of the *British Homœopathic Society*, while not feeling the occasion to be one on which they are called upon to defend the scientific character of their therapeutics, desire to protest against the statements contained in the foregoing extracts as utterly unfounded in fact and impossible of justification.’

“Signed on behalf of the Society,

“S. YELDHAM, President.

“RICHARD HUGHES, Hon. Secretary.”

We feel the British Homœopathic Society could hardly have done less. We wish it had gone further, and brought an action at law against the *Times* for its slanderous publication, as, indeed, was proposed by Dr. Roth.

We call upon the *free* portion of the British press to come to the aid of a struggling scientific truth, and let the world in general know that in the *Times*, in this regard, only onesidedness is aimed at, and not truth.

CASE OF NECROSIS OF LOWER JAW-BONE, WITH LOSS OF THE NECROSED BONE.

By R. M. THEOBALD, Esq., M.A., M.R.C.S.

MELVINA WRIGHT, ætat. five years, came to the Blackheath Homœopathic Dispensary July 13th, 1880. She had great enlargement of the right side of the face. She had already been under treatment as an in-patient at Guy's Hospital for four and a half months, the swelling having appeared about the beginning of the year 1880. On examination I found a large bony mass, like an exostosis, along the lower maxilla. The molar teeth had been extracted, and a continuous discharge of fairly healthy pus was issuing from the sockets. Her health was not bad, though she had suffered much from pain, and had become somewhat weakened through the purulent discharges.

At first I was inclined to diagnose the case as one of exostosis, arising from a scrofulous and possibly syphilitic diathesis; but continued observation led me to the conclusion that the child was suffering from simply scrofulous necrosis of the maxilla. After some time—*i.e.*, about a month—pus flowed also from the ears, and the sub-maxillary glands were much enlarged. The pus became more offensive, often so much so as to render the room she occupied almost intolerable to other persons. There was also occasional bleeding from the gums covering the diseased bone, but never profuse. Her general health improved under treatment; a hacking cough which tormented her ceased; she gained flesh and strength, and the discharge became much less offensive. The swelling, however, did not much vary in size, but remained constant, and the child was always excessively frightened by any attempt to inspect or touch it. She continued in regular attendance, without any very important change, beyond the evidences I have mentioned of general constitutional improvement, till December 28th, when, on her visit, I found that a

large bony mass was protruding along the whole margin of the lower jaw, above the level of the gums. The alveolar ridge of the lower jaw was, in fact, projecting above the line of the gums—a hard, brown, rough, fœtid, unsightly mass, bathed in pus and mucus. This was very loose, and might apparently have been easily separated; but, owing to the extreme nervousness of the child, I was unwilling to use the necessary tractive force. Accordingly, on January 8th, 1881, I put her under the influence of chloroform, and my friend Mr. Frank Robinson speedily removed the whole of the lower maxilla, including the articulating surface fitting into the socket of the upper maxilla, by a very simple traction with his dental forceps.

A few days after the discharge of pus ceased; the swelling has since very much diminished, although on February 1st, when she paid her last visit to the dispensary, a considerable amount of enlargement still remained. It appears that the periosteum of the jaw-bone was not destroyed, for a secondary bone has taken the place of the one which has been removed. The bony outline is perfectly distinct, and its articulation with the upper maxilla is clearly perceptible. It seems probable that when the swelling has subsided little or no deformity will remain, and the ordinary movements of the jaw and face will be established. Of course she will be minus the right lower set of teeth, but when she has grown sufficiently these can be easily supplied by the resources of mechanical dentistry, and then she will not be apparently in a different condition from other persons who have simply lost their teeth from ordinary decay.

The medicines which she received from time to time were *Calcarea Fluorica* 3, *Silicea* 200, *Belladonna* 200, *Calcarea Carbonica* 200, *Sulphur* 200, and *Asafœtida* 200. The last-named medicine was especially serviceable when the discharges were very offensive. I also gave her, on one occasion, a few doses of *Ipecacuanha* 200 for the cough with markedly favourable results.

30, Finsbury Pavement, E.C., 16th Feb., 1881.

A PHILADELPHIA quack informs the public that he is not at all exclusive. "If a patient wants it gentle and mild, I'm a homœopath, and when anybody wants thunder and lightning, I'm an allopath."—*Medical Call*, May, 1881.

THE HOT LAKES OF NEW ZEALAND.

By J. MURRAY MOORE, M.D., M.R.C.S.

THE North Island of New Zealand abounds in striking evidences of remote and recent volcanic action. While taking a brief holiday trip at Christmas time—our Mid-summer—I visited the most remarkable and beautiful of these signs of recent (and continued) action, namely, the Geysers, Hot Springs, and Lakes of Rotorna and Rotomahana. As this region is now being frequented by invalids, and as the mineral waters have a powerful therapeutic action, I have thought an account of a visit there would not be uninteresting to the readers of the *Homœopathic World*. For in the whole of Australasia there is no such "sanatorium" as this district promises to be; and the curiosity and beauty alone of its natural features attract tourists from all parts of the world.

Leaving Auckland by the Waitaki steamer at 8 p.m., December 20th, 1880, we rounded Cape Colville early the following morning, and arrived at Tauranga about 8 a.m., December 21. This little town possesses the finest harbour, except that of Auckland, in the North Island, and has a future before it, we hope, as a seaport. It is the nearest seaport to the Lakes. After a day's rest we took coach to Ohinemutu, on Lake Rotorna, a journey of 43 miles, chiefly through primeval forest, crossing a mountain range of 1,200 feet average height. This stage of the journey gives a stranger an excellent idea of the native scenery of the North Island. The kauri pine, the cabbage tree, nikan palm, karaka, totara puriri, and several other native trees and shrubs, mingled with the tree fern, so graceful a characteristic of Australasian flora, line each side of the road for 18 miles continuously. One cannot help remarking the superiority for cheerfulness and variety of the New Zealand native forest to that of Australia, which is composed of some four or five varieties of gum-trees (*Eucalyptus*) and acacias, almost shadeless, and free from all undergrowth or creepers. The New Zealand "bush" seems to be intermediate in luxuriance between the Australian and the South Pacific tropical forest. On sighting Lake Rotorna, a noble sheet of water 27 miles in circumference, we remark the barren appearance of its shores, from various points of which clouds of steam are rising, and from which sulphureous odours are wafted by the breeze. A lofty rock-island, called Mokoia,

rises in the middle of the lake, and this island recalls "Ellen's Isle," of Loch Katrine, for in it is placed the scene of a romantic Maori legend, the story of the maiden Hinemoa and her lover Tutanekai, prettily translated into prose English by Judge Maning, and worked up into the poem of "Ranolph and Amohia" by Mr. Dornett. Space does not allow me to narrate the story; but the leading incident is that which distinguishes the classical story of "Hero and Leander," with a happy instead of tragic *dénouement*.

At the little town of Ohinemutu we find a Maori *kainga*, or village, of grass huts, called *whares*, joined on to commencing Anglo-Saxon civilisation—that is, two inns, a post-office, several stores, a few wooden cottages, school, and police-court. The Maori here is seen at his worst, for he has acquired the vices of the European without his education or Christianity. He and his fellows like to live upon the white visitors, for they can squeeze out of them a never-failing supply of liquor and tobacco. Their wives cook the roughest of food for them in the boiling springs all round the lake, in the central waters of which plenty of good fish are to be had all the year round. In every pond and stream the *kora* also, a delicious prawn (fresh-water), is to be found. At Sulphur Point, near the town, I found an acid rivulet, which turned a shilling completely black in ten seconds. I tested the temperature of 11 separate springs, and found them from 84 degrees to 105 degrees. From the surface of one of them is exhaled nitrous oxide gas, which so intoxicates some bathers that they run about in a state of delirium, or they have been known to fall insensible into the spring, and be rescued with difficulty. One spring in the town is saponaceous in its character, so that the Maories use it to wash their clothes. It is among the oddest of the world's sights to see a group of Maori women and boys gambolling in a warm pool, while close by other women are boiling their family pots in a similar pool, and not far off the men are catching their finny prey for a meal. There being no resident doctor, the invalid visitor chooses the spring he finds most relief from, after experiment. All are free, open, and unattended, except two springs attached to the two hotels. But these deficiencies are soon to be supplied. About three miles away to the south-west lie the geysers of Whakarewarewa, a centre of great volcanic activity, displaying one geyser, Wakiti, which shoots up to the height

of 100 feet when at its acme, and deposits the same beautiful white silica of which we shall speak as forming the White Terrace of Rotomahana. The ground is, all round, so treacherous that a native guide is absolutely necessary. The springs are all hot, generally boiling, and contain sulphur, silicates of soda, lime, magnesia, and iron; or they are alkaline. The "oil bath" here contains 66 per cent. of common salt, and 22 per cent. of free silica. Among the natives, and many Europeans, these springs, and especially the mud-baths, have a high repute in the cure of rheumatism, skin diseases, scrofula, and syphilis. The three invalid visitors I spoke to there avowed their improvement; but none of the therapeutic values of these springs have been as yet properly differentiated. Owing to the absolute ownership of the land being vested in the natives, who will not sell, there is no accommodation for white visitors better than the dirty grass huts of the Maories; and these people, after letting a hut to a white man, come and go in and out, at all times, as freely as ever. A Catholic priest is here attempting to gather a flock. In some pools we observe beautiful coral-like fringes. One alkaline and silicated spring, temperature 96 degrees to 120 degrees, is assisted by a wooden spout to form a hot douche for the spine, and is reported to have made many wonderful cures. One peculiarity of Maori language I noticed here—the great difficulty they have in pronouncing our "s," "sh," or "l." My guide said, "You give me one *herring*," meaning one shilling. Of course, in a monosyllabic or agglutinative language, our discordant double consonants become strangely softened and disjointed. Fenton, Graham, John, become Penetone, Kerehama, Hone, and the reduplication of a word or syllable intensifies, or alters, its meaning. The whole subject of the Maori language, traditions, and customs, forms an interesting study—the more so that the race are doomed to extinction, though they "die hard," and are the bravest aborigines Britain has ever had to vanquish. A better or more amusing introduction to such a study cannot be found than my friend Judge Maning's "Old New Zealand," published in Auckland, 1863.

But we must pass on. Leaving Ohinemutu one fine morning about 7.30, a very pleasant hilly road passing two lovely small lakes, Tikitapu and Rotokakahi, we arrive at the small village of Wairoa, on Lake Tarawera, 11 miles from Rotorna, about 10 a.m. Here we have a fine bracing mountain climate, though only 1,200 feet above sea-level; no

steam, no sulphur smells, no roarings or rumblings. A pretty cascade, of about 70 feet, conducts the stream which is the outlet of Rotokakahi into Lake Tarawera, from which Wairoa Hotel is distant about a mile. Here careful arrangements must be made with Captain Aperu, the Maori chief, for a visit to Rotomahana by row-boat and canoe. A party of four like ours (Judge M., Messrs. I. and P., and myself) is most convenient and economical. "Backsheesh" is not unknown to the noble brown savage, and for driving a bargain I will back a Maori even against a Liverpool cotton-broker! The authorised native guides are two half-bred Maori women, one old and the other middle-aged, who both speak English very well, and who are always sober. But I have so trespassed upon the valuable space of our worthy editor's crowded pages, that I will defer till next number the description of the far-famed Terrace of Rotomahana.

Auckland, March 1st, 1881.

(To be continued.)

DISEASES OF THE EXTERNAL EAR.

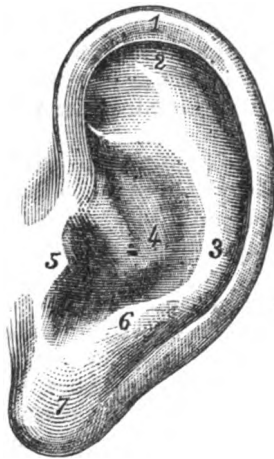
By ROBERT T. COOPER, A.B., M.D.

THE middle ear or tympanal cavity being so much the more important part of the organ in a pathological point of view, has, in these lectures—clinical as we intended them to be—engaged our first and chief attention; and now we proceed to say a few words upon the diseases of the external ear.

The external ear, covered as it is with a fine and most delicate skin, is more than ordinarily subject to eczema, and particularly so the back part of the auricle, where it folds over upon the mastoid process. This auriculo-mastoid fold is very frequently the seat of an eczema in young children, and by some there is supposed to be a connection between this eczema and pulmonary tuberculosis, the one being said to alternate with the other; but in truth the connection is fanciful: these are in no closer pathological relationship than is one catarrhal affection with another.

Such an eczema you will succeed in curing when occurring in children by giving *Calcaria Carbonica* in the third decimal trituration, while intercurrently you administer a few doses of *Rhus Toxicodendron* in a low potency. The more scrofulous the children, the more available will this prescription prove;

and along with these, especially if there be an eczema (the old *intertrigo*) of the anus or scrotum, you should order as a local application an infusion of *Calendula* mixed with one-third of Price's *Glycerine*. Should the child's motions be clayey and passed with straining, order an intercurrent dose of *Mercurius Solubilis*. There is but one kind of application for these raw surfaces that in any way equals the *Calendula*, and this is *Castor Oil*, and it certainly relieves pain by its bland and soothing properties in a most wonderful manner. In the adult this post-aural eczema proves very much more obstinate than in the child: here *Graphites* and *Arsenicum*



THE AURICLE.

1, Helix ; 2, Fossa helicis ; 3, Antihelix ; 4, Concha ; 5, Tragus ; 6, Anti-tragus.

Iodidum have to be given internally, while lotions of *Liquor Carbon. Deterg.*, with *Glycerine*, are applied locally.

Eczema, as well as erysipelas, constantly recurring, leaves the auricle thickened and swollen, and the meatus becomes partially, and sometimes even entirely, closed—a condition that proves singularly rebellious to treatment.

A bloody tumour sometimes forms upon the auricle, generally upon the antihelix, and which is remarkable in being so often met with in lunatics, but which is found to be almost invariably produced from blows upon the ear; the technical term for it is *Hæmatoma Auris*, and I mention it in order to direct your attention to *Hamamelis* as its remedy.

A woman with severe pains affecting the entire head, but in particular the vertex, told me that a former attack, which had lasted for some weeks, ultimately went away with an intensely inflamed condition of the auricles, followed by a most profuse watery discharge, and, after being some days under treatment, her present attack disappeared in a similar manner. The vertical headaches of the climacteric epoch of woman's life are very often associated with hyperæmia of the auricle, and sometimes of the middle ear; *Apis* and *Lachesis* would be our remedies in these cases. When boils form upon the external ear, their most frequent site is either upon the walls of the auditory canal or in front of the tragus. Adults are sometimes liable to recurrent attacks of furunculi, and then these are remarkable for the persistent way in which they keep returning; otherwise the affection is mostly one of childhood, and is easily cured, while it depends upon situation whether pain is present or not, it being no uncommon thing for small boils to form underneath the cutaneous lining of the meatus, which from first to last occasion no pain whatever. The less we interfere with these boils the better, but should brain-symptoms threaten, puncture may be required.

There is one sign connected with these aural furunculi, as pointed out by me in the *British Medical Journal*, June, 1878, which, though very distinctive and important in a forensic point of view, has never to my knowledge been sufficiently noticed by any writer upon ear diseases, and this is the peculiar stain left upon the pillow-case by the thickened and comparatively scanty discharge that helps to distinguish a furunculus from an abscess. The appearance presented by a pillow in the morning after a boil in the meatus has burst is such as to enable any one to divine the nature of the affection from which the child has suffered, for the pillow-case will be studded over with stains so closely resembling small-sized buttons as to deceive the most clear-sighted at a distance. The thickened drop of discharge, falling unbroken in its descent from the canal, plops entire upon the pillow-case, on which the more liquid portion of the discharge spreads, leaving in the centre that which is inspissated; this dries, and in drying gives at a distance an almost exact image of the shank of a button, the surrounding stain rendering the appearance still more delusive.

The subjects of the affection being generally restless in their sleep, roll their heads about upon the pillow, so

that by the morning it often happens that no two of the markings run together, but each one is separate, thereby making our comparison additionally striking.

These umbilicated markings, especially if there be many of them, cannot be mistaken for any disease-stain that I know of.

The treatment for boils is based upon the same principles as were laid down for abscesses, though here we gain even greater help by inquiring into and prescribing remedies in unison with the prevailing disposition to disease manifested by the patient; and the throat, nose, and teeth must be carefully examined in our search for the cause. The external ear in some instances is exquisitely sensitive to impressions of cold. In a woman I lately met with, the slightest draught of air blowing upon the ear produced—what? An ulcerated condition, not of the ear, but of the throat, so much so as to oblige her to keep her ears continually covered. Such cases point to the intimate sympathy between the ear and throat, and establish the necessity for protecting the ear from cold where any obstinate disposition to throat affections exists. As a protective measure in these cases it generally suffices to paint the meatus, and if need be the auricle, with glycerine or some unctuous substance.

In old-standing middle-ear catarrhs we sometimes find the auditory canal so swollen as to prevent our obtaining a proper view of the membrane, and although this tumefaction of the canal may subside by treatment, it does not necessarily follow that any sequential improvement in hearing will result. At least, this accords with my own experience.

In days gone by many of the children of the Irish poor used to be carried off by Pemphigus gangrenosus (*Rupia escharotica*), or the child's evil, as it was called, the sores of which used generally to appear as large bullæ behind the ears and upon the auricles. You will see an account of it in Erasmus Wilson's work on diseases of the skin.¹ Dr. Whitley Stokes, who first described it, recommends as its remedy the *Scrophularia Nodosa*, our well-known figwort. Now, I have never met with this precise affection, but I have with irritating vesicles on the lips and cheeks that must have nearly resembled it, and in all of them I have found the *Scrophularia Nodosa*, used as a lotion, to prove curative. In one of these the vesicle on the lower lip, with its inflamed base, had been condemned to excision.

¹ "Diseases of the Skin." London: John Churchill. 1857.

In the number of the *British Journal of Homœopathy* for July, 1878, p. 264, a case of "Pemphigus neonatorum," in an infant of ten days old, is taken from a German periodical, which was cured by Mossa with *Ranunculus Bulbosus* 1c. The vesicles did not begin upon the ears in Mossa's case.

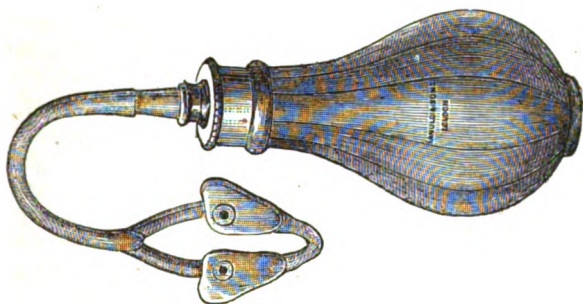
And this will be a good opportunity for giving a few hints upon *Politzer's method of Eustachian-tube inflation*, and which was suggested to Professor Politzer by the anatomical observation of Toynbee that during the act of swallowing, the throat openings of the Eustachian tubes dilated, and so, becoming patulous at this particular moment, allowed of the admission of air. Taking advantage of this circumstance, Politzer proposed, by compressing an india-rubber air-bag having a pipe that fitted into the nostril, to send a jet of air along the floor of the nose while the patient was in the act of swallowing, in a way such as would secure its entrance into the Eustachian tubes. This he did by directing the patient to take a sip of water in his mouth, and then, at the moment the surgeon compressed the bag, telling him to swallow, and so obtain the muscular effort necessary for the proper opening out of the tubes.

To mention the many modifications professing authorities have proposed as improvements upon this eminently simple procedure would be amusing were they not puerile, and even nonsensical in the extreme. Better let us give you a hint or two upon its performance. In the first place procure from the instrument-maker a perfectly simple india-rubber bag, with an ivory or vulcanite pipe, upon which fits a plain piece of india-rubber tubing. Do not allow him to give you a bag that possesses a valve or any so-called improvement; the only real improvement upon this instrument being that I have myself suggested, where the tubing attached to the bag is forked at the extremity so as to fit into *both* nostrils, but is without nasal pieces as proposed by Allen and seen in accompanying illustration. This possesses all the advantages of Allen's without its increase of cost, while it admits of our passing a current of air up one or both nostrils, the former effect being secured by keeping one of the nasal pieces against the outer wing of the nose while in the act of compressing the nostrils.

Well, then, before using such a bag, direct the patient to blow his nose; this for very obvious reasons; next, tell him to take a sip of water, and then, having inserted the forked extremity of the tube into both nostrils, and having by means

of your left finger and thumb compressed them sufficiently to prevent any return of air, telling him to swallow, you, with your right hand, are to grasp the bag firmly, and so eject the air along the floor of the patient's nose.

Simple and perfectly painless as is this operation, in very nervous patients it is liable to be attended with very pronounced effects. Timid girls will often faint under it; but if they do, I have no hesitation in saying that in all probability yours will be the fault. You have not gone about the opera-



ALLEN'S POLITZER-BAG.

tion sufficiently quietly. You must use much gentleness as well as firmness, and instead of employing any great force, with, at first, a gentle and gradual compression, send a stream of air along the nostril. And indeed you will find the operation much more effectual if you use the precaution to act slowly and gently; the somewhat gradual compression of the bag seems to be more effective, at any rate on performing it for the first time upon a patient, than if great force is used.

THE QUEEN OF WURTEMBERG AND HOMŒOPATHY.

HER MAJESTY the Queen of Wurtemberg has given a donation of 1,000 marks to the Wurtemberg Homeopathic Association *Hahnemannia*. The sum is to be added to the fund for the aid of poor medical students. Count Bissingen-Rippenburg is the president, and Baron William König von Königshofen is the vice-president of the *Hahnemannia*.

THE "AMERICAN OBSERVER" v. THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

By E. W. BERRIDGE, M.D.

(Corresponding Secretary of the above Association).

THE *American Observer*, a professedly *Homœopathic* journal, commences the new year by an attack upon the *International Hahnemannian Association*, which was founded at Milwaukee last year. Every one of its accusations is false, and shows not only an ignorance of the subject, but of the rules of Homœopathy itself, as formulated by Hahnemann.

The following quotations from the editorial of the *Observer*, with our comments on them, will place this matter in a clear light,—for those who are not wilfully blind:—

(1) "Taking this broad view of the importance of the present movement of the High Potency advocates in forming a separate organisation known as the *I. H. A.*, we deem it our imperative duty to place the *Observer* fairly and openly upon the record."

Answer.—It is always gratifying to see a journal perform its "imperative duty," but it is equally so to find that the editor understands his subject. This organisation is *not* a "High Potency movement," as distinguished from an advocacy of the low potencies. The term "High Potency" does not once occur in the constitution of the Association. The *true* difference between the two sections of *professed* homœopaths is that the one faithfully follows the law of symptom-similarity and the other does not. All other differences are secondary, and flow from this primal fount.

(2) "The *Observer* is therefore opposed to the Internationals and exclusives, with all its strength and heart."

Answer.—This is very gratifying; better an open enemy than a false friend who pretends to join the Hahnemannians for his own ends, and then when he has gained his point betrays them.

(3) "First, and chiefly, because their pharmacology is not the pharmacology of Hahnemann."

Answer.—No pharmacology is mentioned in our constitution. All the Hahnemannians use potencies prepared according to all the essential points of Hahnemann's teaching. We challenge the editor to prove the contrary.

(4) "Secondly, because some of them would introduce into the *Materia Medica* many vile and repulsive substances falsely called medicines; preparations never having had the sanction

of Hahnemann. Such things as Syphilinin, Gonorrhœin, Leucorrhœain, Carcinomatin, Hydrophobin, Dysenterin, etc., etc., etc., etc., the discharge of the vilest ulcers, and the most foetid excrements. These may belong to isopathy but do not to Homœopathy, and the endorsement of the most pharisaic purist cannot make them legitimate."

Answer.—The use of *Nosodes* is neither advocated nor repudiated by the Association. Its members are left free in this matter, for which "freedom of medical opinion and action" the editor does not seem sufficiently grateful. We always thought he approved of such "freedom." Hahnemann sanctioned the use of *Nosodes* in the first volume of his "Chronic Diseases," pp. 195—6 (Hempel's translation), and in the note to section 56 of the *Organon*. Seeing that these *Nosodes* are given in a highly potentised form, it is an act of folly, to say the least, for those who uphold *crude* vaccination to stigmatise them as "vile and repulsive."

(5) "Thirdly, because the preparations upon which Hahnemann relied (from the tincture to the 30th centesimal) are ignored by the 'Internationals.'"

Answer.—This simply shows ignorance of facts. Hahnemann did *not* rely on preparations "from the tincture to the 30th centesimal." His use of the tincture and lower potencies belonged to his early stage of experience, and he afterwards plainly and deliberately insisted upon the exclusive use of the higher potencies (*Organon*, sections 287 note, 276 note, 246 note). In his later days he gave potencies far, very far, beyond the 30th. None of the Internationals repudiate the 30th potency, though they have followed in the path on which Hahnemann entered, and gone higher.

(6) "Fourthly, because the 'Internationals' have declared that they will not hold fellowship with a large majority of the members of the American Institute of Homœopathy, and seem determined upon creating a division in our ranks."

Answer.—Not one of the Internationals has resigned his membership of the American Institute of Homœopathy; on the contrary, they mean to retain their membership and fight for pure Homœopathy therein till the pretenders are silenced.

(7) "Sixthly, because the 'Internationals' have used libellous and slanderous words towards the great mass of homœopathic practitioners in denominating them as 'mongrels, allopaths, eclectic,' etc., etc."

Answer.—The truth is often unpleasant, but it must be

spoken nevertheless. But has the editor nothing to say to the "libellous and slanderous words" used by one of his friends, in his own journal, towards us? Who was it spoke of one of our foremost physicians as a "goose," "hyena-like," "this shameless thing," etc.? Who was it that denounced Hahnemann as a "fanatic," "dishonest," "visionary," etc.? The kettle should never call the pot black.

(8) "Seventhly, because the 'Internationals' have bred and fostered dissensions in our colleges to the great detriment of the cause of Homœopathy."

Answer.—What a powerful body our Association must be! It was only established six months before this was written, and numbered then about twenty. This is an unexpected pleasure.

(9) "Eighthly, because members of the *I. H. A.* have hindered and delayed the progress of Homœopathy in the United States, by promulgating the pharmacology of Lutze, Jenichen, etc., etc., as the pharmacology of true Homœopathy, thereby prejudicing the scientific public against Homœopathy."

Answer.—Jenichen's potencies were advocated first in America by the late Constantine Hering, of whom, with others, the editor says in his February number, "We never said a word against them while living, and revere their memory now they have departed." The late Dr. Lutze prepared his medicines exactly according to Hahnemann's directions, even to the number of successions employed. But the Constitution of our Association says nothing about the pharmacology of either Jenichen or Lutze, and all Hahnemannians regard the latter as a knave, who actually *forged* a new paragraph in his pseudo-edition of Hahnemann's *Organon* in order to bolster up his plan of giving medicines in combination.

(10) "Ninthly, because among the Internationals are men who hold chairs in homœopathic colleges who [? the men, the chairs, or the colleges] teach doctrines not believed, taught, or practised by the preceptors of the students who attend these colleges for the purpose of being instructed in homœopathic doctrine, thereby doing great injustice and incalculable injury to the students and preceptors above mentioned."

Answer.—If these much-injured "preceptors" do not believe in Homœopathy, they had better send their pupils to some *honestly* and *openly* eclectic college. But has the editor no word of commiseration for the Hahnemannian preceptors

who send their Hahnemannian students to *professedly* Homœopathic colleges, where they receive a stone instead of bread.

(11) "Tenthly, because the doctrines of the Internationals as announced in their platform of principles are false, and have not the sanction of Hahnemann or the support of his followers."

Answer.—The *only* reply necessary to make to this astounding piece of impertinence is to quote our Resolutions.

"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 totality of the symptoms, the single remedy, the minimum dose of the dynamised drug, and these not singly but collectively; and

"Whereas, Numbers of professed homœopaths 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 homœopaths 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 and eclecticism, and we do not hold ourselves responsible for their 'fatal errors,' and failures in theory and practice;

"Resolved, That as some self-styled homœopaths have taken occasion to traduce Hahnemann as a 'fanatic,' 'dishonest,' and 'visionary,' and his teachings 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 senti-

ments and for our own mutual improvement, we organise ourselves into an International Hahnemannian Association, and adopt a constitution and by-laws."

(12) "For these and many other reasons" [what reasons?] "we stand firmly opposed to the Internationals and their new organ, the so-called *Homœopathic Practitioner*" [should be *Physician*]. "The assumption of such a title for such a journal" [which was not issued when this editorial was written!!!] "is little short of sacrilege (!) and is clearly libellous" (!!)

Answer.—What are you going to do about it? Please don't send us all to prison for our "sacrilege" and "libel"!

(12) "The Homœopathy of Hahnemann differs most radically from the creed and tenets of the Internationals."

Answer.—This we have already refuted in general; now we will attend to particulars.

(13) "'Trituration awakens the medicinal properties of the drug,' said Hahnemann.

"'Succession releases the spirit of the drug unto us,' say the Internationals."

Answer.—This is what Mrs. Malaprop would call an "extinction without a deference." But the Internationals have said nothing of the sort in their Constitution.

(14) "'Dilutions must be made with pure alcohol,' said Hahnemann.

"'Dirty river-water is good enough to bring about the release of the spirit of the drug for us,' say the Internationals."

Answer.—The Constitution says nothing on this point either. But if potencies made with "dirty river-water" prove efficacious, why should they not be used? Does not the editor know that it was one of the most anti-Hahnemannian of all the professed homœopaths in America who wrote against the idea that impurities in the diluting vehicle interfered with the curative action of the drug?

"'Local applications of the drug to the sound skin greatly facilitate the action of the remedy,' said Hahnemann.

"'Local applications are worse than useless,' say the Internationals."

Answer.—The Internationals say nothing of the sort. They simply denounced medicinal applications *to the diseased parts*, and in this they are at one with Hahnemann in his latest teaching (*Chronic Diseases*, 2nd ed., 1837, part 3). Keep *truth* on your side, neighbour.

(16) "Successive dilutions of coloured and sapid objects become successively weaker and *not* stronger,' said Hahnemann.

"Successive succussions become infinitely stronger and *not* weaker,' say the Internationals."

Answer.—Hahnemann did *not* say it; he simply states that, unlike the medicinal properties, the *colour* and *taste* of objects disappear by dilution. Another gross piece of editorial incapacity! But this absurdity is copied from one of his worthy *confrères*, a *pretended* Homœopath, who teaches that the best way to cure diphtheria is to give large doses of Chlorate of Potash, *so as to convert the disease into scarlatina*, which can be more easily handled!¹

(17) "Homœopathy has the best method for curing the sick,' said Hahnemann.

"The International creed is the only system of medicine, and the exclusive dogma in Therapeutics,' say the Internationals."

Answer.—The two are synonymous, as shown above.

(18) "In urgent and dangerous cases palliative measures are admissible and proper,' said Hahnemann.

"In no case can we permit ought but the single dose of the dynamised drug,' asseverate the Internationals."

Answer.—Hahnemann sanctions *no* palliative (Allopathic) measures in *any* disease, even the most "urgent and dangerous." Neither have the Internationals, either collectively or individually, ever insisted on the single dose in all cases.

(19) "The dose must be strong enough to produce a perfectly distinct aggravation of the symptoms,' said Hahnemann.

"The dose must be the very smallest possible, and must not produce aggravations,' say the Internationals."

Answer.—"The best dose of medicine is ever the smallest," is a quotation from Hahnemann's *Organon*, section 246, note. Hahnemann does *not* say that the remedy to be curative *must* produce an aggravation, but that if it can cause a slight aggravation it cannot be too small to cure (*Organon*, 279).

¹ An American physician (!) was once called upon to treat a case of small-pox; his diagnosis was faulty, but his therapeutics was (or "were" as Dr. Kidd has it) faulty. Said he, "I guess I'm not exactly posted up in pustules, but you give the child this powder and that will send him into fits, and then you send for me again, for I'm death on fits!" We always thought this "goak" mythical, though quite good enough to be true, but we now recognise the hero of it in the inventor of the above infallible cure for diphtheria, whose love of notoriety we do *not* gratify by naming him.

We think that the perusal of this paper will convince all thinkers that the editor of the *American Observer* is not the best-informed or the most accurate or most truthful professor of Homœopathy in the States, and that it would be better if he learnt a little before attempting to teach. But perhaps he was sent to one of those objectionable colleges, where he was taught doctrines at variance with those of his "preceptors," and so got "muddled." In conclusion, if the editor is desirous of doing a little "Mrs.-Partington-and-her-mop-against-the-Atlantic business," let him try to put down the *International Hahnemannian Association*.

CASE OF CATARRHAL STENOSIS OF LACHRYMAL PASSAGE.

By J. C. BURNETT, M.D.

A NARROWING of the tear duct, or other part of the tear passage, from a cold is not by any means an uncommon complaint. A *watery eye* is the prominent symptom, and a very distressing affair it often proves to be. In a very slight degree there may be merely *epiphora*; but if it continue it soon develops into the condition whose most prominent, and at the same time most distressing, symptom is *stillicidium lachrymarum*.

Various homœopathically-chosen remedies have a most powerful action in this affection. My favourites are *Calcarea Muriatrica*, *Kali Muriatricum*, and *Natrum Muriatricum*. *Allium*, *Arsenicum*, *Euphrasia*, and *Iodium* and the like may also be needed. The subjects are usually psoric, or sycotic, or psorosycotic.

But let me go on to my case.

Miss X., only a few months old, was noticed to water of the left eye. "She has a cold in her eye," said the nurse and mother. The doctor was of the same opinion; but beyond collyria he knew of no remedy. It would just pass away.

This gentleman was, nevertheless, quite orthodox, and Sir William Jenner would have most willingly met him, for he has, equally with Sir William Jenner, a very great contempt for "what has been called Homœopathy." However, in spite of complete orthodoxy, in spite of washings, in spite of "Oh, it's only a cold in the eye," in spite of faultless hygiene, and healthful surroundings, my little missie's watery eye got no better, but worse, and still persisted, after

three months of the orthodox washing and waiting. Her gentle mamma was very much distressed as she peered into the future, and saw her little beauty with a sore watery eye.

Oddly enough, the cure of her elder sister's throat by "what has been called Homœopathy" was opportunely remembered, and the much-contemned homœopathic practitioner was accordingly applied to.

Of course, if Dr. Jenner would have met me on the case, I might have had the advantage of a "wrinkle" on the subject; but as I believe in "the delusion called Homœopathy," it is clear I shall have to go down to my grave without the supreme happiness of a consultation with the present President of the College of Physicians. No wonder my hair is going grey. Then I might have called in Dr. Kidd in my "agony of despair," but he has jilted Homœopathy after a rather long and laborious courtship. And then Dr. Kidd "never prescribes infinitesimal doses," and my patient is only a wee babe, so in my terrible agony I took the still more terrible resolve to—dare I, in my deferential respect for my profession, put it in black and white?—have a consultation with Samuel Hahnemann! Said the old seer, "The anti-psoric *simillimum* to your case is *Natrum Muriaticum*." So I gave this doughty drug—*sal sapit omnia*—in the sixth centesimal trituration, and six grains thereof four times a day. Hahnemann told me the dose was too big; but I would not listen (never mind, I'm alone here) to his old-fashioned notions of posology; *nous avons changé tout ça*, in these latter days of science.

And then Dr. Kidd does not believe in small doses, and consequently they are no good. Who would listen to an old German's ideas about the dose question?

So I gave, as before stated, *Nat.-Mur.* 6, which Dr. Kidd says is no medicine at all, and "unjust to the sick."

In two days the baby's father appeared to inform me that the powders were too strong, as they made the baby vomit, so they had halved the dose, and only given half a powder instead of a whole one. This is not the first time or the second that I have noticed vomiting arise from *Nat.-Mur.* 6.

In a week my baby patient's eye was quite well, and has remained so to this day, and that is some months ago.

Of course, there is nothing in that Homœopathy—nothing in it, my dear fellow. It was the faith of the mother of the child's father that did the trick, as a good grandmother's faith should.

EXAMINATION QUESTIONS AT THE LONDON SCHOOL OF HOMŒOPATHY.

QUESTIONS FOR EXAMINATION, MARCH 28, 1881,

Given by Professor DYCE-BROWN.

1. Name the principal remedies for *Acute Nephritis*, stating the indications for the selection of each.
2. A patient complains of a chronic cough, for which *Lycopodium* is the remedy. Describe such a case fully, the physical signs you would expect to find, and the special indications for the medicine. If the remedy would meet more than one variety of chronic cough, describe each.
3. Describe fully a case of *Amenorrhœa* for which *Pulsatilla* is the remedy.
4. What is the treatment of *Acute Pericarditis*, with the reasons which would lead you to select each medicine?
5. Describe the case of *Dysmenorrhœa* for which *Platina* is the remedy.
6. What are the leading remedies in the treatment of *Chronic Bright's Disease* (the large white kidney form), and the prominent symptoms which might indicate each medicine?

N.B.—Any four questions to be answered. The whole six may be answered if the candidate please.

QUESTIONS FOR EXAMINATION IN MATERIA MEDICA,

Given by Professor POPE.

1. Under what circumstances would *Opium*, *Nux Vomica*, *Bryonia*, and *Lycopodium* be indicated in a state of which constipation was a prominent symptom?
2. Point out the differences in the symptoms and appearances of the disordered state of the throat produced by *Belladonna*, *Mercury*, *Iodine*, and the poison of the Honey-bee.
3. What are the characteristic features of the delirium excited by *Stramonium*?
4. Describe the kind of headache produced by *Glonoine* (or *Nitro-Glycerine*).
5. State the symptoms which, occurring in *Influenza*, would lead you to prescribe *Arsenic*.

The candidates need not answer more than three of the above questions, but the number answered, as well as the nature of the answers, will count with the examiners.

28th March, 1881.

LONDON HOMŒOPATHIC HOSPITAL.

THE annual general meeting of the governors and subscribers was held in the Board Room of the Hospital on Saturday, 30th April, at three o'clock, for the reception of the annual report and the transaction of other business.

At the close of the annual general meeting a special general meeting of the governors and subscribers was held, and the following resolution adopted:—

To empower the Board of Management and the trustees to appropriate for the use and service of the London Homœopathic Hospital a sum of £1,000 being the amount of a contract with Mr. Bostel, sanitary engineer, for remodelling and renewing the entire drainage system of the hospital, as well as all closets and apparatus for the supply of water throughout the building, and also for the cost of certain unavoidable structural alterations.

The attendance at both meetings was good; the Lord Ebury being in the chair.

THE PERFORMANCE OF THE THALIANS.

The Annual Dramatic Performance of the Thalian Amateur Company, on behalf of the funds of the Hospital, took place at St. George's Hall on the 19th ultimo, with the most brilliant success in every respect, and before a large and appreciative audience.

The pieces played were "Six Months Ago," comedietta by Herman Merivale; "Alone," by Palgrave Simpson and H. Merivale; and "A Husband in Clover," a well-known farce.

"Six Months Ago" was admirably rendered by Captain and Mrs. Conyers d'Arcy and Mr. Emberson. The official manager took the small part of the French waiter.

The farce, with which the performances closed, was also well rendered, Miss Lucy Roche giving a most spirited representation of the wife, Angelina Bliss, and being well supported by Mr. Hawkesworth as the husband.

But the great success of the evening was the *pièce de résistance*, "Alone," and the applause, loud and continuous throughout, culminated in a call for the performers at the final fall of the curtain.

The talented directress of the company, Mrs. Conyers d'Arcy, was, of course, the fascinating and coquettish widow, Mrs. Thornton, who brings all her battery of *minauderies* and

agaceries so successfully to bear upon the doctor. She filled the part to perfection, and reminded us of that perfect exponent of high comedy, the late Mdle. Rose Chérie. Higher praise we cannot bestow.

Miss Rosa Kenny was the Maud Trevor, and looked the part well. Her dresses were becoming and in good taste, and she brought a certain amount of stage experience to bear upon her acting, which, nevertheless, did not in all respects quite fulfil our expectations.

Captain Conyers d'Arcy was excellent as Dr. Micklethwaite, albeit a *little* too free and easy perhaps for a full-blown M.D.!

The audience evidently highly appreciated the Stratten Straules of Mr. Petley, and he was certainly amusing; but why make that sponging relative of the Colonel a snob? He is in many ways a somewhat despicable character; but why drop h's? He should not forget that Straules is a gentleman.

Of the Captain Cameron we will say little, as Mr. Hawkesworth, for whom an apology was made, had kindly undertaken the part in the unavoidable absence of Mr. Rodney, at twenty-four hours' notice, and acquitted himself of the task in a not altogether unsuccessful manner.

We have purposely left the most ably-sustained character—with that of Mrs. Thornton—to the last. High praise must also be accorded to Mr. Fourdrinier, for the excellent taste and judgment with which he sustained this difficult but very telling character. The simulation of blindness was admirably sustained, and he carried the audience with him thoroughly throughout.

The performance was brought to a close by a most stirring presentment of "A Husband in Clover," in which Miss Lucy Roche, as Lydia, was very spirited and clever, and was warmly applauded. She was well supported by Mr. Hawkesworth as Horace. Much praise is also due to the presiding genius, Mr. Alan E. Chambre.

The net proceeds to be handed over to the Hospital amounted to the large sum of £110, or £5 in excess of last year.

THE PRESIDENT OF THE UNITED STATES AND HOMŒOPATHY.

PRESIDENT GARFIELD is a homœopath, and hence our American brethren may expect fair play for Homœopathy. In fact, the *élite* of intelligence all the world over are adherents of our school.

ONLY A LITTLE ACONITE.

THE *West Middlesex Advertiser*, of January 8, 1881, gives the following account of a case of poisoning by misadventure :—

Dr. Diplock held a lengthy inquiry at the Chelsea Infirmary touching the death of Miss Amelia Wallsworth, the matron of the Metropolitan and City Police Orphanage, at Twickenham, who took an overdose of aconite.

Mr. Superintendent Fisher, of the T Division of Police, was present as representing the board of management of the institution, and Mr. Fisher, the chairman of the board of guardians, also watched the case. Much interest was manifested in the proceedings, as the deceased lady was formerly an assistant matron at the Workhouse and also the Infirmary, and she was much respected by all who knew her.

Matilda Griffin deposed : I live at 15, Castle Street, Farnham. I am the wife of Thomas Griffin, a compositor. The deceased was my sister, and her age was thirty-three. She was unmarried ; she was employed as matron at the Police Orphanage, Twickenham.

Eliza Dawes stated : I live at 21, Alexandra Street, Westbourne Park. I am a clerk in a post-office. On Saturday last I was at the Infirmary.

The Coroner : At a party ! Was it given by the matron here ?—Yes. The deceased was here. She complained of a very bad influenza cold. Did some one recommend a remedy for it ?—Yes. A gentleman who was here that evening. His name was Dr. Webster. Did you hear what he recommended ?—Yes. Miss Wallsworth said she thought camphor was a good thing, and the doctor said camphor and *Aconite* were recommended in the earlier stages of a cold. He said a drop on sugar alternately with camphor. She heard what he said, and I overheard it. Was anything further said ?—No. I laughed and said, " That is homœopathic." That was all.

Dr. Netherclift said this lady slept with Miss Wallsworth and partook of the poison herself.

The Coroner : Where did the deceased get the medicine ?—I don't know about that. Did you sleep in the same room with her ?—Yes. When did you first see the medicine ?—Some medicine, but I can't say what, was given to me by the messenger Kelly. When was that ? Some time during the evening ; perhaps between ten and eleven. When did you

give it her?—I gave it her at once—before I went to my room. When did she take it?—She took something on going to bed, and gave me some. Did she see what quantity she took?—No, sir. She said, "Will you have some of that? I am going to take some for a cold." I said, "What is it good for?" And she said, "A headache!" She gave me some in a tumbler, and I took it. I don't know how much she gave me. It was after that that she took some herself. Some time after I felt very restless and a very strange sensation in my hands and arms. She seemed restless too; and I said, "Can't you sleep?" And she said, "No; can you?" She said, "What is the matter? how do you feel?" I told her, and she said, "Do you feel like that?" I then said, "Do you know I think we have taken too much of that stuff." She said she felt as if she was swelling, and she would ask the nurse to give her some coffee. She got out of bed for the purpose, and I never saw her afterwards. I was very ill myself. What did the deceased pour the stuff out of?—It was out of the bottle I gave her. I think it came out of the Infirmary. It was an ordinary plain bottle with no name on it. I don't suppose there was a quarter of a pint in it. Her cold was very troublesome.

Dr. Netherclift produced a bottle which he found in the day-room, and which contained aconite.

Miss Dawes identified the bottle (a good-sized vial), and said that before the deceased gave her the stuff she asked if she had any sugar to take it on, and the deceased said that she would take it in water. I thought from what she said that she had been accustomed to take it. She was accustomed to prescribe for herself.

By Mr. Cuthbertson, a juror: The aconite was merely suggested by Dr. Webster, and a formal prescription was not thought of.

Henry Kenny was cautioned by the Coroner, and then deposed: I live at Chelsea Infirmary. I am employed as messenger and hall porter.

The Coroner: Who told you to get this stuff?

Miss Wallsworth, sir. She got it herself. On Saturday night the deceased lady came down the front stairs; I can't recollect what time it was. I was standing on the mat in the hall when she came to me and said, "I want you." She said, "Have you got a dispensary key?" I went to my office and found it was hanging up, and said, "Yes, miss." She said, "Bring it, and let me in to the dispensary." I

did so, and she said, "Now wait, I want aconite." She added, "I know it when I see it." She searched for it about five minutes, and found it, and said, "I have got it." She took the stopper out of the bottle and smelt it, and said, "This is quite right." She held it in her hand and said, "I want you to fill me a small bottle of this." I said, "Miss, they are all large bottles here, I can't see any small ones." She said, "Go into the bottle room and get a small one." I did so, and brought her a vial. She smelt the vial and said, "Fill this bottle for me." When I had filled it she took the bottle from which I filled the vial and put it back. She then said, "Cork this, and that will do." When I was finding a cork to suit the bottle she went out. I came out with the bottle, locked the dispensary door, and going upstairs I saw a lady friend of hers, and asked her to give it to Miss Wallsworth. I always knew the deceased as a very careful woman.

By Mr. Cuthbertson: All the keys are kept under my charge.

By another juror: I have no authority to give out medicine. I was not authorised by the doctor. What I did was to oblige Miss Wallsworth, as she was formerly my superior officer. The deceased was assistant matron at this infirmary for four years.

Dr. Netherclift remarked that she had only left a few weeks.

Mr. Fisher here informed the Coroner that Miss Wallsworth was eight years in all in the service of the Guardians, and that she was promoted to the infirmary for her good conduct while assistant matron at the workhouse.

The witness Kenny said the vial was full to the neck when it left the infirmary.

Dr. W. H. Netherclift, medical officer of the infirmary, said: I was summoned by the assistant medical officer between two and three in the morning. I immediately got up and rushed upstairs to the day-room in "G" ward, when I was given to understand the deceased lady was ill. "G" ward adjoins the room in which deceased slept that night. I found deceased sitting in an arm-chair in the nurses' room with a blanket round her, gasping for breath, and her mouth wide open and tongue protruding. The eyes were fixed on vacancy, and the pupils much dilated. She had a most deathly pallor on her face, and was bathed in a cold sweat. There was scarcely any pulse at the wrist, and what

little there was was intermittent. I said, "What have you taken?" She gasped, "Aconite," and then she appeared to become suddenly faint. I immediately put her on the floor, and Dr. Ingram, the assistant medical officer, rushed off to procure some ammonia. I gave her some warm brandy and water, and she vomited. We used all the usual restoratives, hot bottles to the feet and heart, started the galvanic battery, and applied slight shocks to the heart, and injected seven minims of digitalis under the skin. After this she seemed to rally a little, but the gasping respirations continued. I had her then carefully removed to a bed. For some twenty minutes she seemed a little revived, during which time we held ammonia to her nostrils, and continued the shocks of the galvanic battery. About half-past six she sank back, and was apparently dead. I perhaps forgot to mention that just before this occurred I had sent for Dr. Hamilton Bland, a physician, to join us in consultation. He arrived in a few minutes, and at his suggestion another injection of digitalis was given, as well as injections of brandy under the skin. When this apparent collapse took place at half-past six we resorted to artificial respiration, the nurses applying warmth to the body, and continuing the galvanic shocks. We continued this to five minutes to eight without cessation, but there was not the slightest return of life. The symptoms in every respect were those of poisoning by aconite. The lady who was with her was so bad that without ammonia and other restoratives she would no doubt have died. I should consider a drachm of aconite (a teaspoonful) a fatal dose. It is the ordinary tincture, and a usual dose would be from five to fifteen minims. There are about four teaspoonfuls gone from the bottle, and from what Miss Dawes said it must have been an hour and a half after the poison was taken before any bad effect was experienced.

By Mr. Cuthbertson: Miss Wallsworth was accustomed to get any little order executed. A more scrupulous and conscientious officer was never in this building. In ordinary remedies Miss Wallsworth might be considered an authority.

The Coroner very briefly summed up the case, remarking that the knowledge of medicine and remedies which the deceased had would, he should have thought, have made her very careful in dealing with drugs, but according to the evidence she had been somewhat careless.

The Jury returned a verdict of "Death from misadventure."

GREY HAIRS.

THE Rev. J. G. Wood, M.A., lately published the following most interesting article in the *Sunday Magazine*. To wit:—

We are all familiar, in stories at least, with the power which sorrow has to transform hair of every shade into grey—to transfigure it, indeed, till it is exceeding white as snow. But sorrow is not alone in this power. Sometimes the hair will whiten for no perceptible reason. I was well acquainted with a young man, not more than twenty-five years of age, whose originally brown hair rapidly lost its colour until it became as white as if he had passed his eightieth year. He lost none of his strength, energy, or activity, so that weakness of body had nothing to do with the change.

Taking the advice—not very disinterested, I fancy—of a well-known hairdresser, he kept his head closely shaved for a long time, wearing a wig of the same hue as the hair he formerly boasted. He might have saved his money and his trouble, for the hair never regained its hue, and at last he threw aside the wig and allowed his hair to grow as it chose.

As we all know, there are many human beings whose hair is abundantly white from childhood. This phenomenon sometimes occurs even in the negro, and as the skin partakes of the loss of colour, the negro form and features are combined with a skin nearly as white as that of a European, and have a singularly unpleasant aspect.

Among Europeans, the hair of an albino often grows to a considerable length. The “Fair Circassians” who are exhibited in so many travelling caravans are simply albinos, and are more likely to be natives of Wapping than of Circassia.

The eyes of such albinos are always pink, and very intolerant of light. This peculiarity is found in the eyes of many albinos, such as white rabbits, white mice, etc. But this is not the rule with white cats, whose eyes are sometimes blue; and in this case the animal is almost invariably deaf.

The so-called “White Elephant,” so highly prized in Burmah and Siam, is nothing but an albino, the ordinary dark skin being deprived of its colouring matter, so that it assumes a pale yellowish hue, blotched with pink, this colour predominating on the proboscis. It is not at all an attractive creature, and its only value consists in its scarcity.

Birds are very subject to albinism. At almost every

show of cage birds there will be a "White Blackbird." White peacocks are not at all rare, neither are white pheasants. One of these birds, inhabiting a pasture in Wiltshire, not far from "Wayland Smith's Cave," used to be quite a well-known show some years since. In all such birds, by the way, the markings are not strictly obliterated, but are of a faint bluish grey, so that the eyes of the peacock and bars of the pheasant can be easily detected in a good light.

Even the "fantail" pigeons, so remarkable for their beautifully white plumage, are nothing but albinos artificially perpetuated, and if a number of them were suffered to breed as they like, they would revert to the barred plumage of the "blue-rock." Such is the case with the celebrated white cattle of Chilham, every calf which shows a tinge of colour being destroyed.

In all the instances which have been mentioned there is no difficulty in detecting the cause of whiteness. See, for example, the structure of hair and feathers, and the manner in which they are coloured. They are excrescences of the skin, and grow as follows. In the skin is sunk a little pit, or follicle, at the base of which is a mass of pulpy substance, composed of extremely minute blood-vessels and supplied with nerves. The latter cause the familiar pain when the hairs are pulled, and the former, when the hairs are violently torn out of their sockets, causes the blood to flow.

In the diseased state of the hair known scientifically as *Plica Polonica*, because it mostly occurs in Poland, the nerves and blood-vessels are continued into the hair, so that if cut, it not only causes pain, but bleeds just as it would do if torn out by the roots.

I have seen many examples of this singular disease. The hair looks more like wool than human hair, and, like wool, it becomes felted so closely together that it cannot be disentangled, even if its sensitive nature would permit the comb to be used. When he was in England, before the war recalled him to his country, Dr. Hermann Beigel showed me a most remarkable collection of *Plica Polonica* scalps belonging to individuals of varying ages.

• One would have thought that any one who was attacked with this disease would undergo almost any amount of present pain in order to be cured. But, as a rule, they will not allow anything to be done to the hair, thinking that the *plica* acts as a sort of safety-valve to the system. Even in Poland this disease is not very often found, and when the Poles have

learned the value of soap and water it will disappear altogether.

In this very abnormal condition, which will soon be extinct, and which scarcely affects one in ten millions of the human race, the hair is vascular and nervous throughout its length. But, in its normal condition, when it has once protruded from the skin, the hair, like horn, scales, feathers, hoofs, nails, and other excrescences, is practically a mass of dead epidermic cells, neither bleeding nor feeling pain when cut. Mostly, colouring matter of various kinds is deposited within the hair, being secreted, like the hair itself, from the pulpy substance that has already been mentioned.

It is now easy enough to see that if the supply of colouring matter be stopped, while the hair continues to grow, the latter will be white. If, however, hair which is already filled with colouring matter be cut, it will retain its hue through the lapse of centuries. This may be seen by looking at the beautifully made wig—a lady's wig, I regret to say—in the British Museum. It was made some three thousand years ago, and is as dark, bright, and glossy as when it left the hairdresser's hands.

If the colouring matter is for any reason to be discharged from hair, various chemical appliances are needful, and even when the hair is whitened, it is altered in texture, and looks more like a vegetable than an animal production. How then are we to account for the extraordinary fact that hair, however long, will, in the course of a few hours, become grey, or even white, throughout its length. The sudden whitening cannot be caused by checking the supply of colouring matter, as, if that were the case, hair when cut would lose its hue. I knew a lady whose hair turned white in a few hours, a sudden mental shock and terror being the cause. A well-known hairdresser tells me that many such cases come under his notice.

How can we account for such a phenomenon as this?

The hair is a mass of dead epidermal cells, having neither nerves nor blood-vessels, and being no longer connected with the circulation. Yet, a mental emotion either destroys or draws out the whole of the colouring matter in the hair, but without altering its texture, as is done by artificial bleaching.

In some persons the hair grows to an astonishing length. A female head of hair three feet in length is not very common, eighteen inches being a good average. Yet I have seen growing hair as nearly as possible six feet in length.

This was fair, golden hair, but in the Exhibition of 1862 there was a head of black hair, believed to be English, that was rather more than two inches longer.

Now supposing either of these persons to undergo a similar mental shock to that above mentioned, the whole six feet of hair would be suddenly whitened by the action of the minute socket in which the root is fixed. No chemistry is yet known to man that can achieve such a task. We can bleach hair by immersing its entire length in certain chemical substances, or subjecting it to certain gases. But no one can whiten hair by an application to its root, an object scarcely so large as the letter i in this type, the dot being omitted.

Vauquelin tries to explain the difficulty by saying that sudden terror may cause an acid state of the secretions, and so destroy the supply of colouring matter, as is sometimes the case in brain fever. This acid might indeed, if it existed, whiten the hair at the roots, but that it could be forced through the whole length of the hair is a manifest impossibility. If the hair were tubular, as we were taught some forty years ago, we could understand that a liquid might be forced through it, though the propelling power requisite for this purpose was undiscovered. But when we know, as we do now, that the hair is a mass of epidermal cells, without a central tube, or connection with the circulation, such a solution cannot be accepted. The quill of a porcupine affords a good example of the structure, its large diameter permitting it to be examined with an ordinary pocket lens.

The colouring matter of the hair itself is worth much more study than has yet been bestowed on it. Dr. Sorby has made some wonderful discoveries in connection with it, and has actually succeeded in procuring sufficient pigmentary matter from human hair to make a coloured landscape drawing.

The amount of red colouring matter in hair, for example, is very great, and often exists where it is unsuspected. Some years ago, when red hair was at a discount, and ladies with black hair heaped derision on their red-haired sisters, they would not have felt much flattered if they had been told that their hair had quite as much of the red pigment as that of the most fiery-locked of the despised "carrots."

Yet the hair of William Rufus and of the blackest negro possesses an equal amount of red matter, only in the latter the red is overpowered by the addition of black particles.

In the true auburn hair, where the black colouring matter

is replaced by brown, the red is visible through the darker hue, and in the sunbeams makes the hair look as if mixed with threads of shining gold. In the museum at Oxford there is a lock of hair taken from the head of Charles I. Though it has lain for so many years in the tomb, it still retains its bright auburn, and in the sunlight the golden threads sparkle in it as if it belonged to a young girl.

The more the nature of the colouring matter is studied, the more difficult becomes the problem of suddenly whitening the whole of the existing hair by a mental emotion.

Dr. Sorby mentions one remarkable instance where the usual order of nature was reversed. The snow-white hair of a very old gentleman suddenly turned black. He could not have used a dye without discovery, and the hair was of a genuine black, and not the peculiar purple produced artificially. A few days after this change of colour he died.

In the mere hairs of our head there are wonders which are, as yet, past finding out. The little circle of our knowledge is here, as everywhere else, bounded by a dark, perhaps unknowable, beyond.

THE AUTO-INFECTIOUSNESS OF SNAKE POISON.

MR. S. H. WINTLE contributes to the *Launceston Examiner* (Tasmania) of Feb. 20 some curious facts with regard to a "black snake," which he succeeded in capturing by pinning to the ground with a forked stick. In his haste Mr. Wintle pinned the snake to the ground by the middle of the body. What then occurred we give in his own words without comment. "No sooner had I done so—for now his rage was at its highest pitch—than in an instant he buried his fangs in himself, making the spot wet either with viscid slime or the deadly poison. Now comes that which is of most interest from a scientific point of view. He had hardly unburied his fangs when his coils round the stick suddenly relaxed. A perceptible quiver ran through his body, and in much less time than it takes to write it he lay extended and almost motionless, with his mouth opening and shutting as if he were gasping, but no forked tongue thrust out. In less than three minutes from the time he bit himself he was perfectly dead. Here, then, was a striking example of the potency of the fang-poison of the snake upon itself." An hour after the death of the snake Mr. Wintle tried the effect of the poison in the fangs on a mouse, which died in five minutes,

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and on a lizard, which died in fourteen minutes. On a *post-mortem* examination of the snake the body was found almost bloodless, "as though the action of the poison had destroyed the colouring matter of the blood."

EXPENSES OF THE INTERNATIONAL HOMŒOPATHIC CONVENTION.

MESSRS. LEATH and ROSS, the well-known homœopathic chemists, have given £10 10s. towards defraying the expenses of the Convention. Those who may be desirous of following this very generous example had better communicate with the treasurer or with one of the secretaries.

LONGEVITY.

ALTHOUGH the subject of long life interests us all so much, and although men of note have written thereon from all known times, yet a really scientific interest in the subject can hardly be said to exist. Lately Mr. Evans added a book on the subject, and brings the matter within the compass of a nutshell by saying that our ossifications, atheromatous processes, and general mineralisation in advanced life are due to our food and drink, or rather the lime contained therein, and this he proposes to remedy by making us drink distilled water, and live on things containing no lime. This is very like that innocent and ancient manner of catching cock sparrows—viz., by putting a little salt upon their tails! Dr. Tuthill Massy seems to be on the right line of investigation by recording the *post-mortem* appearances of the bodies of deceased centenarians, and hence we are very much gratified to learn that a new edition of his very interesting work on the subject of longevity is now occupying the attention of our genial colleague. When it appears we shall not fail to give an account of it, and of the progress made on the subject of length of days.

PUBLIC TEACHING OF HOMŒOPATHY IN MUNICH.

OUR learned colleague Dr. Koch is now giving a course of lectures on Homœopathy to the medical students of the University of Munich, and this with the permission of the *Senatus Academicus*. We trust the editor of the *Lancet* will not get a fit on reading this.

LITERATURE.

SEWAGE POISONING: ITS CAUSES AND CURE.¹

WE have nothing but praise for this brochure, which is from the pen of our able colleague, Dr. Edward T. Blake, of London. The paper, the printing, the many plates, are simply perfect. Dr. Blake is an excellent draughtsman, and the drawings constitute a most valuable aid in the explanations of sanitary contrivances.

Dr. Blake's motto is very appropriate—*Salus populi suprema lex*; and his dedication, "To the memory of Parkes," is touchingly pretty.

Amongst other excellencies we note, with lively satisfaction, our author's good English; clearly he is a sound philologist. There is so much murdering of the Queen's English nowadays that a bit of sound English is a veritable treat. Perhaps some reader may say we are too superlative in our commendations. Buy the book, friend, and see for yourself. We once saw a sparkling boy of six die in twenty-four hours of sewage gas poisoning. Oh! the hot tears that were shed. Two years ago we witnessed the death of a grandmother and of a sweet little fellow of five from the same cause. Six years since we beheld a heartbroken father sorrowing for the loss of an only daughter of twelve—she died of sewage gas.

May every family man who reads these lines study carefully the all-important subject of drains. He will save more guineas than this work costs pence. We should like to copy the whole of it into our pages. Dr. Edward Blake would lay us under a deep obligation if he were to write a series of papers on *Sewage Poisoning* in the *Homœopathic World*.

There is just one little glossarial bone we have to pick with our author; and we refer to his terminology on page 5, where he defines the word *drain* thus: "A conduit for land water (not sewage)." Clearly Dr. Blake does not believe in his own definition, for on page 11 he writes of "drain-diseases" and mentions "the drains" very frequently in a sense directly contrary to his definition.

¹ *Sewage Poisoning: its Causes and Cure*. By Edward T. Blake, M.D., M.R.C.S. Second Edition. London: G. and F. N. Spon.

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*.

LACHESIS.

DEAR EDITOR,—In reply to "X." if he refers to page 94 of Higgins's *Ophidians*, he will find a full description of the *Lachesis* snake. At page 88 Higgins says that the "Fer-de-lance," or *Craspedocephalus lanceolatus*, is a different species. Hering had in his house last year a painting of the identical snake from which the virus was taken.

Yours truly,

E. W. BERRIDGE, M.D.

THE "HOMŒOPATHIC WORLD" AND DR. KIDD.

DEAR SIR,—The thanks of the homœopathic profession and public are due to you for your fearless and outspoken denunciation of the part which Dr. Kidd has played in the matter of Lord Beaconsfield. I trust that you will continue it till he is compelled, by the force of public opinion, to place himself in his *true* position, and publicly, in the homœopathic journals, repudiate his adherence to a system in which he has, on his own showing, no certain belief. But there is one thing for which we are indebted to Dr. Kidd, and that is his own avowal that *from the first* he treated Lord Beaconsfield allopathically. The noble earl is dead; *but no one can say that Homœopathy killed him.*

Yours truly,

MEDICUS.

HYPERPYREXIA.

SIR,—In concluding your article in this month's *Homœopathic World*, you say, "As homœopaths we owe a deep debt of gratitude to drug-provers." There are several things that I would like to mention, but as I am an entire stranger to you, and a layman, it is more than likely that my letters would speedily pass your hands before reading them into the waste-paper basket. I will, however, venture to tell you the

result I once obtained with *Acon.* 3. Four years ago several of my children had sharp attacks of fever, which came on almost suddenly. My wife was in England on a visit, and our doctor, a German, was in Africa for scientific purposes, so that I was left alone with my children and the domestics. The child whose case I wish to mention to you was eight years old, a thin, wiry girl. The weather, in June, was very hot. I first found her very feverish in my bed at half-past 7 a.m. She was then very hot, and I got her to bed at once, and took her temperature, which I supposed was 103. I gave her *Acon.* in drop doses to take every quarter of an hour until she got better, and then told her to take the medicine less frequently. At mid-day the fever had gone down a good deal, and she was much better. I was very much pleased, and thought all would go on well. I came home again to see her at four, and was greatly surprised to find her worse than she had been. She was burning almost to come near to. I took her temperature, and found it, as I then thought, 105 degrees. As there was great jealousy with the doctors, although all of the old school, I did not like to call in another doctor unless I found her still more feverish. I at once continued the *Acon.* as before, and sat with her, watching her most anxiously. The fever soon decreased, and it had pretty nearly left her the next morning. It was a day or two before she got out of bed, and when she did she was very weak. To use her own expression, she was "*giddy on her legs.*" All this of course was nothing wonderful; but the terrible fact was that I had not taken the temperature correctly. I had calculated from the *bottom* of the index instead of from the *top*, so that the real temperature was, at the highest, 108½ degrees. The person I bought the thermometer of told me to calculate from the bottom, and it was not until twelve months afterwards that I found out the mistake. Another child had fever, and the doctor then told me I was wrong in reckoning from the bottom of the index. Neither the doctor nor the Mildmay nurse could believe that I had not made a mistake in the number of degrees, or rather that the temperature could not possibly have been 108½. My thermometer was tested by at least half a dozen, and found correct; and I am as certain that the fever was as high as I state as I am now of my existence. Reading the article by Dr. Hitchman in the *Homœopathic World* for March, I need not say that I felt a shudder to know what my child had passed through; and I need not say that although I

may now know a little more than I did then, I shall never experiment in this way again. From the fact that two of my children have had some attacks of blood-poison fever since, and that they were taken almost as suddenly with temperature at 105 in a few hours, I cannot but think that the fever was more than a simple fever; and I cannot but think that the repeated doses of *Acon.* had a far greater effect than if given, say, every hour or every two hours.

No doubt you, like my friends, will think that I must have been mistaken about the height of the temperature, or you may think I am not writing in sincerity. You can, if you wish, ask Messrs. James Epps and Co., 170, Piccadilly, about me. I am known to them as a correspondent. But I have written too much.

I am, Sir, yours obediently,

J. HOSKIN.

Malta, 15th April, 1881.

P.S.—You will remember that when our troops went to Cyprus they suffered considerably from fever. We had something of the same kind of fever soon afterwards here. It had peculiarities which I will not mention now. *Gels.* was given by me to two of the family, with marked results in an hour or two.

HYDROPHOBIA.

SIR,—I do not know whether the attention of homœopaths has been called to the properties of *Stramonium*, a herb which, I suppose, is to be found in our Pharmacopœia, though it may not grow wild with us as in Italy. My attention was called to it some years ago by a passage in an Italian periodical (the *Civiltà Cattolica*), in which its virtues as a cure for hydrophobia, and its use for that purpose by the natives of Tonquin, are stated.

I translated the passage at the time, and subjoin it here, in consequence of having noticed in your last number a fatal case of hydrophobia treated by another medicine, but with no allusion to *Stramonium*.

The Catholic missionaries amongst the heathen have mentioned several remedies in use among the Indians of Central America, as well as the natives of Tonquin, in the case of serpent bites or of hydrophobia; but, as the herbs are mostly unprocurable, I should imagine, in this country, the only one

of much practical value seems to be that which I have named.

Extract from the *Civiltà Cattolica* of the 19th June, 1875 :—

“The missionaries in Tonquin make mention of a third remedy, not less salutary, if only recourse is had to it before the rabid attack comes on, and this can easily be found in our pharmacies, and even in the fields, where the plant from which it is extracted grows wild in the hedges and moist soils. It is the *Datura Stramonium*, known to the common people under the various names of *noce puzza* or *spinosa*, of *pomo spinoso*, and of *solano furioso*; which last appellation is derived from the symptoms which are produced by its poison when administered in doses of a certain quantity; symptoms analogous in part to those of hydrophobia. From this it may be concluded that it renders the disease innocuous by precipitating its course before it has arrived at its malignant stage.” The conclusion, I imagine, which homœopaths would be disposed to draw would be one entirely coincident with their leading principle.

“All the missionaries, says the Père le Grand de la Liraie, who is one of them, can warrant the truth of the alleged efficaciousness of the remedy, and many of them have themselves used it.” Here he gives their names; and he continues to cite cures, explaining how the medicine is administered, which is by giving to the patient as much anise reduced to powder as could be placed on a French *sou*, and at the same time making him drink water in which some *Stramonium* has been infused. The sole essential ingredient administered here, he says, as an antidote to hydrophobia, is *Stramonium*, the infusion being made of the dried or green leaves; but it is prudent to boil them, in order to abate their acid and poisonous property.

“There are two kinds of *Stramonium*; the one is white, the other is of a violet or reddish colour. This last is the best. We may infer that our *Stramonium* is not less efficacious than the Tonquinese, from the cure of an ecclesiastic at Paris in 1869. He had been bitten in the hand by a little dog, which thirty hours afterwards died with undoubted signs of hydrophobia. Very soon the symptoms began to show themselves in the ecclesiastic, which each day grew worse, notwithstanding the remedies applied. Among these was *Stramonium*, but in small doses. At last, the attacks becoming so much more violent that the final one seemed imminent,

the sick man forced himself to chew a good pinch of the dry leaves of the *Stramonium*, swallowing the juice. Scarcely half an hour had elapsed before the dreaded attack came on, but not a furious one, such as is usual in hydrophobia, being more of the character of light-headedness, and the following day he was cured."

From this case it would appear that the herb is an efficacious remedy even after the rabid stage has set in. Whether or not it would have any effect except in considerable doses would be a question; but, at any rate, the principle on which it cures would appear to be homœopathic. It would certainly be worth a trial where every other remedy has hitherto proved inefficacious, if the experiment has not been as yet made.

Believe me to be, yours truly,

H. H. THOMPSON.

Cheltenham, May 9th, 1881.

"SCIENTIFIC MEDICINE."

SIR,—The *Lancet*, in a recent number, informs us that "the practitioners of scientific medicine have as a body refrained from professional intercourse with those who practise Homœopathy." How little the "practitioners of scientific medicine" act according to their own judgment in this matter, and how much they are under the power of trades-union terrorism, is shown by the following fact. Some seven or eight years ago I requested a Professor of Therapeutics at one of the London Hospitals to visit a patient in consultation with another practitioner. He asked me if he was a homœopathist, having discovered the fact, I suppose, by seeing his name in the homœopathic journals. I answered in the affirmative, and he replied: "Give him my compliments, and tell him I'm very sorry, but I really can't come. I quite see with him—yes, *I quite see with him*; but, you know, they make such a fuss—such a bother—nonsense, it is—I *really can't come*." Of course, in a letter, I cannot give his tone of voice and manner.

In connection with "the row amongst Lord Beaconsfield's doctors," a leading article and a letter against Homœopathy appeared in one of the Newcastle papers. They were followed respectively by two letters telling the simple truth on the subject; but as no notice has been taken of either of

these, I think we may conclude that the foe has retired defeated. I am only sorry that "Medicus," at the conclusion of his letter, whilst referring his readers to the *British Medical Journal*—which has opened its columns to the discussion of the subject—omitted any allusion to the annals of the British Homœopathic Society, and the quarterly and monthly journals devoted to the illustration of the law of similars, no ray of light from which has probably ever illuminated the HIBERNIAN darkness in which the *Lancet* keeps "the practitioners of scientific medicine."

In concluding, I may remark that I have been much pleased lately with the effects of bichromate of potash (2x) in some cases of bronchitic asthma, where *Ipecacuanha*, though at first it had given great relief, had been taken for so long a time that it seemed to have lost its effect. In one case, George L—, æt. forty-eight, a club patient, was reduced to a pitiable state of weakness, and much distressed by cough day and night. His wife got the medicine one evening, and the next day he said he felt "three times stronger." Soon he was able to come for the medicine himself, and is now at work.¹

In another case of the same complaint, Aaron C—, after twenty years' experience of its efficacy, said he had "almost lost faith in Homœopathy;" but since he got this medicine he had been so much better and slept so well that he seemed to have his confidence quite restored.

In both these cases the good effects were manifested the first time of taking the bichromate of potash, which I believe Dr. Drysdale was first led to prove by noticing its deleterious effects on the respiratory organs of those engaged in its manufacture.

I remain, Sir, yours faithfully,

VERITAS PRÆVALEBIT.

Sunderland, May 9th, 1881.

¹ On referring to Allen's Encyclopædia since writing the above, I find under symptoms caused by this drug, "Great weakness so that he was obliged to give up work."

"HOMŒOPATHY VINDICATED," AND THE "LAWS OF THERAPEUTICS."

DEAR EDITOR,—I have been asked more than once whether my pamphlet, *Homœopathy Vindicated*, is applicable to the second edition of Dr. Kidd's *Laws of Therapeutics*. Allow me

to reply in your journal. I have read the two editions, and can only discover the following differences.

1. The sketch of the History of Medicine, though still imperfect, is more complete.

2. There are a number of additional foot-notes, including the one immortalised by yourself concerning the therapeutic range of "Butcher's meat and Bass's beer three times a day." (Should a third edition be ever called for, perhaps Dr. Kidd will add another foot-note explaining when, and under what law, "Himrod's powder" is to be prescribed.)

3. The erroneous statement, pointed out by myself in p. 4 of my pamphlet, that "Galen's doctrines differed little from Hippocrates', except in their sharply defined character and fierceness," is omitted, *but no credit given me for pointing it out.*

4. The very objectionable and unprofessional naming of his colleagues in connection with their weaknesses and mistakes, censured by me at pp. 32-3, is also dropped, *though without acknowledgment of my correction.*

5. The absurdly contradictory statement that counter-irritation is "the more beneficial the more it is prescribed under the reign of the law of similars or of contraries," criticised by me at p. 44, is also omitted; *again no acknowledgment of my correction being given.*

With these exceptions, I have been unable to discover any important difference.¹ In my reply I pointed out several statements which were simply historically false, and gave the evidence; I also called attention to some contradictions in the work, and to some gross inaccuracies in the account given of Case 3, in the chapter entitled "Obstacles to the Action of Medicine." *These historical blunders, contradictions, and inaccuracies have been repeated in the second edition.* About some of them, and a few others left unnoticed, I shall have something to say in the *Homœopathic World* later on; but, in the meantime, *I publicly challenge Dr. Kidd either to refute my statements or to openly admit that I am right and he is wrong.*

Yours truly,

E. W. BERRIDGE, M.D.

¹ Except that he has at length found out that "œdema" is not spelled "edema," though he still spells "prævalebit" "prevalebit."

ERRATUM.

In our last number, p. 225, for "Miss Hurslowe," read "Miss Henslowe."

which decided Dr. Kidd to treat him allopathically from the first, without ever giving Homœopathy a fair trial?

5. Is the life of an eminent statesman more "valuable" than the life of a humble clerk, *considered from a professional standpoint?*

6. If Lord Beaconsfield had only been a humble clerk, would Dr. Kidd have allowed Dr. Quain to be called in, and pledged himself that "*every direction and prescription of yours will be faithfully carried out by me*"?

7. Do physicians meet to *consult* together, or for one to *obey* the other?

8. *By pledging himself to *obey* Dr. Quain's directions implicitly, did not Dr. Kidd sink from the position of the former's *colleague* to that of his *nurse*?¹

9. Does it not show a want of self-respect for one physician to pledge himself in writing that he has not treated his patient homœopathically, in order that an allopathic physician may be persuaded to meet him in consultation?

10. Does it not show a want of self-respect for a regular medical attendant to allow a third allopathic physician to see the patient in his presence, but *without* a consultation?

11. Will the public and the profession respect a man who does not respect himself?

12. Is it honest to repudiate the "party designation" of homœopath in an *allopathic* journal, and to retain his name in the *Homœopathic* Directory?

13. Is it truthful to give seven guineas to the London Homœopathic Hospital during the years 1876-9, and then to state in an allopathic journal that "*six* years ago I resigned *all* (!) connection with the Homœopathic Hospital"?

14. Ought not a man guilty of a manifest violation of truth concerning his adherence to Homœopathy to be publicly repudiated by homœopaths generally?

15. Will the British Homœopathic Society, the various local homœopathic societies, and the approaching World's Convention, strictly endorse or openly repudiate such conduct?

16. Is it consistent for a professedly scientific physician to administer a secret nostrum?

¹ *Note.*—This conduct of Dr. Kidd's is all the more extraordinary because in the glimpse of his consulting practice afforded us in his "*Laws of Therapeutics*" it seems to be his wont to lay down the law most authoritatively. But perhaps it makes a difference whether an earl or a commoner is the patient, and whether he is called in consultation himself, or has to call some one else in. Perhaps Nurse—we mean Doctor—Kidd will explain.

17. Under which of the "Laws of Therapeutics" is the action of "Himrod's powder" (whatever that may be) to be placed?

18. Was Dr. Kidd "in an agony of despair" (see "Laws of Therapeutics," p. 171) when Dr. Quain was sent for?

19. Is it consistent to place the "drugs of the British Pharmacopœia" in the first place, and "homœopathic remedies" in the second, when writing to the *Lancet*; and a few days afterwards (the *Lancet* having snubbed the writer) to profess to place the law of similars in the chief place, when writing to the *Times*?

20. If Dr. Kidd in 1881 rejects the "infinitesimal dose" as "not true and not helpful to the cure of disease," how is it that he used infinitesimals with such success in 1847?

21. As Dr. Kidd hails from Hibernia, would he be very much surprised if he were to be "Boycotted" both by the homœopaths and allopaths?

JUNIUS.

INCOGNITO AND THE CLERGY.

SIR,—The ignorance which your correspondent "Incognito" would fasten on the clergy—"our teachers"—is his own ignorance. The translation of Job xix. 26, "IN my flesh," though not a literal rendering of the original, does no violence whatever to the sense of the passage. The preposition *min*, from (as any one can see for himself by referring to such a book as "Wordsworth's Commentary"), occurs in other parts of the Bible, where its meaning is perfectly clear; e.g.:

Gen. ii. 6, 19. "But there went up a mist *from* the earth."
"And *out* of the ground the Lord God formed," etc.

Job i. 21. "Naked came I *out* of my mother's womb."

Job xiv. 4. "Who can bring a clean thing *out* of an unclean?"

From these passages it is clear that the preposition *min* does not mean "out of," in the sense of "outside of," or "separated from," but simply *from*. Job's declaration is this: "Though after my skin worms destroy this body"—i.e., after that they (viz., the destroying agents) have destroyed my body—"yet in my flesh," i.e., *from* my flesh (raised from the dust), "shall I see God." And this sense is well expressed in the marginal reading which your correspondent does not seem to have observed, but which, I would remind him, is

quite as much the rendering of "our teachers" as the other rendering; and this runs as follows:—

"After I shall awake, though this body be destroyed, yet out of my flesh, shall I see God."

"No doubtful meaning of any words," says Dr. Pusey (Lectures on Daniel, p. 504), "can efface from this passage the doctrine of the resurrection of the flesh. Job looked forward to a manifestation of his Redeemer at the end. He knew that he himself, for himself, should gaze upon his God; that after the destruction of his body, he should with the eye of his flesh behold Him."

Yours faithfully,

M.A.

THE BAYES BANQUET.

WE gave in our last issue the address which was presented by many homœopathic practitioners to their distinguished colleague, Dr. Bayes, on his retirement from London on account of somewhat enfeebled health. The presentation of the address (together with an album) was after the banquet which was given in Dr. Bayes's honour at the Grosvenor Gallery, New Bond Street, on April 27, 1881.

The gathering was a decided success, and numerous guests came from many parts of the country.

Dr. Pope occupied the chair with his wonted dignity and ability, and on his right sat the guest of the evening, Dr. Bayes, while on the left the chair was ably supported by the Earl of Denbigh. Major Vaughan Morgan made an excellent vice-chairman, and delivered one or two very clever speeches.

The usual loyal and other toasts were duly drunk. The memory of Hahnemann was honoured in the way common at all gatherings of homœopaths. The address was read and presented with the album. Dr. Bayes made a very able reply, and altogether it seemed to us pretty evident that the whole affair was a brilliant success. Special thanks were expressed to Dr. Pope, Major Vaughan Morgan, Lord Denbigh, Dr. Galley Blackley, and Dr. Kennedy, for the respective parts taken by them in rendering the together-coming pleasant to the guests and profitable to the cause of Homœopathy.

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, 5, Holles Street, Cavendish Square, 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. C. MILLER, 2, Finsbury Circus, London, E.C.

ANSWERS TO CORRESPONDENTS.

MESSRS. LEAKE & Co., BRISBANE, AUSTRALIA. — Many thanks for the tincture; unfortunately the bottle was broken.

DR. MURRAY MOORE, AUCKLAND, NEW ZEALAND.—Many thanks for kind wishes in regard to the *International Homœopathic Convention*. Your two most interesting papers have been duly received; they are marked for insertion. Your copies of the *Homœopathic World* will be sent off in due course.

CORRESPONDENTS.

Communications received from Dr. Berridge, London; Dr. Woodgates, Reigate; Dr. Tut-hill Massy, Redhill; Messrs. Leake & Co., Brisbane, Australia; Dr. Moore, Liverpool; Dr. Morrisson, Brixton Rise, S.W.; Mr. Hood, Manchester; J. Hoskin, Esq., Malta; Dr.

Lorbacher, Leipsic; Dr. Murray Moore, Auckland, New Zealand; Dr. Jno. Maffey, Bradford, Yorks; Dr. Bayes, Brighton; Dr. Pope, London; Dr. Loudon, Carlsbad; Dr. Usher, Wandsworth.

BOOKS AND JOURNALS RECEIVED.

Boletin Clinico del Instituto Homeopático de Madrid, Año I., Núm. 7 and 8.

New York Medical Times, April, 1881.

Hahnemannian Monthly, February, 1881.

New York and Chicago Medical and Surgical Journal, April, 1881.

The American Homœopath, April, 1881.

New England Medical Gazette, April and May, 1881.

A Statistical Report of 252 Cases of Inebriety. By Dr. Mason.

The New York Medical Eclectic, February, 1881.

Surgical Principles and Minor Surgery. By J. G. Gilchrist, M.D., formerly Lecturer on Surgery in the Homœopathic Medical College of the University of Michigan, etc. Chicago: Duncan Brothers. 1881.

Spectacles: and How to Use Them. An elementary Monograph. By C. H. Vilas, M.A., M.D. Chicago: Duncan Brothers. 1881.

The Therapeutic Gazette, April, 1881.

Boericke and Tafel's Quarterly Bulletin, May, 1881.

The Prevention of Congenital Malformations, Defects, and Diseases, by the Medicinal and Nutritional Treatment of the Mother during Pregnancy. By J. C. Burnett, M.D., London, Editor of *Homœopathic World*. Edited, with Notes from Grauvogl on Preventing Hydrocephalus, by T. C. Duncan, M.D., author of "Diseases of Infants," etc. Chicago: Duncan Brothers. 1881.

How to See with the Microscope. By J. Edwards Smith, M.D., Professor of Histology and Microscopy in the Cleveland Homœopathic College. Chicago: Duncan Brothers. 1881.

Journal of Medicine, May, 1881.

Monthly Homœopathic Review, May 4, 1881.

Allgemeine Homœopatische Zeitung, Bd. 102, Nos. 17, 18, 19, 20.

Bibliothèque Homœopathique, Tome 12^e, No. 8.

Dublin Journal of Medical Science, April, 1881.

United States Medical Investigator, April 1 and 15, 1881.

L'Homœopathie Militante, Troisième Année, No. 6.

Modern Thought, May 1, 1881.

The Clinical Review, April 15, 1881.

Bulletin de la Société Médicale Homœopathique de France, Tomo XXII., No. 8.

La Reforma Médica, Tomo V., No. 4.

Chemist and Druggist, May, 1881.

Revue Homœopathique Belge, Huitième Année, No. 1.

The Medical Tribune, April and May, 1881.

North American Journal of Homœopathy, May, 1881.

The Homœopathic Physician, May, 1881.

Le Courrier de l'Europe, 21 Mai, 1881.

American Observer, April, 1881.

The Bradford Observer April 23, 1881.

The Medical Call, April, 1881.

The Homœopathic World.

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Alarming Hemorrhage Resulting from

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"Ecce Medicus."

A Case of Hydrophobia.

Hygelo-Therapy.

London School of Homœopathy.

A Homœopathic Professor at the Wurtemberg Medical Faculty.

The Bayes Banquet.

Medical Officer of Health for Hastings.

The Society for the Prevention of Blindness and the Improvement of the Physique of the Blind.

LITERATURE:—

Abridged Therapeutics, founded upon

Histology and Cellular Pathology.

An Index of Comparative Therapeutics.

Teething and Croup.

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Lachesis.

Arsenic in Wall Papers, etc.

Illness of the Earl of Beaconsfield.

Physicians and Homœopaths.

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"How Fast the Soul Travels when the Body is Asleep!"

REPORTS OF INSTITUTIONS:—

Homœopathic Hospital, Brooklyn, New

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Homœopathic Hospital at Berlin.

SHORT NOTES, ANSWERS, ETC.

THE
HOMŒOPATHIC WORLD.

JULY 1, 1881.

OUR GREAT FOREGATHERING.

WHILE the allopathic journals are discussing the terms on which we erring homœopathic sinners may obtain professional mercy and forgiveness, and save ourselves the trouble of doing our own thinking by putting on the yoke of empiricism and trades-unionism, the homœopaths of the world are keenly looking forward to their International Homœopathic Convention, which is to assemble in London on the 11th instant. Full particulars hereof will be found in another part of this Journal.

It is a significant fact that there is enough talismanic force in the very word Homœopathy to bring together believers therein from the very ends of the earth—and, be it remembered, at great personal inconvenience, and no inconsiderable expense. Especially is it significant when we remember that there are strong internal differences on questions of policy, of posology, and of practice. To begin with, some of the high-dilution section abstain altogether, which we individually very sincerely deplore, and declare to be wrong in principle. For we do not smite our breasts, and call upon the allopaths and the world generally to behold our brotherly love and unity. Nothing of the sort. There will be plenty of divergencies of opinion on various points, and hard blows will be dealt out by the members of the convention to their fellow-members.

There is only one point on which there will be unanimity, and that is that likes cure likes. We shall all agree as to the fact, but there will not be any general agreement as to the explanation of this fact. Neither shall we agree as to the *portée* of the law; and some will maintain that it is no law at all, but a mere rule of thumb. But, as just stated, the *fact* will be undisputed. Around this cardinal *fact* the whole of the subsidiary subjects will be grouped, and this will give unity to the efforts of the Con-

vention, and hence a common feeling of confraternity will exist amongst all its members. All will be desirous of advancing the science of Homœopathy; but opinions as to how that is to be done will widely differ, and the members of the Convention will agree to differ on ordinal questions, because they are one solid phalanx to defend the law of similars and medical liberty.

It might not be amiss to realise the fact that although the law of similars is our cardinal point, yet the love of medical liberty, of individual freedom to think and act with independence, on individual responsibility, is also no small factor in our solidarity. And this glorious liberty we never intend to sell for any mess whatever, either of allopathic or trades-unionistic porridge. To all who adhere to the law of similars as the great basis of scientific therapeutics we say, Come to the Convention to defend our faith, and to maintain our liberty. Let each man say with the Prince of Orange, "*Je maintiendrai*," and let him act as if the success of the Convention depended upon him solely.

THE HOT LAKES OF NEW ZEALAND.

By J. MURRAY MOORE, M.D., M.R.C.S.

(Concluded from p. 248.)

LEAVING the Wairoa Hotel at seven o'clock on Christmas morning, our party of four tourists, two Maori half-caste guides, and six boatmen (all pure Maories) proceeded in Indian file down the shore of Lake Tarawera. The track passes through diluvial pumice, consolidated more or less, abounding in blocks of obsidian (volcanic glass), and descends 200 feet in three-quarters of a mile. A beautiful waterfall of 100 feet is noticed on the right hand, formed by the stream that issues from Lake Rotokakahi and flows down into Tarawera. We could not help longing for a Swiss cottage built close to this charming spot, now so wild and uninhabited. Lake Tarawera is ten miles long by about two broad, and recalls Loch Awe in Scotland to one's memory in its general aspect. Enclosed by terraced volcanic hills, the lake has its background on the south-eastern side shut in grandly by Tarawera Mountain, the three cones of which rise up to the height of 2,000 feet above the water. In our well-appointed whaleboat we quickly coast along the

south shore for nine miles, passing midway the Rock of the Evil Spirit, or Typo, whereon Maori travellers never fail to place an offering, to secure themselves against a tempest, arriving at the outlet of the Kaiwaka, a narrow swift stream of warm water issuing from Lake Rotomahana, "the Hot Lake." We disembark here, and walk through ti-tree and fern for two miles, to rejoin the canoe which has been poled up the Kaiwaka with our lunch, wraps, etc., up to its source in Rotomahana. This far-famed lake is at first sight a tame and uninteresting mountain tarn of dull-green water fringed with sedges and rushes, abounding in wild fowl. But on its shores are two of the greatest geological curiosities in the world—the Pink and White Terraces. We promptly make for the White Terrace (in Maori Te Tarata), the nearest to the source of the Kaiwaka. Standing on the lake-shore, we look up and behold a crescentic mass of white coral-like platforms piled up one upon another to the height of eighty feet vertical, but gradually shelving back to the summit, which is 300 yards from the lake. The steps thus formed are covered with basins and cups filled with warm water of a deep blue, perpetually rippling down from an unseen source over their ridges, fringed with innumerable stalactites, into the lake below. Gazing upwards we see at the top of this wonderful formation nothing but dense clouds of steam, and hear roaring and bubbling noises, as of boiling water. Ascending slowly and cautiously, because the water is hotter as we go higher, we climb forty of these terraces, the lowest having a frontage of 300 yards to the lake, each formed of white siliceous sinter, deposited by the gradually cooling water from the geyser above, the latest layers showing as exquisite fretwork over the surface, which it seems almost sacrilegious to crush beneath our tread. Having reached the summit (one of us with a slightly scalded foot), we arrive at the rim of a circular cauldron, ninety feet in diameter, of boiling water, which now and then shoots up twenty to forty feet into the air with great noise, rendering close approach dangerous. The temperature of this great geyser is from 210° to 214° , and one has to rush aside into the bush whenever the wind blows the steam towards the spectator. By chemical analysis this water contains: silicate of soda sixty-eight grains, chloride of sodium sixty-two grains, monosilicates of lime, magnesia, and iron three grains per gallon. It might prove useful in mollities ossium. Our party here turned and looked down over the terraces

towards the lake, and at a glance we could understand the process of their formation as now explained by geologists. Centuries ago a geyser of great force and volume broke out near the edge of the lake through a hill formed of mixed clays and decomposed lava, and kept eating farther into and crumbling away this slope backwards from the shore, all the while depositing the silicates which had been dissolved in its water under enormous subterranean pressure and at a very high temperature, thus building up the wondrous terraces, basins, and stalactites before us. This building up of terraces of flint is still going on, and now what remains of the original hill remains as a nearly vertical wall of rock, surrounding, except at one side, the cauldron of the geyser. The day was warm and bright, with a pleasant breeze. The sapphire or cobalt blue of the water in the countless cups and pools, sparkling in the brilliant sunshine and contrasting beautifully with the alabaster material covered with exquisite stone fretwork, unrivalled by any of man's handiwork, the awe-inspiring geyser roaring above, the dull-green water of the lake, the barren hills around, all uninhabited, combined with the azure sky to produce a picture that words cannot adequately realise, and which struck us all as singularly curious and lovely. We then explored the highly active volcanic neighbourhood. Fumaroles, hot springs, and solfataras abound. Two large geysers, Aya Hutu and Kakarike, are observed. The Devil's Hole, whence pure steam issues with a terrific noise, exactly like that of the escape-pipe of a huge Atlantic steamer, the green lake, the mud spring which the natives eat as a cure for syphilis and scrofula, and other wonders, attest the subterranean energy of the "under-world." The ground is so thickly honeycombed with these features that a guide is absolutely necessary. After an excellent lunch, comprising some fresh-water crayfish called kora, found in all the lakes and creeks hereabouts, we embark in a Maori canoe and paddle across to the Pink Terrace, called Otukapuarangi. Here a similar mass of terraces of silicean sinter has been formed by a similar process. The pink colour is a discoloration merely, the effect of a fire or series of fires among the fern and ti-tree. The summit-geyser is, however, not so hot as that of the White Terrace, nor its expulsive force so great, therefore the water runs more slowly over the steps, and, containing no less than forty-three grains of free silica to the gallon, deposits a thin transparent film of flint, at first

almost gelatinous, over the whole surface. All objects placed in the water here or at the other terrace become coated with silica, and ferns, feathers, etc., become thus very pretty petrifications.

After the vulgar fashion of many tourists, Dick, Tom, and Harry scrawl their names on the steps, and in a few days they become indelible, still remaining visible after even thirty years from the transparency of the coating of silica. Relic-hunters have entirely chipped away the spot where the Duke of Edinburgh inscribed his name. Five of the upper steps have deep basins filled with warm blue water, from 80° to 100°, forming most delicious natural baths, which we enjoyed most thoroughly. The subaqueous deposit feels smooth and slippery to the skin, and the edges of the basins are always rounded, so that we see nothing of the beautiful raised fretwork of the White Terrace. From a medical point of view I should recommend this water as probably useful to rickety and scrofulous children, to all whose teeth are very early decayed, and to individuals suffering from mollities ossium. Near the Pink Terrace is a large solfatara, a literal "lake burning with fire and brimstone," which would furnish Spurgeon or Canon Farrar with a strong text for a sermon, and around the lake-shore are six other geysers, some of which will in due time form terraces. There are also two other sinter terraces, the geysers of which have died out, as it were. We left these most interesting sights with great reluctance, paddled back to Kaiwaka creek, which, bordered by boiling mud-springs and steam-jets, bore us swiftly down its warm stream to rejoin our trusty whaleboat. Captain Apero and his five rowers, with cheery and wild native songs and choruses, pulled us along lustily, and in two hours we reached the Wairoa boathouse. The cost to our party of the day's trip was about eight pounds. The two tribes of Maories that have the land and lakes are allowed to charge what they think fit to tourists, and photographers and all artists have to pay a fine of five pounds for the privilege of taking even the smallest sketch of the scenery. These exactions, coupled with the fact that the newly-formed town of Rotorna, and the new road thereto from Cambridge, will bring larger and larger numbers of visitors each year, will soon induce our Colonial Government to proclaim this region a National Reserve, much in the same way as the State Legislature of California has set apart the famous Yo-Semité Valley. So should it be with all great and useful

spots of natural wonders in new countries before that bugbear of dear old England, "vested rights," shall have been set up.

In conclusion, I strongly urge enterprising tourists who have "done" Europe and the United States to come out here and explore something quite unique to their experience. In another article I shall devote consideration to the medicinal effects of the Hot Springs of Lake Rotorna.

Auckland, New Zealand, March 29, 1881.

ARSENICAL POISONING.

By JOHN H. CLARKE, M.D.,

Physician to the London Homœopathic Hospital.

SINCE I last communicated cases of poisoning by arsenical wall-papers to the pages of the *Homœopathic World*, I have met with very many fresh instances. Some of these I have published elsewhere. I have thought well, however, to bring the matter again before the readers of this Journal, lest my silence should seem to them to be due to a cessation of the evil, or to want of material to write about, and not, as has really been the case, to a consideration for the Editor's space and my own time.

The case I am now about to relate cannot fail, I think, to be of interest.

Marian G., æt. fifty-five, widow fourteen years, grey eyes, very grey hair, pale complexion with yellowish tinge, medium size, fleshy but of very soft fibre.

She came to me first on 2nd April of this year, at the London Homœopathic Hospital. She told me she had previously had typhoid fever, being confined to bed for two years; epileptic fits, nervousness, hysteria, etc. She had been treated at this hospital previously with benefit.

She complained of severe pain in the head in the morning—pressure at the top and back of the head; giddiness, coming on suddenly, and accompanied by a feeling of sickness, but not by vomiting; soreness of the throat; prickling in the eyes—she does needlework—weakness and dizziness after dinner.

Tongue whitish, bowels regular, appetite bad, sleep heavy.

I ordered her to leave off her customary beer, and take *Ignat.* 1, one drop three times a day.

April 23.—A fortnight later she was in exactly the same condition, the only additional symptoms complained of being distention after food, and that her pillow felt very hard. *Arsen.* 3, gtt. j. t. d.

May 7.—The old symptoms *plus* a coppery taste in the mouth, and “wind convulsions.” She says there is much coke burnt by her neighbours, the fumes reaching her dwelling. *Gelsem.* 1, gtt. j. t. d.

May 21.—The chest is very bad; head rather better.

I now elicited from her the following history, my suspicions having become by this time aroused.

Her husband, who died fourteen years ago, was a bird-stuffer. She helped him in his work. Much arsenic was used. She was careless in handling it, often taking a handful out of the jar with her hand instead of with a spoon.

Sixteen years ago, whilst still working at the bird-stuffing, having for some time been in bad health, suffering amongst other things from swelling and numbness of the hands, she became an out-patient at King’s College Hospital. One day, whilst in attendance there, she fainted. She recovered, and returned home, but when she reached her home found her arm was stiff, and she could not lift it up to ring the bell. She was helped in and put to bed. She vomited much green matter. With the exception of one day, she was not downstairs for the next two years. Her head felt swollen to an enormous size.

This is the illness she mentioned to me at first as “typhoid” fever. She thinks the doctor said it was rheumatic fever.

As soon as she was able to leave her bed her feet began to swell. The first day after getting up she was seized with her first “epileptic” fit. The doctor said it was because she had no blood in her. The following day she had another, and another six months later. After the first seizures she lost the use of the muscles of the back of the neck. This continued for a long time. She had also great weakness of the legs for a year. She took much *Valerian*.

I examined on this occasion specimens of the papers on the two rooms occupied by the patient, and found them both to contain arsenic in abundance.

The history of the case now became clear to me. The patient had been more or less under the influence of arsenic ever since she helped at the bird-stuffing. The numbness and swelling of the hands, the fainting, vomiting, extreme

prostration, bloodlessness, and the train of nervous symptoms and paralysis, all pointed in one direction. The present sufferings whilst dwelling in arsenical rooms, and the failure of arsenic given as a medicine to relieve the symptoms, added unmistakable evidence as to the cause of all the trouble—if such addition were necessary.

Living in the same rooms were her daughter and son-in-law, with their children: the son-in-law is dying of phthisis. One of the children I shall mention presently.

I told her to get the paper off, or to change her abode—great difficulties being in the way of either—and prescribed *Carbo Veg.* 6, gtt. j. t. d.

June 4.—She returned complaining of a “dead” pain at the chest, and all the old symptoms. She brought with her her grandson,

George C., æt. six, a brown-haired, intelligent-looking boy; delicate. ●

He was troubled with “weakness of the bowels;” had had it more than a twelvemonth—chronic diarrhœa. Three or four motions in a day come with great force and suddenness; he turns pale at the time. Stools dark, muddy, and very offensive. Tongue very red, much thirst, dainty appetite. No worms had been seen, and he appeared to be healthy in other respects.

I had no hesitation in setting this diarrhœa down to the same cause, having lately had a case, almost exactly similar, in a lady where the diarrhœa was clearly traced to arsenic in wall-papers. The fact urged against this by the grandmother, that he had it before coming to live at this house twelve months before, did not have much weight with me, for the chances were greatly in favour of his having been under its influence in his previous abode.

Before concluding I may mention a little personal experience that may be of service to some. Early this year I began to suffer from a spasmodic cough waking me in the middle of the night and keeping me awake, the coughing-fits ending by my bringing up a very little clear phlegm. This was quite an unusual symptom with me, as my cough, when I get one, is never of that kind. At the same time I was suffering from an obstinate follicular sore-throat; this, too, quite unusual. I had then been occupying my bedroom two or three months. I examined the paper—quite a harmless-looking one in the neutral tints—and found in it, to my dismay, a large quantity of arsenic. Of course I had

it removed, and the spasmodic cough disappeared, but a cough of another kind remained behind for some time, being helped away in the end by *Calc.-Carb.* The sore-throat lingered longer, but in the end took its departure also.

But it is to the removal of the paper that I would draw attention. After it had been taken off, the wall remained bare for a time, as I had not chosen a new one. It occurred to me to examine the size which the paper-hangers had spread on the wall after cleaning off the old paper ready for the new one to be pasted on. This is a common practice among them. *This size I found to contain a considerable quantity of arsenic.* I did not get a specimen from the workmen's bucket, so I cannot say if the arsenic was in the size originally. The probability is that it was not. Most likely its presence is to be explained in this way. The workmen use long brushes to damp a paper, in order to get it off. These brushes thus become saturated with arsenic, if the paper contains it. They use these same brushes—unwashed—to wash down the walls afterwards, thereby transferring much of the arsenic from the paper back again to the wall. They probably use the same brushes for the sizing, thereby putting on still more arsenic. My own wall I had, on discovering this, scrubbed all over with a *hard* scrubbing-brush and soap, and then sized with size I had tested, and then papered. And I always advise my patients to have their walls, when changing a paper, treated in the same way. Had I not made this discovery, I should doubtless have gone on being poisoned, and perhaps thought my diagnosis of the cause was wrong after all, for, as I have often insisted, arsenic *under* a paper is as poisonous as arsenic on its surface.

I may just add that a relative of my own wrote to me a short time ago, mentioning a spasmodic night-cough, exactly like the one I suffered from, and obtaining a specimen of her bedroom paper I found in it a quantity of arsenic. The paper was removed at once, and I have heard no more of the cough.

15, St. George's Terrace, Gloucester Road, S.W.,
 June 11th, 1881.

OBSTINATE CASES OF CHRONIC DEAFNESS.

By ROBERT T. COOPER, M.D., Physician, Diseases of the Ear, London Homœopathic Hospital.

THOSE who try to treat deafness successfully without resorting to high dilutions will try in vain; their efforts will only result in miserable failure. I am myself no advocate for the exclusive use of high dilutions; I confine my employment of them to cases that cannot be cured by other means; but that they meet a want not supplied by other preparations this and the next case abundantly testify.

Observation I.—George H., æt. nineteen, a plumber by trade, was placed under me at the London Homœopathic Hospital, Feb. 12th, 1881, with otorrhœa accompanied by deafness, from which he had suffered since childhood, no other cause being ascribed to it than its being the consequence of vaccination. The otorrhœa now exists only on the left side, which has always been deaf, but for the last three weeks the right ear has also been deaf.

There is a large heart-shaped perforation of the membrane on the right side, and from the left ear trickles a thin, dirty discharge, which fills the meatus.

The uvula is elongated, but does not occasion cough.

Bowels regular; appetite good; no lead-line on the teeth; general health fairly good.

Hearing distance, right $1\frac{1}{2}$ in., left 3.

Wisdom-tooth on the right side forcing its way through.

This latter circumstance determined my choice of *Terebinth*, five drops of 1st dec. being given to go over a week, and Drops to be used locally of seven minims to 2 dr. of pure *Glycerine*, for local application on cotton wool.

February 19.—Discharge ceased; deafness same; watch-hearing, right $4\frac{1}{2}$, left $2\frac{1}{2}$.

To have *Terebinth* 200, one drop to go over a week, and to continue with the drops.

February 29.—Hearing improves daily; right 8, left 12. Perforation certainly smaller in the right membrane. To continue.

March 26.—Discharged perfectly well; hearing distance, normal.

I have had frequent opportunities of seeing this patient, and can testify to his remaining quite well.

Observation II.—Let us consider another case, that of Maud P., a delicate little girl of eight, who was admitted under

me to the London Homœopathic Hospital, 26th February, 1880. The person accompanying her informed me she had been very deaf for about six years, and that her family supposed it came on after an attack of measles which she had had about that time, but that until she had scarlet fever a year ago she had not been, as she now is, *permanently deaf*. On examining the ears I find there is some dirty, partially dried secretions hanging about the right meatus, which obstructs the view, but perforations of the membranes both upon this and the opposite (left) side can be detected. Hearing distance, right 4, left $1\frac{1}{2}$; bowels and digestive functions natural.

March 13.—Prescribed *Hepar S.* 3x, gr. v. every night dry on the tongue. Voice-hearing, same; watch-hearing, decidedly improved, right 17, left 7. Continue.

April 10.—Voice-hearing greatly better; also watch-hearing, right 8, left normal. Continue.

April 24.—Much improved; got up and walked in her sleep last night; right 5, left 10. *Hepar Sulph.* in the 200th was now given, and by the 29th May she was reported to be very much better (right 8, left 20). She then ceased attending, as her parents considered her quite well; but on 2nd October they brought her back, saying that she had been to the seaside, and that the salt-water bathing had made her much worse. On examining the ears I found a good deal of hidden secretion in the right, but none in the left, the membrane of which was dry and white, and had quite healed; the tonsils were fuller than they had been, and coursing over them were some very plainly-seen veins. Hearing-distance, right contact only, left 15 in. *Hepar* 200 was again given, one drop to go over a fortnight, and this was kept on with steadily till 14th Nov., when she was discharged cured, the hearing being by this time perfectly normal; and while the perforation of the membrane of the left ear had quite healed, that of the right was evidently diminishing in size.

The idea has gone abroad that when perforation exists of the tympanal membranes, or drumheads, it is useless to resort to treatment. Only a few weeks ago I met a young lady of fifteen, whose parents had consulted a principal aurist, and were assured by him that in consequence of the perforation it was utterly impossible ever to effect an improvement in her hearing; a mode of argument that seems to have greatly impressed them, as express injunctions were given to the schoolmistress in whose house she was staying never to

allow a doctor even to look at her ears! *Hepar Sulph.* has a greater power over the deafness that results from scarlatina than that ensuing from the other exanthemata.

HOMŒOPATHIC POSOLOGY.

By S. H. BLAKE, Esq., M.R.C.S.

FOR the purpose of selecting a dose it would be useful if we could arrange in a tabular form all medicines in various grades of dosage. Such a table might be divided for convenience into about six degrees or grades of action, beginning, say, with the largest doses, the fatal and dangerous doses. This would form the zero of one end of the scale of action, for beyond the limits of these effects no human being could exist to present any symptoms, and at the other end there would be another zero, where the pathogenetic action would become fainter, until no manifest symptoms at all appear, owing to the infinitesimal amount of the dose, its effect decreasing with the diminution *ad infinitum*.

Beginning with the poisonous fatal dose, we might next tabulate under a heading (2) the doses which produce under ordinary circumstances their toxicological violent actions, to be followed, if the patient survives, by reverse effects or the gradual diminution of the symptoms, as the case may be. Next to this class might be arranged the effects of the middle-sized doses and the alternating actions.¹ And next to this, the doses of secondary action, or the usual effects of the lower dilutions and middle attenuations, to which some authors have also applied the term of primary action—that is to say, primary action of these doses, namely, the attenuations which do not present any violent evacuant action on the part of the stomach and bowels; but that there may be a minor degree of evacuant action, if such it can be called, is evident from the fact that very small doses do in time bring about increased excretion, as of the skin, kidneys, increased sweat, increased urination, salivation, pulmonary excretion, and so on, which are as much evacuant in a sense as are the more violent actions, only these are more manifest, being more speedy and violent in consequence of large doses, but they are all symptoms produced by the medicine. If there be anything worth notice here, it would seem to be that where reverse actions are observed with regard to certain

¹ The well-marked alternating actions on the viscera.

medicines, they are not confined to this or that dose, but that they may apply to all doses. Thus any dose of any medicine that can produce increase of sweat, may be followed in time by diminution of sweat; and this is so irrespective of dose. But we are not permitted to say that all medicines in all doses present this sequence. It would seem that to many symptoms there is no reverse possible or desirable for nature to right or wrong herself; and again, it would appear that certain smaller doses producing increase or diminution of a secretion or excretion lose their effects without any notable reverse effect being observed in the patient. It is just possible that it may be so slight or gradually extended onwards that it is inappreciable to our ordinary senses by virtue of the minuteness of the original stimulus, as in the case, for instance, of the temporary increase of a secretion from an infinitesimal dose, the first effect of which is noticed, and this being rectified, no further notice is taken of this small stimulus by the organism rapidly returning to health. Thus, say one drop of *Arsenicum* No. 6 produces a little dryness of the mouth and thirst; this gradually passes off; there may be a very slight reverse effect when this dose has ceased to act, and may be some considerable time after it has been taken, and this reverse effect might be manifested by a very slight increase of salivary secretion, which would be if anything more pleasant than otherwise, and of assistance in digestion, but so slight as not to be noticed as a symptom at all, or only as an increase of health; and as it would occur as a later event, and be very apt to be even interfered with, even if it did occur, by the most ordinary changes of diet and exercise, it would probably escape notice altogether, the individual feeling of course at the time perfectly well.

Next to the class of marked alternations we might classify the minute and delicate symptoms sometimes occurring from certain drugs, some of them even keynote, and the minor alternating symptoms, and devote the terminal class to such doses as refer to the uncertain symptoms produced by doses ranging from the quantities of the last-named class, right away to those unknown regions of infinitesimalism of action into infinity itself, where no human being can travel to follow in their footsteps.

If we possessed such a tabular view, we might be able to see what grades of disease we are making our pathogenesis correspond to when we desire to select our dose, and in what grades of disease the various attenuations correspond to those

which we desire to treat. We might select them from an acute disease, its appropriate grade of dosage under the selected medicine, and similarly for a chronic disease with its grade of dosage. Here again the probable amount of lesion present, and the consequent time taken to cure it, form important elements in considering the requisite amount of dose and the frequency of its repetition.

Such a tabular form of homœopathic posology would, for purposes of reference, present an appearance something like this, for example:—

DEGREES OF DOSAGE.

Specifications of the degrees of action.	Degrees of fatal dosage approaching to death. From the dangerous to the fatal doses.	Degrees of the violent evacuant effects, not usually approaching or resulting in death. The 1st primary action well marked.	Degrees of the major alternating actions and specific effects.	Degrees of minor alternating actions, specific effects, and especially the 2nd primary action.	Degrees of special symptoms, keynotes, and alternations if found much less marked or less perceptible.	Symptoms still more indefinite and isolated, and stray symptoms of the higher attenuations.
Degrees.	1	2	3	4	5	6
<i>Examples.</i> Colocynth	Scruples and drams of the pure powder.	8 grains of powder to drops of ϕ tincture.	ϕ tincture to No. 1.	No. 1 to 3rd cent.	3rd cent. to 12th cent.	12th cent. to C.M. or higher.

It is clear at the outset that such a table is an artificial formation, and could only form an approach to the truth. The specified doses themselves might be liable to correction from time to time, and the table would only serve for reference when time is important, and it is necessary to refer to some such general standard when there is not time to look through a large work or several provings on dosage; but it would still be of some practical utility. Again the grades could not be considered as separated by any actual hard and fast line of demarcation, and the specified limits would only be approximately correct, but it might still serve to give us near about the dosage we require. Further, such a table would include the whole range of medicinal action, the fatal doses, the evacuant effects as used allopathically or antipathically, the alternating actions in their pronounced degrees and minor degrees, the homœopathic specific relationships of dose, and finally the doses of special and even of the trivial symptoms. In this mode, for whatever purpose we required to notice them, we could have at a

glance the whole range of medicinal action of a drug, and although the earlier degrees would be of less importance to the homœopathist than the later grades, it would still be a more complete and perfect arrangement of dosage to have them all included under one classification.

There is one thing more. It is clear that certain drugs would, by virtue of their physical and chemical properties, present an absence of special properties altogether in certain grades of their pathogenesis. For instance, who would think of proving *Silicea* in drams or ounces of finely-powdered flint stones. Apart from the diarrhœa or other irritant effects such stones would produce, may be there would be no other special symptom of much practical importance. This would account for the absence in some of the squares belonging to certain medicines of any specified dose for obvious reasons, but still we could here plainly see at what degree it begins to take on activity by virtue of its altered physical and chemical properties, so as to be received after entry into the circulation, as a pathogenetic drug having medicinal qualities. This would be plain, as well as the further alterations of function manifested on the part of the organism after such a remedy has reached a still further attenuation, when the individual develops symptoms of a grade of action not excited so long as the drug had been in a less attenuated form; these things would be plain, as well as the final lengthened grade of dosage wherein its effects would cease to become recognisable altogether. Lastly, such a table might often help to preserve us in busy practice from employing a drug, perhaps new to us at the time, in a dose to commence with unnecessarily large, or in the other extreme inefficiently small. The extraordinary number of medicines now at our disposal renders rapid means of reference for practical ends extremely useful.

St. James's Road, Liverpool,

June, 1881.

DONATIONS TOWARDS THE EXPENSES OF THE CONVENTION.

Messrs. James Epps and Co., Messrs. Gould and Son, and Messrs. Keene and Ashwell, all well-known metropolitan firms of homœopathic chemists, have each contributed a donation of £5 5s. towards the expenses of the International Homœopathic Convention. There are several other large firms that will, we trust, yet follow this good example.

MACROPIPER METHYSTICUM.

By E. B. IVATTS, Esq.

THIS is *Awa*, truly a plant of renown throughout Polynesia. Strange tales are told of it. It is said to produce profound sleep, with visions more enchanting than those of opium or hasheesh, and that its repetition, instead of being deleterious, is harmless and even wholesome. Its sale is prohibited, except on the production of evidence that it has been prescribed as a drug. Nevertheless, no law on the islands is so grossly violated. It is easy to give it; and easy to grow it or dig it up in the woods—so that, in spite of the legal restrictions, it is used to an enormous extent. It was proposed absolutely to prohibit the sale of it, though the sum paid for the licence is no inconsiderable item in the revenue of a kingdom which, like many others, is experiencing the difficulty of making both ends meet; but the committee which sat upon the subject reported that such prohibition is not practicable, unless its growth and cultivation are prevented. So long as public sentiment permits the open violation of the existing laws regulating its sale without rebuke, so long will it be of little use to attempt prohibition. One cannot be a day in the islands without hearing wonderful stories about *Awa*, and its use is defended by some who are strongly opposed to the use as well as abuse of intoxicants. People who, like "the earl and the doctor," delight themselves in the strongly sensuous element which pervades Polynesian life, delight themselves, too, in contemplating the preparation and results of the *Awa* beverage; but both are to me extremely disgusting; and I cannot believe that any drink which stupefies the senses, and deprives a human being of the power to exercise reason and the will, is anything but hurtful to the moral nature.

While passing the Navigator Group, one of my fellow-passengers, who had been for some time in Futuila, described the preparation of *Awa* poetically—the root being masticated by the pearly teeth of flower-clad maidens; but I was an accidental witness of a nocturnal *Awa*-drinking in Hawaii, and saw nothing but very plain prose. I feel as if I must approach the subject mysteriously. I had no time to tell you of the circumstance when it occurred, when also I was completely ignorant that it was an illegal affair; and now, with a sort of guilty knowledge, I tremble to relate what I saw, and to divulge that, though I could not touch the beverage,

I tasted the root, which has an acid pungent taste, something like horseradish, with an aromatic flavour in addition; and I can imagine that the acquired taste for it must, like other acquired tastes, be perfectly irresistible, even without the additional gratification of the results which follow its exercise.

In the particular instance which I saw, two girls who were not beautiful, and an old man who would have been hideous but for a set of sound regular teeth, were sitting on the ground masticating the *Awa* root, the process being contemplated with extreme interest by a number of adults. When by careful chewing they had reduced the root to a pulpy consistence, they tossed it into a large calabash, and relieved their mouths of superfluous saliva before preparing a fresh mouthful. This went on till a considerable quantity was provided, then water was added, and the mass was kneaded and stirred with the hands until it looked like soap-suds. It was then strained, and after more water had been added it was poured into cocoa-nut calabashes and handed round. Its appearance eventually was like weak frothy coffee and milk. The appearance of purely animal gratification on the faces of those who drank it, instead of being poetic, was of the low gross earth. Heads thrown back; lips parted with a feeble, sensual smile; eyes hazy and unfocussed; arms folded on the breast, and the mental faculties numbed and sliding out of reach.

Those who drink it pass through the stage of idiocy into a deep sleep, which, it is said, can be reproduced once without an extra dose by bathing in cold water. Confirmed *Awa*-drinkers *might be mistaken for lepers*, for they are covered with whitish scales, and have inflamed eyes and a leathery skin, for the epidermis is thickened and whitened, and eventually peels off. The habit has been adopted by not a few whites, especially in Hawaii, though of course to a certain extent clandestinely. *Awa* is taken also as a medicine, and was supposed to be a certain cure for corpulence.

The root and base of the stem are the parts used, and it is best when these are fresh. It seems to exercise a powerful fascination, and to be loved and glorified as whisky is in Scotland, and wine in southern Europe. In some of the other islands of Polynesia, on festive occasions, when the chewed root is placed in the calabash, and the water is poured on the whole assemblage sings appropriate songs in its praise, and this is kept up until the decoction has been drained to

its dregs.—*Isabella Bird's "Six Months in the Sandwich Islands."*

In the "Treasury of Botany" it states that this plant was formerly called *Piper Methysticum*, and that it furnishes the root called by the Polynesians *Ara* or *Kava*, which has narcotic properties, and is employed medicinally in rheumatism and other complaints, but is chiefly remarkable for the value attached to it as a narcotic and stimulant beverage, of which the natives partake before they undertake any important business or religious rites. The approved method of preparing the *Kava* is to chew the root, and thus extract the juice. Dr. Seeman, in some letters from the Fiji Islands, printed in the *Athenæum*, 1861, gives some amusing information concerning this plant and its uses. It appears that *Kava* has, like tobacco, a calming effect rather than an intoxicating one, unless, indeed, the juice be fermented, as is done by the European residents in some of the islands of the South Seas. Dr. Seeman, however, tells us that the Fijians pride themselves on the non-intoxicating properties of *Kava*; that it does not make the partakers quarrelsome, and that, drunk in moderation, it does not appear to have any ill effects upon the system, but when used in excess it produces numerous skin diseases. All the lower classes of whites in Fiji are *Kava*-drinkers, and most of them prefer the drink prepared in regular Polynesian fashion. The more respectable of the population refrain from touching the filthy preparation. Another species of this or some allied genus is used similarly in the formation of a beverage differing from *Kava*, and having, according to Dr. Seeman, a flavour of soapsuds combined with jalap and magnesia.

HYGEO-THERAPY.

By RICHARD METCALFE, Esq., F.S.S.

(Continued from page 217.)

The Blanket—Priessnitz's only Sweating Process.—The patient, divested of all clothing, and enveloped in a sheet (a linen one is best), to prevent irritation of the skin, is rolled up in several layers of blankets, with a feather bed spread over all, so as to confine the natural heat of the body. Cold cloths frequently re-wetted are kept to the head, especially where there is great heat of head and flushed face. The duration of the process varies from two to four hours, and

may be reduced by applying hot cans, bricks, or bottles to the chest, abdomen, sides, and extremities of the patient. In ordinary cases the patient may remain in the envelope from twenty to thirty minutes after the perspiration appears on the nose, but in cases of rheumatism he may (under advice) remain from one to two hours, and of cold and influenza for an indefinite period.

Water-drinking must be regulated by the patient's thirst and the amount of waste arising from perspiration; but in all cases a tumbler or two should be sipped on commencing to perspire. Water may be drunk so long as perspiration continues, until five minutes before leaving the envelope. In cases of faintness the patient should be immediately released.

One advantage connected with the Blanket Pack worthy of especial notice is, that it comes within the reach of every man. Where time is an object, the patient can be tucked up two hours prior to his usual time of rising, so that he shall have a profuse perspiration without any loss of time. When the blanket used to be resorted to in hydropathic establishments, the attendant tucked up his patients at 4 a.m., and had them ready for their bath by 6. This early process was found remarkably convenient. Every person in his own house may adopt the blanket tuck-up without much inconvenience.

The Lamp Bath was introduced as a hydropathic appliance by Dr. Gully, of Malvern. There are several ways of administering this bath, the most effectual being to place the patient in a box having an aperture at the bottom, and one at the top, to cause a current of air through to carry off the fumes arising from combustion. Inside, and over the lamp, should be placed a Windsor chair, with a cushion or small blanket folded, for the patient to sit on, who should have his head out, and his feet on a hot tin, or in hot mustard-and-water. Above all should be thrown a blanket, with a sheet wound round the patient's neck to prevent the escape of the evaporation; the spirit lamp of six burners placed under the chair having been previously ignited.

A second, quite as effectual, mode of administering this bath is by placing the lamp, chair, and patient as above, inside a slanting frame with a macintosh cover. Both frame and box alluded to are inventions of mine; they can be folded up into small compass, making them very portable; they are in extensive use in treating patients hydropathically at their own residences.

A third, is by simply throwing a macintosh or blanket over the patient while seated in the chair. But the box and frame have the advantage of giving the patient more room and diffusing the heat more equally around his person, so that there is less condensation on the skin, and he can thus bear a higher temperature perhaps by eight or ten degrees. I should therefore advise the use of the box or frame where practicable; the cost is not great, and if methylated spirits of wine (what polishers call finish) be used for the lamp, a good bath may be had at a small expense.

The Vapour Bath is administered in much the same way as the lamp, simply using steam instead of hot air, only a macintosh should be spread on the floor beneath the patient to catch the rills of moisture. It is of very ancient date, and, from its power to allay irritation, is often of great service in skin diseases. It of course rests with the medical attendant to decide in what cases it ought to be had recourse to in preference to or in conjunction with the hot-air bath.

An ingenious apparatus, in the form of a spirit lamp with portable boiler, is in use at Malvern, by means of which either a hot-air or vapour can be given according as the boiler is detached or not.

There are lamp apparatuses advertised by a Mr. Allen and also by a Mr. Hawkins very similar in construction to the ordinary chair lamp, but, although they produce perspiration, they are very inefficient in a medical point of view as compared with the lamp box.

Mr. Ellis, of Oxford Street, made a patient of mine an excellent box, and fitted it up with a hot-air burner. I must say it was the most complete I had ever seen for sweating purposes. Next, the Turkish "Denham's" apparatus is contrived for the purpose of administering hot air to invalids unable to take a bath in a sitting position. A macintosh is spread on the bed, and over it a sheet, on which the patient lies extended; a wooden cradle is placed over him and covered with blankets. The hot air is conveyed by a chimney like that of a malt kiln from the foot of the bed to within the cradle at the patient's feet.

Another apparatus, the invention of a Frenchman, is in the form of a frame cradle, of perforated tin pipes, which is thrown over the patient, and from which jets of steam issue. To either apparatus a flexible tube may be made to convey the steam from wherever it may be generated.

In taking a vapour or lamp bath the patient should

have a cold cloth placed on the head and re-wetted at intervals, and sip cold water to the extent of quenching his recurring thirst. The entire duration of the bath will depend upon the patient's condition; but as a rule he should remain but from five to seven minutes after perspiration appears on the nose. Some form of ablu-tion should succeed, with due precaution against chill.

A great improvement on the ordinary lamp and vapour baths has been submitted to the public in the Portable Hot-Air Baths of Robertson's patent. On my attention being drawn to this novel form of bath I was struck with the ingenuity of its contrivances for the general and local application of heat to the body. The material employed is galvanised iron, and each bath is a double case with an intervening space, which serves as a chamber for the reception of steam. The interior of the bath becomes filled with either vapour or hot air according as the steam is or is not admitted from the bottom part of the chamber between the casings. To prevent the bather's skin coming in contact with the hot inner casings there is an interior lining of wicker-work.

The ordinary whole Portable Hot-Air Bath is in the form of an upright cylinder about five feet high and three feet in diameter, with a cover contrived to admit of the patient's head being left out, as in an ordinary lamp or vapour box. The reclining bath is a *fac-simile* of the deep warm bath used in private houses, and can be used as a warm-water as well as a vapour or hot-air bath. Over it is stretched a sacking, on which the patient reclines and is let down into the bath; nor after the completion of the sweating process has he any occasion to alter his position before the ablu-tion is performed; a succession of pails of water may be thrown over him, or the water can be let in, as in the ordinary bath, until it reaches the patient, or when it has attained the depth of a few inches he can be lowered into it, thus avoiding all possibility of catching cold from exposure to the atmosphere of the room.

The same principle of construction is carried out locally in baths for leg, arm, and face. The leg bath is of cylindrical form, and of a length and width sufficient to receive both legs to above the knee, steam being admitted between the casings from a tube communicating with the steam generator. The arm bath is of similar construction, and of size adapted for the reception of the arm; and the face bath is

ingeniously shaped to admit the face, with a tube for respiration.

Having exhausted the other sudorific processes of Hydrotherapy, it remains to say a few words as to the method of administering the chief of them all—the *Turkish bath*. The building to be used for this form of bath may assume diverse forms, and still effectively serve its main purpose. None need want the bath in his own dwelling who can devote to it a spare room with a partition, furnace, and chimney, and a small reservoir of water, or who can afford to attach such a room with its appurtenances to some convenient quarter of his house. On the other hand, there is scope for lavishing all the wonders of architectural adornment on the bath, if its wealthy patron choose to spend in that way money which might be worse laid out. The benefits of the hot-air bath may thus be brought within the range of either moderate or ample means. Happily its utility does not depend upon decoration, but upon a sufficiency of pure hot air, and the means of efficiently performing all necessary operations.

This simple fact was not unfrequently lost sight of in the early days of the hot-air bath revival in this country. Incompetent persons opened establishments merely as commercial speculations, without any knowledge of the effects of the bath or of its proper administration. A cellar or back kitchen would be fitted up in the most bungling and reprehensible manner as a sudatorium; and there poor bathers would be crowded together, and made to undergo tortures somewhat akin to what the unfortunate inmates of the Black Hole of Calcutta suffered in that terrible cell. And as if to atone to their patrons for these torments, lavish expenditure would be bestowed on the cooling room in the shape of paint, plaster, and meretricious ornamentation—a ludicrous attempt to rival the splendour of the baths of Cairo or Constantinople. All this was a subject of deep regret to the true friends of the bath, but it is a matter of great congratulation that things are now altered much for the better.

Having premised thus far, we will now proceed to give a description of the principal features of the Turkish or Roman bath when properly carried out.

The bath consists of four apartments, the first of which, or cooling room, is of largish size, well ventilated, and with a free current of fresh air passing through it. This room is divided off into compartments or alcoves, each alcove containing a sofa or reclining couch, and here the bather divests

himself of his habiliments, and otherwise prepares to enter the second chamber.

This compartment, called by the Romans the *tepidarium*, consists of a room fitted with wooden lounges, or *dureta*, to recline on, light being admitted through windows of stained glass, which spread a grateful gloom through the apartment, thus disposing the mind to quietude and rest—a frame of mind which materially aids the medicinal effects of the bath.

After having reclined in this apartment about half an hour, according to its temperature, until the surface of the body becomes soft and moist, and the pores slightly excited, the bather enters the third or hot room—the *sudatorium* of the Romans, the temperature of which ranges from 160° to 200°. Like the *tepidarium*, this chamber is also provided with *dureta*, on which the bather sits or reclines (in the hot room it is advisable to sit, not recline) until the sweating process is completed. In the Oriental baths the operation shampooing is performed in this apartment, the patient reclining on a marble slab instead of a lounge. In the modern, or improved Turkish bath, however, this process is relegated to a fourth and last room.

In this, the washing-room or *lavatorium*, the grand climax of the bath takes place. Supine on a marble slab, the bather is taken in hand by the attendant and put through the process of shampooing, to understand and appreciate which it must be experienced. This operation completed, a thorough scrub and wash, followed by a cold spray, needle, or plunge bath, gives the finishing touch; when the patient, having been rubbed dry, and enveloped in a warm, dry sheet, retires to the first or cooling room, where he quietly reclines on his couch until it is time to dress.

Such is the general outline of the improved Turkish bath, although, it need scarcely be said, it may be varied in a thousand different ways, to suit the whim or fancy of the builder, without the least detracting from its efficacy, provided always, however, that its essential features are maintained.¹

¹ The bath at Priessnitz House is, I believe, a fair specimen of what a Turkish bath should be, and is arranged as follows:—At each end of the hot rooms are cooling rooms furnished with couches, curtained off in little apartments. To each bather one of these *boudoirs* is assigned, where he undresses, and having adjusted his *fig leaf*, he proceeds thence to the *tepidarium*, or warm room, whose temperature ranges from 115° to 128°. Then he reclines on a wooden bench until the skin is covered with a gentle perspiration, a process which occupies from fifteen to thirty minutes. At this stage he steps into the *Sudatorium*, or hot room, with its temperature of from

THE MOST DELICATE TESTS FOR POISONS.

PROFESSOR M. J. ROSSBACH has just published in the Austrian *Klinische Wochenschrift* a very remarkable refinement in scientific methods for detecting organic poisons. The intense effect of some of the poisonous alkaloids and glucosides on frogs, mice, and other warm-blooded animals has long been used even by chemists as a physiological test for the presence of minute traces of poison which it is extremely difficult, or even impossible, to detect by chemical means.

It has been used as a preliminary test when such complex and impure mixtures as the contents of a stomach have demanded examination. The poisons which can be detected in this way are strychnine, atropine and its analogues hyoscyamine and daturine, veratrine, antiarine, curarine and muscarine, and digitoxine, the deadliest of the glucosides of the foxglove.

Strychnine, in doses of $\cdot 00005$ gramme, produces tetanus and death in frogs and mice (Falck, jun.). In man and other mammals $\cdot 0001$ gr. (Gräfe) or $\cdot 0000005$ gr. (Ruiter) of atropine will cause dilation of the pupil. A twenty-thousandth of a gramme of veratrine produces prolongation of the muscular curves in frogs (Von Bezold). Digitoxin causes systolic stoppage of the heart in doses of $\cdot 0001$ gramme (Schmiedeberg).

The same effect is produced by $\cdot 00005$ gr. of antiarin (Schmiedeberg). Five millionths of a gramme of curarin causes paralysis of the ends of the motor nerves in frogs (Preyer). Of muscarin a ten-thousandth of a gramme causes diastolic stoppage of the heart.

Not only do these reactions indicate the presence of a poison, but they are sufficiently characteristic to distinguish

160° to 170°, where, stretched at ease on a *dureta*, he allows the perspiratory streams to well forth until ready for shampooing. This process in some Irish baths is performed in the hot room, but to this there are two objections: 1. The bather finds the process fatiguing rather than pleasurable in such a high temperature; and 2, the attendant is from the same cause unduly fatigued by his efforts, and is therefore less efficient. In Priessnitz House Bath the shampooing is performed in the Lavatorium or Washing Room, the bather being extended on a bench of white marble. After the shampooing, and, if necessary, a return for five minutes to the hot room, he is well soaped, soused with warm water, and finished off with cold or tepid needle, shallow, douche, or plunge bath. The attendant then absorbs with towels the bulk of the wet on the skin, throws over him a dry warm sheet, and conducts him to his couch again, where he reclines until time to dress.

them from one another. Inorganic poisons with such intense effect on the body are quite unknown.

At first sight it seems hardly possible that we should ever be able to detect smaller particles of such poisons. But Professor Rossbach has hit on an extremely simple and beautiful refinement of the process. Infusoria can be easily obtained by keeping an infusion of bread and meat for a few days in a warm place. Every microscopist is familiar with the process. A tiny drop of infusorial water may be placed on a slide without a cover, and brought under the object-glass. While watching it carefully the minutest possible drop of the suspected poison solution may be allowed to touch its edge, when most characteristic effects will appear. Infusoria are not only infinitely smaller, but are far more delicate, than the higher animals. The phenomena of poisoning of infusoria by large doses are lightning-quick destruction of their molecular tissues and solution to a formless detritus. Proportionately moderate and small doses produce violent swelling of the whole organism, intense dilation and paralysis of the contractile sac, and, finally, total breaking up.

Professor Rossbach gives some examples of the extreme delicacy of this test. A solution of one part of strychnine in 15,000 produces intense enlargement and paralysis of the contractile sac and swelling of the body. If a drop of water containing infusoria, and weighing .001 gramme, be used as a test, the quantity of poison needed to produce these effects is .00000006. A similar effect is caused by a solution of veratrin, 1 in 8,000, the weight of alkaloid which can be detected being .00000022. Atropin influences infusoria only when one part is present in a thousand of water, but even then a millionth of a gramme (or fifteen-millionth of a grain) of the alkaloid can be detected. Acids and caustic alkalies act only in solutions of 1 in 400 or 600.

Finally, the author says if the stomach of a person poisoned by strychnine contains a litre of fluid and only .05 gramme (three-quarters of a grain) of the alkaloid, a single drop of the fluid will contain forty times as much strychnine as is needed for this reaction.—*Chemist and Druggist.*

NEW MODE OF CAUSING ANÆSTHESIA.

AMERICAN dentists certainly have taken a special lead in discovering modes of operating without pain. We owe to them the use of nitrous oxide, ether, chloroform, bromide of ethyle, etc. Here is a new process of obtaining analgesia without drugs of any kind.

Dr. Bonwill, of Philadelphia, dentist, makes his patients take as many deep inspirations as rapidly as they can for about a minute. In the state induced by this method the most firmly rooted teeth can be drawn, nerves can be cauterised, abscesses opened; in short, all operations of short duration can be performed *without any pain*. But to keep up the anæsthesia the patient must continue to breathe deeply and rapidly, at the minimum rate of 100 respirations in the minute.

Dr. Lee, of Philadelphia, by using this method, has opened a perinæal abscess in a nervous young man, without pain. He made an incision an inch long, and evacuated a large quantity of pus, without the patient feeling the cut, and much to his surprise. After a time, fistulous openings formed, and Dr. Lee divided with scissors the fleshy strips between them, each about an inch long, without pain to the patient.

This process seems to be obtaining favour in America. Dr. Howson uses it exclusively in his obstetric practice.

If anæsthetic agents are used simultaneously with his method, care must be taken to employ less than usual, to obtain sleep and muscular relaxation.

These curious facts deserve attention. In order to verify them, M. Ash, dentist, of Monaco, removed fifteen teeth with the most gratifying success. One of his patients, a young lady of twenty years, who had long, crowded teeth, and inflamed gums, required extraction of the first large molar, in left lower jaw. After forty seconds of deep and rapid breathing the tooth was removed without pain. The patient, who was very timid, and had suffered much in previous operations, said, "Why, it's just nothing at all!"

Dr. Bonwill thinks the analgesia is due to, 1st, nervous tension and the effort of will to keep up the rapid respiratory motions; 2ndly, to hyperæmia brought about by the slower return of blood to the brain, and, 3rdly, to the accumulation of carbonic acid in the blood.

These reasons do not appear to us plausible. Should we

not rather attribute the state to the accumulation of oxygen in the blood? We know that M. Paul Bert has found this gas, when inhaled in too large a proportion, act on the nervous system in a special manner. Howsoever the result may be attained, we think the facts deserve particular attention.—*Progrès Médical*, quoted in *L'Art Médical*. (Communicated by Dr. STOKES.)

A SIGN OF OUR TIME.

A LONDON clergyman writes: "I have reason to think that my example will not be without its influence. I have already succeeded in reforming the diet of some half-dozen friends, including several clergymen, and more or less influencing others. During my first *three months 4s. a week* is the very outside that my food has ever cost, and since that it has cost very much less. I am now saving just 16s. weekly out of my pound expenses, and have just returned from a very beneficial and much needed holiday which I could not otherwise have possibly afforded, and also possessed myself of some valuable books, which I had been under the impression I must, for want of means, long for in vain."

HOW JOHN WESLEY DID IT.—I wonder if Wesleyans ever ask themselves how John Wesley came to accomplish the vast amount of work of which his journals, organising, travelling, preaching, and published volumes give evidence! The more I know of that work the more I am astonished at its vastness, diversity, and extent. How came Wesley to be physically capable of its performance? The secret, it seems to me, lay in his severe abstemiousness. He not only never smoked, and rarely drank tea or coffee, but he abstained from intoxicants, and even, during much of his life, from animal food. Quite a revelation are his words to the Bishop of London in 1747: "Dr. Cheyne advised me to leave off meat and wine, and since I have taken his advice I have been free—blessed be God—from all bodily disorders." Another great worker, John Howard, makes a similar avowal. Truly such men are more than conquerors; they are examples to us all, and I confess that the more I approach Wesley's standard the more work I find it possible to accomplish.—*The Echo*.

SERIOUS COLLAPSE FROM CHLORAL AND BROMIDE OF POTASSIUM COMBINED WITH OPIUM

To the Editor of the Lancet.

SIR,—The ill-effects of a combination of *Chloral Hydrate* and *Bromide of Potassium*, followed by a dose of *Opium*, are not so generally known as one would wish. The administration of *Chloral Hydrate* and *Bromide of Potassium* together, as every one knows, forms a useful sedative; but if followed a few hours after with a dose of *Opium*, very grave symptoms of collapse will supervene. More than one case has come under my notice. I remember one case in particular of a fine young fellow who was taking *Bromide* and *Chloral*; but, being very noisy, *Opium* was ordered. Within an hour he became collapsed and died. At the time it did not occur to me that the combined drugs caused this serious state of affairs. Since this case others have come under my notice, and very lately I have heard of two cases that have terminated fatally. Hence my letter.

Yours faithfully,

PETER W. DE LA MOTTE,

Medical Officer, West London District School.

Staines, Feb. 16th, 1880.

[We extract the foregoing from the *Lancet* of March 6th, 1880. We have no comment to make beyond reminding our weak-kneed brethren of the danger they incur, when they fall back upon these wretched palliatives.—ED.]

HOMŒOPATHIC KNIGHTS.

WE lately noted the decoration of our distinguished Belgian colleague, Dr. Gailliard. We now have the pleasure of informing our readers that the homœopathic physicians, Drs. Laboucher and Lowe, of Paris, are comprised in the new batch of *Knights of the Legion of Honour*. We congratulate our confrères on their well-merited distinction. Marquesses, barons, and knights have, on the continent of Europe, owed their titles to Homœopathy, bitter hatred and opposition notwithstanding. In this country even the allopaths fare very badly in respect of honorific titles, and the homœopaths get none at all. A notorious ex-homœopath has, it is said, a hankering after a title, and has tried to propitiate the powers that be by

crawling on all-fours, and performing astounding feats in the way of dirt-eating. As there is no reward in Homœopathy for a cringing dirt-eater, it is very hard that he should not, at least, get a knighthood from the allopaths under the style and title of *Sir Judas*.

LITERATURE.

A TREATISE ON DIPHTHERIA.¹

THIS is a good book, that indeed contains nothing specially new or striking, but gives, nevertheless, an all-round view of the subject, and is, moreover, fully abreast of the times. Oddly enough, *Kali Chloratum* is omitted from the list of remedies. It is often our sheet-anchor.

Of all diseases, diphtheria is, perhaps, the most difficult to individualise. The work before us is a real help in the task.

GUIDE TO TREFRIW AND THE VALE OF CONWAY SPA.²

“DOCTOR, where shall I go for my holiday?” is a question one hears very frequently, and it is a legitimate part of the physician’s business to give an adequate answer thereto. The elegant little book before us may therefore be read with profit by the physician, as it will make him acquainted with what Dr. Hayward considers “the finest chalybeate water in Great Britain.”

Intending tourists may like to know that Trefriw is a village on the River Conway, North Wales, on the Carnarvonshire side of the “Vale of Conway,” and that the air of the village itself is pure, soft, soothing, and somewhat impregnated with the odour of the neighbouring pine woods, and frequently with that of the ozonised air brought up to the village from the sea. It may thus be considered a

¹ A Treatise on Diphtheria: its History, Etiology, Varieties, Pathology, Sequelæ, Diagnosis, and Homœopathic Therapeutics. By A. McNeil, M.D. Chicago: Duncan Brothers. 1881. London: The Homœopathic Publishing Company, 2, Finsbury Circus.

² Guide to Trefriw and the Vale of Conway Spa. By John W. Hayward, M.D. Third Edition, Corrected and Enlarged. Liverpool: Adam Holden. 1881.

mixture of valley, mountain, and sea air, and hence its therapeutic range is considerable.

Those who would like to know all about the place, the people, and the spa, cannot do better than take Dr. Hayward's little book as their guide, philosopher, and friend.

Perhaps a single word of caution may not be out of place. The waters are very strong, and should not be used other than under medical advice. Probably Trefriw would be a fashionable and an expensive watering-place if it were in Germany or Bohemia, for nowhere is the enchantment of distance greater than with spas. Can any good thing come out of Cambria?

SURGICAL PRINCIPLES AND MINOR SURGERY.¹

DR. GILCHRIST is now a well-known writer in homœopathic literature, and the work before us will certainly add to his reputation as a surgical teacher holding homœopathic principles. "Surgical Principles" is really an elementary introduction to the author's "Surgical Therapeutics," which was warmly welcomed by us some months ago in the *Homœopathic World*. Dr. Gilchrist seems to possess a rare union of surgical dexterity and medical skill, and hence we have all the greater pleasure in commending this excellent work as a sound "Minor Surgery."

HOW TO SEE WITH THE MICROSCOPE.²

A THOROUGHLY scientific work that will be read with keen interest even by such eminent microscopists as Dr. Beale and Dr. Drysdale.

Dr. Edwards Smith is a microscopist of very high order, and we are proud to know that he is Professor of Histology and Microscopy in the Cleveland Homœopathic Hospital College.

The discussion on the claims and capacity of the modern high-angled objectives, as compared with those of medium aperture, entitles the author to substantial claims on the score of newness alone. All interested in microscopic research will hasten to procure this work.

¹ *Surgical Principles and Minor Surgery*. By J. G. Gilchrist, M.D. Chicago: Duncan Brothers. 1881. London: The Homœopathic Publishing Company, 2, Finsbury Circus.

² *How to See with the Microscope*. By J. Edwards Smith, M.D. Illustrated. Chicago: Duncan Brothers. 1880. London: The Homœopathic Publishing Company, 2, Finsbury Circus.

SPECTACLES, AND HOW TO CHOOSE THEM.¹

PROFESSOR VILAS gives us here a really readable book on spectacles and how to choose them. It is not merely readable, but exceedingly instructive. It is not adapted for the strictly scientific practitioner, who is already well grounded in the subject of lenses, neither is it sufficiently exhaustive for an ophthalmological specialist, but the young student, the busy general practitioner, the intelligent layman, the optician, may one and all read it with pleasure and profit.

The days of a science-monopolising priestcraft or leechcraft are numbered, nay, are at an end, and science is now the property of mankind. There is no part of practical medicine into which exact science has so deeply penetrated as it has into ophthalmology, and there is no reason why a parson, or a lawyer, or any one else, should wear spectacles without at the same time knowing why he does so, and *how* it is that they afford efficient aid. To all who wish for such knowledge we cordially commend Dr. Vilas's work as one from which they may obtain it pleasantly.

By the way, our author attaches a meaning to the word *opticus* that would give a lexicographer the nightmare.

¹ Spectacles, and How to Choose Them. By C. H. Vilas, A.M., M.D., Professor of Diseases of the Eye and Ear in the Hahnemann Medical College. Chicago. Chicago: Duncan Brothers. 1881. 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 Homœopathic World.

PYREXIN, PYROGEN, OR SEPSIN.

DEAR SIR,—We have made a supply of the above, in the manner directed by Dr. Drysdale, and (on receipt of three stamps to cover postage) shall be pleased to send it free of cost to any medical man who would like to try it in typhoid fever or other cases of blood-poisoning, and publish his experience. Potency from 1 to 200.

We are, dear Sir,

Yours truly,

ALFRED HEATH & Co.

114, Ebury Street, S.W.

“INCOGNITO” AND THE CLERGY.

SIR,—Whether “Incognito” “has shown his ignorance,” as your correspondent “M.A.” would imply, I leave others to decide, but certainly “M.A.” has shown “his ignorance” of the meaning of the passage in Job xix. 26.

I know it is usual to quote this passage as proving the resurrection of the *material* body, but every clergyman who is not too deeply prejudiced to accept truth, knows that the very words on which this doctrine rests, viz., “worms” and “body,” do not exist in the original, as the words italicised show; and moreover he knows that many learned men, as Hody, Grotius, and others, and I believe even St. Chrysostom, have considered that Job’s remarks bear no reference to the resurrection. It is therefore unfair to make use of this passage to back up a doctrine which science, common sense, and *Scripture* entirely disprove.

The fact is, Job was complaining that he was worn to skin and bone, he had “escaped with the skin of his teeth” (see v. 20), and he tells his friends of his confidence that all will be well with him eventually, *even in this world*. He wishes his words “could be printed in a book,” or “graven with an iron pen,” that it might be seen that the result would be as he foretold. Grotius translates the next two verses thus: “I know that my Redeemer liveth, and that He at last will stand in the field (that is, will be victor). Although they (his distempers) should not only consume my skin, but also this (the fat beneath), nevertheless in my flesh I shall see God (that is, shall experience His favour). I, I say, with these my eyes, I, not another for me.”

Now, observe in the last chapter of Job, when he has been tried to the utmost, he says: “I have heard of Thee by the hearing of the ear, but now mine *eye seeth Thee*.”

Job had said he should “see” God as his Redeemer (deliverer), and in the last chapter He appears in this light—“And the Lord *turned the captivity* of Job, and gave Job twice as much as he had before,” and after this “he lived a hundred and forty years.” Thus Job did “see” God “*in the flesh*,” or *before he died at all*. LAICUS.

P.S.—The only resurrection taught in Scripture is that of the spiritual body from the natural body at the time of death. We are “sown” in this world at birth, and we are raised from it at death (see 1 Cor. xv. 44).

SIR,—The clerical error which I have pointed out in the materialism of our clerical teachers is evident in your correspondent "M.A.," when he quotes from Dr. Pusey how Job "knew that he himself, for himself, should gaze upon his God; that after the destruction of his body, he should with the eye of his flesh behold Him." In the miracle detailed when my *spiritual life* had escaped from my *material body* I carried no flesh with me, yet I saw with visible eyes, and was seen by the lady who by her magnetic power willed and desired to see me on that memorable morning before my return home. "M.A." should study his Bible a little more before he accuses others of "ignorance," and to help him in that study he might read with profit the learned work of the Rev. J. B. Heard on "*The Tripartite Nature of Man*,"¹ Spirit, Soul, and Body. The discourse on "The Resurrection Body," in the last chapter of the *fourth* edition, is worthy of a careful perusal by our clerical teachers. Even Dr. Pusey would add to his knowledge by reading the original thoughts of Mr. Heard. I have read the "*marginal readings*" which your correspondent would fain have made me appear ignorant of. To my mind the language of the Bible is Divine; those parts selected to be read at the burial of the dead take one out of the grave, for the *spiritual body* of the tripartite nature of man never enters there, nor does the soul, "for it is raised in glory" when the last pulse of life has ceased in this world.

I am, truly yours

June 7th, 1881.

INCOGNITO.

P.S.—I cannot close this letter without recommending to "M.A." "*The Discourses of Epictetus*," translated by my late learned friend, George Long (added now to Bohn's Library).

STRYCHNIA AND NITRO-STRYCHNIA.

DEAR SIR,—As the so-called "*Strychnic Nitrate*" of the *British Homœopathic Pharmacopœia*, 1870, has come into such extensive use, and now that the normal nitrate of strychnia has been regularly proved and an account of its symptomatology published in Allen's *Encyclopædia*, it becomes important that the attention of your medical readers should be called to the difference of chemical composition existing between the two preparations.

¹ Published in Edinburgh by T. Clarke, George Street.

Ignoring the well-known products of the reaction of the nitric acid and spirit of the pharmacopœia process, this difference is similar to that between *Glycerine* and *Nitro-glycerine* (*Glonoine*), the strong nitric acid producing a nitrate of a new base, *Nitro-Strychnia*, the presence of which is manifested by the yellow colour of the solution. The reaction may be represented as follows:—



In view of these facts the pharmacopœial solution should always be prescribed as "*Strych.-Nit.*, B. H. P., 1870," to distinguish it from the pure neutral salt of strychnia referred to in the provings.

We are, dear Sir,

Yours faithfully,

E. GOULD & SON.

59, Moorgate Street, E.C.,
June 13th, 1881.

MUST WE DISAVOW OUR NAME?

SIR,—I have read the letters of Drs. Dyce Brown, Dudgeon, and Nankivell, in the *Lancet*, giving their ideas of Homœopathy as being the law of drug selection, not that of drug sanitation, and have read also the editorial remarks thereon. I am sorry those gentlemen should have thrown their pearls away in the manner they did, for the only response the Editor gives is to turn and rend them. It is perfectly clear that no amount of explanation will make men see what they determine to ignore. The Editor quietly puts by the explanation and says, in effect, "See now, the leading homœopaths disavow their so-called principle: we know quite well why they keep up their practice; it is too good a thing to forego as long as it pays so well. But come, be honest, and drop the humbug; then we shall be brethren." It is a wilful perversion on the Editor's part to assume that the writers state the law of drug selection to be the explanation of the mode of action of drugs, to confound things that are different, and to tell the public that we also do the same.

In vain also does Dr. Brown say the old school is at one with us in the proving of drugs. If they do in a crude way

ascertain what they call the physiological actions of a drug, it is not to recognise in them any pathological portraits. No provings ever made by allopaths have ever led them to use the drugs in the homœopathic sense. All the use they make of them is to compel the supervention of a different state—just as in giving mercury or antimony for a given state, they never consider they are getting any evidence of its action unless they “touch the gums,” and induce nausea or sweating. Any one who looks at the uses made of *Glonoine* by Mr. Field and others, and who sees the suggestions made by provers of new drugs in the *Practitioner*, will remark that they never see pathological portraits in their provings, or get from them any idea how to use the said new drugs, except in the old way of application by the rule of contrary. From that circumstance, and from the perverse and slanderous insinuations of the *Lancet*, it may be plainly inferred that never will the profession, as a faculty, admit Homœopathy in principle or practice, and that the *rapprochement* sought by Drs. Dudgeon, Dyce Brown, and others, on grounds of broad medical charity, can never be effected while medicine remains what it is; for the grounds *are not*. The ferocious bigotry shown to us might repel, but never attract towards the faculty; and I almost wonder at men of position and independent spirit exposing themselves to the cutting remarks of the *Lancet*, wherein its old and ever-persistent animus is as strongly expressed as ever.

No! the time has not yet arrived for us to give up our distinctive title of Homœopathic Physicians. The name may not have been a happy one to start with, but it has been that under which we have done good service to humanity, and to the science and art of healing, and have borne ourselves honourably to our patrons, and won esteem from them, however the *Lancet* may jibe and sneer. And if ever we do surrender our name, it must be when the faith of the Medical Church shall be one, its practice one, and its name one. *Res medica, medicina medici*. Until that time we must be homœopaths.

Yours, etc.,

A. STOKES.

INTERNATIONAL HOMŒOPATHIC CONVENTION.

SIR,—I have addressed the subjoined letter to several of the leading homœopathic journals in the United States. I would ask you to allow me to bring it under the notice of

our colleagues at home, from whom also I shall be glad to receive names of subscribers.

As, moreover, it is possible (though not, I think, probable) that the subscription list may fail to cover the total cost of publishing our Transactions, it is thought well that a Guarantee Fund should be instituted, to provide for this eventuality. Such a fund was proposed by Dr. Bayes in regard of the expenses of the meetings, and some names were given for it. This is found unnecessary; but I shall be pleased to hear that the same sums may be reckoned upon for the Transactions, and that others will come forward to secure against pecuniary loss those who are responsible for the issue of them.

All communications on this subject should be addressed to me.

I am, Sir,

Yours very faithfully,

RICHARD HUGHES.

36, Sillwood Road, Brighton,
June 16th, 1881.

To the Editor of the—

When the International Convention, now about to be held, was first planned, it was a serious question how to provide for the expense of publishing its Transactions. I wrote upon the subject to the lamented President of the first Convention, Dr. Carroll Dunham, and the following is a portion of his reply:—

“As to the question you put concerning the means of meeting the cost of publishing the Transactions of 1881, I reply, without hesitation, that it would be eminently proper to ask a subscription that would be sure to fully cover the cost of the volume, from every individual who desires a copy.

“As you justly remark, it was quite different with us. There could have been no expectation of more than a handful of delegates from abroad. The expenses must of necessity be borne by ourselves, and we could easily do it by means of our numbers. To make it sure, we resolved the Institute into the Convention, for the purpose, not only of using its machinery, but of having also at command its yearly income, since the Convention Transactions would take the place of the Institute volume. You have, I believe, nothing which in these respects corresponds to the Institute. Moreover, I hope—as you do—that from America and the Continent of

Europe, there may come as many delegates as England herself can furnish, and the meeting may be a "World's Convention" not simply by virtue of papers and reports, but through the coming together of representative men. Do not determine *too soon* the *amount* to be asked for the volume, lest you get it below cost. The expenses of the meeting and incidentals will be all that Britain could reasonably be asked to furnish, and these may amount to a considerable sum."

In accordance with these views, it was determined, as part of our scheme of working, "that the expenses of printing the Transactions be defrayed by a subscription from all who desire to possess a copy of the volume." A subscription list will be opened at the meeting, for those who are able to attend; but for the many who must perforce be absent, but who would like to support us, and give themselves the advantage of possessing our Transactions, I ask of your courtesy the admission of this letter. I shall be glad to receive the names and addresses of subscribers as soon as possible, that the total number on whom we can count may be known. The exact cost of the volume cannot be reckoned till then, but it is not likely to exceed ten shillings of our money; and it will probably contain between 600 and 700 pages of matter.

I am,

Yours very faithfully,

RICHARD HUGHES,

President-elect.

36, Sillwood Road, Brighton,
May 12th, 1881.

MORE QUESTIONS BY JUNIUS.

SIR,—Since my "Twenty-one Questions" were sent to press, the following letter has appeared in at least two of the *Allopathic* journals:—

"Sir,—The following information as to the case of the late Lord Beaconsfield may interest your readers. For some months before I had the honour of originally attending Lord Beaconsfield, he had been attended by Sir William Jenner, but in vain, as his treatment failed to relieve. Sir William Gull also was called in; but his treatment again failed to relieve the patient. By the vigorous application of 'one set of convictions,' I was enabled to afford prompt and perfect relief for three years and a half.

"Self-respect and regard for the honour of the medical profession prevented my noticing Sir William Gull's letter to the *Standard*; but I desire now, in the proper place, to protest against his accusations. I never advised 'compromise;' my worst enemy never accused me of it. The aim and object of my little volume, *The Laws of Therapeutics*, is to destroy compromise; to protest against eclecticism and schism; to bring the 'catholic spirit' into medicine, gathering 'all knowledge' to the aid of suffering humanity, and thus to help the introduction of scientific precision into therapeutics.

"Yours faithfully,

"May 14th, 1881.

"J. KIDD, M.D.

"P.S.—A week before the *Lancet* drew my attention to the fact that my name still appeared in the *British Homœopathic Directory* and the *Homœopathic Medical Directory*, and on the list of the Medical Council of the Homœopathic Hospital, I wrote requesting that it might be withdrawn from all."

Questions 2 and 12 are therefore answered by Dr. Kidd, at the eleventh hour. Perhaps he will condescend to answer the following eight, in addition to the remaining nineteen which appeared in the *Homœopathic World* for June.

22. Does Dr. Kidd think that his publicly naming Sir William Jenner and Sir William Gull in connection with their alleged failure to relieve Lord Beaconsfield will tend to induce the Allopaths to offer him their much-desired right hand of fellowship?

23. Does the "one set of convictions," by which "I was enabled to afford prompt and perfect relief for three and a half years," mean Allopathic or Homœopathic treatment?

24. If the former, how did it so essentially differ from that of Drs. Jenner and Gull, as to relieve where they had failed? and if the latter, why did Dr. Kidd, in this last illness, treat the noble earl *Allopathically from the first*?

25. Is it not "compromise" for a physician who professes to practise homœopathically—at least, in some cases—to pledge himself to faithfully obey "every direction and prescription" of an allopath, that the latter might be persuaded to meet him in consultation?

26. Is it not "eclecticism" of the most pronounced kind to employ Homœopathy, Allopathy, Galvanism, Hydropathy, etc., etc., just as the "genius" or "insight" of the physician may suggest?

27. Does the "little volume, *The Laws of Therapeutics*," really

gather "all knowledge to the aid of suffering humanity;" and has it up to the present time helped "the introduction of scientific precision into therapeutics"?

28. Why has not Dr. Kidd HIMSELF announced to the *Homœopathic* public and profession, in the *Homœopathic* journals, that he has withdrawn his name from the *Homœopathic Directory*?

Yours, etc.,

JUNIUS.

THE HEBRAIC DIFFICULTY.

DEAR EDITOR,—I was much interested in the article of my friend "Incognito," whose identity was therein revealed to me, in spite of his *nom de plume*. But I am surprised that he has been so indiscreet. *He has attacked the clergy*, "our teachers," accusing them of ignorance! Rash man! let him tremble and withdraw while yet there is time! Persecution for heresy is still rampant (*vide* the daily papers), and last week *I saw stakes and faggots prepared in Smithfield!*

I do not see, however, that "M.A." has proved his point by the four quoted translations; for if, to take one example, man was created "out of" the ground, he was most certainly "outside" it when created. But, further, the late John Bellamy, one of the most learned of all Hebraists, translates these verses—

"I know that my Redeemer liveth; that finally he will rise over the dust;

"That after they have destroyed my skin, yet without my flesh I shall see God."

And in his note he says, "The word *mibsari* is rendered 'in my flesh,' but the *mem* prefixed to *besari*, *i.e.*, 'my flesh,' does not mean the preposition 'in,' but the preposition 'without.' See where the *mem*, prefixed to the noun with the same construction, is properly translated, Micah iii. 6, *meehaazon*, 'without a vision'; Job xi. 15, 'without spot.'"

Further, I cannot agree with "M.A." that the marginal reading is "quite as much the rendering of 'our teachers' as the other," seeing that many Bibles have no marginal readings at all. The ignorance and incapacity of the old translators of the Bible are shown by their ludicrously nonsensical translation of Job xxxvi. 33—

"The noise thereof showeth concerning it, the cattle also concerning the vapour."

Yours truly,

E. W. BERRIDGE, M.D.

REPORTS OF INSTITUTIONS.

REPORT OF THE TRUSTEES OF THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL FOR THE YEAR 1880.

IN presenting their annual report, the trustees deem it an appropriate time to recall to the members of the corporation and to the friends of the Hospital the facts of its early history, with a brief notice of its progress to the present time.

The Massachusetts Homœopathic Hospital was incorporated in the year 1855, but it was not until 1871 that the small building in Burroughs Place was occupied, and patients were received. In 1872 a vigorous effort was made to obtain funds for a permanent hospital building. The sum of 76,000 dollars was obtained from the proceeds of a successful fair held in Boston, and a sufficient sum was secured from other sources. After much consideration the present building was erected in the immediate vicinity of the Boston University School of Medicine. The land upon which it stands was purchased from the city at a cost of one dollar a foot, amounting to 27,750 dollars; the cost of the building being 76,716 dollars. Unlike the Massachusetts and the City Hospitals, at no time has this Hospital received any assistance from either the city or the State. Whatever funds it has acquired have been the gifts of benovolent individuals; and as the number of persons in the community who prefer the homœopathic treatment, and who have become convinced that it represents an advance and a reform in medical practice, has increased, the demands upon the resources of the institution have become steadily greater. No special effort, however, has been made since 1872 to increase its revenues. It has been supported in some small measure by fees received from paying patients, and it has occasionally received greater or smaller donations, often unsolicited. It derives an income of somewhat less than 2,000 dollars per annum from permanent investments, and its ordinary expenditures are somewhat over that sum, the difference being made up by donations.

The Hospital is out of debt, and has been managed with economy. The average cost of each patient per week during the past year was 7.00 dollars. At the Massachusetts Hospital, in 1879, it was 10.54 dollars, and at the City Hospital, in the same year, it was 7.46; although, as both of these

Institutions have facilities for treating a much larger number of patients, it might be expected that their expenses would be relatively less.

It is not necessary to undertake to account at any length for a fact from which any one may draw the proper inference. That under the homœopathic practice of medicine there must necessarily be a large saving in drugs, is matter of common knowledge; but it is, perhaps, not so well understood that nothing tends so much to insure a judicious administration of an institution of this character as a careful and detailed supervision. In this respect the trustees have always been fortunate, and are at this time fortunate, in finding among their own number ladies and gentlemen who, acting as an Executive Committee, have been willing to devote much time to the immediate and almost daily care of the Hospital, and to whom the thanks of the corporation are due for disinterested and invaluable services. Nor has the careful economy that has been practised deprived the patients of any of the comforts and luxuries which are usually found in the largest and best-endowed hospitals, for the supplying of which the corporation is greatly indebted to the kindly and untiring interest shown by the Ladies' Aid Association.

The trustees may fairly claim for the Hospital a great measure of success in the treatment of patients, reference being had to the experience of other hospitals. This is true not only of the medical treatment furnished, but surgical cases of the greatest delicacy, involving operations of the most important character, requiring skill of the highest order, and a knowledge of the latest and most approved methods, have been successfully treated. The death-rate this year is not quite seven per cent., and the average death-rate since the foundation of the Hospital is a little more than five per cent. of the cases treated. It will be found by examining the published reports of the two general hospitals in the city, that the death-rate of both of them is, as a rule, considerably higher than that of the Homœopathic Hospital.

The time has now come when, in view of the steadily increasing demands upon the institution, the Hospital building should be materially enlarged. A surgical ward is an absolutely necessary addition, as the number of cases in that department is constantly increasing. A lying-in ward is also greatly needed. It has sometimes happened that patients could not be received at the Lying-in Hospital on account of the existence of contagious fever cases, and it is

therefore of public importance that there should be more than one institution in the city ready to receive lying-in patients. A children's ward would also be a most desirable addition, as all who have had any experience in the marvellous adaptation of the homœopathic system to the diseases of children will readily acknowledge.

The trustees have therefore issued an appeal for aid through the press and by circulars. The call was first published on the 30th of December last, and the trustees have already received such assurances as justify them in believing that funds sufficient for the purpose indicated in this report will speedily be raised.

For the Trustees,

C. R. CODMAN, President.

ELLEN FROTHINGHAM, Secretary.

Boston, U.S., January 1st, 1881.

INTERNATIONAL HOMŒOPATHIC CONVENTION, 1881.

President: Dr. Hughes. Vice-President.¹ Treasurer: Dr. Black. General Secretary: Dr. Gibbs Blake, 24, Bennett's Hill, Birmingham. Local Secretaries: Dr. Hayward, 117, Grove Street, Liverpool; Dr. Burnett, 5, Holles Street, Cavendish Square, London.

AN Assembly of Medical Men practising homœopathically in all parts of the world will be held in London during the week July 11th-18th, 1881, to communicate thought and experience, to cement friendly union, and to confer as to the best modes of propagating and developing the method of Hahnemann.

This Assembly will be open to all practitioners of medicine qualified to practise in their own country. Those who desire to become members of the Convention should present to one of the secretaries, general or local, their names and addresses, and a statement of their qualifications; and, if unknown to the officers of the Convention, should be introduced by some one known to them, or bring letters credential from some Homœopathic Society, or other recognised representative of

¹ Dr. Hamilton was the originally-elected President; but, having resigned the office, the Vice-President, Dr. Hughes, has taken his place, and a new Vice-President will be elected by the Convention on the first day of its assembling.

the system. They will then receive a card of membership, which will admit them on all occasions.

The general meetings of the Convention will be held at the rooms of the Dilettante Society, 7, Argyll Street, Regent Street, on the Tuesday, Wednesday, Thursday, and Friday of the week of Assembly, from 2.30 to 5.30 p.m., and on the Saturday at 2 p.m. Sectional meetings can be held in the Hall during the forenoons, as may be arranged among the members themselves. Members of the Convention are at liberty to introduce visitors to all these meetings at their discretion.

No Papers will be read at the general meetings. The Essays which have been sent in, and have been approved by the Board of Censors,¹ are being printed, and will be supplied to all who desire to take part in the debates on their subject-matter. They will be presented at the meetings, singly or in groups, according to their contents, a brief analysis of each being given from the chair; and the points on which they treat will then be thrown open for discussion.

The appointed openers will be allowed fifteen minutes, and subsequent speakers ten minutes, for their remarks.

The chairman will have liberty, if he sees that an Essay is being discussed at such length as to threaten the exclusion of the further subjects set down for the day, to close the debate. In so doing, he will give the authors of the Essays discussed, if present, the opportunity of saying the last word before the subject is dismissed.

The discussions will ordinarily be conducted in English; but any member desiring to speak in any other language can do so with the consent of the meeting. Such speaker, however, shall either obtain an interpreter, or shall, on rising, hand to the chairman a *précis* of the remarks he purposes to make, which, at the conclusion of his speech, shall be communicated in English to the meeting.

ORDER OF BUSINESS.

TUESDAY, JULY 12.

Address of the President.

Presentation of Reports from the different Countries of the

¹ The Board of Censors has been made up of the original President and Vice-President, Drs. Hamilton and Hughes, with Drs. Dudgeon, Pope, and Yeldham.

World as to the History of Homœopathy during the last five years, and its present state therein.

Belgium	Dr. Martiny, Brussels.
Canada	„ Nichol, Montreal.
France	„ Claude, Paris.
Germany and Austria	„ H. Goullon, jun., Weimar.
Great Britain and its Colonies	„ Pope, London.
Italy	„ B. Arnulphy, Nice.
India	„ Sircar, Calcutta.
Russia	„ Bojanus, Moscow.
United States	„ Talbot, Boston, U.S.

Discussion.—On the Condition and Prospects of Homœopathy at the present time, and the best means of furthering its cause.¹

WEDNESDAY, JULY 13.

Institutes of Homœopathy and Materia Medica.

1. *Essays for Discussion :*

Thoughts on the Scientific Application of the Principles of Homœopathy in Practice. Dr. Hayle, Rochdale.

Dr. Hawkes, Chicago.

Individualisation and Generalisation. Dr. Hughes, Brighton.

A New "Similia." Dr. Woodward, Chicago.

Subject for Discussion.—The Selection of the Remedy.

2. *Essay for Discussion :*

The Alternation of Medicines. Dr. Martiny, Brussels ; Dr. Bernard, Mons.

Subject for Discussion.—Alternation.

3. *Essays for Discussion :*

Drug Attenuation: its Influence upon Drug matter and Drug power. Dr. J. P. Dake, Nashville, U.S.

A Plea for a Standard Limit of Attenuated Doses. Dr. C. Wesselhœft, Boston, U.S.

The Question of the Dose: Hahnemannism and Homœopathy. Dr. Cretin, Paris.

Subject for Discussion.—The relative value of Clinical and Extra-Clinical Evidence as to the Efficacy of Infinitesimal Doses.

¹ The names of the appointed openers and intending debaters on each subject will be announced from the chair, and posted in the hall of meeting, on the previous day.

THURSDAY, JULY 14.

Practical Medicine and Gynæcology.

1. *Essays for Discussion :*

The Differential Diagnosis and Treatment of Yellow Fever.

Dr. Holcombe, New Orleans.

Indian Dysentery and Cholera. Dr. Carter, Sydney; Dr. Sircar, Calcutta.

Subject for Discussion.—Homœopathy in Hyper-acute Diseases, including Hyper-Pyrexia.

2. *Essay for Discussion :*

Cancer. Dr. Gutteridge, London.

Subject for Discussion.—The possibilities of Medicine in Cancer.

3. *Essays for Discussion :*

On the place of Mechanical Measures in Pelvic Disease.

Dr. Edward Blake, London.

On the Treatment of some Uterine Diseases. Dr. Dyce Brown, London.

On the Treatment of some of the Affections of the Cervix Uteri. Dr. Carfrae, London.

Subject for Discussion.—The Treatment of Affections of the Os and Cervix Uteri.

FRIDAY, JULY 15.

Surgical Therapeutics, Ophthalmology, and Otiatrics.

1. *Essays for Discussion :*

A Report (by Dr. Dudgeon) on "The Influence of Homœopathy on Operative Surgery," by Dr. Bojanus, Moscow.

Surgical Observations. Dr. Watson, London.

Subject for Discussion.—The Help brought by Homœopathy to the Surgeon.

2. *Essays for Discussion :*

The Therapeutics of Iritis. Dr. Vilas, Chicago.

Dr. Campbell, St. Louis.

Subject for Discussion.—The Treatment of Iritis, Simple and Syphilitic.

3. *Essay for Discussion :*

Notes on some Homœopathic Remedies in Aural Disease.

Dr. Cooper, London.

Subject for Discussion.—The place of Homœopathic Medication in Ear Disease.

SATURDAY, JULY 16.

Miscellaneous Business.

PRESIDENT'S RECEPTION.

On *Monday*, July 11th, at 8 p.m., the President will hold a Reception at the Hall of Assembly. To this all members of the Convention are invited, with the ladies of their families; and it is especially desired that visitors from abroad should take this opportunity of becoming known to the officers of the Convention, and their colleagues in general. The Secretaries will be present, to enrol new members and issue tickets. *Evening dress.*

LIST OF SUBSCRIBERS TO THE INTERNATIONAL HOMŒOPATHIC CONVENTION.

Dr. A. P. Anderson	£1 1 0	Dr. Goldsbrough	£1 1 0
Dr. Bayes	2 2 0	Dr. Gould	1 1 0
Dr. Baynes	1 1 0	Dr. Guinness	1 1 0
Dr. William Bell	1 1 0	Dr. Hale	1 1 0
Dr. Black	1 1 0	Dr. E. Hall	1 1 0
Dr. Charles Blackley	1 1 0	Dr. Hamilton	1 1 0
Dr. Edward Blake	1 1 0	Dr. Harris	1 1 0
Dr. J. G. Blake	1 1 0	Dr. Harper	1 1 0
Dr. Blumberg	1 1 0	Dr. Hawkes	1 1 0
Dr. Blyth	1 1 0	Dr. Hayle	1 1 0
Dr. Bodman	1 1 0	Dr. Hayward	1 1 0
Dr. Bradshaw	1 1 0	Dr. Hewan	1 1 0
Dr. Brooks	1 1 0	Dr. Hughes	1 1 0
Dr. Dyce Brown	1 1 0	Dr. Johnson	1 1 0
Dr. Samuel Brown	1 1 0	Dr. Jagielski	1 1 0
Dr. Bryce	1 1 0	Dr. Samuel Kennedy	1 1 0
Dr. Buck	1 1 0	Dr. William Kennedy	1 1 0
Dr. Burnett	1 1 0	Dr. Ker	1 1 0
Dr. Burwood	1 1 0	Dr. London	1 1 0
Dr. Butcher	1 1 0	Dr. M'Ilwraith	1 1 0
Hon. Dr. A. Campbell	2 2 0	Dr. E. Madden	1 1 0
Mr. Cameron	1 1 0	Dr. Mackechnie	1 1 0
Dr. Carfrae	1 1 0	Dr. Macintosh	1 1 0
Dr. Cash	1 1 0	Dr. Mahony	1 1 0
Dr. Chalmers	1 1 0	Dr. Mansell	1 1 0
Dr. Clare	1 1 0	Dr. Markwick	1 1 0
Dr. Clarke	1 1 0	Dr. Massy	1 1 0
Dr. A. Clifton	1 1 0	Dr. Matheson	1 1 0
Dr. George Clifton	1 1 0	Dr. Metcalfe	1 1 0
Dr. Collins	1 1 0	Dr. Millin	1 1 0
Dr. Cooper	2 2 0	Mr. Mills	1 1 0
Dr. Cronin	1 1 0	Dr. John Moore	1 1 0
Dr. Croucher	1 1 0	Dr. Samuel Morgan	1 1 0
Dr. Dixon	1 1 0	Dr. Morrison	1 1 0
Dr. Drury	1 1 0	Dr. H. Nankivell	1 1 0
Dr. Drysdale	1 1 0	Mr. J. H. Nankivell	1 1 0
Dr. Dudgeon	1 1 0	Dr. Neild	1 1 0
Dr. W. Ford Edgelow	1 1 0	Dr. Nicholson	1 1 0
Mr. Engall	1 1 0	Mr. Norman	1 1 0
Dr. Epps	1 1 0	Dr. Perkins	1 1 0
Dr. Flint	1 1 0	Dr. Pope	1 1 0
Dr. Gibson	1 1 0	Dr. Potts	1 1 0
Dr. Galloway	1 1 0	Dr. Prater	1 1 0

Dr. Proctor.....	£1	1	0	Dr. Suss-Hahnemann	£1	1	0
Dr. Puller	1	1	0	Dr. Tuckey.....	1	1	0
Dr. Purdom	1	1	0	Dr. Ussher	1	1	0
Dr. Pyburn.....	1	1	0	Dr. Wallace	1	1	0
Dr. Ramsbotham	1	1	0	Dr. H. Wheeler.....	1	1	0
Mr. Reynolds	1	1	0	Dr. William Wheeler	1	1	0
Dr. E. B. Roche.....	1	1	0	Dr. Wielobycki	1	1	0
Dr. John Roche.....	1	1	0	Dr. John Wilde.....	1	1	0
Dr. W. Roche.....	1	1	0	Dr. Percy Wilde.....	1	1	0
Dr. Roth.....	1	1	0	Dr. Albert Williams	1	1	0
Dr. Sandberg	1	1	0	Dr. Eubulus Williams	1	1	0
Dr. William Scott	1	1	0	Dr. Neville Wood	1	1	0
Dr. Scriven.....	1	1	0	Mr. Thorold Wood	1	1	0
Dr. Shaw.....	1	1	0	Dr. Woodgates	1	1	0
Mr. Charles K. Shaw.....	1	1	0	Dr. G. Wyld	1	1	0
Dr. Shepherd.....	1	1	0	Dr. Yeldham	1	1	0
Dr. Shuldham.....	1	1	0	Messrs. James Epps and Co.	5	5	0
Dr. Smart.....	5	5	0	Messrs. Gould and Son.....	5	5	0
Dr. Stephens	1	1	0	Messrs. Keene and Ashwell	5	5	0
Dr. Stiles.....	1	1	0	Messrs. Leath and Ross.....	10	10	0
Dr. Stokes	1	1	0				

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, 5, Holles Street, Cavendish Square, 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. C. MILLER, 2, Finsbury Circus, London, E.C.

NOTES TO CORRESPONDENTS.

DR. BERRIDGE, London.—Your paper on "Allopathic Malpractice" stands over for our next number.

DR. SHULDHAM, Putney.—Your article is marked for insertion in our next issue.

DR. BAYES, Brighton.—Your communication came too late for insertion this month.

DR. USSHER, Wandsworth.—"Notes by the Way" are crushed out.

BOOKS AND JOURNALS RECEIVED.

El Criterio Médico. Tomo XXII., Nos. 7, 8, 9.

Barbados Globe.

Archivos de la Medicina Homeopática, Números 84 and 85.

Boletin Clinico del Instituto Homeopático de Madrid, Año I., Núm. 9 and 10.

Hahnemannian Monthly, May, 1881.

Bulletin de la Société Médicale Homœopathique de France, 1er Mai, 1881. Tome XXII., Numéro 9.

L'Homœopathie Militante, Troisième Année, No. 7.

National Anti-Compulsory Vaccination Reporter.

A Treatise on Diphtheria. By A. McNeil, M.D. Chicago: Duncan Brothers, 1881.

Allgemeine Homœopatische Zeitung, Bd. 102, Nos. 21, 22, 23, 24.

The New York Medical Eclectic, April, 1881.

Guide to Trefriw and the Vale of Conway Spa. By John W. Hayward, M.D., M.R.C.S., etc. Liverpool: Adam Holden.

Revue Homœopathique Belge, Mai, 1881.

United States Medical Investigator, May 1 and 15, 1881.

La Reforma Médica. Tomo V., Num. 5.

New England Medical Gazette, June, 1881.

St. Louis Clinical Review, May 15, 1881.

Bibliothèque Homœopathique, No. 9, Juin, 1881.

The Therapeutic Gazette, May, 1881.

The Journal of Medicine, June, 1881.

The Dietetic Reformer, June, 1881.

Diseases of the Nervous System. By Charles P. Hart, M.D., etc. New York and Philadelphia: Boericke and Tafel. London: Trübner and Co. and the Homœopathic Publishing Company, 1881.

Treatise on Diseases Peculiar to Infants and Children. By W. N. Edmunds, M.D., etc. New York and Philadelphia: Boericke and Tafel. London: Trübner and Co. and the Homœopathic Publishing Company, 1881.

The Hobart Mercury, April 18, 1881.

CORRESPONDENTS.

Communications received from Dr. Lorbacher, Leipsic; Mr. J. Anderton, Halifax; Dr.

Shuldham, Putney; Dr. Usaher, Wandsworth; Dr. Berridge, London; Professor E. M. Hale, Chicago; Dr. Tuthill Masy, Redhill; Dr. E. T. Blake, London; Dr. Murray Moore, Auckland, New Zealand; Dr. V. Léon Simon, Paris; Dr. Yeldham, London; Dr. Wilde, Weston-super-Mare; Dr. Pope, London; Dr. Hughes, Brighton; Messrs. Keene and Ashwell, London; Dr. Black, London; Messrs. Gould and Son, London; Dr. Reed, Reading; Dr. Dyce Brown, London; Dr. Merisson, Brixton Rise; Dr. Adrian Stokes, Sidmouth; Dr. Clarke, London.

The Homœopathic World.

CONTENTS OF JUNE NUMBER.

- LEADING AND GENERAL ARTICLES:—
 The Tyranny of the Times.
 Case of Necrosis of Lower Jaw-Bone, with Loss of the Necrosed Bone. The Hot Lakes of New Zealand.
 Diseases of the External Ear.
 The Queen of Wurtemberg and Homœopathy.
 The "American Observer" v. The International Hahnemannian Association.
 Case of Catarrhal Stenosis of Lachrymal Passage.
 Examination Questions at the London School of Homœopathy.
 London Homœopathic Hospital.
 The President of the United States and Homœopathy.
 Only a Little Aconite.
 Grey Hairs.
 The Auto-Infectiousness of Snake Poisons.
 Expenses of the International Homœopathic Convention.
 Longevity.
 Public Teaching of Homœopathy in Munich.
- LITERATURE:—
 Sewage Poisoning: Its Causes and Cure.
- CORRESPONDENCE:—
 Lachesis.
 The "Homœopathic World" and Dr. Kidd.
 Hyperpyrexia.
 Hydrophobia.
 "Scientific Medicine."
 "Homœopathy Vindicated," and the "Laws of Therapeutics."
 Dr. Kidd's Veracity.
 Twenty-one Questions; to be Answered by Him whom it may Concern.
 Incognito and the Clergy.
 The Bayes Banquet.
- SHORT NOTES, ANSWERS, ETC.

THE HOMŒOPATHIC WORLD.

AUGUST 1, 1881.

THE QUINQUENNIAL INTERNATIONAL HOMŒOPATHIC CONVENTION, 1881.

THE Homœopathic Quinquennalia came off in London during the week July 11th—18th, 1881.

This assembly was open to all practitioners of medicine qualified to practise in their own country.

The general meetings of the Convention were held at Aberdeen House, Argyll Street, Regent Street, on the Tuesday, Wednesday, Thursday, and Friday of the week of assembly, from 2.30 to 5.30 p.m., and on the Saturday at 2 p.m. Sectional meetings were also held in the hall during the forenoons.

Rarely has it fallen to our lot to chronicle such a complete success, and the only subject for regret is that so many homœopathic practitioners were unavoidably absent from the Convention. The officers of the Convention were all present, and remained at their posts the whole week, and they accordingly received a very kind and ungrudging recognition of their services from all the members of the Convention on whose behalf they had acted. The president, Dr. Hughes, of Brighton, did his work admirably from beginning to end, and the able support he received from the vice-president, Dr. Pope, of London, greatly facilitated business. The treasurer, Dr. Black, of London, rendered important service, and was constantly at work wherever help was needed. The secretaries, Dr. Gibbs Blake (Birmingham), Dr. Hayward (Liverpool), and Dr. Burnett (London), were no less assiduous. All the members united with the officers to render our World's Convention a great success, and such it has admittedly been.

We cannot present a complete list of the names of the members, but we will give it as far as they were inscribed by the members themselves in the "Members' Book" that lay on the table at the door of the hall of assembly. We

will not arrange or classify them, but will reproduce them just as they came.

MEMBERS OF CONVENTION.

Dr. Richard Hughes, Brighton; Dr. Francis Black, London; Dr. A. C. Clifton, Northampton; Dr. C. Wesselhoeft, Boston, Mass., U.S.; Dr. J. Gibbs Blake, Birmingham; Dr. Woldemar von Dittmann, St. Petersburg, Russia; Dr. John W. Hayward, Liverpool; Mr. John M. Wyborn, London; Dr. C. H. Mackintosh, Torquay; Dr. H. M. Wheeler, Clapton; Dr. W. H. Wheeler, Hackney; Dr. Henry Wigg; Mr. Frederick Ross, London; Dr. Alfred Markwick, London; Dr. A. L. Kennedy, Boston, U.S.; Dr. J. Drysdale, Liverpool; Dr. Claudius B. Ker, Cheltenham; Dr. Victor Léon Simon, Paris; Dr. R. E. Dudgeon, London; Dr. Sanders Stephens, Cannes, France; Mr. James Leath, London; Dr. Gutteridge, London; Dr. William Clare, Leeds; Dr. Meyhoffer, Nice, France; Dr. William Galgey, Southampton; Dr. Robert H. Fallon, Clifton; Dr. Arthur S. Kennedy, Blackheath; Dr. George Dunn, Doncaster; Dr. Roth, London; Dr. Thomas Engall, London; Dr. J. B. Noble, London; Dr. Henry Woodgates, Reigate; Dr. Potts, Sunderland; Dr. William L. Breyfogle, Kentucky, U.S.; Dr. L. S. Orduay, Hot Springs, Arkansas, U.S.; Mr. R. J. H. Martin, Melbourne, Australia; Dr. Charles H. Blackley, Manchester; Dr. Thomas D. Nicholson, Clifton; Dr. Galley Blackley, London; Med. Stud. N. Macgillycuddy; Dr. Casal, Mentone; Dr. George Norman, Bath; Dr. Victor Jagielsky, London; Dr. Henry Harris, London; Dr. Goldsborough, London; Dr. S. Hahnemann, London; Dr. Tommaso Cigliano, Naples; Dr. R. Douglas Hale, London; Dr. Alfred C. Pope, London; Dr. S. Yeldham, London; Dr. J. T. Talbot, Boston, U.S.; Dr. J. P. Dake, Nashville, U.S.; Dr. C. H. Walker, Chelsea, Mass., U.S.; Dr. Deane Butcher, Reading; Dr. F. Park Lewis, Buffalo, U.S.; Dr. P. Torry Anderson, London; Dr. E. B. de Gersdorff, Boston, U.S.; Dr. C. Lloyd Tuckey, London; Dr. Edward T. Blake, London; Mr. L. T. Ashwell, London; Dr. William Bryce, Edinburgh; Dr. Blyth, Dublin; Mr. E. Gye; Dr. J. H. McClelland, Pittsburgh, U.S.; Dr. C. F. Bingman, Boston, U.S.; Dr. M. M. Eaton, Cincinnati, Ohio, U.S.; Dr. Thomas Hayle, Rochdale; Dr. Duncan Matheson, London; Dr. C. G. Higbee, St. Paul, Minn., U.S.; Dr. William Owens, Cincinnati, Ohio; Dr. Neville Wood, London; Dr. R. B. Rush, Salem, Ohio; Dr. J. F. Cooper, Allegheny City, Pa.; Dr. Washington Epps, London; Dr. Edward Madden, Birmingham; Dr. John H. Clarke, London; Dr. E. M. Foster, Chicago; Dr. J. S. Mitchell, Chicago; Dr. Bushrod W. James, Philadelphia, Pa.; Dr. Robert T. Cooper, London; Dr. A. W. Phillips, Birmingham, Conn., U.S.; Dr. J. C. Burnett, London; Dr. D. Dyce Brown, London; Mr. J. G. H. Blake, Birmingham; Dr. Archibald Hewan, London; Dr. W. Dunn; Dr. R. C. Henderson, New York; Dr. J. M. Dobson, New York; Dr. A. J. Sawyer, Monroe, Michigan, U.S.; Dr. James Pyburn, Hull; Dr. Theodore R. Brothie, Liverpool; Dr. C. Durrant Welch, Cobbles Kill, New York; Dr. Claude, Paris; Dr. Peter Stuart, jun., Liverpool; Dr. George Wyld, London; Dr. A. J. Baker, Boston, U.S.; Dr. A. H. Woodward, Chicago; Dr. George M. Carfrae, London; Dr. Thomas Shearer, Baltimore; Dr. George Clifton, Leicester; Dr. Ed. Hamilton, London; Dr. Henry Ussher, Wandsworth; Dr. Walter F. P. Wolston, Edinburgh; Dr. A. Midgley Cash, Torquay; Dr. Alfred J. Powell, London; Dr. Rowbotham, Woolwich; Dr. Daniel Smith, London; Dr. S. Morrisson, Brixton Rise; Dr. Moore, Liverpool; Dr. Mary Jane Hall, Boston, U.S.; Dr. Ramsbotham, Leeds; Dr. Croucher, St. Leonards-on-Sea; Dr. Tuthill Massey, Redhill; Dr. F. H. Bodman, Boston, U.S.; Dr. E. B. Shulldham, Putney; Dr. John A. McVickar, New York; Dr. William Tod Helmuth, New York;

Dr. Samuel Morgan, Clifton; Dr. Eubulus Williams, Clifton; Dr. W. T. P. Wolston, London; Dr. Charles G. Watson, London; Dr. Scott, Huddersfield; and Dr. Hugh Cameron, London.

Thus far the list of members as inscribed in the book that lay on the secretaries' table. A number of gentlemen failed to inscribe their names, and these, therefore, cannot be given.

We now proceed to narrate what was done during the week, and this will be best accomplished by taking each day separately.

MONDAY, JULY 11, 1881.

The president received the members of Convention, with the ladies of their families, at 8 p.m., in the hall of assembly. This was at first regarded with some apprehension by a few on account of its novelty. Most people are naturally conservative, and innovations are usually unwelcome. However, it turned out a very notable success, and is pretty sure to be reckoned as a precedent in such matters. Dr. and Mrs. Hughes received the guests on their arrival in the hall, which was tastefully decorated for the occasion with flowers and evergreens. At the far end of the hall there was a well-patronised buffet, with ices, fruit, and cooling beverages, together with tea and coffee and eatables in plenty. Around the hall were exhibits by various eminent homœopathic firms, such as Messrs. Keene and Ashwell, of New Bond Street; Messrs. Leath and Ross, of Vere Street and St. Paul's Churchyard; Messrs. Gould and Son, of Moorgate Street; and Messrs. Heath and Co., of Ebury Street. The works published by the Homœopathic Publishing Company were displayed on a desk at the right side of the hall. We cannot enter into the nature of the exhibits. Suffice it to say that they were objects of scientific and pharmaceutical interest, more especially from the homœopathic standpoint. We might mention that Messrs. Leath and Ross showed as a curiosity a pocket-case of globules once carried by Hahnemann himself, and Messrs. Gould and Son demonstrated some very interesting objects under the microscope. In the body of the hall were various objects of scientific interest, foremost being the microscopes. Dr. Blackley, of Manchester, was very kindly acting microscopist-general, and Dr. Dudgeon was amusing the ladies by taking sphygmographic tracings of their radials, and some of the doctors were thus obtaining extra-mural instruction in sphygmography,

and becoming familiar with Dr. Dudgeon's sphygmograph in particular. There may have been 200 ladies and gentlemen present, and the opportunity thus afforded was eagerly made use of by them to make one another's acquaintance. This was, indeed, the real object of the president's reception, for the members were from all parts of the world, and were mostly known to one another in literature only. Everybody knew of Dr. Talbot, of Boston; many knew that he is dean of the Medical Faculty of Boston University, and Sir William Jenner and the editor of the *Lancet* will be very sorry to learn that the medical faculty of Boston University is *homœopathic*. Moreover, Dr. Talbot was the recognised leader of the American homœopathic team sent to the London International Convention by that noble body the American Institute of Homœopathy. This American team was originally about thirty-five strong, though several fell out of the ranks by the way, and so did not reach the Convention. The names of Helmuth, Breyfogle, De Gersdorff, Bushrod James, Wesselhoeft, McClelland, and others, are as familiar in our mouths as household words, and we were all eager to give them a brotherly hand-grip. Eaton, Owens, Foster, Park Lewis, Sawyer, and others were newer acquaintances that will be cherished by many of us, and Aberdeen House will be remembered as the place where they were made. We were individually so much occupied in making new friends that we almost forgot the music and singing. We remember, however, that Madame Liebe was there, and we still hear the melodious voice of Dr. Hughes singing a song accompanied by one of his daughters. Dr. and Mrs. Jagielski were heard with much pleasure, to judge by the plaudits, and the lady who played the violin was specially appreciated. That is not a quarter of the singing and music, but that is all we remember thereof. All spent a most pleasurable evening, and left with a hearty *à demain*. Altogether we may say that Dr. Hughes is to be congratulated on the success of his reception.

TUESDAY, JULY 12TH.

On Tuesday, at 2.30 p.m., the work proper of the Convention was begun by the election of a vice-president. To this office Dr. Pope was elected by a large majority, and the ability displayed by this gentleman throughout the subsequent proceedings fully justified the choice.

This was followed by the election of four honorary presidents—viz., Dr. J. T. Talbot, Dean of the Faculty of the University of Boston, and special delegate to the Convention from the American Institute of Homœopathy; Dr. Breyfogle, of Louisville, Kentucky, late Vice-President and now President Elect of the American Institute of Homœopathy, and delegate to the Convention from the Institute of Homœopathy of the State of Kentucky, and from that of the State of Arkansas; Dr. Meyhoffer, of Nice; and our own Dr. Drysdale, of Liverpool, who may be taken as the delegate from the Liverpool Homœopathic Medico-Chirurgical Society. The vice-president and the honorary presidents having taken their places on the platform, Dr. Hughes proceeded to deliver the President's address. This was of a thoroughly practical nature, and a committee was at once appointed to report thereon. A vote of thanks to the President for his address having been previously proposed by Dr. Conrad Wesselhoeft, of Boston, and seconded by Dr. Meyhoffer, of Nice, and carried by acclamation, the Report of Committee on the President's Address was subsequently handed in as follows:—

“Your Committee, appointed to consider the practical recommendations of the President's Address, would report that, among the many valuable suggestions made, the following should be acted upon by the Convention:

“1. The continuance of International Conventions, to be held every fifth year.

“2. The appointment of a committee, made up of skilled pharmacutists, say, one from each country represented in this Convention, to correspond and co-operate with the editor of the proposed new edition of the ‘English Homœopathic Pharmacopœia,’ to the end that such work may be more correct and complete, and that it may furnish uniform methods for the preparation of medicines, and the notation of the same in all countries.

“3. The election of a permanent secretary, who shall have charge of the archives and property of the Convention, and make preliminary arrangements for future meetings.

“4. The placing of a full copy of the transactions of each Convention in at least one public library in each country where the practice of Homœopathy is known.

“J. P. DAKE.

“ALFRED C. POPE.

“A. CLAUDE.”

Then followed the presentation of Reports from the different Countries of the World as to the History of Homœopathy during the last five years, and its present state therein, viz.:—

Belgium	Dr. Martiny, Brussels.
Canada	„ Nichol, Montreal.
France	„ Claude, Paris.
Germany & Austria „	H. Goullon, jun., Weimar.
Great Britain and its Colonies	„ Pope, London.
Italy	„ B. Arnulphy, Nice.
India	„ Sircar, Calcutta.
Russia	„ Bojanus, Moscow.
United States	„ Talbot, Boston, U.S.

At a subsequent stage of the proceedings Mr. Martin, of Melbourne, presented a full report “On the Present State and Future Prospects of Homœopathy in Melbourne,” which we will not refer to here any further, as it will be found in effect in another part of this Journal.

Dr. Talbot informed the Convention that Homœopathy in America now counts over 6,000 duly qualified homœopathic practitioners, and is in every way in a most flourishing condition. The Belgian Report contains the interesting information that there are fifty homœopathic physicians in that kingdom, besides forty crypto-homœopaths. Dr. Cigliano, of Naples, estimates the number of homœopathic practitioners in Italy at about 200. For further details we must refer our readers to the “Transactions of the Convention.”

The subject then discussed was “The Condition and Prospects of Homœopathy at the Present Time, and the best means of furthering its Cause.” Dr. Talbot and Dr. Bushrod James made telling speeches in favour of having complete degree-granting homœopathic schools and colleges: “Give me the *young* men to instruct, and I will guarantee the future of Homœopathy,” exclaimed Dr. James. We believe it was Dr. Drysdale who thought that in the Old World we must look to a gradual leavening of the entire profession with Homœopathy until we arrive at the stage of development in which medicine and Homœopathy would be synonymous terms. In the New World, however, he thought independent homœopathic colleges the better plan, seeing that they are already an accomplished fact. He looked to

the New World for compelling history to recognise the merits of Hahnemann and of the earlier homœopathic pioneers.

WEDNESDAY, JULY 13TH.

There were numerous essays presented for discussion on Wednesday, and amongst them, "Thoughts on the Scientific Application of the Principles of Homœopathy in Practice," by Dr. Hayle, of Rochdale. This is a thoroughly philosophical treatise, and worthy of careful study.

Dr. Hughes's essay on "Individualisation and Generalisation" was well handled by Dr. Drysdale, who pointed out that generalisation really stood for pathology. To this Dr. Hughes was understood to assent.

The question of alternating remedies was treated of in an essay presented by Dr. Martiny, of Brussels, editor of the *Rerve Homœopathique Belge*, and Dr. Bernard, of Mons, Belgium. The practice of alternating was defended by Dr. von Dittmann, of St. Petersburg, who wound up by saying, "If I can cure my patients more quickly by giving two medicines at a time than by giving one I shall always do so." Dr. John Clarke, of London, espoused the cause of alternation pretty warmly, and with no lack of ability, but the general feeling of the Convention seemed to be decidedly against the practice of alternating as a rule, though it seemed to be admitted as occasionally permissible.

Dr. J. P. Dake, of Nashville, U.S., presented a paper "On Drug Attenuation: its Influence upon Drug Matter and Drug Power;" and this was followed by an essay by Dr. Conrad Wesselhoeft, of Boston, U.S., entitled "A Plea for a Standard Limit of Attenuated Doses."

The list of essays for Wednesday was brought to a close by that of Dr. Crétin, of Paris, on "The Question of the Dose: Hahnemannism and Homœopathy." The debate hereon was opened by Dr. V. Léon Simon, of Paris, as against Dr. Crétin's views.

The Wednesday's papers were well grouped, and all really turned on the question of the dose, and the efficacy of the small, or so-called infinitesimal doses. Speaking generally, the essays were all against infinitesimals, though no points were really made against them, and a perusal of the essays shows that the various essayists merely go over very old ground, threshing empty straw by the way. Although the

essays were *against* the infinitesimals, it soon became evident that the great majority of the members present have unabated confidence in them. Following in the wake of the opener, Dr. Burnett, of London, pointed out that the evidence in their favour was overwhelming, for a majority of the very best homœopathic physicians from Hahnemann down had lived and died in the firmest faith in the great efficacy of infinitesimals. Dr. Burnett thought Dr. Conrad Wesselhoeft's position had been shown to be untenable by Dr. Buchmann in his essay presented to the Convention by the *Homœopathischer Central-Verein* of Germany. He called attention, moreover, to the remarkable fact that almost all the older opponents of the infinitesimals were *themselves brought over to Homœopathy by observing the effects of these same infinitesimals*; and also that *these self-same gentlemen who now seek to ridicule the infinitesimal dose scored their own greatest successes at a time when they used infinitesimals almost exclusively in their practices*. Dr. Burnett did not advocate the exclusive use of infinitesimal doses, but put in a plea for the whole range, from the crude drug right up to CM's or higher.

Then followed the venerable Dr. Dunn, formerly of Doncaster, who said he felt like an old war horse suddenly roused by the blast of the trumpet. He heartily endorsed the observations of the preceding speaker, and called upon the younger men to be faithful to the truth, and not to remove the old landmarks that had been to him a guide through a long and successful professional career.

Dr. Helmuth, of New York, then made a spirited speech in favour of the use of the infinitesimal dose, citing *Pulsatilla* 200 in ague, *Silicea* 30 and *Asafetida* 30 in bone diseases, as undoubted examples in his own practice of the brilliant curative effects of the infinitesimals.

Microscopy, too, came to the front in the person of Dr. Blackley, of Manchester, so well known to the entire medical world as the author of a scientific work on "Hay Fever." Dr. Blackley argued in favour of the efficacy of the infinitesimal doses from his own microscopical observations on certain exceedingly minute bodies. Altogether the feeling went very strongly in favour of the efficacy of infinitesimals.

THURSDAY, JULY 14TH.

Three main questions occupied the attention of the members on Thursday. Foremost came an able essay by Dr. Holcombe, of New Orleans, on "The Differential Diagnosis and Treatment of Yellow Fever." It was put on record by the debaters that even the allopathic practitioners in the fever-stricken districts of the late epidemic roundly admitted the vast superiority of the homœopathic treatment of yellow fever over all others. Then followed a paper by Dr. Carter, of Sydney, and one by Dr. Sircar, of Calcutta, both treating of tropical diseases.

A general discussion then ensued on "Homœopathy in Hyperacute Diseases, including Hyperpyrexia." Here *Aconitum*, *Gelsemium*, *Veratrum Viride*, and *Sepsinum* claimed most attention, the latter being discoursed upon by Dr. Drysdale more especially.

Then came the very interesting subject of cancer. Dr. Gutteridge, of London, presented an essay thereon, and the most notable debater was Dr. Clifton, of Northampton. The general conclusion amounted to this, that cancer in its earlier stages is often completely under the control of medicines, and that in the later stages the relief afforded by Homœopathy is very great, resulting in a notable prolongation of life. Its surgical treatment found but very little favour. Significant is the fact that the conclusions arrived at by Dr. Gutteridge were nearly identical with those of Dr. Clifton, although neither knew of the experience of the other previous to arriving at their conclusions.

After the subject of the possibilities of medicine in cancer had been very ably discussed there came three important essays on Gynecology. That on "The Place of Mechanical Measures in Pelvic Disease," was presented by Dr. Edward Blake, of London. This essayist displayed a complete mastery of his subject. After this came Dr. Dyce Brown's "On the Treatment of some Uterine Diseases." This is a sterling contribution to the medicinal treatment of women's diseases, while that of Dr. Blake advocates the wide use of mechanical measures.

The third essay on a cognate subject was by Dr. Carfrae, of London, and then followed a lively discussion on the general subject of the treatment of the diseases of women. Besides the essayists there were various debaters, and foremost amongst them Dr. John Moore, of Liverpool, and Dr.

Matheson, of London. The sum of the discussion amounted to this, that mechanical measures are, indeed, not infrequently absolutely necessary, but that a careful study of our remedies will generally render mechanical interference needless.

THURSDAY EVENING.

On Thursday evening, July 14, the President of the British Homœopathic Society, Dr. Pope, gave a *Conversazione* to the members of the Convention and their friends at the Society of British Artists, Suffolk Street, Pall Mall. The Reception by the President of the Convention at Aberdeen House on Monday was a great success; the *Conversazione* of the President of the British Homœopathic Society was brilliant. The following is the

MUSICAL PROGRAMME OF THE EVENING.

GLEES	...	{ "Come Bounteous May" ... <i>Spofforth.</i> "Oh! Sweet Contentment" ... <i>Horsley.</i>	
		MR. BURGESS PERRY'S GLEE PARTY.	
SONG	...	"The Three Ravens" ... <i>Old English.</i>	
		MISS MEREDITH BROWN.	
PART SONG	...	"The Image of the Rose" ... <i>Reichardt.</i>	
		MR. BURGESS PERRY'S GLEE PARTY.	
SOLO	...	MR. ALBERT JAMES.	
VIOLIN	...	"Air Varié" ... <i>Vieuxtemps.</i>	
		M. NIEDZIELSKI.	
SONG	...	"When the tide comes in" ... <i>Millard.</i>	
		MISS NELLIE SUMMERS.	
GLEE	...	"Oh! the summer night" ... <i>W. H. Cummings.</i>	
CATCH	...	"Would you know my Celia's Charms" <i>Reichardt.</i>	
		MR. BURGESS PERRY'S GLEE PARTY.	
SONG	...	"Out on the Rocks" <i>Mdme. Sainton-Dolby.</i>	
		MISS MEREDITH BROWN.	
PART SONG	...	"Tears of Anguish" ... <i>Reichardt.</i>	
		MR. BURGESS PERRY'S GLEE PARTY.	
SOLO	...	MR. HUBBARD.	
VIOLIN FANTASIA	...	"Souvenir de Haydn" ... <i>Leonard.</i>	
		M. NIEDZIELSKI.	
SONG	...	"A Summer Shower" ... <i>Marzials.</i>	
		MISS NELLIE SUMMERS.	
GLEE	...	"A Franklyn's Dogge" ... <i>Mackenzie.</i>	
GLEE	...	"King Canute" ... <i>Macfarren.</i>	
		MR. BURGESS PERRY'S GLEE PARTY.	

It will be seen herefrom that there was no lack of song and music. Then if it be remembered that the walls were

covered with beautiful works of art, that Dr. and Mrs. Pope met the guests at the door with true English cordiality, that the refreshment stalls were replete with fruits, ices, cooling beverages, and other good creature comforts, that 250 ladies and gentlemen were standing and sitting in chatty groups, or strolling leisurely about, looking at the pictures and listening to the music, but few will gainsay our opinion that the *Conversazione* was altogether brilliant.

FRIDAY, JULY 15TH.

The subjects put down in the programme for Friday were Surgical Therapeutics, Ophthalmology, and Otiatrics.

Dr. Dudgeon led the van by presenting, on behalf of Dr. Bojanus, of Moscow, "A Report on the Influence of Homoeopathy on Operative Surgery," and Dr. Watson, of London, followed with a series of surgical observations. The most important paper on this subject came from Dr. Tod Helmuth, of New York; it is too extensive for us to give even in outline, but we strongly recommend our readers to look for it in the next number of the *British Journal of Homoeopathy*.

Dr. Vilas, of Chicago, presented an essay on "The Therapeutics of Iritis," and there ensued an interesting discussion on the treatment of the principal varieties of iritis. The chief speakers were Dr. Dudgeon, of London, Dr. Bushrod James, of Philadelphia, and Dr. Park Lewis, of Buffalo. There was a general consensus of opinion to the effect that we must have recourse to the ordinary mydriatics in full dose to prevent and break up any adhesions of the iris to the capsule of the lens. Dr. Park Lewis evidently scored a point when he recommended myotics in the treatment of iritis. The *simillima* are to be given consentaneously with the mydriatics.

The intended discussion on Dr. Cooper's essay on Aural Therapeutics had to be dropped from want of time, as the members dispersed to their homes to dress for

THE FAREWELL DINNER.

On Friday evening, July 15, the British members of the Convention invited their American and foreign colleagues to a farewell banquet at the Criterion in Piccadilly. This dinner was originally a part of the proposed programme, but the *Conversazione* was substituted for it in the definite arrangements. However, as the guests began to pour in, a strong

feeling soon became manifest in favour of a dinner also. It was felt that we could not part without dining together for *auld lang syne*. Accordingly a small group of British members of the Convention determined to call upon their colleagues for an expression of opinion on the subject, and, if approved of, to collect funds for the purpose.

The response was most generous and prompt from all sides, and in a few hours ample funds were forthcoming for the purpose. Thus it came to pass that about a hundred gentlemen sat down to dinner at the Criterion in Piccadilly on Friday evening, July 15, at the hour of eight.

Dr. Hughes was, of course, in the chair, and Dr. Pope in the vice-chair. The familiar faces of the "Old Guard" (Drysdale, Dudgeon, and Black) made one quite sure that it was a Congress dinner, while the presence of Drs. Talbot, Helmuth, De Gersdorff, Bushrod James, McClelland, the Wesselhoefts, Meyhoffer, Léon Simon, Claude, Von Dittmann, and Cigliano showed clearly that it was *international*. Want of space prevents our giving the speeches; be it enough if we say that our good Queen was not forgotten, that President Garfield's recovery and good health were pledged, that the memory of Hahnemann was drunk in wonted silence, and that we thought some of the best speeches of the evening were those of Helmuth, Talbot, De Gersdorff, Foster, and Von Dittmann. A pleasing episode was afforded by Dr. Moore in toasting Drs. Hamilton, Cameron, and Hilbers. Much good feeling was engendered at this dinner, and England and America were knit more closely than ever together, while the old homœopathic spirit inspired the whole gathering.

SATURDAY, JULY 16.

This last day of the Convention was set apart for miscellaneous business. One interesting feature of the day was the presentation of a printed address from the German *Homœopathischer Central-Verein* to the International Homœopathic Convention. This address is beautifully bound in embossed satin, and has been deposited with the permanent secretary of the World's Quinquennial Homœopathic Convention. After the appointment of an International Pharmaceutical Committee, it was unanimously decided that the *Quinquennialia Homœopathica* be declared a permanent institution. It may be mentioned that this is the second

International Convention, the first having been held in America five years ago under the presidentship of the lamented Carroll Dunham. The hammer used by Carroll Dunham for calling to order at the first World's Convention was brought from America by its appointed custodian, and was handed to Dr. Hughes at the beginning of the Convention which is now being recorded. This now historical hammer is to remain as a part of the *Quinquennalia Homœopathica* in the hands of the permanent secretary until their next celebration. It is recommended by the Convention that the place for this next celebration shall be Brussels, the capital city of Belgium. This was proposed by Dr. Léon Simon, of Paris, and finally decided upon, although Dr. Talbot put in a strong claim for Boston. Dr. Richard Hughes, of Brighton, was elected Permanent Secretary of the Homœopathic Quinquennial Convention, and custodian of its archives and property. It will be Dr. Hughes's privilege to carry Dunham's hammer to Brussels in another quinquennium. May we be there to see it.

BRITISH SECTION OF THE CONVENTION.

Finally the British members of Convention went into committee to decide upon the place of meeting for the next *British Homœopathic Congress*. Two places claimed the honour—viz., Northampton and Edinburgh. The votes were declared even, and thereupon the chairman of committee, Dr. Drysdale, gave his casting vote in favour of Edinburgh. The next British Homœopathic Congress will therefore be held in Edinburgh in September, 1882.

The place of meeting having been decided upon, Dr. Vallancy Drury, of Bournemouth, was elected President of the British Homœopathic Congress for 1882.

Dr. Gibbs Blake, of Birmingham, having resigned the office of General Secretary, which he had held with so much honour for over ten years, Dr. Dyce Brown was elected General Secretary in his stead.

Then came a general good-bye-wishing, and the members of the London Quinquennial Homœopathic Convention separated, strengthened for a renewal of the fight against allopathic ignorance, superstition, and tyranny.

THE ALLOPATHIC COUNTERBLAST.

The *Lancet* has become alarmed at the advance of Homœopathy, and in its issue of July 16 it appeals to the most grossly ignorant of its readers (and unfortunately they are in a majority) to move the next meeting of the British Medical Association to be shortly held at Ryde, to damn the homœopaths afresh in the same words as was done at Brighton in 1851. As far as we are concerned the British Medical Association, may show its silly ignorance and intolerance by daily damnations and hourly excommunications. It hurts nobody, and at least has the advantage of making one laugh. We suppose the editor of the *Lancet* knows his own customers best. We may remark, in conclusion, that it is *not* the *Homœopathic World* which is offered to the lay public on railway bookstalls, but the *Lancet*. Of course this is very proper and strictly professional, inasmuch as it is done by the *Lancet*. Perhaps the British Medical Association at its forthcoming meeting at Ryde may find time to teach the *Lancet* a little professional decency.

“HOMŒOPATHIC REMEDIES DO NOT ACT
HOMŒOPATHICALLY.”

By ARTHUR DE NOË WALKER, M.D.

“THE medical profession and the public will be interested to learn, on the highest authority, that homœopaths *do not themselves believe* that what are called ‘homœopathic remedies’ act *homœopathically*. It seems that no *homœopathist* has of late years *even pretended* that the drugs he employs cure disease on the principle *similia similibus curantur*. This dogma is simply a statement of the so-called ‘principle on which the homœopathist selects his remedies.’ This is obviously a minor consideration, and one in which the public has little or no interest. What the patients of homœopathic practitioners expect from those gentlemen, and fee them for, is homœopathic *treatment*. It is a matter of perfect indifference to the sick man or his friends how the physician *selects* his drugs. The only practical question is how he treats his cases, and in what manner the drugs act. Having elicited a frank confession of the facts as to the action of drugs, we can only appeal to honest men still connected with the so-called ‘Homœopathic School’ to

abandon openly a position which they *admit does not exist*, and which is therefore only a name, full of meaning to the lay public, but of no significance to themselves. We do not wish to speak strongly on the subject, but it certainly is the reverse of candid to retain a name which means nothing and deludes the public. With the publication of the letters which appear in another column the discussion must end. The *truth* [!!] is now at length before our readers, on the admission of the leading homœopaths, and the only possible inferences are writ large and plain."

The above paragraph, published by the editor of the *Lancet* on the 11th of June, has most likely not escaped your notice, but I trust also that notwithstanding the paltry subtilty wherewith that editor habitually shrouds his meaning, motives, and sectarian notions, it has not escaped your contempt. I crave leave nevertheless to append a few remarks, fully persuaded that the stage the question has now actually attained must be accepted by every discerning person as highly critical, involving, as it unquestionably does, either a humiliating and disastrous fusion of truth with error, or a close sifting, and ultimate separation of the former from the latter.

The first impression which every impartial reader will receive from a perusal of the above paragraph is that the homœopathic treatment of morbid states, through the might alone of its truth, success, and increment throughout the world, is evidently too strong to be any longer resisted by falsehood, misrepresentation, and calumny. The only chance the worshippers of academic idols now have of avoiding a defeat, or of even feigning a victory, is to take a new position, and, with adequate subtilty, assume and proclaim that the homœopathic treatment of disease is not that which those who practise it declare it to be; and that after a few verbal changes, or the sole abandonment of the term Homœopathy, it may be admitted and tolerated, as it really means nothing; or, if it really means something, it is neither believed nor practised by those who are still "connected with the so-called Homœopathic School." "It is only a name--full of meaning to the lay public, but of no significance to themselves." The editor of the *Lancet*, however, "does not wish to speak strongly" about all this; probably because he finds that wicked and unrighteous testimony against homœopaths and homœopathic treatment is *now* both useless and intolerable, although the language hitherto used has, no doubt,

been very gratifying to most of his servile readers. Not many months ago he assured them that to consult with homœopaths was low and degrading, while some years ago, apostrophising the sick and afflicted who resorted to homœopathic treatment, he wrote, "May your vigour of mind and body fail, your bones decay, your limbs be rotten by disease, your joints stiffen and be everlastingly immovable." There is only one editor capable of thus degrading and disgracing himself, and that is the editor of the *Lancet*, and I much regret that some gentlemen who practise Homœopathy have so far forgotten themselves as to address several letters to him.

Such, however, notwithstanding the fraudulent practices it has been convenient to ascribe to us, is the course the enemies of homœopathic therapeutics are now constrained to take. Totally devoid themselves of steadfast principle, we also at this juncture may be allowed the indulgence of humbly inferring that our practice may ultimately be declared scientific and honest *after* we have made up our minds to join them; but that the same practice must continue to be repudiated as dishonest and fraudulent if we persist in calling it homœopathic. We, however, together with a few millions of the lay public, who (most fortunately) are never influenced by the medical press, plainly ask whether the dishonest practice ascribed to homœopaths is not rather applicable to whole herds of allopathic physicians and surgeons, whose treatment of many diseases and whose published works clearly show that they select and recommend remedial agents in perfect accordance with the Law of Similars, which they have not however the courage to avow, but have the baseness to malign.

It is the old, old story — much older than Machiavelli. If we are now too strong to be coped with in the open field, we may be destroyed with a poisoned bait, or trapped. "Now," observed Moab to his elders and counsellors, "shall this great company lick up all that is around us, as the ox licketh up the grass," and, finding that all the means of resistance at his command could not prevail, Moab sought and gained the *friendship of his enemies* by calling the Israelites unto the sacrifice of their gods. "And the people did eat and bowed themselves down to their gods, and joined himself to Baal-Peor." The wheat could not be rooted up. For fifty years they have tried to trample it down; still it flourishes and increases. The only thing they can do now is

to mar its aspect and neutralise its testimony by permitting it to grow with the tares. "Why not follow the example of so many of us allopaths, who in so many cases, as far as our knowledge of it will permit, practise Homœopathy, yet scout and vilify both the imputation and the name? We call it scientific medicine." There is nothing "the reverse of candid" in that. Look, amongst others, at Dr. Ringer's "Text-Book of Therapeutics." Just look how his book is full of homœopathic indications, without once naming that odious name, a standing witness against us. "The persevering use of bromides," he tells you, "occasionally produces an acne-form rash, and even boils;" yet Dr. Cholmely reports the cure of some obstinate cases of acne by moderate doses of iodide of potassium. Of the effects of Pilocarpine he informs you, "that in a short space of time the perspiration rapidly increases, the sweat running down the body and saturating the clothes. In doses of one-twentieth of a grain, given three times daily, it will check profuse perspiration." And so on, *passim*. Dr. Ringer is an honest man. Why not follow his example, and join us?

But the *Lancet* (horrible name! memorable for the "scientific" slaughter of millions) will not be altogether disappointed. To some the bait will prove palatable, and will be seized with avidity, although they may not prove to be as many as the editor might wish. I myself would wish that all the homœo-allopaths would accept it once for all, and leave us for ever. All the Kidds and the Kiddo-pathists, and all who believe in what somebody has called the Wyld-Richardson letter, would greatly oblige us by accepting the terms now offered to them. Not only, as far as I am a judge, is their practice *bad* and insufficiently successful, but they retard, and do therapeutic science immense mischief. I say let them go. Moreover, if that be an object, their professional income will certainly increase by the use of iodine paint, anodynes, and the *forcing of functions*. But they shall die, and leave nothing behind them but money and a worthless clinical experience.

I must not encumber your pages with any more remarks on the impudence of the above paragraph. The italics, which, with one exception, are all mine, at once suggest the double object the editor had in presenting his readers with it, all or most of whom are fully predisposed to believe it, and to deter them from testing the truth or error of the homœopathic treatment of disease, as they are now assured

that there is really nothing in it save a meaningless name. Perfectly aware, however, that a score or two of us would soon prove the contrary, the editor informs us that the correspondence is at an end. The only thing that torments me a little is, how such persons can look into their children's eyes and admonish them to do to others as they would be done by, and not to bear false witness against their neighbour.

As regards consultations, my invariable course has been, whenever any of my patients have expressed a desire for allopathic *medical* aid, to say that I am a pure homœopathist, and that such consultation would be of no use; they had every right to do the best for themselves according to their discretion and knowledge, and if they wished for allopathic treatment I would retire, but return if recalled.

The only thing I regret, and have always regretted, about allopathy is, that they have excluded us from the British Medical Association; and I regret it simply because if a few of us attended their meetings, if only to expose the trash they so frequently talk and applaud, in eighteen months or so the practice of physic throughout the country would undergo an extraordinary change, and the mortality diminish by about one-third. One of the most bigoted and determined advocates for our exclusion is Dr. B. Richardson.

Finally, to you few but faithful students of the *Materia Medica Pura*, I would say—Be steadfast, unmoveable. Publish all your cases for the benefit of your contemporaries and for posterity. To you is committed as faithful witnesses the practice and development of the most beneficent physical law revealed to mankind.

ON THE USE OF STICTA PULMONARIA IN BURSITIS, OR HOUSEMAID'S KNEE.

By ELIAS C. PRICE, M.D.

[THIS paper was read by the author before the Maryland Homœopathic Medical Society, November 10, 1880, and published in the February number of the *Homœopathic Times*.]

Case-Book, Vol. II., page 124. Case, Bursitis or Housemaid's Knee. Remedy, Sticta Pulmonaria.

April 8, 1880. Mrs. H., aged about thirty-eight years. About two years ago fell on her knee; it has been sore and

tender ever since. Some months afterwards it began to swell very gradually; now there is quite a large collection of fluid in the bursa in front of the patella; the bursa is at least one and a half inches in diameter, and projects very nearly as much. Fluctuation on palpitation is very distinct. *R. Sticta Pulm.*, IX. dil., put ten drops in half a glass of water, and take a teaspoonful every two hours during the day and up till bedtime each day. The patient called to see me in ten days or two weeks, improvement very perceptible. *R.* continue remedy. In five weeks it was so near well that she did not think it necessary to take any more medicine. I gave her a two-dram vial of the first dilution; she did not use quite all of it.

I had some doubt about the medicine being good; both the tincture and the first dilution had thrown down a considerable quantity of black precipitate; having no other I gave this until I could get a fresh supply, but it did the work effectually.

August 31. Saw Mrs. H. to-day; the patella is still tender to the touch; there is a scarcely perceptible thickening of the tissues where the swelling was, but not a drop of fluid.

Case, Bursitis. Remedy, Sticta Pulm. Case-Book, Vol. II., page 123, June 20, 1880.

John Smith, coloured man, aged thirty-eight, stevedore. (As the name John Smith only occurs 136 times in the directory, white and coloured list, you will be sure to know him when you see him.) Has had a large bursa on the front of the right patella for four weeks. If the patient was a woman we would call it housemaid's knee. The knee is quite painful, mostly in the joint; the joint is very stiff, particularly after sitting down for fifteen or twenty minutes, must straighten his leg out, or get up and walk to get relief; has been using liniment, etc., for four weeks, but it still gets worse. *R. Sticta Pulm.*, the same preparation, and to be taken in the same way as the first case.

June 27 (just one week). Has been at work all last week; has only mixed and taken two portions (twenty drops) of the medicine. The fluid has all disappeared, though there is a little swelling around the patella and inside the joint. Says he can use the knee as well as ever, has no pain, nor does it get stiff when sitting down. Ordered him to continue the remedy a few days longer.

August 30. Saw his wife to-day. She says her husband's knee remains perfectly well. In all my previous cases the effusion of fluid had been into the knee joint; in a few cases there was also effusion into the knuckle and finger joints.

Perhaps you may not all of you be familiar with the history of my discovery of the peculiar efficacy of this remedy in bursitis, during the stage of effusion. About the year 1869 I was attending a boy seven or eight years old with a very severe attack of rheumatism. It affected his knee, ankle, toes, wrist, and fingers. Gave *Acon.* and *Sulph.* On the second day I discovered a large collection of water in the knee joint; patient no better. Gave *Sticta*, 10 drops 1 to X dil., in half a glass of water, a teaspoonful every hour, intending as soon as the acute symptoms were relieved to give *Sulph.* again, to absorb the fluid. To my surprise in twenty-four hours the fluid was nearly gone; in twenty-four hours more it was entirely absorbed. For three or four years I had frequent opportunities of using it, and in acute cases always with success. Scrofulous patients require the inter-current use of *Sulph.* In chronic cases of long standing it is perfectly useless.

Strange to say, for several years I have seldom seen a case requiring its use.

I published my observations in the *American Observer*, Vol. X., 1872, page 162. Some years afterwards Dr. E. Hasbrouck, of Brooklyn, N.Y., had some cases that proved very obstinate. Remembering my article in the *Observer*, he hunted it up, gave the remedy, and cured the patients with surprising rapidity. It appears that Dr. H., like myself, about that time had a succession of cases, and finding the remedy so effectual became perfectly enthusiastic about it. He called Professor Helmuth's attention to it, wrote to Dr. Massey, of England, in reference to it (the article was published in the *Homœopathic World*, an English journal), and wrote to me for my further experience with the remedy. A portion of my letter in answer to him was published in the Transactions of the Homœopathic Medical Society of the State of New York. On several occasions Dr. H. has called attention to it in the *U. S. Med. Investigator*.

A further endorsement of it in this disease will be found in Hering's "Condensed Materia Medica," in Lillenthal's "Therapeutics," and Hughes's "Therapeutics," and the third edition of Helmuth's "Surgery."

In one of my letters to Dr. Hasbrouck I recommended

a trial of it in Hydropericardium resulting from rheumatic carditis, in pleuritic effusions, and in Glaucoma. I have had but one opportunity of trying it in pleuritic effusion since then, and then I made the mistake of not using it until the patient had had the disease fifteen days, and, the patient being about seventy years old, the disease had assumed a chronic form, and the remedy did no good. *Sulph.* for three or four weeks removed the effusion, and *Lyc.* 30 for some remaining symptoms effected a cure.

In rheumatic inflammation of the synovial membranes lining the joints, either before or directly after the effusion has taken place, I believe it is decidedly the best remedy we possess. I suppose I have treated over twenty cases with it, and know whereof I speak.

NOTES ON CONSUMPTION.

By STAMMERS MORRISSON, M.D., L R.C.P., M.R.C.S.

"Homœopathy consists in the administration of a remedy for a disease, which, if given to a person in health, is capable of producing similar (not identical) symptoms to the disease—'*similia similibus curantur*,' 'likes by likes are cured.' You are palsied—you use strychnine, which produces palsy; you are griped—you use colocynth, which gripes; you are sick—you use anti-mony, which produces sickness; you have asthma—you use ipecacuanha, which produces asthma; you are relaxed in the bowels—you use rhubarb, which relaxes the bowels: this is the law of likes curing likes. Refute these truths, if you can, by showing a still more efficacious, certain, and agreeable method than mine; refute them not by words, of which we have too many; but if experience should prove to you, as it has to me, that my method is the best, make use of it to save your fellow-creatures, and give the glory to God."
—*Hahnemann.*

"Gently, most gently, on thy victim's head,
Con-umption, lay thy hand."—*Henry Kirke White.*

CONSUMPTION is a disease of defective nutrition. Conditions may arise, either naturally or from extraneous causes, which may render a thorough assimilation of food very difficult, perhaps impossible. Chronic indigestion, succeeded by impairment of the physical organism, may follow, and consumption may result. Or the body may be suddenly chilled, a feverish state ensue, waste of lung tissue may follow, and consumption may result. Or indulgence in excesses, whether alcoholic or those of a "fast life," may overtax the restorative powers of the system, and consumption may result. Some people think it necessary that the young should sow "wild oats." There never was a greater mistake. The thriving

farmer does not keep wild oats on *his* premises, neither would he expect such seeds to produce useful, marketable grain; and the empty chairs of thousands of homes bear testimony to the fact that the wild oats of immoralities can yield but bitter fruit. And one of the most bitter results of an indulgence in vice is the development of consumption, for, though not strictly contagious, it may certainly be acquired, and as certainly is transmissible.

The *causes* of consumption are numerous. In addition to those mentioned, the conditions of life may be unfavourable to healthy nutrition, either because of the deficiency of, or the indifferent quality of, the foods and drinks consumed; the want of proper clothing; the amount and suitability of the exercise taken; and the air which is breathed. Food may be deficient in quantity, or of inferior quality, or the digestive organs may not be able to assimilate it. Drinks may be taken to excess, or at unsuitable times, or of injurious kinds; clothing may be too scanty, or excessive, or of unsuitable texture; exercise may be undervalued, or the powers of endurance may be overstrained; the respired air may be impregnated with noxious fumes or vapours, or there may be a want of free ventilation, or chilling draughts may be felt, or the house inhabited, or its rooms or its surroundings, may be unhealthy; or a long-continued strain, such as that of nursing an invalid, may be endured; or some acute disease may have left its debilitating effects on the system; and from any of these causes consumption may develop. Civilisation brings many advantages, but it is hedged in by its own disease-circle, and woe to those who despise a timely warning.

Until the last few years the opinion prevailed that pulmonary consumption (that of the lungs) consisted essentially in the deposit of what are called tubercles. This has been controverted on high authority, and the statement put forth that death may take place without any such deposit having formed. Whether this view can be correct, or whether the term consumption should be limited in its use to the cases in which tubercles are known to exist, the future must decide. This, however, must be admitted—that consumption is a constitutional disease, and that its special manifestations are due to a general cause localising its effect upon a susceptible organ or structure. The exciting causes act upon organs or structures predisposed to the disease. Tubercles may form, to a limited extent, and remain dormant for years. Then,

perhaps, the victim "catches cold," inflammatory action sets in, the tubercles soften or "break down," and disintegration and destruction of tissue is the inevitable consequence. But this does not necessarily end fatally. Substances destroyed cannot be restored, but the disease may sometimes be arrested while yet there is time to save life. The diseased portion may become "walled in," so to speak, leaving a sufficiency of healthy structure for absolute requirements; and this is more particularly the case when only one lung is involved. Latent tubercular deposit may sometimes be absorbed; for some sufferers have so thoroughly recovered, that after a lapse of years it has been found impossible to discover the remains of previously existing mischief. Sometimes chronic bronchitis may simulate bronchial consumption, but the greater age of the patient will aid in distinguishing them.

One of the great predisposing causes of consumption is hereditary tendency. Those who have lost parents or relatives from this subtle enemy should take precautionary measures. They should be taught what to do, and what to avoid, in order that the hereditary predisposition may be overcome. The habits of life should be carefully regulated, and the causes already enumerated duly considered. Above all, remember that an outdoor occupation, under favourable conditions of atmosphere, food, clothing, exercise, and rest, with an avoidance of excesses of all kinds, is conducive to longevity. Talk about our artisans and labourers, the so-called working men! Why, the hardest workers of civilised countries are the thinkers—those who have the planning and supervision of the physical toil, or whose brains are continuously taxed in their daily tasks; even their nights are not free from care, their rest frequently being disturbed by fitful dreams. And brain-work necessitates sedentary habits of life. It is in these people, the foremost champions of civilisation, that the seeds of consumption are sown; though they may only germinate in the sons and daughters who over-indulge in the pleasures, the follies, or the book-lore of youth.

Among the causes of consumption must be classed mental effects. Over-anxiety, whether sudden or long-continued, may so tell upon the nervous system that the appetite, the functions of the body, and the physical powers become impaired. Mental depression may convert an incipient consumptive into a confirmed sufferer. Friends who are inclined to rake up the memory of "similar cases, who went off in a few months," would do well to remember this. Looking

upon the brighter side encourages invalids to carry out directions, and so to help themselves.

One of the conditions of life predisposing to consumption may be an unsuitable climate, or its equivalent, an impure atmosphere. In countries where the air is thoroughly dry—whether hot or cold—people live more out of doors. Even a severely cold, dry day is healthier than relaxing humidity; and, in dry weather, all artificially heated rooms should be freely ventilated from the outer air, bedrooms not excepted. “But the night air!” some hot-house plant will exclaim. Well, as has been aptly remarked, during the night you cannot obtain any other, and it surely is well to have that in as pure a condition as possible. Even in our own climate, it is not the tiller of the soil, who works in the fields by day, who takes his refreshing sleep on a bed of straw, and whose brain is free from the worries of competitive calculations and continuous mental strain—he is not the favourite of this dire disease. It is the individual whose life is sedentary, and whose occupations involve the worry and brain-fatigue of city life, on whose brain-power the cares of a family depend, or on whom rest the threatenings of an honest insolvency; or it is upon one who labours at high pressure, probably in the midst of smoke and vapours, and whose exercise is taken, like epileptic fits, in paroxysms, or not at all; or it is upon the young, who have inherited the tendency, or who pass night after night in overheated, overcrowded rooms—perhaps carelessly testing the effects of sharp draughts of air upon their full-dress uniform; or it is upon the slave of folly and vice. These are the victims upon whom consumption most surely lays its hand.

By way of digression, the question may be asked, What are tubercles? They are tiny, rough, granular particles, composed of animal and earthy matters. Being products due to a condition of low vitality they have but little innate force; hence they may “break down” from slight causes; or the animal portion may be absorbed, leaving the earthy particles imbedded in the tissues. When tubercles “break down,” the softened substance finds its way into a bronchial tube, and the substance is expectorated along with the ordinary mucus of the bronchial tubes. In this case destruction of lung tissue results, and cavities are formed. But the outlet to a cavity may close, and an arrest of disease result. But should the malady proceed unchecked the final effect is well known.

And what are the *exciting causes* of the disease? Chiefly three. First, "only a cold;" second, some acute disease, as inflammation of the lungs, measles, or small-pox; third, chronic indigestion. Upon these it is not necessary to enlarge; they are everyday occurrences in some family or other. Many escape the after consequences, but many more might do so by judicious care. Adopt the tailor's principle of "a stitch in time," and you will be on the safer side.

And what are the *indications* which lead to a suspicion of the existence of this insidious disease? Remember that tubercle may be deposited in any part or organ of the body, though we are now dealing specially with the lungs. A precursor of lung mischief is frequently a "cold in the throat." When any one who "takes cold easily" complains of a steady hacking cough, with huskiness or loss of voice, or even with an alteration in the tone of the voice, perhaps with difficulty and pain in swallowing, slight expectoration, with nausea or vomiting, and with a distress greater than the indications appear to warrant—be on guard. Check the mischief in the throat, for the larynx is the highway to the lungs. Then again, when any one develops a tendency to take cold easily, with feverishness, loss of appetite, furred tongue, unpleasant taste, thirst, constipation or relaxation, and a worrying cough—look to the chest. These early indications may be followed by shortness of breath, loss of flesh and strength, increased cough, hectic flush of face, night perspirations, perhaps spitting of blood and a suppression of some natural secretion, and it may be found that consumption has come, like a thief, unawares. A positive evidence, irrespective of physical signs, is furnished by a steady rise in the temperature of the body, as shown by the chemical thermometer. Relatives should not rely too much on the statements of the sufferers, for they usually describe themselves as "better," even when the angel of death is knocking at the door.

As the disease progresses, certain physical indications may be observed. If it is located in the throat, tuberculous ulcers form, with expectoration of matter-like mucus, but the expectoration affords only temporary relief; the throat becomes relaxed, with a hollowed-out appearance from absorption of fat; the tonsils have thick matter upon them, the voice expresses irritability, and the evening flush is followed by night perspirations. If directly developed in the lungs there may be flattening of the upper portions of

the chest, with undue prominence of the bones, decrease of respiratory movements, emaciation, with muscular flabbiness and looseness of the skin. Other signs are observable to the physician, but it requires a practised eye and a trained ear to estimate their significance. But when a member of a family takes cold easily, has hacking cough, with shortness of breath and loss of flesh, and especially if there should be a suppression of natural secretions, or inveterate indigestion, friends should not delay to seek advice.

Such are the leading indications upon which observant friends may act; but their suspicions should be communicated to the relatives immediately concerned. Much harm may be done to a timid invalid by an injudicious remark, whereas cheerful counsel may lead to the adoption of measures calculated to promote permanent benefit. Sensible persons are ever ready to weigh the value of advice, if courteously given. Those who are wayward and headstrong may choose to follow their own desires and inclinations, and to ridicule that which they do not care to take the trouble to understand, but they should remember that others are interested in their welfare. They will find that the laws of nature cannot be set at defiance with impunity; and when the crisis comes it is useless to rush off to various physicians, under an impatience [of sufferings which a common-sense attention to advice might have averted.

This disease has been divided into three stages, but as these merge into one another gradually it requires a practised eye and ear to note the transitions. In the later stage complications frequently occur, and are sometimes difficult to relieve. But the ordinarily painless character of pulmonary consumption has been well depicted by the late Charles Dickens: "There is a dread disease which so prepares its victims, as it were, for death, which so refines it of its grosser aspect, and throws around familiar looks unearthly indications of the coming change,—a dread disease in which the struggle between soul and body is so gradual, quiet, and solemn, and the result so sure, that day by day, and grain by grain, the mortal part wastes and withers away, so that the spirit grows light and sanguine with its lightening load, and, feeling immortality at hand, deems it a new term of mortal life."

There is, usually, an *incipient* stage, where mischief threatens rather than exists; it is in this, its earlier period, that measures promptly taken are most effective. Perhaps the signs

may be obscure, but if the true consumptive cough has set in it may generally be known by its irritating effect upon the nervous system of the patient. Like a threatened paroxysm of whooping-cough, it worries and annoys, without affording lengthened relief. The sufferer rebels against it, as if it were an annoyance which could not be patiently endured; or the disease may be ushered in by an attack of spitting of blood. There is no mistake about the meaning of this, and even the most callous of persons feel its importance. In fact, it generally causes too great alarm. Perfect rest, in a room of moderate, uniform temperature, with an avoidance of stimulants, and mild, stimulating food, aid in promoting thorough recovery. One of our celebrated physicians has survived seven attacks of this, and has done a great deal of hard work. Or the disease may come on insidiously, perhaps in the colloid—the “hardened lung” form; I have seen perfect recovery from this. But when what is known as “rapid consumption” obtains a firm hold, the outlook is truly ominous. Constitutional symptoms are so quickly followed by a breaking-down of the lung structure that an arrest of the disease soon becomes impossible. Or the disease may develop in feeble individuals whose want of stamina affords but a small modicum of rallying power. These are, at best, but poor subjects to work upon, especially when the aid of a strong vital force is imperatively required. Possibly they may for some time have been losing flesh and weight without apparent cause, but with a quickened pulse and heightened temperature, until increasing debility and fresh symptoms signify that they are threatened by this enemy of our domestic peace.

Treatment may be divided into Preventive, Remedial, and Palliative. All ages furnish victims, but they are chiefly found among the young. It is a maxim of medicine that the aim should be—first, to cure; second, to relieve suffering; third, to prolong life. Where the first may not be possible, the second may be permissible, and the third desirable. But in consumption, as in other evils, prevention is better than cure. Hence, where the predisposition has been inherited, or the duties of life are exceptionally arduous, special attention should be paid to diet, clothing, exercise, occupation, the habitation, home comforts, amusements, and medical care. These are items which can all receive attention during early life; and in proportion to the care taken so is the likelihood of preventing the development of the disease. Plain, nutri-

tive food, at proper intervals, and thoroughly masticated; an avoidance of alcoholic liquors; warm, complete clothing; moderate, systematic exercise; an active or outdoor occupation; good sanitary arrangements, with an abundance of fresh air; moderately warm rooms, with an avoidance of gas and injurious odours; an early attention to colds, febrile complaints, indigestion, and scrofulous indications—these, with some minor details, may subdue the natural tendency, and aid in converting a delicate child into a robust adult.

Or, suppose attention to the predisposition, or even the premonitory warnings, to have been neglected, and that a severe cold, some particular illness, or vicious or reckless habits have stirred up active mischief; even then, if the disease be carefully and judiciously treated, recovery is frequently possible. Surrounding circumstances require to be carefully considered; the selection of medicines is a matter of great nicety; and change of climate, or of occupation, may be advisable. In fact, we are none of us so robust but that sudden changes of temperature, or excessive indulgence, may find out some weak point. But—stop the mischief early.

If the disease has progressed beyond the chance of recovery, much may be done to relieve distress and suffering. Judicious care and medical treatment may afford a present solace to the patient, and be a great consolation to watchful friends and relations. In very severe cases, as in gangrenous disintegration of lung structure—it may even enable those in attendance to perform labours of loving care, which would otherwise be out of the question.

The *methods* of treatment may be both hygienic and medicinal. Pure, dry air (possibly obtainable by change of locality or of climate), a suitable temperature, and cheerful surroundings, are of great importance. But patients should not be recklessly ordered away from the comforts of home, to die in foreign lands. As regards medicines, they should be selected to suit the phase of disease under treatment, and not because of some fancied adaptability to all cases. The phases of this disease are as numerous in the manifestations as are the varieties of temperament and idiosyncrasy; and this should always be borne in mind, both by friends and physicians. And whether administered in the usual way, or by inhalation, or by any other method, the remedies should be suitable to the disease—soothing to the patient, and in potencies adapted to the delicate susceptibility of diseased structures, and to the condition of the patient whose physical welfare is entrusted to the physician's hands.

Such is a brief outline of the chief indications in connection with this dire disease. They are not supposed to be complete, for to treat the subject fully would require a lengthy volume. But if they serve to lighten some load of anxiety; to show some anxious friends that this dreaded malady should be dealt with in a common-sense way; or, in some few instances, lead to the adoption of measures tending to arrest its development, and, in some other instances, to aid in the relief of suffering, they will not have been written in vain.

213A, Clapham Road, London,
May, 1881.

ALLOPATHIC MALPRACTICE.

By E. W. BERRIDGE, M.D.

ON June 10th of this year I was consulted on behalf of a child aged three years. In February of last year she had eczema of the face. She was taken to an allopathic practitioner, perfectly orthodox of course! This orthodox practitioner applied *Vaseline* to the face, and sent a nurse to attend to the child, which nurse, according to the mother's account, actually scraped the scales off the face with a bone knife!! Under this orthodox treatment the head swelled, and the lids adhered. The lids remained adhering for three weeks, and when at length they opened under the treatment of another orthodox practitioner, the eyes, which previously were bright and clear, were now opaque. Afterwards she went to Moorfields, where three orthodox physicians saw her, and said there was no hope. Altogether *six* orthodox physicians have pronounced her incurable. The corneæ are now perfectly opaque, except at the upper edge, where the iris is indistinctly visible; and all over them, except at the upper edge, is a hard, white, opaque tumour, with blood-vessels running over it. The child, who could formerly see, can now only distinguish light from darkness.

Such is the scientific Allopathy of the present day.

And in spite of this there are some professed homœopaths who maintain that the allopaths are progressing.

And there are some who say we ought to meet them half way.

And there are some who desire compromise, and an amalgamation of the two schools.

And there are some who, after making a fortune out of the name of Homœopathy, publicly repudiate it in order to gain *éclat* with the allopathic leaders.

And there are some whose names are in the homœopathic directory, who prescribe according to this orthodox system, of which the following prescription, brought to me in her "agony of despair" by a patient whom it failed to cure, is the most recent example which has come under my notice:—

" July 20th, 1880.

Acid. Nitro-muriat. dil. ζ ss.

Liq. Strych. ζ jss.

Aquæ Puræ ad ζ ijj.

A teaspoonful to be taken three times a day in water.

Zinci Phosphid. gr. j.

Extr. Nucis Vom. grs. iij.

Extr. Quassia gr. ss.

Divide into sixteen equal pills. A pill to be taken every night and morning."

Such is the prescription of a *professed* London homœopathic physician, not an inexperienced beginner, but one of many years' standing. Comment is needless.

July 13th. Under a very high potency of the appropriate remedy this case is already improving, to the astonishment of an allopathic colleague.

CASE OF POISONING BY BITTER ALMONDS.

By DR. GREEN.

A MAN, aged thirty-eight, was brought to the Charing Cross Hospital on Wednesday, June 1st, at 9.30 p.m., insensible. He was said to have fallen down in a fit, and was brought to this hospital at once. When seen he was quite insensible and collapsed, with gasping and laboured breathing; he was cyanotic; the pulse hardly perceptible, rapid and flickering; some dark mucus about his mouth; his jaws were fixed, teeth firmly closed; pupils contracted, and perfectly insensible to touch and light.

On examination, his apex-beat was weak and rapid; abdomen somewhat distended, and he had passed his *feces* unconsciously; and he had some mucous râles over his chest.

The stomach-pump was at once used, and about a pint of thick brown fluid containing a quantity of small white particles smelling strongly of hydrocyanic acid was removed. His stomach was then washed out with warm water. After this the patient became more collapsed, and his radial pulse almost ceased. The battery was used for ten minutes, one pole over the apex of the heart, the other on the neck over the course of the pneumogastric nerve. Respiration now slightly improved, so the patient was put to bed, and hot fomentations placed on his chest and abdomen, with hot water to his feet. At 10 p.m. liquor ammon. fort. was inhaled every ten minutes, and twenty-five cells of a Leclanché's battery were applied as before, contact being made and broken with inspiration. His breathing became deeper and more regular. Pulse 120 to 140. Twelve (midnight): Patient remained in about the same condition. The battery and inhalations of liquor ammon. were continued alternately every half-hour until 2 a.m. Pulse 130, stronger. At 2 a.m., turpentine stupes were applied over the chest, and one twenty-fourth of a grain of sulphate of atropia was injected hypodermically. Soon after this he perspired freely, and had a slight convulsion, his breathing improved, and his jaws were no longer fixed. From 2 to 5 a.m. he had several slight convulsions, his breathing gradually became easier, his pupils more sensitive; and at 3 a.m. he was able to swallow, although still very cyanotic and insensible. At 5 a.m. he opened his eyes for the first time, and his pupils became sensitive; his pulse, stronger and regular, 140; breathing 30. The mucous râles had ceased, and he was given brandy ʒss. in beef-tea every hour. He was now undressed and cleaned. 10 a.m.: Patient had slept for two hours, and was conscious, but still dull, and very cyanotic; respirations 20, easy; pulse 120; perspiring freely. The brandy continued every hour with beef-tea or milk until 6 p.m., when he was sleeping quietly; breathing 18; pulse 80, good.

June 3rd.—Patient passed a good night, and was discharged this afternoon at his own request, well, though weak. Patient said he had eaten nothing during the day, but in the evening he had had two handfuls of bitter almonds and a pint of beer; had then returned to work, and felt quite well until he fell down, after which he remembered nothing. The contents of the stomach were tested at once, and gave reactions for hydrocyanic acid. Throughout the night his pulse varied from 120 to 140; his respirations were very

rapid, and his breath smelt strongly of prussic acid.—*Medical Times and Gazette.*

THE MELBOURNE HOMŒOPATHIC HOSPITAL.

THE followers of Hahnemann are numerous in Victoria, and it is now some years since the believers in Homœopathy founded a dispensary for out-patients in Collins Street. It was soon found that a very urgent necessity existed for providing for the accommodation of in-patients, and in 1876 a building was procured for the purpose in Spring Street, and the hospital has been in existence ever since. In the course of a year or so the accommodation became so limited that it was determined to make an effort to build an hospital that would be sufficient for the requirements, for many years to come, of those who preferred the homœopathic treatment. It may be remarked that during the time the hospital in Spring Street has been in existence nearly 14,000 patients have been treated, and in 1879 there were no less than 7,594 consultations. The committee, impressed with the necessity of another building, applied to the Government for a site, and received a most favourable reply. The Chief Secretary granted a piece of ground on the St. Kilda Road, and further gave an assurance that the institution would be entitled to share in the vote to the other charitable institutions as soon as a certain sum has been collected. The site secured is on the St. Kilda Road, between the Military Barracks and the Immigrants' Home Hospital, and the committee, on obtaining it, entrusted Messrs. Crouch and Wilson, architects, with the preparation of a design, which was adopted, and a sketch of which we give. The building, when completed, will present a very handsome appearance. It will be a two-story brick building, in the early English style of architecture, and will, when finished, cost £8,000; but only what is termed the administrative block, and one wing for the accommodation of forty persons, will be undertaken at present, the cost being estimated at £5,000. Some £1,200 has been received for the building fund, and a Bruce Auction, lately held on the Melbourne Cricket Ground in aid of this fund, was such a success that, when the accounts are made up, it is anticipated the amount realised will be such a handsome addition to the funds in hand that the work can be gone on with at once. Starting under such favourable auspices, it is not too

much to expect that the whole sum required for the completion of the building will be speedily available, and that another presentable and useful structure will be added to our numerous institutions of a kindred character.—*Illustrated Australian News.*

HOW TROUSSEAU DIED.

IN a clinical lecture on simple gastric ulcer, by Trousseau, in which the question of diagnosis of cancer of the stomach is touched upon, the following instructive passage occurs: "Should the cancerous tumour not be accessible to investigation, as in the case to which I have just alluded, there remains a valuable diagnostic sign which I must indicate to you. This sign, to which, over fifteen years ago, I first called the attention of the profession, consists in the appearance of a *venous thrombosis*. When you are in doubt as to the nature of a gastric disorder, and are hesitating between a chronic gastritis and a simple ulcer, and a cancer, a *phlegmasia alba dolens* of the lower or upper extremity will put an end to your indecision, and it will be allowable for you to assert positively the existence of a cancer." Trousseau died, as is well known, of cancer of the stomach. Not long after his death, Professor Lasegue, of Paris, published an obituary notice, in which he related the following striking incident. Having described the earlier phases of Trousseau's illness, Lasegue proceeds to relate how "he was with difficulty persuaded, by the solicitations of his friends, to make a short visit at the seaside. There a certain degree of improvement showed itself. . . . But, alas! it was only of short duration. A warning, which he, less than any one, could not fail to understand, signified to him that thenceforth he had only to resign himself to his fate. I see him now before me, as he was on that never-to-be-forgotten day, when, taking me by the hand, he said, 'My friend, a phlebitis set in last night; it gives me but little pain; nevertheless, I know too well, by long experience, the meaning of this symptom to need any further warning.'" Trousseau's death followed not long after this interview with his friend and biographer, Lasegué.

SPEED OF HANDWRITING.

IN his paper on writers' cramp, Dr. Beard states (*New York Med. Record*) that he has made many experiments with a view to determine the average speed of handwriting. He finds that between 25 and 50 words are written in a minute by those who are accustomed to write, the average being perhaps about 30 words where no time is lost in thinking or dipping the pen. He has made many experiments on Mr. Edison, the inventor, whose handwriting, when he writes slowly and with care (from 15 to 25 words a minute) is "phenomenally" clear and beautiful, resembling copperplate printing—not in a flowing, but in a cramped hand, the letters being often separated, as in print. When he rises to 40 words in a minute, the writing is still more cramped, though yet legible; but with 49 words a minute it is quite illegible. Journalists write with a lead pencil—which as a class they generally use—from 40 to 50 words in a minute. Experts on the type-writer can print for a short time, at dictation, from 75 to 100 words in the minute; but in practice very few of those who use the instrument put down more than half that number. "I have made," Dr. Beard says, "some experiments with myself in order to ascertain how many single, disconnected, up and down strokes I could make with a pen, and find that from 175 to 200 a minute is about the limit, and very soon the hand becomes wearied."

THE BRUCE AUCTION ON THE MELBOURNE CRICKET GROUND.

A BRUCE AUCTION may be briefly described as a fancy fair, at which a large portion of the articles are sold by auction. The credit of initiating this sort of procedure to raise funds for any purpose is given to a Mr. Bruce, many years ago a prominent colonist, who was exceedingly successful in obtaining a large sum for a charitable institution by this combination of auction and bazaar. Since then the plan has been adopted on many occasions with marked success, but not one of them with greater than that attending the Bruce Auction on the Melbourne Cricket Ground, on the 10th April last, in aid of the funds of the Homœopathic Hospital.

It was opened by the Chief Secretary, but owing to the inclement state of the weather only about 2,000 persons were present on the first day. Shortly before noon Mr. and Mrs. Berry were received at the reserve entrance by the managers, and conducted to seats in the space below the grand stand set apart as the bazaar. A considerable number of ladies and gentlemen assembled there, and the inauguration ceremony was commenced by Mr. J. W. Hunt, hon. treasurer, addressing Mr. Berry, and tendering the sincerest thanks of the committee for the generous manner in which Mr. Berry had responded to the request that he should open the Bruce auction and Easter fair. Mr. Berry made a suitable reply, and expressed his pleasure at the establishment of a new school of medicine, which had passed through a great deal of adverse criticism successfully. After the show had been declared open, a number of auctioneers who had given their services were soon at work. They had no difficulty in securing the attention of a crowd at each tent, and they submitted such a heterogeneous collection of oddities and utilities, and caused so much unusual merriment in forcing the transactions, that it was quite amusing to participate in the barter. What matter was it that one was asked to bid for a decrepit beer pump, or to make an offer for a pair of lady's boots. He was not bound to claim his purchase, although it was surrendered if a demand was made. It was quite optional with him to allow the article to be again submitted, always providing that he satisfied the request of the clerk for the payment on his bargain. There was no uncertainty as to the destination of the money; there were no intrusive brokers to make everybody uncomfortable by a rough scrutiny of the value of the articles; there were no secret agents engaged to force the bidding; there was nothing but goodwill, and whilst the patrons paid for their amusement, the auctioneer maintained his position. But there were bargains, and there were people who knew when and how they were to be made. A thrifty housewife could purchase a half chest of tea on most favourable terms. An addition of a bag of flour or sugar could be most advantageously made to the pantry stock, and, if required, there were articles of clothing to be had at absurdly low figures. There was some legitimate business intermixed with the fun, and in no instance was any dissatisfaction expressed at the result. The next important attraction was the Richardson's show, in which reigned all the glories of an extra quality

melodrama, where murders and the triumphs of virtue were of alarmingly frequent occurrence, and where there prevailed a remarkably friendly feeling between the actors and the patrons. The performances of a troupe of minstrels afforded much amusement, and an enterprising donkey owner hired his animals to any who were venturesome enough to ride them. Such an indulgence invariably resulted in the overthrow and discomfiture of the rider, and contributed much to the amusement of the onlookers. On Easter Monday the committee was favoured with the finest weather, and there was a much more numerous attendance, upwards of 10,000 persons being present. The bazaar was very busy all the afternoon; each entertainment and side show was liberally patronised, and the auction sales were very brisk. There was no unwillingness to take part to the utmost in the festivities of the day, and wherever there was afforded an opportunity of indulging in barter of any kind there were always plenty of buyers. On the following day, the last of the show, there was again a large attendance; and though no accurate account has yet been made out, there is no doubt the undertaking has, on the whole, resulted satisfactorily, and will, it is anticipated, yield a considerable profit to the funds of the Homœopathic Hospital.—*Illustrated Australian News*.

ADDITIONAL LIST OF SUBSCRIBERS TO THE INTERNATIONAL HOMŒOPATHIC CONVENTION.—The following list comes to us from Dr. Black, the Treasurer:—

Dr. Galley Blackley	£1	1	0	Dr. Potts	£1	1	0
Dr. Bryce	1	1	0	Dr. Pyburn.....	1	1	0
Hon. Dr. A. Campbell	1	1	0	Dr. Powell	1	1	0
Dr. Gibson	1	1	0	Dr. Puller	1	1	0
Dr. Gutteridge	1	1	0	Mr. Rowbotham..	1	1	0
Dr. Harper	1	1	0	Dr. W. Roche	1	1	0
Dr. Johnson	1	1	0	Dr. Wynne Thomas	1	1	0
Dr. Jagielski	1	1	0	Dr. Whitehead	1	1	0
Dr. London.....	1	1	0	Dr. Wolston	1	1	0
Dr. E. Madden	1	1	0	<i>Chemists.</i>			
Dr. Maffy ..	1	1	0	Messrs. Epps	5	5	0
Dr. Marsden	1	1	0	Mr. Gillett, Southport	1	1	0
Dr. Douglas Moir	1	1	0	Messrs. Gould.....	5	5	0
Mr. Mills ..	1	1	0	Messrs. Keene and Ashwell	5	5	0
Major Vaughan Morgan ...	5	0	0	Messrs. Leath and Ross.....	10	10	0
Mr. Black Noble	1	1	0	Mr. Martin, Melbourne ...	5	5	0

Obituary.

DEATH OF SKODA.

SKODA is dead, and thus the last of the founders of the new Vienna medical school has disappeared, and he has gone to join Rokitsansky, Schuh, Oppolzer, and Hebra. Born of poor parents at Pilsen, in Bohemia, in 1805, he had to face a hard struggle while studying for his doctor's degree at Vienna, which he obtained in 1831. After having obtained an appointment as Cholera-Physician in Bohemia during the epidemic which prevailed there, when this had terminated he returned to Vienna; and in 1833 he succeeded in obtaining a subordinate post at the Vienna General Hospital. Here he attached himself to the small band who were then zealously cultivating pathological anatomy—Draut, Kolletschka, and Rokitsansky—and continued working with these industriously during two years; but having acquired a thorough knowledge of this subject, he felt the necessity of utilising his knowledge at the bedside, clearly perceiving that without such practical application morbid anatomy is a mere dead letter. This was no easy task, for it was evident that by the means hitherto pursued the end would never be attained. He it was who first employed the inductive method in diagnosis in Germany. He drew all his conclusions from what he had observed in the anatomical theatre, or at the bedside; and he was enabled in the most complicated cases, by reason of his great penetrative power, and working with the then new mode of exclusion, to arrive at a diagnosis of remarkable precision. With his reforming tendencies, he met with the most vigorous opposition, so that while his friend Rokitsansky was enabled to pursue his labours in quietude, Skoda was met with all kinds of obstacles, some of which were of so serious a character that his career would probably have been cut short had not a far-seeing member of the Ministry, Baron Türkheim, had the sagacity to appreciate his merits, and afford him the necessary protection. He especially devoted himself to the development of the work begun by Avenbrugger and Laennec, which, although well known, was little utilised at that time. After delivering private courses of lectures on the subject, which were attended by great numbers both from at home and abroad, he brought out in 1838 his solitary but "epoch-marking" book on Auscultation and Percussion. By the intervention of Baron Türkheim he

obtained in the Vienna Hospital two wards devoted to diseases of the chest. Before this numbers of young physicians continued to arrive at Vienna from all countries, and this was now more than ever the case, and the Vienna Hospital became the scene of the most active work carried on in all directions. Skoda and Rokitansky were now regarded throughout the civilised world as the founders of the Vienna school. Indeed, Skoda's work had then obtained much more renown and influence abroad than at home. After having received promotion at the hospital, he was appointed in 1846 Professor of Clinical Medicine; but this post was only obtained after a hard struggle, for the upholders of the old school were still numerous and powerful. He held possession of it until 1871, when his increased sufferings from gout obliged him to give it up. To this disease he had long been a victim in an aggravated degree, so that he on more than one occasion was brought to the brink of the grave. His equanimity under these sufferings was most remarkable, for, after terrible paroxysms and sleepless nights, he recovered all his strength and serenity of mind; and it was a marvel to his friends to listen to his dissertations on scientific and social topics, stated with all the conciseness, logical acumen, and appropriateness characteristic of the great thinker. During his last illness he suffered also from terrible paroxysms of dyspnœa, which were thought to be explained by the existence of an aneurism of the ascending aorta. This, however, proved erroneous, for at the autopsy no aneurism was found, although there were stenosis and insufficiency of the aortic valves and general hypertrophy of the heart.

Skoda was much beloved and venerated by the students, not only by reason of the excellence of his teaching, but because they regarded him as a paternal and influential guardian of their interests. Within the small circle of friends in which of late years he lived his relations seem to have been of the most affectionate and almost enthusiastic character; and certainly the appreciation of his qualities by some of them since his death does not err on the side of lukewarmness. To those coming less intimately in contact with him he seemed somewhat cold and hard, owing to his reserved manner, but although a severe critic of his own life and acquisitions, he was mild in his judgment of others, and sympathetically responded to all that was noble and good.

In estimating the position of Skoda it would seem that his friends exhibit some exaggeration in regarding him as

the leading clinical teacher of Europe ; or, at all events, that will remain a mere tradition, as he has not left works behind him justifying that position. It may be that he was not the mere "lung and heart" doctor which the public at large believed him to be and abundantly consulted him as such ; but, although so acute and able a mind would doubtless feel equally at home in any case brought before him, yet he has left no evidence that such was the case. In the province of the diagnosis of diseases of the heart and chest he was unrivalled ; and, indeed, Professor Bamberger would seem to believe that the labours of Laennec and the French school were of comparatively little import, and sometimes carried on in an erroneous direction, until taken in hand, recreated, and reformed by Skoda. Skoda's nihilistic therapeutical views seem to have been somewhat modified of late years, and it is gratifying to know that his own severe sufferings were much relieved by remedies.

LITERATURE.

A GUIDE TO THE CLINICAL EXAMINATION OF PATIENTS AND THE DIAGNOSIS OF DISEASE.¹

NOWHERE in the world is clinical diagnosis better taught than in Germany ; in no country are the means of diagnosis more thoroughly scientific and exact. The original of the book before us is the accepted text-book in German universities for *beginners*. In the face of this fact it needs no commendation from any one, for only a first-class book could possibly occupy such a place. We thank Dr. G. E. Gramm very much for giving it to us in an English dress, which dress is, on the whole, exceedingly good. We would recommend a few alterations for the second edition. For instance, "elicits" (page 17) "*auriscope*" (page 18), and a few others need rectifying. *Typhoid* should be substituted for *typhus abdominalis*, and the thermometric readings should be according to the Fahrenheit scale.

¹ A Guide to the Clinical Examination of Patients and the Diagnosis of Disease. By Richard Hagen, M.D., Privatdocent to the University of Leipsic. Translated from the second revised and enlarged edition by G. E. Gramm, M.D. Boericke and Tafel, New York and Philadelphia. London : Homœopathic Publishing Company, 2, Finsbury Circus, E.C.

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.

ROYAL COMMISSION ON THE MEDICAL ACTS.

DEAR SIR,—It is important that both professional and lay homœopaths should be prepared to state to this commission what they desire as to the establishment of their rights and the rectification of their wrongs at the present crisis.

The lay public who have embraced Homœopathy, and who value this method of treatment, has a right to demand that the allopathic monopoly in medical education shall be broken down once for all, and that it shall be rendered possible, for all future time, that so great a medical science and art as that included in Homœopathy shall be taught in the medical schools as freely as any other art and part of medicine.

The present Medical Act (in Clause XXIII.) provides that no examining body shall impose as a condition on any candidate for examination, that he shall "adopt, or refrain from adopting," any particular theory or practice in medicine or surgery. But there has hitherto been no means provided to give equal freedom to the teaching of "any particular theory or practice." Hence it has been found easy practically to prevent the teaching of Homœopathy in the legally recognised schools of medicine, and also to prevent the introduction of examinations in Homœopathy. A large number of Her Majesty's subjects are in this respect placed under a heavy disadvantage; there being no protection for homœopathic patients against ignorant pretenders professing its practice, and also in there being provision made for the legalised public teaching of that art and science of medicine on which so large a number of the public depend in time of sickness.

Desiring to ventilate this subject fully, will you allow me, through your pages, to invite a public expression of the wants of the public in this matter?

The London School of Homœopathy is prepared to supply registered and fully qualified lecturers to any London medical school willing to give them licence to teach within its walls, and we are also prepared to supply well-qualified (and

registered) examiners in Homœopathy to any examining body willing to admit them.

Our London School of Homœopathy has now for four years given public instruction in HOMŒOPATHIC PRINCIPLES and PRACTICE by Dr. D. Dyce Brown, and for three years in HOMŒOPATHIC MATERIA MEDICA and THERAPEUTICS by Dr. Richard Hughes, and for the present year a course of homœopathic Materia Medica and Therapeutics by Dr. A. C. Pope.

The practical instruction in homœopathic clinic has been given for many years in the London Homœopathic Hospital, 52, Great Ormond Street, containing an average of 45 in-patients, and having a large dispensary department, by registered physicians and surgeons.

We cannot do otherwise, in the interests of the public, and in the interests of progressive medical science, than bring these facts prominently before the present Royal Commission, and ask for a full recognition of our rights in any new Medical Act which may be granted as the result of the deliberations of the commission.

WILLIAM BAYES, M.D.,

Hon. Sec. to the London School of Homœopathy.

88, Lansdown Place, Brighton.

PRIZE ESSAY ON LIFE INSURANCE.

SIR,—A prize of £100 will be paid by the Equitable Life Assurance Society of the United States (London office, 81, Cheapside, E.C.) to the author of the best essay on the subject named below, and £25 to the author of the second best essay.

Subject.—Life assurance, with special reference to its influence in promoting habits of economy, thrift, and sobriety, and the consequent repression of intemperance, poverty, and crime; its bearing upon the reduction of the Poor Rate, the cost of repression of crime, and in stimulating the productive industry of the country; and hence the national benefit conferred on the community in lessening taxation, while giving increased power to pay; and finally its influence upon our social surroundings, in strengthening family ties, and in rendering sacred the home.

Conditions.—Essay (not to exceed, when printed, the length of thirty-two octavo pages of long primer type) to be sent to the undersigned not later than October 1, 1881, unsigned,

but marked with a *nom de plume* or number, by means of which identity may be secured. Endorsed outside, "Prize Essay Contest."

A committee consisting of the following gentlemen have consented to adjudicate upon the essays sent in :—

S. C. Hall, F.S.A.

Cornelius Walford, F.I.A., F.S.S.

Thomas Hughes ("Tom Brown"), Q.C., F.S.A., Umpire.

Their award in writing and the accepted essay will be made public. The names of authors will not be published without their assent.

The society reserves the right of awarding a third prize of £10 to any writer recommended by the Selection Committee as having produced an essay of merit, although it may not have conformed entirely to the preceding conditions.

I am, Sir, yours, etc.,

S. G. GOODRICH.

London, 11th June, 1881.

INTERNATIONAL HOMŒOPATHIC CONVENTION.

SIR,—There is reason to believe that some of the medical men present at our recent Convention did not enter their names in the Secretaries' Book. If this letter should meet the eye of any who failed so to do I shall be much obliged if they will send me their names and addresses at once, that I may have a complete list for insertion in the Transactions.

Yours very faithfully,

RICHARD HUGHES, Permanent Secretary.

36, Sillwood Road, Brighton, July 19, 1881.

BRADFORD HOMŒOPATHIC INSTITUTION,

No. 1, SPRING GARDENS, MANNINGHAM LANE.

Fourth Annual Report.

SIR,—The subscribers to, and friends of, this Institution, will feel with me it is a source of congratulation to all concerned at the end of another year to find that the amount of work done has again exceeded that of the preceding year, and fairly establishes my claim to say the method of treatment therein pursued is increasing in popu-

larity. The number of consultations given at the rooms have been 3,953, as against 3,290 for the previous year. The gratuitous visits I have made at the homes of patients have numbered 929, as against 609 for the year ending June 30th, 1880. These visits have been made in almost every district in the town, and often proved a heavy tax upon me, single-handed, to perform. Still I can without fear of contradiction assert, no visit which has really been necessary has ever yet been omitted, or that any person applying for medical assistance at the Institution has ever yet been sent empty away. A few cases of gross imposition upon the benefits of this charity have been discovered, and dealt with accordingly.

It is somewhat disheartening that, notwithstanding the increase of work, the income of the Institution has considerably decreased during the last year. The Subscription List shows that the amount received is somewhat larger than during 1879-80. Chiefly, however, is this increase due to the handsome new subscription of one lady. It is to be regretted that one part of the revenue, the small sums paid by a portion of the patients, is less this year than last, owing largely, of course, to the terrible depression of our staple trade. I have, as usual, placed an unlimited supply of gratuitous recommendations in the hands of several ladies and gentlemen interested in the poor of the town, and these, I am pleased to say, have been more freely used than heretofore.

One incident relating to the progress of Homœopathy during the past year seems to me worthy a passing notice—I allude to the controversy arising out of Dr. Kidd's attendance upon the late Earl of Beaconsfield. The all but universal howl which was raised thereat by the allopathic medical trades-unionists has done Homœopathy and its practitioners no harm, rather the reverse, for it has led many thinking people to inquire into the matter: and this has had, and can have, as usual, but one result—a wider spread of our so-called heresies.

In conclusion, I would ask that a larger share of support be accorded to the Bradford Homœopathic Institution (the only charity in the neighbourhood administered solely on Homœopathic principles) by those who can and ought to help it—the wealthy and well-to-do, who have derived benefit from the practice of Homœopathy. I should be infinitely obliged if those amongst my friends and patients

who have at their disposal recommendations for the different Convalescent Homes in the district would place some of them at my disposal for the use of the Dispensary patients who need change of air, etc., as they recover from serious illnesses. I come across so many cases of this kind that I am utterly powerless to relieve, and often have had a great deal of difficulty in begging the needful funds to obtain this much to be desired and often necessary additional help for convalescents. Especially at this time of the year is this the case; and if it would be any inducement to those who may be in the position to help in this matter, I would willingly, for a few of such tickets of admission to any of the Convalescent Homes, give in exchange the equivalent of the cost in recommendations for the Institution. I beg to thank Miss Ollerenshaw for having placed at my disposal some orders for the Rawdon Convalescent Home during the present summer.

I remain,

Yours faithfully,

JOHN MAFFEY, L.R.C.P., etc.

Bradford, July, 1881.

A LITTLE PROCLAMATION.

BY THE GOVERNMENT TO THE PUBLIC.

Come! A truce to hesitation:
Just submit to vaccination,
To condemn to extirpation one particular disease;
And in place of one affection
You can have a whole selection—
Any number of diseases—any quantity you please.

Mind, we don't provide a station
For efficient vaccination,
And we've taken no precautions for its being rightly done;
So to run about inquiring
For a heifer will be tiring,
And you'll find yourself perspiring, for you'll have so far to run.

Lor! But don't be sinking-hearted:
If you want the lymph imparted
You will only have to choose among the babies which abound;
Let distrust for ever slumber—
Every one among the number
Is the finest and the healthiest for many miles around.

It will all be pleasant sailing
Till you find your system ailing
From the malady imparted by some healthy little man ;—
Not a babe, from bound to border,
But inherits *some* disorder
Big or little from its daddy, or its mammy, or its gran.

We are not prepared to answer
For its being gout or cancer,
Or a member of the army of diseases of the skin,
For it might be indigestion—
As it's quite an open question—
Or consumption, or a bunion that you'll gaily revel in.

There, of course, is no foreseeing
As to chances of its being
Some deplorable incurable affection of the brain ;
There, it can't be pre-detected
How you'll find yourself affected,
But you won't enjoy immunity, we tell you once again.

So submit to legislation,
And apply for vaccination
To condemn to extirpation one particular complaint ;
And instead of one affection
You can have a whole selection ;
So you'll kindly choose your favourite hereditary taint.

—Reprinted from *Fun*, May 4.

THERE lately died in Paris a humpbacked man who, for the previous fifty years of his life, had given his time to researches upon his humpbacked brethren. His heirs found, instead of a will, a voluminous manuscript of 2,000 pages upon humps. He was rich, and travelled in every direction for information. It was in the milder regions of Europe that he found the misfortune most prevalent. Spain supplied the greatest number, and in a circumscribed locality at the foot of the Sierra Moreno there existed one humpbacked individual to every thirteen inhabitants. They were also found very numerous in the valley of the Loire, in France. The writer's conclusion was that for every thousand persons on the globe there was one humpbacked, or an aggregate of a million against the thousand millions of the entire earth. The last page of the manuscript contained the will of the deceased, which said nothing regarding the disposition of his property, but simply desired that a hump of marble should be raised upon his tomb, with this inscription : "Here lies a humpback, who had a taste for humps, and knew more about them than any other humpback."—*Pittsburgh Chronicle*.

HABITUAL drunkards are at length to be systematically dealt with by an Act which has just come into force. Any person who finds himself or herself incapable, by reason of a propensity for drinking, of transacting the business of life, may be locked up and taken care of. And lest after the good resolution which prompts such a surrender should fade away upon the application of cold-water douches, vapour baths, and the other approved methods of dealing with inebriates, it is stipulated that they shall not be permitted to withdraw from the "retreat" in which they are placed until the term of confinement agreed upon is fulfilled. For those who do not voluntarily give themselves up for treatment, provision is made empowering relatives to hand over the toper forthwith to the care of proper individuals, even though he may be in full possession of his senses and capable of behaving himself when sober. The measure is admittedly a tentative one and its operation is limited to a term of ten years, which will no doubt give the public ample opportunity of seeing how the experiment works.

A TRUE PARISH HELPER.—I beg to raise my subscription, and to enclose my declaration for membership. I am thankful to say that from commencing the true diet I was able to persevere, and the first effect was the entire cure of blood-poisoning (contracted in pastoral visiting), which I had for months, and spent pounds upon in vain. Other benefits followed; and I am thankful to say that one of my sons, a hard-working priest in London, has entirely adopted it, and has made converts—some among the clergy. We both regard it as a very serious subject; not merely a thing all very well if you like it, but of principle. When I think of the want of food in our parishes in the winter, the suffering, complaining, begging, the fussy laboriousness and expense of those wretched bread tickets and meat tickets—for bread that is of no use, and meat that is worse than of no use—and the temptation to drink which want creates, and all this in the presence of this true enlightenment, this great goodness of God, I cannot but feel what an enormous blessing it would be if you could take some special action to induce the rectors and vicars of our large parishes to see and practise God's truth and God's ways for the body; and if you only get an *experiment* in their parishes in the winter time, so as to make the *parish finances* your evidence, conversion will go on apace.—G. M. in *Dietetic Reformer*.

HOW IT'S DONE.—A good story comes from the West of England. The agent of a great brewery firm, finding himself with a large quantity of beer that had "gone off," and himself on the verge of an arrangement with his creditors in consequence, sent for an analytical chemist, explained the case, and asked him what was to be done. The chemist considered the matter, and recommended a process of treatment which would restore the tone of the beer, although still leaving it with a peculiar taste. The beer was accordingly treated as advised, advertised throughout the West of England as a peculiar tonic ale, and sold in enormous quantities. The beer is now one of the most popular in the West of England. It is drunk by invalids and aldermen, praised by the faculty, and believed in by the public, although before it was chemically treated it was not worth twopence a hogshead, and the agent merely called in the chemist as an alternative to a fiat in bankruptcy.—*Mayfair.*

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, 5, Holles Street, Cavendish Square, 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. C. MILLER, 2, Finsbury Circus, London, E.C.

CORRESPONDENTS.

Communications received from Dr. Hughes, Brighton; Dr. Cooper, London; Dr. Bayes, Brighton; Dr. Maffey, Bradford; Dr. H. Goullon, Weimar, Germany; Dr. Knox-Shaw, St. Leonards; R. Bailey Walker, Esq.; Dr. Berridge, London; Dr. Donald Baynes, Canter-

bury; Dr. S. H. Ramsbotham, Leeds.

BOOKS AND JOURNALS RECEIVED.

New York Medical Times [being the *Homeopathic Times*, rebaptized], June, 1881.

New York Medical Eclectic, May, 1881.

The Medical Tribune, June, 1881.

The Hahnemannian Monthly, June, 1881.

Chemist and Druggist, June and July, 1881.

The Homeopathic Physician, June, 1881.

Archivos de la Medicina Homeopática, Números 86 and 87.

New York and Chicago Medical and Surgical Journal, June, 1881.

Barbados Globe.

Allgemeine Homöopatische Zeitung. Bd. 102, Nos. 25 26; Bd. 103, Nos. 1, 2.

Dublin Journal of Medical Science, June, 1881.

Report of the Speeches at the Dinner to Dr. Bayes. London: E. Gould and Son. 1881.

Medical Counselor, April and May, 1881.

Dietetic Reformer, July, 1881.

Fact. A Journal for the Cultured. July 2, 1881.

The Medical Advance, May, 1881.

The Monthly Homœopathic Review, July 1, 1881.

New York Medical Times. Daily Edition, June 15, 16, and 17, 1881. [Proceedings of the American Institute of Homœopathy.]

American Homœopath, May, June, 1881.

The Clinique, May, 1881.

Herald of Health, January to June, 1881.

Quantum Sufficit. By C. F. Nichols, M.D. Boston: Walter F. Towns.

New York Medical Eclectic, June, 1881.

Boston University School of Medicine. Ninth Annual Announcement and Catalogue. 1881.

Boletin Clinico del Instituto Homeopático de Madrid, Año I., Núm. 12, 13.

New York and Chicago Medical and Surgical Journal, May and June, 1881.

Bibliothèque Homœopathique, 12^{me} Année, No. 10, 1881.

Hahnemannian Monthly.

Rheumatism: its Nature, its Pathology, and its Successful Treatment. By T. J. MacLagan, M.D. London: Pickering and Co. 1881.

American Observer, May, 1881.

La Reforma Médica. Tomo V., Num. 6.

Physicians and Homœopathy. By S. H. Ramsbotham, M.D. London: E. Gould and Son.

Pullen's Kent Argus.

Revue Homœopathique Belge.

Night and Day, May and June, 1881.

Illustrated Australian News, Melbourne, May 4, 1881, with the Supplement. (Many thanks to the sender.)

The Homœopathic World.

CONTENTS OF JULY NUMBER.

LEADING AND GENERAL ARTICLES:—

- Our Great Foregatherlog.
- The Hot Lakes of New Zealand.
- Arsenical Poisoning.
- Obstinate Cases of Chronic Deafness.
- Homœopathic Posology.
- Donations towards the Expenses of the Convention.
- Macropiper Methysticum.
- Hygelo-Therapy.
- The Most Delicate Tests for Poisons.
- New Mode of Causing Anæsthesia.
- A Sign of Our Time.
- Serious Collapse from Chloral and Bromide of Potassium combined with Opium.
- Homœopathic Knights.

LITERATURE:—

- A Treatise on Diphtheria.
- Guide to Trefriw and the Vale of Conway Spa.
- Surgical Principles and Minor Surgery. How to See with the Microscope.

CORRESPONDENCE:

- Pyrexin, Pyrogen, or Sepsin.
- "Incognito" and the Clergy.
- Strychnia and Nitro-Strychnia.
- Must we Disavow our Name.
- International Homœopathic Convention.
- More Questions by Junius.
- The Hebraic Difficulty.

REPORTS OF INSTITUTIONS:—

- Report of the Trustees of the Massachusetts Homœopathic Hospital for the Year 1880.
- International Homœopathic Convention, 1881.

SHORT NOTES, ANSWERS, ETC.

THE
HOMŒOPATHIC WORLD.

SEPTEMBER 1, 1881.

STRAWS.

THE Legislature of Pennsylvania has appropriated fifty thousand dollars towards the funds of the new Homœopathic Hospital in Pittsburgh.

* * * * *

At the Sectional Meeting for Materia Medica of the International (Allopathic) Medical Congress held this month in London there was presented a paper by Dr. H. C. Wood, of Philadelphia, "On the Nature and Limits of Physiological Antagonism." This is in itself no very remarkable fact, but a very remarkable circumstance was observed at the general discussion which the paper called forth,—viz., of the *ten* speakers no fewer than *six* were *homœopathic* physicians. Thus at an *allopathic* congress, of those who took part in the discussion the homœopaths were as six to four!! The *Lancet* will please copy this "straw."

* * * * *

A reference to our last issue, "The Allopathic Counterblast," will show our readers that the *Lancet* did its little best to egg on its ignorant readers to move the British Medical Association at its then next meeting at Ryde to re-damn the homœopaths. This meeting came off as announced, and on Wednesday, August 10, Dr. Bristowe delivered the address in Medicine, and the subject thereof was Homœopathy! Now Dr. Bristowe is Senior Physician to St. Thomas's Hospital, and, instead of cursing us in this address, he gave us a very fair blessing indeed!! Oh, fie! Dr. Bristowe! how dare you offend the old blood-letting *Lancet*? The address bristles with quotations from—whom do you think, good reader? from one Samuel Hahnemann! *O tempora, O mores!* It is quite true that Dr. Bristowe shows but

an imperfect knowledge of the subject of his text, but still it is a good beginning. Dr. Bristowe spake thus:—

“That all homœopathists are honest men is more than I would venture to assert; but that in large proportion they are honest is entirely beyond dispute. It is quite impossible that a large sect should have arisen, homœopathic schools and hospitals have been established, periodicals devoted to homœopathic medicine be maintained, and a whole literature in relation to it have been created, if it were all merely to support a conscious imposture. No, gentlemen; the whole history of the movement and its present position are amply sufficient to prove that those, at any rate, who take the intellectual lead in it are men who believe in the doctrines they profess and in their mission, and who practise their profession with as much honesty of purpose and with as much confidence in their power to benefit their patients as we do. That all homœopathic practitioners are men of ability and education, it would be absurd to maintain; but it is absolutely certain that many men of ability and learning are contained within their ranks. If you care to dive into homœopathic literature you will find in it (however much you may differ from the views therein inculcated) plenty of literary ability; and I have perused many papers by homœopaths on philosophical and other subjects unconnected with Homœopathy, which prove their authors to be men of thought and culture, and from which I have derived pleasure and profit. Again, I will not pretend that even a considerable proportion of homœopaths are deeply versed in the medical sciences; yet they have all been educated in orthodox schools of medicine, and have passed the examinations of recognised licensing boards, so that it must be allowed that they have acquired sufficient knowledge to qualify themselves for practice. And some among them possess high medical attainments.

“But it may be replied, If these men are honest and educated, and at the same time duly qualified practitioners in medicine, how can they believe, and how can they practise, such a palpable imposture as Homœopathy? Well, gentlemen, it is very difficult to account for the beliefs and vagaries of the human intellect. It is only occasionally that our convictions are the result of conscious reasoning. For the most part they arise in the mind, and take possession of it, we know not how or why; and our reasonings in regard to them (if we reason at all) are merely special pleadings prompted

by the very convictions they seem to us to determine—in other words, they are not the foundations of our beliefs at all, but exhalations from them. It is not surprising, therefore, that, even on matters of supreme importance, irreconcilable differences of opinion prevail, ay, amongst men of high integrity and cultivated intellect. And if we desire to live broad and unselfish lives we must be slow to condemn all those who entertain convictions which to us seem foolish or mischievous and logically untenable, or to refuse to co-operate with them.

“There are few, even of the best among us, who have not weak points in intellect or character. And it would be deplorable, indeed, if, for example, those of us who look on spiritualism as one of the grossest follies of the times in which we live, were to scout the distinguished chemists and the great writers who devoutly believe in it; or were to refuse to do homage to the conspicuous abilities and high character of a great judge, because, throwing off the judicial impartiality which befits a judge, and acting under the influence of prejudice, emotion, and ignorance, he has made himself the leader of all the hysterical sensationalism of the day in a crusade against experimental physiology in this land of Harvey and of Hunter! The remarks just made apply especially to beliefs in relation to those matters which are incapable of exact scientific proof, and in which the feelings are largely involved—pre-eminently, therefore, to religion, to politics, and to medicine.

“I ask you, gentlemen, to forbear with me, if I push my arguments to their logical conclusion, and venture now to express an opinion which is opposed to the opinion which many, perhaps most, of you entertain. I do not ask you to agree with it; still less do I ask you to adopt it. But I ask you to consider it; and I am content to believe that, if it be just, it will ultimately prevail. It is that, where homœopaths are honest, and well-informed and legally qualified practitioners of medicine, they should be dealt with as if they were honest and well-informed and qualified. I shall not discuss the question whether we can, with propriety or with benefit to our patients, meet homœopaths in consultation. I could, however, I think, adduce strong reasons in favour of the morality of acting thus, and for the belief that good to the patient would generally ensue under such circumstances. I shall not consider at length whether the dignity of the profession would be compromised by habitual dealing

with homœopathists. But I may observe that it is more conducive to the maintenance of true dignity to treat with respect and consideration, and as if they were honest, those whose opinions differ from ours, than to make broad our phylacteries and enlarge the borders of our garments, and wrap ourselves up, in regard to them, in Pharisaic pride. I appeal, gentlemen, in support of my contention to other considerations. It has been held, that to break down the barriers that at present separate us from homœopathists would be to allow the poison of quackery to leaven the mass of orthodox medicine. But who that has any trust in his profession, any scientific instinct, any faith in the ultimate triumph of truth, can entertain any such fear? All the best physicians of old times, all the greatest names in medicine of the present day, are with us, all science is on our side; and we know that as a body we are honest seekers after truth. What have we to fear from Homœopathy? Bigots are made martyrs by persecution; false sects acquire form and momentum and importance mainly through the opposition they provoke. When persecution ceases, would-be martyrs sink into insignificance; in the absence of the stimulus of active opposition, sects tend to undergo disintegration and to disappear. The rise and spread of Homœopathy have been largely due to the strong antagonism it has evoked from the schools of orthodox medicine, and to the isolation which has thus been imposed on its disciples. If false, as we believe it to be, its doom will be sealed, when active antagonism and enforced isolation no longer raise it into fictitious importance. At any rate, breadth of view, and liberality of conduct, are the fitting characteristics of men of science."

There is one thing for which we admire Dr. Bristowe as shadowed forth in this address—viz., his British pluck. The reading of that address was the pluckiest thing in modern medical history in this country.

We offer no thanks either to Dr. Bristowe or to anybody else for kindly telling us that we are honest men and graduates in medicine as well and as good as they are. Only the purblindness and gross ignorance of his hearers could have rendered such an apology for us possible. For us, it is a mere straw on the surface of contemporaneous medical history

Dr. Bristowe proposes to offer us the right hand of professional friendship, and recognises us homœopathic practitioners as honest men. We would remark hereto that unless the allopaths, who have for a couple of decades been

feeding by night in homœopathic pastures, very soon do a little more than what Dr. Bristowe proposes, we homœopaths shall not be able to return his compliment; for if Homœopathy be the worthless thing Dr. Bristowe pretends, why do so many of the leading allopaths steal it? Do men usually steal trash?

Allopaths will please understand that homœopaths are not fighting for allopathic patronage, but for scientific truth in practical medicine, viz.—for Homœopathy.

THE ADVANTAGES OF A VEGETARIAN DIET IN CERTAIN FEBRILE STATES.

By E. B. SHULDHAM, M.D.

I MUST premise the following remarks by saying that I am not a vegetarian pure and simple, and therefore it will be seen that my opinions are not strongly biased. At the same time, I have seen sufficiently good results follow the use of a vegetarian diet to teach me the value of the same.

We are all familiar with the use of a purely milk diet in cases of chronic inflammation of the bladder or kidneys; we have seen the part which a raw meat diet plays in many infantile diseases characterised by great weakness; the port-wine-and-brandy treatment of continued fever has had its adherents—why, therefore, should medical men refuse to see fair play in the trial of a vegetarian diet? The natural answer to my question is, "Because of their prejudice in favour of a meat diet." For my own part, however, I am prepared to give vegetarianism a further trial in the treatment of both acute and chronic disease, inasmuch as I have seen excellent results follow its use in certain febrile states.

The first case in which I tested the value of a vegetarian diet was that of a patient who had quite recently been operated on for tumour of the breast. The weather was very hot in late summer, the patient was suffering from surgical fever. She had restless nights and feverish days, and there was but little appetite for food, and especially for meat food. Her friends and relatives were anxious to pour down her throat "lashins of drink" in the shape of beef-tea and mutton broth. The patient herself did not appreciate this form of diet, and so I suggested the use of fruits, vegetables, farinaceous food, and milk. This proposal was

accepted with gratitude by the patient, and I allowed her a plentiful supply of grapes, bananas, gooseberries, green food of all kinds, cornflour, bread-and-butter, and milk. She took kindly to the altered diet, and I must say with the most satisfactory results. There was less fever, a cleaner tongue, and more general comfort; and after the removal of the stitches the wound healed in a kindly way.

The next case in which I tried the free use of fruit, vegetables, and farinaceous food, was one of tubercle of the lungs. The patient was slowly dying of this dread disease; both lungs were affected; there was a great deal of purulent expectoration, night-sweats, fever; loss of appetite and great prostration were very marked. This poor sufferer had been advised to eat freely of meat and eggs, and to take a fair quantity of wine or malt liquor.

I was asked to prescribe for him in hot summer weather, and there were threatenings of very great heat. We all know by experience that the powers of consumptive patients run down rapidly during the oppressive weather which visits England when the sun shines consecutively for a week or more. I feared the heat for my patient's sake, and I knew that it would increase still more his loss of appetite. So, mindful of former experience, I advised him to take as much fruit and vegetables as he cared to eat. I gave him Nichol's "Food of health." I told him to dilute his wine freely with water. Besides this, I bade him sit and lie out of doors as much as possible.

The result was that the "good mutton chop" which had been so strongly recommended was put on one side for lighter, tenderer, and daintier fare. Instead of a chop he took a banana; in the place of roast beef he was refreshed by a bunch of grapes. If he did happen to pick a little bit of chicken, this little finger of meat was supported by a good handful of salad, and a plateful of strawberries came in by way of pudding and dessert.

The change for good was very great. Whereas formerly my patient dreaded the duty of swallowing so much hot meat, during my attendance he enjoyed the fresh salads and the cooling fruits, which, conjoined with farinaceous food, gave him as much, if not more, strength than the "good mutton chop," and certainly gave him more comfort and pleasure in his meal-taking.

Amongst the variety of good things which refreshed him during his illness, Dr. Nichol's "Food of health" played a lead-

ing part. My poor patient's wife, who took most exemplary care of him to the day of his death, prepared this "Food of health" with her own hands, and as I tasted a plateful of her own preparing, I can fully understand how well such food would agree with him. It is soft without being insipid, light, and yet nourishing withal.

I heard by chance that one of the allopathic practitioners resident in Guildford had been cured of an old-standing dyspepsia by this "Food of health." A pleasant farina had triumphed over the mingled forces of bismuth, the mineral acids, and the vegetable bitters. Why shouldn't it? This triple alliance is played out.

My patient ultimately died, but I am convinced that his largely vegetarian diet allowed mealtime to be a pleasure instead of a wearisome duty, and also lessened the severity of his feverish attacks.

If we only consider that consumptives are, in nine cases out of ten, dyspeptics, and loathe the very sight and smell of roast meat, can we hesitate for a moment to prescribe such an agreeable diet as the one which introduces soft farinas, juicy grapes, crisp fresh salads, melting bananas or peaches whose dainty perfume spiritualises them as a food.

The time will come, and quickly too I trust, when vegetarianism will play a most important part in the treatment of disease. At present there is a small, select, and enthusiastic fraternity who are fully alive to the value of this diet for healthy human beings, as well as for the sick. Possibly before long the attention of medical men will be directed to what is at present a despised, a neglected, and a misunderstood branch of dietetics.

Prejudice and ignorance, those hideous twin-sisters which stalk the land, ready with dagger and cord to stifle and stab to death any youngling idea with promise in it, will do their best, I doubt not, to retard the progress of vegetarianism; but truth is great, and it has my good wishes for prevailing.

Prejudice and ignorance have stabbed a good deal in the case of the idea of Hahnemann's—namely, that the principle of curing disease by similars is a just one. But somehow or other, as it always happens with clumsy people, they have failed, signally failed. The idea has grown up and has pervaded all Europe, and America likewise. It is a goodly tree, and its branches extend all over the world. Prejudice and ignorance may lop off a branch here and twist off a twig there, but the root is firm, healthy, and sound. Let us all

help to keep the life in it with strong dressings of brain phosphates.

For those who are anxious to look into the subject of vegetarianism I would advise the *Dietetic Reformer*. It appears once a month. It contains "a hantle of miscellaneous reading." It is ably edited. It costs twopence. It can be ordered at any bookseller's. Order it.

97, Upper Richmond Road, Putney, S.W.

NOTES BY THE WAY.

By DR. USSHER.

"WE live and learn;" and, thanks to our allopathic friends, the keenness of mental appetite is prodigious. We have a scent for honest appropriation, and although we are treated as Gallic cocks, do not disdain to visit our brethren down in Egypt, and see how they fare. But we take neither their pledge nor patronage. Like the conies, we are a *small* people, but of a race who breed well, and overrun largely, fortified in our position, and contented to look down on our detractors, as only conies can do—the sublime on the ridiculous. We could wish the living was in proportion to the learning, but it is not—oh, the meanness of patients! Here is a specimen. I was requested to see a child who was suffering from sour diarrhœa, and being on the sick list myself, sent some ten powders. Nor will I give the name of the medicine, lest this dignified specimen of ladybirds should add that much to her mischievous store of "Domestic Homœopathy." The child was promptly relieved, and on the following day I found the lady *had a favour to ask of me!* Of course I was not going to charge for yesterday. "Of course I was," I replied; "and if I was a private individual as you are, I should be *ashamed* to ask such a question. There are" (I observed at the hall door) "relations between doctors and patients without which we could not stand, but you make them *unpleasant*." These are some of the tares among the wheat, and both must grow together. I used to look upon Domestic Homœopathy as a harmless pastime, but with a *few* exceptions I regard it as a most pernicious institution, and some day or other "Ladybird" will prove it so. Whenever I go there I feel myself at once a moral porcupine, ready for anything, her misdeeds, pertinacity, obliquity, and bone-

picking propensities all setting my quills in the reverse direction. It is only when she is in that condition which, as Shakespeare puts it, "ladies like to be who love their lords," that I have any consolation for my wounded feelings; she is then apparently penitent, and through her tears, as they linger on the outskirts of her eyes, looks for *Pulsatilla*, or anything else that costs her only a sigh. May this portrait draw one from her!

Scalds and Burns

are so common that there cannot be anything novel about them. We are so accustomed to the Carron oil—horrible-odoured stuff—and the cooling and most beneficial paste of whiting, an early application for which is specially invited. But the next time you get one, use after the whiting, *Urtica Urens* ϕ , gtt. x. or xii. to a tumblerful of water, and you will find a healer like *Calendula*. In scalds it is magical. It is my own idea, and any one, including "Ladybird," may appropriate it, even if it does me out of a fee. By the bye, has any one triturated the odorous ladybird? Why not? In these days we hear such severe objections against animal products, and nosodes, not to speak of key-notes. I lately saw a case of smallpox, confluent and bad, for my friend Shulldham. The patient had a throat full of pustules, and could hardly swallow. Would you credit it? I gave him a powder of *Vaccinium* 3 (Pond's), and the next morning he was as comfortable as art—ay, and high art too, could make him. I saw him out the other day, and you would not suspect he had had variola. Now I would like to know from Dr. Hayward and others why I am not to put as much faith in a nosode which does what I want according to its proving, as in *Belladonna*, which does me the same friendly turn. It is all alike to me from whence it comes, so long as it goes where I want it—straight to the point. The more I hear a thing objected to, the more I search into its merits. Gladstone commends Bass (and Kidd does so too) as the next best thing to the nectar of the gods; and when one nauseates over teetotal objurations, I thank my abstaining friends for their ardour, and Bass for his beer. There is nothing like candour—unless it be Bass.

Since writing the above I have used *Vaccinium* in every case of smallpox, with the benefit of absence of smell and quick convalescence.

Rhagades.

A gentleman writes:—"Every winter, and during the cold winds, some old cuts on my hands have reopened, and cause a lot of pain and inconvenience, especially in playing (he is in the music trade), as five of them are on the tips of my fingers. I have used ointment, but my skin being dry and hard, they only open again after being healed up for a day or two. I have washed in warm water and have used glycerine. They heal up in the warm weather, and open again in the cold weather." So I set to work with Lippe and Allen's big index, and between the two my choice rested on Petroleum. The rungs of the ladder were—

Rhagades on tips—wounds inveterate, will not heal.

Rhagades on fingers—aggravated in winter.

Rhagades in winter.—The little test-compound, Bar., Bor., Calc., Cham., Graph., Hep., Lach., Merc. Nit.-Ac., *Pet.*, Rhus, Sil., Staph., *Sulph.* This was the gentleman who took large doses of *Kali Iod.*, and had an abscess on his neck cured by *Hepar.-S.* Referring back to his last prescription, I found it was *Sulphur*, and Hering informed me that *Petrol.* follows well. So, taking his guidance, my patient has made good progress, and the last report is, "Wounds healing." Again, on inquiry I learn, "The cuts, with the exception of one, healed up, and I have no pain with them."

A more satisfactory case in a highly strumous young gentleman is now half the size it was under *Phytolacca 2x*. The enlargement was as big as a lemon, very irregular, on both sides of neck and parotid space.

Glands under the Chin,

which were very painful and enlarged, quickly melted down under *Phytolacca 2x*. The glands at the side of the neck I have seen as speedily melted away by *Calc.-Carb.* 30.

Abscesses of Scalp.

Why children get so many affections of the scalp I cannot explain, but the fact is so. Long before teeth came as an exciting cause, one child had three abscesses on the sinciput, which had been opened—not, of course, by a homœopath. Matter streamed from all profusely, and the child was in a truly miserable plight. *Silicea* 30, one pilule night and morning, cleared off the whole lot in a fortnight.

Dacryocystitis.

Inflammation of the lachrymal sac. This case is of special interest, for the lady had been a year under one of the ophthalmic surgeons of a large London hospital. The canaliculus was slit open, and the sac, as I judge, became tender from constant probing. At last an east wind settled the business, and as Mr. — told her she would have to be cut if the parts inflamed, she was in terror over the prospect. Homœopathy had not been quick enough for her in the first instance, so Mr. — tried his hand, and failed. Homœopathy got the chance of doing better, and did it. Dr. Shuldham, who had some special ophthalmic experience, like myself, aided me at this juncture. We gave *Bell.* 3x and *Hepar.* 6x in alternation, contrary to the teaching of some of us, and for some good reasons of our own. These medicines are said to antidote each other; they didn't here.

It was on the 23rd of April ult. that I first saw this young lady for the neuralgia of her face; on the 4th of May the abscess had discharged, and the results of inflammation were alone left. Some redness and tenderness returned on the 12th, and I again had recourse to the two aforementioned *Bell.* and *Hep.* May 19th.—Nothing now remains but hardness; *Sulphur* will take care of that. She is well.

Foreign Bodies in the Throat.

A child was nearly suffocated from swallowing a marble; he turned black in the face, pulled out his hair, and would undoubtedly have perished but for his mother's presence of mind. She poked the marble down, and he swallowed it. The sequel was at least unique. A week after a large dog jumped out on him, and he vomited up the marble, which in all probability emetics would *not* have done.

Strangulated Rupture.

A particularly distressing case in a female of seventy-four. Whether from motives of delicacy I cannot say, but no notice was taken of it till too late, and she would not hear of an operation. At first it looked like a phlegmon on the site of the right inguinal space. There was no fluctuation from coughing, *no constipation*, and *no vomiting*, but the history showed clearly what had happened. Next day I found two large bullæ filled with straw-coloured fluid; there was great

pain of a burning kind, and thirst. In one of these bullæ were two or three orifices exuding a fœtid fluid. The opening moved over openings in a membrane underneath, which made me at once suspect a hernia. A slight puncture liberated a large quantity of horribly fœtid fluid, swamping her and compelling us to beat a retreat. Next day the daughter observed, as I saw myself, that portions of orange consumed the day before were coming through the groin. There could be no doubt now as to its nature. *Bell.* by night and *Nux Vomica* by day eased her pain, and she gradually sank. I never saw a case of strangulated rupture without vomiting and constipation, and there were unmistakable fœcal discharges, yet a certain amount of action per rectum. The only explanation I can offer is, that a part of the gut was attached, and still pervious, and must have been enormously distended from the amount of fluid discharged after the slight puncture. It deluged the bed; the effluvia in the room before death, for three days, were only endurable by burning ribbon of Bruges before you as you entered. The duration of illness was nine days. An early application of cold and the administration of *Nux Vomica*, after Tod Helmuth's plan, might have saved her.

Wandsworth, May, 1881.

DR. DRYSDALE ON HAHNEMANN.

By E. W. BERRIDGE, M.D.

(Corresponding Secretary of the *International Hahnemannian Association*).

At page 210 of the *British Journal of Homœopathy* for the current year, Dr. Drysdale makes the following assertions:—“Dr. Kidd's practice is homœopathic, allopathic, and empirical, in certain proportions; the same can be said of Dr. Dudgeon's, though in different proportions; and the same may be said of Hahnemann's, although again in different proportions, for he also recommended emetics and stimulants on certain exceptional indications—*i.e.*, allopathic treatment, and animal magnetism, of whose action he and we know nothing, and therefore empirically.”

No one, probably, will quarrel with Dr. Drysdale's description of Dr. Kidd's practice. Dr. Dudgeon must answer for himself, though why Dr. Drysdale should have “named” the honourable member for Montagu Square is not very apparent.

But his statement respecting Hahnemann is a fatal error, which if uncontradicted may do serious harm to those who blindly accept supposed authority instead of thinking and searching for themselves. Dr. Drysdale here asserts that Hahnemann, in certain exceptional cases, resorted to allopathic treatment, and classes his practice with that of Dr. Kidd, differing from it only in degree.

Now, what does the Master say? In section 67 of his *Organon*, he says, "These incontrovertible truths which offer themselves to our notice in nature and experience explain to us the beneficial action that takes place under homœopathic treatment, while, on the other hand, *they demonstrate how wrong the antipathic and palliative treatment of diseases with antagonistically acting medicines is.*"

Further, in a note he says, "Only in the most urgent cases, where danger to life and imminent death allow no time for the action of a homœopathic remedy—not hours, sometimes not even quarter-hours, and scarcely minutes—in *sudden ACCIDENTS occurring to PREVIOUSLY HEALTHY individuals*; for example, in asphyxia and suspended animation from lightning, from suffocation, freezing, drowning, etc.—is it admissible and judicious as a preliminary measure to stimulate the irritability and sensibility (the physical life) with a palliative, as for instance, with mild electrical shocks, with clysters of strong coffee, with a stimulating odour, gradual application of heat, etc. When this stimulation is effected the play of the vital organs again goes on in its former healthy manner, *for there is here NO DISEASE to be removed*, but merely an obstruction and suppression of the vital force *which in itself is healthy*. To this category belong various antidotes to *SUDDEN poisonings*; alkalies for mineral acids, *Hepar Sulphuris* for metallic poisons, *Coffee* and *Camphor* (and *Ipecacuanha*) for poisoning by opium, etc."

Surely this teaching is clear enough, that in no *disease* whatever is any medicinal application, besides the homœopathic remedy, requisite. The instances to which Hahnemann alludes are *not* cases of disease, and to electrify a half-drowned person, or to administer alkalies for the chemical neutralisation of a corrosive acid taken into the system, is no more a justification of the allopathic or antipathic treatment of a *diseased* condition, than is the administration of chloroform prior to a surgical operation.

Those who mix up things which are perfectly different might possibly read with advantage another note attached by

Hahnemann to the same section. "And yet the new sect which mixes the two systems appeals (though in vain) to this observation, in order that they may have an excuse for encountering everywhere such exceptions to the general rule in diseases, and to justify their convenient employment of allopathic palliatives, and of other injurious allopathic trash besides, solely for the sake of sparing themselves the trouble of seeking for the suitable homœopathic remedy in each case of disease—I might almost say, for the sake of sparing themselves the trouble of being homœopathic physicians, and yet wishing to appear as such. But their performances are on a par with the system they pursue; they are nothing to boast of."

In conclusion I may as well point out another error into which Dr. Drysdale has fallen—an error, by the way, which has been already refuted *usque ad nauseam*. Dr. Drysdale speaks of "those who call themselves Hahnemannists, but whose point of distinction is the using of the highest dilutions, which Hahnemann did not use or sanction." To this I reply, that the "point of distinction" between us and the non-Hahnemannians is chiefly the mode of selecting the remedy, the former relying on the symptoms as Hahnemann directs, the later on pathology, resorting to semeiology only when the other basis fails them; the potency question, though very important, is entirely secondary to the mode of selection of the remedy.

Furthermore the extremely high potencies were used and sanctioned by Hahnemann, as may be seen even in his published writings, and still more so in the evidence of his personal disciples, and of his unpublished MSS. And in the face of this it is surprising that Dr. Dudgeon should farther on quote against the use of the highest potencies, a private letter written by Hahnemann in 1829 in favour of adhering to the 30th potency for the sake of uniformity, as if this provisional advice had not been cancelled later, both by words and deeds. But Dr. Dudgeon, to parody the words of Iago, "is nothing if not facetious;" and the editorial, in which the above quotation is made, intended for the discomfiture of Dr. Skinner, is so excruciatingly funny that perhaps it is only intended as a "goak" after all. *Dulce est desipere in loco*, as Horace says; which may be freely and æsthetically rendered, "It is too too utter to play the buffoon in one's own journal."

THE FASTING AND REPORTED DEATH OF DR. TANNER.

WE think the time has come for giving a *résumé*, historical and practical, of this affair.

We have our information from various sources, viz.—the *Standard*, *Medical Advance*, *Supplement*, and *Evening News*.

DR. TANNER'S FAST.

Dr. Tanner came to New York for the forty-day fast because of a challenge from Dr. Hammond to Miss Mollie Fancher, of Brooklyn, of whom it was asserted in the newspapers that she had lived fourteen years without food, and this for the reason that she possessed wonderful clairvoyant powers, as her mind was independent of her body, and so powerful as to keep the vital functions going without food, by the mastery of the spiritual over the material body.

Among those who loudest cried fraud was Dr. Wm. A. Hammond, who wrote a little book on the frauds of "Fasting Girls," to which he added a challenge as appendix, in which he said: "I know something about fasting girls and their frauds. . . . If Miss Fancher will allow herself to be watched day and night for one month by relays of members of the New York Neurological Society, I will give her one thousand dollars if at the end of that month she has not in the meantime taken food voluntarily, or as a forced measure to save her from dying of starvation, the danger of this last contingency to be judged by her family physician. If the offer is not taken up let us hear no more of Miss Fancher's mind-reading or clairvoyance, or living for a dozen or more years without food."

Dr. Tanner saw the challenge in print, and wrote a letter to Dr. Hammond, offering himself as her substitute. It appears that Dr. Hammond's liberal offer was only intended for Miss Fancher (gossip says he did know beforehand that it would not be accepted). As Dr. Tanner's letter was not answered he wrote to Prof. Buchanan, requesting him to inform Dr. Hammond that he was ready to accept his challenge; this was done; no answer. Then Dr. Tanner published his offer in the *Pioneer Press*, and sent Dr. Hammond a copy of the paper; no answer. As a last resort, an interviewer of the *New York Times* was sent to Dr. Hammond for an answer upon the published offer, and the reporter succeeded in getting out of him the sentence: "You can publish

me as saying that I will gladly accept Dr. Tanner's proposition."

Dr. Tanner wrote a letter closing: "If the New York Neurological Society, or any other medical society or professor of any medical school interested in vital chemistry, desire to test the powers of human endurance under prolonged fasting, or witness the physiological, pathological, or psychological phenomena incident to such a fast, the proposal I made to Dr. Hammond is still open to their acceptance.

. . . All I ask is to be provided with suitable apartments during my fast; all other expenses I will bear myself."

Dr. Hammond said to a reporter: "The man is a fraud, but I accept the proposition. He shall have a clean, well-ventilated room, but out of that he must not go for thirty days, unless accompanied by persons above suspicion, so that he won't slip into some restaurant to get a good lunch. The more he walks, however, the more he will be apt not to succeed in the experiment, because in walking he will be using up his vital force. If he succeeds he will get the thousand dollars, and if he dies I will give him a decent burial. But I don't believe there is any such man as Dr. H. S. Tanner, of Minnesota. I am inclined to think the whole thing is a huge Western joke."

Dr. Hammond made a number of appointments with Dr. Tanner, both for himself and the New York Neurological Society. Some of these appointments were not respected by Dr. Hammond, and they were evidently made so annoying that he thought to discourage the whole test. Nearly twenty days after the last interview with Dr. Hammond, Dr. Tanner received a letter ante-dated June 1, but marked, according to post-mark, June 19, mentioning that the Neurological Society was to hold a special meeting to arrange about his fast. We will pass over a very pointed correspondence which ensued, as of no interest to the general reader, nor the conversations with interviewers from the press which were published at the time, and which showed a great deal of bad feeling all round, and which surely was not favourable to Dr. Tanner, as a preparation for the severe ordeal which he intended to pass through. But matters had all been arranged, and the great fast began at noon, June 28.

It may be well to state here that it was not Dr. Tanner's first experiment in this line. He had for many years restricted himself to a very plain and frugal diet. He never drank tea, coffee, or liquor of any kind, and did not use

tobacco in any form, and he claimed that every man would be **healthier** by following his example. He is very earnest in **his endeavours** to prove what he calls the "errors of physiology," and holds that most diseases of mankind are due to eating too much and too often; and being himself subject to a tendency to gastric derangement, he had found that total abstinence from food always cured him. Having been detained late in the night by professional duties, he felt seriously indisposed, July 16, 1877, he drank a quart of milk, and the next day a pint more, and from this time no food until August 29, exactly six weeks or forty-two days. The way this came to pass was as follows:—

On the 18th of July he was satisfied that he was suffering from gastric fever induced by abrupt changes in diet, during the last three weeks, and he resolved to fast until better. He did not eat anything, but drank plenty of cold water when he wanted it. After ten days the fever disappeared, he felt much better, and he renewed his usual walk of one to three miles twice a day. No persuasion could induce him to discontinue his experiment to find out the effect of a fast, prolonged as much as was possible to him. On the thirty-eighth day, after considerable fatigue, having been out all day on a pedestrian excursion, he came home sick and had considerable retching, straining, and tendency to hiccough. On the forty-first day he was induced to partake of a little milk, but it was rejected, but on the forty-second day it was ravenously appropriated.

Of scientific data furnished by this fast there were none; neither loss of weight, water drunk or voided, velocity of pulse, or other phenomena recorded, as the fast was only begun as an experiment to cure his gastric fever, and continued to see how long he could stand it. From that time papers throughout the West gave often accounts about protracted fasts.

The first thing done was to strip Dr. Tanner, for the double purpose to examine his physical condition, and to see if any food was found in his clothes or satchel. Nothing was found except a copious layer of fat or adipose tissue round his body sufficient to keep him alive for a winter season, if like a bear he could have been induced to a winter sleep. He measured 40 inches around the breast, 39 around the abdomen, and 22 inches around the thigh. His weight was found to be 157½ pounds, thus above the average for his size, which was 5 feet 3 inches.

A diary was kept, and this states that on the first day he went to bed at 9 p.m. The bed was thoroughly searched. His pulse was 82, full and regular. On the second day he rose at 7 a.m. At noon he had drunk fifty-seven ounces of water during the preceding twenty-four hours. A letter was received from Dr. Gray, vice-president of the Neurological Society, offering arrangements for the fast, and to have it tested by experts. Answer was sent that the fast had been commenced, with an invitation to members of the society to join in the watch, some of which did so a few days later. On the third day Dr. Tanner said he felt very hungry; he began to dispense with drinking water, only rinsing his mouth with it; had lost in weight four and a half pounds. On the fourth day he felt better, conversed freely, read the morning papers, and wrote several letters. The mail brought quite a correspondence, as he was beginning to be largely noticed. It was agreed that the watchers should open the letters before giving them to Dr. Tanner so as to be sure that no concentrated food was contained in them.

Nothing of interest happened for several days afterwards. Dr. Tanner abstained from water also, as an experiment; only rinsed his mouth and used a wet towel around his head. After a week the chemist in charge wrote: "I was surprised to find Dr. Tanner so well. I expected a change, but found none. This expectation was based on great changes I found in the water voided, in which there is a surprising diminution of urea."

After the first week doubters in Dr. Tanner's honesty, who rented the large hall which had been set apart for him, were forced to admit that everything was conducted fairly. But many predicted that he could not hold out another week, as the loss of two pounds a day would use up all the tissue he had to spare. It was now announced that the *Herald* had made arrangements that the reporters should join in the watch, which pleased the faster exceedingly, as it would add to the conviction of the public that everything was conducted with honesty.

On the ninth day some allopaths and members of the Neurological Society completed arrangements to keep up a watch, and provided a book for their own observations, expressing regrets that they had not done this before.

On the tenth day he complained much of the heat, and had his cot elevated to the open windows in the front of the building. He slept little, and asked frequently for wet

sponges. On this day Dr. Bradley accused Mr. Johnson, one of the watchers, of taking something out of his pocket and giving it to Dr. Tanner, and said he believed it was food; further that the value of the experiment was destroyed, and that it was useless to go any further. When it was proved that the something given to Dr. Tanner was a wet sponge, he said he believed it was wetted with beef-tea. Dr. Wash suggested to give Dr. Tanner at once an emetic, which was earnestly urged by Dr. Tanner as a sure means to prove that he had taken no food. Dr. Bradley would not agree to this. Dr. Tanner with tears in his eyes begged Dr. Bradley to do him justice, and said, "Double your watch, and if I take food you can demonstrate my inability to accomplish my task long before the expiration of the remaining thirty days." Dr. Bradley, however, continued to walk boisterously and use profane and slang language; but when Mr. Johnson explained that he took his handkerchief out of his pocket to wipe his fingers which had been wetted by the sponge he gave to Dr. Tanner, and when this was verified by all others present, Dr. Bradley left annihilated, and did not appear any more during the rest of the watch.

Curious to relate, the chemists, who had not been present for several days, but daily received samples of the urine voided for microscopic inspection and chemical analysis, noticed at that time a striking increase in the amount of phosphates secreted, proving an abnormal waste of phosphorus, usually the result of mental and nervous excitement.

He continued without water, and on the fifteenth day unfavourable symptoms, evidences of cerebral disturbance, were manifested. He was urged to take water, and promised to do so if not better the next day; his pulse had risen considerably, and varied from 98 to 107, and on the next day he was worse; he drank ten ounces three times—thirty ounces in all. The next day he was much better, pulse fell from 108 to 95, and he took his first carriage drive, always accompanied by three or four of his watchers.

From the eighteenth day he was generally in much better condition. On the twenty-first day he walked to a photograph gallery, half a mile off, to have his picture taken. On the twenty-third day he wrote letters, and his mental activity continued bright until the twenty-sixth day, but the next day he was better, and showed his wonderful powers of recuperation. On the thirty-first day he had eructations of gas, attended with nausea, vomiting water, mucus, and bile,

and at 11 p.m. an "alcohol sweat" was administered, which relieved him, as he had taken a cold during his carriage drive in the early morning.

In regard to this "alcohol sweat," some learned physicians, who were anxiously looking for some source of nourishment, suggested in the newspapers that Dr. Tanner was being nourished by alcoholic vapour baths. Justice requires the statement that he never took any alcoholic vapour bath, but simply sat on a chair with a rubber blanket around him, while an alcohol lamp burned under the chair until perspiration was produced.

This assertion is on a level with another one, that Dr. Tanner obtained animal food from the animalcules in the water he drank, and that for this reason he preferred water from the spring in Central Park, as this was richest in animal life. The fact is, however, that this very spring water was exceptionally free from animalcules.

On the thirty-third day Dr. Tanner read the report that he had died.

On the thirty-fifth day he vomited bile several times and a mustard plaster was applied over his stomach, which relieved him. It being suggested that he would have trouble when he began to eat again, he said that he knew better, and that all his troubles would be ended as soon as he took food in his stomach. That day he received the following cablegram from Paris:—

"Dr. Tanner, Clarendon Hall, 13th Street, N.Y.

"Don't waste strength driving out. Shut off all spectators; have only your doctors and attendants. *Standard* telegrams republished everywhere, and read by everybody. Your experiment watched with great interest by scientists; ridiculed by fools. Hot weather is against you. Courage, brave fellow; hold on! Wish you success.

"DR. J. MARION SIMS."

A cry was set up by all doubters, and even leading papers, that this despatch was bogus. It was especially Dr. Hammond who, when interviewed by a reporter about it, expressed most decidedly and vigorously his opinion that it was a most stupid game of Dr. Tanner's friends, a concoction, a fraud; that Sims would never send such stuff as that, and if he were guilty to cable such trash, he (Hammond) would endeavour to forget him; that the whole experiment of Tanner was useless; that it was not properly watched nor scientifically

conducted, etc. These latter opinions were shared by all those who imagined that if they themselves did not conduct the whole affair, nobody else could do it—a kind of conceit very common among a large class of people of all kinds.

Unfortunately for Dr. Hammond, it was proved by an inquiry, made per telegraph by the *Herald*, that Dr. Sims endorsed the despatch as sent by him, on which endorsement the *Herald* remarks: "How the two gentlemen must feel toward one another, Dr. Sims saying the experiment is only ridiculed by fools," Dr. Hammond having ridiculed it all the time, and Dr. Hammond declaring the despatch to be trash, and that he would endeavour to forget his friend Sims if he could really "cable such trash." Then a change appears to have come over Dr. Hammond; he became convinced that Dr. Tanner would succeed, and that the experiment was fairly conducted, and he wrote to Dr. E. Hoebe a letter (which the latter brought to Dr. Tanner), in which he stated that: "1. He thought the watching had been fairly conducted. 2. That Dr. Tanner had faithfully abstained from food. 3. That he had succeeded better than Dr. Hammond expected. 4. That there have been other long fasts, but that this is the best authenticated one. 5. That Dr. Tanner's organism is like that of other people, as he suffered as others would have done. 6. That he has shown that the symptoms of inanition produced in other fasts are fraudulent. 7. That he proved the impossibility to go without water for a long time. 8. That he has great pluck and endurance, commanding admiration. 9. That he should stop at once, to prepare his stomach for watermelon on the fortieth day. 10. That further perseverance in the fast is connected with great danger. 11. That the offer to go without food or water for thirty days is still open, but it is hoped he will not accept it. 12. That the investigations have been superficial and restricted: the exhalations from skin and lungs should have been analysed, and the weighing was imperfectly performed. 13. That the scientific results are not what they should have been, but that enough has been shown to cause us to modify our view in regard to the effects of inanition on the human body. (Signed) W. H. HAMMOND."

In regard to the last two items, it should be considered that Dr. Hammond was in ignorance of what was being done scientifically. The weighing was very carefully done, not only of Dr. Tanner, but of all the water he drank and voided, while of the latter a microscopic and chemical analysis

was almost daily pursued. The temperature of the faster, taken in the mouth, was most always between $98\frac{1}{2}^{\circ}$ and $99\frac{1}{4}^{\circ}$, and very seldom descended to 98° or ascended to 100° .

On the thirty-sixth day Dr. Tanner was tolerably well, but on the thirty-seventh he vomited bile, and complained about being annoyed by the visitors and feeling weak. The thirty-eighth day was one of the most trying; he suffered from nausea, and often vomited bile; rubbing of abdomen and legs, with mustard footbaths, relieved him. It was nearly the same on the thirty-ninth day, when more than 600 people came to see him, and he went frequently down to the large hall with bright and cheerful looks. On the fortieth day, before noon, at the close of the fast, nearly all the watchers were present. He had slept well the previous night, but was evidently glad that the end was near. Numerous presents arrived of all such kinds of food which the senders kindly supposed would be best to break the fast with, while he cheerfully showed himself to all who came. Two or three minutes before twelve he began peeling a peach, and when the noonday whistles of the surrounding factories blowed it was eaten. He drank freely from milk just brought in from a reliable farm, then he asked for a watermelon. The physicians present remonstrated, but in vain. He said, "Let me alone, I know my own machine; I am now going to run it myself," and almost half of a large watermelon disappeared. He then went to take a ride in the carriage waiting in front of the door, and at his return commenced eating again. The quantity of food he made to disappear was appalling, and disgusted those who had before admired him for his excessive frugality.

This case appears to teach an important lesson—namely, that the customary treatment of persons who have been suffering from starvation, to give them but small quantities of milk and brandy at long intervals, is all wrong. It is a fact that many die under this treatment after they have been rescued. This has been ascribed to disorganisation incident to the long abstinence from food. Brandy is for man what the whip is for the horse; it can make the horse go, provided there are oats at the bottom of it. Dr. Tanner did not use wine or beer until after several good hearty meals.

Twenty-two hours after the close of the fast the bowels operated for the first time in forty-one days. This was one proof that no food had been taken. He was gaining now in weight at the rate of five pounds per day, and kept this up

for several days, when his ravenous appetite moderated, and he ate considerably less, and remained stationary in weight for some days, when a slower increase set in again.

Another proof of the honest performance of the fast was the chemical analysis of the water voided, which was measured daily, as well as the water he drank. Two principal waste substances are carried off by the kidneys—nitrogenised substances from the waste of the muscular tissues, and phosphorised substances from the waste of the brain and nerves. In the usual conditions these substances are derived from two sources—the excess of nutrition by food and the actual waste of the system. When the supply of food is cut off the substances secreted represent the waste only. In Dr. Tanner's case the amount of nitrogenised substances secreted in this way diminished day by day, showing how nature economised the waste, until they represented scarcely one-tenth part of the original amount, while twenty-four hours after the break of the fast the amount had suddenly increased and more than tripled.

A most interesting investigation of the changes in Dr. Tanner's blood has yet to be noticed. During the last hour of the fast a part of a drop of his blood was placed under the microscope and examined with a suitable magnifying power. It was seen that every corpuscle, otherwise smooth in the normal condition, was covered with a kind of fungoid growth, which appeared to flourish at the expense of the corpuscles, as they were smaller than usual (in place of 1-3600th of an inch in diameter they averaged about 1-5000th), and some had a ragged, broken appearance. The appearance is very similar to that seen in specimens of blood of patients who died of typhoid fever. Korel found the same appearance in the last stages of consumption, in aggravated forms of scrofula, and other ailments which tend to deteriorate the blood.

It may be interesting to remark here that there is a connection between this gradual deterioration of the blood during the prolonged fast and the bilious symptoms and vomiting of bile taking place during the last days of the experiment. The function of the liver appears to be the secretion of the effete blood corpuscles and the change of them into bile; when the number of such corpuscles became abnormally large, the liver secreted much bile, became over-taxed, and bilious symptoms necessarily ensued.

Very far from Dr. Tanner's starvation experiment being

useless to science, it was not only useful to science as long as it lasted, but for some time afterwards, giving a fine opportunity to observe the gradual improvement in his blood. It showed that blood drawn from the capillaries alone, near the skin, showed a far greater number of defective corpuscles than blood obtained by a deep puncture reaching blood-vessels from which it ran more freely. It might, of course, be expected that newly-formed corpuscles, and corpuscles restored to their normal condition in the apparatus where the blood-forming is going on, will be most abundant in the arteries which have their supply direct from the heart, while the most defective will linger longest in the capillaries, until they can be no more useful, and then are carried with the rest of the venous blood to the secretory organs, to be eliminated from the circulation. It appears that this elimination is not going on at a very rapid rate, as more than a week after the close of the fast the blood corpuscles were not all normal yet; the restoration going on in two ways, a healing and restoration of the affected corpuscles, which were seen in all stages of improvement, and the formation of new ones in place of those destroyed by the fungoid growth, and of which the fragments were often quite frequently seen.

THE DEATH OF DR. TANNER.

The *Standard* announces that Dr. Tanner departed this life with an unostentatiousness strongly contrasting with the sensational manner in which he last year contrived to live through his battle against hunger. More than a month ago he arrived in Amsterdam, and alighted at the Hotel Cornelius. He was accompanied by Mrs. Tanner and two children. In point of physique the lady is stated to have presented the strongest possible contrast to the lean and deathlike form of her husband. The arrival of the visitors in the Dutch capital remained unnoticed in the press of the Continent, and it was nearly three weeks after the death of Dr. Tanner that the circumstances of his sudden decease became known.

For a week after his arrival in Amsterdam Dr. Tanner confined himself to his room in the hotel. It is reported that during this time he used to eat five or six meals a day with a ravenous appetite, besides consuming a large quantity of spirits. At length he informed the hotelkeeper who he was, and stated that he had come to see Dr. Croff. This physician

had, in several Dutch papers, expressed disbelief in the genuineness of Dr. Tanner's well-known fast, and declared the latter must have obtained nutriment by some secret means.

The object of Dr. Tanner in going to Amsterdam was to perform in Dr. Croff's house a fast similar to that which he had gone through in America last autumn. The wager was to be fifty thousand francs, or two thousand pounds. Dr. Croff, who was away at the time Dr. Tanner reached Amsterdam, returned home on the 19th ult., and at once sent a messenger to the American, who had begun to grow impatient of the delay. Rejoiced to hear that Dr. Croff had at length called, Dr. Tanner ran out of his room to receive him, but in doing so missed his footing at the top of the stairs and fell to the bottom. The fall caused concussion of the brain and other injuries, and the unfortunate faster breathed his last the very next day. The medical men of Amsterdam desired to open the body of Dr. Tanner, but to this Mrs. Tanner, in spite of all their entreaties and offers, would not consent. She, however, agreed to allow the body to be weighed, when it was found that its weight was only one hundred and eight pounds. It will be remembered that at the end of his fast Dr. Tanner only weighed ninety-six pounds.

Soberly considered, it is a matter of sincere regret if Dr. Tanner has really come to grief, and been thus prevented from repeating his intrepid experiment. History will remember the name of Dr. Tanner, the American Faster, and that is more than can be said of most of us. The news of the death was brought by the *Standard*, and since then the *Evening News* declares that he is not really dead, but is in training for another fasting feat. But whether dead or alive his fast has resulted in a distinct gain to biological and medical science, all the jeers and jibes notwithstanding, and hence we think the above notice worthy of record.

THE HOMŒOPATHIC HOSPITAL, WARD'S ISLAND, NEW YORK.

DR. A. P. WILLIAMSON, the chief of the staff of this very flourishing hospital, has honoured us with a copy of its Sixth Annual Report. We are not able to insert it, but cannot refrain from expressing our congratulations to the medical staff of the Homœopathic Hospital on Ward's Island on the very great success which they have attained.

THOUGHTS ON THE SCIENTIFIC APPLICATION
OF THE PRINCIPLES OF HOMŒOPATHY IN
PRACTICE.¹

By THOMAS HAYLE, M.D.

THE science of any branch of knowledge is the ascertainment and definition of its facts and of their relations, both in synchronous and successive order, and in all their mutual interdependencies. The steps to be taken in the attainment of this knowledge are the exact appreciation of the facts, then their classification, induction, ratiocination, deduction, and verification. Every step in the order of succession being known, results can be predicted, and their accomplishment appealed to as a verification of the accuracy of the process.

These remarks commence my paper as a chart for my guidance, and as a bright contrast to my own performance and the glorious uncertainties of medicine. High as the heavens above our heads is the "*lucidus ordo*" of science, as compared with the mass of assumptions and speculations through which it will be my perplexing task to clear my way. The nature of the case must be my apology for failure, though I do not pretend to more than an attempt to indicate what must be done in order to succeed. The study of facts should be a worship, and reverence for them is a reverence for their author; for they are his words—that is, the expression of his mind. The history of medicine does not present us with such a reverence for facts as the occasion demanded, especially as on their proper application the well-being of humanity, often the very existence of individuals, depended. Instead of the "*lucidus ordo*" of science, rash speculations, and reckless experiments almost decimated society. Medicine, instead of being the friend of man, might well be deemed his worst foe. *Secundum artem* became as nearly synonymous in meaning with "*secundum Martem*," as it is symphonous with it in sound, quite as much so as the fiercest worshipper of Bellona could have wished. There is little doubt that the persistent and reckless employment of noxious agents in the treatment of disease caused, in the long run, more deaths than the most protracted and bloody wars. A constantly acting influence is more effective than a cataclysm. Good and thoughtful men shrank from the responsibility of such a calling, and in sorrow, sometimes

¹ Presented at the Quinquennial International Homœopathic Convention, London, 1881.

in indignation, stood by and looked on at this abomination of desolation. Hahnemann describes his mood as follows:—
 “After I had discovered the weakness and errors of my teachings and books I sank into a state of sorrowful indignation, which had nearly altogether disgusted me with the study of medicine. I was on the point of concluding that the whole art was vain and incapable of improvement. I gave myself up to solitary reflection, and resolved not to terminate my train of thought until I had arrived at a definite conclusion on the subject.”¹ This is the frame of mind of which it may be asserted as an everlasting truth that those who seek shall find, and that unto those who knock it shall be opened.

The first event or coincidence that sets the mind on the right track may appear to be an accident, but it is an accident which is available only to him whose mind is on the watch, and whose whole soul is devoted to the consideration of the subject. The fall of the apple came within the observation of a man whose whole soul was devoted to the study of the laws of nature; it was something to him, it was nothing to all men beside. That it was a uniformity was enough for them; why it was a uniformity they did not care to inquire.

When Hahnemann found that the *Cinchona* bark produced a kind of intermittent fever, which kind it also cured, he found a fact connected with another fact, and he was in search for such connections. To most men this would have been a coincidence; but a coincidence that always recurs under the same circumstances is a law; and Hahnemann at once perceived this. What was the extent of this law? Was it confined to this single instance, or did it run through all the instances of remedial agency? Or, as Newton might have thought, is this law confined to the fall of bodies to the earth, or does it pervade every instance of motion, controlling it or keeping it up? Hahnemann's great learning enabled him to go through the record of cures with one medicine, and to compare these with what was ascertainable of their action on the healthy body. He found in his researches numerous instances in which the disease-producing and curative action of medicines correspond remarkably; the one set of observations being recorded by one set of observers, the other by another set, each being ignorant, or at least not necessarily cognisant, of each other's observations,

¹ *Æsculapius in the Balance*, Leipsic, 1805. *Lesser Writings of Hahnemann*, p. 470, translated by Dudgeon.

thus being undesigned coincidences. In one instance, however, De Haen observed both, and put them together, with great surprise, having unwittingly stumbled on a law of nature without knowing it. Hahnemann quotes from his *Ratio Medendi*, tom. iv., s. 228, the following passage: "Dulcamaræ stipites majori dosi convulsiones et deliria excitant, moderatâ vero spasmos convulsionesque solvunt." Hahnemann observes: "Wie nahe war De Haen an Erkennung des naturgemässesten Heilgesetzes!" Very near indeed! So near that he had observed the difference between the action of the larger and the smaller dose.

The number of medicines cited is about fifty; the number of coincidences, perhaps, two hundred. Some of these coincidences are of the rough-and-ready class, and do not correspond with the requirements of science. For instance, the cure of the sweating sickness by sudorifics, and of inflammatory fever by small doses of a strong wine, and also of inflammation of the brain by the same agent, present no data for the scientific homœopath to act on. There is a very striking similarity between the majority of the cases cited, but exact knowledge was not attainable in the days of our ancestors, and, in fact, was not sought for. It is well for humanity that the after-researches of Hahnemann and his disciples have immensely multiplied and precisionised the data, or the homœopathic law would have stood upon a very insecure foundation. As it is, however, these researches, and those which have subsequently been carried on by experiments on the healthy body, observations in cases of poisoning, and cures wrought in conformity with the homœopathic law, the last almost countless, have established Hahnemann's discovery beyond question. Eighty-four years have passed, and each successive year has but added to the extent of the evidence and the number of converts. The benefits conferred on suffering humanity have been incalculable. Diseases previously considered incurable have been rendered amenable to treatment; the percentage of fatal cases has been reduced—so much so as to render it safe, and even remunerative, to reduce the rate of premium on policies for persons treated homœopathically, a venture which has been proved remunerative in New York (under State inspection) by an experience of more than a decade of years. This does not constitute more than a small portion of the benefits which have been realised by the system of Hahnemann,

applied as it was in all sorts of ways, none of them scientific. They had the form of science, but not the power of it.

Thinking that it was impossible to get at the nature of disease, Hahnemann was driven to adhere to the symptoms. He was in the position of the savage—of Dugald Stewart, I think—who, harassed by a burning fever and raging thirst, comes to a spring of cold water to quench his thirst, and finding that the cold draught not only removed that, but with it all the other symptoms, carefully noted all the circumstances of time and place, and whatever other conditions might apply to the case: the time of day; whether the sun was shining or not; his relation to it; whether it was shining on his back or his side; whether it was cloudy, calm, or windy; the direction of the wind, if there was one; the position of his body, on his hands and knees or otherwise; the taste of the spring—saline, acid, or effervescent. All this and much more his careful mind would note, not knowing what was essential or unimportant, so ignorant was he of the world in which fate had placed him. And so for some time his servile imitators blindly followed him. At length it was discovered that the sun might shine or not, the body be in any position, the wind blow as it listed, without affecting the results. It was the spring that did it all. But the human mind was not so easily satisfied. What part of the spring was efficient? There were ten or twelve ingredients. Was it the potass, the soda, or the lime? At last, by investigation, chemical or otherwise, the active ingredient was discovered, and all superfluous was eliminated. This is the course of science, a very slow but a very sure one. Hahnemann had found that *similia similibus curantur*, but what was the *similia*? Pathological science was not far enough advanced in his time to be confided in, and he was too sagacious a man to trust in hypotheses he could not verify. He therefore determined to take the totality of the symptoms as his guide. He was in the position of the savage, and he acted as sagaciously, proceeding on the facts of the case. There was, however, a difference in the proceeding. The savage did not know that there was no connection between all the parts; he proceeded as if there was. Hahnemann knew that there was, and perhaps he was justified in thinking so, but he was not in a position to trace it. In the one case the fortuitous had to be discovered and eliminated; in the other the great

majority of symptoms had to be retained in order to be investigated and explained.

Hahnemann was misled in his view of the case and by his distrust of speculation. He treated the affair as one of natural history, whereas it was one of ratiocination and deduction. He thought that a medicine which produced a symptom in any one case might produce it in every other, unmindful of the various and altogether different kinds of disturbance that one and the same medicine might set up in the body, and the variety of interdependence which might prevail among the symptoms, that the symptom which was set up in one kind of disturbance might be out of place in another. Thus he arranged all the symptoms belonging to every kind of disturbance together, and confounding things different, made a scheme of them, putting all the symptoms which belonged to one region together, and thus a puzzle-box of dissimilars, out of which to construct a whole, with no chart to guide.

It really makes me ashamed to criticise one to whom we owe so much, and we should consider the difficulties under which he laboured, and put down his errors to an attempt to steer clear of the hypotheses and rubbish of his time. His divine discovery came on the human mind as a thunderbolt, and its reception corresponded to the medium on which it fell. It fell on a world the recklessness and folly of which was well expressed in the waggish distich—

“ I bleeds them, I purges them, I sweats 'em,
And if they dies—I. Lettsom.”

A description this of profound stupidity and of the recklessness for human life by which it was accompanied couched in appropriate terms. No wonder that the Sangrados of their day rejected the light they could not comprehend with scorn and ridicule. This was unavoidable. The large doses of drugs which it was the fashion to give, and in which alone they were considered efficient, were inconsistent with the practice of Homœopathy. The infinitesimal doses or exhibitions of nothing were considered inventions of Hahnemann to conceal the failure of his laws—at least to render that failure less conspicuous, which the doses in common use would no doubt have done in a remarkable way; and thus the action of the small doses, a discovery as brilliant as any in the annals of medicine, and which the law was a step to, was made use of by the profession not only to throw

ridicule on the whole thing, but even to cast suspicion on the good faith of the great man whose faith in the immutability of nature had guided him to his discovery. The reception of Homœopathy among its adherents was various. The great majority materialised its teachings. They could not reject the assertion of Hahnemann that his doses acted, but their habits and instincts led them to compromise. They preferred the lower attenuations, and often gave the crude material. They came as near as they could to the absurdities of polypharmacy by giving alternations of two or more drugs, and I have even heard of two or three drugs being mixed and given at the same time, in direct contradiction to the precepts of Hahnemann and of common sense, until at last a homœopathic and allopathic prescription could not be distinguished, given, as they were, in the same dose.

There is nothing new in all this. Men have always materialised truth. When a new spiritual religion came into the world men christened the statues of the heathen gods and gave them the names of saints. They substituted the Christian festivals for the Pagan, retaining even the time. The great festival of the year when the days began to lengthen was honoured by being converted into the commemoration of the nativity of its founder, all whose precepts they took pride in disregarding. His priests prayed to the god of battles for success to the armies of their nation. No priests were appointed by him. His God was not the god of battles but the Universal Father and God of Love. Oaths bristled up on every side though He had expressly forbidden them. Riches denounced by Him in the strongest terms became the special objects of their worship. Thus Paganism was retained under the name of Christianity, and man's lusts gratified under the name which renounced them. Thus, too, was the semblance of Homœopathy retained though the substance was allopathy. In both cases, however, was there some truth received, and that little leavened the whole lump, and the world was the better for it. Another branch of homœopathists, however, out-Hahnemanned Hahnemann himself. If he gave thirtieths they gave millionths. If, like the savage at the spring, he observed positions, aspects, and the weather, they attended to the most minute particulars and circumstances; in fact, they were and are the Romantics of Homœopathy and have outlived their time. That which Hahnemann did from necessity they do from choice.

The resources of pathology were not open to him, and he was therefore compelled to find his similar in a very roundabout way. Symptom-covering was his only resource. Every symptom which the disease produced must be found in the medicine. Unimportant symptoms were confounded with essential, subjective symptoms, in which hardly two people would be found to agree—took their place with objective, which spoke for themselves. In this search after nonentities the weary and perplexed searcher after truth might well exclaim, as in the *Aminta di Tasso*—

“Quante vedove notte,
Quanti di solitari,
Ho consumato indarno,”

did he not every now and then chance upon some similar which led him to a startling cure. Yes, in spite of the absurdities of the letter, Homœopathy has achieved its splendid triumphs—six thousand physicians in America, with a clientèle that makes its influence felt on the Legislature, and insurances effected at a considerable reduction of premium to the profit of the office. It has been demonstrated that Homœopathy saves one out of every two lives that allopathy loses.¹ If such be its achievements, encumbered as it is with so much rubbish, what may we not expect when science has cleared away the impediments and has revealed the essentials in their unadulterated beauty! when we shall have ascertained the nature, extent, and limits of the law, and the essence and relative importance of the symptoms. The recent discovery of the telephone has rendered it highly probable that “nervous communication is effected by means of nervous cords which conduct what may be called a carrier fluid endued with a quality of so plastic a nature as that every mode of motion by which one of the extremities may be affected is faithfully represented at the other extremity in an absolutely perfect way for the information of the brain.”²

The peripheral extremities are always furnished with a

¹ In fact, the *Report of the Homœopathic Mutual Life Insurance Company, New York*, makes the following statement :—

	Total number of Policies issued.	Terminated by death.
Homœopathic	8,827 (or 1 in 71)	124
Non-Homœopathic	2,466 (or 1 in 27)	89
		(or nearly 1 to 3).

² “Some Sensations and Pains discussed, with an attempt to determine their mode of origin and production.” Published in *Monthly Hom. Review*.

mechanism adapted to the peculiar mode of vibration they are meant to transmit. Heat being a mode of molecular motion requires no peculiar apparatus and has none. Touch requires an apparatus of a simple kind. As we ascend through the various senses, through the sense of taste, of smell, of hearing, and of sight, the apparatus of reception becomes more complex. Thus, in the present state of our knowledge I think it is probable that the apparatus for sensation is constituted somewhat after this fashion. First, there is the nerve cord, a sort of telegraphic wire; then there is the carrier fluid, the *vis nervosa* of Dr. Drysdale, analogous to the electricity which travels along the wire; then there is the special fluid, the vibrations of which cause our various sensations—dare I say our thoughts, feelings, and emotions? Thus, the sense of heat, the impressions of touch, the sense of taste, that of smell, of hearing, and of sight are caused, the last bringing us into communication with the realms of space, and with their phenomena.

But there are other sensations not perceptible in health, but which come out in disease or when the body is affected by certain noxious agents, mechanical or otherwise. Thus, for instance, in a strong, cold, north-east wind a delicate individual feels a strong sensation of cold which, through the sensory nerves, is conveyed to the brain, from which, through the vaso-motor nerves, the vessels at the surface are contracted, the skin becomes pale and almost bloodless, or blue and livid. This may also be the direct effect of cold. If this ends here, a little warmth sets it right again. But it may not end here. Then another set of reflex actions are set up, terminating in one or more of the internal organs—generally one or more of the serous membranes—the pleuræ or synovial membranes. These vessels are not calculated to withstand the shock, and after a few alternations of diameter some weaker portion subsides into a paralytic state. It becomes dilated, and stagnation of the circulation takes place, and what is called inflammation is set up. Stabbing pains on every inspiration impede the breathing, and the phenomena of pleurisy are developed. I once met with a case of this kind, and as its phenomena are characteristic, and its mode of cessation illustrates the action of a homœopathic medicine, I transcribe it.

“A young lady, a teacher at a school, when walking out with the scholars on a cold frosty day, a sharp north-east wind blowing, was seized with violent pleuritic stitches. I

found her in bed; a hard pulse of 120; great agony; every breath caused acute stabs; every movement was acutely painful. Yet she was so restless she could not keep quiet. One dose of *Aconite* 30 was the only medicine I gave her. In a short time after taking it—five minutes, she said—a most violent perspiration broke out—a vapour bath was the term she used—and all her pains left her. The next day I found her free from pain and fever, but weak.”

The *rationale* of the process by which the disease was set up I have given above, at least what I suppose was the *rationale*. What explanation is to be given of the cure? The answer to this lies in an explanation of the mode of action of medicines, and especially of the higher attenuations. Medicinal action consists in a particular mode of motion controlling and altering the mode of motion which is constantly going on in the different nerves. Each medicine has its own sphere of action, and controls and alters the mode of motion in its own sphere of nerves. It does not alter the mode of motion that is going on, if healthy,¹ that is, synchronous with its own mode of motion; but whatever is amiss, out of gear, it restores to its normal action and, in fact, sets right all that is wrong. I am speaking of a proper dose, that is of a dilution. When given in a large dose it not only acts on the diseased parts, but sets up morbid movements of its own, deranging the whole nervous tract.

Thus, in the case before us the *Aconite* descended the vaso-motor nerves of the pleuræ, and finding some of them weakened in their movements and out of gear, and the vessels under their control dilated, strengthened their action, restored the dilated vessels to their normal calibre, consequently caused the pains produced by their pressure to subside, and set up a series of actions, ending in the relaxation of the cutaneous vessels and profuse perspiration. Thus, the process is reversed; the dilated vessels of the pleuræ are contracted, and the contracted vessels of the skin are dilated, and relieve themselves by transpiration. The blood pre-

¹ I am speaking of the small doses. In a large material dose its action pervades the whole sphere of the nervous system under its control, and, instead of merely setting right what is amiss, we have to do with a deranging influence. In one case, the smallness of the dose renders it too weak to alter the healthy vibrations, but only the abnormal. The largeness of the dose seems to derange the harmony, and even though its vibrations are synchronous, they beat down the normal vibrations and supersede them, thus producing disease or an extension of it. The smallness of the dose limits and softens the action.

viously thrown upon the vessels of the interior, which were unable to bear it, is thrown outwards on the cutaneous vessels, which relieve themselves by perspiration. This is a common mode of relief. But the other day rheumatism of the knee-joint gave way to the action of mercury, which set up a profuse perspiration with complete relief. This is a very common mode of relief if the vessels of the interior are strong enough to throw back the blood-current to the surface. In intermittent fever relief is accompanied by a profuse perspiration, by a natural or medicinal reaction. Here is a quotation from Stanley. "Early in the morning I commenced on my *Quinine* doses; at 6 a.m. I took a second dose; before noon I had taken four more, altogether fifty measured grains, the effect of which was manifest in the perspiration, which drenched flannels, linen, and blankets. After noon I rose, devoutly thankful that the disease which had clung to me for the last fourteen days had at last succumbed to *Quinine*."¹

On the other hand, we have numerous cases treated by small doses. In Rückert's *Klinische Erfahrungen* we have twenty-seven cases so treated, and all successfully, with *China*, and eleven cases treated likewise successfully with *Chinin.-Sulph.*, first attenuation. How is it, then, such different doses alike prove curative? One dose produces intermittent fever, the other cures it, but is unable to produce it. One would have thought that the large dose, capable as it is of producing the disease, would aggravate it. Is it possible that it sets up such a turmoil in the system that in its sphere a crisis is produced by which the disease is expelled when it is already produced? This would be one devil driving out another. An examination of cures by large doses, of which there should be many in our ranks, would throw light on this subject. I believe that the cures so wrought are more violent and less rapid, and more apt to return, than those by smaller doses, which are accompanied with less struggle, as only the diseased parts are touched, while the healthy parts remain unaffected. In the small dose the vibrations are synchronous with those of the healthy parts, and only those which are out of gear are touched. In

¹ Stanley's "How I found Livingstone," p. 192. He had several attacks of fever after this. He speaks of the "athumia or despondency into which he was plunged by ever-recurring fevers." He adds, "My enfeebled stomach, harrowed and irritated with medicinal compounds—*Ipec.*, *Colocynth*, *Tartar em.*, *Quinine*—protested against the coarse food." So much for drug treatment!

the other case the whole sphere of the medicine, that is, the sphere on which it acts, is abnormally and violently acted on. The vibrations and oscillations of the vessels are tumultuous, and endanger their continuity, and then a crisis takes place, and things are made right as after a storm. This is dangerous work; it is a trial of strength, the vessels may give way and then all is over. Sweats may set in, but not of the kind that restores. The patient sinks under the action of the medicine. The subject is a very interesting one, and will make an excellent subject for experimentation, and will have the advantage of settling the vexed question of the dose. There are numberless diseases, however, in which there are no crises, in which the vessels of the part, chronically dilated, have lost their elasticity. If they are restored to their normal state by one dose of a homœopathic medicine, they speedily relapse into their usually dilated and diseased state. These are our chronic cases, and this state of things is to be met by a skilful repetition of doses, and if the part is accessible by a typical stimulant or by large doses; we should not give a second dose until the first has exhausted or nearly exhausted its action, and we should persevere with one medicine as long as it seems to do good. The too common plan of alternations is contrary to the dictates of common sense, may impede the action of the right medicine, and prevent the acquisition of experience. I do not mean that alternations are never of use; but the fact should be ascertained by careful experiments, and no alternation should be used in the happy-go-lucky way of modern practice. The charioteer in the car of Homœopathy always drives at least a pair of horses, but rarely well matched. There must be magic in number two.

There is another class of cases which do not, or rarely do admit of crises. When the vessels in the interior open upon mucous surfaces, these then relieve themselves partially, and set up a series of actions which run a course. First, they contract, and the membranes become dry, then their discharges are poured forth, and lastly, they become thicker. Ulcerations occur, and in one case fibrinous exudations under the influence of north-east winds, as in croup. We must recollect the disturbing agent is applied in this class of cases to both surfaces. The results of treatment are often gradual, and people rarely take medicine for a cold. Now a great deal of all this may be mere speculation. It is a working hypothesis which may serve a turn till superseded by a

better. The hypothesis that all sensations and pains come under the category of modes of motion, as those of the senses undeniably do, is according to the analogy of nature: that the rectification of abnormal motions by the setting up of normal ones is at least probable, and accounts for the non-production of change, and therefore of sensation, where the vibrations are synchronous. Change, and therefore cure, is only effected where the vibrations are not synchronous, and therefore diseased. The hypothesis is also rendered probable by what we now know of the way in which the electric fluid conveys along the wire sound, light, and heat. The small doses of Homœopathy are accounted for and their efficiency explained when medicinal action is referred to vibration, and attention will be directed to points of practical interest, such as alternations of medicines and the doses. In various and unlooked-for ways an hypothesis, if it approaches truth, may be useful. It directs investigation and leads to other guesses, which, when they are of an experimental character, may be verified or discarded. The first step, or at any rate a very important step, in the scientific application of Homœopathy, is the remodelling of our *Materia Medica*. We must reform our medicines. The symptoms must be arranged in the order in which they occur. The doses in which the drugs are given should be stated, and the effect of change of dose upon the nature and order of the symptoms should be ascertained. The symptoms themselves should be analysed, so that their causes, seat, and nature should be ascertained.

In my papers on "Some Sensations and Pains" I have endeavoured to do this in regard to the sensations of heat and burning—very inadequately, I confess. It is a humble attempt; I have done what I could. But there will be some advantages in the method of proving suggested. The rise and progress of the different sensations may be distinctly traced. An important element this in ascertaining the causes, seat, and nature of the symptoms, an advantage I did not possess. In following out these investigations, the resources which chemistry and the microscope have placed at our disposal should be brought to bear. The excretions, especially the urine, should be thus examined. Disease should also be studied with equal minuteness and accuracy. Every advance in the knowledge of pathology is an advance in that of drug-action; in fact, they are one and the same. We may obtain and utilise the labour of our allopathic brethren, at present, from the want of a system of healing,

almost purposeless. A branch of the inquiry will be the action of the different remedies on each other, and the modification of symptoms by such action. This looks all very well when we are laying down plans, but the process is slow and tedious when we come to action. It would be well to form an experimental committee to prove the medicines and arrange the symptoms. Another committee might analyse and endeavour to find the cause, nature, and seat of the symptoms. The energies of the homœopathic world should be turned towards these objects. Should it be objected that the members of a hard-worked and ill-paid profession can ill afford to devote time to such objects, money might supply that want by enabling self-denying, conscientious men to devote themselves to these purposes. The world will pay for what it wants. A few hundreds a year for each of the five or six men that would be wanted would be a slight thing to do for the attainment of such a purpose. Hahnemann's law would thus be presented to the world shorn of all its impedimenta, and fit for application to every case. The savage at the spring would be nowhere. All attempts to include truth by including everything, even the unimportant and minute, would be rendered unnecessary by a perfect analysis. Transitional and temporary aberrations would be merged in one uniform and scientific system of practice which might admit of additions, but not of change. The reckless and murderous school of the Lettsoms would be superseded by a tender and reverent approach to the noblest work of God—a process at present going on. *Secundum Martem* would cease to be synonymous with *secundum artem* in medical practice.

In conclusion, what is wanted for the scientific application of the law of similars in practice is, I think, a rational and true theory of medicinal action (the one proposed may not be the true one, but it is proposed merely as a working hypothesis in fault of a better); a remodelling of our *Materia Medica* in a natural order; a careful analysis of symptoms, so that we may be sure that our similars are not alike merely in appearance, but in reality; last, but not least, embracing all our researches, a humble and reverent spirit, as becomes workers in the great temple of God.

Rochdale, July, 1881.

LITERATURE.

THE HEART, AND HOW TO TAKE CARE OF IT.¹

PROFESSOR E. M. HALE is a well-known author in our ranks. We like him best as a pharmacologist, but his "Lectures on Diseases of the Heart" show a considerable mastery over the subject of cardiac affections. There now lies before us for review this neat, nicely-bound little tome of ninety-four pages, printed on unusually thick toned paper.

We hardly like the book, however, notwithstanding these many good qualities, for it is rather in the line of "Diseases of Modern Life," by Dr. Richardson.

Now, Dr. Richardson's book is merely a piece of red-hot sensationalism, with a thin veneer of science, and calculated to frighten the nervous, to make the weak yet weaker, and to impress the world generally with Dr. Richardson's own mightiness in modern life.

No one will accuse us of wishing to mystify the public on the subject of medicine, but when it comes to the heart we think the best thing they can do is to let it alone. It is exceedingly difficult for even a medical man to treat his own heart with any chance of doing it good, and for a layman it is simply impossible.

Nevertheless, Dr. Hale's little book contains much useful information, and many points of great interest. It is, indeed, not intended to give the medicinal treatment of cardiac affections, but to teach how to take care of it. This is best done by taking care of the general health, and letting the heart take care of itself, which, thanks to its Architect, it is very well able to do without the aid of any special *surveillance* on the part of its owner.

Withal, there are several points to which Dr. Hale calls attention, and which every middle-aged person ought to ponder, unless very healthy and robust. Foremost (and Dr. Hale may claim that this alone justifies the book) comes the "running to catch" something or somebody. The latest example here is the death of Lord Gainsborough. Lately Dr. Danford Thomas held an inquiry at the residence of Lord Gainsborough touching the death of that nobleman, who expired suddenly while on his way to the St. Pancras

¹ The Heart, and How to take care of it. By Edwin M. Hale, M.D., Author of Lectures on Diseases of the Heart. New York: A. L. Chatterton, Publishing Company.

Railway Station. Mr. Henry Bellingham, M.P., said deceased was his father-in-law. His age was sixty-three years, and his health was usually good. About three months ago he received a shock to the system owing to the sudden death of his daughter. He had also suffered from gout. On Saturday witness and the deceased nobleman left the latter's house at five minutes to eight to catch a train. Before they started deceased had some difficulty in getting a cab, and had been running very hard. Just after the cab crossed Tottenham Court Road deceased suddenly laid his hand on witness's shoulder and said something. Directly afterwards he sank on to the floor of the cab, and witness noticed that the lips were becoming black and the teeth were clenched. The cab was stopped and a glass of water fetched. He was afterwards conveyed to the University Hospital, but before he could be conveyed inside death ensued. Mrs. Georgina Carley, housekeeper to Lord Gainsborough, said on Saturday morning she called deceased at six o'clock, and he then appeared in perfect health. His lordship ran for a cab, and appeared to be quite out of breath. James Campbell, house steward to Lord Gainsborough, said during the last two or three months the deceased nobleman did not appear to enjoy his usual health. Mr. J. W. Bond, resident medical officer at University Hospital, was called to see the deceased nobleman on Saturday morning, and on arrival found him to be dead. The face was calm, and there was no appearance except that of a natural death. He came to a conclusion that death was due to a fainting fit, which caused a sudden failing of the heart's action. The jury returned a verdict of death from natural causes.

This teaches a most useful lesson to many; but, for all that, nothing is worse for the heart than "caring for it."

A TREATISE ON THE DECLINE OF MANHOOD, ITS CAUSES, ETC.¹

THIS is a very sensible book on a most delicate subject, and Dr. Small must be a very brave man to write it. On the whole it will do good; it can do no harm, for its style is pure. We have long felt that medical men are to blame for allowing the treatment of man's sexual sphere to lie almost

¹ A Treatise on the Decline of Manhood, its Causes, etc. By A. E. Small, A.M., M.D., President of Hahnemann Medical College and Hospital. Second Edition. Chicago: Duncan Brothers. 1881.

entirely in the hands of the unclean advertising quack, for such is indeed the case. The work before us is not striking in any way, and it seems to us to lack in clearness. Moreover, its scientific value is but small. Still it is safe, honest, and instructive, and its author deserves our thanks, for it is the beginning of a move in the right direction. We take exception to the use of the word onanism; if Dr. Small will read in Genesis what Onan really did, he will find that it is not rightly applied other than to that particular variety of genetic fraud. We want more scientific precision in our nomenclature in this important department of practical medicine. *Honi soit qui mal y pense.*

HOMŒOPATHIC THERAPEUTICS OF DIARRHŒA, ETC.¹

“BELL ON Diarrhœa” is a well-known little homœopathic classic that has for years been the daily companion of careful scientific prescribers. The second edition now lies before us, and, like all second editions, it is much bigger than the first.

Dr. Adolf Lippe has had a hand in this second edition by contributing annotations and suggestions. We thank both the authors and the publishers for this new enrichment of our literature. The binding, paper, and type are exceedingly good.

Practitioners who have much to do with diarrhœa cannot afford to be without “Bell on Diarrhœa;” more especially is this true of those who have an extensive pædological practice, for the diarrhœa of children calls for all the resources of our pharmacology, especially in these bottle-feeding days. The help afforded by this work has been the means of saving a great number of lives.

¹ The Homœopathic Therapeutics of Diarrhœa, Dysentery, Cholera, Cholera Morbus, Cholera Infantum, and all other Loose Evacuations of the Bowels. By James B. Bell, M.D. Second Edition by Drs. Bell and Laird. New York and Philadelphia: Boericke and Tafel. London: Trübner and Co., and Homœopathic Publishing Company. 1881.

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*.

LETTER TO DR. BRISTOWE.

To J. S. Bristowe, Esq., M.D.

DEAR SIR,—I have read with interest the report of your address on medicine delivered at the meeting of the British Medical Association at Ryde.

In your address you speak of Hahnemann as having a “*supreme contempt*” for pathology. I feel sure you have no desire to misrepresent either Hahnemann or his followers.

You will therefore pardon my reminding you that your observations are wanting in exactness. Had you said, “*Hahnemann had a supreme contempt for the pathology of his day,*” you would have given a just idea of the position Hahnemann and his followers held. But you will also confess to holding much of the pathology of Hahnemann’s day (the end of last century and of the earlier part of the present century) in almost as much contempt yourself.

As to the value of *Similia similibus curantur* as a guide or indication for the selection of a remedy, the true question is not quite accurately stated in the report of your speech. Not only do homœopaths take the “groups of symptoms” as their indication for selection of a remedy for disease, but they avail themselves of the pathological signs also. If they find a medicine which can produce similar pathological signs, as well as similar subjective symptoms, such a medicine would be preferentially chosen as the remedy. I venture to say that those physicians who at the present day are followers of Hahnemann’s rule or law, do not value pathological indications less than do those who oppose it. I was told some years since by the agent who canvassed for the sale of *Ziemssen’s Cyclopædia*, that the sale to homœopaths far outnumbered that to allopaths (proportionately). For myself, I can only bear my very strong testimony to the far greater efficacy, as a means of cure, of medicines given from their careful homœopathic selection, when administered in a sufficiently minute dose to insure against their inducing

over-stimulation of the tract on which they exert their specific action.

I have a right to speak with authority on this point, having for the first thirteen years of my practice used the ordinary allopathic remedies, and for the last twenty-five years having adopted and practised the homœopathic both in public and private practice. Allow me to give you John Hunter's advice, "Don't *think*, but *try*." Thanking you for much courteous expression in your address,

Believe me,

Yours very sincerely,

88, Lansdowne Place, Brighton, WILLIAM BAYES.
August 12th, 1881.

DR. RANSFORD ON CANCER.

DEAR SIR,—Dr. Theobald's interesting communication in your April number induces me to forward to you the following particulars of a case of cancer of the left mamma, the subject of which was a dearly beloved relative of mine own. There was no hereditary predisposition, and except constitutional delicacy from her birth, presenting no blow, nor any known cause for the existence of the disease. The beloved wife of an active Evangelical clergyman, mother of four girls (one of whom died in early childhood), she lived with her husband in South Wales, near to Tenby, but he exchanged to Eastbourne some months ago. I visited her there, and, to my grief, found her suffering from ulceration of the mamma, without much discharge of any kind; the axillary glands were not enlarged, very little pain, sleep and appetite gone. The onset of the disease was a sudden and violent pain in the heart two years ago. A local practitioner called it cancer; Sir James Paget was consulted, confirmed the diagnosis, and forbade the knife. Little or nothing was done. I saw her at Eastbourne on her arrival there in December of this year. From its long existence, and knowing her exceptionally delicate constitution, I had but slender hopes even of mitigating the disease. Having tried *Hydrastis* some years ago without encouraging results, I ordered *Silicea* 12 ter die, with an application of the same. She thought that there was less pricking, and a slight purulent discharge appeared. This treatment was continued, but an attack of pleuro-pneumonia supervened in April. In his anxiety her

husband went in the night for an allopathic surgeon close by, who did little beyond applying linseed-meal poultices, which relieved her. Although her husband expressed confidence in me, he did not believe in Homœopathy, or he would have acceded to my wish and sent for Dr. William Bell. On account of cough *Tinct. Conii* ϕ was given in conjunction with *Silicea*, but her weakness increased very rapidly. On June 13 I received the following, dated 12th :—" Last night dear Mary entered into rest very peaceably, painlessly, and happily, exactly what I had been praying for." In a previous letter he wrote :—" She has no pain ; the cancer seems to be checked. She suffers only from great weakness, and longs for rest. She cannot take solid food, but lives on liquids, chiefly milk. She requires a little stimulant every two hours, as she has a great tendency to faint. She takes either a wineglassful of milk with a teaspoonful of old whisky in it or a glass of champagne every two hours, with a little ice in them. They refresh her very much." I have not time to add more just now, but will send you further particulars about cancer and reputed remedies if you care for them.

Your obedient servant,

CHARLES RANSFORD, M.D., F.R.C.P.E., L.R.C.S.E.

55, Kirkdale, Upper Sydenham,
July 20th, 1881.

[We shall be pleased to insert Dr. Ransford's experience on the subject of Cancer.—ED.]

EUPHORBIA PILULIFERA.

SIR,—I send you a small phial of the *Euphorbia Pilulifera*, *sat. tinc.* The infusion of this plant is coming into general use in this colony for asthma, especially that produced by drinking too much tea or coffee. I shall be glad to hear that you have found it useful. I can send you any quantity.

Case and proving as follows :

"Mr. F. Miller, subject to asthma: coughs all night, a little clear phlegm, rattling and wheezing; pulse 108, slight, small; tongue pointed, yellowish, dry; burning in throat.

"*Euphorbia Pilulifera* 1x, five drops every two hours. Relief in forty-eight hours, much sooner than usual.

"Proving by the same man: five drops *sat. tinct.* at

bedtime for seven days produced every night weight on the chest, difficult breathing, relieved by a greyish expectoration."

Brisbane.

Yours truly,
HENRY LEAKE.

DR. BAYES ON MEDICAL EDUCATION.

SIR,—May I ask your kind insertion of the enclosed letter in the next *World*?

It was forwarded to Dr. Hughes in the hope that he would read it at the International Homœopathic Convention. By some unfortunate oversight it was not so read.

It was my intention to have been present at the Convention and to have advocated *the emancipation of medical teaching* from the present unworthy restrictions by which it has been and still is possible for the dominant school to prevent the teaching of the homœopathic system in the only recognised schools.

I wished also to plead the cause of *free fellowship in science* over the whole civilised world, a subject perfectly appropriate for discussion before an *International* Convention.

But my health prevented my presence at the Convention, and the president omitted (I believe by inadvertence) to read my short letter.

Hence I am compelled to trouble you with it, as the best means of insuring its meeting the eyes of our brethren who, living outside our little islands, are excluded from some of the rights of physicians by what I cannot but consider a "narrow insularity."

Yours very truly,
WILLIAM BAYES.

88, Lansdowne Place, Brighton,
August 11th, 1881.

To the President of the International Homœopathic Convention.

MY DEAR DR. HUGHES,—I wish to express through you my deep regret that I find myself unable to be present at the International Homœopathic Convention, which will bring together so large a number of our colleagues from all parts of the civilised world.

Nothing less than the plea of inability through ill-health would have excused my absence from the Convention. I was most anxious to have opened the discussion on Tuesday

by a reference to the great opportunity presented to us by the Medical Acts Commission (at present sitting at the House of Commons), provided something could be proposed by us which should tend to break down the practical monopoly of teaching enjoyed by the established medical schools. It seems to me we should go beyond all lesser considerations and ask for absolute freedom as to the acquirements of medical knowledge, so that there shall be no monopoly of teaching placed in the hands of any body of men. Monopolied corporations are certain sooner or later to use their powers in a manner opposite to liberality towards those who are placed under their power.

We have seen that the whole medical corporate bodies of this kingdom have, with one accord, suppressed the scientific teaching of Homœopathy in all the medical schools. The course of conduct pursued by the medical corporations towards our science and art of Homœopathy might as well be employed against any other progressive development of the curative art, and therefore in demanding perfect freedom for the teaching of any theory or practice of medicine or surgery we are fighting the battle, not only of Homœopathy, but of every branch of medical and surgical science. I would advise that we should petition for the right of teaching, by lectures or otherwise, of any branch of medicine or surgery by any physician or surgeon who holds legitimate degrees or diplomas. In fact, I would place all private medical or surgical schools on the same legal footing as the older institutions of the universities or schools. The word Doctor signifies teacher. Why allow such a title to remain a dead letter? Let each doctor have the inherent right to teach, and let his teaching qualify any student whom he has taught to present himself to the examining body or bodies, and give him a claim to be examined as to his fitness to receive a diploma to practise. The present International Convention is a proper body to appeal to as to the international recognition of all medical teaching within the foreign bodies recognised by the State in which they reside.

Why should we deny a qualifying power to the teaching of Paris, Berlin, Boston, U.S., Harvard, New York, Philadelphia, etc., while we recognise as valid the teaching of Edinburgh, Glasgow, St. Andrew's, Aberdeen, Dublin, Galway, Durham, etc.? Competition with foreign schools and with clever private medical schools would tend to enervise the teaching of the Universities of England and to stimulate the corporate medical bodies to seek for new

developments of medical and surgical science instead of (as at present) attempting to hinder all progress in new directions.

We must press, then, for *free trade in medical teaching* as the only way to prevent injury to the public weal, by the opposition to new developments and to new systems, which will always be brought forward by old corporations when they see their monopoly of teaching threatened.

We must

“ Ring out the false,
Ring in the true ”

by sounding the knell of medical monopoly of teaching.

Yours very sincerely,

July 9th, 1881.

WILLIAM BAYES, M.D.

[Dr. Bayes is unwittingly pleading for limitation of the “right of teaching,” forgetting Rousseau’s saying:—*Il y a beaucoup d’hommes doctes qui ne sont pas docteurs et beaucoup de docteurs qui ne sont pas doctes.* An individual may be a good practitioner and yet a sorry teacher.—En. H. W.]

CALOTROPIS GIGANTEA.

SIR,—Eleven years ago a Mrs. Pegg was an out-patient at a London hospital for twelve months, and after this date again for about six months. She was not cured of her rheumatism, nor did the change to this hot climate benefit her, but after going the round of all the usual medicines in many potencies, I tried *Calotropis Gig.* φ, one-drop doses. In about two months she reported herself cured, and now, two months afterwards, the cure stands good. There is remaining a very slight uneasiness at each change of the weather. I had tried four-grain doses of *Iodide of Potassium* before, without any benefit. She has a decided “earthy” complexion, which is an indication for *Calotropis* (I think).

The pains used to be worse in bed and after sitting, relieved after *moderate* exercise; cramps in the feet (in bed), shoulder, and slight ophthalmia at one time; ulcers on the ankle, intense pain in the left foot, pain in region of ovaries, joints of finger *permanently enlarged*. The sores on the ankle were cured by other medicines long before the rheumatism was touched by the *Calotropis*. The heart is sound.

Yours very respectfully,

Brisbane, November 16, 1880.

HENRY LEAKE.

[Several papers and letters are crushed out, and so stand over for our next issue.]

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, 5, Holles Street, Cavendish Square, 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. C. MILLER, 2, Finsbury Circus, London, E.C.

ANSWERS TO CORRESPONDENTS.

DR. KRANZ, WIESBADEN.—We shall be very pleased to insert any *practical* paper from your able pen. It is a great pity you missed the Quinquennial International Convention, as it was a scientific success and a social treat. The next is to be held in Brussels, Belgium.

DR. ARNDT, Grand Rapids, Mich., U.S.—We shall exchange with the *Medical Counselor* with great pleasure and profit to ourselves.

EDITOR OF "CLINIQUE."—Your exchange for the *Review* being insufficiently addressed, comes to us; it should be sent to Dr. Pope, 21, Henrietta Street, Cavendish Square, London, W.

CORRESPONDENTS.

Communications received from Dr. Ransford, Sydenham, S.E.; Dr. Pope, London; Dr. Ussher, Wandsworth; Dr. Kranz, Wiesbaden; Dr. H. R.

Arndt, Grand Rapids, Mich., U.S.; Dr. Bayes, Brighton; Dr. Berridge, London; Dr. J. C. Morgan, Philadelphia; Dr. Morrisson, Brixton Rise; Dr. Harmar Smith, Ramsgate.

BOOKS AND JOURNALS RECEIVED.

The *Homœopathic Physician*. Vol. I. July and Aug., 1881.

Revue *Homœopathique* Belge. No. 4. Juillet, 1881.

Archivos de la Medicina Homeopática, Año. V., Tomo II.

American Observer, June, 1881.

The *Medical Tribune*, July and August, 1881.

The *Herald of Health*, Aug., 1881.

Barbados Globe.

Allgemeine Homœopathische Zeitung. Bd. 103, Nos. 3, 4, 5, 6.

The *Clinique*, July 15, 1881.

Dublin Journal of Medical Science, July and August, 1881.

La Reforma Médica. Tomo V., Num. 7.

Sixth Annual Report of the *Homœopathic Hospital*, Ward's Island, N.Y., 1881.

Moffat and its Mineral Waters. By Wm. D'Oyly Grange, M.D. *Moffat*: R. Knight, 1881.

Medical Counselor, June, 1881.

Chemist and Druggist, Aug. 15, 1881.

Food Reform Magazine, No. 1, Vol. I. July, 1881.

[Other books, etc., received will be acknowledged in our next issue.]

THE HOMŒOPATHIC WORLD.

OCTOBER 1, 1881.

STUDENTS' NUMBER.

As our institutions are not mentioned in the "Students' Number" of either of the allopathic journals, we may perhaps be allowed to comment thereon, and upon the fact of their omission. Of course the omission is a pure oversight on the part of the learned editors, who not only adorn and lead a liberal profession, but likewise float mineral water and milk companies, and thereby advance the cause of science and suffering humanity. Not finding our humble little School mentioned in the ordinary columns, we have spent valuable time in studying their advertisement sheets. On the whole there is, perhaps, not much to choose in point of *scientific* interest between their advertisement columns and those containing their leaders and the like. But our studies in these advertisement columns have not been crowned with any notable success. Homœopathy, as ever, is out in the cold—not even allowed to timidly hint to the new batch of students that the HAHNEMANNIAN ORATION will be delivered by Dr. Richard Hughes at the Homœopathic Hospital in Great Ormond Street, on Tuesday, October 4th, at four o'clock in the afternoon, and that the orator will consider "Hahnemann as a Medical Philosopher." We wish the new batch of students could be there to listen to the unfolding of the tale. But they will not; they will know nothing about it; and, alas! we have no means of letting them know.

After the Hahnemannian Oration the honorary secretary, Dr. Bayes, will lay his plan for the future organisation of the School before the governors. The School has done much good in a quiet way, notwithstanding much unseemly objection. But these storms, we trust, are over, and the good little craft may now be allowed to glide into quieter waters.

On Thursday, October 6th, at 5 p.m., the lecturer on *Materia Medica*, Dr. Pope, will deliver an introductory

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address on the "Principles of Drug Selection in Prescribing;" and this important address is also not allowed to be even advertised in any one of the allopathic journals. This is specially to be deplored, as their leaders prescribe their drugs in blissful ignorance of all principle. As there are no means of getting at the new batch of students on the threshold of their professional training, it is clear that we cannot prevent their being brought up in the dishonest darkness of the schools. They will be no better than the men now at the helm of State medicine—i.e., they will know much of many things, but not know how to cure, which should be the chief business of the physician. Dr. Pope would tell them of a guiding principle that would be fraught with blessedness for them throughout their therapeutic lives, but they will be kept in enforced ignorance, and the learned lecturer will have an opportunity of converting a few who need no conversion.

The same may be said of the lecture that will be delivered by Dr. Dyce Brown on the "Scientific Aspect of Homœopathy," when he commences his lectures on the "Principles and Practice of Medicine," on Friday, October 7th, at 4 p.m.

We are very sorry to have thus to do the doleful, but as a faithful historian we must give things as they are. And we have no hesitation in saying that the condition of our teaching power is very unsatisfactory. Where lies the fault? With Mrs. Sawbones Grundy. This lady has quite a number of aliases that can be used *au besoin*, according to the company. For Mrs. Sawbones Grundy knows the world, and is possessed of a good deal of *savoir faire* and other imported and indigenous articles. One of the aliases is THE PROFESSION, with capital letters, but for us she is a hateful old hag, a fit spouse for a Sheffield rattener.

The reason why we have no influence upon the rising generation of medical students is because we have nothing to offer them but therapeutic science and an unpopular name. Whereas the allopaths can offer their adherents LEGAL QUALIFICATIONS. And the one great aim and object of every student in medicine is "a qual." We cannot give him any "qual," and he therefore turns his back upon us, even if he is a homœopath at heart. Homœopathy spreads fast enough in America, because the homœopathic practitioner there can qualify to practise. What we want in this country is a Royal College of Homœopathic Physicians, with power to give legal qualifications in medicine

and surgery. We have no great hope of success, because almost all the homœopathic branch of the profession live in mortal dread of Mrs. Grundy. Our very lecturers, good men as they are, prefer lecturing to half empty benches rather than adopt the *only* plan that *can* succeed. *De gustibus non est disputandum.*

“SOMETHING—NOTHING;” OR, POSOLOGICAL NOTIONS.

By WILLIAM BRADSHAW, M.D.

THE dose must be left an open question as long as we Hahnemannians exist, and we are, and I hope ever shall remain, part and parcel of Homœopathy.

I read with pleasure the first part of the talented and very able address of our worthy President, Dr. Yeldham, in the last number of our Annals, but to the latter part I must object.

I belong to the “Nothing” School, much more than I do to the “Something,” and I hope I may be allowed through your valuable pages just to ventilate my opinion on the matter.

The dose question is really too hard a nut for our low dilutionists (I will call them Materialistic men) to crack, and the sooner it is dropped the better for all parties.

My faith is really very small in crude drug-curing. I seldom use the ϕ , oftener the A B C medicines, but, I must add, neither with pleasure nor satisfaction to myself.

I have not the slightest wish, from any remarks of mine, to offend any of my brethren who differ from me. In this world we must agree to differ.

We all have our phases of thought, and I liken our two sides of Homœopathy—Hahnemannians and Materialists—to the two parties in our Church, Ritualists and Evangelicals; and I much fear our antagonism is as strong. There is and must be mystery in religion, and there will be the same in medicine.

As I said before, my faith in crude drug-curing is so small that I could never belong to the A B C School.

I am sure Dr. Yeldham would never have received the promises, because his faith seems so infinitesimal (see 11th chap. of Hebrews). It is to me truly absurd even to try to limit

the dose. Place the limit at the 200 dilution, and then you would not satisfy some men of our party; but for Drs. Black and Yeldham to ask us Hahnemannians to limit ourselves to the A B C dilution is really, Mr. Editor, too monstrously absurd. I could scarcely believe my eyes when I read the dose-matter of that otherwise able address. I look upon our dynamised infinitesimals as the essence or soul of the drug, and we who are constantly using them know and are sure that they cure *tuto et jucunde*. I consider them far superior to the low dilutions as curative agents, and more than necessary to Homœopathy; in fact, as I stated before, infinitesimals are part and parcel of Homœopathy, and doing away with them would simply be destruction to the best portion of our system.

Facts are stubborn things; and I assert, after a long career and much experience of a large private practice, besides thirty-three thousand patients that have passed through my dispensary, that the infinitesimals are essentially necessary to Homœopathy; in fact, I fancy we Hahnemannians scarcely believe at all in Homœopathy without them.

Again, I know and am sure of the fact that the infinitesimals will often cure where the material dose is of no use.

I know also, from the common experience of life, that the materialistic brain cannot embrace or tolerate the spiritual, either in religion or physic, because the matter goes beyond our comprehension and demonstration.

If a new school were to be founded on such posological notions as our worthy president sketches out, and to limit the dose to C or D, it would indeed be placed on a sandy foundation, and the poor new school, if ever started, would soon fall to pieces.

As I have said before, there is no limit to the dose that cures, and experience alone must settle the question, certainly not the crude-drug-materialistic brain.

I write this with no disrespect to any one, for I fully allow that we are all free agents to carry out different ideas of cure according to the brains that God has given us.

As the cricketers say, I have had a long and successful innings of over forty years, but I have had many difficulties to contend with; for I well know that in our large manufacturing towns the natives like the strong doses to stir up and disturb their organisms, whilst I felt I could cure better

with my tasteless attenuations. I may say I have successfully trained many into that belief by my treatment.

Nottingham, Sept. 6, 1881.

[N.B. and write in your tablets that the above words were penned by the veteran Dr. Bradshaw just as he was packing up his boxes to take a rest after forty years' SUCCESSFUL practice on these lines.—ED. H. W.]

SMALL-POX PREVENTION.

By JOSEPH HANDS, Esq., M.R.C.S.

SOME sixty years ago, when a pupil of Dr. E. Jenner—the originator of vaccination—I remember how particular he was as regards the health of the children he operated upon, and also those from whom he procured his virus. He was thus heedful in order to ensure activity and purity of the lymph. Further, he always insisted that the vaccinated child should be at least *six months old*, in order that the effect produced might be more *permanent*, as the pustule brought forth at this age was observed to be larger, its virus more active, and the after-scar or pock-mark left in the arm was deeper and of greater extent than when the child was vaccinated at an earlier period of life. I never yet knew an infant thus inoculated that ever became the subject of small-pox. The medical men who have succeeded Dr. Jenner have not observed his cautious yet most essential modes of procedure, but have used any and every kind of *so-called* cow-pox matter; hence the sources of the deterioration of the vaccine process as now propagated. The *chief* cause of the present inefficacy of vaccination is the long time which has elapsed since the genuine pustular matter was obtained from the cow. Dr. Jenner was at periods accustomed (assisted by Mr. Tanner, of Charfield—a very intelligent veterinary surgeon) to infect the healthy heifer with the virus procured from the pustular heel of the otherwise sound horse. I might here observe that most creatures are subject to a particular kind of transitory effective pock; hence we have swine, sheep, horse, and kine or cow pocks. Now the matter from the natural pustule of the last-mentioned animal has often been used instead of the virus procured from the bovine race that had been inoculated—either purposely or by the flies, etc.—from the horse; and an experienced person

could readily detect the difference between the two pustules. Thus the one produced from the pock of the horse (whose effects are permanent, lasting for life) is large and of a bluish tint, elevated round the margin—its contents being as clear as a dewdrop—whilst the pustules *naturally* belonging to the cow (the preservative result from the virus of which is only temporary) is flat on the surface, and is of a pale whitish hue. (See *Dr. Jenner's Works*, and *Dr. Hooper's Medical and Professor Brand's Philosophical Dictionaries*.)

Some medical men have inoculated the calf with small-pox matter, and from the pustule so produced have taken their virus; presuming that they have obtained a superior kind of cow-pox lymph. Now this matter—so yielded—would of course create in the human subject an eruptive disorder, which would be attributed to vaccination, instead of to its true source—the small-pox. I would here remark that it is the horse-pock virus alone (known ages ago to the Hindoos and Egyptians) that is the true and permanent preventive of small-pox; which eruption belongs *naturally* to the camel of the desert, and is the only pustular disease that is contagious without contact, except the chicken-pox, which attacks the human race. It was likewise well known in the East, as well as to occidentals of our own times, that farriers who had been infected from the horse-pock were ever afterwards exempt from the contagion of small-pox. I would here propose that, if the advocates of non-vaccination would consent to live at a safe distance from those persons who wish to escape the horrors of small-pox contagion, they might perhaps be allowed to indulge in their unwise rejection of vaccination; but they have no moral right to live near those who desire to avoid the pest of small-pox, which, if it does not kill, robs beauty of its loveliness. It is a common saying in Germany that "vaccination is beauty's truest friend." When a youth I well remember that every third grown-up person I met was a frightful object to behold from the effects of small-pox, each being deeply pock-marked and scarred as if from a burn, and many were the subjects of blindness, scrofula, and a shattered constitution, etc. What cause has been the preservation of the comely features now met with all over the world? The answer to this query must be—it is the result of vaccination; for it was known in all ages that impressions made on animals, and even vegetables, in one cycle would last through many. As regards the calf vaccination now in vogue, I would remark

that it is positively necessary that medical men from time to time—in order to render the vaccine lymph permanently effective—should obtain their virus, as did Dr. Jenner, from the colt to the heifer, and from the latter when vaccinating the human offspring. It is a great error (as detailed some years ago to the Government in my pamphlet on this subject) to suppose that the *efficacy* of the cow-pox virus is increased by introducing the lymph—procured from an infant—into the dugs of the heifer. The matter so obtained can scarcely be modified. The pustule produced on the nipple of the heifer, obtained from the human being, is very different from that yielded by the employment of the lymph obtained from the pustule found on the heel of the horse, which, as before remarked, is the only *permanent* preventive of the disease in question. I would here record that I never knew a patient vaccinated with the virus procured from the cow, which had been inoculated from the horse, that ever became capable of being infected with small-pox, though tested many times upon myself and others—both with cow-pox and small-pox matter, and this after the lapse of forty years and upwards. I perfectly agree with my friend Dr. Wyld that, as the Government *properly* insists on compulsory vaccination, they should also direct that the most efficient means should be exercised to stamp out the terrible horrors of small-pox, which previous to vaccination destroyed 60,000 in a single year in London alone, and this when London was only one-fourth the size it is at present. It is now upwards of eighty years since Dr. Jenner sent virus—procured as above stated—from Berkeley up to London and other localities. I therefore presume to think that it is high time again to obtain the lymph for vaccination from the original source—viz., from the horse to the cow, and from the latter to the human subject. I have, perhaps, seen more of the practice of vaccination than most living persons, both among animals and the human race, and I can state that I never yet met with any untoward case in *healthy* children from vaccination, beyond certain beneficial inflammatory effects, nor have I ever witnessed any unsatisfactory *foreign contingencies*. Vaccination—when performed by a *clean lancet*—produces no maladies, but often prevents them. For instance, it acts as a prophylactic or preventive of small-pox, and also the distemper of dogs, as extensively proved on Lord Berkeley's hounds. Further, M. Felizet, in the *Recueil de Médecine Vétérinaire*, asserts that beasts affected with cow-

pox are not attacked by foot-and-mouth disease, and out of a great number exposed to this contagion, after vaccination, not one became the subject of this malady.

It should not be forgotten that they have freed Russia from small-pox, by reason that the Government insists upon revaccination every five years. In 1826, when residing in Edgware, at the period of the prevalence of small-pox, I vaccinated some of the patients when sickening with this disease, and I was pleased to find that the symptoms of the epidemic subsided, and the vaccine pustule proceeded on to completion. In some of the patients, in whom the small-pox was making its appearance, the vaccination succeeded in stopping the variolous eruption and established its own progress, which of course was modified in character.¹

As regards *blood-poisoning*. Certain doctors have stated—and of course it is echoed by the crowd—that cow-pox engenders disorders and diseases. This is a very vulgar error, and is in every sense contrary to the laws of nature. If at any time one species could emanate out of another, all living objects—and their belongings—would soon become changed into different existences, and their now distinctive characteristics must soon disappear, and hybridism with anomaly would everywhere reign supreme. Comparing one thing with another, I would ask why it is that, on vaccinating twenty infants from the same patient's arm, only one out of that number assumes a perverse character? If the virus employed produced the untoward effect in question, the other nineteen children ought to have been alike injured, and such would have been the result had poison of any kind been exhibited by the mouth, or certain venoms—like those which the Indians apply to their arrows—been introduced under the skin. In fact, as regards the exceptional case, the disorder was in the system, and the process of vaccination excited it forth, and thus prevented a future mischief occurring in some vital organ of the child. It should be remembered by parents that infants and young folks are *naturally* liable to a vast number of skin disorders. To quote an old proverb, "What we sow we reap." No one ever set a potato and therefrom procured a turnip; nor can we, by employing Jenner's true vaccine virus, generate anything but a cow-pox pustule from each lancet puncture. *Blood-poisoning* is stated sometimes to result from vaccination. This said blood-poisoning is a

¹ These cases were reported in the *Lancet* of the period.

very equivocal term, used often to hide our ignorance of causes. In fact this state of the circulating fluids of the body is effected through inhaling mephitic gases—the result of the decomposition of animal and vegetable substances, etc. Every morbid issue is the sequence of a *chain of effects* or contingencies, therefore causality is a very difficult skein for man to unravel—though most persons presume to effect it. As regards the forerunners of infantile maladies, we know nothing about them, and to attribute them to any *known* contingencies would be as absurd as stating that a man who became the subject of typhus after breaking his leg owed the origin of the malignant fever to the accident. Some medical men have gone so far as to affirm that syphilitic disorders (which in every state are untransferable, save by *direct* infection, but a *single* dose of mercury—the usual remedy for this disorder—has often produced symptoms like those appertaining to syphilis) have been propagated by vaccination. This is a most absurd and ignorant assertion, and resembles the gratuitous affirmations made by professional men in Dr. Jenner's time, where they stated that “the mouths of vaccinated children put on the character of the muzzle of an ox,” and other individuals were reported—by these doctors—“sometimes to have long tumours springing out from the back, like cows' tails,” etc., etc. I might here relate that people in the course of their lives have had small-pox two or three times, but they never become the subjects of variola after being vaccinated with the cow-pox virus propagated from the horse. I would here repeat that through a long life I have never met with an untoward case resulting solely from vaccination, but sometimes I have seen casual instances of severe inflammation, which readily yielded to water dressing; nor did I ever meet with or hear of a case of small-pox occurring among individuals—or their immediate successors—who had been vaccinated from the pustule produced in the heifer from the true horse-pock.

The virus obtained from the pustule produced by revaccination is worthless, yet some medical men use this matter among their patients.

In conclusion I would ask, Why do anti-vaccinators ever eat the cow, or partake of its milk and the butter therefrom procured? And yet these vaccine declaimers partake of all these, and even when the animal is the subject of pustular cow-pox.

84, The Grove, Hammersmith, July, 1881.

P.S.—Dr. Jenner was accustomed to employ Tartar Emetic, internally and externally, as a curative in his treatment of variola or small-pox. He was quite aware, to my own knowledge, that this salt, when applied to the skin or taken internally in large doses, produced an eruption exactly resembling small-pox, which fact led him to employ this drug when treating cases of variola. Many German, French, and English physicians *most positively state* that a person, when under the influence of the *minutest doses* of Antimony, is rendered thereby incapable of catching small-pox; and they also testify as to its alleviating and curative effects when exhibited during the invasion of this malady.

This prophylactic or preventive effect of Antimony in small-pox resembles the action of Belladonna in scarlet-fever, and that of Bark as regards ague.

Further, as regards the insusceptibility of certain individuals to the reception of cow-pox, it very often occurs that on vaccinating a number of children—from the same pustulated arm—there will be found that two or three of the infants so operated upon are not affected by the virus in question, nor even after several *repetitions* of the vaccine process. I have now a lady—on a visit—who was vaccinated at six different periods of her life without producing any effect; but finally, when indisposed, became the subject of small-pox. (I would here observe that fearless persons, in perfect health and a happy state of mind, are not *susceptible* of any contagious malady whatever.)

As regards the genuine cow-pox pustule, and reliable proof of its preventive virtue.—It should be “flat and depressed in the centre,” and on the eighth or ninth day surrounded with an inflammatory redness, which latter is the chief sign that the organism has been thoroughly infected by the virus. If the pustule begins to rise three or four days after vaccination, and becomes full and *convex*, or be very diminutive—the preventive ability of the lymph cannot be relied upon. In these cases the matter was perhaps taken late, when the pustule was *too old*, or not genuine. The virus is in its most *effective stage* on the eighth day, and should not be used earlier or later. Again, if the subsequent scar be very *shallow* or indistinct, such a person was not considered by Dr. Jenner as safe from the contagion of small-pox, and he used to insist that they should be revaccinated again and even again, from a fully *ripe and large concave* pustule, no other being permanently effective.

As regards the cicatrices, I might here observe that those in my own arms—produced seventy-eight years ago—are still as deep, large, and distinct as when first effected; but the pock-scars generated by modern vaccination are very different—as regards size and depth—to those resulting from the recent *equo-vaccine virus* employed by Dr. Jenner—who only became *positively* acquainted with the perfect efficacy of this virus after settling at Berkeley, and this through the agency of the before-mentioned Mr. Tanner, who had particularly noticed that the cow was subject to two kinds of pocks—the one natural, the other derived from the horse.

N.B.—The above circumstances have not been attended to, when giving a certificate of a successful operation by our present vaccinators; hence the insecurity of their patients.

I would here note that England is the only country that is prejudiced against vaccination, and the only nation that does not revere the name of Jenner. Thus in many places in Germany—especially in Berlin—they still memorise his birthday by a particular festival.

EXTRACTS FROM MY CASE BOOK.

By Dr. HARMAR SMITH.

Nux Vomica in Chronic Dyspepsia of long standing, with Congestion of the Lungs.

CAPTAIN B., æt. 54 (Ramsgate, June 24th, 1879), a seafaring man, very strong and muscular, thirty years ago was in the West Indies, where he took freely of rum and began to suffer from his present symptoms, which have continued more or less ever since, although he has now been a rigid teetotaler for seventeen years.

Is now suffering from pain in left side of abdomen (left hypochondrium), with tenderness on pressure. The pain is dull and pressive, worst about an hour after meals, relieved by eructation; troublesome retching in the morning, bowels confined, tongue covered with thick white fur, disagreeable taste in the morning. Pruritus ani.—*Nux Vomica*, 20 drops of 1 dec. to two ounces of water. Take a teaspoonful three times a day, and apply a *Rhus* lotion to the anus.

July 3rd.—Pain and tenderness in left hypochondrium much lessened, bowels acting more freely, no return of the

pruritus ani since the first application of the *Rhus* lotion. Continued *Nux Vomica*.

July 16th, 1880.—Having heard nothing more of Captain B., I called upon him to-day. He states that he had called once or twice when I was out to report continued improvement, and had not therefore thought it necessary to go on with the treatment. The abdominal pain had not returned, although at times he suffered from constipation.

Chronic Gastritis Rapidly Relieved by Arsenicum 13.

Mrs. C. (Ramsgate) came to my dispensary June 14th, 1881, æt. 48, being thin and poor-looking. Suffers from retching with much waterbrash and frequent vomiting and occasional spitting of blood, much tenderness at pit of stomach (this has been present for years, although all the symptoms have been much aggravated of late); menstruation irregular. Two weeks since it was on for a week very profusely; absent for six months previously. Great nervous debility, constipation, no heart affection. *Arsenicum* (13) cent. every four hours.

28th.—Much better, epigastric pain and tenderness gone, no return of vomiting or waterbrash. Continue *Arsenicum*.

July 5th.—Continues better in every respect; waterbrash occasionally, slight return of spitting of blood, no pain nor tenderness, appetite returned. Continue *Arsenicum*.

August 9th.—Discharged cured.

Rapid Cure of Erysipelas by Belladonna.

Mrs. E.'s infant (July 13th, 1881), æt. three months. Erysipelatous swelling and redness of face and one eyelid. *Belladonna* (3), a pilule every two or three hours, and apply a *Belladonna* lotion. 14th.—Quite well. 30th.—I received a report that there had been no relapse.

Hope Villa, Ramsgate, August, 1881.

ALLOPATHY SELF-JUDGED.

UNDER the head of "Doctor and Patient," the *Evening News* says:—

"Addressing the members of the International Congress yesterday, Professor Huxley said:—If men could be satisfied

with pure knowledge, the extreme precision with which, in these days, a sufferer may be told what is happening and what is likely to happen, even in the most recondite parts of his bodily frame, should be as satisfactory to the patient as it is to the scientific pathologist who gives him the information. But I am afraid it is not; and even the practising physician, while nowise under-estimating the regulative value of accurate diagnosis, must often lament that so much of his knowledge rather prevents him from doing wrong than helps him to do right. A scorners of physic once said that nature and disease may be compared to two men fighting—the doctor to a blind man with a club, who strikes into the *mêlée*, sometimes hitting the disease, and sometimes hitting nature. The matter is not mended if you suppose the blind man's hearing to be so acute that he can register every stage of the struggle, and pretty clearly predict how it will end. He had better not meddle at all until his eyes are opened—until he can see the exact position of the antagonists, and make sure of the effect of his blows. But that which it behoves the physician to see, not, indeed, with his bodily eye, but clear intellectual vision, is a process, and the chain of causation involved in that process."

Then why does not Professor Huxley *try Homœopathy*? If he did, we venture to think that it would open his intellectual eye somewhat. The "exact position" of the antagonists is usually only knowable *after death*, and then "the effect of his blows" is not likely to be great. *Post-mortem* pathology is one thing, but *post-mortem* therapeutics is hardly worth much "striking," no matter how "recondite the parts of the bodily frame" may be.

Such quasi-learned twaddle is hardly current coin in practical physic nowadays even from Professor Huxley.

THE INSTITUTO HOMEOPATICO OF MADRID.

SESSION 1881-82.

STUDENTS are admitted up to the 30th inst. The entire course ranges over two years, at the end of which the matriculates are entitled to proceed to an examination for the title of Médico Homeopata. This is in addition to the ordinary qualifying official licentiatehip and doctorate of medicine. For further particulars address the Secretary, Dr. Manuel Flores, 3, Pasco de la Habana, Madrid.

THE PREVENTION OF CONGENITAL MALFORMATIONS AND DISEASES BY MEDICAL TREATMENT OF THE MOTHER DURING PREGNANCY.
—A FEW CLINICAL FACTS.

By A. F. RANDALL, M.D.

SINCE reading Dr. J. C. Burnett's paper on the prevention of deformities (reprinted in the *Investigator*), I have recalled some experience of my own that might be added to the general stock of knowledge on this interesting subject.

Case 1.—This young couple had lost two children, all they had, each dying at the age of eight weeks, from meningitis; both children were puny little things. I told the father that I would give the wife, should she again become pregnant, constitutional treatment in order to prevent a similar accident happening to the next child. In course of time he informed that his wife was again pregnant. She received *Calcarea Phos.* 2x, and occasionally a dose of *Sulphur* 30. The husband was short and stout, of fair complexion, and uniform good health. The wife was tall and thin, with black hair and eyes, and was in delicate health. In due time a boy of good size was born; he is now about three years of age, and has always been healthy.

Case 2.—This lady was delivered of a still-born hydrocephalous infant that had a bifid spine. She had a fine, delicate, sensitive organisation, and had been suffering from several chronic diseases which I had had the satisfaction of curing. She also had some peculiarities of the osseous system, showing an abnormal condition. For example, her fingers were crooked, showing a deficiency in lime constituents, and her left arm and left leg were larger than the right limbs. Notwithstanding the fact that she was right-handed, she could lift more with her left hand. Her mother was said to have had a "hole in her back." She had a very fair complexion, and was tall and slender, while her husband was somewhat above the average height, stout, fair, and in the enjoyment of good health. I gave her during her second pregnancy *Calcarea Phos.*, *Silicea*, and *Sulphur*. This child when born seemed vigorous, but had a contracted lower jaw, which rendered nursing impossible, and a ranula. It proved to have very weak digestive powers, neither cow's milk nor artificial food agreeing, and at the age of six months it died of phthisis.

It has been a query to my mind whether better results

would not have been attained had I continued the treatment without intermission from the inception of pregnancy to its termination. The results reached in a third pregnancy seem to answer affirmatively, for this time she had the happiness of an apparently sound and healthy child, of larger size than the first two, which to date—eleven months—continues to be healthy, the process of dentition only proceeding somewhat tardily.

Case 3.—This lady, who is tall, slender, of fair complexion, and of a phthisical family, her husband also being sanguine in temperament, and of a consumptive family, lost two infants, the first from phthisis, the second by meningitis. During her third pregnancy she took *Calcarea Phos.* 2x and *Sulphur* 30. The prospective results were interrupted by an accidental abortion; but in her fourth pregnancy the same treatment was carried out. She now has a fine healthy infant.

Case 4.—This woman has practised masturbation from a very tender age until she was about twenty years old, and had very materially injured her health thereby. Gave her *Calcarea Phos.* 2x and an occasional dose of *Sulphur* 30, and for last three weeks *Caulophyllum* or *Cimicifuga*, I forget which, as she had a dread of a tedious labour. She had a remarkably short and easy labour, and has a healthy child about two years of age.

Case 5.—This lady I never saw, as she lived about six hundred miles away, but she wrote that she had been twice pregnant, and twice delivered of dead children. The first time she had puerperal convulsions; the second time she had albuminuria, and was treated with the free use of the lancet, etc. I sent her *Calcarea Phos.*; she had also other remedies—principally *Nux* 30 and 200—from time to time as her symptoms seemed to demand. In due time I received a letter stating that she had a fine boy, for which she was “exceedingly grateful to that medical skill,” etc.

Case 6.—Likewise was a stranger and lived far away. She had been married many years, but had only one child living, though she had had numerous miscarriages. After going about four months she would begin to cough; this would continue until she was delivered of a dead fœtus. Her medical attendants said that nothing could be done. I gave her *Arsenicum*, *Sulphur*, and some other remedies, as the symptoms demanded. In due season she was delivered of a fine healthy boy. She succumbed, however, in a few weeks to dropsy, which was doubtless of cardiac origin.

I have not mentioned the remedies given in these cases to show that they are the ones, the only ones, or even the right ones to be used in similar conditions. I simply give a faithful transcription of my experience, believing that the future will make larger demands of us to prevent sorrow and misery. To this end I contribute my mite.—*Medical Counselor*.

TUMOUR OF LIVER CURED BY MEAGRE DIET.

IN the *Herald of Health* Mrs. Nichols, a very talented lady, has been giving a retrospect of her own life-experience. The following portion has a moral, medical, and scientific value :—

I think that much of the sympathy I feel for the sick is due to my own ailments. If I had been born a strong child, if I had not known so many of "the ills that flesh is heir to," I should never have been a physician. I have loved my profession only because it has enabled me to relieve suffering—to reach the sickness of the soul, often through that of the body. Long ago I became convinced that all sickness is from sin—from voluntary or involuntary disobedience to the laws of life. It is not the sin of the individual alone but the sins of progenitors that afflict us with our many diseases. The study of disease and its causes is the study of the human race, its passions, its sins, crimes, sorrows, and agonies.

I have had my aspirations. I have loved literature and art. I have longed for a life of beauty, of abstraction from the sorrows of this earth-life, but sickness of body and soul was born with me—with my humanity; for when I had suffered and had learned a way of relief, how could I refuse to help others?

I did not study the art of healing in any ordinary way. I learned the science of cure in my own person. To illustrate this statement: I was born with disease of the liver. No matter what part of a parent is weak or diseased, of that weakness or disease the child will partake. The child is specially made from the mother. If the paternal element is strong, it takes hold strongly upon the maternal, but what the mother has not, that she cannot give. If she has weak lungs or liver, or fragile bones, her child has the same in greater or less degree.

I inherited from my mother a diseased liver. When a

young child I remember (for my memory reaches to my second year) bilious disorders which caused me intense suffering. Of course I knew nothing then, except that I was ill; and my parents knew no more than I did. For ordinary illness they used domestic remedies—tea made of tanzey, oak of Jerusalem, mother-wort, etc. For serious illness the family doctor was called, and his practice was severe and sanguinary. Bleeding, calomel, jalap, opium, antimony, etc., formed the *materia medica* of my childhood. An empiric named Thompson protested against bleeding, and introduced emetics of lobelia and the stimulus of capsicum, but the first robbed the blood of its serum to reject the poisonous lobelia, and the last was little better than drunkenness, the capsicum being prepared with spirits, and a severe irritant in itself.

The tender mercies of all medication were cruel in those days. If any pessimist says the world does not grow better, I have only to say to him, look at the diseases and medication of fifty years since. As much blood was shed by the lancet as in a war, and mercury was found impacted in its crude state in the bones of patients who had taken the orthodox doses of calomel. The world is very bad in this 81st year of the 19th century, and much of its medication is a cruel and unwise thing, but Homœopathy is a fact, and water-cure is widespread as prophylactic or remedial, and the power of sympathy is recognised by many.

The diseased liver which formed a part of my evil inheritance became so bad in 1868 that I sought the assistance of a learned water-cure physician. Certain reasons prevented a diagnosis, and I was thrown back upon myself to try what I could do for my relief or cure, as the event might be. A tumour had formed in the liver, so large that it had to be supported in the daytime by an elastic band, and in the night by a pillow. I had no rest, and scarcely any sleep. At about five o'clock in the morning I slept a little while. I could not take food without great distress. Digestion was never begun under seven hours, and only accomplished after hours of torment. In this condition I resolved to take but one small meal in the twenty-four hours, and that at mid-day. I began this practice, and the third day I was so weak and giddy that my husband begged me to take some food. I was convinced that I must die if I took food, and I could only die if I did not. I therefore resolved to rest what I could in bed, or on a sofa, and continue my fast. I took

one meal at mid-day, and when thirsty drank lemonade or orangeade. This I took in the forenoon, and I found it refreshing, and not hurtful. In a week from the beginning of my fast I slept well six or seven hours in the night. My spirits rose to cheerfulness. I was weak, and my working time was a good deal abridged. I could work after my dinner, but I did little in the forenoon but endure my weakness and a passionate longing for food. This, however, gave way after a time, and my greatest suffering was from weakness and inability to work. For six months I kept this fast, only taking a moderate meal at midday, and sometimes a glass of lemonade or orangeade in the forenoon.

At the end of six months, one day I took breakfast and dinner. The consequence was a burning indigestion that made me more miserable than I can describe. Only once was I seduced into eating a breakfast. I continued my fast for another month, and the tumour on my liver was gone. It had been so large as to be felt by any one from the outside. It was now entirely dissipated, so far as I could judge from internal feeling and external examination.

I now began to take a very light breakfast of bread and fruit, and a little milk and water, and I made my dinner about seven hours after. This I have continued to do with good results, for the years that have elapsed since my cure. My digestion is slow, and I find that two meals a day suit me better than three. I have sometimes varied from this course when away from home, but have uniformly found my health and digestion better, when I have returned to the two meals a day, taken seven hours apart.

I have had a great deal of practice in disease of the liver, and what are called "Indian livers." Much oily food causes and exacerbates hepatic disease. I have found in such cases a diet of whole wheat-meal bread, porridge, and a half-pint of milk for breakfast, and another half-pint at dinner with fruit, only a little whole wheat-meal bread or fruit for the third meal, most beneficial.

We give the hot-air bath where the patient can bear it, and the half pack at night. Sympathetic remedies and *hydrastis canadensis* we have found beneficial. The kneading, or movement cure, and judicious exercise, are most useful. But of all remedies the diet is most important. Oily food of all kinds is disastrous for diseased liver; neither chocolate nor cocoa are admissible. To keep the bowels free and open with brown bread and fruit, and to use packing, or hot-air

bath, to throw off the retained waste and diseased matter, are very important. In some diseased conditions of the liver there is great constipation. The retained waste matter is diffused through the system in the effort to eliminate it, and it forms often the basis of typhus. The use of hot air, or sweating packs, to cleanse the system is therefore all-important.

It will be seen from my narrative that the tumour, or what some call lumps in the liver, can be dissipated entirely. From the end of my seven months' fast, I have never had an hour's suffering from my liver.

CASE OF CATARACT MUCH AMELIORATED BY MEDICINE.

By J. C. BURNETT, M.D.

In a little monograph I have sought to defend the thesis that cataract can be often cured, and still oftener ameliorated, by the aid of medicines given internally. The bulk of the profession, of course, ignore the thing entirely; that I expected. A few of the more enlightened welcomed the little book as an honest attempt; as an imperfect, but solid beginning. Yet others shook their heads in good old-fashioned honest doubt, and muttered something about "mistaken diagnoses;" and this not without a chuckle at their own superior powers in this regard.

Since the publication of "Curability of Cataract with Medicines," I have continued my humble efforts in the same line, sneers and jibes notwithstanding. I have only treated a very few cases, partly because I do not care to begin unless a patient is willing, if necessary, to go on for a year or two, and this most of them decline.

It is no wonder people are very incredulous about the possibility of modifying the stroma of an opaque lens; for it is indeed *very* difficult, and I fail myself but too often, yet by no means always, and I consider the future of the question very hopeful.

The opponents of the thesis that an opaque lens can be modified by medicines often cite the *very aged* as more than usually hopeless. But I propose to bring a case showing that even an octogenarian may be materially benefited, and get a considerable amount of useful vision restored. It is

the oldest case I have ever treated, and has turned a few scoffers into respectful listeners. I do not give all the treatment, but only the relevant part of it.

Mrs. —, æt. eighty-one, came under observation at the end of the year 1880, suffering from cataract of both eyes, diagnosed by various physicians and specialists. Her vision was much impaired; reading had become impossible, and she could barely recognise a person in the street, or the pictures on the walls of my consulting-room. Thinking the case hopeless, principally on account of her advanced age, I did not enter with my wonted minuteness into her case, but gave *Chelidonium* 1x, five drops in water night and morning, on pathological grounds.

February 2, 1881.—She came and said she felt more comfortable in her *mouth*, her tongue being less hard and stiff; vision the same. Thinking there might be yet a glimmer of hope for the venerable lady, at least that absolute blindness might possibly be averted, I went into her case with greater care. I found that she had occasional diplopia, and things seemed farther off than they really were. But the thing that had long distressed her was this: *On awaking in the morning her tongue was as hard and stiff as a board.* That this should have any connection with the cataractous lenses was not apparent; still it was the *most constant, peculiar, and characteristic symptom*, and moreover a very distressing one. I turned up a Repertory, and finally decided on *Sulphur iodatum* (see Symptom 46 in Allen's Encyclopædia). Considering the general character of the remedy and the pathology of the disease, I did not hesitate, but gave six grains of the fourth centesimal trituration every night at bedtime.

March 21.—My report for this day in my case-book reads thus:—"Hardness and stiffness of tongue *gone*, and she had had it two years, it was quite distressing; sees *decidedly* better at a distance."

She came by rail to town to see me, and a married daughter was in the habit of meeting her at the station. When she first came to me she was not able to recognise her daughter on the platform, but this morning she recognised her already at quite a distance, and that readily, and can as readily discern my pictures. Repeat.

July.—Vision much improved; can now read an article in the newspaper. R. *Iodum* 30.

August.—Receive word from the daughter that patient now sees so well that she does not propose continuing treatment any longer. She reads books with large print comfortably.

September 15.—A lady friend of the patient called about her own condition, and remarked, "Mrs. — now reads the paper from an hour and a half to two hours every day."

She is now eighty-two years of age.

London, September, 1881.

AN AMERICAN VIEW OF THE TREATMENT OF THE LATE PRESIDENT GARFIELD.¹

THE condition of President Garfield, at the present writing (August 25th), is such as to excite our heartfelt sympathy. A man of strong, vigorous constitution and temperate habits is stricken down by the hand of an assassin. The attending surgeons first announce that the wound is of the gravest character. Then it is discovered (?) that the ball did not penetrate the abdomen or wound the liver—that the wound was merely a flesh one, complicated by a broken rib. In spite of the appearance of serious symptoms on several occasions, the daily official bulletins announced that the President was doing well and would certainly recover. It has been positively denied that there was any evidence of pyæmia in the case, or that the high temperature and pulse were of any significance. Yet, at the end of the fifty-third day, the patient is in a dying condition. To all appearances he is beyond human skill.

The opinions expressed by the surgeons in attendance have been belied by the facts in the case almost from the first, and we can only conclude that they have been grossly ignorant, or have tried to deceive the public regarding the true condition of the patient.

In all human probability, President Garfield will have penetrated the mystery of death and the grave before these lines see the light. In the face of such a saddening thought it is hard to criticise those to whom his life has been entrusted, and yet we feel constrained by the duties of our position to place the plain fact before our readers.

At first we were disposed to side with Dr. Bliss, in the

¹ From the *Medical Tribune*, September, 1881.

unpleasant wrangle among the doctors for the control of the case. In view of the treatment he had received from the "regular" (?) profession, it was but natural that he should snub his old-time enemies when he had a chance to do so. This quarrel began when Vice-President Colfax was stricken down with paralysis while discharging his official duties. A homœopathic physician had been called to treat the case, but wishing to divide the responsibility, he asked for a consultation, and Dr. Bliss responded to the call. The following week the Allopathic Society of the District of Columbia read him out of their fellowship, for "conduct unbecoming an honourable physician," to wit, consulting with a homœopath.

Again a cry was raised against Dr. Bliss for his connection with procuring a supply of genuine cundurango from Brazil, at the time when that drug was claimed to be a specific in the cure of cancer. We are not sufficiently acquainted with the facts of that transaction to speak definitely about it; but we know it was construed as another violation of the "Code."

Thus began the war on Dr. Bliss, and his position in the President's case gave him an opportunity to retaliate on those who had ostracised him for doing a humane and honourable act.

If Dr. Bliss is chiefly to blame for the bad management of the President's case, or if Dr. Baxter or others might have been able to save him, it is clear that this valuable life has been sacrificed by the bigotry and intolerance that still control the medical profession, and has ever retarded all true progress.

As the case now stands, it is clear to every intelligent surgeon and physician that it has been mismanaged. If any strong, healthy man, even without a wound, was subjected to the treatment the President has received for fifty-three days, it would be questionable if he could survive. And when we examine the case in all its bearings, the only wonder is that the poor sufferer has survived so long.

The attending surgeons made the first great mistake in not ascertaining the nature of the wound and the location of the bullet. They should have recognised the fracture of the rib at once, and removed the loose fragment. Then they should have definitely determined the direction the ball had taken. If they had positive evidence of its entering the abdominal cavity and wounding the liver, it was proper to make no further attempts to probe for it or remove it. This

would be good surgery, and in accordance with the opinions of all the authorities. This opinion was held for some time, and finally it was claimed that the ball did not enter the abdomen at all; but after striking the rib, glanced around, penetrated the deep muscles of the back, and buried itself in the iliac fossa. If such was the course of the bullet, what can we say of the skill of the attending surgeons who failed to discover it, and particularly of the one who said he carried his finger four inches into the wound and distinctly felt the liver? Had the location of the bullet been discovered at first, it could easily have been removed as soon as reaction from the shock had taken place, and all the subsequent suffering and the fatal results been averted.

The second mistake was that no attempt was made to remove the bullet after it was evident pyæmia was setting in. True, it has been claimed that the severe chill of July 23rd, and the subsequent fever and nausea, were not symptoms of pyæmia. Recent developments have, however, disproved these assertions, even though we had no other evidences. Every surgeon of experience recognised the fact that the chill referred to was the initial symptom of blood-poisoning; and every symptom that followed coincident with those of pyæmia laid down by Dr. Hamilton in his work on surgery, and confirmed by all other recognised authorities.

On this subject Dr. Hamilton says ("Principles and Practice of Surgery," p. 417): "The symptoms which denote the existence of pyæmia are chills, occurring with no marked regularity, followed by profuse perspiration, great and increasing prostration, nausea and vomiting, delirium, a bronzed or yellowish colour of the skin," etc.

Professor Gross says: "Although there are, strictly speaking, no pathognomonic symptoms of pyæmia, it is seldom that any one who has seen a case of this disease, or who has made himself thoroughly familiar with its history and progress, can possibly confound it with any other complaint. Its very mode of invasion generally sufficiently stamps its true character. The sudden, violent, and unexpected rigor; the unhealthy character of the suppurating sore or wound, if any exist; the icteroid and sunken state of the features; the rapid supervention of typhoid symptoms; the great mental anxiety and excessive restlessness; the horrible, aching pains in the joints, limbs, and other regions; and lastly, the rapid abduction of the fat, leaving the body in a wasted and emaciated condition, far beyond what occurs in almost any

other affection, excepting, perhaps, cholera; are signs which, if they do not unerringly mark the nature of pyæmia, will always excite the serious suspicion of the attendant, and induce him to scrutinise his case in the most careful and thorough manner. The only disease with which blood-poisoning is liable to be confounded is intermittent fever; but here the distinction is so easily drawn as to render mistake impossible, unless the most stupid carelessness is evinced by the practitioner."

In face of the fact that all these symptoms were present, and the subsequent inflammation of the parotid gland, it cannot be denied that the President has, for some time past, been suffering from pyæmia. This being the case, it should have been a self-evident fact, that to reach the bullet and remove it afforded the only possible chance for recovery.

Again, it was a mistake to treat the parotid inflammation so lightly. It was a serious complication from the start, and denoted the possibility that other deeper-seated glands were also involved. We believe it would have been wiser to have made an early free incision, which would have relieved the inflammatory action and controlled the destructive sup-puration.

Another, and we believe the most serious, mistake in the case has been the continued use of opiates. Morphine in some form has been given continuously from the first day, and in such quantities as could not fail to interfere with the performance of the normal functions of all the organs of the body. The main idea seems to have been to deaden the sensibility of the patient, and while this was being done, the digestion was impaired and assimilation entirely arrested. By the administration of this drug alone we could, in the same length of time, destroy the powers of digestion and assimilation in the most healthy man in the country. Nor is it the process of nutrition that is alone impaired by this continued use of opiates. All the excretory organs are clogged up, and the glandular system is so affected that the effete material cannot be eliminated from the body. Now, when these conditions are brought on in a case where blood-poisoning is liable to occur, it is clearly manifest that the patient's chances for recovery are greatly diminished. Yet this treatment is in accordance with the old practice, and will doubtless be defended by those who cannot see far enough to reason from cause to effect in such a case.

We regret to say that there is still another mistake to be

mentioned, and that is the administration of food by enema. This, too, is in accordance with the old-time practice, and has many advocates; but we are confident the time is not far distant when it will be recognised by the profession that feeding in this way never nourished a patient, while it often does great harm. We will discuss this question at another time, and for the present only speak of facts.

Food was administered through the rectum for days, without any evidence of the patient being nourished by it. Evidences of great irritations of the lower bowel were soon manifest, and even some symptoms of peritonitis began to appear. Finally the enemata could be no longer retained, and had to be discontinued. This "giving way" of the bowels, as it was expressed, only added another complication which might have been avoided but for the idea that the patient could be nourished through the rectum. We believe Dr. Tanner's fast, by proving that a person could live forty days without food, destroyed the only argument that has ever been used to prove the value of rectal feeding.

We have seen many cases where death has been hastened by the inflammation set up by these injections, while there is not a particle of evidence to prove that life has been prolonged a single day by this method of administering food.

Looking at these facts as we do, we cannot but feel that President Garfield's chances of recovery have been materially lessened by the treatment he has received. Had he been left entirely alone, his strong constitution might have carried him through the dangers arising from the wound, but he could not fight against the evil effects of bad treatment as well.

We do not pretend to say who is to blame; but we cannot help feeling that the attending and consulting surgeons have, in a measure, sacrificed their patient to the professional etiquette which demands that they shall protect each other. If the surgeons having charge of the case erred in their diagnosis and treatment, and the consulting surgeons recognised the errors, the latter are more to blame than the former by attempting to conceal the facts. If, on the other hand, Professors Agnew and Hamilton approved of what had been done, and continued to act in the case without advising any change of treatment, we have reason to blush for the ignorance of those who claim to be the representative surgeons of America.

We have written thus with the deepest sorrow—with a

heartfelt sympathy for our nation's chief, who is thus cut down in the hour of his triumph and usefulness; and with a sense of humiliation at the thought that the members of our profession have not done all that we had a right to expect to win him back to life.

At the last moment we strive to believe that we are looking on the dark side of the picture, and that some ray of hope may yet appear to dispel the gloom that is hanging over the nation.

P.S.—Just as we are going to press (August 30th), there is a very slight improvement in the President's condition; or, at least, he has held his own for two or three days. There was a slight improvement as soon as the morphine and enemata were discontinued, a circumstance which demonstrates the truth of our opinion regarding the treatment.

Although this slight change has filled the nation with hope, we cannot see anything as yet to warrant a belief that he will recover. Should he do so, it will be due to his strong will and great vitality asserting themselves, after the doctors cease drugging him.

G.

A VEGETABLE SHOE-BLACK.

THE "shoe-black plant" is the name popularly given to a species of hibiscus growing in New South Wales and remarkable for the showy appearance of its scarlet flowers. Growing freely in almost any kind of soil, the plant is frequently cultivated for the flowers, which, when dry, are used as a substitute for "Day and Martin." The flowers contain a large proportion of mucilaginous juice, which, when evenly applied, gives a glossy varnish-like appearance, which perfectly replaces ordinary blacking, with the advantage that it is perfectly cleanly in use, and can be applied in a few moments. Four or five flowers, with the anthers and pollen removed, are required for each boot, and a polishing-brush may be applied afterwards if desired. A few plants of the *hibiscus rosa sinensis* growing in the garden would remove one of the minor disadvantages of a day in the country during such uncertain summer weather as we usually experience in this country.

THE LATE PRESIDENT'S DOCTORS.

BAXTER v. BLISS.

WHEN a man is physician to a President, he should be very careful and not let the President get out of his sight for a minute, for something might happen and another doctor get the man away from him. That's what ailed Dr. Baxter. Baxter was Garfield's family physician for five or six years, so he says. Whenever any of the children were sick Baxter was on hand to put them to sleep with *Paregoric*—Baxter's Saints' Rest, as he might have called it had he possessed a facetious vein. He didn't doctor Mrs. Garfield in her late severe illness, because that excellent lady had a preference for Homœopathy, and Baxter was of the old school, oldy. Mr. Garfield being a strong, healthy man, didn't require much medicine, and such a thing as a bullet never entered Dr. Baxter's head. When the President was stricken down the old family physician was not around. In fact he was out of town, as he admits himself, having gone to Williamsport, Pa., to visit friends. We won't ask the Doctor what business the physician to the President has to go off out of town visiting, because he feels wretched enough about it already, having missed thereby the greatest opportunity of his life. He heard of the attempted assassination, and came right back to Washington by the earliest train, preparing his first official bulletin on the cars. He was driven from the depôt to the White House at a rapid rate, to find, much to his disgust, that Dr. Bliss had charge of the patient. "He is doing very well under the circumstances," says Dr. Bliss, closing the sick-room door and spreading himself resolutely before it; "very well indeed, but he must be kept perfectly quiet."

"But I am the President's physician," says Baxter, "and must go in and see him."

"Sca'cely," says Bliss. "You want to sneak in here, and take the case out of my hands. I know ye."

Baxter told Bliss he was a liar, and Bliss showed a disposition to fight, when Baxter, fearing the effect of a rumpus upon the wounded man in the next room, or on himself, took his hat and left. This is about the version of the affair, as given by Dr. Baxter to a brother physician in Providence, R.I., which has been printed in the newspapers. Of course Baxter went down town and said the President couldn't live in such hands—the doctors he had up there were just.

killing him. Dr. Bliss remained in command of the post, issuing bulletins every few hours, and getting up those wonderful maps, showing the patient's pulse, temperature, respiration, etc., that have been such a puzzle to the readers of the Cincinnati "Commercial," though they were willing to bear with them if they were doing the President any good. When the President gets well there must be a heavy settlement between Baxter and Bliss, but we hope it will be accomplished without bloodshed; the public will care very little about their quarrel. It is the recovery of the President that we are anxious for, and the squabbles of the doctors are a minor consideration.—*Saturday Night and Medical Advance.*

Obituary.

DR. THOMAS ROBINSON LEADAM, L.S.A., M.R.C.S.,
L.R.C.P.ED., AND M.D. CLEVELAND.

DIED SEPT. 5, 1881, AGED 71.

WE have to announce the demise of the above much-respected physician. He was over thirty years a member of the homœopathic body, and enjoyed during that time an extensive and well-earned reputation. After the usual courses of study at Guy's and St. Thomas's Hospitals, where he was already noted for his earnestness at clinical work, he became L.S.A. in 1830 and M.R.C.S. in 1832. Soon afterwards he joined his father in a large practice in the south of London in a connection which had been originally formed by his grand father, and in that sphere he worked for some years, until, having had his attention drawn to Homœopathy, and tested it from time to time, he became convinced of the soundness of the Hahnemannian teachings, and relinquishing his old connection and neighbourhood, he moved to the West End in 1850. He at the same time arranged a homœopathic dispensary in the Edgware Road. He became a staunch friend to the cause, and joined heartily in enlisting friends and collecting subscriptions for and in organising the London Homœopathic Hospital, of which he became physician accoucheur. He worked also diligently at the Welbeck Street and Blackfriars Dispensaries. His upright, gentle, and unobtrusive character, and the earnestness of his work,

secured for him the highest regard of all his colleagues, and also enabled him to retain the personal friendship of many leading members of the profession, from whom his change of views might otherwise have more completely estranged him, and he had the happiness of enjoying for many years the regard and confidence of a numerous *clientèle* in family practice. At the same time his attention to gynæcology and his work on that subject, based on his hospital observations, led to his opinion being much sought after, and he received a complimentary degree from Cleveland University. He contributed numerous papers to the British homœopathic and other periodicals. About five years ago symptoms of failing health induced him to seek rest in a country residence, and a year later a fresh attack of paralysis marked the commencement of the illness to which he finally succumbed.

LITERATURE.

THE NATURE AND FORMS OF ELECTRICITY.¹

WE must apologise to the author of this charming little work for leaving it so long unnoticed. The fact is, we were so delighted with it that we have carried it about with us to read and re-read it in our spare moments, which are not very numerous.

There is only one erratum to be corrected, and, oddly enough, that relates to the title-page, for we are requested to read *Electro-Physiology* in lieu of "*Electro-Therapeutics*," and this little mistake is not very gracefully mended by its being called "Errata."

The origin of this little treatise is curious. The author gave a lecture on the subject at Auburn, N.Y., and this lecture was so well appreciated that his friends borrowed the manuscript to read, and made written copies of it. This process went on until Dr. Boyce thought it would be less trouble to print off 250 copies than to continue to lend his MSS. The 250 copies were rapidly sold, and "so the publisher thinks best to issue a second edition."

The publisher has our best thanks for so doing, as he has thus enabled us to *enjoy* a treatise on electricity, and we can

¹Electricity: its Nature and Forms, with a Study of Electro-Therapeutics. By C. W. Boyce, M.D. Chicago: W. A. Chatterton. 1880.

candidly say that we never before met with any work, great or small, that gave such a succinct and such an intelligent account of the ever-mysterious subject of electricity in such a small compass. It only contains eighty-five pages, and is a veritable little gem. Notwithstanding its small size, our author contrives to utilise the best authors, and to discuss and elucidate not a few of the problems of the science. It is strictly scientific, yet a child could understand it, and we know of no truer test of a real master in the didactic art.

THE CATARRHAL DISEASES OF THE NASAL AND RESPIRATORY ORGANS.¹

THIS little volume of 127 pages is of greater importance than it looks at first sight from its smallness, but a closer survey of its contents reveals the fact that it is a most useful production. Not, perhaps, quite equal to "Bell on Diarrhœa," yet it is on pretty much the same plan; and our opinion of it is that it will reach the honour of a second edition in due course, and that "Brigham on Catarrh" will be a favourite with careful prescribers.

We specially like the following passage from the introductory etiology and pathology:—"Perhaps catarrh of the stomach and bowels and catarrh of the mucous membranes of the vagina and uterus, more frequently than we think, are the result of a metastasis of catarrhs of the nasal and respiratory organs, and might legitimately enough be followed from this trunk downward, as inverted branches of a tree; but this will be foreign to the present treatise. The origin of acute catarrh, if we except infection, in a vast majority of cases, is to be referred to a sudden cooling of the skin, determining the blood from the outer surface to the inner surface of the enveloping structure of the body, creating irritation, congestion, and inflammation. This is done by sitting at a window or by a door where there is a draught; by wetting the feet, or walking barefoot upon a cold floor; by getting heated and then allowing too sudden cooling, as after severe exercise, etc. Sometimes the extremes are such in the temperature of our climate that only the most vigorous will find themselves able to avoid a cold without the greatest precaution, especially those of rheumatoid constitutions, and

¹The Catarrhal Diseases of the Nasal and Respiratory Organs. By S. N. Brigham, M.D. New York: A. L. Chatterton. 1881.

where there is scrofula or a syphilitic taint. As catarrhs are constantly provoking into activity these latent morbid agents, there is a need of careful study of constitutional conditions, while we seek by medicinal agents to arrest these attacks, which keep a perpetual menace upon life. Catarrhs engrafted upon these dyscrasias greatly swell the list of our consumptives and dyspeptics, as well as those who, sooner or later, break down with genito-urinary diseases."

This is sound philosophy, and we commend the book to our readers as likely to be very useful in prescribing for catarrhal affections of the respiratory tract, in which we were taught to include the nose.

DISEASES PECULIAR TO INFANTS AND CHILDREN.¹

THIS is a good, sound book, by an evidently competent man. The preface is as manly as it is unusual, and engages one to go on and read the entire work. In the chapter on the Examination of Sick Children we read that "no physician will ever have full and comfortable success as a pædologist who has a brusque, reticent, undemonstrative manner. It is indispensable that the physician having children in charge should convince them by his manner that he likes them, and sympathises with them in their whims, foibles, and peculiarities. Their intuitions as to whom they ought to like and ought not to like are marked and wonderfully accurate at a very tender age." The physician who writes thus is a born pædologist, and most assuredly a very successful practitioner. Dr. Edmonds very truly remarks that children commonly act in harmony with the sentiment—

"I do not love you, Dr. Fell,
The reason why I cannot tell;
But this at least I know full well,
I do not love you, Dr. Fell."

After the examination of children has been dwelt upon, our author proceeds to discuss the hygiene of children in a very able and sensible manner. Then he discourses upon the various diseases of children in an easy and yet didactic

¹A Treatise on Diseases peculiar to Infants and Children. By W. A. Edmonds, M.D., Professor of Pædology in the St. Louis Homœopathic College of Physicians and Surgeons, etc., etc. New York and Philadelphia: Boericke and Tafel. London: Trübner and Co., and the Homœopathic Publishing Co. 1881.

manner, and any one can soon discover that he knows whereof he writes.

On page 227 the word "brunette" is used as of the masculine gender. *Brunette* is the feminine form of *brunet*, just as *coquette* is that of *coquet*. There are a good many points we do not quite agree with, but space will not admit of a detailed criticism. It is dedicated to the "Mothers of America," and to mothers present and to come we cordially recommend the book. Not only mothers, however, but many, especially young, medical men would learn useful lessons in pædiatric practice by its perusal, for mothers are quick at noticing the *gaucheries* of inexperienced practitioners "called in to treat the children."

HOMŒOPATHIC GUIDE FOR FAMILY USE.¹

As homœopathic practitioners, we owe our very right to practise according to our consciences to the hold which Homœopathy has taken of the people; and to our domestic works is due the lion's share of the honour of creating a large, intelligent, and powerful homœopathic public, that obtained and maintains such right for us. We of the profession do not like to feel that the public are our masters, but they are. And as in politics, so in physic, we must educate our masters. Every copy of a homœopathic work that is sold and read helps to hasten the day when Homœopathy shall be generally recognised.

The little volume before us is in its eighty-sixth edition, and we learn that its aggregate sale amounts to no fewer than *two hundred and fifty-five thousand!* Let some one calculate the influence of such a circulation; it goes beyond our arithmetic. For us it is pleasing that this enormous influence is in the cause of truth. The book is thoroughly good, and worthy of its well-won reputation, and the enterprising publishers may well feel proud of their great success.

The work is not a scientific one in the sense of the internal development of Homœopathy, and this its name clearly indicates. Those who dislike domestic Homœopathy will not like this domestic guide, because it is domestic. For our part, we fail to see the *raison d'être* of ANY system of medi-

¹ The Homœopathic Guide for Family Use. By Dr. Laurie. Eighty-sixth edition, revised, enlarged, and brought down to the present time by E. S. Gutteridge, M.D. London: Leath and Ross.

cine unless it be for the wants of our homes. That domestic Homœopathy has a seamy side we know well; so has Allopathy in just the same degree. Domestic medicine is right and natural, and is no outgrowth of Homœopathy. And, given domestic medicine, it is best that it should be according to the gentle and benign method of Hahnemann.

DISEASES OF THE NERVOUS SYSTEM.¹

THIS is an important work, and one which we strongly recommend every scientific practitioner to read. It reflects great honour upon our school, and we tender the author our best thanks for giving us such a complete treatise on this difficult subject. It is essentially a compilation of the best that can be found in literature on the different diseases, and the numerous illustrative cases add much to its value. It should be adopted as a class-book in homœopathic colleges and universities. It is a work of 400 pages, and produced in Boericke and Tafel's best style.

Dr. Hart is a tried author, having already given us the "Repertory to the New Remedies" (Hale's), "Homœopathic Ophthalmic Practice," and "Diseases of the Brain;" and he is assistant editor of the American *Homœopathic Observer*.

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.

HAHNEMANN AS A MAN AND AS A PHYSICIAN.

DEAR SIR,—The Medical Schools will be open again almost as soon as the issue of your October number. Will you, therefore, allow me earnestly to urge those commencing their medical studies, before they have had their minds biased, to read attentively your brilliant and concise history of

¹Diseases of the Nervous System: being a Treatise on Spasmodic, Paralytic, Neuralgic, and Mental Affections, for the use of Students and Practitioners of Medicine. By Charles P. Hart, M.D. New York and Philadelphia: Boericke and Tafel. London: Trübner and Co., and the Homœopathic Publishing Company. 1881.

Hahnemann ("Ecce Medicus; or, Hahnemann as a Man and as a Physician"), in which you trace his progress from boyhood, through his studentship to his doctorate, with much of his subsequent eventful and glorious career?

If all who read your masterly *brochure*—which I commend to the entire body of the medical profession—will bestow full attention upon the character and life of Hahnemann as you have so faithfully and instructively put them on record, they will discover a type of human grandeur and excellence worthy of our respect—a model for our guidance. You have delineated in most graphic and pathetic sequence the struggles and trials of that great benefactor to the human race until he reached the haven of Coethen.

If you will permit me, I shall have great pleasure in following him from Coethen to Paris, where he left us; and it will give me additional satisfaction to correct some serious errors that are now being extensively circulated, in regard to the Homoeopathy of Hahnemann, by some who nominally and partially adopt his beneficent system of healing.

Faithfully yours,

DAVID WILSON, M.D.

Brook Street, Grosvenor Square, Sept. 26.

[We accept Dr. Wilson's kind offer to contribute to our pages with great satisfaction, and hope to present our readers with a first instalment in our next issue.—ED. H. W.]

QUACKS.

SIR,—Some months ago a patient of mine, whose will was very obstinate, *would* take the balsam of a Mr. C. who, not being of the profession, avails himself of the services of his son-in-law, who is. Well, my patient's cough and chest symptoms were relieved, but when I next examined her urine it was three-parts *albumen*, and she sank, as I dared to prophesy to her husband, in three months. He saw that Bright's disease could be cured, for the books said so, and he sought and found other advice, with the result above recorded. By the aid of Salicyuret of Ethyl dropped on the urine, I preserved and still have the urine, now some months old. At length a drop of blood began to separate from it, and now adds its testimony on the side of the glass. But there are more of these worthies afloat. A reverend one, in the weekly papers, offers to cure everything with his health

remedies, and you may see a picture of the fellow offering his saintly help—for a consideration, of course—to the readers of the *Christian Herald* and the *Signs of the Times*, and surely this is one of them, when fools follow any fellow that puffs *persistently*. This reverend fellow has his consulting rooms near the Old Bailey. Were the medical body equal to the emergency, his *atelier* would be inside that residence.

He puffed himself from the provinces to London, and airs his title to secure affectionate followers. Any one inside his body of co-religionists would tell you his theological value—for the rest he is a miserable quack.

Faithfully yours,

H. USSHER.

LONDON SCHOOL OF HOMŒOPATHY.

SIR,—Will you kindly insert the enclosed report, which will be submitted to the Governors of the School at the *Special General Meeting*? We are anxious that all interested in the subject should come to the meeting prepared to discuss the points involved.

If the report is adopted your readers will see the necessity of all homœopaths, lay and professional, joining in the effort to increase the efficiency of the School by continuing to subscribe largely and liberally to its support.

Yours truly,

WILLIAM BAYES, M.D., Hon. Sec.

88, Lansdowne Place, Brighton.

To be submitted to the special general meeting to be held on Tuesday, October 4th, at 5 p.m.:—

“Report of the sub-committee appointed on March 14th to draw up a report of the changes needed in the Constitution and Rules of the London School of Homœopathy at the end of the probationary period of five years, ending December 15th, 1881, and reappointed at the annual meeting. The sub-committee have, as requested at the annual meeting held April 12th, 1881, reconsidered the whole question, and conclude that it is better to continue the delivery of—

“1st. The Annual Hahnemann Lecture, as the introductory lecture to the winter session.

“2nd. The Lectureship on *Materia Medica* and Therapeu-

tics, embracing a complete exposition of the art and science of Homœopathy in relation to remedial agents.

"3rd. The Lectureship on Principles and Practice of Medicine, embracing a complete exposition of the art and science of homœopathic medicine.

"4th. A Lectureship on the Institutes of Homœopathy, embracing its literature and principles.

"5th. The practical instruction, by clinical lectures and otherwise, of students, at the bedside and in dispensary practice, in some hospital or dispensary in which Homœopathy is practised in such a manner as to be satisfactory to the Medical Council of the School.

"6th. That such other lectureships as may from time to time appear to the authorities to be desirable may be added to the School until a complete medical school is constituted.

"As to the constitution of the School, it appears to the sub-committee that it will be desirable to simplify its executive. The following modification would probably meet all requirements:—A president, a treasurer, three trustees, and two honorary secretaries; an executive committee, consisting of not less than six governors, elected at the annual meeting each year; a finance committee, consisting of three members, one being a trustee, the treasurer, and one of the honorary secretaries; a medical council, consisting of medical governors, also elected at the annual meeting each year.

"The sub-committee recommend that the rules and laws of the London School of Homœopathy should be remodelled on the above basis, and that a sub-committee should be appointed by the meeting to prepare and submit revised rules, for the future guidance of the School, to the next general meeting of subscribers and donors on Thursday, 15th of December next ensuing.

"It will be seen that the above scheme differs materially from that submitted to the last annual meeting. On inquiry it seems that the scheme then presented does not, at present, meet with unanimity of approval from those deeply interested in the welfare of the Hospital. In the absence of absolute unanimity, it is better to defer the question of closer union of the School with the Hospital for future consideration."

THE RESURRECTION OF THE MATERIAL BODY.

SIR,—Will you allow me to make a few remarks on the letter of "Laicus," contained in your July number, which I

did not observe until it was too late to write for your last issue?

I know nothing of Hebrew, and shall therefore not enter into the question whether Job xix. 26 is or is not rightly translated in the authorised version. The postscript, however, of the letter in question contains a denial of what I believe (and I doubt that most of your readers will agree with me) to be a (or rather *the*) fundamental doctrine of Christianity—*i.e.*, the resurrection of the body. The sentence I refer to is as follows:—"The only resurrection taught in Scripture is that of the spiritual body from the natural body at the time of death. 'We are sown in this world at birth, and we are raised from it at death.' (See 1 Cor. xv. 44.)"—*Homœopathic World*, page 320.

The letter of "Incognito," on the next page, contains the same doctrine, though less clearly expressed.

I will only quote one passage from the New Testament in proof of the vital character of the truth which is denied by your correspondents. I will quote from the revised version.

"But if there is no resurrection of the dead, neither hath Christ been raised: and if Christ hath not been raised, then is our preaching vain, your faith also is vain. For if the dead are not raised, neither hath Christ been raised: and if Christ hath not been raised, your faith is vain, ye are yet in your sins. Then they also which are fallen asleep in Christ have perished."—1 Cor. xv. 13, 14, 16, 17, 18.

I write not only in maintenance of a doctrine which I hold to be of infinite importance, but in the interest of Homœopathy as well, for although the (probably inadvertent) admissions of the letters of "Laicus" and "Incognito" do not necessarily compromise the Editor and supporters of the *Homœopathic World*, yet our opponents will be very likely, if such sentiments are allowed to pass unchallenged, to put upon us the brand not only of medical heresy as heretofore, but now of theological heresy as well. In any case, as a subscriber and occasional contributor, you will not, I trust, refuse this brief protest against what, if there is any meaning in the words at all, I feel assured the Apostle Peter would characterise as "damnable" (revised version "destructive") "heresy."

I am, yours truly,

Ramsgate, August 12, 1881.

J. HARMAR SMITH.

[We insert our friend Dr. Harmar Smith's letter with much pleasure, and take this opportunity of saying that, as

Editor, we neither approve nor disapprove of any of the sentiments expressed by our correspondents, either on this cardinal question or on any other. We do not ask our readers to always look through our spectacles at any question whatsoever. We know "Incognito" and "Laicus," and respect them both as good men and true. We do not think free discussion can harm Homœopathy; remedies act homœopathically all the world over, and on persons of all known creeds, the sneers and jibes of the allopathic and other ignoramus notwithstanding.—ED. H. W.]

ELONGATED UVULA.

SIR,—I have been staying for some weeks at Buxton, and have met there a clergyman who has given me a most interesting account of his cure by a lady of rank of elongated uvula. He had for months been under the care of a medical man, and had endured a large amount of cauterisation and similar treatment without the least benefit. At last his doctor said, "I have done all I can, you must have the uvula cut; I cannot do it, you must go to London and have it done." Lady — heard of the fiat, and said, "Don't have it cut; let me try and cure you." This lady is in the constant habit of treating her poor neighbours homœopathically, and with the best results. The offer was accepted. The clergyman placed himself in the lady's hands. She administered pilules three times a day, three each time, and in three weeks he was cured, and has had no return of his throat trouble, now some considerable time. I eagerly asked the name of the medicine, as I have a relative suffering from this malady, and am anxious she should try it. Can you give the information? My friend has been under the care of a homœopathic doctor, but he suggested no remedy only change of climate, which was not easy in her case. If so effective a remedy exists, it should be known for the benefit of many who suffer from this distressing affection of the throat. I marvelled at the clergyman not possessing himself of the information, but he said, "I was cured, and that was enough for me."

Yours, etc.,

Buxton, August 1st.

AN OLD SUBSCRIBER.

[There is no *specific* for elongated uvula, the remedy for any given case depends upon the symptoms of such case;

and, consequently, what will cure one case might be useless in another. Our correspondent had better consult the nearest homœopathic practitioner.—Ed. *H. W.*]

LUNACY CERTIFICATES AND POOR LAW OFFICERS.

DEAR SIR,—Will you, or any of your medico-legal readers, kindly answer me the following?—If a general practitioner is in attendance on a patient who ultimately requires removing to a lunatic asylum "*in forma pauperis*," can he fill up the necessary forms, and then inform the relieving officer, without the previous intervention of that official and the poor law doctor? And, secondly, must the doctor take oath in the presence of a magistrate? and, if so, is it essential he should be a county magistrate?

Yours truly,
M.R.C.S.

CONSULTATIONS WITH HOMŒOPATHS.¹

To the Editor of the British Medical Journal.

SIR,—In your leading article of the 3rd inst. with the above heading you state that Homœopathy is useless in disease and unscientific. Now, as *truth* is preferable to fiction, and as one *fact* is worth a *million* of theories and pretentious leading articles, permit me to state, for your consideration and enlightenment, a case or two which recently came under my care, in which you will see that Homœopathy—which you consider useless—rescued from the jaws of death a young lady, when every allopathic means had signally failed to effect a cure.

A young married lady, aged twenty, a few months after her marriage was taken suddenly ill with incessant sickness, severe pains in the abdomen and hypogastric region. She had been under constant allopathic treatment for three days, during which time everything that could be devised by the doctors, including turpentine stupes to the abdomen, opiates, enemata, hypodermic injections of morphia, medicines of

¹ *To the Editor of the Homœopathic World.* SIR,—As I am fully aware that it would be "love's labour lost" to send this to the editor of the *British Medical Journal*, as he would only either cast it into the waste basket or burn it without even reading it, may I request you to give it a place in the *Homœopathic World*?—H. H.

various compounds, etc., were resorted to, but all of which were of no avail. Consequently her husband and mother became much alarmed at the lady's condition, and decided to call me in, as I had a few years ago cured her completely of hydrothorax¹ *without tapping*, notwithstanding three allopathic doctors—one a leading hospital physician, since dead—decided that the only chance of saving her life was to have her *tapped*, and three pints of fluid drawn off at the first operation. The parents objected, and the result was that I was called in and the allopaths dismissed. Pardon this digression, although it bears intimately upon the present case.

On visiting this patient in her recent attack I found on my arrival the doctor that had been in constant attendance upon her awaiting my arrival, as he told the patient's mother that her daughter was so ill he did not feel justified in leaving her until I arrived. He candidly narrated to me all that had been done, and expressed a deep interest in his patient's welfare, considering the cure of the lady above the mere shibboleths of party and etiquette, which is not always what we meet with in such cases.

On visiting the patient I found her dangerously ill. Her sufferings were so acute that she had had no sleep or respite from pain for the last *three days and three nights*. She lay upon her back, with her legs drawn up. She dare not extend them, as doing so increased the pain very much in her abdomen, etc. She had constant sickness, and rejected all the food and medicine given her; tongue coated brown and tremulous on protrusion, face pinched and suffering, lips parched, thirst intense, skin dry and very hot, urine bright-coloured, and micturition painful; diarrhœa; abdomen and hypogastric region acutely painful; pulse 135, and very small and irritable; temperature under the tongue 104; moaned incessantly, and was very restless; not pregnant; *vagina and vulva* very hot and sensitive. The case was one of inflammation of the *uterus*, with *peritonitis*.

After having spoken words of encouragement to my patient, I prescribed *Aconite 2x* and *Cocculus 2x* in ordinary homœopathic doses every fifteen minutes in alternation until the pain and fever were abated, then less frequently. To sip frequently iced milk and seltzer water mixed, simple

¹ See my book "Allopathy and Homœopathy," page 106, in which this case is fully reported.

fomentations to the abdomen, and to have in her mouth at intervals small pieces of plain ice.

It was about one o'clock when I thus prescribed for her, and on visiting her on the following morning at eleven o'clock her mother informed me that after a few doses of each of the medicines the patient became more quiet, felt less pain, had no sickness, and in a few hours after I saw her fell asleep, and slept tolerably quietly for *four hours*—the first sleep and cessation from pain she had had for the last *eighty* hours, and awoke almost free from pain.

Her pulse was now reduced from 135 to 99, temperature from 104° to 99°, skin bathed in a gentle moisture, tongue also moist and less tremulous, diarrhœa ceased, urine more natural, appetite moderate.

I shall not readily forget the intensely grateful expression which radiated her countenance as she looked steadfastly at me and exclaimed, "Oh, Dr. Hastings, you have done me so much good I could worship you."

Such a testimony from a patient to the efficacy of Homœopathy is worth living for, and gives one encouragement to bear the obloquy cast upon homœopaths by leading articles in allopathic journals, such as the one now under notice.

In a few days this lady was so far recovered that she was able to take a drive. Is not, therefore, as I have already said, one fact worth a million of theories and vituperative articles on "consultations with homœopaths"? Here I would beg to remark that consultations with allopaths, unless in surgical cases or in the diagnosis of disease, are in my opinion utterly useless in the present state of allopathic ignorance as regards both the principles and practice of Homœopathy, it being for this reason of no use whatever to the patient, and can only terminate in either the homœopath resigning his professional status to the allopath, as in the somewhat notorious case of the late Lord Beaconsfield, or in the homœopath continuing to treat his patient as hitherto, thus ignoring *in toto* the allopath's prescriptions.

Where, then, is the *medical* usefulness of such consultations? Would it not be more honourable for the homœopath to absolutely refuse to meet an allopath, if requested to do so, rather than undergo the *farce* of such a consultation—until the time comes when both the allopath and homœopath can meet at the bedside of the patient *on an equal platform*? But this desirable position can only be attained when the allopath knows fully the science and practice of Homœopathy;

and notwithstanding all the bluster of ignorant leading articles on "consultations with homœopaths," such a consummation is not far distant, as Homœopathy is coming to the front, as is fully evidenced by the fact that it occupied a leading position in the recent meeting of the "British Medical Association" at Ryde, in the addresses of Dr. Bristowe and Mr. Hutchinson, thus now occupying an exalted niche in that *Temple of Allopathy* which hitherto banished it from its very precincts. And may one not entertain the pleasing hope that this is but the prelude to that harmonious concert between allopaths and homœopaths, when no crotchety shibboleth shall jar the universal concert of medical harmony, and when the object of each will be—not, as hitherto, to maintain a party, but when their united knowledge in pharmacodynamics will enable them to select from either the allopathic or homœopathic pharmacopœias those medicines which their knowledge of the "Materia Medica and Therapeutics" may enable them to select for either the relief or cure of their patients? thus testifying that medicine is catholic, and not schismatic, ready to accept and practise that which is considered most suitable for the disease, irrespective of the source whence the medicine may be derived; as assuredly—and I state this after an active career and large experience of medicine for the last thirty years—that neither Allopathy nor Homœopathy can lay claim to *infallibility*, and therefore it becomes both the one and the other to bow their heads in humility and accept with gratitude what little knowledge of medicine each may possess, feeling that no sect or party is alone the possessor of truth, but, like the illuminating rays of the sun, light, in its measure is given to all, to enable them to see their way amid the cosmical arcana, ever crying, like the illustrious Goethe, "*Licht mehr Licht.*"

Although I thus speak permit me to say, Mr. Editor, that you ignore the vast difference there exists between the medical knowledge of the allopath and the homœopath, inasmuch as the homœopath has studied equally with the allopath the whole *curriculum* of allopathy, and thousands of them having even practised it until they perceived by study and practice that Homœopathy was the more excellent medical system, whereas you have only a very imperfect knowledge of Homœopathy, only theoretically, and have no experience whatever with it practically in disease; consequently the homœopath attacks disease *doubly armed*, skilled in the use of both allopathic and homœopathic

medicaments—no mean advantage—while you can only attack disease with the effete, generally useless, often mischievous allopathic medicine. Patients also would do well to duly consider this distinction between the two systems of medicine, as I believe it is not sufficiently understood or weighed.

H. HASTINGS, M.D.

Brixton Hill, September 16th, 1881.

DR. JOHN C. MORGAN ON MEDICAL LEGISLATION.

DEAR DOCTOR,—At the late meeting of the American Institute of Homœopathy at Brighton Beach, N.Y., the following members were appointed as the Committee on Legislation. This committee at once held a meeting for consultation, and agreed on the programme of their work for the ensuing year. They believe it to be an exceedingly important matter that their report be a full one, and trust that all members of the Institute as well as of local and State societies, and the profession at large, will contribute all the information, aid, and co-operation in their power, as to any division of the same, and at *as early a moment as possible*. The facts to be obtained should be in possession of the committee soon after New Year's Day, and its members, in accordance with the vote of the Institute, should make their final return or report to the chairman "two months prior to the meeting of the Institute," next summer—that is, by April 5th, 1882, *at furthest*.

I. The programme adopted requires, under each head—1st, a historical statement, in concise form, of past legislation on medical matters, both *favourable and unfavourable to Homœopathy*; 2nd, a similarly concise account of contemplated legislation, favourable and unfavourable; the steps to be taken in favour of our School, and the prospects of success; 3rd, suggestions as to ways and means whereby the American Institute may officially aid in the local and national struggles of our profession everywhere, *at home and abroad*.

II. The programme is as follows :

1. *National*.

- (a) Incorporation of the American Institute of Homœopathy, as to its feasibility, methods, duties incurred, and privileges secured.
- (b) Admission of Homœopaths to the Army and Navy Medical Corps.

- (c) Admission of Homœopaths to the Medical Civil Service, viz.: Boards of Health, Marine Hospitals, Pension Examinations.
2. *State.*
- (a) Boards of Health.
 (b) Port and Quarantine Physicians.
 (c) Hospitals, General and Insane.
 (d) National Guard and Militia, Surgeons-General, Brigade, Regimental and other Surgeons.
 (e) Restraint of Allopathic Medical Societies from libelling or censuring their own members in punishment for professional association with homœopathists.
 (f) Incorporation of colleges, societies, etc.
 (g) Money appropriations to hospitals, dispensaries, etc.
3. *Municipal.*
- (a) Physicians to the poor.
 (b) Vaccine physicians.
 (c) Hospitals.
 (d) Boards of health.
 (e) Coroners and coroners' physicians.
 (f) Police-district physicians.
4. *International.* As to all the above points in foreign countries and any others peculiar to them, particularly as to the question of corporate or diplomatic aid or interference through the American Institute of Homœopathy (for instance, see Transactions of the Session of 1881; resolution proposing a new order of membership, Hahn. Monthly, July, '81).
5. *Miscellaneous.* Subjects not included in the above will be in order also.

The members of the committee will gladly receive communications on the above subjects from all quarters Friends, be earnest and be prompt.

JOHN C. MORGAN, M.D., *Chairman*,
 1706, Green Street, Philadelphia.
 A. I. SAWYER, M.D., Monroe, Mich.
 A. E. SMALL, M.D., Chicago, Ill.
 M. J. SAFFORD, M.D., Boston, Mass.
 P. G. VALENTINE, M.D., St. Louis, Mo.

- J. P. DAKE, M.D., Nashville, Tenn.
- T. S. VERDI, M.D., Washington, D.C.
- J. H. McCLELLAND, M.D., Pittsburg, Pa.
- E. D. JONES, M.D., Albany, N.Y.
- G. F. ROBERTS, M.D., Waterloo, Iowa.

Office of Chairman of Committee on Legislation,
American Institute of Homoeopathy,
1706, Green Street, Philadelphia, June 25, 1881.

THE COMMITTEE ON MEDICAL LEGISLATION.

MY DEAR DOCTOR,—Herewith I transmit to you a statement of the work to be accomplished by our committee. By active and immediate effort on the part of each and all of us the whole can be reported on satisfactorily next year.

In order to do this two things are needful in addition to such effort, viz.: 1st, division of labour: 2nd, the enlistment of a sufficient number of *helpers* everywhere by *each member* of our committee, by personal appeal and by notices in our journals.

I will therefore suggest that we settle the first point, by the following assignments; premising that I have endeavoured to make them in harmony with the *special experience* of each member, so far as known to me.

- | | | |
|-------------------------|---|------------------------------------|
| John C. Morgan, M.D., | } | Army and Navy. |
| T. S. Verdi, M.D., | | National Civil Service, In- |
| J. P. Dake, M.D., | | corporation of American |
| J. C. Morgan, M.D., | | Institute. |
| M. J. Safford, M.D., | } | State and Municipal, New |
| E. D. Jones, M.D., | | England. |
| T. S. Verdi, M.D., | } | Ditto, in other Atlantic |
| J. H. McClelland, M.D., | | States. |
| A. E. Small, M.D., | | Ditto, North-Western States, |
| A. I. Sawyer, M.D., | } | <i>i.e.</i> , north of Ohio River, |
| J. P. Dake, M.D., | | and mainly east of the |
| P. G. Valentine, M.D., | } | Mississippi River. |
| | | Ditto, States, south of the |
| | | Ohio River, and east of |
| | } | the Mississippi River. |
| | | Ditto, States and Territories |
| | } | mainly south of the Pacific |
| | | R. R., west of the Missis- |
| | | issippi River. |

G. F. Roberts, M.D.,

{ Ditto, in States and Territories mainly north of the Pacific R. R., and west of the Mississippi River.

International and Miscellaneous subjects, *the whole committee.*

In case any member of our committee shall desire a modification of these details the chairman hopes that the suggestion will be made immediately, that real active work may at once begin.

The utility and value of our report will depend on our earnest and prompt efforts, maintained every day of the intervening year. By this means we may greatly advance our common cause. He also hopes that each member will keep him informed of progress made, of *helpers and correspondents secured*, etc., etc.; which information he will endeavour to distribute to all from time to time.

Very truly and fraternally yours,

JOHN C. MORGAN, M.D., Chairman.

Office of Chairman of Committee on Legislation,
American Institute of Homœopathy,
1706, Green Street, Philadelphia, June 25, 1881.

CANTERBURY HOMŒOPATHIC DISPENSARY.

Eleventh Annual Report, 1880-81.

THE eleventh annual meeting of the above institution was held on Saturday, June 25th, 1881, F. Flint, Esq., in the chair, when the following gentlemen were elected office-bearers for the ensuing year:—President, Right Rev. Bishop Oxenden. Vice-Presidents—F. Flint, Esq.; H. R. Mackay, Esq. Honorary Secretary, Mr. Joseph Russell. Honorary Treasurer, Donald Baynes, Esq., A.M., M.D. Committee—Rev. J. Aldis; W. Rest Flint, Esq.; Wm. Flint, Esq.; Rev. F. J. Helmore; Rev. A. W. Pearson; Rev. C. E. Smith.

The secretary's, treasurer's, and medical officer's reports for the year were received and adopted. It was *inter alia* resolved that a subscription of £2 2s. for the ensuing year be given to the London Homœopathic Hospital.

Medical Officer's Report.

Cases treated during the year, 217.

Cured	142
No report	21
Relieved	14
Dead	4
No better	6
On the books	23
Left Canterbury	7

—217

In addition, some 500 gratuitous visits were paid. Very many patients have been treated who were unable to obtain tickets. Three patients were sent to the London Homœopathic Hospital; and two to the Hahnemann Convalescent Home, Bournemouth, all of whom were greatly benefited by their stay at these institutions.

[This is a most gratifying report, and Dr. Donald Baynes is to be congratulated on his continued success in fighting the battle of medical truth in the city of Canterbury. The subscription of £2 2s. to the London Homœopathic Hospital is a graceful and generous act that other similar institutions might very fitly take to heart. There is a balance due to the hon. treasurer, and this the friends of the institution should wipe off at once, lest they discourage the able medical officer who devotes so much time to it.—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, 5, Holles Street, Cavendish Square, 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. C. MILLER, 2, Finsbury Circus, London, E.C.

MARRIAGE.—*Proctor—Worcester.*—Sept. 8, at the church of St. John the Divine, Fairfield, by the Rev. C. W. Wooll,

B.A., Peter Proctor, Esq., L.R.C.P., M.R.C.S., of Hamilton Square, Birkenhead, to Mary, eldest daughter of the late James Winchester, Esq., of the city of Liverpool.

ANSWERS TO CORRESPONDENTS.

DR. STANLEY WILDE.—Your removal to 10, Regent Street, Park Row, Nottingham, has been duly noted.

CORRESPONDENTS.

Communications received from Dr. Donald Baynes, Canterbury; Messrs. Duncan Brothers, Chicago; Dr. Arndt, Grand Rapids, Mich.; Dr.

Ussher, Wandsworth; Dr. Stanley Wilde, Nottingham; Dr. Bradshaw, Nottingham; Dr. Berridge, London; Dr. Hills, New York; Dr. Bayes, Brighton, and Dr. David Wilson, London.

BOOKS AND JOURNALS
RECEIVED.

El Criterio Médico. Tomo XXII., Núm. 12, 13, and 15.

The Hahnemannian Monthly, July, 1881. Vol. III., No. 8.

Bulletin de la Société Médicale Homœopathique de France, Juin, 1881.

The Medico Chirurgical Quarterly, July, 1881.

Decline of Manhood. By A. G. Small, A.M., M.D. Chicago: Duncan Brothers, 1881.

Bibliothèque Homœopathique. No. 11, 12. Août and Sept., 1881.

The Herald of Health, July and September, 1881.

The Thirty-first Annual Report of the London Homœopathic Hospital. London, 1881.

Boletín Clínico del Instituto Homœopático de Madrid, Año. I., 15th de Agosto. Núm. 14 and 16.

The Medical Advance, Vol. XI., No. 98. August, 1881.

Annals of the British Homœopathic Society and of the London Homœopathic Hospital, August, 1881.

The Homœopathic Guide for Family Use. By Dr. Laurie. Eighty-sixth Edition. Revised by Dr. Gutteridge. London: Leath and Ross.

American Observer, July, 1881.

The New York Medical Eclectic, August, 1881.

Annual Report of the Canterbury Homœopathic Dispensary, 1880—1.

Allgemeine Homöopathische Zeitung, Nos. 7, 8, 9, 10.

North American Journal of Homœopathy, August, 1881.

Lectures, Clinical and Didactic, on the Diseases of Women. By R. Ludlam, M.D., Professor of the Medical and Surgical Diseases of Women in the Hahnemann Medical College and Hospital. Chicago: Duncan Brothers, 1881. (Fifth Edition.)

Dietetic Reformer. Sept., 1881.

British Journal of Homœopathy.

Monthly Homœopathic Review. September, 1881.

Barbados Globe.

Liverpool Daily Post, Sept. 10, 1881. [Thanks to sender.]

New York Medical Times, August and September, 1881.

The Colonies and India, Sept. 10, 1881.

Chemist and Druggist, Sept. 15, 1881.

Martin's Chemist and Druggist's Bulletin.

Medical Counselor, July and August, 1881.

St. Louis Clinical Review, July and August 15, 1881.

La Reforma Medica.

Boericke and Tafel's Quarterly Bulletin, August, 1881.

New York and Chicago Medical and Surgical Journal, August, 1881.

Clinique, August.

American Homœopath, July and August.

Journal of Medicine and Dosimetric Therapeutics, Sept., 1881.

THE
HOMŒOPATHIC WORLD.

NOVEMBER 1, 1881.

THE COMMUNICABILITY OF BOVINE TUBERCULOSIS TO MAN.

INASMUCH as nearly one half of our daily flesh-food in this country is beef, it is a very startling reflection that such a terrible disease as bovine tuberculosis may be communicated to us in our succulent steak, or in the glorious roast beef of Old England, and in the milk we give to our babes.

Under the title, *An Infective Variety of Tuberculosis in Man, Identical with Bovine Tuberculosis* (Perlsucht), Dr. Charles Creighton, Demonstrator of Anatomy in the University of Cambridge, read a most instructive paper at the Cambridge Medical Society last year, and it has subsequently appeared in the medical journals. We will give a few of Dr. Creighton's cases in full, together with some of his remarks:—

A. T—, girl, aged eight years, admitted on the 22nd April, under Dr. Bradbury. Typical case of acute tuberculosis in a child; first signs of it five weeks before. Died on the 2nd May.

Post-mortem.—Large packet of caseous bronchial glands. Abundant tubercles on pleura, both pulmonary and parietal; the tubercles were white in colour, sessile, and even pedunculated. Both lungs were full of tubercles of unusually large size, and white medullary substance. At the right apex, a dense collection of white nodules, having the general outline of a wedge, with some lung-tissue within the outline not occupied by the white substance. The scattered white nodules appeared often to be perforated in the centre by a smooth-walled aperture. Tubercles on the surface of the spleen, and in the fissure of Sylvius.

J. B—, male, aged forty years, admitted on the 9th May, under Dr. Bradbury. Pulmonary symptoms said to have existed for two years. On admission: face congested; tremors of the tongue and facial muscles; much prostration;

frequent cough, with expectoration of very offensive purulent sputa. Evening temperature 104·2°; next morning 100°. Physical signs of lung disease on left side (details deferred). Before death, his dyspnoea increased much; face much congested; perspiration on forehead. Died on the 13th May.

Post-mortem.—Remarkable appearance in thorax. Bronchial glands formed a diffluent white mass, like the softer variety of lympho-sarcoma. Left lung firmly adherent; extensively oedematous; contained a number of gangrenous cavities, one of them (on the periphery) distinctly wedge-shaped; and, in the intervals between the cavities, the lung-tissue was occupied by a number of greyish nodules, of uniform size, as large as peas. I did not see the right lung, but the note is that it “contained a considerable quantity of caseous substance, just beginning to break down.”

T. C—, male, aged fifty-seven, admitted on February 11th, under Dr. Latham. Quite well till seven weeks ago; then had quinsy. The throat was lanced by a surgeon, and a quantity of matter evacuated. Lost his voice at that time, and still speaks in a whisper. No cough or night-sweating, but has had sometimes shortness of breath. On admission there is no pain in chest or elsewhere, but constant slight dyspnoea. Temperature on two successive days: 101·8° morning, and 103·4° evening; 100·8° morning, and 103·8° evening. Before death severe dyspnoea. Death on February 15th.

Post-mortem.—Both lungs firmly adherent all round. In the right lung a cavity the size of a walnut at the apex; the rest of the lung thickly studded with tubercles, small and translucent in upper part, opaque and becoming confluent at the base. The special interest centres in the condition of the left apex, which exactly resembled the condition in the corresponding apex of Case 6, and which is probably characteristic of the bovine disease. The lung was as if honey-combed with smooth-walled cavities from the size of a pin-head to that of a large pea or even a hazel-nut. To use a homely illustration, the lung resembled the substance of a crumpet. I at first took this condition for bronchiectasis; but the cavities are found to result from the central softening of large tuberculous nodules, the periphery of the nodules being formed of translucent and highly vascular tissue, which remains as a smooth membrane like the wall of a cyst. Solid whitish nodules of various sizes, up to that of a pea, were seated as if on the outer walls of the excavations, or in the lung-tissue between them.

My contention, says Dr. Creighton, is that these cases of tuberculosis are all of them cases of bovine tuberculosis; that they show the distinctive and specific characters of that disease in their pathological anatomy and are related to it in their etiology, and that they have precisely that relation to bovine tuberculosis which glanders in the human subject has to equine glanders. Bovine tuberculosis (*Perlsucht, Pomme-lière*) is a disease by itself, as much as glanders is. It is only from directing too concentrated an attention upon its histology that one would be led to conclude, with Schüppel, that bovine tuberculosis is identical with the ordinary indigenous or autochthonous tuberculosis of man. It has well-marked distinctive characters, which appear to me to be reproduced more or less in all the cases above related. I must content myself for the present with summarising in the briefest way what may be considered to be the salient features of the cases that I have grouped together, without attempting to make out the identity with bovine tuberculosis from point to point. The salient points I consider to be: (1) the occurrence of tumour-like embolic infarcts in the lungs; (2) the implication of the bronchial, or of the mesenteric and portal lymphatic glands; (3) the characters of the new growth in the wedge-shaped infarcts and round nodules (of various sizes) in the lungs, and its corresponding character in the lymphatic glands; (4) the characters of the eruption in the serous membranes, and its relative frequency; (5) the microscopic appearances; (6) the element of obscurity in the cases viewed as cases of ordinary or autochthonous tuberculosis.

The Cases otherwise unaccountable.—In none of the cases, with the doubtful exception of the case in a child, were the clinical facts or the appearances after death those of ordinary tuberculosis. Seven of these cases were in adults; there was, in none of them, caseous broncho-pneumonia; nor were there spontaneous centres of caseation elsewhere; the lymphatic enlargements were distinctly not those of primary scrofulosis, for the round nodules within them contained the same structural elements (including giant-cells) as the serous tubercles. In the clinical history, dyspnoea was more or less constant as a symptom.

At the International Congress for Hygiene, etc., held at Brussels in 1877, Professor Virchow spoke as follows:—"In conclusion, I would briefly direct attention to a question much ventilated in Germany at present—viz., in how far one

of those diseases which we have hitherto regarded purely as a spontaneous disease of the ruminant animals—I mean bovine tuberculosis (*Perlsucht*)—is a communicable disease, and, indeed, a disease communicable to man. If this were the case, it would follow that sanitary regulations should be directed against this disease to a much greater extent than hitherto. It has, in the first place, been determined, by the inoculation upon other animals of substances from animals that have died of *Perlsucht*, that the disease may be communicated exactly in the same way as in the inoculation of tuberculosis. On that point there is in Germany no longer any doubt. A further question is, whether, by the partaking of substances coming from a tuberculous (*perlsüchtig*) animal, similar, and, in fact, tuberculous, diseases may be induced in man. This question divides itself into two main points—in how far such an infection may arise from the partaking of flesh; in how far through milk.”

So far as I am aware—and I rely on the statement of Professor Virchow, in an address on this subject made a few weeks ago to the Medical Society of Berlin—no series of cases have yet been described as cases of specific and distinctive bovine tuberculosis communicated to man. It is as such that I regard the above cases. I say “specific and distinctive bovine tuberculosis” (*Perlsucht, Pommelière*), and I am not concerned to maintain, according to the conjecture of Klebs, that any other variety of tuberculosis in man is referable to that extraneous source.

It may be convenient also to take the present opportunity of pointing out that the above observations give no countenance to what is called the “parasitic” theory of an infective disease. The bovine disease in man reproduces, on the whole exactly, the morphological features of the disease in the cow. When it comes to be a matter of conveying somewhat special and even complex morphological features—as distinctive as the pattern of a wall-paper or a carpet—it is in the juices and particles of the tainted animal that we must suppose the contagion to reside.

The extreme importance of this subject more than justifies us, we think, in thus bringing these rather dry details to the notice of our readers. It is very important to *know* that the milch-cows that supply our nurseries and tea-table are *healthy*, and that the beef we dine off is not a portion of the carcass of a *perlsüchtiges Vieh*. Oddly enough *Moses* was a more advanced sanitarian and hygienist than are

our present law-givers. We hope our legislators will take up the question of the people's food, and at least give us the advantage of the Jewish laws. All our governments seem to fail egregiously in this direction. Lord Beaconsfield in his day might at least have given us Mosaic protection from filthy food, considering that his motto was: *Sanitas sanitatum et omnia sanitas.*

THE INDIAN METHOD OF RESUSCITATING NEW-BORN CHILDREN.

IN the *Clinique* for January, Dr. E. G. H. Miessler, of Chicago, published a case with suggestions concerning a simple, ready, and successful method of treating the asphyxiated infant. In a later number of the same journal he treats us to two more cases of the kind.

Case I.—July 9, at 1 p.m., was called in haste to attend Mrs. S——, aged twenty-one, in her first labour. According to a midwife's directions, I was requested by the anxious messenger to be sure to bring the forceps along, as without them the child could not be born. When midwives, as a class, give up a case to a physician with the distinct declaration that the forceps must be applied, they prefer that it should be done immediately, and their diagnosis and prognosis thus endorsed by the physician's actions. Before any examination was made, the midwife said, "Doctor, you should apply the forceps immediately, and not let the poor woman suffer much longer, for she has suffered enough already." Upon my inquiring as to the presentation, she said "That is all right, only the head is pressing against something, and will not yield, in spite of the severe pain that she has had." Examination for vaginam revealed at once a breech presentation, which I communicated to the midwife in a whisper.

The application of the forceps was out of question. The patient was turned on her right side to correct the position of the child, and a few doses of *Pulsatilla*, being followed by *Cimicifuga*, was then administered. In less than two hours a male child was born, but, to our sorrow, was lifeless, no pulsation being perceived in the umbilical cord. Before dividing the cord, the new method was tried; the patient was requested to take a long breath a few times. When this was being done, the child opened its mouth widely simultaneously with its mother's breathing, gasping for the

wanting air. After this was done three times we had the satisfaction of hearing the child cry.

Dr. A. R. Jackson, of Chicago, after having read the suggestive hint in the *Clinique*, writes per postcard: "Your suggestion seems a valuable one, and I thank you for publishing it; will try it when opportunity offers."

Case II.—July 25, at 7 a.m., was called to attend Mrs. A. W.—, a primipara, aged twenty-one, a very stout and tall woman of German descent, in labour. I found her in the first stage of labour, os uteri being soft and dilatable, but having a great tendency to turn toward the hollow of the sacrum. There was a vertex presentation, the child being in the L. O. A. position. The pains were quite severe, following each other in rapid succession. Under favourable circumstances, a speedy termination of labour might have been expected. Not so, however, in this case. What a midwife had prophesied to the patient some time ago when treating her for some uterine trouble—"that she would have a pretty hard time if she ever should give birth to a child"—appeared to have been a true prediction, on account of the parturient canal being very narrow. At 11 a.m. the os was well dilated, a small quantity of water escaped, and one might have looked for a speedy termination, had it not been for the above-mentioned obstacle. In spite of the very best contracting pains, the head would not advance in the least, seemingly being too large for the passage, and I came to the conclusion that the case could not be left to nature with safety. Accordingly I proposed the use of the forceps as the only means of success. It took some time before the patient was made willing to consent to this procedure, thinking it might injure her. But as she was getting weaker rapidly, and seeing that all her efforts at delivery were ineffectual, she at last consented to the use of the instruments.

At 1 p.m. the forceps were applied. The next few pains, as generally is the case, were expected to bring the child into the world. But our hopes were in vain. In spite of all the force I dared to apply, the head would not yield, all efforts seemed to be useless. After one hour of faithful, but fruitless trial, I gave up all hopes of seeing the child alive, and commenced thinking of other means to take it away, believing craniotomy the only means of saving the life of the mother.

Not feeling, however, disposed to take the responsibility of such a harsh procedure upon my shoulders alone, I asked for consultation, which was granted. Upon my proposal Pro-

fessor Ludlam was sent for. In the meantime no pains were spared in doing what could be done whenever a weak contraction of the womb would occur; and to our surprise our efforts were not in vain, for a favourable change took place, and a very large female child was born a few moments before Dr. L—— arrived. But the child was stillborn, as was to be expected. This gave us another opportunity of testing the efficacy of that new method of *restoring the life of the stillborn child through the umbilical cord by its mother's breathing*. To this purpose the babe was held by a nurse near to its mother, who was told to take a long breath, and to keep doing so. This being done, the child responded to it, giving, after some seconds, evident signs of returning life, and in less than three minutes it was resuscitated, and cried lustily. Besides the oxygenising through the cord by the mother's breathing, nothing was done to the child save a little cold water being sprinkled in its face.

After the child was resuscitated the cord was cut and the placenta delivered, which had to be done in haste, as the uterine hæmorrhage was very profuse. A few doses of *China* were given to the patient on account of the hæmorrhage, and then she was placed in her bed comfortably. Both mother and child are doing well to-day, this being the fifth day after her confinement.

CASE OF POISONING BY *ARNICA*.

By T. HAHNEMANN HALE, M.B. Lond.

ON July 16th, 1881, I was called to see Mr. ——, a strong, healthy man, his chief weakness being rheumatism, and a strong susceptibility to the action of *Arnica*, which many years ago laid him up for a long time. He is one of a family of three, and is thirty-eight years of age. One of his sisters has the same susceptibility to *Arnica*, while the other is not affected by it. His grandmother on his father's side was subject to erysipelas. His father is dead, and his family do not know if he was susceptible to *Arnica*, as he never was exposed to it. His mother is not susceptible to it. Mr. —— himself has never had erysipelas, except from *Arnica*.

The following is the case as it occurred and went on day by day;—

July 16th.—Thirty-six hours ago Mr. —— came home

after being out with his dogs, sweating freely; one of his dogs was lame, so he bathed its leg with a lotion of *Arnica* (about twelve drops of the mother tincture to a gill of water). He held the dog's leg in his left hand, and took a sponge and let the lotion run from the sponge over the leg, so that it ran over his left hand and between the fingers, and dropped off from the back of his hand. This was on the evening of July 14th. The next day he felt quite well, but noticed a few little vesicles between the fingers of the left hand, and in the afternoon, after being out in the sun a good deal, he noticed that the face around the eyes was a little red and swollen, and this morning, thirty-six hours after the inoculation with *Arnica*, his state is as follows:—There is much swelling and redness under the eyes and about the cheeks; also of the eyelids, and on the forehead, and behind the ears, and down into the beard. The skin of the affected parts is pale red and covered with minute vesicles, which on the alæ of the nose have become little pustules, and some have burst and run, and formed little crusts. He says the swelling is spreading fast. The skin is in the same state exactly between the fingers of the left hand, and in a line running from the first interspace along the back of the hand to about the middle, where the *Arnica* seems to have dropped off. There are a few vesicles between the fingers of the right hand, which look very like commencing scabies. There is nothing to be seen anywhere else. He seems quite well in himself; sleeps well; no headache; pulse 84, firm and regular; appetite good; tongue clean; bowels all right; urine clear. *Treatment*: *Collodion Flexile* applied to face. *Rhus Tox.* 3 every two hours.

July 17th.—Face not so swollen, except the right lower eyelid, which is very œdematous, red and swollen (this was the only part of the face where *Collodion* was not applied). The little vesicles have also gone down, except behind the ears, where they are well marked. There are large blebs between the fingers of the left hand, one of which has burst. The blebs seem very superficial, and the bases are scarcely red, and no inflammation round them. Patches of small vesicles have come out on both anterior surfaces of the wrists and on the legs; the skin around the patches is a pale red colour and slightly swollen. The line on the back of the hand is beautifully marked out with little vesicles. Constitutionally he is quite well. Pulse 78, regular; temperature 97·8. Repeat *Rhus*.

July 18th.—The face is better, and the rash has not spread on the legs or wrists, but immense bullæ have arisen between the fingers of the left hand, and are commencing on the back of the hand, and on the right hand. The one that has burst exudes large quantities of serum, and over the places on which the serum runs little vesicles arise. Opened one large vesicle and covered it with *Collodion*, except over the opening; left another large one untouched. He is keeping all right constitutionally.

July 19th.—The rash on the face, legs, and wrists is dying away, and the face is not so swollen. But on the hands all the vesicles that were moderate in size yesterday have become immense bullæ, and the one that was left unopened has burst. The bases of the bullæ are a little inflamed, and the whole of the left hand is swollen. All the little vesicles seem to be increasing in size. The place on the back of the left hand, over which the *Arnica* ran, is now one immense pear-shaped bulla, with the large end where the *Arnica* dropped off. The bulla that was opened and *collodioned* is by far the most comfortable and less inflamed. Repeat *Rhus*, and all the large bullæ opened and *collodioned*, except one place to let the serum out.

July 21st.—The face looks natural, and almost all signs gone from behind the ears; also those on the wrists and legs have nearly gone. No new vesicles have formed on the hands, but those that were small two days ago are rather larger, but not tightly filled with serum. The rash is dying away everywhere, and the patient seems all right. He wrote to say that in two days he was free from the rash everywhere.

To sum up the chief points of the case. The solution of *Arnica* was very weak, and merely ran over the unbroken though perspiring skin of the hand, but some was absorbed and got into the system, for a rash broke out on parts at a distance from the local application. The rash arising on the parts touched directly by the solution of *Arnica* exactly resembled the rash set up by the constitutional action of the *Arnica*, but varied in the degree it went on to. The character of the rash was first erythematous and vesicular and then bullous, but on the nose it was inclined to be pustular, forming crusts, and in the first attack this patient had from *Arnica* the face was covered by one large mask of purulent crusts.

Though *Arnica* was present in the system, it only affected one organ—the skin. Another point might be mentioned—

viz., the opening of the bullæ; those which were opened and *collodioned* as soon as they got tight did far better than those which were allowed to burst and then *collodioned*.

Rochdale, September, 1881.

LONDON SCHOOL OF HOMŒOPATHY.

THIS Institution has begun its new session under most favourable circumstances, whereat we heartily rejoice.

The *Hahnemannian Oration* was delivered on Tuesday, October 4, by Dr. Richard Hughes. The audience was numerous, the large board-room was pretty well full, and students from the general hospitals were present in good force. The oration was scholarly and elegant, and contained some very brilliant passages.

On the 6th. October Dr. Pope, the Lecturer on *Materia Medica* to the School, gave his Introductory, choosing for its subject the *Principles of Drug Selection in Disease*. The able lecturer dwelt on the analeptic, the anti-parasitic, the empiric, the antipathic, the allopathic, and the homœopathic principles of drug-selection, pointing out the advantages and showing by well-handled statistics the comparatively greater success of the homœopathic over all others. An old-school hospital lecturer who was in the auditory declared that the lecture was the best exposition of Homœopathy to which he had ever listened. The lecture-room was full. We must congratulate Dr. Pope upon having the largest class of students ever got together since the School was started.

The next day Dr. Brown began his course with an Introductory on the *Scientific Aspect of Homœopathy*. He dwelt especially upon the double action of drugs. The number of students in the class register is now fourteen, and there are besides two or three medical men who occasionally attend. Thus Dr. Dyce Brown must also be congratulated upon having a larger class this year than ever before. Dr. Dyce Brown has often been rudely assailed with regard to the number of students in his class; but he has held on, nothing daunted, and been the means of doing much good, notwithstanding some bitter opposition. We sincerely trust the London School of Homœopathy will go on and prosper and develop into a qualifying body, with Dr. Bayes as Dean of the Faculty.

THE QUEEN AND MEDICAL WOMEN AT THE INTERNATIONAL MEDICAL CONGRESS.

THE report having gone forth that the Queen had refused to allow medical *women* to be admitted to the International Congress under pain of withdrawing her name as patroness, our American and foreign colleagues have animadverted thereon with considerable acerbity in the various medical journals. We ask them now, as gallant gentlemen, to inform all their readers that the statement is NOT TRUE.

The fact is simply this — for “Queen” read “*Queen’s Physician!*”

The big bigot in question is Sir William Jenner, who said if the women were admitted he would walk out of the room, *and try to induce the Queen to withdraw her name.*

The women were not admitted, but the Queen had nothing to do with the matter. Victoria is a woman, and it was not a woman that did the dastardly deed at all, but an old gentleman who, perhaps, owes woman a grudge. Who knows?

DE OMNIBUS REBUS—ET QUIBUSDEM ALIIS.

By E. W. BERRIDGE, M.D.

THE October number of the *Homœopathic World* is so pregnant with useful facts and suggestive hints, that I venture to make a running comment on them.

(1) I entirely and most emphatically agree with the editorial suggestion that a college of homœopathic physicians, *with power to grant diplomas*, is what we need. Why not seek for the opinion of all *professed* homœopathic physicians on this subject? We shall then discover who are true to their colours, and who are traitors. Those who have a hankering after the “flesh-pots of Egypt” had better say so at once—and leave us.

(2) Dr. Bradshaw has deservedly rebuked the recent attempt to throw ridicule on infinitesimals. But I must demur to his statement that the Hahnemannians are “part and parcel of Homœopathy.” The Hahnemannians *constitute* the body of Homœopathic physicians, and no others are entitled to that honour. That those who repudiate the high potencies are not homœopaths at all may be seen by the note to Section 246 of HAHNEMANN’S *Organon*. The doctrine of

the superior efficacy of the high potencies is *an integral portion* of true Homœopathy.

(3) Dr. Hands's remarks on the *original* mode of vaccination are of great importance. But I should like to know what vaccine the Russians use, which he says has proved so successful. Whatever Jenner's *original* vaccination may be capable of, the present mode of vaccination seems nearly worthless, for epidemics of variola prevail, and vaccinated persons are pitted and die. But is it true that syphilis has *never* been communicated by vaccination? I have read cases thereof in the medical journals. Probably the *pure* vaccine would only communicate vaccinia, but if any of the blood is drawn with the lymph, syphilis might be communicated. Contrary also to Dr. Hands's experience, I *have* seen vaccination produce ill-effects other than merely local inflammation. His remark that Dr. Jenner used *Tartar emetic* in variola on homœopathic principles is of great interest. What will Sir William Jenner say to this? But if the "minutest doses of *Antimony*" protect against variola, why not adopt this plan instead of vaccination? *Vaccinia* is a powerful morbid agent, and in sensitive persons may produce much harm. Potentised vaccine has proved curative and prophylactic; so has potentised *Variolinum*. Recently I attended a case of variola, the patient after five days being removed to the hospital. The sanitary arrangements of the house were defective, and isolation impossible. Three doctors (ALLOPATHS) had refused to attend; one because he was an accoucheur, and the other on account of his children! In this small house, besides some vaccinated children and adults, there were three unvaccinated children, and one unvaccinated adult, the latter being horribly frightened lest she should catch the disease. I gave all a few doses of *Thuja* CM. (F.C.). *Not one took the disease*, even in the midst of the last epidemic. Therefore either vaccination makes no difference, or infinitesimals are prophylactic. Perhaps Dr. Yeldham will choose one of the horns of this dilemma.

(4) Dr. Burnett's case of cataract *cured* fixes another nail in the coffin of the sneerers. I have greatly improved a case, still under treatment, with that wonderful remedy laughed at and rejected by ignorant fossils, *Lac Caninum*.

(5) Dr. Ussher's attack on *quacks* ought to be promptly followed up by action. Especially why do not homœopathic physicians prosecute those who profess to practise Homœo-

pathy, after their names have been removed from the "Medical Register" for CRIME?

(6) Dr. Hastings gives a case to prove the benefits of Homœopathy. The result was certainly very satisfactory, but will he inform me what Homœopathy there is in giving two remedies *in alternation*? That this is contrary to the rules of HAHNEMANN, from which there can be no appeal when a definition of Homœopathy is demanded, is evident from Section 272 of his *Organon* and the accompanying note. Besides, from a scientific point of view it is inadmissible. Homœopathy requires that a medicine shall be given which produces symptoms like those of the patient. Therefore, until remedies have been proved on healthy persons in alternation, they cannot thus be given in accordance with the law. Dr. Hastings says, "The homœopath attacks disease *doubly armed*, skilled in the use of both allopathic and homœopathic medicaments, no mean advantage." Perhaps he will inform a benighted Hahnemannian like myself how, if Homœopathy be true, the patient can be benefited by the physician's knowledge of what is false; or how the physician can be benefited, unless he allows the patient to choose his system, as some professing homœopaths do, on the principle, "Whichever you likes, my little dear; you pays your money (£1 ls.), and you takes your choice." Homœopathy is infallible, because it is a law of nature.

TYPICAL CASE OF SENILE GANGRENE CURED BY THE DRY EARTH TREATMENT.

By A. C. REMBAUGH, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

On February 19th last Mr. C. B., aged seventy-one, noticed a swelling of the toes of the right foot. Early next morning he had a chill. The swelling extended to the foot with increasing stiffness of the joints. Next day had two more chills, and it was thought that a fever and ague, which had afflicted him a few years previously, had returned to torment him. On this day I was called and found the condition as follows: intense redness, burning pain, swelling and heat, with extreme tension of the tissues. This was followed by a change of colour, the parts becoming of a dusky brown or dark violet. Red streaks appeared along the course of the

superficial vessels and the surface assumed a mottled appearance. The temperature fell, the sensibility began to diminish, the swelling became softer and œdematous, and vesicles or blebs arose on the surface, and were filled with a straw or dark-coloured serum, with a peculiar offensive and sickening odour.

During the early part of the inflammatory stage the pulse was rapid, the temperature high, the thirst intense, accompanied with headache, nervous restlessness, a hot dry skin, and some delirium. The tongue was dry and of a dark-brown colour. The countenance anxious and pinched, the voice feeble, great loss of muscular strength, bed-sores made their appearance, and a diarrhœa set in. There was a disposition to doze, accompanied with incoherent muttering.

The excessive prostration which follows gangrene of even a very limited portion of the body is difficult to understand. It is generally believed to be due to obstructed circulation by the ossification of the arteries. Agnew and others are disposed to think it is due to blood-poisoning, a form of septicæmia induced by the introduction of tissue sewage into the system. The effect of this inflammatory infiltration is to produce softening and solution of the texture into which it is poured, thus dissolving the connection between the dead and the living parts. Many of the cell components of the affected structures together with migration-corpuscles appear as pus, and form a healthy discharge, in place of the fetid and irritating ichor which pours through every crevice of the foul slough, which in this case extended around the back part of the right foot from the front of one malleolus to the front of the other. We enveloped the foot in carbolised absorbent cotton, to retain the moisture and induce artificial heat in the diseased part, and applied poultices of Iceland moss over the slough in front of the external malleolus. Life and health returned to all the tissues except this one spot, which was about the size of the palm of the hand, irregularly triangular in shape, and quite deep. By this time it had become intolerably offensive, so that no one could remain in the room with the patient with any degree of comfort. I resolved upon applying the dry earth, which has been brought before the attention of physicians so prominently by Dr. A. Hewson, of this city, and the effect was little less than marvellous. In twelve hours little or no odour could be detected in the apartment, and shortly the granulations presented a perfectly healthy appearance.

Twice daily for a month, without using a drop of water or any other substance for cleansing purposes, the cavity was filled with the dry powdered earth, surrounded by the carbonised absorbent cotton. We commenced this treatment during the second week of illness, when we despaired of the patient's life, the tide had run so low, but recovery seemed to commence with the earth application.

We commenced the medical treatment with *Ars.*, on account of the chills, and because the patient was an emaciated asthmatic, who for years had slept in a chair in an upright position. The *Ars.* was followed by *Rhus Tox.*, for about a week, which was again followed by *Apis*, at the suggestion of counsel. *Pod.* followed this for a day or two, for the offensive diarrhœa and borborygmus. Wholesome, nourishing food was given without stint and fully enjoyed by the patient, and the recovery has been surprisingly satisfactory.—*Hahnemannian Monthly.*

RECENT UTTERANCES ON HOMŒOPATHY.

A MAGIC MIRROR.

By J. H. CLARKE, M.D.

Professor VIRCHOW (August 3, 1881).

"THE 'provings' of the homœopaths have never yet led to the recognition of a new remedy which could even be remotely compared with chloral, and these 'provings,' even as regards medicines already well known, never meet the most moderate requirements of a scientific investigation."

Professor OWEN (August 3, 1881).

"In the degree in which the unlicensed dentist, the bone-setter, the mesmeriser, and the homœopathist may flourish or get means of subsistence, may be estimated in some degree, the stage at which inductive medicine has reached, on its rapidly advancing career, to the status of a science."

The late Dr. MAURICE RAYNAUD

(Address read August 4, 1881).

"If we look around us, we find the same ignorant infatuation, the same mixture of the most unreasonable scepticism

with the most infantile superstition, the same intelligence, at once jesting and credulous, which believes nothing because it believes all, which rejects scientific medicine, and accepts unreservedly table-turning, spiritualism, and Homœopathy without any other rule than pure fancy."

BENJAMIN BARROW, F.R.C.S., President of British Medical Association, Ryde (August 9, 1881).

"The public are wrong in accusing medical men of standing upon etiquette, when they refuse to meet the practitioner (to wit, the homœopath) of a system of medicine entirely at variance with the ordinary routine. No one can, I think, deny that the homœopath stands upon very peculiar ground. He practises a system of medicine (although I have no belief in it). Nevertheless it is a *system*, and, if carried on in its purity, as laid down by the founder of the system, and as long as the homœopath adheres strictly thereto, I fail to see how he can be called a quack, or why he should be tabooed by the profession. . . ."

"You, gentlemen, cannot, must not consult under any circumstances with the man who practises a system of medicine opposed to that which science and long usage have proved to be the only safe one."

"Let us hope the faith of the public in a faulty and pernicious system is fast fading away."

JOHN SYER BRISTOWE, M.D., Ryde (August 10, 1881).

"Hahnemann became a medical man from choice, and pursued his studies in respectable schools, and under fairly eminent teachers. He acquired some credit as a practitioner while yet young."

"His system took its origin in those scholastic views of the nature of disease, of the nature of remedies, and of the influence of remedies on disease, which more or less have influenced the theory and practice of medicine from the earliest ages down to the present day."

"The *Organon* itself, however, is a remarkable work, very interesting also, and very entertaining; for it not only comprises the quintessence of his labours, but reveals the character of the man as in a mirror, with all his strength and all his weakness, all his wisdom, and all his folly."

"He was a physician who had a supreme contempt for pathology, and for the whole of etiology."

“Hahnemann’s views of the nature of disease were doubtless subservient to his views of the curative operation of drugs.”

“That he had learning and ability and the power of reasoning is abundantly clear.

“He regarded *Cinchona*, and mentions it elsewhere, as a homœopathic remedy for ague, attended with various groups of symptoms. Homœopathic, forsooth! when the most striking therapeutic fact concerning *Quinine* is that it lowers temperature.”

“Perhaps the most astounding feature of Homœopathy, as Hahnemann bequeathed it to us, is his hypothesis of infinitesimal doses.”

“That a very strong feeling of hostility should have arisen early between orthodox practitioners and homœopaths is not to be wondered at. . . . Nor is it to be wondered at that this variance should still be maintained; for Homœopathy is still a protest against the best traditions of orthodox clinical medicine; and there is a natural tendency among us still to look upon homœopathic practitioners as knaves or fools. But surely this view is a wholly untenable one.”

“It is absolutely certain that many men of learning and ability are contained within their ranks. . . . They have all been educated in orthodox schools of medicine, and have passed the examinations of recognised licensing boards; so that it must be allowed that they have acquired sufficient knowledge to qualify themselves for practice. And some among them possess high medical attainments.”

“It is only occasionally that our convictions are the result of conscious reasoning. For the most part they arise in the mind, and take possession of it, we know not how or why; and our reasonings in regard to them (if we reason at all) are merely special pleadings prompted by the very convictions they seem to us to determine—in other words, they are not the foundations of our beliefs at all, but exhalations from them.”

“I shall not discuss the question whether we can with propriety, or with benefit to our patients, meet homœopaths in consultation. I could, however, I think, adduce strong reasons in favour of the morality of acting thus. . . . I may observe that it is more conducive to the maintenance of true dignity to treat with respect and consideration, and as if they were honest, those whose opinions differ from ours,

than to make broad our phylacteries, and enlarge the borders of our garments, and wrap ourselves up in regard to them in Pharisaic pride."

"Breadth of view and liberality of conduct are the fitting characteristics of men of science."

JONATHAN HUTCHINSON, F.R.C.S. (*British Medical Journal*, Aug. 29, 1881).

"There lived now more than a century ago a learned and talented enthusiast, who thought—sincerely I have little doubt—that he saw his way to an immense reform in the use of drugs."

"When the fiat went forth that a homœopath must be either a fool or a knave, I doubt whether the modesty of nature was not somewhat overstepped. There are fools, and fools."

"We cannot in our profession have one rule for the peer and another for the tradesman."

"Here I confess it seems to me that the claim of the public should stand first, and that if a man's name is on the *Medical Register* we ought to meet him, so long as the consultations result in that which we deem for the patient's advantage."

"We believe that its [Homœopathy's] principal theory is absurd, and much of its practice ridiculous; but, at the same time, we are prepared to admit that gleams of a fruitful suggestion may be occasionally discerned in its discussions, and we can surely afford to leave it as a whole to itself, and let it develop to its natural end."

"An allopathist, *A.*, needing help at a *post-mortem* examination, applied to his old friend and former fellow-student, *H.*, a homœopathist, to assist him. *H.* willingly complied. The autopsy performed, and agreement as to the cause of death arrived at, said *A.* to *H.*, "*Well, we can meet on even terms here!*"

Two old college friends—rational medical practitioner, *R.*, and homœopathist, *H.*—met at International Medical Congress for the first time since capping day. Warm greeting. Mutual inquiries.

R. "What!—you a homœopathist!—oh!!—well, I'm sorry!"

H. "And what are you sorry about?"

R. "Why, because Homœopathy is all humbug and

quackery—mind, I'm not speaking of you personally, for you. I have the greatest respect—but it's quackery, and homœopaths don't stick to it, and that's why they're hum-bugs and cheats. Besides, they don't believe in pathology, and never diagnose a disease, but only pay attention to symptoms."

H. "My dear fellow, this is quite delicious, it is refreshing to get now and then a candid view of the figure we cut in other people's ideas. But,—you talk like the *Lancet*, surely you don't believe all it says, and take that for your cue?"

R. "The *Lancet*! no! I have the greatest contempt for the *Lancet*! But Homœopathy is so unscientific."

H. "Does Ringer's practice suit you?"

R. "Yes, I think his book very good."

H. "Well, but you know a large percentage of that is Homœopathy."

R. "Oh, it's all very well for you to say that is Homœopathy, but Ringer doesn't call it so."

H. "No, but that doesn't alter the fact. You know he recommends *Ipecac.* in cases of sickness. Well, that is what we call Homœopathy."

R. "Oh, but that's not Homœopathy, I give that myself."

H. "And why do you give it?"

R. "Because I find by experience that it does good."

H. "But who was the first to suggest that it would do good?"

R. "That is nothing to me; I do the best I can for my patients, anything that I find does them good; but to join an exclusive system, and be called by a party name, is most unprofessional, and I tell you candidly, I can't meet you professionally."

H. "My dear fellow, *don't* alarm yourself; I assure you *there's really no danger!*"

R. "Well, I can't meet you professionally, but I'm very pleased to see an old class-mate once again, and shall always be glad to meet you *socially*. *Come and have a drink!*"

H., being somewhat strict in matters of diet, declined with thanks. Just at that moment an omnibus for which he was waiting passed Burlington House, and after a warm shake-hands and a brief good-bye the friends parted.

Lancet (August 20, 1881).

"Medicine in its rational and effective forms is imperfect enough to make us *modest*, and to lead us *not to call each other*

names. . . We must be *charitable* and *magnanimous*.”
(Italics ours.)

After this from the *Lancet*, we can only exclaim with our great poet,

“Why—Bottom!—thou art translated!”

and humbly suggest to our once vitriolic contemporary the propriety of changing its truculent and now obsolete name.

A CONTRIBUTION TO THE PATHOGENESIS OF *CICUTA VIROSA* (*WASSERSCHIERLING*).

By J. C. BURNETT, M.D.

WHEN lately reading *Beitrag zur Geschichte und Pathologie des Albinismus partialis und der Vitiligo und über Nigrismus*, by Dr. Hermann Beigel, Dresden, 1864, I came, at p. 24, to this:—“Finally, from my own observations, I can relate the case of a shoemaker, thirty-six years old, who had poisoned himself with *Cicuta virosa* (*Wasserschierling*). On my arrival he was in a terrible state of excitement, singing and yelling (*tobte*), his face very flushed, his eyes glaring and staring about, pupils very much dilated, pulse very rapid. It required large and repeated doses of *Tartar stibiatus* to produce vomiting. The next day the patient was quite conscious, but weak, and felt irritation in the throat, ringing in the ears, and everything seemed to him to be shiny (*glänzend*). In about a week he was able to go to his work as usual, but the ringing in the ears had not quite ceased, but all the other phenomena had disappeared. About five weeks after the poisoning he noticed that the greater part of the skin of his chest had become much darker than the rest of his body. I saw this change in the colour of his skin about three weeks after he had first noticed it, and I found the greater part of his chest coloured rather dark brown. As far as I could learn in the sequel this pigmentation remained unaltered both in extent and intensity. The ringing in the ears had gone, but had left a slight degree of deafness behind it, so that, in order to understand, the man had to be more attentive when he was spoken to than before this poisoning.”

"OSWESTRY ADVERTISER" ON HOMŒOPATHY.

THERE is a charming *naïveté* about the report of the North Wales Medical Association. The Council desired an expression of opinion upon the question whether the practitioners of "rational medicine" were justified in meeting in consultation the practitioners of homœopathic medicine. The assumption on the part of these worthy practitioners that their own system is the "rational" one is delightful. The Council proceed to point out that the principles of Hahnemann have been abandoned (!) and that the "undefined" system practised now has a very great similarity to allopathy. It seems to have escaped the attention of the Council that their own "rational" system has been greatly modified by Homœopathy, and that the approach has come from the allopathic side quite as much as the other. The days of big doses of nauseous medicine, of much blood-letting, and of general violence are gone by, but for this deliverance we have in a large degree to thank the despised "principles of Hahnemann."

ON PSORIASIS FROM BORAX.

By W. R. GOWERS, M.D., F.R.C.P.

AMONG the cutaneous eruptions which may result from the administration of drugs, psoriasis has not, I think, been hitherto included. The following facts show that an eruption of characteristic psoriasis may result from the internal administration of borax. The facts have been met with in the use of borax in the treatment of obstinate cases of epilepsy, in which bromide fails. The first instance was in the case of a man who had taken borax for nearly two years in doses of first fifteen grains and then a scruple three times daily. An eruption of psoriasis made its appearance on his limbs and trunk, developing to a considerable extent in the course of a few weeks. Five minims of arsenical solution were added to each dose of borax, and the eruption rapidly disappeared. Shortly afterwards Dr. Spencer, of Clifton, in mentioning to me a case of epilepsy in which he had given borax with advantage, inquired if I had met with any inconveniences from its use. I told him of this case, in which I thought it possible that the psoriasis was produced by the borax, and he informed me that in his patient the same eruption had just appeared. In this case also the rash

rapidly cleared away under the influence of arsenic, and a few weeks later Dr. Spencer wrote to me, "I have not the slightest doubt that the borax caused the psoriasis, or that the arsenic cured it." A third instance has lately come under my notice. The patient was a young man who had suffered from epilepsy since infancy, and was always rendered worse by bromide, so that he was brought to me with the request that bromide might on no account be given. He took borax, first fifteen grains and then a scruple three times a day, with greater benefit than had resulted from any previous treatment, and after eight months an eruption of psoriasis appeared. Arsenic was added, but the result of treatment has not yet been ascertained.

The eruption in these cases occurred on the trunk, arms, and legs, but more on the arms than elsewhere. The face was free. It was located on both the flexor and extensor aspects. The patches varied in size, up to an inch and a half in diameter. Their appearance was quite characteristic, but the scales were not so thick as they sometimes are in ordinary psoriasis. In no case was there a history of syphilis, and in Dr. Spencer's patient syphilis could, with certainty, be excluded.—*Lancet*, Sept. 24, 1881.

LANCASHIRE DOCTORS AND HOMŒOPATHY.

At a special meeting of the Lancashire and Cheshire branch of the British Medical Association, held at the Medical Institution, Liverpool, on Wednesday last, under the presidency of Dr. R. C. Brown, of Preston, and attended by nearly eighty members, two resolutions were proposed by Dr. Fitzpatrick, of Liverpool, and seconded by Mr. Lund, of Manchester, expressing the opinion that practitioners of medicine or surgery should not meet homœopaths in consultation.

Dr. H. Lowndes, of Liverpool, then moved, and Mr. Hakes, of Liverpool, seconded a resolution:—"That, in the opinion of this meeting, every member of the British Medical Association is entitled to the freest exercise of his own individual judgment in regard to the question of meeting in consultation gentlemen who practise Homœopathy."

After a prolonged discussion, in which Drs. Waters and Glazebrook, and Mr. Manifold (Liverpool); Drs. Leech, Borchardt, Samelson, Ross, Cullingworth, Sinclair, and

Messrs. Walmsley and Emrys Jones (Manchester); Dr. Colley March (Rochdale); Dr. Godson (Cheadle), and others, took part, the vote was taken, when twenty-three voted for the amendment, and twenty-six against.

The amendment being lost, the previous question was then moved by Dr. Harris, of Birkenhead, and seconded by Mr. Dacre Fox, of Manchester. Dr. Fitzpatrick then withdrew his resolutions, and the previous question was agreed to *nem. con.*—*Liverpool Echo*, Sept. 28, 1881.

FATIGUE OF THE EAR.

SOME observations on hearing have been lately recorded, which suggest striking analogies between that sense and and vision. Herr Urbanttschitsch, in *Pflüger's Archiv*, indicates a way of demonstrating "fatigue" of the ear. Two tubes having been adapted to the ears so that a given sound equally affects the latter, a strong tuning-fork is vigorously sounded and brought to the mouth of one tube for a few seconds. It is then deadened somewhat, but not wholly, by touch. The ear on that side then fails to catch the weak sound, but if the fork be brought to the other tube the sound is heard distinctly. The fatigue passes off in two to five seconds. A weaker tone of different pitch from the strong one is heard equally with both ears. Again, the same author has experimented with regard to subjective sensations of sound occurring after a strong tone has been heard for a little. The after-sensation may come close upon the other, or be separated from it by a short pause. In the latter case (the only one studied as yet by the author) the pause varies up to fifteen seconds; then the sensation is revived, generally for five to ten seconds, then a pause and a renewal of the sensation, etc. Some persons have only one after-sensation, while others have as many as six or eight. The time thus occupied (from cessation of the objective tone) is seldom over two minutes. A correspondent of the *Cleveland (Ohio) Leader* has described some experiences of his own in hearing, which remind one of colour blindness. Certain sounds he never hears—*e.g.*, the song of birds. A room might be full of canary birds all singing, but he would never hear a note, though he would hear the fluttering of their wings. Nor does he hear the hissing sound of the human voice. He was taught to make it, and he never makes it without effort.

About a quarter of the sounds of the human voice he fails to hear; and he has to be guided a good deal by the motion of the lips and the sense of remarks made. The upper notes of musical instruments he misses, but he hears the lower ones. In the Pennsylvania Medical Society, once more, Dr. Turnbull has recently called attention to the danger to life and property arising from deafness on the part of railway men, a considerable minority of whom have ear-affections resulting from the conditions of their work. After citing personal observations and the evidence collected by Moon and Hirt, he recommended that all candidates for railway service should be carefully tested as to hearing by the company's physician, who should also report to the superintendent each case of deafness discovered in locomotive men, so that they might be transferred to positions where perfect hearing is less important.—*Times*, Aug. 3rd, 1881.

MIKANIA GUACO.

The *Town and Country Journal*, speaking of this proved homœopathic remedy, remarks that, some years ago, through the instrumentality of Dr. Schomburgk, of Adelaide, it was introduced into Queensland, and was said to be an antidote to snake-bite. As, however, the mode of its application was not described, the plant attracted no attention at the time or since. Through the instrumentality of the authorities of that great centre of botanical knowledge, the Royal Gardens of Kew, we are now in a position to offer some interesting particulars of the plant and its properties. Premising that guaco grows well in this climate, is easily cultivated, and is, or was, to be seen growing at Bowen Park, we may say that it is a low-growing plant of trailing habit, with a somewhat dense and deep-coloured foliage, attaching to it some merit as a border plant. In New Granada it is the basis of all the preparations of the snake-bite doctors of the district. A resident, whose statements on the subject the Kew authorities are taking some pains to promulgate, and which are therefore presumably reliable, says that the guaco properly and promptly administered is a cure for the bite of the most venomous snake. When the leaves can be obtained fresh, an infusion in sugar-water is made, in the proportion of one leaf to a large cupful, and this quantity is given hot every hour, stopping the vomiting which usually occurs. The

leaves are also preserved by bruising and placing them in alcohol, and of this infusion a teaspoonful is given every half-hour for the first three doses, then every hour, the frequency of the dose gradually diminishing. Hot poultices of the bruised leaves and stem are applied to the wound; but as the principle of the plant is volatile, care must be taken not to use too much heat. If there be swelling and pain fomentations of hot water with tincture of guaco are also used.

CASE OF FEARED HARE-LIP TREATED BY MEDICINE.

By J. C. BURNETT, M.D.

My friend Dr. Noble, of Trinity Square, had the kindness to send a lady to me at the commencement of the current year. This was in consequence of the paper which was read at the Leeds Congress on the subject of the prevention of hare-lip and other defects by the medicinal and nutritional treatment of the mother during pregnancy.

February 18, 1881.—Mrs. —, æt. twenty-nine, residing in London, has been married four years and a half, and has three children.

FIRST CHILD.—This is a girl, normal in build, but came at the end of the eighth month.

SECOND CHILD.—This is a boy that came at full term, but with single hare-lip of the left side, and cleft jaw.

THIRD CHILD.—Boy at full term, with very slight hare-lip of left side.

Status præsens: She believes herself to be in the family way at about the tenth week.

General health of Mrs. — and of her husband pretty good. She herself tells me that she is subject to headaches in the right temple, and that she has had measles three times. Has a constant feeling of nausea while carrying all her children, and it is *very* bad with this one; it usually lasts about three months. The veins of her hypogastrium were very much dilated with the second child, and slightly so with the first and third. The irritation therefrom was so great that she was obliged to rise in the night for relief. The veins of her thighs show a good deal. Is subject to piles, and occasionally has prolapse of the rectum. The piles

were worst with the second child. She is clearly of a venous diathesis. Her bowels are rather constipated. Her hair is brown.

Her husband has very black hair, and says he at times gets a relaxed throat, and suffers from a torpid liver, for which Dr. Noble occasionally treats him.

These are all the relevant particulars which I was able to obtain from the parents, both very intelligent people.

The father is the product of uncle and niece, but that offered no therapeutic basis. Neither psora, syphilis, nor sycosis seemed present in either of the conjugal pair.

It did not seem to me to be a case of want of the nutritional element, either quantitatively or potentially. The cause seemed to me to lie in the *blood life* of the mother. But where, and in what consisting? That lay beyond my ken; it was, in fact, unknowable.

The essentiality of a state may be unknown and unknowable, but THERE WERE SYMPTOMS IN THE MOTHER, and therefore the scientific application of the law of similars was available. These symptoms were (1) nausea, worse in the evening; (2) sinking at the pit of the stomach before a meal; (3) much salivation; (4) anorexia; (5) aversion to butter. These five symptoms had clearly *some* relationship to the mother's digestive tract, and it is not difficult to suppose that a mother's digestion must necessarily influence the body-fruit within her both for good and ill. The next question was to determine what proved drug has similar symptoms to those of the mother. I will not make any needless *détour*, but give the drug I diagnosed. It was *Sanguinaria Canadensis*. Take "Allen" and read symptoms: (246) "NAUSEA in the evening;" (294) * "SENSATION OF EMPTINESS in the stomach;" (244) "Deathly nausea, with much SALIVATION;" (230) "Almost a total LOSS OF APETITE;" and (235) "AVERSION TO BUTTER." Thus *Sanguinaria* covered the totality of the symptoms, and it was therefore prescribed. I gave five drops of the third decimal three times a day in a little water.

March 7.—The sinking at the stomach a little better; salivation no better; there is less aversion to butter; appetite much better; nausea about the same, taste bitter; food acid. *Sanguinaria Can.* 6, twenty-four one-drop powders, one night and morning in water.

March 21.—Nausea better; sinking at the stomach better; salivation better; still dislikes butter. The taste is much better, and the food is no longer acid. Has a left-sided headache; is rather constipated; the rectum protrudes a little. *Sanguinaria* 12, given in the same way as last time.

April 4.—Nausea much better, but not quite gone; sinking very much better; still dislikes butter; the headache is gone. "On the whole I am very different from last visit," she said. She thinks the last prescription did her most good. *R. Sanguinaria* 30.

April 25.—Nausea still continues a little; the sinking is gone, but it recurs now and again; still does not like butter; salivation nearly gone. *R. Sanguinaria* 1, one pilule three times a day.

June 2.—Nausea gone; she now likes butter; very slight salivation at times. *R. Sanguinaria* 1, to continue taking one pilule at bedtime until the end of the eighth month of utero-gestation.

October 14.—The following letter finishes my story:—

"October 10, 1881.

"I have pleasure in giving the particulars you ask for as under:—

"1. Born 28th September. 2. Boy (quite perfect). 3. Weight at time of birth, 8lb. 4. We expected the arrival about the 15th, so reckon the little one took about a fortnight's grace before making his *début*."

I have nothing to add beyond begging my colleagues to publish their practical experience on this very important and hitherto sadly neglected branch of practical medicine.

London, October 15, 1881.

THE CHICAGO HOMŒOPATHIC COLLEGE.

WE are indebted to Professor E. M. Hale for the following particulars in regard to the London—no, NOT London—in regard to the *Chicago* Homœopathic College. [*We do not build new homœopathic colleges hereabouts; we waste our lives in trying to bend old gnarled stems, and refuse the saplings.*]

PRELIMINARY CLINICAL TERM.—The regular preliminary clinical term was opened in the magnificent new college building, September 23rd, at 10 a.m.

This term will be devoted in the main to clinical instruction, and will tend to prepare the student to more readily comprehend the lectures of the regular course.

Interspersed with occasional didactic lectures by the regular faculty, there will be sixteen clinical lectures delivered per week, ten in the college dispensary, and six in Cook County Hospital, in which the students have all the privileges accorded to the students of Rush and other allopathic colleges.

The advantages of the clinics in the County Hospital, for the study of diagnosis and pathology, are superior to those furnished by any other college of our school in this country.

Professors Mitchell, Woodward, and Foster, who have been making an extended tour of the hospitals in Europe, and been in attendance, as delegates, at the International Homœopathic Congress recently held in London, are on their way back, and will be there in time for the preliminary term.

Professor G. F. Roberts, formerly Professor of Surgery in the Iowa University, has resigned his chair in that institution and accepted a professorship in this college. He will be the colleague of Professor Streeter in the Department of Gynæcology. Professor Roberts, as is well known, enjoys the reputation of being one of the most attractive lecturers and brilliant operators in the North-West. He will deliver his full course of lectures during the coming winter.

The Emeritus Professors, Professors Shipman, Hale, Danforth, and Pratt, have each kindly consented to give a special course of lectures during the coming winter session. Announcements of the time and subjects will be made previous to their delivery. The ripe experience of these venerable gentlemen, in practice and in the lecture-room, ensures a rare advantage to the students of this college.

THE PRACTITIONERS' COURSE.—On the second Wednesday in March, 1882, the Faculty will inaugurate a regular annual course of lectures especially adapted to practitioners. The annual prospectus for this course will be issued in January.

THE FOUNDLINGS' HOME.—This institution presents facilities unsurpassed, outside of Paris, for the study of infantile diseases. Arrangements have been made for special instruction to be given by Professors Shipman, Duncan, and Mills.

Obituary.

SINCE our last issue three homœopathic colleagues have been called to their rest, viz., Dr. Tudge, of Yeovil; Mr. Robertson, of Shrewsbury, for many years associated with Dr. Hering; and Dr. Dalzell, of Malvern.

The last-named was fifty-eight years of age, and had long been a sufferer from cardiac disease. We are informed that Dr. Dalzell was led to believe in and to practise Homœopathy from the great benefit he had derived therefrom in his own case. He formerly resided near Bath, and subsequently at Buxton. Finding from a stay at Malvern that the place suited his delicate state of health, he settled there in 1867, and succeeded in building up a considerable practice. The best appreciation of a man is often that of his nearest neighbours; sometimes a prophet hath no honour in his own country. In any case it will not be amiss to note what the Malvern press may say about the deceased.

The *Malvern Advertiser* of October 15, 1881, says:—

“It is with a heavy heart and with feelings of sincere sorrow that we record the death of Dr. Dalzell, which occurred suddenly on Tuesday morning last. The suddenness of the event has not only thrown around it a more than ordinary solemnity, but has made it difficult to realise that he who but a day or two ago was in our midst, actively engaged in the pressing and even toilsome duties of his profession, should now be numbered among the dead. The well-known form and the pleasant voice are for ever gone from the busy scenes in which Dr. Dalzell took an active and prominent, though unostentatious part. Busily engaged in his regular professional duties to a late hour on Monday last, on Tuesday morning he was roused very early to pay a visit to a patient. Not feeling well, he prescribed medicine, purposing to call between six and seven. At the time appointed a carriage was waiting for him, but a spasm of the heart had occurred just before, so that he determined to defer the visit until nine o'clock. When that hour had arrived Dr. Dalzell was dead; so suddenly and unexpectedly had the summons come!

“It is beyond our sphere to discuss Dr. Dalzell's merits as a medical man; but we may make a passing note, that no one ever engaged in the important work of a physician, who used his skill and knowledge more lavishly for his patient's

weal and with less regard for self-aggrandisement. It is well known that Dr. Dalzell's practice had latterly greatly increased, but the proportion of his gratuitous services more than kept pace with his growing repute and engagements. To the poor his advice and time were as cheerfully given as to his wealthiest patients, and he had the happy art of conferring a favour so delicately that the recipient was never made to feel the obligation. Dr. Dalzell was, however, less known as a skilful physician than as a man of the most active sympathy with all the great religious and benevolent agencies of the day. Eminently religious, he was free from party spirit and denominational exclusiveness. We suppose he was a Nonconformist, but he as heartily co-operated with Churchmen as with Dissenters in any movement that commended itself to his judgment; and in the advocacy of any cause it was enough for him that the work was good to secure his help. The Bible Society, the Religious Tract Society, the temperance societies, and others of a like character—each and all found him ever ready to present their respective claims to the affectionate interest and aid of all who came within the scope and range of his influence. We believe Dr. Dalzell's last public appearance was at the Church of England Temperance Meeting, under the presidency of the vicar, and though he could have had no more idea than those who heard him that he was then about to close his public addresses, yet were his words weighty, and his presence on that occasion is significant of his readiness for every good work. With qualities and characteristics such as we have indicated, joined to and indeed springing from a devoted life, it needs hardly be said that Dr. Dalzell commanded the esteem of all who knew him; and in saying that his death is a public loss we are only expressing what a thousand hearts have already declared. Dr. Dalzell never stood out as one of those bold and assumptive spirits that seem to take society by storm; his was the power of a quiet, consistent life, whose very strength lay in its quietness; and though he never exacted homage, yet he won it everywhere by the force of a blameless life. The moral atmosphere of a place is strangely affected by men of such character, and their removal causes a disturbance like the change which takes place when the chemical proportions of a body are altered. This we believe to be eminently true in the present instance, and while we mourn over the loss thus sustained, we can only hope that the worthy example which he set in his life-

time may be sedulously followed by those left yet to work and wait. The bereaved family claim and will have the condolence of all who knew the husband and father; and we offer to them, on behalf of ourselves and our readers, the sincere expression of sorrow which has been evoked by what, in imperfect language, and in yet more imperfect ideas, we call the 'untimely' death of one of our best citizens. But death cannot be untimely when the purposes of a good life have been served, as we know was the case with him whose removal from us we all mourn."

In another Malvern paper we read as follows:—

"We have to record this week the deaths of three well-known inhabitants of this town, two of them at an advanced age—Mrs. Abraham Gibbs, in the eighty-third year of her age, and Mr. John Allen, in his eighty-second year. The other is that of Dr. Dalzell. This latter gentleman died very suddenly on Tuesday morning. It seems that about 5.30 a.m. he was called to attend at Lyttelton House, Malvern Link, as one of Mrs. King's daughters was ill. The doctor got up, dressed himself, but complained of a pain at his heart. This becoming worse he wrote a hasty note to Dr. J. R. Croker, of Malvern Link, asking him to visit Miss King, as he (Dr. Dalzell) was too unwell to go. Dr. Croker went and prescribed remedies, and wrote a note to the doctor informing him what he had given the patient, but he was dead before that note reached his residence, Granta Lodge, in the Graham Road. The announcement of this very sudden death caused great surprise to his friends, especially as it was only on the previous Saturday Dr. Rayner examined the deceased as to the state of his heart, from which, it appeared, there was no immediate cause for alarm, though it was known that the deceased had for a long time suffered from heart disease. A particular friend of the doctor's, writing to a city contemporary, thus sketches his character:—'Of David Brainerd Dalzell it may truly be said he was "greatly beloved." As a physician, high in his profession, and successful in his practice, his advice and counsel were sought for far and near, and many patients among all classes, and especially the poor, will mourn for him as for a very dear friend or a brother. Like his great Master, whom he loved and served with singular and unobtrusive devotedness, he "went about doing good," and only good. While administering palliatives to relieve physical disease and mental suffering, he never lost an opportunity in which he could

afford spiritual counsel, instruction, and comfort. A useful member for many years of the Congregational Society here, his Christian sympathies were universal. Every good cause had his hearty approval and practical support, and often earnest public advocacy. In the pulpit and on the platform his utterances were always acceptable and to the point, and productive of good. To the Bible Society, of which he was treasurer and secretary, to the Religious Tract Society, and other kindred institutions, he was a zealous friend, giving constant and efficient help. His too early removal from the band of Christian workers in the Malverns is an almost irreparable loss. Lately returned from his annual visit to his estate in Scotland, reinvigorated and refreshed, he had been more than usually busy in his ameliorative works; and it may be truly said that when fully occupied, in the prime of life, and apparently with years of fruitfulness before him, the peremptory summons, "Come up higher," reached him. For his bereaved widow and children—a daughter and two sons—very general and fervent sympathy is felt and expressed.'"

LITERATURE.

THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA.¹

THIS beautiful volume has reached us, copyrighted by Theresa Hering, and dedicated to Dr. P. P. Wells, Brooklyn, N.Y., one of the oldest and dearest friends of Father Hering. The literary executors of the author, Drs. C. G. Raue, C. B. Knerr, and C. Mohr are its editors, and we can well believe that the completion of this third volume of the *Guiding Symptoms* has been to them a labour of love. They pathetically tell us in their preface that they have been actuated by the spirit of the departed author, and that it has been their aim to complete the volume just as it would have been had Hering lived. At the time of his death the first formes, containing *Bryonia*, had left the press; *Bufones*, *Cactus*, etc., had been prepared by him for the printer, and

¹ The Guiding Symptoms of our Materia Medica. By C. Hering, M.D. Volume III. Philadelphia: The American Homœopathic Publishing Society; J. M. Stoddart and Co. London: The Homœopathic Publishing Company, 2, Finsbury Circus.

a day before his sudden death he was collecting the materials of *Calcarea ostrearum*. Here his work of over fifty years was turned into hands he had trained and trusted for the purpose of completing what he felt he would never see finished in this life, and yet hoped to in the next; for in his homely and quaint way, he said, a few weeks before his departure, "Perhaps, from my place in heaven, I may peep through a little hole and see that my work is well done!"

The motto chosen by and for himself, and for his co-workers, and for all others, he wrote in beginning the third volume:—"Individualise! and study our most valuable medicines in their monographs, picking them out here and there for comparison, but not in alphabetical order. Go on in that way, not omitting a day, until zinc shall roof the building."

The volume before us contains the *Guiding Symptoms* of *Bryonia alba*, *Bufones*, *Cactus grandiflorus*, *Cadmium sulfuratum*, *Cainca*, *Calabar*, *Caladium*, *Calcarea arsenica*, *Calcarea fluorica*, *Calcarea ostrearum*, *Calcarea phosphorica*, *Calcarea sulphurica*, *Calendula*, *Camphora*, *Cannabis Indica*, *Cannabis sativa*, *Cantharides*, *Capsicum*, *Carbo animalis*, *Carbo vegetabilis*, *Carbolic Acid*, *Carboneum sulfuratum*, *Carduus Marianus*, *Cascarilla*, *Castanea vesca*, *Castoreum*, *Castor equorum*, *Caulophyllum thalictroides*, *Causticum*, *Ceanothus Americanus*, *Cedron*, *Cepa (Allium)*, *Cetraria Islandica*, and *Chamomilla*.

Excepting *Cainca*, these are all of our familiar pharmacological friends; and the well-established power of *Cainca* (the rubiaceous *Chiococca racemosa*) over some common forms of dropsy will lead not a few to scan its symptomatology with considerable interest. The eye symptoms of *Cainca* are very notable, and so are those pertaining to the urinary organs; its chest symptoms too are very significant.

The *Castor equorum* is rather an uncommon drug in a general way; we have been long familiar with it from Hohenheim and Rademacher, who, by the way, rarely gets his due in literature. These *Verrucae equorum genuum* ought to give a good account of themselves in dermatology.

It may not be amiss to remind the profession that two volumes of Hering's *Guiding Symptoms* were already published by the author before he left us for his "place in heaven," and his death has necessarily delayed the publication of this third volume. But thanks to the labours of the above-mentioned literary executors, the third volume

is now before us. We should like to feel that Hering's memory will be honoured by an adequate appreciation of his enormous labours in the field of our *Materia Medica*; there is now a very simple way open to us all thus to do—viz., by at once subscribing for the whole of the *Guiding Symptoms*. The literary editors very properly feel that the profession should at once come forward and purchase the three volumes already published and put down their names for the remaining volumes. As Dr. Mohr said in the report, this would encourage the editors, who, it must be understood, are labouring without any remuneration, and are willing to do all they can to publish the whole work, *if the profession wants it*. Dr. Hering laboured incessantly on the *Guiding Symptoms* for fifty years, sacrificing ease and money, hoping some day to give to the world the best and most complete *Materia Medica* ever published. His hope may be realised if the homœopathic profession wills it so. The MSS. are in such shape as will enable the editors to do their appointed work. It should, therefore, be the endeavour and pleasure of every homœopath, who feels any gratitude for what Hering was to Homœopathy, to become a purchaser of the volumes as they appear. This work is Dr. Hering's self-erected monument, one that does him more honour than any that may be reared of stone, and more enduring and endearing, and, being a legacy to his family, can only be made a source of revenue by its publication and sale.

We sincerely trust that British homœopaths will give a good account of themselves, and at once send in their names for *Hering's Guiding Symptoms*. Dr. Hering leaves a widow, and the proceeds go to her; many are of opinion that a subscription should be set on foot for the widow's benefit; let those who are so minded buy the *Guiding Symptoms*, and induce their friends to do likewise. The work is unique; there is nothing in the whole world to compare to it; it does not confine itself to the pathogenetic symptoms, but gives a vast array of clinical symptoms, and the names of the diseases of which the given remedies have been found curative. We do not desire here to discuss the merits of Hering's plan, but there are many clinical facts of immense practical importance for which the *Guiding Symptoms* may be very profitably kept on the shelf of the physician's library for reference and *pharmaco-clinical studies*.

Exempla docent, therefore let us suppose a man does not know much about *Carduus Marianus*, and desires to know

something about it. He goes to Allen and finds Reil's proving, and a very good one it is, for it betokens a decided action upon the liver and other abdominal viscera. He then opens *Hering's Guiding Symptoms*, and finds also Reil's proving and a good deal besides. Hering gives the provings of Lembke and of Buchmann, which is information of the same kind; but he also gives pathologico-clinical information. Thus under Hypochondria we read: "Liver complaint; icterus; gallstones; plethora in portal circulation; hyperæmia of liver; catarrh of gall passages; sluggish peristalsis in colon; swelling, sensitiveness, and induration of left lobe of liver."

Then under Abdomen we read: "Typhlitis; ascites; peritonitis puerperalis; typhlitis stercoralis.

Under Stool and Rectum: "Melaena; visceral obstruction," and so on.

The meaning of these nosological designations is that such states and conditions *have been cured by the Carduus Mariæ*; and they are most important finger-posts showing whither we may profitably direct our steps in search of a true comprehension of the general curative scope of the drug.

TRANSACTIONS OF THE WORLD'S HOMŒOPATHIC CONVENTION OF 1876.¹

UNDER the auspices of that noble institution, the American Institute of Homœopathy, the first International Homœopathic Convention was held at Philadelphia on June 26th, 27th, 28th, 29th, 30th, and June 1st, 1876. Our readers will remember that the loved and lamented Carroll Dunham was the president thereof.

In explanation of the fact that nearly five years elapsed before the Transactions saw the light, we may remark that Carroll Dunham and Dr. McClatchey were the original editors, but Dr. Dunham died, and Dr. McClatchey broke down in health, and then the new editor, Dr. Joseph C. Guernsey, of Philadelphia, was appointed. Subsequently much delay arose at the printer's. Some of us know that editors and printers are mortal men, and that they at times are apt to be behindhand in the performance of their duties. However, we are grateful to all concerned for these two beautiful volumes, the first containing 1,117 pages, and the

¹ Transactions of the World's Homœopathic Convention of 1876. In two vols. Philadelphia: Sherman and Co. 1881.

second 1,128, giving a total of 2,245 pages large octavo. We cannot undertake to review this mass of work, but we can hardly refrain from giving the titles of some of the papers to be found therein, not a few of which are of permanent interest. Foremost we find a paper by the veteran Dr. Sharp, of Rugby, on "The Foundations and Boundaries of Modern Therapeutics;" following this are two of great importance—viz., "A Memoir on Arnica," by Dr. Imbert-Gourbeyre, and one on "Apis Mellifica," by Dr. Goullon, jun., of Weimar. Then come "Mezereum: Portion of a Physiological Study," by Dr. Gerstel, the well-known veteran practitioner of Vienna; "Hydrocyanic Acid: its Value in Epilepsy," by Dr. Richard Hughes; "Some Therapeutic Effects of Curare," by Dr. Paul Pitet; and "A Few Thoughts on the Study and Practice of Homœopathy," by Dr. David Wilson, of London.

Besides these there are many others on *Materia Medica*, together with the discussions thereon.

In the Department of Clinical Medicine we find at the head, "Genesis and Etiology of Acute and Chronic Diseases," by Dr. Marquis de Nuñez, of Madrid, who has since been gathered unto his fathers.

Then Dr. Jousset contributes a paper on "Latent Pneumonia in the Aged;" Dr. Meyhoffer gives one "On Primary Congestion of the Lungs;" and Dr. Salzer, of Calcutta, one on "Cirrhosis of the Liver."

We may also note Dr. Chargé's essay on "Intermittent Fever;" that of Dr. Francesco Panelli on "Intermittent Fever in Italy;" and that by Dr. Pompili on "The Roman Fever."

Then we have Dr. P. P. Wells on "Eruptive Fevers," Dr. Joslin on "Diphtheria, Gangrene of the Mouth, and Croup," Dr. Adolphus Lippe on "Diphtheria," Dr. de Gersdorff on "Angina Pectoris," and so on.

In the Department of Surgery, ophthalmiatrics is well handled by Drs. Norton and Woodyatt, otiatrics by Drs. T. P. Wilson and Henry C. Houghton, and Dr. William Tod Helmuth gives a fine essay entitled, "The Influence of Homœopathy upon Surgery." Why all these dry details of mere names? Because we wish our readers to understand that these "Transactions" constitute a very notable Practice of Physic from the hodiernal standpoint of our leading men. We do not know whether the work is in the market; if so, many should secure a copy for their libraries; we should be very sorry *not* to possess it.

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.

PROGRESS OF HOMŒOPATHY IN INDIA.

SIR,—As a friend and advocate of Homœopathy you will be glad to learn that it has been making rapid progress in India. In Calcutta, Homœopathy has had a fair trial for some years past, and the upshot has been growing confidence in it, while many professional men of the old school of medicine, who have sufficient moral courage not to feel ashamed to declare for truth, abandoning the huge sham whose votaries they have hitherto been, to the prejudice of their established reputation, have become converts to it. The example of our distinguished countryman, Dr. Sircar, had, of course, a great deal to do in the matter of their conversion, and it has not ceased to exert the same beneficial influence upon others. His services in the cause of the new system of medicine discovered by the great Hahnemann are, in India, indeed invaluable.

It must be known to you that Homœopathy was fairly introduced in this city about eighteen years ago, by Dr. Tonnier and Dr. Rajendranath Dutt, both of whom took great pains in rearing up with care and diligence the noble plant which is now beginning to bear fruit. It is due to Dr. Rajendra to say here, that at the sacrifice of personal comfort and private resources, he worked hard as a homœopathic missionary, administering relief unto the sick poor unasked and unremunerated, till he succeeded in attracting the attention of the public to the system he professed and followed. Dr. Tonnier was succeeded by Dr. T. Bereigny, under whose auspices Homœopathy may be said to have obtained a permanent footing in this city; the really wonderful cures which he effected during his stay in Calcutta are still vivid in the recollection of everybody. His indefatigable exertions in the cause of Homœopathy, and incessant labours, before long told upon his health, and to our extreme regret he was compelled prematurely to return to Europe, and the melancholy intelligence of his death reached us a few days after his departure. By his death the cause of Homœopathy in Calcutta has sustained an irre-

parable loss. His name is still associated with the homœopathic dispensary first established by him in Calcutta. Dr. Salzer, following in the footsteps of his illustrious predecessors, has also done much good.

Under the increasing demand in this city for homœopathic medicines and books, numerous homœopathic dispensaries have sprung up in every part of the town, while homœopathic treatises in the vernacular are being published in large numbers. But it is a matter of regret that the homœopathic practitioners here do not act in harmony with each other, and they lack that *esprit de corps* which is the great tower of strength in all professions. Had not this been the case, then, sir, Homœopathy would long ere this have supplanted its rival! Would that our homœopathic friends remembered the words of the sweet singer of Israel, "*How good and how pleasant it is, brethren, to dwell together in unity.*"

It is a matter of rejoicing that in every quarter where the banner of "*Similia similibus curantur*" has been unfurled, it is floating triumphantly under the canopy of Truth, in defiance of its rival, and has not failed either to hold its own ground or to make impression in the minds of the people as to its usefulness, efficacy, and truth. As one of the numerous instances of the above, I will here relate only the following. Babu Behari Lal Pyne, a wealthy merchant of Calcutta, had been suffering for a long time from a certain disease, and all the skill of the so-called medical science (Allopathy) was put to the test to cure him, but in vain. Fortunately he was advised to have recourse to Homœopathy as the last alternative, and Mr. Pyne consulted that eminent homœopathic practitioner, Dr. P. C. Dutt, who greatly distinguished himself by his success in practice at Allahabad, in the North-Western Provinces of India. Whilst there Dr. Dutt took delight in ministering to suffering humanity by gratuitous distribution of medicines, etc., and his ability and professional skill soon acquired for him that esteem and reputation which he unquestionably deserved. By-and-by the gentry and nobility, both native and European, became partial to his merits, and endeavoured to assist him by urging the Government to make a grant of land in the centre of the city of Allahabad for the establishment of a homœopathic charitable dispensary under Dr. Dutt's direct superintendence. Dr. Dutt, on the occasion of his return to Calcutta to enjoy a large estate devolved on him by the death of his father, was presented by the Allahabad public with a gold medal, gold

watch and chain, and a walking-stick, in recognition of his useful and meritorious services at Allahabad. But to return to my narrative, Mr. Pyne was completely cured by Dr. Dutt within a few days, and the former, as a matter of course, has become an admirer of Homœopathy. In commemoration of his recovery, Mr. Pyne has opened a charitable homœopathic dispensary in his Garden House at Belghoria, a few miles to the north of Calcutta, to enable the sick poor of the locality to have the advantage of gratuitous homœopathic treatment, and Dr. Dutt, at his urgent request, has very kindly consented to superintend the management of it. Dr. Dutt's name has attracted a great number of patients, and the dispensary is thriving very well.

Mr. B. Ironside, Judge of Benares, having likewise tried the efficacy of homœopathic medicines in certain cases of sickness in his family, has opened at his own cost three charitable dispensaries, one at Benares, the other at Rajghaut, and a third at Agra. Babu Lokenath Moitra and others acquired a good reputation at Benares for successful practice there for a long time. The success of Homœopathy at Allahabad and other neighbouring stations is due mainly to the untiring energy and zeal of Dr. P. C. Dutt, who has now returned to and settled in Calcutta under the circumstances mentioned above. I join the Calcutta public in wishing Dr. Dutt a hearty welcome to this city and a prosperous future, which is already promised to him by the innumerable cures he is daily effecting amongst the citizens, and by the patronage and good will of some of the influential members of the Calcutta gentry.

In Madras, Homœopathy is doing pretty well. While Col. C. L. Browne, the late military paymaster, was there he did much to diffuse it among the public generally both within the city and its suburbs, and it cost him his health and purse. In Bombay it is not doing worse, and in Meerut one Dr. Shamaldas, late a pupil of Dr. P. C. Dutt, has acquired a name.

You will see from what I have already said that Homœopathy has spread through the length and breadth of India, and is doing much good here. As I do not wish to overwhelm you with further particulars on the subject at present, I stop here. I hope to furnish you with occasional notices on this subject should you find it worth while to publish them in your magazine.

Yours, etc.,

AN ADMIRER AND A NATIVE OF CALCUTTA.

Calcutta, Sept. 17th, 1881.

URTICA URENS IN BURNS.

DEAR SIR,—In your September issue of the *Homeopathic World*, in his "Notes by the Way," Dr. Ussher takes credit for being the first to discover the therapeutic value of *Urtica Urens* as a remedy in burns. This is quite a mistake, for I and others have used it for more than fifteen years, and with the best possible results. A case which I treated more than ten years ago, as it confirms Dr. Ussher's experience, may be interesting to your readers. A lady, an intimate friend of mine, on one occasion was having some beef stewed in one of Doulton's patent air-tight jars, and, unfortunately for her, had secured the cover by passing the clamps beyond the openings, so that the jar was not only air-tight, but the cover firmly secured in its place. In the course of the stewing a considerable amount of steam was generated, and was in a highly condensed condition within the jar, so that when it was taken out for examination, without in the least suspecting it, the lady had prepared the sure means of inflicting upon herself a dreadful scalding. No sooner had the clamps been twisted round to the openings in the rim of the jar than the lid was forced off with great violence, the contents thrown upon the face, neck, and hands, scalding her very severely. When I reached her in the evening I found her lying upon a couch in a darkened room in a frightful condition—eyes swollen up, face much swollen and blistered, neck and hands likewise; in some places the skin was broken, altogether a pitiful object.

Treatment.—One teaspoonful of tincture of *Urtica Urens* † in a tumbler of water, soft rags saturated with this mixture, laid upon the scalded surfaces, and never allowed to get dry; two drops of *Aconite 3x* in a teaspoonful of water should feverish symptoms intervene. *Result.*—A perfect cure in less than a week, without a scar, much to the delight and astonishment of her friends. I find also that this remedy is recommended for burns in Hull's *Jahr*, page 1141, and in a little treatise published by our firm some years ago on the treatment of accidents and casualties. It is there mentioned also as a remedy for burns. Dr. Ussher is therefore somewhat too late in claiming to have been the first to discover the therapeutic value of *Urtica Urens* in the treatment of burns and scalds.

Yours truly,

FREDERICK ROSS.

October 18, 1881.

DR. DALZELL A HAHNEMANNIAN.

DEAR EDITOR,—In these days, when some men, after having made a fortune out of the *name* of Homœopathy, openly repudiate it; and when others, insidious and still more dangerous traitors within our ranks, strive to reduce that infallible law of nature, *similia similibus curantur*, to the level of a mere method or rule of practice which may be followed or not by any physician just as he pleases, though his right to the *name* of Homœopathy must not be challenged lest it should decrease his fees;—in these days, I say, it is satisfactory to see how all those who fairly test Hahnemann's Homœopathy become convinced of its truth.

When I first became acquainted with the late Dr. Dalzell, now many years ago, he selected his remedies according to that method of pathological generalisation which some *pretended* homœopaths now advocate as the *ne plus ultra* of scientific prescribing. I remember his asking me which remedy I gave in the first stage of phthisis. I replied, "Whatever remedy is indicated by the symptoms of each individual case." "What," he replied, "do you select your remedies according to the symptoms?" As a matter of course, he at this time used low potencies, for the higher ones require the most accurate selection, such as no mere pathological generaliser can ever attain to.

But further experience and study convinced him of his error. He derived great benefit to his own health from the treatment of Dr. Skinner and myself; and soon found in his own practice that a strict observance of Hahnemann's doctrines led to far greater success than he had ever had before. I am not aware whether at the time of his death he had advanced so far as to give the very high potencies *exclusively*, but I know that he did in a very large number of cases, *and with most marked success*. Perhaps Dr. Yeldham will kindly make a note of this interesting fact.

Yours truly,

E. W. BERRIDGE.

CONSULTATIONS BETWEEN HOMŒOPATHIC PRACTITIONERS AND THOSE OF THE OLD SCHOOL.

SIR,—At length the sponge is up! After thirty years of use the trades-union tyranny of the executive of the British Medical Association is admitted to have been a failure and a

mistake, and is withdrawn, and the members of the Association are to be permitted to meet in consultation their professional brethren who practise homœopathically!

Following on the pronouncement at the Ryde meeting of the parent association, the Lancashire and Cheshire branch met on the 21st September at the Liverpool Medical Institution for the express purpose of considering this question, and they too decided to refuse to reaffirm the notorious Brighton resolution of prohibition, confessing its futility and injustice!

We are sure the profession will gain in public estimation and self-respect, and in professional knowledge and power, by this action; and we hail the better feeling with pleasure.

It is well for the association, and for the profession generally, that this action has been taken. It is never too late to mend, and the withdrawal of a tyranny is better late than never.

We are not desirous to crow over a fallen tyrant, and we will not endeavour to further humiliate him by insisting on a public apology. We are willing to "let bygones be bygones;" that is, providing all other tyrannies be also withdrawn.

Thirty years ago the Tories of the profession thought to stifle all medical reform by a trades-union resolution that the reformers were to be put down by high-handed tyranny—by exclusion from all intercourse and privileges—but they made the usual mistake of all who attempt to stop the progress of knowledge. The tide has been too much for theirs, as it was for Mrs. Partington's mop.

Yours truly,

JOHN W. HAYWARD, M.D.

117, Grove Street, Liverpool, E.

Oct. 12, 1881.

SMALL-POX PREVENTION.

SIR,—I was pained to read in your useful magazine an article so erroneous as the one by Surgeon Hands on "Small-pox Prevention."

It seems to be impossible for a vaccinating doctor to attempt to defend the fraud vaccination without first raising a foundation of gross exaggerations as to small-pox in the past. But Mr. Joseph Hands, M.R.C.S., out-herods Herod

in wicked perversion of the truth. He says: "Means should be exercised to stamp out the terrible horrors of small-pox, which previous to vaccination destroyed 60,000 in a single year in London alone, and this when London was only one-fourth the size it is at present."

Since the plague year there never was a death-rate in London from all causes of half 60,000! But as to small-pox, there never was recorded an annual death-rate equal to one-fifteenth of 60,000! The highest recorded number of deaths in any one year in London was 3,992. That number would have been about one-fourth less if the curse of meddling and muddling doctors with their lancets had not multiplied small-pox cases and so small-pox deaths.

What are we to say to a man who cannot discriminate between 3,992 and 60,000? That his mental capacity is at the lowest point or his love for truth quite obliterated. His further statements only add to the enormity of his transgressions. He says further: "When a youth I well remember that every third grown-up person I met was a frightful object to behold from the effects of small-pox, each being deeply pock-marked and scarred as if from a burn, and many were the subjects of blindness, scrofula, and a shattered constitution." Here we have again a wicked exaggeration that cannot possibly be true. If every living human being had had small-pox then, there could not have been a sufficient number of confluent cases to have caused one-third of the people to have scarred countenances.

"Small-pox . . . unless . . . it has been confluent never makes pits." (Sydenham, p. 125, *Life and Works*.)

The deaths from small-pox only occur amongst the confluent cases (except a few discrete cases killed by doctor or nurse), so that we have the testimony of this Surgeon Hands that, when he was a young man, no deaths from small-pox took place—all the malignant cases survived to horrify mankind with their scarred faces! So Surgeon Hands is "hoist with his own petard"! His fib is so ponderous that when touched it falls and crushes out his brains!

There are many more absurdities and falsities in the article by Surgeon Hands to be hunted up if any one can find amusement in chasing absurdities and falsities through such a slough. Such as "Vaccination—when performed by a *clean lancet*—produces no maladies, but often prevents them." Then he attempts to verify the statement by going to the dogs, and asserting that vaccination once prevented

hounds having the distemper. Poor, silly George III. found out that was not true in his experience.

Surgeon Hands commences his article thus: "Some sixty years ago, when a pupil of Dr. E. Jenner," etc. Close to sixty years ago Jenner died. A man to have studied under Jenner when in full practice must now be about ninety years of age. So perhaps we should have overlooked all Surgeon Hands's errors as those of a man in his second childhood.

Yours faithfully,

W. G. WARD.

Peniston Towers, Herefordshire.

[The article referred to by our correspondent was really a reprint of Mr. Hands's pamphlet, which the author kindly sent us. We do not regret having reprinted it. We have grave doubts of the judiciousness of vaccination; we abhor *compulsory* vaccination as a gross violation of personal liberty, and we are prepared to listen with respect to any evidence the venerable Mr. Hands or Mr. Ward can bring forward for or against vaccination. It is a very great question that will have to be settled; for vaccination is either a great boon or it is deteriorating the very bone and marrow of our race. But we object to personalities in our pages.—ED. H. W.]

DR. CROUCHER ON LUNACY CERTIFICATES.

DEAR SIR,—I am happy to be able to give "M.R.C.S." the information he desires respecting lunacy certificates. The usual course adopted is for a responsible relative of the lunatic to apply to the relieving officer, and he will supply a form to be filled in by the medical attendant, who is not necessarily the poor law doctor, as the ordinary family medical attendant is equally privileged to do it, and is entitled to a fee of one guinea, which will be paid by the Board of Guardians, after the relieving officer has made oath at the petty sessions of the borough or county, as the case may be, that he has safely removed the lunatic to an asylum.

It is not necessary for the doctor to take oath before a magistrate, or even to appear before him, although the following will be found at the head of the certificate:—"I, _____, Justice of the Peace for _____, *having called to my assistance* _____, M.R.C.S. or M.D., hereby certify," etc., etc. Generally speaking, it would be found that each

acted independently of the other. However, on two occasions, when I certified as a magistrate, I preferred to meet the medical attendants, and in one case I declined to certify, as the case was not at all clear to my mind. In both cases I might mention they were certified by allopathic practitioners.

Yours faithfully,

A. R. CROUCHER, M.D., J.P.

26, Grand Parade, St. Leonards-on-Sea,

October 17, 1881.

[Several letters have been crushed out.]

LECTURES ON MATERIA MEDICA IN LONDON SCHOOL OF HOMŒOPATHY.

Session 1881-82.

By ALFRED C. POPE, M.D., President of the British Homœopathic Society ;
Honorary Member of the American Institute of Homœopathy.

THE Lectures on Materia Medica, which are being delivered every Monday and Thursday afternoon, at five o'clock, throughout the Session, commenced on Thursday, the 6th October.

The following is a Syllabus of the Lectures for the first part of the Session :—

- Oct. 6. Principles of Drug Selection.
- „ 10. Study of Drug Effects and Action.
- „ 13. Posology in relation to Homœopathy.
- „ 17. Mode of Prescribing and Pharmacy. Aconite.
- „ 20. Belladonna.
- „ 24. Belladonna.
- „ 27. Opium and Hyoscyamus.
- „ 31. Stramonium, Cannabis Ind. and Sativa.
- Nov. 3. Gelseminum and Conium.
- „ 7. Agaricus and Glonoine.
- „ 10. Review of the points of resemblance between the preceding Drugs.
- „ 14. Arsenic.
- „ 17. Arsenic.
- „ 21. Mercury.
- „ 24. Iodine and Spongia.
- „ 28. Iodide of Potash and Bichromate of Potash.

- Dec. 1. Bichromate of Potash and Phosphorus.
 „ 5. Phosphorus, Lachesis, Crotalus, and Naja.
 „ 8. Apis Mellifica and Elaps.
 „ 12. Cantharis and Terebinthina.
 „ 15. Antimonii Pot.-tart. and Antimonium Crudum.
 „ 19. Ailanthus and Baptisia.
 Jan. 9. A Review of the points of resemblance between
 the Medicines in the last series.
 „ 12. Rhus.
 „ 16. Bryonia.
 „ 19. Rhododendron and Actæa.
 „ 23. Arnica.
 „ 26. Ledum and Ruta.
 „ 30. Hypericum and Hamamelis.
 Feb. 2. A Review of the points of resemblance between
 the Medicines in this last series.
 „ 6. Hydrastis, Euphrasia, and Drosera.
 „ 9. Phytolacca.
 „ 13. Nux Vomica.
 „ 16. Pulsatilla and Ignatia.
 „ 20. Ipecacuanha, Cocculus Indicus.
 „ 23. Colocynth, Chamomilla.
 „ 27. Lycopodium.
 Mar. 2. Cinchona.
 „ 6. Digitalis.
 „ 9. Colchicum, Spigelia, and Cactus.
 „ 13. Platina, Crocus, Sabina.
 „ 16. Argenti nitras.
 „ 20. Aurum, Plumbum, Cuprum.
 „ 23. Sulphur.

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, 5, Holles Street, Cavendish Square, 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. C. MILLER, 2, Finsbury Circus, London, E.C.

DR. H. PACKARD, Curator of the Museum of Boston University, and Secretary of the Boston Homœopathic Medical Society, has just gone to the *Allgemeines Krankenhaus*, in Vienna, to spend the winter.

ANSWERS TO CORRESPONDENTS.

DR. BAYES, Brighton.—Your paper is crushed out.

"INCOGNITO."—We think the matter had better drop.

CORRESPONDENTS.

Communications received from Major Menars, Bath; Dr. John Clarke, South Kensington; Dr. D. Wilson, London; Messrs. Turner and Co., London; Dr. Hayward, Liverpool; J. E. Lyndell, Esq., Edenderry; Dr. Ussher, Wandsworth; Dr. Hughes, Brighton; Dr. Hahnemann Hayle, Rochdale; J. W. T.; Dr. Tuthill Massy, Red Hill; Dr. Croucher, J.P., St. Leonards-on-Sea; Dr. Bayes, Brighton; Dr. Percy Wilde; Messrs. Gould and Son, London; Mr. F. Ross, London; Dr. H. R. Arndt, Editor *Medical Counselor*, Grand Rapids, Mich., U.S.; Dr. Norman, Bath; W. G. Ward, Esq., Peniston Towers; Dr. Ainley, Halifax; Dr. Morrison, Brixton; Dr. Hastings, Brixton Hill, S.W.; Dr. W. W. Leadam, London; R. Bailey Walker, Esq., Manchester; Dr. J. T. Talbot, Boston University, U.S.; Dr. Berridge, London; Dr. P. C. Dutt, Calcutta; Dr. Edward Huber,

Pisa; Dr. N. M. Chatterjee, Calcutta; Dr. London, Carlsbad; M. A.; G. A. Cross, Esq., London; R. Stuart Dalzell, Esq., Malvern; Dr. Edward T. Blake, London; Professor E. M. Hale, Chicago.

BOOKS AND JOURNALS RECEIVED.

Medical Tribune, Vol. III., No. 9.

Dr. Dowling's Presidential Address to the American Institute of Homœopathy, 1881.

Is Life Worth Living? By H. Hastings, M.D. Reprinted from the *Hemilist*.

New England Medical Gazette, September, 1881.

United States Medical Investigator, June 15, July 1 and 15, August 1 and 15, 1881.

Medical Advance, September, 1881.

Hahnemannian Monthly, September, 1881.

Archivos de la Medicina Homœopática.

Boletín Clinico del Instituto Homeopático de Madrid. Año. 1, Núm. 17, 18, and 19.

Allgemeine Homöopatische Zeitung, Bd. 103, Nos. 11, 12, 13, 14, 15, and 16.

Herald of Health, October, 1881.

Vaccination. A Letter to Dr. Carpenter. By P. A. Taylor, M.P.

Revue Homœopathique Belge, Septembre, 1881.

Medical Counselor, September, 1881.

Dietetic Reformer, October, 1881.

The Food Reform Magazine, No. 2.

The American Homœopath, September, 1881.

Bibliothèque Homœopathique, 13^e Année, No. 1.

St. Louis Clinical Review, September 15, 1881.

Ann Arbor Daily News, September 30, 1881.

New York Medical Times, October, 1881.

United States Medical Investigator, September 15, 1881.

Chemist and Druggist, Oct. 15, 1881.

New York Medical Eclectic, September, 1881.

American Observer, August, 1881.

The Weekly Medical Counselor, Chicago, October 5. [The first *weekly* homœopathic journal ever published. We wish it great success.]

Transactions of the World's Homœopathic Convention, 1876, in two volumes.

The Psychological Review, September, 1881.

The Homœopathic Physician, September and October, 1881.

Transactions of the International Homœopathic Convention, London, 1881.

British Journal of Homœopathy, October 1, 1881.

Monthly Homœopathic Review, October, 1881.

Oswestry Advertiser and Montgomeryshire Mercury, September 28, 1881. [Thanks to artistic sender.]

El Criterio Médico. Año XXIII., Tomo XXII., Número 18.

Liverpool Daily Post, Oct. 6, 1881.

A Repertory, or Systematic Arrangement and Analysis of

the Homœopathic Materia Medica. Chapter XXI., Back and Neck. By Adrian Stokes, M.D.

The Journal of Medicine and Dosimetric Therapeutics, October, 1881.

An Analysis of the Involuntary Motions of the Hand. With some account of the use of the Kyrograph. By Percy R. Wilde, M.B., formerly assistant in the Class of Practical Physiology, Aberdeen University. Edinburgh: Oliver and Boyd, 1881.

The Homœopathic World.

CONTENTS OF OCTOBER NUMBER.

LEADING AND GENERAL ARTICLES:—

Student's Number.

"Something—Nothing;" or, Posological Notions.

Small-pox Prevention.

Extracts from my Case Book.

Allopathy Self-judged.

The Instituto Homœopatico of Madrid.

The Prevention of Congenital Malformations and Diseases by Medical Treatment of the Mother during Pregnancy.

Tumour of Liver Cured by Meagre Diet.

Case of Cataract much Ameliorated by Medicine.

An American View of the Treatment of the Late President Garfield.

A Vegetable Shoe-Black.

The Late President's Doctors.

OBITUARY:—

Dr. Thomas Robinson Leadam, L.S.A.,

M.R.C.S., L.R.C.P.Ed., and M.D.

Cleveland.

LITERATURE:—

The Nature and Forms of Electricity.

The Catarrhal Diseases of the Nasal and Respiratory Organs.

Diseases Peculiar to Infants and Children.

Homœopathic Guide for Family Use.

Diseases of the Nervous System.

CORRESPONDENCE:—

Hahnemann as a Man and as a Physician.

Quacks.

London School of Homœopathy.

The Resurrection of the Material Body.

Elongated Uvula.

Lunacy Certificates and Poor Law Officers.

Consultations with Homœopaths.

Dr. John C. Morgan on Medical Legislation.

Quacks.

The Committee on Medical Legislation.

Canterbury Homœopathic Dispensary.

SHORT NOTES, ANSWERS, ETC.

THE HOMŒOPATHIC WORLD.

DECEMBER 1, 1881.

CRYPTO-HOMŒOPATHS AND PSEUDO-HOMŒOPATHS.

ONE is alternately amused and saddened at the excuses made by certain individuals who have not the courage of their convictions. We here more especially refer to practitioners of medicine who *know* Homœopathy is true, and who yet have not the pluck openly to avow it; or, having been brought up amid homœopathic surroundings, or having in their manly days witnessed to its truth, get a general *mollities ossium* characterised by a hankering after the flesh-pots of Egypt, and a yearning for so-called professional privileges and patronage. The crypto-homœopathic Ringerites are gradually crypto-homœopathising the entire profession, after a certain fashion. Unfortunately Ringer's crypto-homœopathy is barely more than a weak caricature of genuine Homœopathy; so that the fermentation is carried on by a bad crypto-homœopathic yeast. First of all its professors are lacking in *honesty* and truthfulness, and *great* things were never yet done in this world by such unmanly weaklings. No doubt Ringer and his disciples are doing some useful work, but it is being done in a dirty way—it is emphatically dirty work.

Donning the mantle of special concern for the profession serves only to deceive the ignorant and uninitiated on the mental level of the *Lancet*, and any middling man of mettle can readily see through the hollow sham. But these worthies have their reward; they are garnering a heavy harvest of deserved contempt from both sides of the camp.

Real Homœopathy has nothing to fear from any number of Ringerites; indeed, these trimmers are unwittingly hastening the day of their own destruction. At one time it was to be feared that the Ringerites would become so numerous and brazen that they would really succeed in

sealing up the fountain of historical truth in regard both to Homœopathy, and to its founder, and to its heroic adherents and professors. But that fear has departed; the attempt of Ringer and Company (Limited) to palm off homœopathic therapeutic treasures upon the ignorant members of the profession as "University College Therapeutics," has succeeded in a commercial sense, no doubt, but is at the same time gibbeted as a gross moral fraud.

When energetic *chevaliers d'industrie* appropriate family plate or treasure, they have to melt it down or deface it before they can safely vend the stolen goods. Similarly these crypto-homœopathic knights must melt down or deface our homœopathic family plate before going into the allopathic market to trade therewith; but even this melting-down and defacing process is not sufficient to render it valueless. Even in that plight its value is startlingly great to the Lanceteers, who then rush out and greet the crypto-homœopathic pseudo-prophet as the inaugurator of "rational therapeutics."

Within the past few months Homœopathy has been assailed from within by a new departure. We refer to the new development of Dr. Joseph Kidd and of his satellites. The weakest individual is sure of a certain following, and hence we have now a party of *Kiddites*, who are a source of danger only so long as they wear their masks. We will pull these off, and look at their faces.

The founder of the *Kiddites*, with characteristic feebleness of character, has posed variously before the world. At one time he was seen in the interesting play called "*The Imperious Consultant*;" then came a long scene from a farce entitled "*The First Homœopath of London*;" and then followed, with startling scenic effect, a new tragedy, entitled "*The Earl's Nurse*." The whole was concluded by an entirely new piece, in three parts. The first part was printed in the *Lancet* under the *nom de plume* of "*Josephus Allopathicus*." The second part was named "*Joseph's Dream*," and was played with great effect before the public, having been printed in the *Times* under the pseudonym of "*Josephus Homœopathicus*." The last part rejoiced in the title of "*Down with the Directory*," by which was meant the "*Homœopathic Directory*," which contains a list of the names of such of the homœopathic practitioners of Great Britain as think that if Homœopathy is a great and saving

principle it must be both honest and honourable to be and to be called a homœopath. But Dr. Kidd, having played his many parts, was *compelled* by his *fiasco* to withdraw his name from the *Homœopathic Medical Directory*. He had suddenly discovered—what? Everybody knows. Now, of course, his disciples *must* follow suit, and so they have suddenly discovered (!) the enormity of the straightforwardness and truthfulness expressed by the fact that homœopaths are homœopaths and declare themselves as such. A few young Ringerites, born and bred in Homœopathy, have joined in this new departure, and as a result we may expect to find a few obscure names omitted from our next roll-call—the Homœopathic Medical Directory for 1882. Of course we shall be asked to believe that these Ringerites and Kiddites are actuated by the highest and purest motives. We will regard deeds, not words. We have heard some of their ordinary small-talk reasons; let us hold a little rush-light to them, and see what they really are. The tiniest “dip” will suffice, even in a London fog, to see through them.

First of all they are mightily concerned about the profession. To hear them talk, it might be imagined that the profession were a sacred something for which they would fain make us believe they are ready to die. *Dulce et decorum est pro professione mori!* It is, however, common trades-unionism; their concern is for themselves, and donning the professional mantle serves their purpose. It is unprofessional, say they, pharisaically, to call ourselves homœopaths; that is, to tell the truth, to do the right, is unprofessional! Give *Aconite* in febricula, and not be manly and say—that is Homœopathy, and we owe it to the great and good Hahnemann who gave us the law; but they pervert the truth and say they give it because *Aconite* is good for fever *in their experience!* Forsooth, THEY found it out. Did our noble profession contain only such creatures, then indeed were it in danger. Happily it contains many great men and good, whereof the *homœopaths* are a notable part.

Next comes the twaddling excuse, Oh! I make use of other things besides Homœopathy. The disingenuousness of this is obvious. They know well enough that *every* homœopath makes use of “other things;” he chooses his drugs homœopathically wherever he can, and does everything else which he deems for the advantage of his patients. The real reading of the excuse that they cannot openly own themselves

homœopaths because they are not exclusively homœopathic in their views and practice is just this,—they only know a *little* Homœopathy, and they prefer every routine palliation to laborious scientific Homœopathy. The genuine homœopath *must* work at his cases and at his *Materia Medica* daily and hourly, and never gets to the end of his studies. There is a quality in Homœopathy like one possessed by the English tongue. Any nigger can speak English in a broken fashion, and so any old woman can do a *little* homœopathic practice; but *all* the English language and *all* Homœopathy is beyond the capacity of the cleverest and most capable living man. No one knows more than a certain portion at any given time—its extent is immensity. The individual who tells us Homœopathy is inadequate for his clinical wants is like the man who found chess insufficient mental work; is, in fact, simply confessing that he has never really grasped the law and its corollaries; or he is uttering the truism that some forms of disease are altogether incurable, and therefore Homœopathy does not cure them. God in His wisdom created the shallow waters as well as the deep rivers, and it were vain to expect such a leviathan as is Homœopathy to find anchorage in shallow places. It is not every medico that *can* understand Homœopathy. Our cook declares that chess is “a awful stupid game!”

WHY DID PRESIDENT GARFIELD DIE ?

“LET the dead rest in peace” is a time-honoured saying, and we have no intention of contravening such a laudable custom. But when a prominent citizen dies, the mode of his treatment becomes a very proper subject for discussion, because of the good likely to result therefrom for the benefit of the race and for the advancement of medical truth. During the protracted illness of poor Garfield the lay press rather paraded their indifference to the “doctors’ squabbles.” But this ostentatious declaration is really a very lame affair. When doctors differ, as they proverbially do, and “squabble” about the *method of their work*, who is most intimately affected thereby? We incline to think it is the public, whereof the lay press is the mouthpiece. Laymen often have their little laugh at the hardships professional homœopaths have to suffer, little thinking that it is often really a question of *how* THEY and their own dear ones shall be

treated in the time of disease and danger. Now, there is strong ground for believing that had President Garfield been treated homœopathically he might have been still alive, and might have quite recovered. Should any allopathic opponents object to this statement on the ground that the subject is not one for legitimate discussion, the patient having succumbed, we retort that this is the *ordinary* allopathic expedient when any one dies under Homœopathy. Within the past year a patient of some position died under our charge; he had homœopathic treatment throughout, and no other, and died. What was the upshot? We were charged by the allopaths with having sacrificed the patient's life to puerile and inefficient treatment. What did we do? We demanded and obtained a *post-mortem*, and challenged the allopaths to send a surgeon of their own ilk to the autopsy. It was not accepted. But an allopathic surgeon casually dropped in and assisted at the examination, and co-signed a declaration that life had become *physically impossible*; and, moreover, he volunteered the statement that it was a marvel *how* life had been so long preserved. In the light of that autopsy we can affirm that the patient *must* have died years before if he had been treated with rude allopathic palliatives. Homœopathy could not cure him, nothing *could* have cured him; enormous macroscopic degeneration of tissue had rendered recovery physically impossible. We merely mention this incident in our own recent experience to show that in Homœopathy we ask nothing better than the most close inquiry into the *cause mortis* whenever it may be our duty to minister to a fellow-creature up to the dread and solemn end.

Let us apply this test to the case of the late General Garfield. This we can do vicariously, for an eminent American homœopathic surgeon has lately published in the *Weekly Medical Counselor*, of Chicago, an article entitled "Why did the President Die?" Dr. J. G. Gilchrist, of Detroit, Mich., is the author, and he it is that now speaketh:—

"For months past the country has been deeply interested in the assassination of President Garfield, and no portion of the community have had a deeper interest than the medical fraternity. Very few medical journals, of all 'schools' of therapeutics, have failed to severely criticise the treatment of the case, and not a few were emphatic in disapproval long before an evident crisis had been reached. To-day, when death has ended the case, many of the same journals are found exhausting their vocabulary in attempting to show

that the sad result was inevitable, and that all had been done for the sufferer that human skill and knowledge could suggest. The result of the *post-mortem* examination has been printed in all the large papers, signed by the medical gentlemen who attended the President, and we are fully warranted in accepting it as authoritative, particularly as it disproves every single theory upon which the so-called treatment was based, from the first day to the last. Here was a strong, vigorous, healthy man, who sustained a gunshot fracture of the first lumbar vertebra, accompanied by concussion of the cord. No blood-vessel of size was wounded, no important nerve-trunk severed, none of the viscera were injured, the peritoneum was intact, and, it appears, the ball was encysted at a point where the least injury could be inflicted. Let me again ask, in the name of modern surgical science, Why did the President die? The record of the autopsy says:—

“The surgeons assisting at the autopsy were unanimously of the opinion that on reviewing the history of the case in connection with the autopsy it is quite evident that the suppurating surfaces, and especially the fractured spongy tissue of the vertebræ, furnish a sufficient explanation of the septic conditions which existed during life.’

“So would a simple flesh-wound, without any injury to the bone, as far as ‘conditions’ are concerned. At the meeting of the International Medical Congress in London last August, Professor Volkmann, the greatest authority, perhaps, in surgery to-day, addressed the convention, which address is published in full in the *New York Medical Record*, vol. xx., p. 264. In this he says: ‘We may therefore say without exaggeration that the old statistics of surgery were of no use, but only did harm, and we may oppose to their sad, unsatisfactory figures, the simple demand that no person should die of an injury, unless the severity directly threatens his life, and that no person injured or operated on should perish through a secondary inflammatory disturbance, developed from the wound; every loss of this kind may be traced to some mistake on our part.’ Now, the question becomes very pertinent, who is to be believed, Professor Volkmann or the apologists for Dr. Bliss and his colleagues? The *ons et origo* in this lamentable case was the fractured vertebra. Now, let us remember that fracture of the spinal column is significant only in proportion as the spine itself is injured; displacement of the fragments so that the cord is

injured, or the inclusion of the cord in the primary injury, is all that renders the fracture of these bones any more serious than when other bones are involved. With this constantly in mind we are prepared to scrutinise the assertions of surgical authors, their prognosis always being based upon the imminence of spinal complication, either primary or secondary.

“ The following authors, taken at random as they are before me on the shelves, whilst admitting the unfavourable prognosis of such lesions, all refer to cases that have recovered after fracture of the lumbar spine, *with or without displacement and injury to the cord*:—Longmore, *Holmes's System of Surgery*, ii., p. 182; Bryant, *Practice of Surgery*, p. 204; Gross, *System of Surgery*, i., p. 967; Druitt, *Modern Surgery*, p. 333; H. H. Smith, *Practice of Surgery*, p. 348; Erichsen, *Science and Art*, p. 300; Gant, *Science and Practice*, p. 859; Wales, *Application and Operation*, p. 389; Samuel Cooper, *Surgical Dictionary*, vol. i., p. 392; Hamilton, *Fractures and Dislocations*, p. 154; Malgaigne, *Fractures*, p. 341; Sir Astley Cooper, *Dislocation and Fracture*, p. 388; Agnew, *Principles and Practice*, i., p. 827. More than this, which is very far from being exhaustive, in the *Medical and Surgical History of the War* (*Surgical Vol.*, part i., p. 452) a table will be found, giving the result of 643 cases of injury to the vertebræ, nearly all gunshot fractures, from which it appears that of 149 cases of injury to the lumbar spine but 66 died; in other words, 55·5 per cent. of such cases recovered, with more or less paraplegia, of course. But this is not all in this invaluable report which goes to disprove the assertion that the ‘wound was necessarily fatal, and it is only a wonder that the President lived as long as he did.’ On page 442 the following case is reported:—

“ ‘*Case*.—Sergeant James D. Hogan, Company C, 1st New York Volunteers, was wounded at Manassas, Va., Aug. 30, 1862, by a conoidal ball, which entered two and a half inches to the right of, and on a level with, the second lumbar vertebra, and lodged. He also received a gunshot wound of the right thigh. He was treated in the field, and on Sept. 3rd sent to Wolfe Street Hospital. No search was made for the ball, as the patient assured the attending surgeon it had been removed on the field. The wound seemed to heal, although very slowly, until November 17, when a small tent-like protrusion of the exuberant granulations appeared, such as are usually seen at the orifice of a sinus leading to dead

bone. The patient was unable to stand erect or lie on his back. The surrounding parts being considerably inflamed, and the partially cicatrised wound reopening, a careful search was made for foreign matter. The ball was found about three inches from the point of entrance, and removed by Acting-Assistant Surgeon G. E. Fuller. The track of the missile was carefully explored, and found to extend four inches in a direction forward and a little inward, where the point of the probe came in contact with the spiculæ of bone. There was considerable tenderness over the whole of the lumbar vertebræ, but no paralysis or other symptoms indicative of injury to the spinal cord. This man was discharged from the service on Dec. 29, 1862, at which time he was improving rapidly, although he was still unable to stand erect. . . . Pension Examiners Craig and Porter, of Albany, report that this pensioner's disability may be rated at one-half and permanent. He had much pain and weakness of the back in July, 1871.'

"There is still another analogous case on the same page, as follows:—

"*Case.*—Private Edgar I. Harris, Company A, West Virginia Infantry, age 19 years, while scuffling with a comrade at Webster, W. Va., March 15, 1864, was wounded by the accidental discharge of his own pistol, the ball entering the right lumbar region, passing in an upward direction through the cylindrical portion of the third lumbar vertebra, injuring the spine to such an extent as to cause partial paralysis of the lower extremities. He was taken to the regimental hospital, where cold water dressings were applied to the wound. The symptoms were unfavourable at first, but in a few days sensibility began to return to the lower extremities, and he was soon able to inform the attendants when he wished to pass fæces or void urine. On May 8th he was transferred to the post hospital at Wheeling, whence he was returned to duty on May 9, 1865. Acting Assistant Surgeon T. J. Kriker, April 28, 1865, reported that he had carefully examined this man and found him suffering from complete paralysis of the lower extremities, and that, in his belief, Harris would be permanently disabled.

"'He was afterwards pensioned.'

"Here are two undoubted cases of gunshot fracture of the bodies of the lumbar vertebræ, and yet the patients recovered, even when treated under the unfavourable circumstances incident to a military hospital in time of war! Do

the surgeons in the President's case still claim such wounds are *necessarily* fatal? They tell us that an injury of the spongy tissue of the vertebral bodies puts the parts in a condition of caries, and peculiarly favourable to purulent absorption. We all know that *actual* caries is curable, and can call on any orthopœdist for ample testimony.

"Now, in all that I have had to say my quotations have been made entirely from old school authorities, not that there are not instances in homœopathic records, but that the witnesses may be 'they of their own household.'

"I think we are forced to admit, from their own authorities and clinical records, that the fracture of the body of the vertebræ, without displacement, in the absence of visceral, peritoneal, arterial, or nervous lesions, was *not* sufficient to account for death. To what, then, *was* death due? To pyæmia and grossly unscientific medication. The first was preventible, according to Volkmann; and, not being prevented, the 'loss may be traced to' the attending surgeons. The second was the *cause* of the first, and the 'mistake' was thus easily individualised. It would be a profitable study for some student of *Materia Medica*, using for the purpose only the authorities of the old school 'system' of practice, to trace out the connection between hypodermic injections of *Morphia*, *Quinine*, enormous does of alcoholic stimulants, and that universal panacea, *Carbolic Acid*, and septicæmia or pyæmia, or both. Such a study is foreign to my purpose, and perhaps beyond my ability; but I may be permitted to ask if it is not within the possibilities that to upset a man's digestion completely; to arrest local cell activity with *Carbolic Acid*; to tear down adhesions as far as formed with the introduction of sounds and drainage-tubes four times a day, and to drown the mind in alcohol, and retard assimilation, may not be productive of pyæmic or septic infection. It would also seem, to those who have given the subject attention, that the pyæmia might more rationally be attributed to the medical treatment than to the wound. But, it has been said, there were splinters of bone driven into the soft tissues in the neighbourhood of the wound, and *they* were the cause of the suppuration! How does it happen, then, that the abscesses were not in the regions where the splinters were lodged? A gunshot carries the splinters *before* it; the shot lodged on the left side, and the suppuration was on the right. The fragments of the broken rib were all removed early in the case, and had little, if anything, to do with the

subsequent suppuration. Still, admitting that the splinters of bone *were* the cause of the suppuration, how came the abscess in the right kidney? How came the abscess in the mesocolon? We all know that a gunshot fracture is always splintered, more or less; we also know that under ordinarily favourable circumstances, nature disposes of the spiculæ without setting up pyæmia; the suppuration is local.

“It is useless, however, to argue this question further; every one, even the surgeons themselves, knows that the wound was only, at the most, barely an *exciting* cause, and that a healthy, robust man, such as President Garfield was, was not a subject predisposed to adynamia. Why, they recognised the fact that he was taking too much *Opium*, so, when his stomach rebelled, and they resorted to enemas to support life, with a charming simplicity, *they put Opium in the enema!* Did they suppose the nutritive elements would be absorbed, and the *Opium* rejected? It would seem so.

“Another point. Admitting, for the sake of argument—Volkman to the contrary notwithstanding—that the invasion of pyæmia was inevitable, that it was a part of the natural history of the case, is it possible that the great ‘rational,’ ‘regular,’ and ‘scientific’ school has no remedy for it? Must septicæmia, or even pyæmia, invariably, and as a matter of course, prove fatal? Their text-books do not say so; their best men do not say so; these very surgeons know better. Summing up the case from an allopathic standpoint, the man is ignorantly or wilfully blind who fails to see that President Garfield’s case has been the most grossly mismanaged case in modern history, and his surgeons are guilty of a deliberate attempt to throw the burden of a glaring incompetency upon Providence, rather than leave it where it justly belongs.”

DOMESTIC HYGIENE.

DR. EDWARD T. BLAKE, of London, will shortly contribute a series of papers to the *Homœopathic World* on the above all-important subject. Dr. Blake proposes to handle it in the following order:—

1. *Where* to Select a House.
2. *How* to Select a House.
3. *How* to Ventilate a House.
4. *How* to Disinfect a House.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION.

THE following letter, which owing to an imperfect address only reached the President of the Convention last month, would, had it arrived in time, have been read at the meetings last July. Germany was unfortunate. One delegate from Central Germany was stopped by the illness of a near relative occurring suddenly just as he was on the eve of departure, and we learn from the letter we now publish that the representative of the Berlin Society of Homœopathic Physicians was detained by the dangerous illness of his wife. The letter runs as follows :—

“ Berlin, 9th July, 1881.

“ We deeply regret that Dr. Walz, the member of our Society who has been appointed to attend the International Homœopathic Convention in London, and to offer to you our best wishes and respects, is unable to be present with you, as his wife has suddenly become dangerously ill. We must therefore by this letter express to you our sincerest desire for the success of the Congress in the development of our venerated science, which is at present exposed to so much insult.

“ We also wish to express our desire to enjoy the great honour of having the next International Homœopathic Convention held at Berlin—a desire which has been expressed in the address of the Homœopathic Central Society of Germany, and we join in expressing a hope that the meeting of the International Homœopathic Congress may be held at Berlin on the 9th and 10th of August, and that it will be largely attended.

“ The Berlin Society of Homœopathic Physicians,
“ DR. FISCHER, *President.*”

MANHOOD IN THE PROFESSION.

IN these days, when poor weak-headed lads, vain in the new glory of their “quals,” fancy they are somehow too good (!) to be avowed homœopaths, and yet *privately* admit the truth of our law (O! mores), it is refreshing to meet a MAN speaking straight out from a big honest heart. In the *Medical Call* for October, 1881, Dr. A. Given, of Louisville, Kentucky, writes thus :—

You are correct, I began the practice at Woodstock, Ill., in March, 1859.

I practised allopathy for about twenty-one years, but I was never fully satisfied. I always felt that it was far from a science therapeutically, and was often productive of more harm than good. The allopathists, however, have done much good for suffering humanity, in spite of their great error in therapeutics.

So far as anatomy, physiology, pathology, chemistry, surgery, obstetrics, and gynæcology are concerned, the allopaths are deserving of the congratulations of an afflicted world. They have certainly elevated those practical and useful branches to a high standard.

It is only in therapeutics that they have blundered. I am glad to know, however, that the teachings of homœopaths are compelling them, year after year, to approach nearer to Homœopathy. I believe that the day is not far distant when an intelligent and enlightened public opinion will compel the allopathists to acknowledge the true law of cure—*similia similibus curantur*.

I plodded along in ignorance of that law, as thousands are still doing, and it was only by force of circumstances that I was induced to examine its merits. When I cured my patients under the old treatment, it was done homœopathically, yet ignorantly; that is to say, when the medicine acted beneficially it was because it was homœopathic to the disease or symptoms that I was treating. If I had given the remedy in homœopathic doses, my patients would have recovered in half the time; for while the medicine was homœopathic, and cured the case, yet by giving an over-dose I retarded its homœopathic action on the diseased organism, and hence prolonged the cure, to the great discomfort and expense of the patient.

After a careful investigation, I discovered that the much-abused homœopaths were right, and that their teachings embraced all that was true in the science of therapeutics. Believing this, honesty demanded that I should acknowledge the fact.

In May, 1880, I sent in my resignation as a member of the Kentucky State Medical Society, and gave my reasons therefor. That is the paper which gave rise to the comments of the secular and medical press, to which you had reference in your postal.

I believe that there is not an intelligent and honest allo-

pathic physician in the world who will not declare himself in favour of Homœopathy, or acknowledge its merits, after he has divested himself of all prejudice, and give the subject a fair and impartial investigation.

Afflicted humanity, a languishing world, the ease and quiet of infants, the ardency of youth, the beauty and gaiety of girlhood, the peace and happiness of wives and mothers, and the vivacity and vigour of manhood, all demand, and are speaking in unmistakable language, that allopathic physicians should give up heroic dosing, and come over to Homœopathy and help to reinvigorate the human race, and give back to the rising generations that health and robust constitution which characterised those who lived before the days of heroic dosing, and before the nervous centres were poisoned and enervated by the too free and frequent use of mercury, opium, and whisky, three favourite agents of a majority of allopathic physicians.

THE USE OF LYCOPODIUM IN OVARIAN TUMOUR.

THE cure of tumours and morbid growths offers one of the best means of demonstrating the *vast* superiority of Homœopathy, as a system of medicine, over all others. Lately, in the *Medical Advance*, Dr. J. R. Kippax published the following important and interesting case:—

OVARIAN TUMOUR CURED BY APIS AND LYCOPODIUM.

In June, 1875, I was called to visit Mrs. S., lymphatic temperament, æt. forty-seven, married, but had no children, and had passed the climacteric. Has been suffering for two years with dull, aching, uneasy sensation, and at times soreness in the left inguinal region. Felt herself constantly growing larger on the left side. Was treated for a year and a half by a physician who diagnosed her difficulty, and, as she described it, drew off a small quantity of clear fluid resembling the white of an egg. For a time thereafter she was better, but now she was larger than at any time since she first discovered the tumour.

On examining the abdomen an irregular yielding enlargement about the size of a child's head was discovered occupying the left lower part of the cavity. Percussion yielded dulness all over the surface of the swelling and left flank;

the uterus was found to move independent of the enlargement, and everything seemed to point to ovarian tumour; but to make matters absolutely certain I resorted to Simon's method of rectal exploration. The patient being etherised, I passed my left hand up the rectum, and with my right on the abdomen, I could distinctly feel a polycystic tumour separate from the uterus and attached to the left ovary. The diagnosis was no longer doubtful, polycystic ovarian tumour was the difficulty. The rectal examination caused the patient some distress for a few days, which necessitated her keeping her bed.

For the treatment, although this appeared a favourable case for operation, yet as the patient had never taken homœopathic remedies I decided to first try them. She was put upon *Apis Mel.*, 6x and 12x trit., three times per day for three months.

An examination demonstrated neither increase nor decrease in the size of the abdomen. *Lycopodium*, 6x trit., was now tried.

In two months the tumour enlargement was found to be surely, though slowly, diminishing. Here *Lycopodium*, 12 trit., was given. At the end of four months the swelling was but half its former size. *Lycopodium* 30 was from this time on ordered at intervals, and at eighteen months a thoroughly instituted examination revealed no trace of the tumour.

Four years has elapsed since that time, and to-day the patient is not only well, but "roughing it" with her husband up in the Red River country.

THE TWO OBADIAHS.

By E. W. BERRIDGE, M.D.

"Said the old Obadiah to the young Obadiah,
'All my eye, Obadiah, all my eye.'
Said the young Obadiah to the old Obadiah,
'That's a fib, Obadiah, that's a fib.'"

[Translated and versified from the original version of "The Two Obadiahs," recently found inscribed on a papyrus in the tomb of one of the Pharaohs. Nineteenth century politeness has necessitated a sacrifice of rhyme in the fourth line, which, however, exists in all its euphony and forcibleness in the original. The manuscript has not yet been

entirely deciphered, but it is supposed by the most learned Egyptologists to be a discussion, in verse, on the principles of Homœopathy between a true and a false disciple of Hermes, the original founder of the system, fragments of whose doctrines are still to be found in the remains of the Hermetic writings. It has been suggested by some authorities that Moses, who was "learned in all the wisdom of the Egyptians," derived his knowledge of Homœopathy from these books, and that when the Israelites were bitten by the serpents in the wilderness he anticipated Dr. Swan's recent discovery by curing all who had faith enough to follow his directions, *with a high potency of the venom of the serpent itself*; to commemorate which the brazen serpent was afterwards made.]

GREAT men, whether great in reality or seeming, always have followers. In our little pamphlet, "Homœopathy Vindicated," we pointed out that Dr. Joseph Kidd, who in his "Laws of Therapeutics" ridicules and repudiates the infinitesimal dose, many years ago obtained great success therewith; a remarkable discrepancy of statements which he has not yet found opportunity to explain. Dr. Kidd having at last been caught up in a chariot of fire* to the "main body of the PROFESSION" (in large capitals), has at length reached that heaven of blissful rest and restful bliss to which so many professed homœopathic physicians lift their longing eyes. But his mantle has descended on a worthy successor; and so close is the parallel that were it not for Lord Byron's extremely unpolite rendering of the Virgilian phrase, we should involuntarily exclaim, "*Arcades ambo!*" We are told, however, on high authority, that sometimes even *bonus dormitat Homerus*; and we must therefore ask in the most apologetic manner for an explanation of the somewhat strange spectacle of a learned lecturer denying in 1881 the very facts which he so strenuously maintained in 1852.

In the *British Journal of Homœopathy* for 1853, vol. xi., pp. 436-91, an account is given of a paper on "The Dose," read by the late Mr. Mackern before the British Homœopathic

¹ The *fire* signifying the trials he so meekly and patiently bore, in the shape of snubbing from both homœopaths and allopaths, concerning his treatment of the late Lord Beaconsfield; and also signifying the purifying effect which his advent amongst the "PROFESSION" (in large capitals again) will doubtless have on the members thereof.

Society, May 6th, 1852. Dr. Yeldham was present, and joined in the discussion. Part of his remarks we now quote, italicising a few passages, to which we desire to call especial attention.

(1) "Mr. Yeldham commenced the discussion by stating that *he could not agree with the views of the author as to the propriety of using the low dilutions solely; for, looking around, he saw homœopaths of the highest reputation deriving the greatest benefits from the use of the high dilutions; and while he heard of such men as Bœnninghausen, Stapf, Gross, and Hering employing the highest, he must, before adopting Mr. Mackern's views, disbelieve all he had heard, as well as the evidence of his own senses. Again, Hahneman, so patient in research and judicious in inquiry, had himself the greatest confidence in the high dilutions.*"

(2) "He had met with one or two cases *where the symptoms were purely objective, and which he had successfully treated with the high dilutions. One was a case of scrofulous ophthalmia, in which various remedies had been administered from the 3rd to the 30th attenuations, with doubtful or not permanent benefit. He then gave Calcarea 200, and with 12 powders she was perfectly cured. A second was a case of psoriasis, which had been seen by many there present, as the boy had applied for admission into the hospital. He was covered from head to foot with the eruption, and was in a shocking state, so much so that his admission was objected to on account of the length of time it promised to occupy. He had prescribed Arsenicum 200, and rapid improvement took place, and, with some variation, it has continued, and he is now well.*"

What Dr. Yeldham now affirms respecting the high dilutions may be seen in his recent utterances before the British Homœopathic Society. How are the mighty fallen!

A NEW HOMŒOPATHIC JOURNAL.

THE *Zeitschrift des Berliner Vereins Homœopathischer Aerzte*, edited by Drs. Windelband and Sulzer, of Berlin, has just made its appearance. We have not yet seen a copy.

NOTES BY THE WAY.

By Dr. USSHER.

Only a Chill.

SATURDAY, August 27th.—Saw Mr. L——, who had been under allopathic treatment a fortnight less one day. As the medicine supplied made him worse after each dose, the wife thought she could make better use of the “Stepping-Stone to Homœopathy and Health.” Matters had come to this pitch when I saw him. He had been treated for rheumatism, then for erysipelas, when abscesses formed over the right ankle and tibia, threatening also in the groin, due to over manipulation with a real or a supposed hernia, and here another abscess formed. I prescribed *Bell. φ* to relieve his pain, which was very severe, and with a phthisical history there was added the fear of extension to the chest. The red streaks from abscess to abscess ought to have told the doctors—for there were two of them—that here was a case of angeio-leucitis; all the mischief induced by a severe wetting and prolonged chill. I declined to make more than the preliminary prescription for humanity’s sake until the medical gentlemen ceased to attend.

The patient was vomiting, sleepless, and taking no nourishment; high fever, restless, in great pain, his position critical. *Lach.* 12 twice daily, *Sacc.-Lach.* in intervals, and the distressful night cough was at once relieved by *Sticta* 1x; he also got sleep.

August 31st.—Thought the *Lachesis* was keeping up the sickness and causing secretion of mucus in the throat, so gave him *Merc.-Sol.* 5, five drops in tumbler of water, dessert-spoonful doses, three times daily; opened the lower abscess, which gave a large quantity of pus. There was intense soreness of the bones. He had a bad night after getting discharge away. The middle abscess has closed, and September 2nd I opened the one in the groin, using the ether spray, which is a great boon. Much thick pus flowed. He was sweating at night, and I lessened the dose of *Merc.-Sol.* Pulse 80, and good. Again the *Sticta* 1x, five drops, gave him good sleep; the groin abscess discharged well, and that on the ankle freely; tarsal bones very tender. Tongue clean, appetite returning. *China φ.*

September 4th.—Found him in great pain. There is an inflamed saphena vein as large as a pullet’s egg, which he cannot bear to have touched. It pricks and burns. The night was passed in horrible pain. I again resumed the

Lachesis. At 10 p.m. he was still in pain but at intervals, and the tumour was not larger. Heat gave him ease. *Hamamelis* 5j ad. Oj. to be kept as a lotion to the parts, and not to be used at night, but in its stead a dose of *Tr. Opii*. B. P., fifteen drops, from which he had a most refreshing sleep. This morning I find him vastly better; the tumour smaller, softer; the red streaks and pain gone. Another abscess formed on the outside of the knee. This I opened; it had a tough cyst full of pus. *Lach.* 12, six drops in half-tumbler of water, dessert-spoonful every three hours; the *Opium* draught not to be used unless there should be need of it.

September 6th.—Great perspiration in sleep; discharge stopped. He complains of weight across chest after food and depression of spirits. *Nux* 3x, two drops, *Silicea* 30 every three hours, and continue the *Hamamelis* lotion.

September 7th.—So much improvement that I decided to give *Hamamelis* internally, and apply to the abscess as well. He now had a sense of pricking all over the leg, due to this medicine. But hold hard, Dr. Gretin and the rest of them say there are no such things. He had his opiate again with the utmost benefit. Why should he be without it for any idea of mine or any one else? Pulse 88; taking nourishment well—oysters and tripe.

September 9th.—Sore throat on swallowing. Reduce the strength of *Hamamelis* to half; all else going on well; the draught to be omitted.

September 10th.—His throat is full of ulcers, round and cheesy-looking; he awakes in perspiration; all abscesses closing, and the large patch of veins much lessened; but the popliteal red and swollen. *Quina* 2x, one grain three times daily; continue the lotion, but weaker; when he omits it the veins prick. Pulse good and steady.

September 11th.—The *Quina* 2x has checked the perspiration, and his throat is better; ulcers healing. He brought up large quantities of phlegm. For this throat he had one dose of *Psorin* 6 and one powder of the *Quina* before dinner. The *Hamamelis* 3x for lotion. The popliteal vein less tender. A very soft bandage was borne, and the lotion soaked through that. Appetite poor; isinglass, milk, and fruit. Sleep was fair; if restless and feverish to have *Acon.* 3x, two drops in water. The *Quina* 2x has acted on the glands in the groin. Now everything is favourable; he has varicosis everywhere.

September 12th.—Inside the saphena swelling there is

fluctuation, and I think pus; to-morrow will decide. Continue *Quinæ*.

September 13th, and to-morrow has decided, for on opening it a good breakfast cup of pus came away, to his infinite relief and mine. After opening it I gave him five drops of *Sticta* 1x for sleep and to ease pain in abscesses; it did both. Continue the *Quinæ*, and apply *Phytolacca* lotion to the ankle, where the healing is sluggish. Every vestige of his excessively sore throat is gone, and it looks raw, like a freshly-healed scald. May I offer a grain of comfort to the unbelievers in potencies above 3x? When you see a sore throat with dozens of round ulcers on the velum, filled with cheesy-looking stuff, give *Psorin* 6, three or four globules, and wait to see it do what you cannot. When round ulcers, clean and a trifle blue, come on the hard palate, try *Phos.* above 3x as high as you dare go, and think on the *fact*, not the figures. I hope you will not suffer severe aggravation.

September 14th.—Hardly any discharge of matter, though the probe goes under the gastrocnemius muscles for three or four inches down the leg; the glands in the groin are melting away, and all discharge and tenderness has ceased. The ankle still wells up a little, but he enjoys more motion in the joint. There is a tender spot above the malleolus, and a boggy feel about it.

September 16th.—The swelling has passed away, having communicated with the upper one. *Silicea* 30 twice daily in pilules. The tenderness continues, but appetite improves, and the countenance is fresh looking. His cough is irritating, for which he takes *Sticta* 1x, five drops.

September 18th.—Up for the first time; all discharge ceased. To continue the *Silicea* 30 until I saw him again on the 21st, then the *Quinæ* 2x.

September 21st.—Found him downstairs. One soft spot on internal malleolus with fluid in it, but so small that we hope for absorption. *Hep.-Sulph.* 6x, one grain. There were pimples and pustules around the late opening in the ankle, and the itching and scaling annoyed him. In three weeks and two days I had done with him, and his recovery is quick considering the two weeks he endured before I attended him. *Pulsatilla* ϕ for his veins and an indiarubber bandage up to the groin. All this formidable illness might, I believe, have been checked by the timely help of *Aconite*. A small dose of the mother powder, say, less than half a grain, once or twice, gets hold of the chill. The doctor who first attended him, when he saw him at the factory, went by, like the priest,

on the other side, thereby showing how little humanity he had, and how severely his dignity was hurt. When he grows older he will learn.

My second case was very different. The changeable weather of August, mild yet fierce, told its own story. We do not always get wisdom by age (not even the doctors), for this old gentleman of seventy-one would put on a light zephyr, and that evening felt he had done a very foolish thing. He rarely ailed, and my attendance was usually for a sore throat or passing indisposition. On this occasion he declared himself in a very decided way.

July 24th.—Found him feverish, with the fingers of his hands painful, his stomach disordered, marked restlessness, offensive flatulence. *Arnica* ϕ powder.

July 25th.—The small joints very painful; the character of the pain shifting. *Puls.* ϕ , and a lotion of it, which was very agreeable. Bowels confined; complexion jaundiced; urine very dark; liver tender. *Pod.* ϕ powder brought away a large accumulation, with sense of great relief; pain in left ankle and right knee; appetite poor; restless and weary.

July 27th.—Called to him at 2 a.m. Found him in a faint condition; heart acting feebly. The slow action of the heart and his yellowish face made me think of *Aurum*. "Surely," said I to myself, "if *Aurum* is *elixir vitæ*, here is its place," and well it redeemed its name, for not only did it meet the heart symptoms, but mitigated the gout pains, which were severest in the hands, the knuckles of which were very red. I continued it to August 4th in the 6x of Keene and Ashwell's. They said the *Aurum Muriaticum* would decompose. It has changed to a pink from white, but its efficacy is undoubted. The action of the bowels was regulated by it, and in the end it produced diarrhœa, when *Sugar of Milk* was substituted.

August 7th.—Diarrhœa very bad, restrained somewhat by *Coffea* ϕ in large doses.

August 10th.—I was bound for the seaside, and left him with some uneasiness, for purging and vomiting had become frequent, with a great deal of pain. *Ver.-Vir.* 6x stayed it at the second dose, and proved a happy thought. A telegram next morning told me, "No return of bad symptoms; good night without sleeping draught" (which I had left for him); "do not hasten return on account of this patient." Next morning a letter informed me "the medicine had good effect; there has been no action since half-past ten this morning; a slight sickness at eleven, but not since; dozed a good deal during the day, and slept the last hour; not much inclined

for food, but has taken sole, beef, jelly, etc.; barley-water with brandy; all seems going on well, and a better night will, I trust, be granted to us." When the purging had well ceased I gave *Ars.* 6, August 15th, and did not see him again until the 23rd, when *Quinae* 2x was given. He was soon restored to health and, for him, vigour.

In the third case chill was produced in a different way. A little boy at the seaside was forced to bathe, and a large wave struck and very much frightened him. He began to swell at the feet, and soon at the abdomen. Then the private parts became enormously puffed. The seaside doctor who saw him told his mother he had kidney mischief, but I found the urine free from albumen, but on the second day full of crosslets of uric acid, quite apparent under a lens; his liver was always overgrown, and the motions for the most part clayey. I looked upon this condition of urine and the dropsy as indicating hepatic engorgement produced by shock, and, not without some misgiving, began treatment.

September 23rd.—*Merc.-Sol.* was given until the 28th. The breathing was embarrassed, and the face beginning to puff. Then, as *Stillingia* seemed to promise much, I gave it in the 1x to the 29th, but the improvement did not satisfy me. He was restless at night, passing but little water, and measured twenty-three inches round the abdomen.

October 1st.—*Arsenicum* 6, which he took up to the 5th Oct. with great benefit, reduction of size, and return of appetite. The enlarged liver was very easily outlined. The improvement did not extend to his motions, which were many and frequent, offensive, slimy, and evidently irritating. Fresh study of the case made me select *Ac. Fluoric*, and I gave it in the 5 cent. pilules, at first three times daily, from October 1st to the 13th, then once daily. He complained of headache, and was very fidgety. Under the use of this medicine everything went on to cure. When I left him (October 21st) the motions were better than he had had since birth. He was running about, the legs firm, whereas a month back he could not get his little shoes on, they had to be split up, and he had to be held up. His abdomen was tender, but he bears friction. One popular delusion is that sea-water does not give cold. This case makes it very evident that cold and something more was the result: and the moral is, coax children into the invigorating flood, but do not drown them, much less frighten them to death.

Wandsworth, October 27th, 1881.

Obituary.

CHRISTOPHER WILLIAMS, ESQ., M.R.C.S.

WE have again to register the death of a homœopathic colleague, Mr. Christopher Williams, of Belfast.

Mr. Williams took his M.R.C.S. and L.S.A. in 1860, and was the brother of Dr. Eubulus Williams, of Clifton. We did not enjoy the honour of his acquaintance, and are unable to give any details of his life and labours. Thus old Time continues to thin our ranks, and the question forces itself upon us: Are we doing our duty by the rising generation of medical men so as to fill up these gaps?

LITERATURE.

THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST AND POCKET REPERTORY.¹

THIS is a known publication and first in the field for professional patronage for the coming year. The calendar is for 1881, 1882, 1883, and 1884. It contains much useful and needful information: an Obstetric Calendar, Poisons and their Antidotes, Marshall Hall's Ready Method in Asphyxia, a capital Repertory, clinical and regional, of nearly eighty pages. It has one notable advantage—viz., it is to look at just an elegant pocket-book, but it contains a good *Repertory*, and hence any one might make his notes in the part allotted thereto, and have a quiet look, *à l'insu* of the surroundings, at the said repertorial part just as a refresher. One cannot always command the remedy in one's memory, more especially in a long round when body and mind are apt to lose their freshness—*Sap. sat.*

REVELATIONS OF EGYPTIAN MYSTERIES, ETC.²

THIS is a most curious book that may be read with pleasure and profit, and more especially that part relating to the

¹ The Homœopathic Physician's Visiting List and Pocket Repertory. By Robert Faulkner, M.D. Second Edition. London: Homœopathic Publishing Company, 2, Finsbury Circus, E.C. New York and Philadelphia: Boericke and Tafel.

² Revelations of Egyptian Mysteries, Etc. By Robert Howard, M.D. London: Nichols and Co. 1881.

effects of salt, which the learned eccentric and mystery-loving author considers the great predisposing and chief cause of the diseases of body and mind; maintaining, in fact, that salt is the forbidden fruit! We must confess to feeling some disappointment in its perusal; we find on all sides mysteries and mysterious sayings from the ancients, but the so-called *revelations* seem to us merely mysterious assertions and question-beggings. In order to reveal mysteries the clear light of *science* must be poured on them, and science is sadly lacking in the work now under review. Still it inculcates many wise things, and is emphatically worth reading if only as a literary amusement. It is a reprint of the original edition by a like-minded friend of the deceased author, Mr. Salisbury.

TRANSACTIONS OF THE INTERNATIONAL HOMŒOPATHIC CONVENTION.¹

THESE *Transactions* were received by us before going to press last month, and in justice to their assiduous editor, Dr. Richard Hughes, they should have been noticed in our last issue. Let us first say that Dr. Hughes has our best thanks for letting us have these *Transactions* so promptly. The translations have been made by several hands, we are told, and Dr. Dudgeon has superintended the German and Dr. Hughes the French; while Miss Hughes, Drs. Clarke, Arthur S. Kennedy, and Niesche did the actual work; and the work has been done well. Those who do public work should receive their meed of public praise; and hence we would express our gratitude to all these workers for that they have given us the opportunity of *reading* what was done and said at the World's Homœopathic Convention of 1881.

We do not intend to review the contents of the volume, but we may say that it is handsomely got up, well printed on nice toned paper, and that the binding is a neat cloth. The pagination is faulty, being in four sections, which is confusing. A very little trouble might have avoided this, notwithstanding the "exigencies of printing." It offers, however, no real difficulty, as any paper can readily be found. We cannot afford to enter into the nature of the papers, as we hope to bring one or other of them to these pages from time to time. All those who may be desirous of possessing

¹ Transactions of the International Homœopathic Convention, held in London, July, 1881.

a copy of the "*Transactions*" should send word to Dr. Hughes, 36, Silwood Road, Brighton. It would grace the library of any physician, and in future times it will possess a certain historic value.

LECTURES, CLINICAL AND DIDACTIC, ON THE DISEASES OF WOMEN.¹

THIS fifth edition—revised, enlarged, and illustrated—of a well-known homœopathic classic has reached us, and we hail it with much satisfaction. It is ten years since the first edition was issued, and the author has devoted the interval to the study, teaching, and practice of gynæcology in all its departments, and the additions and alterations are so numerous that we are practically dealing with a new work.

Dr. Ludlam has stood before the world for twenty years as a successful clinical teacher in the department of diseases of women, and it is not too much to say that almost the whole of the homœopathic body are proud of him and of his good work. A little *less* surgery would please us better; but one cannot read this work without being impressed with the fact that its author has himself learned much since he began to teach; he has developed with his own work, and appears here as a sound and reliable teacher.

It is a big volume of 1,029 pages, well printed on fairly good paper, and rather poorly bound, the margin being too narrow to look nice.

We are proud to reckon "Ludlam's Lectures" to our literature, and we commend it accordingly both to students and practitioners.

¹ Lectures, Clinical and Didactic, on the Diseases of Women. By R. Ludlam, M.D., Professor of the Medical and Surgical Diseases of Women in the Hahnemann Medical College and Hospital, Chicago. Chicago: Duncan Brothers, 1881.

HOMŒOPATHIC PRACTITIONER IN PISA.

DR EDWARD HUBER, a well-known homœopathic physician of Vienna, has been compelled to leave that city on account of the severity of its climate. Some of our colleagues may be glad to know that Dr. Huber (who is a good English scholar) has removed to Pisa to continue the practice of his profession there. His address is No. 23, Lung Arno Mediceo, Pisa.

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 PLAGUE OF VACCINATION.

SIR,—I am obliged by your printing my last letter to you, and kindly offering to insert anything from me against vaccination.

The second house from me westerly, though half a mile away, is the Gre Police Station. It is occupied by Policeman Morgan, his wife and family. The father is giantlike in stature and strength. The mother is a fine healthy, handsome woman. The children (five) are large and strong and healthy. About six months ago another child was born to them, as fair and fine as its forerunners. The mother kept it back from vaccination, dreading its effects, until the vaccination spy had served a second notice; and the mother said she was afraid that her husband would lose his place if she persisted in withholding it from the accursed superstition.

So she took the child to Ross about three weeks ago, and the child was vaccinated by a respectable private practitioner. In nine days the poison began to show its effects. The doctor called that day, and was so alarmed at the state of the child that he himself gave it a warm bath, as the mother was just then incapable. But the hot water could not check the evil that had been done, neither was it possible for hot anything to do so. In about thirty hours the child died, after passing from one convulsive fit to another. Directly after death the vaccinated arm went purple and black, and so over the whole body. Worse still, the body went putrid, so that a coffin had to be hurriedly made, lest the wretched remains should not hold together.

Then there is a certificate of death, doubtless imputing it to convulsions; then the child is buried, and the crime of its murder apparently forgotten.

Is there no recording angel, then, to note down the crimes of those "who do iniquity by law"? Does Heaven send no retribution for the slain of God's children? Time may give an answer; if not, Eternity will.

This case of slaughter is the second I have known in that house of policemen's children.

Now, allow me to give the testimony of so experienced and so brilliant a medical man as Dr. Hitchman, of Liverpool. "As for the children recently vaccinated in Liverpool, I may say, from my own observation, *without reference to the many thousands I have seen at the hospital for skin diseases*, that the health of hundreds has been thereby permanently affected with intractable forms of cutaneous eruption: emphatically have I seen strumous ulcers rapidly developed; acute ophthalmia, chronic enlargement of the cervical glands, diseases of the scalp, purulent discharges, fœtid abscesses, and gangrenous inflammation of the parts, followed by sloughing, while the throats of many such miserable sufferers according to *Act of Parliament*, together with the palate, uvula, and tonsils, are periodically covered with dark livid incrustations more difficult to heal than those of small-pox itself, inasmuch as they owe their disgusting origin to the foul exudations of that indefinite, nameless, hideous thing now in course of active propagation throughout the land, *ycelpt vaccino-syphilis*. How shall the plague of vaccination be stayed? Shall the vaccination continue to *make* disease and death which Nature really never made, and Art cannot now prevent? In my humble opinion the only effectual remedy for these direful evils is a *direct interference on the part of the people*, constitutional, but certain. . . . Even remembering that if the 'Colleges of Unreason' have declared unto them vaccination, disease, and death, it is still competent for the 'common sense' of the nation to uphold and maintain those great principles of sanitation upon which life, health, and happiness alone depend."

With such horrid details of the plague of vaccination, I wonder that suffering fathers do not become wild and revengeful, and smite the vaccinating doctor with the death with which he has smitten their fondly loved infants. I cannot rejoice at evil; neither, though, can I forget that the life of an infant is as sacred as the life of a doctor.

Now, full of indignation at the crimes of vaccinating doctors, I can exclaim with the illustrious departed Dr. Nittengen, "When will the last vaccinator be hanged?"

Yours faithfully,

W. G. WARD.

Perriston Towers, Herefordshire.

DR. NEVILLE WOOD ON VACCINATION.

SIR,—Mr. P. A. Taylor, M.P. for Leicester, has lately published a pamphlet, in which vaccination and its medical supporters receive some rather severe treatment. I have sent the following reply to him by post, and if you think it worth printing you are welcome to it.

Nov. 15, 1881.

N. W.

TO PETER A. TAYLOR, ESQ., M.P.

DEAR SIR,—Within the last few days two copies of your pamphlet entitled "Vaccination" have reached me by post. If each of the 23,000 practitioners whose names appear in the *Medical Register* of the United Kingdom has been similarly supplied, the large circulation which you desired has certainly been secured. You may probably be overwhelmed with letters on the subject.

I can only find time to write a few loose thoughts upon this question—thoughts, nevertheless, arrived at after mature reflection, and concentered into convictions.

It is a fact that small-pox is now, and has been for twenty or thirty years past, comparatively rare in the higher middle and upper classes in this country, vaccination being also nearly universal in those classes. The pock-marked faces which were frequent in persons of these classes a generation since are now seldom seen. Pock-marks have, no doubt, often been prevented by improved topical treatment, but this is not the chief reason of their disappearance. And we know that among our own friends and acquaintances small-pox is rare.

But the malady abounds among artisans, paupers, poor persons generally, and domestic servants. When it enters a well-to-do household the person attacked is generally a servant, who has either not been vaccinated, or who has been into a dwelling where the disease rages. And yet small-pox seldom spreads in the house, even to close attendants upon the invalid, provided they have been protected by vaccination. In unprotected houses every inmate may be attacked with the malady.

The history of other exanthemata permits the inference that, but for vaccination, the number of fatal cases of small-pox would be much greater than it is. For example, the weekly mortality in London from scarlet-fever, though some-

times as low as 15, is not unfrequently as high as 150. Whereas, in the worst epidemics, small-pox is seldom fatal to more than half that number of persons, and often falls to six or seven, and even three.

Small-pox occurs in many persons after the most careful vaccination, just as it attacks the same person twice in not a few instances. I knew a lady who was declared by experts to have had the malady three times. Yet there is no doubt that, as a general rule, it occurs but once in the life of each person. In like manner the vaccinated are attacked with the disease less frequently and less severely than the unvaccinated. In both cases the protection is good, though in neither is it absolute. In some years, and periods of years, small-pox attains such an ascendancy that it attacks the protected (whether by vaccination or previous small-pox) and the unprotected in unusually large numbers. In those years the value of protection is partially overborne by the virulence of the epidemic. This important fact diminishes, but by no means extinguishes the protective influence of vaccination and of previous small-pox.

The general, though not perfect, immunity of the officials and servants of the Small-pox Hospital may be fairly claimed as due chiefly to Jenner's discovery.

As I never vaccinate I cannot be classed with "medical experts who are paid certain thousands by the State" or by the public for practising Jenner's art. I have, nevertheless, passed some thousands of children for vaccination; and, due care being taken that no child is operated upon who has any cutaneous or other ailment, none of those dreadful or even unpleasant results have followed which you fear so much. Many diseases which occur after vaccination surely do so *post hoc*, not *propter hoc*. Indeed, how is vaccination to be traced as the cause of maladies which so often affect unvaccinated persons? Many such affections are clearly proved to be hereditary, or to be due to other predisposing and exciting causes.

I will not here plunge into the mazes of statistics, which can be made to prove both sides of any question. Thus vaccinators prove the success of vaccination, as you seek to prove its failure, by tables of figures.

With respect to *compulsion*, the need for this obviously depends upon whether vaccination is injurious or beneficial. If it be injurious, compulsion is doubly odious. If beneficial, it is as desirable to enforce vaccination as it is to

protect the public from offensive drains and other dangerous nuisances.

The blessings attendant upon careful vaccination are evident, and are eagerly hailed by the great bulk of the public. The evils which are alleged to arise from it are few and doubtful, and are feared by few persons who have studied the question in all its aspects.

Hence I am not converted into an enemy to vaccination by the statements contained in your pamphlet.

If, however, it were possible for the majority of the 23,000 medical men to whom you have presumably addressed your *brochure* to be so converted, then, indeed, must vaccination be doomed to a speedy and ignominious end. You and I may perhaps not live to witness the complete triumph which, on the contrary, may be safely predicted for it.

I am, dear Sir, yours faithfully,

NEVILLE WOOD, M.D., F.R.C.P.E.

10, Onslow Square, Nov. 15, 1881.

HOMŒOPATHS AND THEIR "MIXED" PRACTICE.

WE cull the following from the *Liverpool Daily Post*:—

Sir,—Please allow me to thank your correspondent of many *aliases* for reminding your readers that homœopathic practitioners give their patients the advantage of the whole range of medical and surgical resources, as well as that of the law of similars. Homœopathic practitioners are grateful to him. Their own patients are well aware of this fact, and need no reminding; but persistent misrepresentation by the medical press and the votaries of medical trades-unionism have to a certain extent led the general public and the medical profession who take their information on professional subjects at second or third hand, to think that because a medical man, already fully qualified and well up in his profession, adds to his already possessed professional information a knowledge of the law of drug-selection, he thereby and at once becomes deprived, if not of his senses, at least of all he had previously learned of his profession! Your correspondent has found out, and he tells the public, through you, that this is not so. We are obliged.

Touching Dr. Skinner's opinion of Homœopathy and homœopathic practitioners, surely a medical man, as I presume your correspondent is, should not be content that

all his knowledge on a scientific or medical subject should be derived from a newspaper correspondence. He should himself read either the writings of Hahnemann or of some of his numerous contemporaries or successors in Germany, or France, or America; or of Drysdale, Dudgeon, Henderson, Black, Russell, or Hughes, etc., in this country—men who were fathers in Homœopathy before Dr. Skinner was born into it, and who have treated the subject scientifically.

From his postscript I conclude "*Ars longa, vita brevis est*" is the same as "*Experientia fallax; judicium difficile.*" But surely, as a medical man, he does not wish to make such an exhibition of himself as would be the result of a public meeting in Hope Hall, especially as he is ashamed of his name being known! And surely he cannot expect me to arrange a meeting with an anonymous correspondent.

Yours, etc.,

JOHN W. HAYWARD, M.D.

Liverpool, October 12, 1881.

"THIS VILE BODY."

SIR,—Dr. Harmar Smith seems exercised in his mind lest a charge of theological, as well as medical, heresy should be affixed to the homœopathic body. I should have thought that one who dared to think for himself in one branch of science would have welcomed the advent of free-thought in another. The doctrine of the resurrection of the material body is one which must be determined on scientific grounds, not allowed to depend on the (often erroneous) opinions of a learned Hebrew who lived 1,800 years ago. That state of mind commonly called "belief," which means accepting as true something which has never been demonstrated, is prejudicial to true philosophy and science. True science has no belief. True science questions all things, takes nothing on credit. It knows but three states of the mind—denial, conviction, and that vast interval between the two, which is not belief, but suspense of judgment. I would therefore ask Dr. Harmar Smith to solve for me the following questions:—

(1) What will be the use of a material body in a spiritual world?

(2) If we are to rise again with our bodies, *which* body shall we rise with? Our bodies are continually changing, so that an old man has had several bodies.

(3) Seeing that we are constantly taking into our system various organic and inorganic substances, and as constantly throwing them off again, it follows that any atom may have been a constituent of several bodies. Atoms which once formed a part of Dr. Harmar Smith's body may now form a part of mine. To which of us, then, will these atoms belong in the resurrection?

(4) Will the bi-formed monstrosity, known as the "Two-headed Nightingale," rise with her (or their) body? because if so there will be monstrosities in heaven itself.

For my own part, though my "vile body," as Dr. Harmar Smith's great authority calls it, is a very good one of its kind, I hope one day to be quite free from it, and all the degrading wants of mortality which accompany it; and when once emancipated from it, I don't ever want to see it again.

Yours rationally,
SCIENCE.

"THE RESURRECTION OF THE MATERIAL BODY."

SIR,—Being absent from home last month, I did not see the letters of "Laicus," "Incognito," and Dr. Berridge in time to send a reply for your August issue. "Laicus" is unfortunate in his endeavour to claim S. Chrysostom on his side; for, whatever may have been Chrysostom's views on Job xix. 26, he was certainly no unbeliever in the Catholic doctrine of the "Resurrection of the Body." If I mistake not, however, the following quotation is Chrysostom's comment on the passage in question. "These words," he says, "inculcate the doctrine of the Church, the Resurrection of the Flesh; they teach us that the body, which suffers here with the soul, will be a partner with it in glory hereafter. Indeed, it cannot be equitable that one thing should suffer here and a different thing should rise hereafter. God is immortal, and we are His offspring; and Job says that after God has dissolved his flesh in the dust, He, who has afflicted that flesh with pain, will renew it in glory."

This exposition of the passage dates even from the days of the Apostles; and "Incognito" would do well to remember that it is supported by weighty authorities more worthy of his attention, and more likely to help him to a right understanding of the "divine language" of the Bible than "Heard" and "Epictetus."

Dr. Berridge must be aware that, whatever were the merits of the late John Bellamy as a Hebraist (of whom, by the way, well-known biographies are singularly silent), he can hardly be put forward as an authority equal to Dr. Pusey. Further, Dr. Berridge might just as well say that an edition of Grote's "History of Greece," without his running analysis, was not as much the work of Grote as an edition with the analysis, as maintain that because some Bibles have no marginal readings, therefore the marginal reading is not the rendering of "our teachers."

M. A.

August 20.

P.S.—There are two Resurrections mentioned in the Bible :
1, The mystical Resurrection which takes place in baptism :
2, the Resurrection of the *body*. "Laicus's" statement that we are "'sown' in this world at birth and raised from it at death," is an evident perversion of 1 Cor. xv. 44.

DEAR SIR,—I have read Dr. J. Harnar Smith's letter on this subject. Allow me first of all to say that I cannot for one moment conceive the success of Homœopathy depending upon the religious prejudices or convictions of its practitioners. Personally, I believe it would be no recommendation for homœopathsists to say in a chorus that they were "strictly orthodox"—in the matter of religion. Verily, homœopathsists are thinkers. For my part, I look for thinkers in the ranks of the heterodox.

Nevertheless, I do not agree with your correspondents "Incognito," "Laicus," and Dr. Berridge in denying the Bible doctrine of the resurrection. I believe all three of them to be wrong. As a believer in the Bible being an authentic record of Divine revelation, I contend for a re-
standing of the dead at a time appointed in the purpose of God. A great deal has been said about Job xix. 25. I will simply give the rendering of the late Dr. Moses G. Margoliouth, an Orientalist of undoubted eminence: "As for me, I have known my living Redeemer, and He shall at length abide upon the earth: and after my skin has returned, this shall be; and out of my flesh shall I see God." The particle rendered "out of" does not mean "without," as some have endeavoured to show. The variety of translation by scholars has arisen from the many and various interpretations applied to the passage. At the time he was speaking, Job's skin and flesh were leaving him on account of his sufferings. He

is represented as looking forward to again appearing in the land of the living, with his flesh returned, and in the presence of Eloah, his Avenger or Redeemer.

“Laicus” speaks of “a spiritual body.” Who knows anything of this—in the sense intended? Nature reveals nothing about it; the Bible speaks of no future existence except that brought about by *anastasis*—by a standing up of the dead. Misapprehensions as to Bible-teaching in this respect have brought into existence many pointless objections to resurrection. The late John Thomas, M.D., in his excellent book “Anastasis” (pages 9 and 24), says: “He (the Deity) takes away men’s breath, and they die and return to their dust. He subjects them to analysis; and then at the time appointed, He reverses the operation in sending forth His Spirit for their renewal (Psalm civ. 29, 30). This is the formative or recreative power of resurrection. The gases and the dust might be all mechanically and intimately combined; but no image and likeness of a previous entity would result. The power of the Life-Word, intelligently operative, is indispensable. . . . The enemies of the saints in various ages have thought to prevent their resurrection by burning their bodies, and scattering their dust to the winds! But the Lord in heaven holds all such enterprises in derision. Any other dust may do as well; the power of identity not residing there; but in the character already formed being flashed by the Spirit upon the new creature.” So, in conclusion, let me observe, in view of Bible-teaching concerning human nature, that there is no room for an immaterial existence after death. The dead await an awakening. The venerable doctrine of the immortality of the soul also awaits something—proof! “Laicus,” “Incognito,” and Dr. Berridge have now a task. Let them demonstrate what, from Plato downwards, has been assumed and taken for granted.

Yours obediently,

October 10th, 1881.

J. W. T.

DR. COOPER ON THE DOSE.

DEAR SIR,—As one who takes a great interest in the question of the dose, will you allow me to ask that doughty champion of high potencies, Dr. Berridge, to favour us with some cases of really bad attacks of (a) painful and persistent *Gout*, also of cases of (b) *Ring-worm* of, say, six months’ standing cured with, exclusively, high potencies?

o o

I trust that Dr. Berridge will not think I write in any carping spirit—far from it; but one cannot fail to notice the absence of these affections from the rôle of cases with which the pure school of Homœopathy are continually furnishing us.

A few good cases, uncommented upon, carry more weight than volumes of generalising statements.

Truly yours,

ROBERT T. COOPER, M.D.

November 3rd, 1881.

[On the other hand, will Dr. Cooper favour us with some cases of really bad attacks of (a) painful and persistent *Gout*, also cases of (b) *Ring-worm* of, say, six months' standing, cured with, exclusively, low potencies? Then we shall be able to make comparisons that not only need not be odious, but might aid in settling the "question of the dose."—ED. H. W.]

DR. USSHER ON POTENCIES.

DEAR SIR,—I don't often use high potencies, for the reason that I get on very well with lower, but as some of our friends at the Convention have laboured hard to convince us that these potencies, according to figures, *cannot be* anything, and the use of them has left us more persuaded than ever that we find them useful, will they explain the following case? A patient had five powders of *Sulph.* 200, five globules or more in each, to be taken at intervals of some days. When next she came her story was this: "I have only taken one of the five powders; it vomited me and purged me, leaving my abdomen so sore that I cannot bear to have it touched." "Perhaps," I suggested, "you overtaxed your stomach;" or still willing to accuse the last medicine (as Dr. Dake does), which in this case was *Iodide of Sulph.* 6, a nullity in their eyes; but the answer of the woman was a settler; the vomiting and purging came on immediately after taking the powder. On many occasions this same *Sulph.* 200 has so acquitted itself, and it is so like *Sulphur* that I think there must be *Sulphur* in it, though not exactly enough to make fireworks in one's inside. I am obliged to Mr. Ross for pointing out that *Urtica Urens* was not first applied to burns by myself, and I am only entitled to the honour of a *re-discovery*. Well, to make a useful weapon of a disused sword is something.

I fear it is coming to a sad pitch with some of us, for, according to Dr. Berridge, Homœopathy is perishing out of

the land; well, he needn't be nasty over it; some of us prefer the plain to the bare ridge of the mountain, a privilege to those who "grovel here below." I don't mean to infer that he is up in the clouds, but ask him not to stay up too long there, or he will get cold.

Yours faithfully,

H. USSHER.

Wandsworth, Nov. 4th, 1881.

REPORTS OF INSTITUTIONS.

EXETER HOMŒOPATHIC DISPENSARY.

WE are in receipt of the annual report of this useful Institution, which was established May 21st, 1849, and are gratified at its continued success under Dr. F. G. White, its present able medical officer.

The Exeter Homœopathic Dispensary has a very influential committee, presided over by the Hon. and Rev. Prebendary H. H. Courtenay. Among the donors and subscribers we notice the Right Hon. Earl Fortescue, General Studd, Dr. Rogers, Lady A. M. Courtenay, Captain G. de C. Hamilton, the Rev. Canon Lee, Mr. E. Johnson, M.P., Hon. Colin Lindsay, Lady Shelley, Colonel Saville, and Viscountess Sidmouth.

The medical officers report is as follows:—

Cured	...	...	...	...	...	...	327
Relieved	...	...	...	...	...	...	143
Died—Heart 1, Lung 2, Apoplexy 1, Cancer 1							5
No Return	...	...	...	...	...	...	46
On Books	..	...	...	...	...	...	61
Total	...	...	...	...	...	...	582

Thus giving a mortality of less than 1 per centum.

The importance of Homœopathic dispensaries all over the country is much greater than might appear at first sight on account of their testimony to the truth and beneficence of our great reform. We congratulate Dr. White on his good work, and remind our readers in and around Exeter that the Devon and Cornwall Bank at Exeter receives donations and subscriptions for this Dispensary.

BATH HOMŒOPATHIC HOSPITAL BAZAAR.

FROM the local press we gather some very interesting details in regard to the Bath Homœopathic Hospital and its recently held bazaar.

On November 3rd this bazaar in aid of the funds of the Homœopathic Hospital, No. 1, Duke Street, was opened at the Assembly Rooms, Bath, by the Mayor. Dr. Newman, the founder of this hospital, was actively associated with its working for a period of thirty-five years, and the measure of its indebtedness to him may be in some degree estimated by the fact that during that time he collected no less a sum than £4,000 for its benefit. Latterly, Dr. Newman's health giving way, he has been superseded in the more active work of the hospital by Dr. Holland and Mr. Norman, though he holds the position of honorary consulting physician. The present financial condition of the hospital is, we regret to say, not satisfactory. The work of administering gratuitous medical relief to the poor has now for many years occupied a high place among the various charities to which the public contribute, and it is to be hoped that without regard to points of medical controversy this will always be so. The benefits conferred by this hospital are doubtless of the most substantial character, and as every institution depending upon voluntary aid deserves support in a proportionate ratio to the amount of good it effects, we trust the present appeal of the committee will be found to have proved effectual. The bazaar was opened at 12 o'clock, and the Mayor was accompanied by the medical staff and the whole of the members of the committee, including Dr. Newman, Dr. Holland, Mr. Norman, Col. Black, Rev. C. Hottt, Rev. G. Newnham, Rev. N. Nurnberg, Mr. Jeeves, Mr. Cruickshank, and a large number of ladies.

The Mayor, in his opening address, sketched the progress of the Homœopathic Hospital from the time of its establishment until the present, and said that when requested to open the bazaar he felt it due to himself to become acquainted with what was done at the hospital. Having visited it he was convinced that the good work carried on within its walls was not sufficiently known. (Hear, hear.) He had recently visited the wards, and he must congratulate the committee upon the admirable arrangements made for the comfort and convenience of those who were located there. It was pleasing to his feelings to hear patients express their deep sense of

gratitude for the benefits derived from the treatment they received, and also for the personal kindness shown them by the members of the committee. No doubt great progress had been made in sweeping away the prejudices which at first surrounded a supposed innovation; when it was first suggested that a better system of medical treatment could be found the idea was scouted, and Homœopathy, like all other reforms, was ridiculed. *It had, however, stood the brunt of the test, and it had been a very severe one.* If he looked to the results of the working of the hospital he found they had been very great. Since its opening there had been something like 520 in-patients admitted. If they added to the number 15,600 out-patients they would realise in a slight degree the benefits which the hospital had conferred upon the poor of the city. (Applause.) Having expressed the pleasure it afforded him to be present, the Mayor alluded in complimentary terms to the self-denying labours of Dr. Newman, Dr. Holland, and Mr. Norman, and declared the bazaar open. His worship was then presented with a bouquet by Miss Hortt.

The Rev. G. W. Newnham moved a vote of thanks to the Mayor for his presence.

Colonel Black, in seconding the motion, thanked the Chief Magistrate of the city for honouring the bazaar with his presence. The bazaar was held for the benefit of the poor, who highly esteemed the benefits derived from the hospital.

Dr. Holland, in supporting the resolution, said there were twenty-four or twenty-five beds in the hospital, for which they had plenty of applications, but they could not fill them for want of funds. He suggested that Hospital Sunday should be introduced into Bath as in other cities.

The Mayor briefly returned thanks.

The stalls containing the articles for sale were placed round the tea-room, and were very elegantly decorated. The following ladies presided:—(1) The Misses Newman; (2) Mrs. Hippley and Mrs. Holland; (3) Mrs. Norman; (4) Miss Orr and Miss Little; china, Doulton ware, and Clevedon sunflower ware stall, Miss Fox; flower and book-stall, Mrs. Black and other ladies. Mrs. A. Allwright (Corridor) contributed to the toy stall, and Mrs. J. Fortt (Broad Street) sent a number of useful articles.

The art exhibition was held in the Octagon, and was on an extensive scale. It consisted of oil paintings, water-colour drawings, sculptures, china, silver, bronzes, and needlework.

The specimens of needlework were obtained from South Kensington, and formed a handsome collection, valued at £300. There were many contributors of pictures, and among those to whom the committee are indebted are the Mayor, Dr. Dyce Brown (of London), Mr. R. S. Blaine, and Mr. E. Turner Payne. Lady Dynevor sent a magnificent screen; Lady Straubenzees some ornamental Chinese work, ivory carvings, etc., and Lady Jane Swinburne was also a contributor. Mr. John Chivers contributed a very valuable collection of silver, and Mr. Harris (of Queen Square) specimens of ornamental jewellery. Mr. Goodman exhibited a collection of bronzes; Mrs. Owen, Springfield Lodge, Italian marbles; Mrs. Skrine, Claverton Manor, and Mr. Rainey, ornamental china; Mrs. Clerk, Combe Grange, bronzes; and Mr. Tyndale, Norfolk Crescent, an oil painting of the Mayor. There were also some excellent modellings and carvings by Mr. F. Chapman, of Widcombe. The electric light was used for lighting in the evening, and the bazaar was continued for three days.

The attendance on each day was large. The Rhine String Band played selections of music in excellent style, and Mrs. Frith presided at the piano at intervals.

During the proceedings a very important fact was brought to light—viz., Mr. G. Cruickshank mentioned that after the American war eight or nine hundred soldiers were treated by the homœopathic system and a similar number by the allopathic mode. Under the former 5 died and 15 remained in the hospital, while under the latter 120 died and 139 remained in the hospital.

It was pointed out by the Mayor that Dr. Holland gave one day in six to the hospital, and Dr. Norman devoted two days a week to it. We believe Dr. Norman has borne the heat and burden of the day in connection with this bazaar, and hence a large share of credit is due to him for the great success which it has achieved. Those of our readers who live in or near Bath should go to the hospital and see for themselves what is being done, and give the hospital their active support.

NOTE.—*This issue is not so replete with practical matter as we could have wished, on account of the space occupied by the "Index."*

HOMŒOPATHY AT MULLER'S ORPHANAGE, BRISTOL.

"It is stated that the whole of the sixty children who were simultaneously attacked with typhoid fever at Müller's Orphan Asylum, are convalescent. They have been treated homœopathically."—*Daily Telegraph*, Oct. 13, 1881.

A correspondent writes us:—"At Müller's Orphanage Homœopathy did great things in an outbreak of scarlet fever." The fact is, friend, Homœopathy is doing great things everywhere.

P.S.—Since penning the foregoing note we have learned that the number of cases was *eighty*. They have all recovered. The allopaths say that Homœopathy is dead any number of years already. What a pity they forgot to bury it!

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, 5, Holles Street, Cavendish Square, 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. C. MILLER, 2, Finsbury Circus, London, E.C.

DR. BRADSHAW, late of Nottingham, has, we understand, removed to Tunbridge Wells.

CORRESPONDENTS.

Communications received from Dr. John H. Clarke,

South Kensington; Dr. Usher Wandsworth; Messrs. Thompson and Capper, Liverpool; Dr. Lorbacher, Editor of *Allgemeine Homöopathische Zeitung*, Leipzig; Dr. Berridge, London; Dr. Cooper, London; Dr. Bradshaw, Tunbridge Wells; Dr. Usher, Wandsworth; Dr. White, Exeter; Dr. Neville Wood, London; Dr. Pope, London; R. Bailey Walker, Esq., Manchester; Mr. Bayford, Barnsley; Dr. Hughes, Brighton; Dr. Pope, London
Dr. Tuthill Massy, Redhill.

BOOKS AND JOURNALS RECEIVED.

The Therapeutic Gazette, October, 1881.

Revelations of Egyptian Mysteries. Nicholls and Co.,

429, Oxford Street. (People's Edition.)

El Criterio Medico. Tomo XXII., Número 20.

The Homœopathic Physician, No. 11.

The Journal of Medicine and Dosimetric Therapeutics. November, 1881.

Hahnemannian Monthly, October, 1881.

Notes on Consumption. By Stammers Morriison, M.D. London: The Homœopathic Publishing Company, 1881.

The American Homœopath, October, 1881.

The Weekly Medical Counselor, October 12 and 19, 1881.

The Medical Call, October, 1881.

Herald of Health, November, 1881.

Revue Homœopathique Belge, October, 1881.

Monthly Homœopathic Review, November, 1881.

The Dietetic Reformer, November, 1881.

Boletin Clinico del Instituto Homeopático de Madrid.

United States Medical Investigator, October 1, 1881.

Medical Advance, October, 1881.

Allgemeine Homœopathische Zeitung, Bd. 103, Num. 17 and 18.

The Clinique, October 15, 1881.

Bibliothèque Homœopathique, Novembre, 1881.

Keene's Bath Journal, Saturday, November 5, 1881.

Archivos de la Medicina Homeopática, Num. 96.

The American Homœopath, November, 1881.

The Bath Herald, Nov. 5.

St. Louis Clinical Review, October 15.

La Reforma Medica. Tomo V., Num. 9.

Chemist and Druggist, November, 1881.

New York Medical Times, November, 1881.

Manchester Examiner, November 12, 1881.

The Homœopathic Physician's Visiting List and Pocket Repertory. By R. Faulkner, M.D. Boericke and Tafel, New York and Philadelphia.

The Homœopathic World.

CONTENTS OF NOVEMBER NUMBER.

LEADING AND GENERAL ARTICLES:—

The Communicability of Bovine Tuberculosis to Man.

The Indian Method of Resuscitating New-born Children.

Case of Poisoning by Arnica.

London School of Homœopathy.

The Queen and Medical Women at the International Medical Congress.

De omnibus rebus—Et quibusdam aliis.

Typical Case of Senile Gangrene Cured by the Dry Earth Treatment.

Recent Utterances on Homœopathy.

A Contribution to the Pathogenesis of Cicuta Virosa (Wasserschierling).

On Psoriasis from Borax.

Lancashire Doctors and Homœopathy.

Fatigue of the Ear.

Mikania Guaco.

Case of Feared Hare-lip treated by Medicine.

The Chicago Homœopathic College

OBITUARY:—

Dr. Tudge, of Yeovil; Mr. Robertson, of Shrewsbury; and Dr. Dalzell, of Malvern.

LITERATURE:—

The Guiding Systems of our Materia Medica.

Transactions of the World's Homœopathic Convention of 1876.

CORRESPONDENCE:—

Progress of Homœopathy in India.

Urtica Urens in Burns.

Dr. Dalzell a Hahnemannian.

Consultations between Homœopathic Practitioners and those of the Old School.

Small-pox Prevention.

Dr. Croucher on Lunacy Certificates.

Lectures on Materia Medica in London School of Homœopathy

SHORT NOTES, ANSWERS, ETC.

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