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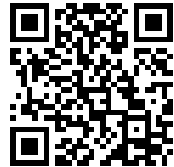
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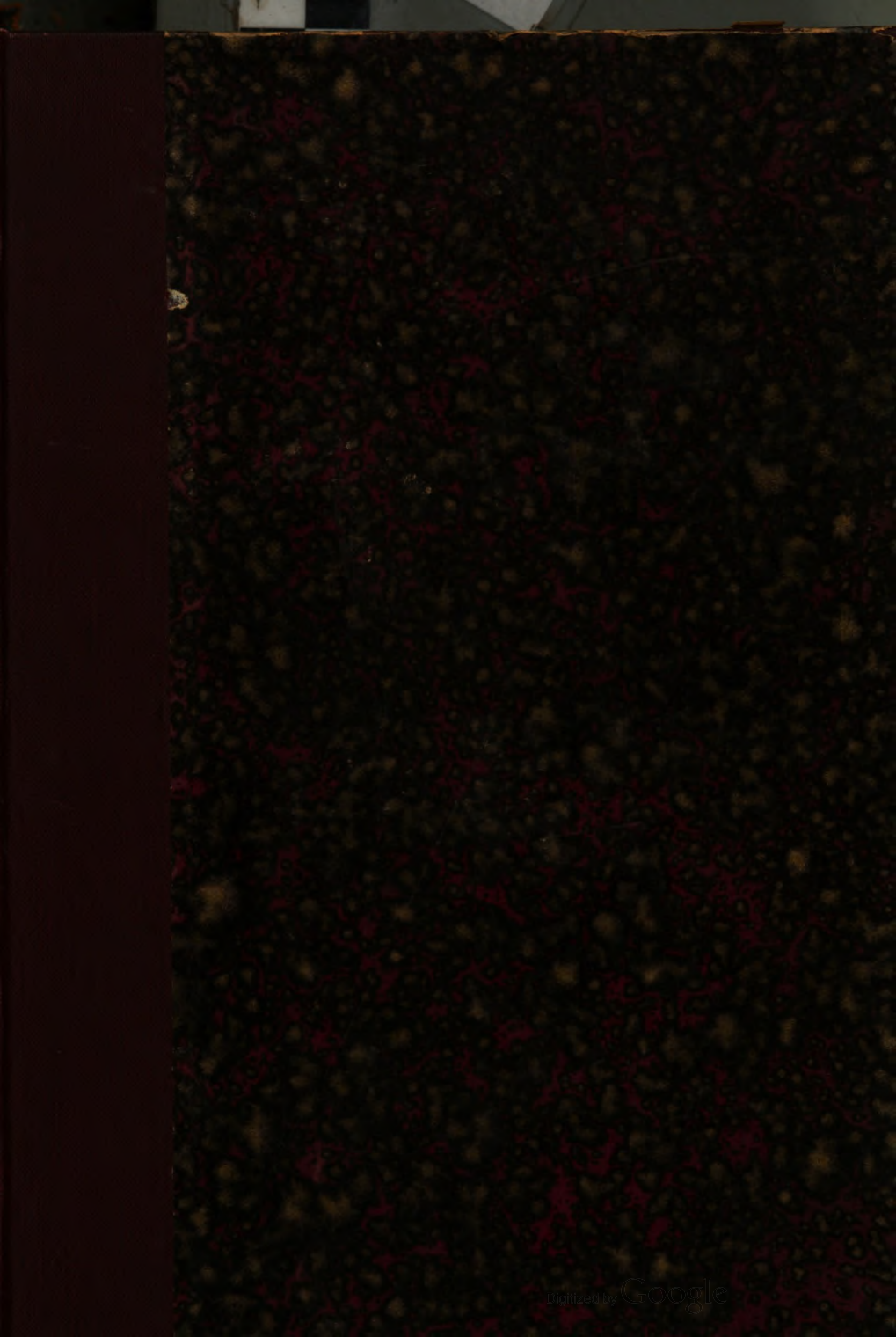
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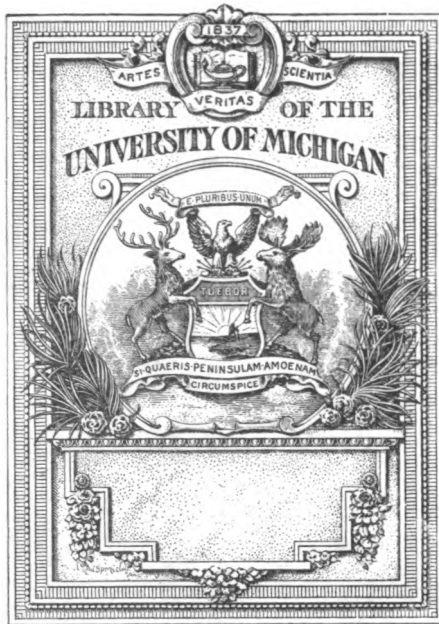
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THE  
HOMŒOPATHIC WORLD.

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JANUARY 1, 1887.

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GREETING.

WITH the present number the HOMŒOPATHIC WORLD, having attained its majority, enters on the twenty-second year of its existence. In offering a friendly New Year's greeting to our readers and contributors, we are happy to announce that our Journal is in no way feeling overburdened by the "weight of years," but maintains a very hopeful degree of vigour and health. It is our endeavour to make the HOMŒOPATHIC WORLD at once an educating and an edifying medium, as it has always striven to be, and to keep it on such a high platform among journals that supporters of homœopathy all the world over may be able to regard it with befitting pride.

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TRACT No. 9.

The last shot of the old year, fired by the LEAGUE into the rickety timbers of the ship of Old Physic, was an uncommonly heavy one. Indeed, it may be better called a whole broadside, and all the more galling that the powder and shot were taken from the magazine of Old Physic itself. "Allopathy, judged by its Professors," is the title of Tract No. 9; and after perusing its contents, the most ardent homœopathist will wish allopathy no stricter judges than her own sons. We will quote the opening remarks :

"As the partizans of traditional medicine are so bitterly opposed to homœopathy on account, as they tell us, of its un-

scientific character, its impotence to cure disease, its absurdities and its opposition to all the experience of the two thousand years during which their own 'scientific' system has existed, one is naturally anxious to know what the most illustrious representatives of old physic have to say about their own system. Of course we would expect that, as they treat the new method with so much scorn and contempt, they are chiefly moved thereto by the contemplation of the excellences, not to say the perfection, of their own method. Their depreciation of homœopathy must, one would think, be motived by the high estimate they entertain of allopathy. But what is our astonishment to find that they have not a word to say in praise of the system which, when they contrast it with homœopathy, they call 'scientific,' 'rational,' 'regular,' 'legitimate,' 'alone worthy the consideration of men of science,' and the dignity and honour of whose partizans would be compromised by contact with anything related to homœopathy in the remotest degree. When speaking among themselves, as it were—homœopathy not being on the *tapis*—their language is so different, we can hardly suppose they are alluding to the same thing; they cannot say anything too hard or too bad of their time-hallowed system. It is unscientific, irrational, illusory, inept, unworthy the attention of sensible men, pernicious, murderous even. If their own system be so bad, so vile as they represent it, why, one naturally asks, do they so persistently refuse to look into and test homœopathy, which those colleagues who have done so tell them is rational, scientific, innocuous, and an eminently successful method of treating disease? It seems so strange that they should condemn homœopathy untried, when they have such a mean opinion of their own system. One would think they would be glad of the slenderest chance of exchanging their own miserable practice for something better. It would almost seem that the study and practice of the treatment transmitted to them through ages of time by the sages of physic, have, in consequence of their earnest and diligent search having been unrewarded by the discovery of any truth or excellence in what they have been brought up to believe is the whole field of medicine, caused them to despair of their art so completely, that they will not even look at homœopathy, feeling sure that it will prove as fallacious as all the systems and methods and modes of treatment that have preceded it.

The tract then goes on to give quotations from allopathic writers, such as the remark of CLAUDE BERNARD, that "scientific medicine does not exist;" LAUDER BRUNTON'S statement that "our ideas are often hazy and indefinite.

We give medicine at random, with no definite idea of what it should do, and trusting to chance for results;” Sir ASTLEY COOPER’S that “the art of medicine is founded on conjecture and improved by murder,” and a host of others.

Nothing could be more opportune than this tract. When we are desired by our peace-and-quietness-loving friends, who see things not as they are, but as they wish them to be, to beat our spears into ploughshares and make peace with the enemy, we shall refer them to TRACT No. 9, and ask for some basis on which we can negotiate before we can consent to think about terms. The system of HAHNEMANN can have no fellowship with the chaos of Old Physic. Whenever homœopathy is abused by the ignorant, a polite request that the abuse shall be reserved until they who utter it shall have perused TRACT No. 9, will have a more potent effect in silencing the adversary than torrents of heated talk. TRACT No. 9 should be in the hands of every one, and it is the duty of all homœopathists to do their best to spread it broadcast.

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## NOTES.

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### A HANDSHAKE FROM OVER THE WATER.

DR. HOLMES, who contributed the very valuable paper on *Epiphégus* to our November number, writes to us from Sycamore a friendly letter, which, though private, contains nothing that may not be made public, and which will, we are sure, interest our readers:—

“I am very much interested in the many well-deserved hits your people are giving Dr. Brunton; and I have in view an article replying to some of the attacks, and asking the question if stealing our therapeutics will avail the allopaths anything, unless they use the dynamized remedy. It seems to be a point over-looked, and one which should be well taken into consideration. Of course our allopathic brethren will encounter the same serious obstacle which Hahnemann did, if they attempt to prescribe our homœopathic remedies according to the law of *Similia* and yet use heroic doses. You are certainly making ‘The World’ a very interesting journal, and I should like to see some of its combative and defensive spirit enter into our American homœo-

pathic journals. I believe our school must stand out more independently, or the time is not far distant when the old school will absorb all our ideas, and give us no thanks for them. Already the allopathic dosage has been wonderfully decreased, and I find almost a universal willingness for allopaths to consult with us (when the case is ours). The fee in question goes farther with them as an argument than their respect for their old code of ethics."

We confess we think our allopathic brethren are right in this. Their "code of ethics" is certainly not to be compared in point of value to the smallest fee doctor ever received.

#### MELBOURNE HOMŒOPATHIC HOSPITAL.

WE are glad to find from the Eighteenth Annual Report of the Melbourne Homœopathic Hospital, that the handsome new building, of the erection of which we gave an account some time ago, is now in full working order. The report includes a period of six weeks during which no patients were treated, the time being occupied by the transfer of operations from the old building to the new. Still there were treated in the hospital 276 cases during the year, and 1,385 out-patients. The authorities are endeavouring to obtain a Convalescent Home in connection with the hospital. We wish them all success.

#### A HOMŒOPATHIC HOSPITAL FOR CHILDREN.

UNDER this heading the *Medical Press* of Dec. 1st, had the following paragraph:—

"A new and extensive building has just been erected in New York, at a cost of £60,000, to serve as a hospital for children, the staff of which is selected from the professors of homœopathy. Commenting on the fact, the *Medical Record* expresses its 'unbiased opinion' that 'if the homœopathic physicians in question are, as is the rule, men who use a little homœopathy and a great deal of ordinary medicine, then it is a case of misrepresentation, not to say humbug.'"

#### "MUCH VIRTUE IN 'IF.'"

THE following week the same journal had the grace to insert a letter from Dr. Dudgeon entitled "Much Virtue in 'If'" :—

"SIR,—Last week you mentioned that a Children's Hospital has been erected at New York, at a cost of £60,000, the staff of which is



selected from the professors of homœopathy. Then you quote the 'unbiased opinion,' of the *Medical Record*, that 'if the homœopathic physicians in question are, as is the rule, men who use a little homœopathy and a great deal of ordinary medicine, then it is a case of misrepresentation, not to say humbug.' It is well that the *Medical Record* tells us this is its 'unbiased opinion,' for otherwise we might suspect that its opinion is considerably biased by its prejudices. The *M. R.* either does not know anything about the practice of homœopathic physicians—in which case it should not have insinuated that they practise little homœopathy and much ordinary medicine—or it knows what the practice of homœopathic physicians is, and must therefore know that its *innuendo* is a 'misrepresentation.' The 'if' so judiciously introduced saves it from the reproach of having positively asserted an untruth, but not from that of having made a *suggestio falsi*. This hypothetical style of criticism might be carried out in reference to other matters. For example, we might say: *If* the average annual mortality from hydrophobia in France is twenty-six, as stated by M. Colin and the best authorities, and *if* ten of Pasteur's inoculated French subjects have died of hydrophobia within the year, as Pasteur admits, and *if* the deaths from hydrophobia of sixteen other French persons within the year are known, as Pasteur also admits, then, as the deaths from hydrophobia in France of inoculated and uninoculated in this year equal the average annual death-rate, it follows that the vaunted success of Pasteur's preventive inoculation is 'a case of misrepresentation, not to say humbug.' Again: *If* Dr. Lauder Brunton's new big book on *Pharmacology* contains a large number of remedies taken, without acknowledgment, from homœopathic sources, as I have elsewhere shown, then the assertion that Dr. Brunton, in his book, teaches 'ordinary medicine' is 'a case of misrepresentation, not to say humbug.' This style of criticism has its conveniences. You do not commit yourself to anything absolutely and irremediably. It has also its inconveniences, as it leaves the reader in doubt. So, perhaps, on the whole, it would be better to forego the use of 'if' in criticisms, and reserve it, like Touchstone, for quarrels.—I am, sir, yours, &c., R. E. DUDGEON."

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#### THE MEDICAL ANNUAL.

WE are glad to learn that this extremely useful work, about which there was some delay in the issue last year, is now in a forward state, and will be in the hands of the public, probably when this notice is read.

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#### MR. C. KNOX SHAW.

THE London Homœopathic Hospital is to be congratulated on the acquisition of Mr. Knox Shaw, of St. Leonards, as a member of its medical staff. Dr. Moir having expressed a wish to be relieved of the duties of ophthalmic

surgeon, which he has hitherto so ably discharged to the great advantage of the Institution, on account of the pressure of other work, and a disinclination to devote himself exclusively to a specialty, Mr. Knox Shaw has been appointed in his stead. Mr. Knox Shaw is well known as one of the ablest and most energetic of our provincial homœopaths, holding the position of Medical Officer of Health in the town of Hastings. His work as Surgeon to the Buchanan Hospital at St. Leonards, where he has devoted especial attention to the eye, has often been noticed in these pages. We believe it is Mr. Shaw's intention at present to work his new appointment from St. Leonards, coming to town two days a week for this purpose. We trust it may lead eventually to his settling in the Metropolis as a pure surgeon. There is much need of a surgeon who understands homœopathy, and who will be able to hold his own among the consulting surgeons of other hospitals. We are happy to state that the London Homœopathic Hospital will not lose the services of Dr. Moir; they are only transferred to another department—that of the general work of the hospital, and we are sure Mr. Knox Shaw will frequently be glad to avail himself of Dr. Moir's opinion and advice in relation to the new duties he is undertaking.

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#### A PERSECUTION.

THE INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST, 26, Margaret Street, W., occupies a peculiar position among the medical institutions of the Metropolis, being served by a staff, comprising both homœopathists and allopathists. The two homœopathists—Dr. Victor Jagielski, of 54, York Terrace, N.W., and Dr. T. C. Marsh, 56, Fitzroy Street, W.—are at present undergoing a persecution at the hands of some of their allopathist colleagues, who have moved the Executive Committee of the institution to take proceedings against them. Our *confrères* have been asked to resign their appointments; and on their refusal to do so, a meeting of the Governors was called on the 20th prox., for the purpose of compelling them to vacate their posts. When the meeting assembled, the Chairman (who had been nominated by the persecuting faction) had no sooner taken his seat than it was pointed out by Lord Grimthorpe (Sir Edmund Beckett), one of the

governors, that the meeting had been illegally called. The Chairman had then no option but to declare the proceedings at an end before they had well begun, the affair thus ending in a fiasco. We offer our warm sympathy to Drs. Jagielski and Marsh under the trying circumstances in which they find themselves. We have no doubt that their courage and firmness will prove of the greatest value, not to the institution merely with which they are connected, but also to the cause of medical liberty and of science. We are happy to find that their allopathic colleagues are not all dominated by the prevailing spirit of bigotry. Dr. Cooper Terry, Senior Physician to the Infirmary, has protested against the persecution in the most vigorous terms.

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#### THE REVOLUTION IN MEDICINE.

As an indication of the recent date of the great change that has come over the practice of medicine, the following quotation from the *Life of Lord Shaftesbury* will be read with interest:—

“The illness with which he (Francis, second son,) was seized was a severe attack of cold and inflammation, the remedy then applied was one which would not now be even thought of—such has been the rapid advance of medical science—repeated bleedings” 1849 (*Life and Work of the Seventh Lord Shaftesbury*, vol. ii. p. 282).

The “advance” of medical science has not been quite so “rapid” as the writer imagines. For half a century before this melancholy death occurred Hahnemann and his followers had been protesting against the treatment, and showing by their practice that it might be dispensed with. In the forty years that have followed their labours have taken effect to the enormous saving of human life.

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## ORIGINAL COMMUNICATIONS.

## NOTES ON NICOTISM, OR THE TOBACCO HABIT.\*

BY JOHN H. CLARKE, M.D., LONDON.

THERE is much useful information to be gleaned regarding the action of drugs from a careful study of the many instances of chronic poisoning that are constantly occurring under our own eyes and even in our own bodies. For in these days of advanced civilization there are very few persons to be met with who are not to a greater or less degree under the influence of some poisonous drug. There seems to be a deep-rooted instinct in the human constitution impelling us to take poison of some kind or another. I do not attempt to explain the fact. It is one of the misfortunes to which our flesh is heir; and whether we regard it as a manifestation of original sin, or explain it in some other way, it remains one of the problems of diseased humanity with which medical men have to reckon, and with which they have to deal as effectually as may be. Among our popular poisons tobacco holds a conspicuous place, and I have thought it would not be time lost if I put together a few notes on the manifestations and effects of habitual indulgence in the nicotic weed, and on its antidotes and the treatment of its effects.

For the sake of convenience in writing I have taken the liberty of coining a word. There are other ways of taking tobacco besides smoking; and I wanted a word that would include the "chewer" and the "snuffer" as well as the smoker. The word "tobacconist" might have done if it had not already been appropriated by the vendor of the drug. "Tobacchanalian" was too long, and besides, it might have been regarded by lovers of the weed as offensive; "tobaccoist" and "tabaccian" were tried, but found so be scarcely euphonious. Eventually I went to the family name of the plant, and found it more suitable for my purpose. *Nicotiana* gives us "Nicotist" very naturally for the indulger in the "tobacco habit;" and Nicotism may serve to express both the habit itself and the state of poisoning occasioned by the habit. On the other side, the

\* Written for and discussed at the Homoeopathic Convention, Basle. For report of discussion see *Homoeopathic World*, September, 1886, p. 418 and following.

objector to the habit may be named "anti-nicotist," since the term "anti-tobacconist" is simply "not to be endured." And there is a minor advantage about this new terminology: it is not derived from the almost inevitable "two Greek words," but from the name of M. Nicot, the French Ambassador at Portugal, who sent a specimen of the plant from Lisbon to Catherine de Medicis in 1560. We are thus at liberty to fix the meaning of our words without offending the classic dead, whose language has suffered so much at the hands of modern barbarians of science and manufacturers of candles. The affixes "ist," "ism," and the prefix "anti," can no longer be regarded as Greek; they have long been part and parcel of the languages of modern Europe.

Nicotism, like morphism, alcoholism, and the arsenic habit, has several stages. There is the initial stage; the stage of toleration, so-called, which is also one of saturation; and there is the stage when the symptoms reappear either from over-dosing, from diminished power of resistance, or when the regular dose is decreased or omitted altogether. In saying this I must make the proviso that, owing to peculiarities of constitution, in many cases the different stages cannot be distinguished. There may be no unpleasant symptoms from the outset; and the leaving off of the drug may be attended with no discomfort. Generally, however, there are three well-marked stages.

#### THE FIRST STAGE.

It is seldom that the early experiences of the nicotist are altogether pleasant. Few boys enjoy their first pipe; and still fewer enjoy their first "chew." The effects on beginners are generally of a kind to make them easily remembered throughout the remainder of their natural life; if, indeed, they do not (as in the case of a boy, recently reported in the English papers) terminate that life there and then. A deadly and sometimes fatal faintness, with nausea, salivation, and violent vomiting of watery fluid, or mucous, are the leading symptoms of the first stage of nicotism. Different effects are sometimes noted. A youth, a patient of mine, lately made three determined efforts to learn to smoke, but on each occasion a severe attack of toothache (to which he was not subject) followed the attempt, and he has not had the courage to try it again.

## THE THIRD STAGE.

Passing for the moment over the second stage, I will now describe the third stage for the sake of comparison with the first. The symptoms that follow the leaving off of a drug are very like those experienced when it is first taken.\*

This primary and tertiary effect has also been observed in the curative action of drugs : they have acted well when first given, and again after a time, when their activity has seemed to have been exhausted (the administration being continued), their curative action has shown itself more marked than ever when the administration has been stopped. And here is one difficulty I find in accepting the doctrines of those who would divide all the effects of a drug into primary and secondary. Perhaps they would say that the symptoms caused by the leaving off of a drug are not secondary, but tertiary, and therefore a "second first." To this I should not object. I have mentioned the case of a youth whose early attempt to smoke was attended by a violent tooth-ache. The same effect followed in another case where a smoker made a great reduction in his daily allowance. The sickness and other phenomena of acute indigestion observed in the first stage are also paralleled in the third stage. This was seen in the case of an active man of business in the country, who came to consult me at Christmas of last year. He was forty-six years of age, short but stout, and had been exceedingly strong; dark and rather sallow. This patient had commenced to nicotise himself when twelve years old, and had used the drug to excess, both smoking and chewing, until within a year of seeing me. At that time he met with an accident, being thrown from his trap. Since then he had failed rapidly; he began to be sick after his breakfast; had tingling in the right thigh; lost flesh; was bilious and greatly depressed. He left off his after-breakfast pipe (smoking only after dinner), and the sickness stopped for a time, but soon came on as badly as before. He consulted several medical men, and received a

\* In certain cases, as in the familiar instance of giving arsenic to horses, the symptoms of poisoning may only come on when the drug is left off. An unwitting purchaser of a horse that had been dosed with arsenic finds the animal "go all to pieces" on his hands, and has to put his purchase out to grass for some months before he is able to work him. But the horse may not have shown any signs of arsenical poisoning when he first began to be dosed.

little help from some of them. In September a lay friend, who is skilful in the use of homœopathy, happening to be visiting at his house, took him in hand, and gave him *Nux Vom*. At that time smoking was an impossibility; he vomited as soon as he attempted to smoke; his sickness was extreme; he could not walk along the street without vomiting. Under *Nux Vomica* he improved in a surprising manner, and soon regained appetite and digestion. In a week he felt so well that he thought he might try a pipe again. Again the sickness came on as violently as before, and this time, though the *Nux* helped him, it did not restore him so completely as at first. Now his sensitiveness to tobacco was so great that he could not bear to be in a room where any one was smoking.

In this case it can hardly be said that the third stage was brought on by the omission of the drug; it was rather due to the diminished resisting power produced by the accident. But the symptoms continued in all their force for long after the drug was omitted. Much the same was the case with the patient's grandfather, who was an inveterate nicotist, and who died from the effects, though at an advanced age. Sickness came on suddenly one day after breakfast. He consulted a doctor, who at once discovered the cause, and warned him that, if he did not give up his pipe forthwith, he would not live three months; the doctor ordered him to take rum. The patient was unable to resist his pipe, and the symptoms increased. At last diarrhœa set in, and now he *could* not smoke, he could not even bear to have any one smoking in any part of the house. Abstinence came too late, however; he never rallied.

Another symptom of the third stage of nicotism is profound depression of spirits; this ensues on any attempt being made to diminish the usual quantity, or to leave it off altogether. This depression is very like the sea-sick wretchedness which usually follows the first pipe.

The symptoms of the third stage may be induced in two ways, as we have seen, either by the leaving off of the drug or by any cause lessening the resisting power of the nicotist. The accident in the case of my patient may have been the cause of diminished resisting power, and in the case of his grandfather, advancing years. This latter has often been noticed. Usually about the time that the hair becomes grey a change of constitution occurs, one manifestation of which is a lessened power of resistance to



harmful influences. Another cause of what I may call tertiary symptoms is an increase of the quantity taken over and above the usual amount. The third stage of tobacco poisoning is strictly paralleled by the third stage of other chronic poisonings. When the morphinist discontinues his dose, he is attacked by an intermittent nervous fever. The headache which those unused to coffee sometimes experience when they first drink it, may disappear if they persist in its use, and reappear only when it is left off. But in both of these cases, as in the case of tobacco, when the usual dose is much exceeded, the same or similar symptoms are produced as follow the leaving off of the drug.

#### THE INTERMEDIATE STAGE.

If the incipient nicotist, undeterred by his first experiences, perseveres in his attempt to accustom himself to the drug, he usually succeeds in so doing. Gradually the symptoms of sickness and collapse cease to appear, and instead of them a set of effects which are described as altogether pleasurable supervene. The confirmed nicotist tells us that under the influence of the drug the world looks brighter to him, he is more at peace with all mankind, himself included—a peace, by the way, which the malicious anti-nicotist is wont to term a false peace—and that life generally is much more worth living than it was before he made the acquaintance of the pipe, “the quid,” or the snuff-box. But in order to maintain this delectable state of affairs the nicotist must be kept constantly under the influence of his favourite poison, or the world will speedily become more gloomy than ever before. Every nicotist has his saturation point, and when by the various processes of elimination the quantity present in the body has fallen below this point, the world begins to go wrong. Restlessness and craving for the drug are the first symptoms. If the abstinence is prolonged these symptoms increase, and are accompanied by depression, neuralgia, loss of appetite, and other symptoms of digestive and nervous disorder, which constitute what I have already described as the third stage of the poisoning. These symptoms may, however, be modified to an indefinite extent by homœopathic remedies.

The intermediate stage, or stage of enjoyment, is also sometimes called the stage of toleration. I remember when I was a student it was impressed upon our minds

that in using certain drugs (for instance *Antimony*) we were to seek to establish "tolerance," and then give it to any extent. Thanks to Hahnemann, I have since learned better; I now know that there is no need to give the drug in such quantity, in order to obtain remedial effects. But it must be allowed that these remedial effects were often to be obtained by the use of massive doses, and that the drug went on doing its curative work without producing any perceptible unpleasant effects. I mention this because it illustrates the statement I am going to make respecting this intermediate stage; it is by no means a stage of toleration in the true sense of the word. Deep-seated changes are going on of which we sometimes only obtain hints in a casual way. I have known a severe relapse of secondary symptoms in a syphilitic under treatment, traceable to the incautious return to the pipe. In this instance the effect of tobacco was exactly like the well-known effect of alcohol in retarding the cure of this affection. We have another hint of the effect of tobacco during the so-called "toleration" stage in the history of the Greely Expedition. The survivors were all non-smokers, with the exception of one man, and he suffered more severely than any of the rest, though he was only a moderate smoker.

Further, it is during this stage that the grave disorders of nutrition and function, manifested chiefly in the eye, the heart, and the nervous system generally, come on in most insidious fashion.

A patient consulted me a few years back, who, when an undergraduate at Cambridge, had smoked almost incessantly. He was then a great cricketer, but after a time surprised himself and his friends by missing balls. He gave up cricketing in disgust, and it was only some time afterwards that he discovered that it was his eyes which were at fault. When I saw him his sight was very much impaired by atrophy of the retina; and there was no other cause to which the disease could be attributed except his excessive indulgence in tobacco.

Other sufferers come complaining of nervousness, loss of courage, and of palpitation of the heart. Nothing will persuade them that they have not heart disease, and are likely to drop down dead at any moment.

Among the more local effects manifested in the intermediate stage is the sore throat and cough of singers.

These gentlemen usually call their malady "bronchitis;" it is really a laryngo-pharyngeal irritation set up by smoking. There is a diffused redness and frequent hawking and coughing up of phlegm.

All these and other symptoms will come on during the intermediate stage apart from occasional excess; but indulgence over and above the ordinary amount will, as I have pointed out already, occasion acute symptoms. These are of the same kind as the primary intoxication—giddiness, nausea, vomiting; or the nervous symptoms may become prominent—intense restlessness and a craving for alcoholic drink.

#### ANTIDOTES.—1. *Alcohol*.

The mention of alcohol brings me to speak of the antidotes to tobacco. They are all homœopathic. In the old homœopathic manuals *Camphor*, *Ipecacuanha*, *Nux Vom.*, and *Vinum* are given. I will speak of these and of others, but I will deal with *Vinum*, or rather *Alcohol*, first.

The craving of smokers for alcoholic drinks is remarkable, as being in a certain way a preservative instinct; but on the whole I think it cannot be regarded as an advantage. There is a very close analogy between the effects of the two drugs. The digestive disorder that follows a drinking bout is very like the first effects of tobacco; the morning sickness of alcoholics is much like that of my patient above described; the nervous disorders of the two drugs are alike: the eye and also the heart suffer in exactly the same way from both.

Hutchinson (*Ophthalmic Hospital Reports*, Vol. VIII., p. 456), quoted by Fuchs (*Causes and Prevention of Blindness*, p. 97, Dudgeon's translation), says that persons who take no alcohol are less able to resist the effects of tobacco than those who do. This is quite conceivable from the point of view of the homœopathist; but Fuchs does not endorse Hutchinson's opinion. He remarks that "it is certain that, on the contrary, inordinate abuse of alcohol favours the development of tobacco amblyopia."

In the two cases of tobacco poisoning I have named, both patients took alcohol. The amblyopic one freely, and the dyspeptic not freely in a regular way, but occasionally to excess; he was very sensitive to the action of alcohol. It is certain that alcohol will allay the craving felt by those giving up tobacco; but, in a general way, I should be far

from recommending its use as an antidote. If it could be administered in a high dilution it would be a different matter. The rum recommended by the medical man who treated my patient's grandfather did not appear to help him much; and the single indulgence in a glass of beer by my patient himself, while under treatment, was followed by a fresh attack of the dyspeptic symptoms. The amblyopic patient was better when he abstained from both alcohol and tobacco.

A friend of mine, who occasionally suffers from a dry throat-cough when he exceeds his usual allowance of tobacco, finds a gargle of whiskey give instantaneous relief; but this is a gargle with which it would not be safe to trust every one.

## 2. *Nux Vomica*.

The close resemblance between alcoholism and nicotism would lead us to expect that what is good for the one is good for the other; and such is the case. *Nux Vomica*, which is the great remedy for many of the symptoms of alcoholism, is also the great remedy for nicotism. When the sufferings are chiefly felt in the digestive sphere, and are accompanied by general nervousness and depression, *Nux* will do almost all that is required. In my case it was *Nux* that first arrested the downward progress. When the patient first began to take it the stomach could scarcely retain anything; vomiting would come on suddenly in the street, and he had scarcely life enough to move about at all. In a single week the sickness had ceased entirely, and he had regained his appetite. An indiscretion—the return to the pipe—brought on a severe relapse, which was more difficult to master. *Calc. Carb.* was given with good effect to arrest acid cruditons. *Iodide of Arsenic* and *Calc. Sulph.* were also given, and with advantage; but during the period of recovery the chief remedy was *Nux* in the first centesimal dilution, and when I last saw the patient he was practically well, attending to his business, eating food of all kinds, and steadily gaining weight.

## 3. *Ipecacuanha*.

*Ipecacuanha* is eminently homœopathic to many of the tobacco symptoms, but I can say little of it from experience. I have only tried it once, and then found it inferior to *Nux*.

#### 4. *Camphor.*

*Camphor* produces "great anxiety and extreme restlessness, agitation and indescribable wretchedness," which proclaim its antidotal power to tobacco; and, accordingly, it is found most useful by those who are breaking themselves of the habit. When these symptoms come on (as they almost invariably do, when the system is becoming exhausted of its accustomed stimulant), it will often suffice to allay the craving to chew one or two camphor pilules every fifteen or twenty minutes. By the help of camphor a great reduction in the daily amount may be made, even when it is found not practicable to abandon the habit entirely.

#### 5. *Hepar Sulph.*

*Hepar Sulph.* produces morning sickness, yellow skin, dirty tongue, and bad taste in the mouth. It is often useful when given alternately with *Nux Vomica*, or alone. I have found *Calc. Sulph.* in the 6x trituration quite effective.

#### 6. *Arsenicum.*

In the *United States Medical Investigator* for January, 1885 (quoted in the *HOMŒOPATHIC WORLD* for August, 1885), Dr. W. D. Gentry relates the case of an old lady to whom he wished to give *Bryonia*, but refused to undertake the treatment unless she would forego her accustomed pipe, to which she had been devoted for forty years. This, after a stout resistance, she consented to do for four days; during which time Dr. Gentry gave her *Arsenicum*, 3x trit. every two hours, for the purpose of antidoting and relieving the craving for tobacco. On the second day he gave *Bryonia* as well, and found it acted satisfactorily. The *Arsenicum* was kept up for seven days. After the third day the desire for smoking decreased, and on the seventh was entirely removed. She made a rapid recovery, and since then she has never been able to endure the smell of tobacco. Even a proffered bribe of five dollars could not induce her to smoke again.

Not to be tedious, I will pass briefly over the other antidotes I have to mention. For the vertigo of over-indulgence *Cocculus* is specific. *Phosphorus* and *Plumbum* are invaluable in the treatment of tobacco blindness; and *Spigelia* in the affection of the heart with its attendant nervous symptoms. *Gentian root* and *Cinchona Bark* will,

when chewed, allay the craving for tobacco almost, if not quite, as effectually as *Camphor*. The analogy between alcohol and tobacco again crops up here, for *Cinchona Rubra* has in some instances proved very effectual as a remedy for the craving for drink experienced by reformed drunkards.

The only other remark I have to make is, that the time of day at which tobacco is taken has a marked influence on its effects. If a pipe is taken immediately after a meal its effects will be much less powerful, and therefore much less injurious, than if taken when the process of digestion is nearly or quite complete.

In conclusion, let me say that all my remarks refer to the action of tobacco as observed in my own country. There are differences of constitution in the different races of mankind, and the experience of physicians of other countries may be different from mine.

#### ADDENDUM.

I must pass over many interesting points concerning drug action in general that might be raised in connection with the facts I have brought forward; but there is one to which I will make a brief allusion: it has reference to the time during which a drug may continue to act after its administration has been suspended. About a year ago a young artizan consulted me about an irritable skin affection, and symptoms of dyspepsia. He drank whiskey occasionally, and smoked a great deal. I forbade alcohol in all forms, and under treatment his skin got well. On one unlucky day, at the urgent invitation of a friend, he allowed himself to be persuaded into taking a glass of whiskey. The skin trouble came back immediately, and worse than before; and his digestion suffered as well. I now forbade both alcohol and tobacco. He continued to abstain from both for nine months. Then he consulted me again for dyspepsia and loss of flesh. He had been growing thinner ever since his previous attendance. I gave him *Pulsatilla* 3x and *Iodium* 2x. He returned in a fortnight entirely relieved of his dyspepsia; but he horrified me by saying that the medicine I had given him had brought on an irresistible craving for tobacco. He could get neither sleep nor rest until he had obtained some. He was, however, very moderate, for he made half an ounce last him a week; and he noticed that now the smoking did not make him

bilious as it used to do before he left it off. What share had the medicines I gave in producing the craving for tobacco? *Pulsatilla* causes great desire for beer and alcoholic drinks, but I cannot find that either *Pulsatilla* or *Iodine* produces desire for tobacco. I am inclined to think that the return of the craving was a secondary effect, due to the restoration of the patient to normal health. It is well known that the nicotist is often able to judge of the state of his health by his capacity for enjoying his tobacco. He is like the old lady of the story whose chief occupation in life was to read the newspapers, and who always knew she was out of health if she was unable to "enjoy her murders." If this explanation is correct, then we must allow that the action of the tobacco was latent in his system for nine months, and was only waiting for a return to normal condition, in order to assert itself. For I cannot for a moment suppose that *Pulsatilla* and *Iodine* would produce a desire for tobacco in one who had never been accustomed to it.

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#### CLINIQUE OF THE LONDON HOMŒOPATHIC HOSPITAL.

NOTES OF CASES under the care of Dr. J. H. CLARKE.

1. *Incipient phthisis*.—*Improved*.—*Arsen. Iod., Bry., Act. Rac.*—Elizabeth S—, 30, admitted April 1, 1884, complaining of pains in left side of chest, back and front, an aching feeling, and spitting of blood. Family history unimportant. Patient has had three miscarriages, but otherwise was quite well till last summer, when, after her last miscarriage, she began to spit blood, but had no cough. She became weak and had much palpitation. Was in this hospital in September for a fortnight. Spat no blood then. Has been spitting blood all the winter, every morning, but has had no cough till three weeks ago. She says a yellow expectoration began three months ago. No catamenia for two months. She says she has lost weight and strength; that she sweats at night and is feverish. The digestion is fairly good: no pain after food, except meat; tongue clean, but she has a bitter taste in the mouth, though the food tastes right. Bowels rather constipated. In physical signs there was nothing to be made out except slight increase of vocal fremitus and resonance on the right side, with somewhat blowing inspiration and prolonged expiration. She never spat either blood or muco-purulent matter whilst in the hospital. She did spit



a thin dirty-brown stuff, the source of which could not be ascertained. The temperature was at first a little above the normal, but became normal afterwards. She received *Arsen. I.* and *Bry.*, and afterwards *Act. Rac.*, as she complained of pain in the back. She left, improved, on the 11th.

2. *Bronchitis—Cured.—Arsen.*—Thomas B—, 57, clock regulator: very thin; admitted February 10, 1885, complaining of cough which he had had for six weeks. He had attended a dispensary, but without benefit. His father had died of asthma; patient had no brothers or sisters. Never had specific disease, and except for present illness had always been well. He takes stimulants and tea. Six weeks ago had a cold in the head, followed by a cough with very little expectoration; there has never been much all through. Has had no night sweats. Has become thinner the last three weeks. Has only had perspirations on two nights. On admission he complained of cough worse at night, and sense of rawness behind the sternum. Occasionally has been sick after coughing, and also at times after food. Appetite bad; tongue fairly clean; no thirst; no pain after food. Bowels regular; urine normal. The cough is in fits, taking away his breath. It is provoked by a tickling in the throat, and cold air will make him cough. It gives no pain. Keeps him awake at night. On the right side of the chest there was hard breathing, and moist sounds in upper part. Prolonged expiration on both sides. Posteriorly, there was noticed on the 14th a slight degree of dulness in the lower third of right side, but the breath sounds were normal. Pulse 96 collapsing. Temperature rose to 100° at night, falling to 99° in the morning. He received *Arsen. 3*, one drop every two hours. His cough at once improved. His nights became good; and he left the hospital cured on February 19th.

3. *Pneumonia and Pleurisy—Cured.—Antim. Tart., Phos., Arsen. Iod.*—Hugh E—, 30, dairyman, admitted April 28, 1884, complaining of hacking cough and pain in right side below the nipple. Skin hot and dry, face flushed, temperature 102·8°. Two days before felt ill, and was unable to walk home from work. Had felt a little out of sorts a few days before that. The day before he came in the pain was worse; and he had headache and fever. On the day of admission cough came on, very frequent, hacking, tearing the chest. Dulness and crepitation at right base. He received *Ant. Tart. 3x gtt. ii*, and *Phos. 3x gtt. iii*, three times a day in alternation, and was put on a diet of milk and beef tea. Next morning the temperature was lower and gradually declined. The sputum was streaked with blood on the 29th. On the 30th there was friction sounds as well as those above noted. On the 1st of May no moist sounds were audible. There was a slight rise in the temperature. *Arsen. Iod. gr. ii*,

thrice daily was given. There was a slight amount of blood in the sputum. The dulness gradually cleared up, and he went out quite well on the 12th.

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## LEAGUE NOTES.

### AMERICA AND THE LEAGUE.

THE League is receiving the approval of our American *confrères*. The Kansas City Homœopathic Medical Society are about to take steps for spreading a knowledge of homœopathy in the State of Missouri, and have applied to the secretary of the Homœopathic League for information as to the scope and general plans of the League. The *Chicago Medical Visitor* is glad "to see that the friends of homœopathy in England are at last waking up from their long sleep," as "the editor found things rather dead in London when visiting there two years ago." The New Orleans *Southern Journal of Homœopathy* remarks that "the homœopaths of England are arousing from Rip Vanwinkleism, and within the next decade they will make a greater degree of progress than ever before." We hope and believe that this will be so, but we cannot expect much progress to be made if we sit with our arms folded waiting Micawber-like for "something to turn up." As the last-quoted journal points out, "it is remarkable that homœopathy spreads as it does when we consider how little effort is exercised by her votaries to disseminate its principles and statistical information among the people." The object of the League is to furnish this information. Surely, therefore, it is deserving of the support of all true homœopaths?

### THE LEAGUE IN FRANCE AND SPAIN.

It is also satisfactory to learn that the League has been favourably entertained in France and Spain. As briefly noticed last month, branches have been established in Paris, Madrid, and Malaga, and the local secretaries in these towns are, we hear, working energetically in the cause. Although this country is the nominal headquarters of the League, the foreign branches are independent so far that all subscriptions received by them are devoted to the furtherance of homœopathy in the country in which they are collected. And, as a first step in this direction, arrangements have been made for the translation of the League tracts into French and Spanish.

### THE LEAGUE IN INDIA.

WE also hear that a firm of native chemists in Calcutta intend translating the tracts into Bengali. Homœopathy has been

making rapid strides in India, both among the European and the native populations, and the circulation of the League tracts will tend to hasten the forward movement.

## SOCIETY'S MEETING.

### BRITISH HOMŒOPATHIC SOCIETY.

THIRD Ordinary Meeting, Thursday, December 2nd, Dr. Roth, President, in the Chair.

Dr. E. T. BLAKE read his paper entitled—

#### NOTES ON ADULT INSOMNIA.

He said this sleeplessness was seldom cured on the principle of *contraria contrariis*. He read the notes of a case illustrating the value of the homœopathic rule.—*Spinal Sleeplessness*.—Mrs. —, 40, suffering from the combined effects of over-drugging and rheumatism. Joints exceedingly tender. Complete immobility of almost all joints, so that she could scarcely do the simplest action. She could not sleep, because whenever she composed herself to sleep the limbs would jerk up and slowly relax in clonic spasms. There were also obstinate constipation, and fissure, and offensive leucorrhœa, besides eczema of neck and presternal region, for which she had taken quantities of arsenic. Frame very frail. Heart feeble. This was not a case for narcotics. Homœopathy supplied an appropriate remedy in *Tabacum* 12. Dr. Blake was led to this remedy by observing the symptoms of over-smoking in two colleagues. The first night *Tabacum* was given she had three hours sleep, and in a few nights slept quite normally; the jerking ceased. The eczema was cured by *Merc. Cor.* The heart recovered gradually from the weakness, which was due to *Salicin*. Dr. Blake has found *Ipec.* and *Gelsem.* antidote the effects of nicotine in smokers.

Sleeplessness is often due to aching legs. This is remedied by *Rhus* in low dilution. Occasionally "fidgets" is blamed for inability to sleep. This was common before bleeding was abolished. *Baptisia* is of value here; *Conium* when cold or torpid legs are complained of; *Lyc.* and *Nux* for flatulence keeping the patient awake, and *Thea* 12 when patients don't take tea. *Robinia Hispida*, in embarrassed heart's action, also *Lach.*, and, failing that, *Naja*, which will remove a cough keeping a patient awake.

Gout is often a cause of insomnia. *Gelsem.* is most useful in some of these cases for neurotic palpitation, *Aconite*, *Glonoine*,

*Phosph. Bell., Cina., Equisetum.*, in bladder worry. For the sleeplessness of mania the hot blanket pack is efficient. *Hyoscyamin* where there are dilated pupils and noisy cough.

*Cerebral Hyperæmia.*—*Opium* when the venous element predominates. In occipital headache delaying sleep, *Helleb. N.* 12 acts well. In insomnia of dementia, *Mercuric Methyde.* *Raphanus* 1x in sexual insomnia—in immoderate sexual desire. Two cases were mentioned. One in an Oxford student on whom Dr. Blake operated for adherent prepuce. The other in an unmarried lady of 40, who had had paramatritis. *Origanum* had failed to relieve; some good was got from *Plat.*; but *Raphanus Sat.* cured.

*Skin.*—Nettle-rash.—Topical application of chloral (3i—3j of Glycerine) all over the affected parts gives instantaneous relief. The wife of a medical man suffered from Psoriasis which was very irritable until she was stung by a bee, after which the irritation disappeared, but not the rash.

In *Pelvic congestion*, half an hour's douching with hot water and cold sitz-bath are most effectual.

Hygiene and diet were alluded to.

Dr. BLAKE recommended frequent eating in the night, especially for old people. He purposely passed over some of the remedies most commonly useful.

#### DISCUSSION.

Dr. DUDGEON said sleeplessness was not a disease in itself, but only a symptom; and by homœopaths it is never treated as in itself something, but the whole morbid condition is treated. In many cases we are entreated by patients or their friends to give something to make them sleep when we know it would be fatal. The craving that old people suffering from bronchitis have for sleep is often the cause of their death.

Dr. TUCKER mentioned that abdominal fidgetiness was relieved in a patient of his by *Sulphur*. Another patient had itching of the skin all over, prurigo. *Bicarbonate of Soda* and *Glycerine* externally, and *Magnesia Carb.* 6x internally, proved curative in this case. He fully agreed that nocturnal feeding often relieved sleeplessness of old people. He had also had a patient suffering from rheumatism where the jerking symptom was present. The jerking only improved with the general health of the patient.

Dr. PURDOM mentioned a case in which brain symptoms were threatening, there being also stomach derangement; *Nux* and *Arsenic* acted well, when *Bell.* and *Hyoscy.* failed. *Act. Rac.* was useful in cases where fidgets kept the patient awake; *Baptisia* in feverish cases. Coffee had not answered his expectations. Perhaps he would be told by Dr. Hughes that he had

used it too low (1x). ("Hear, hear," from Dr. Hughes and Dr. Blake. Dr. BLAKE: "6 or 12.") A towel tied round the head was sometimes efficient. In elderly people a dessertspoonful of whiskey was very effective.

Dr. HUGHES said Dr. Blake's paper would serve as a dictionary to refer to. The case related was a protest against the unjustifiable over-dosing of the present day which took the place of the lowering treatment of former times. The *Iodide* and *Bromide of Potassium* did enormous harm. We can protest against this over-dosing. The motto *primum non nocere* should be borne in mind. Dr. Hughes thought that in the case the withdrawal of the *Salicin* had as much to do with the cure as the exhibition of the *Tabacum*. He did not remember the jerking symptom in the *Tabacum* poisonings. Dr. Hughes said that we do meet cases in which sleeplessness is the chief and only symptom. *Aconit.*, *Cham.*, *Ip.*, *Coff.*, &c., are very efficient, but they must be used high. For the sleeplessness of literary workers who take coffee, and who wake early, about 2 a.m., and cannot go to sleep again, *Nux* 12 will infallibly prove curative, but not *Nux* 1x. When there is aching in the limbs, not exactly rheumatic, *Rhus* 12 and 20 will act, but not a low dilution. *Aconite* 12 where there is vascular excitement, *Cham.* 6, 12, and 80, and coffee also high. He did not know why *Gels.* should be curative in insomnia. It was not in the pathogenesis. In the sleeplessness of pruritus *Morphia* 3x was very useful. Dr. Hughes called attention to the *Bulletin Homœopathique*, in which *Magnes. Muristica* is prescribed for insomnia.

Dr. CLARKE said he had had much success with *Aconite* and *Actæa*, and mentioned the case of a patient of his who took a pilule of *Ignatia* 3 when unable to sleep from thoughts crowding in the mind, and who described the effect as being as if some one took a sponge and wiped them all out. He had used *Magnesia Mur.* 6 with great success in cases marked by its peculiar constipation, but he had not used it specially for insomnia.

Dr. PURDOM had used *Urethan* in a case of dilated heart and sleeplessness. One 8-grain dose gave sleep one night, but not after. The other patient got no sleep at all after the dose.

Dr. MILLICAN once gave eight grains of *Urethan*, and it produced a fit of syncope within a short time.

Dr. O'SULLIVAN asked Dr. Blake why it was necessary to apply oleate of mercury and give *Merc. Cor.* internally at the same time. Baron Reichenbach has given instances in which patients could not sleep except when lying in the direction of the magnetic meridian. Dr. O'Sullivan asked if any of the gentlemen had any experience in this matter. He mentioned a case now in the hospital in which insomnia was the leading symptom.

Dr. MILLICAN said he had occasion some time ago to examine

dynamos, and found that the engineer who worked among strong magnets was extremely irritable for the first week, then extremely sleepy for a week, since then more and more irritable. The engineer said this was the case with all the other workmen.

Dr. ROTH (in the chair) said that it was forty years since Reichenbach published his discoveries. He studied the magnetic meridian in reference to a patient of his, and he found the alteration of position had a soothing effect. He did not consider insomnia a disease in itself. *Citric Acid* was useful at times. *Nux V.* was not enough for the sleeplessness of overworked literary men—they must diminish their work. For the case named by Dr. O'Sullivan he recommended *Arnica*. Dr. Roth mentioned in conclusion the treatment by "suggestion." 80-85 per cent. of people are capable of this without having to undergo complete mesmerism.

Dr. BLAKE (in reply) found sleeplessness was not so much an affair of the brain as of the heart. Intense anxiety and palpitation are generally present. The "plunging" is certainly a cardiac symptom through the spine. *Hyoscy.* is useful in another condition—intense distention of the colon, as after operation. The epigastric compress is very useful. He differed from Dr. Hughes, who contended that there is no such a thing as insomnia by itself. In reference to his case he said the patient had been without *Salicin* a month before she received *Tabacum*, and the improvement began immediately she took it. Though the jerking was not mentioned in Allen, in the two doctors he attended it was present, and in one markedly. One other symptom was a feeling as if an ant were walking round from the spine to the navel. *Mag. Mur.* is a capital remedy for constipation, and is good in opposite conditions. He had recently cured three persons with it—one a red-haired, pallid clergyman; one a bilious, dark legislator; and one a fair girl with retroflexion and rectal adhesion. *Mag. Mur.* 30 cured all three. He regretted his use of two things at once, but did not justify it. It was a weakness we were all liable to. Prolonged inspiration favours sleep. There are many patients who never *breathe*; they sleep much better after being taught to breathe deep.

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## INSTITUTIONS.

### LONDON HOMŒOPATHIC HOSPITAL.

#### A MEETING.

AN informal but important meeting of members of the board of management, medical council, and medical staff of the hos-

pital was recently held in the new "Bayes" ward of the institution on the invitation of Major Vaughan Morgan. The gallant Major's object was to secure for the information and guidance of the board an expression of opinion on several points relating to the development and progress of the institution. The present is the most active period of growth in every direction that has been witnessed. The great increase of patients in recent years, the rapid extension of the nursing institute, the additions to the building, and the generous readiness with which the supporters of the institution provide the necessary funds for every useful purpose, indicate that its future course must be in the direction of increased work and increased usefulness.

#### UNIQUE POSITION OF THE HOSPITAL.

The hospital in several respects occupies a unique position. It is a charitable institution, and as such does a valuable, beneficent, and widely-spread work year by year among the sick poor, not only of London, but of many other parts of the kingdom. It is, however, both in design and purpose, more than this. It is a standing evidence of the reality and practical advantage of homœopathy, and it ought to be a storehouse of therapeutic information, and the resort of students and practitioners requiring instruction respecting homœopathy and our methods of studying the *Materia Medica* and of practising medicine. Its value in this direction has, as we all know, been lost sight of to a very great extent. In order to render the kind of work better understood and more generally known, the question was discussed whether it would not be desirable to publish in the more public and generally read journals the totals of the medical reports of the cases admitted and the results obtained; and periodically in the homœopathic medical journals the details of specially instructive cases. The wisdom of publishing the names of diseases in journals of general circulation was doubted by some, but the majority saw no medico-ethical objection to it. The meeting was unanimous in the opinion that the regular reports in the medical journals of interesting cases was both a desirable and a necessary work.

#### NEED OF A CONVALESCENT HOME.

The necessity of founding a home to receive convalescents and aid them towards more rapid and complete recovery, while in so doing extending the benefits of the hospital, by making room in the wards for fresh cases, was also fully considered. There is not much to be said about a subject on which all are agreed, as were those at this meeting regarding the desirability of realising this long hoped for addition to the hospital. The Board are, however, dubious as to the wisdom of making further

appeals to a constituency which has already proved itself so liberal and ready, while it has not the smallest doubt as to the inadvisability of opening a home and incurring a heavy annual expense without seeing the way clear to meeting it by a special and regular income. There are, however, several ladies ready to help in this important extension of the work, one, as was well pointed out, of a really economical character; and we have much satisfaction in stating that an always generous friend to the hospital has promised £100 towards the expenses of the first year. Of course the expenses of maintaining a convalescent home are constant, for once commenced it must be kept up, and it remains to be seen whether the Board will be able to see their way to meeting an annual expenditure of such a kind.

#### THE QUESTION OF BRANCHES.

A more important scheme came under the notice of the meeting, being nothing less than a suggestion for establishing out-patient branches in the poor and crowded districts of the metropolis, somewhat on the lines shadowed forth in a paper read by Dr. Hayward, of Liverpool, at the Leicester Congress in 1878. The fact is that there are large and densely populated parts of London where a new homœopathic dispensary would be a great public boon. Still opinion seemed to be that the scheme would not work, though why it should not remains to be shown. In Liverpool the success of the homœopathic dispensary system is conspicuous. At the several dispensaries in that city there were 78,881 attendances of patients in 1885, as against 14,151 attendances in the out-patient department in Great Ormond Street. The population of Liverpool is nearly 600,000, that of London is nearly 5,000,000, both are well supplied with medical agencies of the allopathic order. It appears to us that if the co-operation of homœopathic practitioners in districts where it is proposed to open a dispensary can be obtained, a scheme of the kind, if feasible, would be beneficial to the poor, an excellent method of feeding the hospital with interesting cases, and, indirectly, of no small advantage to homœopathic practitioners generally.

#### A SURGEON REQUIRED.

The ever-recurring question of securing a surgeon for the hospital was also fully discussed. The general feeling seemed to be that if it were practicable for the hospital to secure a first-class operating surgeon it could not be otherwise than beneficial to do so, as completing the efficiency of the hospital, both for the treatment of the poor and the training of nurses. On the whole there would appear to be many points showing that a regular operating surgeon would be a valuable addition to the



staff, and none to show that such an officer could in any way be superfluous or a disadvantage.

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## WESTBOROUGH HOMŒOPATHIC HOSPITAL FOR THE INSANE.

(From the "Boston Herald," September 24, 1886.)

### PERSEVERANCE CROWNED WITH SUCCESS.

AFTER several years of persistent agitation on the part of earnest homœopaths, in and out of the Massachusetts Legislature, to establish a hospital where insane patients could be treated under the methods of the "new school" of medicine, successful culmination was had in an Act approved June 3, 1884, wherein it was provided that a building then occupied and known as the State Reform School, in Westborough, should be remodelled, and other buildings added thereto, and be devoted to the purposes of such a hospital, the occupants of the reform school to move into the new structure when completed, about one mile distant from the old site.

### DR. PAINE.

Dr. N. Emmons Paine, formerly of Albany, N.Y., who had been for nearly four years assistant physician at the first homœopathic hospital in the United States, located at Middletown, New York State, was in due time appointed superintendent of the Westborough Hospital, and, under an able board of trustees and this most efficient executive officer, work has steadily progressed, so that occupancy of the hospital will be had about the last of October. The Legislative Committee of the State Board of Charities recently examined the work, and not only approved the result of the labours of the trustees, but expressed themselves in hearty terms of highest commendation.

### MIDDLETOWN.

It might be proper just here to state that the Middletown (N.Y.) Homœopathic Hospital is taxed to its fullest capacity, and the number of cured patients turned out annually shows a higher percentage than the official figures given as results from "old school" treatment in New York State; therefore the workings and results at the New Westborough Hospital will be watched with great interest by the medical profession as well as by the laity of the Bay State.

### THE SITE.

The site of the Westborough Hospital, consisting of 264 acres of land, is a most commanding one, occupying, as it does, the

crest of a hill, whence may be seen in the distance the towns of Shrewsbury and Westborough, and adjacent villages, the former some five miles distant, and the latter about two miles. The intervening space is beautiful farm, orchard, timber, and grazing land. The New Reform School looms up to the south-west, its fine proportions visible, with distant hills for a background, a monument of architectural beauty. Nestling at the base of the hill, upon which stands the New Homœopathic Hospital, is Big Chauncy Lake, about one and a half miles long, by half a mile across in its widest part, as fine a sheet of water as can be found in all New England; its edges are fringed with tall pines, graceful maples, and spreading elms; in the midst of a clump of the former has been selected a pic-nic grove, provided with seats and speaker's stand; not far distant may be seen a boat-house with several craft of various sizes and kind moored near by. Two monster ice-houses are located at the upper end of "Big Chauncy," and a fine bathing beach. The lake is said to be quite deep, and abundantly stocked with edible fish in great variety, bass, pickerel, and large perch predominating. The hospital orchard, containing some 400 apple and other fruit trees, appears to be divided in the centre by a magnificent lawn, with here and there a spreading tree, and runs from the buildings on the hill to the lake shore, all adding to the picturesqueness of the general surroundings. Standing upon the broad front piazza of the main building, and looking to the south-west and east, the view is a charming one.

#### THE BUILDING.

Let us now enter the main structure, "Administration Building," as it is called. This, as well as the other buildings, is of red brick and stone trimmings. Ascending a flight of granite steps, entrance is had into a wide hall; turning to the left, and passing through the trustees' room, 25 feet by 20 feet, a large Turkish rug was spread upon a beautiful inlaid floor, glistening in its high polish; thence, through a side door, the visitor was ushered into the private office of Superintendent Dr. Paine, who accorded the reporter a hearty welcome. The doctor is a business man as well as a skilful physician, as is being clearly evidenced by the successful completion of the work given into his immediate charge. His visitor having been expected, the doctor at once proceeded to enlighten his questioner, and with a view to show the hospital to the *Herald* readers, politely led the way into the room adjoining, fronting upon the lake side. This room, he explained, is designed as medical directors' and assistants' office, in which will also be kept the library of the establishment, as well as the keys of the wards, corridors, and entrances; the director having absolute supervision over the assistants, attendants, and nurses, no one can be absent from

his or her post of duty without the knowledge and consent of this official; every attendant is required to deposit the keys of his department upon going out, with a report as to the condition of his charges; almost military discipline will be exacted of all *employés* of the establishment. To the rear of this room and across the hall first mentioned is the steward's room, resembling in a measure the inner sanctum of a bank, with a huge vault set in the wall, in which the books of account, important papers, and valuables of patients will be kept. A substantial iron wire grating runs from the counter and upwards to the ceiling, with a teller's window in the centre. It is here the friends of private patients must come to square accounts with the institution, and whence disbursements will be made. At the side, and just without the iron partition, is a large, deep closet, into which are led telephone wires, speaking tubes, and electric bells, communicating with every part of the great structure or aggregation of buildings, a keyboard and range of tubes and bells being upon the wall of the closet. By means of the telephone and tubes, messages can be given and received, so that, in case a physician is instantly wanted, or any unusual event happens, help can be instantly summoned. This feature the doctor took great pride and pleasure in explaining. Passing out from the steward's room to the east, one enters the officers' sitting and dining-rooms, commodious, well-lighted apartments. Retracing one's steps and passing to the left of the steward's room is the pharmacy, where the drugs and medicines and necessary surgical and medical appliances will be kept. Next comes the clerks' and male supervisor's room. This latter officer is head attendant, and has charge—under the medical director—of all the attendants and patients.

To the rear is a billiard-room, some 25 by 30 feet, where male patients may while away hours which hang heavily, and thus make their monotonous life more endurable.

Entering and traversing a corridor, you enter the "congregate" dining-room, 70 feet long, 50 feet wide, and 20 feet high, lighted in front by seven mammoth oval windows, 18 feet high by 9 feet broad, which let in a flood of light from the southwest. These windows look out upon the lake and lawn with their beautiful surroundings.

In the utilisation of this dining-room as proposed, a new departure is taken, in that patients, male and female, will daily be conducted to their meals and eat in the same room. The seating capacity of this hall is about 250. Said Dr. Paine: "In all the existing hospitals in Massachusetts the system known as the 'segregated' dining-room plan is in vogue. The peculiarity of this system is that the various wards of the institution are entirely separated. The inmates rarely see any of their fellow

patients excepting those living in the same ward. Each of the latter has connected therewith its own dining-room, in which the inmates, when in condition to do so, meet at mealtimes. The new system to be applied here, viz., the 'congregate' plan, is found in but few hospitals in the United States; some are found abroad, notably in England and Scotland. In these hospitals there is one large dining-room for all the patients who are in a state of health that allows them to take their meals in general society. This ordinarily covers about three-quarters of the whole number. The remaining patients eat in their own wards or apartments.

#### THE KITCHEN AND THE LAUNDRY.

To the rear of the dining-hall, and leading into the kitchen, is a long opening, in the front of which is a counter supported by hot steam pipes, designed to heat and keep warm dishes, into which the food will be served. On the kitchen side of the opening is along carver's table, extending almost around the room; in the centre are large jacketed kettles for cooking vegetables; a monster range is in the rear part of the room, also ovens and charcoal broilers. The ventilation features of this department are admirable. At the right side of the kitchen, and leading out of it, is the pantry, divided into two sections, with shelves to the ceiling; near by is a hydraulic elevator communicating with the basement, where is found a car track, which runs through the underground corridors and passage ways centring here from every conceivable direction; small cars, being designed for the transportation of hot food, are received from the kitchen *via* the elevator into all the wards and distant apartments of the several buildings where violent or very infirm patients live. When it is understood that these connected buildings cover an area of 450 feet by 375 feet an idea can be gained of the magnitude of the structure. "In many hospitals," the doctor said, "it is difficult for patients living remote from the kitchen to get their food served in a hot condition, therefore the advantages of the car system must be apparent." At the rear of the kitchen is the scullery, and to the right the kitchen court. The laundry was next visited, a very commodious room, which is to be fitted with washing machines, centrifugal wringers and mangles; the drying-room adjoins, and a most novel plan was shown for quickly drying the washed goods, whereby the heat applied to the clothing, etc., is ingeniously confined to the space intended, the balance of the room being kept comparatively cool; the ironing-room is not far off, and is 40 feet by 18 feet, having back and front windows, and at one end, which projects outward into the court, a cross current of air is obtained; as it is intended to give employment to many of the female patients in this room particu-

lar attention has been paid to ventilation. Tramping through a subterranean passage way, the bakery, ovens, engine and boiler house were duly inspected.

#### HEATING AND VENTILATION.

It is intended to heat the buildings by hot air led to the rooms by ventilators, two in each room, the inlet of superheated air being up from the floor eight to ten feet, and the air draught near the floor; by this means it is claimed the temperature can be kept more steady and much purer in quality. The air is sucked into an apartment adjoining the engine-room, from the outside, by means of a rapidly revolving fan, thence is drawn over a network of hot steam pipes. This brings the temperature up to about sixty degrees. Thence it is conducted through a large galvanised iron conduit to another room, by means of a fan, when it is again brought in contact with more hot pipes, bringing the heated air up to one hundred degrees, the pressure from the fan being sufficient to drive the hot air into the remotest corner of every building. The underground corridors are scrupulously clean; they are concreted and whitewashed; all the drain and conduit pipes are not sunk in the ground, as is generally the case, but suspended about six feet from the ground, fully exposed to view, so that a leak or an escape of gas or noxious vapour can be instantly detected and easily corrected. The advantages of the system of heating and conducting the drainage the doctor explained very minutely, stating that in these essentials the Westborough Hospital will be, perhaps, better provided than any institution in the State. The cesspool, or final receptacle for all the drainage, is remotely situated, and is so arranged that the soil must absorb all the deleterious gases.

Leaving the subterranean passages, with all their intricacies and modern improvements, the wards were reached, in the six wings of the main building. Passing through a beautifully lighted corridor, the conservatory was first reached with its glass-covered roof. Here is designed a resting-place for patients, where they can take a sun bath, surrounded by tropical plants and rare exotics. Going onward, the "day-room" was gained, an apartment fully 65 feet long by 30 feet wide, in which patients can amuse themselves at will, or employ their time to their mental or physical good. Leading from this large room are the patients' individual apartments. In each door is a wicket, so arranged that the occupant can be seen in his or her room by the attendant, at any and all times, without disturbing the inmate; this does away with the annoyance of fitting the keys and opening the doors, and is certainly an improvement over the old method of inspection by attendants.

Every room is in the pink of neatness; the flooring in the whole building is of selected Georgia rift pine, highly polished and shellacked, giving a bright and clean appearance to everything. Only those rooms intended for the very violent patients have bars on the windows. To avoid the possibility of patients getting the window cords with which to hang themselves, as they sometimes do, the ropes are all concealed by an ingenious contrivance; the screws also cannot be withdrawn where their heads are visible in the woodwork, for they are of a patent make, having two eyes, into which must be fitted a specially made screwdriver to successfully remove them; therefore the traditional secreted spoon will, if applied here, avail nothing to a patient who wishes to escape. The wards are so similar in construction and appointments that it is unnecessary to proceed with further detail in this direction, and the wing above described is a duplicate of the five other so-called wings.

#### THE BATHROOMS.

The bathrooms are numerous, and are so constructed, the tubs being very deep, that patients in the tub cannot reach the faucets to manipulate them, for, as the doctor said, some insane people have a *penchant* for attempting to drown themselves in the bath; this danger is thus happily guarded against. At the same time, a bather is always accompanied by an attendant. Water-closets have no doors, a clear view being always had within for obvious reasons.

#### BUILDINGS AND MASONRY.

Every stairway is built of brick and iron, surrounded by walls of masonry, insuring perfectly safe passage and exit. The numerous fire escapes are not constructed on the outside of the buildings, as is the common practice, but enclosed by brick walls in passage ways leading off of the several floors, the steps and railings being of iron. At the head of each fire escape is a large nozzle, to which a hose can be quickly attached and supply water, under high pressure, when needed for fire purposes. Plugs of this kind are scattered throughout the entire hospital. In many of the rooms large fireplaces have been built, so that the cheerful, blazing logs can be seen and enjoyed during the long winter evenings by the demented folks in durance for their mental and physical good. The ward infirmaries must not be forgotten, they being designed as a resting-place where the socially inclined, living in adjoining rooms, can meet and pass hours pleasantly. In the old men's ward a kitchen is supplied, where light lunches can also be had by the inmates of such kind and quality as to tempt their enfeebled appetites. Perhaps some elderly party might desire a little beef-tea and toast during the night, and by notifying the ward attendant, if

he deems it proper, the patient can have it in a twinkling, the little local kitchen coming handily into play.

In the east wings are dining-rooms for men, private patients and students, provided with dumb waiters, sideboard, linen chests, and dishes, as well as places for keeping food hot, and in the west wings the female patients are similarly provided. This division of the sexes extends through the entire aggregation of buildings, males to the east or right, and females to the left. A door leads between the two adjoining ward sections at the northerly end, but a small room intervenes, in which an attendant is at all times on duty. The key to the door is a very peculiarly constructed one, and is hung in the superintendent's office; this avenue of communication is jealously guarded. In corresponding portions of the building are dormitories about 40 by 20 in size, containing ten or more beds. Writing facilities are made apparent here and there, but principally supplied for private patients who pay for their board and accommodation prices which range from 7 dols. to 50 dols. per week, according to the location and number of rooms occupied and attendants; one very fine suite of rooms was particularly noticed in the west wing, or ladies' side, consisting of parlour, sitting and dining-room. Gas is provided, but the cocks or shut-off are out of sight and controlled only by the attendants. Gas is used to light all the buildings. Electrical lighting was contemplated, but not favourably decided upon by the trustees. The wards designed for the violent and noisy patients are remotely situated so that the other inmates will not be disturbed. In the front portion of the main building are several fine reception rooms for guests and friends of inmates. Other rooms not mentioned are apartments to be used by the help, the parlours, ladies' sitting and music-rooms, also an apartment set aside, at the request of the lady members of the board of trustees, where a female physician will be constantly in attendance to care for women requiring especial treatment. The buildings are two, two and a half, and three storeys high, and the admirable appointments are to be found from cellar to roof. A substantial two-storey brick building stands about twenty-five yards from the main structure. It was intended that this should be used by the trustees, the superintendent, and for guests, but it was decided not to make the necessary repairs to fit it for such use, but rather to utilize it for the accommodation of thirty patients. The farm building also is a commodious affair, located down towards the lake, and has been fitted up for thirty or more inmates. The occupants of these outside buildings will be those who are afflicted with a slight form of insanity, who are able to do out-of-door work on the farm, also those who come in charge of friends and are said to be only a little cranky, requiring only a

change of scene, etc., as the doctor expressed it. These will be unrestrained, and can go and come according to their own sweet will.

The hospital accommodation as described above will provide for 400 patients. A large room in the main building, originally intended as a gymnasium, has been changed into a female dormitory for those who work in the laundry.

Down towards the edge of the lake is the pumping station, whence the water to be used on the premises is forced into a brick tower, almost completed, which will be 70 feet high, with an iron cylinder on the top, 40 feet high by 22 feet in diameter, in which can be stored 150,000 gallons of water. An automatic contrivance cuts off and lets on the water, starting and stopping the pumps by means of a regulator. Artesian wells are also being sunk on the premises.

#### THE STAFF.

Dr. Paine said it was the intention of the trustees to have in attendance one doctor to every 50 patients; in similar institutions one physician has to give attention to from 100 to 150, and sometimes 200, patients. By having a larger number of physicians, far better results can be attained. It will be the aim of those in charge of the Westborough Hospital to make the life of an inmate as sunny and happy as is possible.

The number of persons to be employed in various capacities will not exceed 100. Of these, 40 will be skilled attendants. Applications for rooms and accommodations are pouring into the superintendent's office, and in a very short time it is expected that the hospital will be almost self-supporting from the revenue received from wealthy private patients, whose friends are firm believers in homœopathic treatment, and it is but fair to premise that the new departure will fully meet the fullest expectations of its promoters and friends.

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## PROVINGS AND POISONINGS.

### FATAL CASE OF "MUSHROOM" POISONING.\*

By H. HANDFORD, M.D., M.R.C.P.,  
Physician to the Nottingham General Hospital.

E. W——, aged thirty-two, a fitter, gathered about a quarter of a pound of what proved to be *Agaricus (Amanita) phalloides*

\* *Lancet*, November 27th.



(Fries) on the afternoon of August 20th. On returning home he fried them in fat and ate them, about half an hour after taking his usual meal of tea and bread-and-butter at 7.30 p.m. (These apparently trivial details are mentioned for the following reasons. First, thorough cooking appears to weaken or destroy the poisonous active principle of many kinds of fungi. Secondly, it has been stated that in the closely allied *Agaricus* (*Amanita*) *muscaria* the action of water is necessary to produce the active principle muscarin, which does not exist preformed, and therefore cannot be extracted by alcohol. As no water was used in cooking, the time required for the production of muscarin by the action of the watery fluids of the stomach may account for the delay in the onset of symptoms. And thirdly, the presence of an undigested meal in the stomach may also partially account for the slow onset of symptoms.) While eating the "mushrooms" he gave *part of one* to his little daughter, aged three years and a half. He went to bed at 10 p.m., and slept well all night. He got up at 5 a.m. and complained of a weight and sense of constriction at the chest; he had pain in the bowels, and passed an ordinary motion. He went to work at 6 a.m., and between then and 8.30 vomited three times. At first he brought up the "mushrooms" very little changed, and afterwards a yellowish mucous fluid. He was purged several times. Sweating was profuse. His sight was not affected. He had some tea, but no solid food for breakfast, and worked on till 11 a.m. The vomiting and purging had continued, and he felt weak and faint, but was able to walk home after taking some brandy. The sweating continued, and in the afternoon his sight became dim, and he suffered from headache. He lay on a sofa all the afternoon, and, becoming worse, came to the General Hospital about 8 p.m. on August 21st, and was admitted under my care.

On admission he complained of pain in the abdomen. His pulse was very small, and he was in a condition of collapse. He was given an emetic of sulphate of zinc, followed by mustard and warm water, and vomited freely. He then had an ounce and a half of compound senna mixture, with a small dose of tincture of opium to relieve pain, and three ounces of brandy. He passed a restless night, vomiting and being purged continuously, and I saw him for the first time at 11 a.m. on August 22nd. He was then extremely exhausted. His voice was husky. Pupils equal, of normal size, and reacting readily to light and accommodation. The skin was moist, but the sweating had ceased. The pulse was only just perceptible at the wrist, and could not be counted. The heart beats were weak, but regular, at the rate 92 per minute; respiration 17 per minute, and sighing. He complained much of pain in the abdomen, especially in the left lumbar region, which was tender on pressure. He lay on the

right side, with his knees drawn up, and was very drowsy. His temperature was 97°, though he complained of feeling hot and threw off the clothes. He had passed a small quantity of urine with his motions twice since admission, so that it could not be examined. For the last thirty hours of his life he passed no urine. A catheter was introduced into the bladder at 9.30 p.m., but the bladder was empty. [At the necropsy the bladder contained only half a drachm of urine.] He was ordered to have warm fomentations to the abdomen, and to have the extremities, which were rather cold and clammy, kept warm by hot-water bottles, and to take brandy and milk. After the application of warmth his pulse improved in volume very slightly, but could not be counted with certainty; heart beats 88 per minute. As I considered the case to be essentially one of muscarin poisoning, I gave him, at 12 noon, atropine (gr.  $\frac{1}{120}$ ) hypodermically. An hour later the pulse was still difficult to count; the heart was beating regularly, 136 to the minute. He was less drowsy. The pupils were unaffected.—3.30 p.m. (three hours and a half after the first dose of atropine): Pulse much better and easily counted; 104 per minute. Pupils slightly dilated, but react to light. Patient has slept for a short time, and says he feels much better. The abdomen is flat and somewhat retracted, and he still complains of pain. He has vomited once, and the bowels have been moved twice since 1 p.m. His face, which in the morning looked pale and pinched, has improved in colour. He was ordered to have a second dose of the atropine (gr.  $\frac{1}{120}$ ) hypodermically, and to take twenty minims each of spirit of ether and aromatic spirit of ammonia every two hours.—8 p.m.: Patient became rather worse at 5 p.m. He was restless and slightly delirious. The diarrhoea and vomiting continued. The pupils were slightly dilated, but reacted to light. He has passed no urine. He vomited each dose of the ether and ammonia medicine, and it was consequently discontinued and an increased dose of brandy substituted. Pulse very small and wiry, 128 per minute.—9.30 p.m.: Catheter passed; no urine in bladder.

Aug. 23rd.—10 a.m.: Patient passed a very restless night; the pupils are not dilated; the face is slightly flushed; temperature subnormal; tongue moist, and coated with a thin yellowish fur. Bowels moved twice during the night. Vomiting has ceased, and he has taken the brandy well. Urine still suppressed. Abdomen retracted, and pain in bowels worse; tenderness on palpation in both lumbar regions. Pulse cannot be counted at the wrist; heart beats 104. He was ordered a hypodermic injection of one-sixth of a grain of morphia. No morphia had been given because of his drowsiness, but this had now disappeared and the abdominal pain was extreme.—2 p.m.: Patient was not so well. Pulse could not be felt at the wrist at

all; heart beats 84 per minute.—2.30: Heart beats 120; respiration sighing.—4 p.m.: Death.

On Aug. 24th, at 2.30 p.m., a necropsy was made, twenty-two hours and a half after death. Rigor mortis well marked. Punctiform ecchymoses on the surface of the left lung, scattered about under the visceral pleura, and grouped together in large numbers where external support was least, especially along the margins of the base. Lung substance congested, but crepitant. Right lung so firmly adherent as only to be removed piecemeal; base and posterior part of upper and middle lobes in a condition of hypostatic pneumonia. Punctiform ecchymoses numerous under the visceral pericardium, especially along the interventricular septum and at the roots of the large vessels. Weight of heart 11½ oz.; muscular substance pale; left ventricle firmly contracted, empty; the right contained a small quantity of recent black clot; valves healthy; abundant post-mortem staining. The liver weighed 4 lb., and was in an advanced condition of fatty infiltration; weight of right kidney 4 oz.; capsule easily stripped; section pale and *anemic*. The left kidney weighed 4½ oz.; capsule easily stripped; pyramids not quite so pale as right; weight of spleen 6 oz. The bladder contained scarcely half a drachm of urine. The stomach contained about three ounces of milk curd and brown-coloured fluid. The mucous membrane was covered with tenacious mucus, and was much congested. There were numerous points of capillary hæmorrhage, and at the cardiac end numerous superficial excoriations about the size of a millet-seed. The whole of the small intestine was slightly congested, and this condition was very marked in the lower two feet of the ileum, where the solitary glands were very conspicuous, and stood out prominently like millet-seeds. The contents of the small intestine were chiefly mucus and intestinal fluid, with a very little curdled milk. The large intestine contained some fluid consisting chiefly of mucus and milk. The brain was not examined.

On the evening of Aug. 20th a little girl, aged three years and a half, the daughter of the above patient, ate part of one of the "mushrooms." She was a delicate child, suffering from rickets, and had never walked. She was taken ill and vomited at 10 a.m. on the next morning, and complained of thirst. She was purged, but did not suffer from abdominal pain. There was no sweating, no suppression of urine, or drowsiness. She was seen by Mr. T. E. Lovegrove (to whom I am indebted for many of these details) about midnight, and died at 1 a.m. on Aug. 22nd, about twenty-nine hours after eating the "mushroom." The necropsy was made at the General Hospital at 4 p.m. on the 24th, sixty-three hours after death. Decomposition was commencing. The left ventricle of the heart was contracted and

empty; the right ventricle and auricle contained recent black blood clot. There was much post-mortem staining, but no punctiform ecchymoses, such as were seen in the previous case. The bladder contained only a few drops of urine. The kidneys were much congested. There were no definite signs of gastrointestinal irritation. There was abundance evidence of rickets. The brain was not examined.

*Remarks.*—Though alarming symptoms from "mushroom" poisoning are common, a fatal result is not usual. *Agaricus* (*Amanita*) *phalloides* has previously caused fatal poisoning, notably in some cases at King's Lynn a few years ago. It is most closely allied to *Agaricus* (*Amanita*) *muscaria*, from which the active principle muscarin is obtained. The symptoms, on the whole, so closely resembled those produced by muscarin, that I assume that this was the chief noxious principle. The following points are worthy of attention. Neither salivation nor lachrymation was observed in these cases. Though muscarin, topically applied, at once arrests the frog's heart and slows the heart of mammals, the pulse in this case was not slowed. This corresponds with its action as previously observed in human beings by Morshead and Ringer. Neither was the rapidity of the respiration affected, agreeing again with the experience of Ringer. A more important practical point is the antagonism of atropia. Ringer\* says, muscarin arrests the heart in diastole, diminishes the blood pressure, depresses the circulation, causes strong contraction of the intestines and bladder, lessens urinary secretion, even to the point of suppression, and contracts the pupil. In all these particulars atropia promptly antagonises muscarin. Schiff believes that poisonous mushrooms produce other symptoms than can be accounted for by the action of muscarin, and he is led to believe that they contain two active ingredients, one having an opposite and the other a similar action to that of atropia. Lauder Brunton, in his *Text-book of Pharmacology*, recommends from two to four minims of liq. atropiæ, to be injected hypodermically in cases of mushroom poisoning. In this case one minim was injected twice at short intervals, and after the second dose the physiological effects of atropia were evident. The chief benefit was on the pulse, but the improvement was so slight and transient as to be very disappointing. It is true, the atropia may have been used too late, and that had I had an opportunity of trying it earlier the patient might have had a better chance. The pale, anæmic state of the kidneys shows that the suppression of urine was not due to renal engorgement, notwithstanding the lumbar pain. Whether it was due to contraction of the renal arterioles, to the specific action of muscarin on the renal epithelium, or, as is

\* "Handbook of Therapeutics," Eighth Edition, p. 489.

more probable, to the excessive drain of fluid from the blood by the inordinate watery purgation, I cannot say. I have previously tried atropine injected subcutaneously as an antidote in two cases of opium poisoning, but in each case without success. It is true that both cases were very unfavourable from the length of time that had elapsed before treatment could be commenced. Had they been less serious, probably atropine would not have been used.

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## NEW INVENTION.

### THE DESIDERATUM.

THOSE who have occasion to use a Throat Compress will be thankful to Messrs. E. Marriott and Co., of Hastings, for their excellent invention "The Desideratum." The difficulty often experienced of accurately arranging the different layers of a compress are all overcome by this ready-made and easily adjusted compress, water-proof externally, lined with felt, and holding, threaded through tapes, a piece of soft thick felt, which may be saturated with hot or cold water as desired. It is sure to meet with a hearty reception both by the public and the profession. The compresses are made in several sizes.

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## REVIEWS.

### THERAPEUTIC METHODS.\*

THERE are few names more honoured among our American *confrères* than the name of Dr. Dake, and a book from his pen is sure both to deserve and receive a warm welcome. Dr. Dake fitly dedicates his work to Dr. Dudgeon. We gather that *Therapeutic Methods* embodies the substance of Dr. Dake's teaching whilst occupying the chair of Professor of *Materia Medica*, and afterwards of Professor of the Principles and Practice of Medicine in the Hahnemann Medical College, Philadelphia.

The author divides his work into three parts. In the First Part he deals in his lucid and interesting style with the "History of Therapeutic Methods and Systems," and sets forth the subjects

\* *Therapeutic Methods. An Outline of Principles observed in the Art of Healing.* By Jabez P. Dake, A.M., M.D. Boston and Providence: Otis Clapp and Son, 1886. London: Homeopathic Publishing Company, 12, Warwick Lane, E.C.

that must be known before rational therapeutics is possible—namely, Anatomy, Physiology, Pathology, Ætiology, Symptomatology, and Pathogenesis, or *Materia Medica*. The Second Part deals with the whole range of therapeutics, and the Third Part treats of the “Demands of Similia.”

Under the heading “Rationale of Similia,” Dr. Dake traces an interesting parallel between Newton and Hahnemann in relation to the great laws they discovered. When Newton enunciated his great law he was met, like Hahnemann, with the demand to *explain* the force of gravity. Dr. Dake gives the replies given by Newton and Hahnemann respectively. Newton said :

“What the efficient cause of these attractions is, I do not here inquire. What I call attractions may possibly be caused by some impulse, or in some way unknown to us. I have explained the phenomena of the heavens and the sea by the force of gravity, but the cause of gravity I have not yet assigned.”

Hahnemann said :

“As this therapeutic law of nature clearly manifests itself in every accurate experiment and research, it consequently becomes an established fact, however unsatisfactory may be the scientific theory of the manner in which it takes place. I attach no value whatever to any explanation that could be given on this head.”

On the “Demands of Similia” Dr. Dake has much to say that is worthy of the closest attention. We scarcely follow him, however, in his somewhat sweeping condemnation of our high-dilutionist brethren. Their methods of asserting the faith that is in them are often in the highest degree reprehensible; but the names of Hering, Carroll Dunham, and Skinner are free from blame in this respect. The only solution of this question is the test of experience, and the experience of the three men we have named is weighty testimony. Dr. Dake fitly closes with the good old motto : “*In certis unitas ; in dutiis libertas ; in omnibus caritas.*” If all of us had at all times remembered this, it would have been better for high dilutionists and low dilutionists alike, and better for homœopathy. May Dr. Dake be long spared to carry forward the great work of advancing therapeutics in which we are all engaged, and in which he has taken so large and useful a part !

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#### THE CURABILITY OF CONSUMPTION.\*

It is well that the public should be familiarized with the fact that a person need not be condemned to death simply because

\**The Curability of Consumption by Specific Medicines, Mechanical Apparatus, and Diet.* Second Edition. By R. S. Gutteridge, M.D. London : Kerby and Endean, 440, Oxford Street ; Gould and Son, 59, Moorgate Street.

he or she is pronounced consumptive. Consumption is and always will be a terribly fatal disease, but consumption is not incurable. A considerable percentage of cases are cured completely. In many other cases the patients, though still compelled to take great care, are, for all practical purposes, cured, and enabled to live long and useful lives. In this *brochure* Dr. Gutteridge has laid down very clearly the facts bearing on the treatment of consumption, and described the various means that may be employed in combating the disease. *Cheloni* is mentioned as a medicine suitable for paroxysmal cough with great shortness of breath and difficult expectoration of tenacious yellow phlegm. We have not seen this remedy mentioned before. *Aletris*, *Asclepias*, *Prunus Virginica*, and *Hypoglycophorous Acid* are among the less common remedies mentioned by Dr. Gutteridge, and show that he has not confined himself entirely to the beaten tracks. His remarks on diet are admirable.

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#### CROUP.\*

THE most valuable part of this treatise is the clinical part. Mr. Roy has brought together from many sources a goodly number of cases of croup treated by different remedies and illustrating their action. The author has also given a good account of the nature and pathology of croup. In his preface he tells us that he had no idea of publishing this pamphlet separately, but only as an article in a journal. We think he has been well advised in changing his mind.

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#### LECTURE ON HOMŒOPATHY.†

WE are glad to find that Dr. Wesselhœft's lecture has reached a third edition. As already mentioned in our review of the work when it first appeared, this lecture was originally delivered, by request, before the Boylston Medical Society (allopathic) of the Harvard Medical School. In his admirable "*Preface to the Third Edition*," which is the new part, Dr. Wesselhœft ably disposes of some of the common objections that are raised against homœopathy, and makes very pertinent comments on the proposal of some that we should give up the name homœopathy. The time, he shows, has not yet come for that.

\* *Croup: its Nature and Homœopathic Treatment.* By Hurro Nauth Roy, L.M.S. Calcutta: K. C. Dutta. London: Homœopathic Publishing Company.

† *A Lecture on Homœopathy.* By C. Wesselhœft, M.D. Third Edition. Boston: Otis Clapp and Son. London: Homœopathic Publishing Company.

### KEENE AND ASHWELL'S PHYSICIAN'S DIARY AND CASE BOOK, 1887.\*

Messrs. Keene and Ashwell are determined to give the medical profession no excuse for slipshod work. The excellent diary they issue yearly is far too good to be wasted, and must shame all who receive it into writing accurate reports of their cases. The present issue is improved by the interleaving of the diary portion with blotting paper. We invite the recipients and users of copies of this diary in former years to send us samples of their contents.

### THE CHEMIST'S AND DRUGGIST'S DIARY, 1887.†

THIS very useful diary is presented to every subscriber to the *Chemist and Druggist*, the present being the nineteenth year of issue. It will be found most convenient for daily jottings, besides being a perfect repertory for discovering where to obtain any imaginable thing a chemist and druggist, or his customers, may be supposed to want.

\* \* \* Reviews of Dr. Cowperthwaite's *Text-Book of Materia Medica: Characteristic, Analytical, and Comparative*, 2nd Edition; of Dr. Skinner's *Homoeopathy in its relations to Diseases of Females, or Gynecology*; and Dr. Burnett's *Diseases of the Skin from an Organismic Standpoint*, will appear next month.

## Obituary.

### WILLIAM BELL, M.D.

YET another name must be added to the long list for the year 1886, of our deceased brethren.

Dr. Bell was qualified in Dublin, in 1826, consequently he has had sixty years of professional life; for up to within a few weeks of his death, he continued not only to receive, but even to visit a few patients.

He commenced practice at Mountrath, then removed to Clonmel, and subsequently came over to Bixley, in Norfolk.

If we mistake not, it was here that his attention was first directed to homoeopathy by Dr. Hale, while treating a case of

\* *The Physician's Diary and Case Book for 1887*. London: Keene and Ashwell, 74, New Bond Street, W.

† *The Chemist's and Druggist's Diary, 1887*. London: 42, Cannon Street, E.C., and Melbourne.



croup; and Dr. Bell said that, if he could see an attack of acute inflammation of the lungs cured by homeopathic treatment, he would be inclined to look more into the system. This wish having been gratified some time afterwards, he threw up his practice and went abroad to study homeopathy. Upon his return from Germany, he started practice in Norwich, declaring himself a homœopath. Here he experienced great opposition, but also met with much success, till persuaded by some of his patients among the nobility to remove to London. From the time that he settled in Hertford Street, Mayfair, he had an unbroken career of prosperity, and many are the now staunch supporters of homeopathy who were converted through his skilful treatment; and we have heard him say that most of his successful cases were treated by the higher dilutions.

Some years ago, he transferred his practice in London, and went to reside in Eastbourne, where he died, Dec. 14th, in his eighty-third year. At his funeral, in addition to the large number of relatives and personal friends who attended, there was a remarkable demonstration by the members of the Longton Hall Mission, Eastbourne, which has been established and maintained mainly through his help, and the devoted exertions of his daughters.

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## GENERAL CORRESPONDENCE.

### HYDROPHOBIA.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—Referring to the opinion of a writer in *Los Avisos*, noted in your last issue, that the poison of the viper may possibly confer immunity from rabies, I would remark that this opinion or possibility was first entertained by Redi early in the last century, and published by him in a little work entitled *Osservazione sulle Vipere*. About forty years ago the medical staff attached to the general hospital at Florence took charge of a patient dreadfully bitten by a rabid dog. Anticipating the development of the malady in their patient, six vipers were procured and kept ready for use. As soon as unmistakable symptoms of hydrophobia were manifest, with the patient's consent, his hand and forearm were introduced into the cage. The reptiles were then disturbed and vexed, and in a couple of minutes eight bites were counted on the patient's hand and arm. The result was absolutely negative, and death ensued in the usual way. I admit that this was not strictly a prophylactic experiment.

I avail myself of this opportunity of again stating that the

only effectual means of treating wounds inoculated by animal poisons of every kind, from the sting of a mosquito to the bite of a cobra and mad dog, is *chemically* to decompose the poison before it is absorbed and enters into the general circulating torrent. Now I have good experimental proofs for assuming that the chloride of zinc—Burnett's Disinfecting Fluid—does this most effectually. It should be diluted with equal parts of water, and poured, without loss of time, in or on the wounded parts.

I would suggest that the very next criminal sentenced to death should, with the advice of the Home Secretary and gracious permission of Her Majesty, be invited to allow one of the cobras in the Zoological Gardens to bite him, and there and then afford him the chance of saving his life by the immediate application of the chloride!

At the beginning of the current year I wrote to M. Pasteur begging him to institute a series of experiments with the chloride of zinc. But my suggestion entailed this manifest inconvenience: What would become of all the feathers in his cap if the means proposed succeeded? Hence it was, perhaps, that he did not even take the trouble of acknowledging my communication.—  
Yours faithfully,

ARTHUR DE NOE' WALKER.

### VACCINATION AND INSURANCE.

*To the Editor of the HOMŒOPATHIC WORLD.*

SIR,—It may be news to some of your readers that some of the leading orthodox medical journals are urging the life insurance societies, and especially those doing large business in the town of Leicester, to refuse to take premiums on the lives of the unvaccinated.

We have long foreseen that medical interest would strive to hold its own in the matter when once the vaccine rite was in danger of falling into disrepute. But we did not expect it to make so poor a case or so bad a use, as it has done, of the indifference of Leicester to the vaccine superstition. They have waited so long that it is almost too late to begin this cry in Leicester. For the opposition to vaccination has grown to very big proportions, and nothing serious has happened to Leicester or the insurance companies. As pointed out by *The Post*, the claims made on the companies in Leicester are considerably below the average for the Kingdom, and as we may add the town of Keighley, which has been much longer than Leicester in the position of neglecting vaccination, is not behind her neighbours in the claims she has on the good-will of the State. Healthy living is as much appreciated there as in the most vaccinated town in the realm, and smallpox is not prevalent. We are very

g'lad to notice that there is little need to appeal to the pockets of the insurance societies and companies. Possibly they see this clearly enough, though they say but little about it. But when a leading paper devoted to insurance tells us that "we may say at once that we do not consider the case for complete protection to be made out with that thoroughness which would justify the legislature in continuing the compulsory enactments" enforcing vaccination, and another boldly affirms that the vaccinated "are not better lives than the unvaccinated section of the community, and are in many cases infected by other fell diseases quite as bad or worse than smallpox itself," we may assume that the facts so long unheeded are beginning to tell. The simple truth is that the operation of inflicting the disease known by the name of cowpox is a distinct danger to life and an added risk for the insurance offices. We earnestly hope that the societies will not only accept the lives of vaccinated and of unvaccinated, but ask them to keep the classes distinct and give us periodically the reading of their experience without "fear, favour, or affection."—Yours truly,

Darlington, Dec. 4, 1886.

ALEX. WHEELER.

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### DR. BLACKLEY AND THE TREATMENT OF HAY FEVER.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—In the December number of your journal there appeared a short article of mine on hay fever, in which occur the following words: "Dr. Blackley, in his exhaustive work on the subject, does not seem to attach much value to any drug in the treatment of hay fever."

It has been pointed out to me that these words are calculated to convey a wrong idea of Dr. Blackley's views, and, with your permission, I therefore hasten to withdraw them.

At the time the paper was written I had only read an early edition of Dr. Blackley's classical work on hay fever, devoted principally to an experimental investigation into the cause of the disease, but I have since had the pleasure of perusing the latest edition. In that the author fully enters into the question of treatment, and as the result of his unrivalled experience he confidently recommends various drugs both as prophylactic and curative agents.

My only object in publishing the particulars of an unusually bad case was to point out the title *Sabadilla* has to be considered a remedy of the first importance, and I regret it extremely if my remarks have in any way led to the supposition that I

under-estimate the invaluable service Dr. Blackley has done the profession and the public by his researches concerning the nature and treatment of hay fever—researches which constitute him one of the greatest living authorities on the subject.—I am, your obedient servant,

CHAS. LLOYD TUCKEY.

14, Green Street, W., December, 1886.

### AN ARSENICUM CASE.

*To the Editor of the HOMŒOPATHIC WORLD.*

SIR,—Perhaps the following report may be deemed to have some of the characters of Dr. Hansen's communication in the December number of the *Homœopathic World*—without its brevity. As you are good enough to ask for contributions of a similar kind, I venture to submit to you this report of a case relieved at once and rapidly cured by *Arsenicum*.

The patient had been confined only a few days. She was suddenly attacked with severe pain in the lower part of the abdomen to the left of the middle line. The temperature was 103° F., the pulse 120° and hard, and she shivered considerably on two occasions; the lochia almost entirely disappeared. Belladonna 30 at once relieved the pain. But the temperature remained elevated, though less than before, and the following symptoms were prominent.

1. Every time she awoke from sleep, a faint and sinking sensation, as if the bed had gone from under her, and she had alighted on the floor.

2. At the same time, *i.e.*, on waking, she experienced a flush of heat followed by sweat on all the covered parts. The sweat was succeeded by extreme feeling of prostration.

3. A feeling of "hot air streaming up the spine" (the patient's own words).

4. Anxiety; she thinks she is not doing well (which is not the case).

5. She fears to be left alone, so much so that she must wake up the nurse by her side to keep her company.

6. Her sleep is disturbed by frightful dreams.

Symptoms 3 to 6 are, I believe, very characteristic of arsenicum. Nos. 1 and 2 appeared to me indicative of Lachesis which was given for thirty-six hours or more without any striking result. On inquiring again, the remaining symptoms were elicited, and arsenicum was administered with immediate relief. Symptom No. 1 only occurred once after arsenic had been begun.

I should like to ask, Sir, if you or any of your readers can inform me if symptom No. 1 is to be found in any pathogenesis

of arsenicum, or if the symptom has been cured before by *Ars.*, or by any other remedy.—I am, Sir, yours,

E. A. NEATBY.

161, Haverstock Hill, N.W., Dec. 16, 1886.

[We invite replies to Dr. Neatby's query.—Ed. *H. W.*]

## VARIETIES.

THE MEDICINAL USES OF SODIUM FLUORIDE.—Dr. Louis Kolipinski has lately made trial of the effects of sodium fluoride, and has found it a useful agent in the treatment of headache in children. He has also obtained favourable results with it in three cases of epilepsy. It can be given in aqueous solution, or in papers to be dissolved as needed. An equal proportion of bicarbonate of sodium should be added to it. When prescribed in the liquid form, the total quantity should not exceed two fluid ounces, as the power of a strong solution to attack glass forbids its being concentrated or long kept. The tendency of any quantity exceeding the fourth of a grain to produce nausea and vomiting limits the dose tolerated by a child to this amount. The usual dose given was from one-eighth to one-sixth of a grain three times a day. Slight gastric irritation was the only unfavourable symptom produced. (*Philad. Medical News*, August 21, 1886.)

USES OF POTASSIUM CHLORIDE.—At the recent meeting of the American Medical Association Dr. A. F. Pattee, of Boston, communicated a paper on potassium chloride. He had used it in many cases of anæmia with success, and had also found it beneficial in the first stage of hepatic cirrhosis. Inflammatory exudations, *e.g.*, pelvic cellulitis and glandular enlargements subsided under its use. In stomatitis it was equal to the chlorate. He had also used it in ovarian neuralgia and menstrual headache, when it was more reliable than the bromides. Combined with corrosive sublimate it was one of the best remedies for syphillis. In cellulitis he gave it in ten-grain doses every three hours. He had also used it in epilepsy, finding it most serviceable in anæmic cases. (*Philad. Medical News*, July 5, 1886.)

## MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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| <p>Beale (L. S.). Our Morality and the Moral Question, chiefly from the Medical Side. Post 8vo, pp. 192. (Churchill. 2s. 6d.)</p> <p>Clarke (J. H.). The Revolution in Medicine, being the seventh Hahnemannian Oration. pp. 88 (Keene and Ashwell. 1s. 6d. Sewed, 1s.)</p> <p>Clarke (J. H.). The Prescriber: A Dictionary of the New Therapeutics. 2nd ed. Fcap., pp. 217. (Keene and Ashwell. 8s. 6d.)</p> <p>Fothergill (J. M.). A Manual of Diabetics. 8vo, pp. 250. (Lewis. 10s. 6d.)</p> <p>Horwitz (Orville). A Compend. of Surgery for Students and Physicians. 2nd ed.</p> | <p>Post 8vo, pp. 156. (Pentland, Edinburgh. Simpkin. 4s. 6d.)</p> <p>Jones (G.). Urinary Diseases: Analysis of 500 Cases of Stone, Stricture, Diseases of the Bladder and Prostate, and Obscure and Supposed Incurable Diseases of the Genito-Urinary System in Both Sexes. Edited by Dr. Gordon Jones. 8vo, pp. 96. (Simpkin.. 2s. 6d.)</p> <p>Kelly (John). Expansion of Strictures by Heat. Post 8vo, pp. 144. (Lockwood. 8s. 6d.)</p> <p>Leuckart (R.). The Parasites of Man, and the Diseases which Proceed from Them: A</p> |
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- Text-Book for Students and Practitioners. Translated from the German. 8vo, pp. 788. (Pentland, Edinburgh. Simpkin. 8s. 6d.)
- Marah** (Howard). Diseases of the Joints. With 94 Illustrations and a Coloured Plate. 12mo, pp. 458. (Cassell. 9s.)
- Martin** (J. M. H.). Ambulance Lectures; to which is added a Nursing Lecture in accordance with the Regulations of the St. John's Ambulance Association, for Male and Female Classes. With Illusts. Post 8vo, pp. 120. (Churchill. 2s.)
- Moore** (W. J.). A Manual of the Diseases of India. With a Compendium of Diseases Generally. 2nd ed. Post 8vo, pp. 640. (Churchill. 10s.)
- Playfair** (W. S.). A Treatise on the Science and Practice of Midwifery. 6th ed. 2 vols. 8vo, pp. 850. (Smith and Elder. 29s.)
- Roth** (W. E.). Elements of School Hygiene. (Bailliére. 3s. 6d.)
- Routh** (C. H. F.). On Overwork and Premature Mental Decay: Its Treatment. 4th ed. Post 8vo, pp. 150. (Bailliére. 3s. 6d.)
- Steven** (J. L.). Practical Pathology: An Introduction to the Practical Study of Morbid Anatomy and Histology. Post 8vo, pp. 282. (Maclehose, Glasgow. Macmillan. 7s. 6d.)
- Stewart** (A.). Our Temperaments: Their Study and their Teaching. A Popular Outline. 8vo, pp. 406. (Lockwood. 15s.)
- Troup** (F.). Spectrum: Its Microscopy and Diagnostic and Prognostic Significations. With numerous Photo-Micrographic Plates and Chromo-Lithography. 8vo, pp. 262. (Oliver and Boyd, Edinburgh. Simpkin. 15s.)
- Tuson** (R. V.). A Pharmacopœia, including the Outlines of Materia Medica. 4th ed. Post 8vo, pp. 860. (Churchill. 7s. 6d.)

## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, St. George's Terrace, Gloucester Road, South Kensington, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We always go early to press, and would therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

### CORRESPONDENTS.

Communications received from Dr. Purdom, Croydon; Mr. Alexander Wheeler, Darlington; Dr. Holmes, Sycamore, Ill., U.S.A.; Dr. De Noë Walker, London; Mr. John W. Carter, West Hartlepool; Dr. Tuckey, London; Mr. E. H. Laurie, London; Dr. Neatby, London; Dr. Shackleton, London; Dr.

Cook, Richmond; Mr. Meredith, Sydney.

### BOOKS AND JOURNALS RECEIVED.

Allgemeine Homöopathische Zeitung.—Zoophilist.—Medical Advance.—Monthly Homœopathic Review.—Revue Homœopathique Belge.—Homöopathische Monatsblätter.—New York Medical Times.—American Homœopathist.—St. Louis Periscope.—United States Medical Investigator.—Medical Advocate.—Clinique. Medical Visitor.—Homœopathic Physician.—Chemist and Druggist.—American Observer.—The Homœopathic Journal of Obstetrics.—La Reforma Medica.—Calcutta Journal of Medicine.—L'Art Médical.—Hahnemannian Monthly.—Medical Era.—Medical Annals.—California Homœopath.—The Clinical Review.—New England Medical Gazette.—Chiroman.—Medical Current.—St. Louis Medical Journal.—North American Journal of Homœopathy.—Chemist and Druggist Diary.—Urinary Diseases by David Jones.—Keen and Ashwell's Diary, 1887.

# THE HOMŒOPATHIC WORLD.

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FEBRUARY 1, 1887.

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## NO MORE PHYSIC?

WE live in strange times. Just when the scientific and the critical think they have succeeded in explaining away all that is marvellous in creation and in revelation; just when they seem to have abolished faith from the earth—lo and behold! they are confronted with the miracles of the faith-healers. But faith, though plainly not abolished, is still rare, and were the prescribers and vendors of drugs opposed by no other irregular practitioners than the healers by faith, they could still afford to smile and sneer at the miracles performed at the institution known by the name of Bethshan. But, alas! for the “regular” disciples of Æsculapius, we have now in our midst healers who dispense with both physic and faith. In his spoken communication before the *British Homœopathic Society*, on Thursday, January 6th, Dr. ROTH, the President of the Society, alluded to the remarkable cases of cure by “Suggestion” which are now attracting much attention on the Continent. These are a variety of the cures by mesmerism which have long been known. The patient is put into the third stage of mesmeric sleep (or “hypnotised,” as it is now the fashion to call it), and when in this stage, the stage of somnambulism, it is suggested by the mesmeriser to the patient that the disease from which he is suffering is, or will be, cured. When he awakes the impression is not effaced, and the patient is cured. A case mentioned by Dr. ROTH, with the particulars of which he was himself

conversant, is sufficiently striking. The patient, a lady, had suffered tortures from carious teeth. She was hypnotised, and it was suggested to her when in that condition that she should go to a certain dentist and have her teeth extracted ; that she would feel no pain ; and that she must express her thanks, when it was all over, to the doctor who mesmerised her. When she came to herself she went to the dentist named (who was apprised and ready), without knowing that it was at any other ordering than that of her own will ; she had the teeth extracted, and *felt no pain*. The rest of the prescription was carried out faithfully and naturally enough : she expressed her surprise that she felt no pain, and was profuse in her thanks to the doctor, who was present. The best authority on this subject is Professor BERNHEIM, of Nancy, whose work is entitled *Le Traitement par la Suggestion*.

But of all the miracle workers of this age of science and scepticism none can approach the powers ascribed to Mr. GEORGE MILNER STEPHEN, formerly Acting Governor of South Australia, member of the English bar, leading counsel on circuit in New South Wales, and member of a family which has produced in this country, in Sir FITZJAMES STEPHEN, the judge, and in the eminent man of letters, Mr. LESLIE STEPHEN, two of the foremost representatives of the culture and the scepticism of the day. According to the *Pall Mall Gazette* of January 12th, Mr. STEPHEN found out his powers by accident. Six years and a half ago a friend who suffered from deafness jokingly appealed to Mr. STEPHEN to give him back his hearing. In joke, Mr. STEPHEN made some passes over his head when, to his utter astonishment, he discovered that his friend's deafness had disappeared. Further experiments showed that this was no mere coincidence, and soon Mr. STEPHEN found the applications for relief so numerous that he was compelled to abandon one of the most lucrative professional incomes in the Antipodes.

Mr. STEPHEN gives no medicine and asks for no faith. He does not even mesmerise. Sometimes he lays his hand



on the part affected ; sometimes he breathes into the eye, ear, or mouth of the patient ; sometimes he is able to banish disease by a mere word or gesture. The nearest approach to medicine he makes is in using, on certain occasions, a little "magnetised ointment," whatever that may be. There is no lack of evidence as to the genuineness of his powers, and he has offered to put them to a severe enough test, namely, to try them in the asylums of the blind, deaf, and dumb. He considers that he will be able to restore 10 per cent. of the cases submitted to him.

Mr. STEPHEN lays claim to no skill, and he does not pretend to understand the power he says he possesses. He differs from the apostolic workers of miracles, in that he is not able to raise the dead, or to cure all the cases he attempts to cure ; though it must not be forgotten that the disciples on one occasion, before they had been endowed with full apostolic powers, failed to effect a cure.

We shall wait with interest to hear what is the result of the public trials of Mr. STEPHEN'S powers, which we trust he will be allowed to make. Should he maintain his reputation and confound the eminent doubters of all miracles whom his own family has produced, the "so-called nineteenth century" will have to forego a little of its conceit.

In the meantime, we who do not possess such powers must not neglect our duties. Until the power to "suggest" and the healing touch become the common property of the profession, medicines and ordinary means of treatment will be required. These, studied honestly and honestly used, can often work miracles, and sometimes as expeditiously as, and in a higher percentage than those ascribed to Mr. STEPHEN. And Mr. STEPHEN can only cure a limited number in one day. Therefore we must answer in the negative the query we have put as the head of this article ; the time has not yet come when we can say with safety that there is to be—No More Physic.

## NOTES.

## A NEW DEPARTURE.

IN our next issue we intend to open up new ground. The HOMŒOPATHIC WORLD, we have reason to know, is being read by medical students who are naturally but ill-satisfied with the teaching provided for them by their orthodox lectures. For their benefit we intend to open an EDUCATIONAL department, and to devote a part of our space to elementary lessons on the Materia Medica. Our first chapter next month will be Introductory. We have also thought well to open a department for plain discourses on medical topics about which non-medical readers will like to know something. We shall endeavour to steer between the two danger points of imparting the too little knowledge which is a dangerous thing, and the too much knowledge which is a useless thing. We intend to head this department DOMESTIC, and to open with a chapter on "Noises in the Head."

## DR. POPE AT LEICESTER.

THE LEAGUE has opened another branch of its work, and no better opening could have been made. Here is the verdict of Leicester—from our own Leicester correspondent:—

"Dr. Pope's lecture was a splendid one; but unfortunately it was on a bad night. A large concert and ball the same night, and the weather frightful. There were only about 150 there, but a thoroughly appreciative audience. Every one delighted. All say they did not know there was so much in the 'G.O.M.,' or in the system. No adverse criticism, I am sorry to say."

Needless to say, the "G.O.M." in this case is Hahnemann, and not another illustrious personage about whom also there is considerable diversity of opinion. Dr. Pope and other lecturers are willing to do the same for other towns as he has done for Leicester, provided as suitable an invitation is given as that extended to the lecturer by the Leicester Literary and Philosophical Society. The LEAGUE has begun the year well.

### COFFEE IN NICOTISM.

DR. POWELL informs us that in his experience he has found *coffee* to be one of the best antidotes for the effects of tobacco. There is certainly a great similarity in some of their effects. It would almost seem from this that the general liking for coffee found among smokers is a preservative instinct, impelling them to take a homoeopathic antidote to their favourite narcotic.

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### THE NEW DISEASE.

IT IS NOW proved almost beyond the possibility of a doubt that M. PASTEUR has introduced a new and fatal disease into the world. Rabbits are not naturally liable to rabies; but when M. Pasteur introduces the poison of rabies into their skull cavity, they die of a kind of paralysis after a given time. This is the new disease he has discovered; and now he has communicated it to human beings. It is more than probable that the otherwise mysterious deaths of Goffi at St. Thomas's Hospital, and Wilde, at Rotherham, were due to the rabbit rabies and not to their bites. Three more cases of the kind have occurred in France, and were duly brought before the Paris Academy of Medicine by Professor Peter, who maintained, and who brought overwhelming evidence to prove, that the inoculations of M. Pasteur were the cause of death. Great was the dismay and the anger of the blind Pasteurites in the academy; but they could not shake the evidence of Professor Peter. The death-roll of the inoculated now reaches nearly a total of sixty confessed cases; how many have died without their deaths being made known cannot be ascertained, for concealment is often attempted. There is not one scrap of evidence that can be called scientific to show that Pasteur has saved a single life. Still patients continue to be sent to him, and subscriptions flow in towards the erection of the *Institut Pasteur*—which is, however, at present a castle in the air.

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### "SWEET SIMPLICITY."

A CORRESPONDENT sends us the following:—

"Have you seen the following sweet simplicity in yesterday's *Times* (November 26th)?—'M. Caro also dwelt on the exceptional

award of 5,000 francs to the Pasteur Institute, which, though resolved on some months ago, was not officially announced till to-day. He pronounced a glowing panegyric on M. Pasteur, and quoted his reply to his family on their pressing him to take rest—"When I am not working, I seem to myself to be committing a theft."—It reminds one irresistibly of the venerable negro's complaint: 'I works all day, and I steals all night; but somehow de Lord won't let me earn a honest livin'.'"

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#### SLAG.

MR. MEREDITH, of Lydney, sends us interesting particulars regarding Slag, which he has found of very great use as a medicine, especially in throat affections remaining after scarlatina. The South Wales slag contains:—silica (40 per cent.), calcarea (30), alumina (10), ferrum (9), magnesium (5), manganese (3), potassium, sodium, carbon, phosphorus, cyanogen, titanium, sulphur. The North-Eastern Steel Company (Middlesbrough) give the following analysis of their "Basic Slag": Calcium (41·54 per cent.), magnesium (6·13), aluminium (2·60), ferrum, as ferrous oxide (14·56), ferrum, as ferric oxide (8·64), manganese (9·81), vanadium (·29), silicon (7·40), phosphorus, as phosphoric oxide (14·32), sodium (·31), sulphur (·23). Knowing, as we do, the value of the complicated mineral waters containing iron, as for instance the Flitwick water, we should think a good proving of slag would be sure to yield valuable results. It would, however, be important to note the source and the composition of a substance, which must vary in different factories, before undertaking to prove it.

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#### DR. J. ROBerson DAY.

In our notice of the addition to the medical staff of the London Homœopathic Hospital, last month, we omitted to mention that the out-patient department had been strengthened by the appointment of Dr. J. Roberson Day, of Hampstead. Dr. Day is M.D. of the University of London (1885), having graduated M.B. with honours in forensic medicine in 1884. In 1882 he became Member of the Royal College of Surgeons, England, and Licentiate of the Royal College of Physicians of London. He has held several public appointments, and among them that of senior obstetric assistant of University College Hospital,

and resident clinical assistant, Brompton Hospital for Consumption. Dr. Day is the son of an old and highly respected homœopathic practitioner of London; but his own belief in homœopathy is not hereditary, it is the result of conviction. The hospital is to be congratulated on Dr. Day's appointment; and it is a hopeful sign when young men of his standing and ability are ready to come forward to fill the vacant posts.

#### TELEPATHY AND SUGGESTION.

THE following extract from the Paris letter of the *British Medical Journal*, Jan. 1, 1887, will be read with interest in connection with Dr. Roth's communication to the British Homœopathic Society reported elsewhere:—

"M. Jules Voisin has made two highly interesting experiments, at the Salpêtrière Hospital, on hysterical patients on whom he studied the action of telepathic remedies (*médicaments à distance*), such as metals and the magnet. He explained the phenomenon of various changes of personality presented by one of his patients, M. V., the same individual who was experimented on by MM. Bourru and Butot (see *Congress of Grenoble*, 1885, and *Société de Biologie*, 1885). M. Voisin's experiments were made with corked and sealed phials of an opaque colour. He was himself ignorant of the contents of these phials, and was careful not to utter a word in the patient's presence. He threw the subject into a lethargic, somnolent, and cataleptic state, but obtained no result under these conditions. When M. Voisin made his experiments on any patient in a waking state, the latter immediately fell into a hypnotic state, and exhibited symptoms of disturbance, nausea, and vomiting. If the name of a drug, of which the effects are well known, or the effects of any medicament whatsoever were mentioned, during the state of hypnotism, the patient immediately manifested the physiological effects of these remedies. Suggestion and unconscious suggestion were thus manifested. In another series of experiments, M. Jules Voisin observed during one of the three phases of somnolence (lethargy, somnambulism, catalepsy), the state of one of his subjects, V.; he was not affected by the magnet. In the waking state no effect took place unless the magnet was seen by the patient, when it induced an attack, probably through suggestion. Gold and mercury caused redness and blisters if V. was aware of their presence; these results were obtained likewise during somnambulism. By suggestion, the effect of metals was destroyed or produced without their presence, and if the contact of metal took place without the knowledge of V. when he was awake, no effect occurred. General sensibility, sensory and motor sensibility, and the psychical state were affected by suggestion. M. Jules Voisin therefore believes it possible that the phenomenon of change of personality, as described by MM. Bourru and Butot, represents the last phase of a hysterical attack, a phase characterised by delirium with delusions, and lasting several months. Similar changes

of personality, lasting only a short time, were observed in somnambulism. They were always preceded by a physical change, resembling an attack, and they were apparently induced by any mental suggestion which accidentally recalled the previous existence of V."

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TRACT No. 10.

"EMINENT MEDICAL CONVERTS TO HOMŒOPATHY" is the title of Tract No. 10. This tract deals only with "those who have finished their good fight and have passed away from among us," or the list could have been largely extended. It gives quite a number of highly interesting biographical sketches of "some of the partisans of the homœopathic school who have achieved a well-merited reputation, not merely as physicians, but also as scientists and literary men." The reason why there have not been still more eminent converts is sufficiently explained in the tract, which yields in point of interest and readableness to none of its predecessors.

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ORIGINAL COMMUNICATIONS.

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A FRESH ILLUSTRATION.

By DR. COOK.

IN the *British Medical Journal* of December 18, 1886, is printed a paper by Dr. J. H. Bennet, on the Bergeon "Treatment of chronic disease of the lungs and air passages by medicated gaseous enemata" which must be of some interest to Homœopaths as illustrating in a very neat manner an awakening of some allopathic minds to the virtues of minute doses, and to the antagonistic action of minute, as contrasted with large, doses of a medicine.

Dr. Bergeon's treatment is to inject twice daily into the bowel of the patient from one to four litres of carbonic acid gas, free from air and impregnated with sulphuretted hydrogen. The injection is to occupy twenty minutes, and in a short time the breath of the patient indicates, by its odour, that the gas has been absorbed and permeates the system; and after an experience of two years Dr. Bergeon rejoices in some remarkable cures and alleviations. As explained by Dr. Bennet, Dr. Bergeon's idea of the *rationale* of the

action is indefinite. At first Dr. Bennet states that "imbued with the parasitical, microbic, bacillary views of the day, he wished to discover a mode of destroying these morbid germs," and then again "it is the sulphuretted hydrogen, a powerful microbicide, which appears to exercise the therapeutic influence." But still further the mind is undecided, and we get, "I must do Dr. Bergeon the justice to say that he does not pin his faith on anti-bacillary theories." "He feels certain, however, that the treatment by sulphuretted hydrogen is decidedly antiseptic and curative of local lesions." Evidently Dr. Bergeon has leanings towards the microbicide idea, but for some reason does not see clearly how to explain matters on that hypothesis. What is this reason? It is the minute amount of sulphuretted hydrogen which produces the effect, an amount far too minute to have its action explained by its germ-destroying power. We can easily obtain some idea of the quantity which is used for each dose. Dr. Bergeon states that artificially-made sulphuretted hydrogen does not do, he must have that naturally occurring in mineral water, and he chooses the Eaux Bonnes, and uses a half bottle. He makes pure carbonic acid and charges it with  $H_2S$  by allowing it to bubble through the half bottle of Eau Bonnes, and thence he passes it into the patient's bowels. According to the analysis of Atfield, the Bonnes water contains per gallon  $1\frac{1}{2}$  cu. in. of  $H_2S$ , equal to  $\frac{1}{2}$  grain by weight, and we may take the half bottle to be equal to a pint, and therefore to contain  $\frac{1}{16}$  grain of the gas, and this would be the entire dose if the water were totally deprived of its  $H_2S$  by the bubbling carbonic acid. An average human body may be taken at 140 lbs., equal to 980,000 grains, and the proportion of such a dose twice a day to the body would be about 1 to 8,000,000. What effect would such a proportion have on germs? Kock's experiments indicated that  $H_2S$  water (presumably saturated) did not kill all germs after five days' exposure, and in a rotten egg bacteria and  $H_2S$  are produced side by side, each in excess; clearly then, a proportion of 1 to 8,000,000 will be, even to germs, a small medicinal, and certainly not a lethal, dose.

But Dr. Bergeon states that he puts forward his remedy, not as a germicide, but as succeeding in curing phthisis—of course—but it must succeed in such a minute dose from some good reason, evidently unknown to Dr. Bergeon.

Now both Allopaths and Homœopaths agree that sulphur waters, including those of Bonnes, are capable of causing wonderful chest symptoms, even to hæmoptysis, and presumably in consequence of the  $H_2S$  therein contained; the latter class of practitioners will assert that here is but another instance of the action of the law of similars, while the former will gape and wonder, and try large doses, and fail; the remedy will be discredited because, although it will cure in accordance with a law, it will not cure in accordance with a prejudice. Dr. Bennet seems inclined to insist that it is because the  $H_2S$  is carried to the minutest recesses of the body by this means, that it therefore cures. Is not this nonsense intensified? Does not Dr. Bergeon know that if you give a man sulphur in massive doses you may so saturate him that the very coins in his pocket will become black? If we consult Brunton, we find under "Action of Sulphur"—"When taken into the intestinal canal, it is converted into sulphide and  $H_2S$ , the latter is excreted by the breath." If then sulphur given into the intestines by the mouth is in evidence as  $H_2S$  in the breath, does not it also saturate the minutest recesses of the body? And why then does it not cure phthisis when so given, as notoriously it does not? Here then is a marvellous thing; a proportion of sulphur of one to eight millions, will cure a fell disease, and allopathic practitioners appeal to their experience as a justification of their faith. The same drug has been given, throughout all time, in large doses, and no one has ever heard of its possessing any such powers. The probable explanation, we are gravely told, is that the minute dose permeates the minutest tissues. Is this explanation put forward from an innate conviction of the dynamization of drugs, or—is it magic?

Richmond, Dec., 1887.

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## ON THE USE AND ABUSE OF TOBACCO.

BY DR. A. DE NOË WALKER.

AFTER reading the Editor's remarks on this subject published in the January number of the HOMŒOPATHIC WORLD, several facts recurred to my memory, some of which will be found practically useful. But I would, in the first place observe, about this habit, that as in the use of fer-



mented beverages, every reasonable and moderate man, guided by his own individual experience in the moderate use of both, must be a law unto himself, and not for others. He should neither encourage nor discourage the moderate use of either. Nevertheless a total abstainer in both should be encouraged rather than otherwise; and in my judgment every one should abstain from both tobacco and fermented beverages until he has, at *least*, attained to twenty-one years of age. As regards abstinence from fermented beverages, one obstacle will be found to consist, in this country, in procuring wholesome water. But to such as can afford it, and it is not dear, I strongly recommend the habitual use of Salutaris Water, which is ordinary London water distilled, and thus purified. But distilled water is not wholesome; hence, after distillation, it is charged with carbonic acid gas, and thus rendered very agreeable and very wholesome.

In some circumstances the use of tobacco is certainly not a mere self-indulgence. Thus, *e.g.*, to a man at the wheel steering a ship, tobacco may not be a necessity, but it certainly tends to keep him quiet and patient. The same may be said of a coast-guardsmen on night duty. An army engaged in actual warfare should never be allowed to lack either tobacco or stimulant. Living in the open air, or under canvas, tends to dissipate the effects of both very rapidly. The besieged garrison at Lucknow, in progress of time, of course, "ran out" of tobacco. At last, however, the men yearned for it so that they smoked the dry leaves of—I think—pear trees.

The correlation of "smoking" and the use of fermented beverages is somewhat interesting. Alcohol is undoubtedly the best solvent of nicotine, even as the best way of cleansing a pipe is by passing a stream of spirit of wine through the stem and bowl; but given a symposium consisting of twelve—six smokers and six non-smokers—the effects of immoderate drinking will *much* sooner tell on the non-smokers; who will, sooner or later, become culpably "incapable," while the smokers—all of them—will find their way home well enough. But an empty stomach greatly conduces to the ill effects of both tobacco and stimulants, neither of which should *ever* be indulged in except at, or after, meals. The immoderate use of the latter, however, constitutes, in this country, a veritable national sin. In the end it blunts or utterly annihilates conscience,

sense of duty and responsibility, natural affection and self-respect; hence it is the sad, humiliating cause of many murders. The reader will find some interesting observations on this sad, sad subject in *Notes and Narratives of a Six Years' Mission among the Dens of London*. (James Nisbet, Berners Street.)

Respecting the therapeutic value of tobacco, I have at least one important fact to commend and to recommend. As a prophylactic against insolation, or sun-stroke, it is absolutely specific. Whether the subject be a smoker or not, a cigar or pipe will, in a few minutes, dispel all premonitory symptoms of sun-stroke, or prove a certain prophylactic. But if a man is struck down by sun-stroke, then *Glonoine* or *Belladonna* must not be overlooked.\* But such cases are always more or less accompanied by danger, and if the patient survives, it is seldom that he can get rid of some permanently direful effects.

Finally, the different effects of the many different kinds of tobacco must be borne in mind, and the different functions it will disorder in *different* individuals. It is the same with fermented beverages. Thus, the lower classes in Russia drink much more than the English, but the nervous centres, the kidneys, and the assimilative functions of the latter are very frequently injured by alcoholic beverages, while the "hard drinkers" in Russia do not seem to suffer at all from excess. Regional, or geographical, pathology has long been a favourite study with me. Softening of the brain and every kind of disease of the kidneys are seldom, if ever, met with south of Milan. But here I must stop, although I would feign write three or four pages on this highly interesting subject.

P.S.—When an ordinary daily meal, for some cause or other, has to be postponed, a cigar or pipe will always allay hunger. But in cases of shipwreck, or in other similar circumstances, when neither food nor drink can be obtained, *Arsenic* will greatly allay the tortures of thirst and the craving for food. In persistent, almost spasmodic hiccough, tobacco seldom fails. An artist once consulted me for a peculiar failure of his eyesight. "The moment," he said to me, "I look at the white canvas, or on any white surface, I see nothing." Every attempt to diagnose the nature of the case failed. He happened,

\* *Cactus* has also proved useful on sunstroke. See p. 141 of our last volume.—Ed. H. W.

however, to pass an evening with me, and by the merest accident I happened to observe that he invariably inhaled the smoke of his cigar. All then became clear to me, and three doses of *Nux Vomica* completely cured him.

### CURE OF A CASE OF ABDOMINAL TUMOUR.

By DR. ALFRED J. POWELL.

On the 27th of June, 1885, I was visited by a relative of Mr. ——— to ascertain if I could attend him in a very serious illness. The sufferer and his friends were most anxious for further advice, as it had been suggested by those who had already seen him that an operation would have to be performed ere long, and that it was an hospital surgical case. One of the three medical men who had seen him is titled, and attached to the surgical staff of a London hospital, and he agreed with the others that something would shortly have to be done for him, saying to the patient, "It will not be long before you will require my help."

It was not convenient for me to attend an acute case at a distance of some miles from my house; and as I had no personal acquaintance with a homœopathic practitioner near him, I gave the address of a homœopathic chemist, who would most likely be able to direct him to one in his neighbourhood. To a certain extent this advice was followed. The case was stated to the chemist, and he volunteered to visit the patient, which he did, accompanied with a medical friend (query: student?), who urged the immediate application to a hospital for admittance, suggesting the one to which he was attached, and volunteering his interest in procuring a bed for him. The patient was somewhat alarmed, and postponed accepting this advice. Again, on the 16th of July I was very urgently requested by patient (as he was worse than ever) and friends to see him. I did so, and elicited very much of the foregoing narrative, as well as an additional statement, and symptoms as follows:—The patient was taken ill in February with very acute pains in the abdomen, said to be inflammation, and he attributed the cause to a chill caught after taking a hot bath. A relapse occurred some six weeks after, very severe, when he was treated with hot compresses freely sprinkled with turpentine, and afterwards with an *Emplastrum Belladonnæ* applied, and medicine internally. He complained of attacks of very acute pain in the abdomen

with tenderness, and a hard swelling in the right side; he could not lie down on the left side, nor walk; the pain exhausted him, and he was losing flesh; he was very anxious about the swelling and pain, but his general health had not suffered apparently very much, as his appetite was not bad; his tongue a little furred at the back, and flatulence after food; bowels regular, urine natural, and sleeping pretty well when once settled down in bed. Pulse weak in quality and rather fast. Face flushed, eyes suffused, occasionally very acute pain in the left eye since an operation some time ago for strabismus internus. He had a scaly and pimply rash on the face, and psoriasis palmaris in both hands.

On examination, the abdomen (reclining and standing) presented a swelling, to the right of the mesial line, and midway between the umbilicus and Poupart's ligament in an oblique direction, of three or four inches in diameter; irregular in shape, somewhat pyriform, with the smaller end towards the crest of the ilium, very hard, slightly movable, indented on the margin as if small fingers had pressed the edge and left their impression, elevated from the surface of abdomen three-quarters of an inch, a little more prominent in the centre, and knotted or lumpy all over and round the edge. He had a sensation of strings being attached to it and passing down deeply into the abdomen on attempting to move it about; no discolouration of the skin. I could scarcely satisfy myself that the chill after a hot bath was the sole cause of all this painful trouble and alarm. The swelling had very much the appearance of the beginning of a malignant tumour, and I presume my predecessors thought so likewise. I questioned him very closely if he had ever swallowed any hard substances, such as plum or cherry stones, or met with any accident or injury. His replies were all negative. There was no tenderness near the ileo-cæcal juncture with the ascending colon, nor ever had been. He had occasionally ridden a tricycle—a heavy, very hard-to-work machine—and was generally completely prostrated after such exercise. I thought this violent exertion had as much to do with the trouble as the bath, and I would treat it as an old lesion. I mixed sixteen drops of *Arnica* 1x and *Belladonna* 1x in separate glasses, with about six ounces of water, a dessert-spoonful to be taken of *Arnica* at 7 a.m. and 3 p.m., and of *Belladonna* at 11 a.m. and 7 p.m.; to apply a water com-

press over the tumour, and to write to me if worse or any change of symptoms occurred.

On the 22nd of July I had occasion to see Dr. Clarke, and on mentioning the case to him said I wished to transfer the patient to the Homœopathic Hospital, and, if need be, to recommend the case for admission. No definite arrangement was made, and I waited to learn if the medicines had benefited the patient in any way.

On the 24th the patient reported by letter "great improvement." Medicines repeated, in smaller quantities.

July 31st. Improvement maintained. Weakness and aching pain across the back. Continue medicines.

August 7th. Further improvement in every respect. Continue medicines.

August 14th. The patient paid me a visit just a month since I saw him at his home. General improvement in health very manifest. Appetite good, bowels, urine, and sleep natural. Swelling reduced in prominence and circumference to less than one-half its former size; no tenderness on pressure. Eruption on face and hands improving. Repeated medicines, in the third dilution, and sanctioned a change of air.

August 27th. Letter from Yarmouth. Going on very well, can walk several miles a day without pain or fatigue. He has, however, an acute attack of pain in the left eye, for which I sent him, *pro. tem.*, four powders, each containing one grain of the trituration of *Arsenicum* 3, a powder to be taken once a day.

September 18th. The patient again put in an appearance. Swelling all gone; only a little irregular, knotty feeling on hard pressure where the tumour was, and a sensation of tickling or cold water trickling at the spot, and a coldness or chilly feeling. General health very good. The psoriasis on the hands and the eruption on the face being worse, I prescribed trituration of *Lycopodium* 3, one-twelfth of a grain two or three times a day.

Since this date I have heard from or seen him occasionally for the cutaneous trouble, and have prescribed mostly *Arsenicum*, but the greatest relief to the palmar trouble has been obtained from *Unguentum Kreasoti*. The abdominal symptoms have all disappeared.

January 10, 1887. He states his general health is perfect. He has passed an examination by the medical officer of a prominent Life Assurance Company, and a policy for

a small amount granted on a first-class life. He told the Company freely about the tumour, illness, and expected operation; and he not only underwent a very rigid cross-questioning and examination by the medical officer, but was written to by him to put in another appearance at his private residence, where he was again most carefully examined. The doctor closed his examination with this remark: "Well, all I can say is, that whatever kind of tumour it was, or whatever was the cause of it, I cannot find the slightest trace of anything now!"

Sewardstone Lees, Anerley, S.E.

#### SIR ANDREW CLARK ON CONSTIPATION.

In the *Lancet* of Jan. 1, 1887, is an article by one of the most experienced and most practical physicians of the day, Sir Andrew Clark, entitled "Considerations Respecting the Management of Simple Constipation." The article is so full of practical good sense that we quote it entire below. Sir Andrew speaks like a man who has put his opinions to the test of experience, and who knows what he is talking about. For the general (as opposed to medical) management of constipation, the rules he lays down are as good as any we have seen. But when he touches the question of medicines the poverty of Old Physic becomes glaringly manifest, and affords a practical commentary on his own sad confession in 1878: "When we hear that the leaders of medicine, both here and abroad, are sceptical of the curative influence of drugs upon disease; when we know that experienced practitioners are divided in opinion as to the effect upon the body of the commonest medicines; we cannot doubt that this, the highest department of our art, and one of its chief ends, is in a backward and unsatisfactory condition." This is true of Old Physic. But the rising generation will not be content with this. Compare with the purgatives which end in making constipation worse, the fashionable Cascara, the Aloin pill which needs so many "correctives"—compare with these the grand roll of homœopathic remedies that actually cure the condition—*Sulphur*, *Nux Vomica*, *Lycopodium*, *Opium*, *Plumbum*, *Æsculus*, *Natrum Muriacum*, and numberless others well known to all homœopaths—to which Old Physic must eventually

come, if the reproach Sir Andrew has cast upon her is ever to be removed.

Sir ANDREW said:—

The untoward consequences of constipation are always considerable and sometimes serious; but greater than they—greater than the anæmia, the blood-poisoning, the head-ache, the nervousness, and the heart disorder which arise out of fæcal retention—are the untoward consequences of ignorant and unskilful domestic management.

For two days a patient has had no relief to the bowels. He has been travelling, or he has changed his diet, or his accustomed routine has been in some way interrupted. The subject is seriously considered: in the light of an excited self-consciousness impending dangers are seen, and forthwith he determines to take “a dose.” But the taking of doses is an inconvenient and a disagreeable procedure, and so it is settled that the dose shall be a good one—such a one as will speedily and effectually overcome the constipation and relieve the patient of his trouble. The dose is taken, the bowels (small, perhaps, as well as large) are emptied of their contents, the object of treatment has been achieved, and all for a time seems well. But the next day arrives, and there is no fresh movement of the bowels; even a second day passes, and they are still inactive. The patient is more uncomfortable than he was before he took his “dose.” What is to be done? Matters cannot continue as they are. Plainly the medicine first employed has confined the bowels, and so another must be taken which shall be free from this disadvantage. The other is taken; again the bowels are freely moved, and a liquid, light-coloured, mucoid, and feculent discharge attests the success of the new endeavour. But the bowels fail to resume their periodical discharges; the patient becomes worse than ever; again he flies to artificial help for relief; again he is disappointed in recalling Nature to her own ways; and at last the bowels, robbed of their normal conditions of action and exhausted by frequent irritation, refuse to act at all except under the spur of strong aperients frequently repeated. With few exceptions, no person has passed through this experience and fallen under the tyranny of aperients without finding his life invaded by a pack of petty miseries which lower his health, vex his temper, and cripple his work. Now for the most part all these troublesome consequences of constipation may be avoided by attending to the conditions of healthy defecation. The chief of them requiring consideration at this time, and assuming the integrity of the nervo-muscular apparatus of the bowels, are plenty of solid and liquid digestible food, a fair amount of refuse matters in the colon, regard to the promptings of nature, daily

solicitation at an appointed time, the co-operation of expectation and will, and contentment with a moderate discharge. I propose to discuss briefly each of these conditions.

1. Plenty of solid and fluid digestible food. People leading a sedentary or a society life become disposed to eat too fine foods, and to drink too little liquid. Among the results of such habits are a general want of nervo-muscular vigour, a deficiency of intestinal secretion, and an insufficient amount of refuse matter in the bowels to secure daily relief. To correct this without the help of drugs, coarse and irritating foods are taken. For a day or two perhaps they succeed; but after a time they provoke catarrhal irritation, and either increase the constipation or bring about lienteric diarrhoea. As a rule, it is a practical error to treat constipation by means of hard, indigestible, and irritating articles of food.

2. A moderately full colon is essential to the sufficient periodical discharge from the bowels. It is true that the ordinary peristaltic action of the bowels is automatic, and substantially independent of external stimulation; but it is, I think, equally true that for the stronger peristaltic action which, accompanied by inhibition of the associated lumbar centre and relaxation of the anal sphincter, issues in normal defecation, an external stimulus, the stimulus of an adequate amount of retained faeces, is necessary. If by an aperient or by any other means the colon is more or less completely emptied of its contents, defecation will be suspended until the colon becomes more or less full; it cannot act independently of the appointed conditions of action; it cannot make bricks without straw.

3. Regard to the promptings of nature. When the lower part of the sigmoid flexure is full, sensory impulses are sent to the nervous centres, and these are responded to by discharges which not only excite vigorous peristalsis in the upper part of the colon and solicit the co-operation of the will, but tend to inhibit the lumbar centre and to bring about relaxation of the anal sphincter. The conditions of defecation are present, and it needs only a patient effort of will and concurrent expectation to originate and complete the operation. But when attention to these promptings of nature is denied they cease for the time; and although they recur and suffice for action, the denial, if often repeated, blunts the sensibilities of the parts concerned, deprives us of the normal intimations of the need for relief, and brings about a form of constipation difficult to cure.

4. Daily solicitation of nature at an appointed time. It has been found that for the great majority of people the most favourable, and also the most convenient, time for procuring relief to the bowels is after breakfast, and it is one of the greatest helps to sufficiency and regularity of action that the daily solicitation



of nature should be practised at that time. In order that both solicitation and action should become developed into a habit, it is necessary that nature should not be listened to at any other than the appointed time. And in this precept there is no contradiction of the statement made in the previous paragraph; for it is not the temporary and exceptional denial of nature with the view of establishing a regular habit of defecation,—it is the repeated denial of nature with no such object in view which blunts the reflex sensibilities of the parts concerned and brings about an obstinate constipation.

5. The co-operation of expectation and will. Many persons seek relief to the bowels without taking any pains to secure success. With some persons, indeed, such pains are unnecessary. A certain automatism has been established; and it needs only time, place, and position to set it in successful motion. But in persons whose defecation is difficult, direct attention, expectation, and effort are essential, and when patiently practised seldom fail. The practice of slight alternate contraction and relaxation of the anal sphincter sometimes provokes exceptionally active peristalsis of the lower colon; and so, with concurrent effort, secures relief which could not otherwise be obtained.

6. Contentment with a moderate discharge. Ignorance of the average amount of fæces required for the daily healthy relief of the bowels is one of the main causes of constipation, the unnecessary use of aperients, and the evils that arise from both. For a man of average weight, consuming an average amount of food, the average amount of fæces ready for discharge in twenty-four hours is about five ounces. This should be formed, sufficiently aerated to float, and coherent. According as the cylinder is moist or dry it will measure from four to six inches in length. Now, many people expect to have a much more abundant discharge, and are dissatisfied or anxious if they do not get it. They complain of their insufficient relief, and take aperients to make it larger. For a day or two larger discharges are procured, but then, when the reserves of fæces are removed and the colon is empty, and the conditions of defecation no longer exist, more or less complete inaction of the bowels ensues, constipation (as it is here erroneously called) becomes confirmed, new and stronger aperients are had recourse to, and at last the patient falls into a pitiable condition of physical suffering and moral wretchedness. And from this condition there is no escape except through the complete suspension of aperients, the renewal of obedience to physiological laws, and a courageous patience in waiting upon Nature.

I will conclude these imperfect remarks by putting down as briefly as possible the instructions which I ask my pupils to give to their patients for the management of simple constipation:—

1. On first waking in the morning, and also on going to bed at night, sip slowly from a quarter to half a pint of water, cold or hot. 2. On rising, take a cold or tepid sponge bath, followed by a brisk general toweling. 3. Clothe warmly and loosely; see that there is no constriction about the waist. 4. Take three simple but liberal meals daily; and, if desired, and it does not disagree, take also a slice of bread-and-butter and a cup of tea in the afternoon. When tea is used it should not be hot or strong, or infused over five minutes. Avoid pickles, spices, curries, salted or otherwise preserved provisions, pies, pastry, cheese, jams, dried fruits, nuts, all coarse, hard, and indigestible foods taken with a view of moving the bowels, strong tea, and much hot liquid of any kind, with meals. 5. Walk at least half an hour twice daily. 6. Avoid sitting and working long in such a position as will compress or constrict the bowels. 7. Solicit the action of the bowels every day after breakfast, and be patient in soliciting. If you fail in procuring relief one day, wait until the following day, when you will renew the solicitation at the appointed time. And if you fail the second day, you may, continuing the daily solicitation, wait until the fourth day, when assistance should be taken. The simplest and best will be a small enema of equal parts of olive oil and water. The action of this injection will be greatly helped by taking it with the hips raised, and by previously anointing the anus and the lower part of the rectum with vaseline or with oil. 8. If by the use of all these means you fail in establishing the habit of daily or of alternate daily action of the bowels, it may be necessary to take artificial help. And your object in doing this is not to produce a very copious dejection, or to provoke several smaller actions; your object is to coax or persuade the bowels to act after the manner of nature by the production of a moderate more or less solid formed discharge. Before having recourse to drugs, you may try, on waking in the morning, massage of the abdomen, practised from right to left along the course of the colon; and you may take at the two greater meals of the day a dessert spoonful or more of the best Lucca oil. It is rather a pleasant addition to potatoes or to green vegetables. 9. If the use of drugs is unavoidable, try the aloin pill. Take one half an hour before the last meal of the day, or just so much of one as will suffice to move the bowels in a natural way the next day after breakfast. If it should produce a very copious motion, or several small motions, the pill is not acting aright, only a fourth, or even less, should be taken for a dose. When the right dose has been found it may be taken daily, or on alternate days, until the habit of daily defecation is established. Then the dose of the pill should be slowly diminished, and eventually artificial help should be withdrawn. The aloin pill is thus composed: R Aloinæ,

$\frac{1}{2}$  gr. ; extr. nucis vom.,  $\frac{1}{2}$  gr. ; ferri sulph.,  $\frac{1}{2}$  gr. ; pulv. myrrhæ,  $\frac{1}{2}$  gr. ; saponis,  $\frac{1}{2}$  gr. ; fiat pil. 1. If the fæces are dry and hard, and if there is no special weakness of the heart, half a grain of ipecacuan may be added to each pill. Should the action of the pill be preceded by griping and the character of the action be unequal, half a grain of fresh extract of belladonna will probably remove these disadvantages. If the aloin pill gripes, provokes the discharge of much mucus, or otherwise disagrees, substitute the fluid extract of cascara sagrada, and take from five to twenty drops in an ounce of water either on retiring to bed or before dinner. And when neither aloin nor cascara agrees, you may succeed by taking before the mid-day meal two or three grains each of dried carbonate of soda and powdered rhubarb.

The exact agent employed for the relief of constipation is of much less importance than its mode of operation. If, whatever the agent may be, it succeeds in producing after the manner of nature one moderate formed stool, it may be, if necessary, continued indefinitely without fear of injurious effects. But, treated upon physiological considerations, I have the belief that in the great majority of cases simple constipation may be successfully overcome without recourse to aperients.

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## CLINICAL RECORD OF THE LONDON HOMŒOPATHIC HOSPITAL.

CASES under the care of Dr. JOHN H. CLARKE.

1. *Phthisis*.—*Much improved*.—*Arsen., Iod., Phos., Bry.*—George R——, 81, waiter ; small, dark ; admitted July 16, 1884, complaining of weakness, cough, and loss of flesh. There was no consumption in his family. He had never been strong : always subject to colds, nearly every winter laid up with cough, always getting much better in the summer. Appetite, never good, was unusually bad for some months before last Christmas. He was a good deal exposed to draughts in his occupation, and he worked late hours in badly ventilated rooms. Caught cold at Christmas-time, and had to take to bed. Was feverish at night, coughed and spat a good deal, and at times spat blood. He has never got rid of his cough since. Spat blood two weeks ago. Has lost flesh sometimes at the rate of a pound in a week. Appetite bad ; sick sometimes. Tongue large, flabby, pale, clean. Bowels regular. The cough is worse at night, but does not prevent him sleeping. Breath short for some time. Expectoration muco-purulent, somewhat nummular. Right side fairly resonant. Expiration prolonged, a few moist crepitations. Left side almost completely dull in upper half. Very pronounced interval between inspiration and expiration. Breathing tubular and in parts

almost cavernous. Numerous medium moist crepitations at the back, like crumpling tissue paper. Bronchophony and whispering pectriiloquy on left side. The temperature was 99. He received full diet, milk, and cod-liver oil. Afterwards stout was given. *Ars., Iod. 3x.*, and *Phos. 5x.* On the 26th he complained much of pain in the lower part of the left chest; and on the level of the fifth rib, right side, very distinct rubbing sounds were heard. On the left side, where the pain was felt, creaking sounds were heard. Cough, expectoration, and perspiration less. Appetite good. *Bryonia 1* was now given in place of *Phos.* The *Ars. Iod.* was continued. The pain subsided, and he improved generally. On the 6th he was not taking food so well, and he coughed more at night. *Phos.* was given in the day-time, and *Acid-Nitric 1x* at night. He went out, very much better than he came in, on the 18th of August.

2. *Phthisis.*—*Very much improved.*—*Arsen. Iod.*—William W—, 85, carpenter, admitted June 6, 1885, complaining of cough, and pain in both sides of the chest. Had a sister die of consumption; otherwise family history good. Was quite well till eighteen months ago, when he broke a blood-vessel after having a cough for nine days. The bleeding commenced at 3 a.m. and lasted for ten hours. He has had none since, and he seemed to get quite well, and remained so till two months ago. Since then has lost two stones in weight. No night-perspirations now, but had till three weeks ago. Tongue red and pointed; appetite good; bowels constipated. His cough is not very bad; sputa rather watery, with a few specks of blood, not very abundant. On right side inspiration harsh, expiration prolonged, vocal resonance and fremitus increased; at the base, and especially just below the angle of the scapula, medium crepitations. A few days after, dry crackling crepitations were heard at left base behind; expiration prolonged; both sides were resonant. He received *Arsen. Iod. 3x, gr. ii.* thrice daily and full diet. The temperature was normal. He improved rapidly. The sputa lessened in quantity, and improved in quality, and he left, very much better, on the 26th.

3. *Consolidation of left lung; wasting.*—*Improved.*—*Arsen. Iod., Hyoscy., Lach., Nux. V., Pine Oil inhalations.*—Robert T—, 53, carman; small, wasted, pale; admitted October 21, 1884. No history of chest complaint in the family. He is a married man and has seven children. Sixteen years before had pleurisy in the left side, but got quite well, and remained so till ten months ago, when a cough came on. Kept at work till eight months ago. He is very temperate, almost a total abstainer. Has been much subject to exposure. The present illness began with shivering, eight months ago. Since then he has lost four stones in weight. His appetite and digestion were good, only he

had been made sick with some medicine given him before coming in. Some tenderness and pain in the abdomen. Liver dullness extends two inches below the outer margin. Has sharp pains when breathing, in both sides; cough bad night and day, especially at night; the least exertion excites it; sputum greenish muco-purulent. Respirations sixty in the minute. The chest hardly moved at all in ordinary respiration. Pulse seventy-six, hard. The upper half of the left lung was consolidated, and contained a cavity. The lower half was very dull, and the harsh sounds in it scarcely audible in front; below there were moist sounds all over. On the right side there were puerile breathing and dry sounds. At one time there were moist crepitations. Before he left there were no moist sounds on the right side. He had very little fever, but often perspired at night. At first he received *Arsen. Iod.*, and then the same with *Bry.* Afterwards *Hyoscy.  $\phi$*  was given at night to allay the cough. The expectoration diminished steadily. The cough continued bad in spite of *Hyoscy.* On October 29 *Pine oil* inhalations were ordered. These gave great relief to the cough. There was always great tenderness of the left side of the chest. Nov. 8, *Ac.-Nit.* 1 gtt. i. four times a day was ordered. Cough and perspiration diminished. 19th, very breathless; *Lach.* 6 gtt. i. 3h. *Arsen. Iod.* night and morning. 22nd, very breathless, fits of coughing; *Verbasc. Thaps  $\phi$*  gtt. iii. 2h. at bedtime if required. The same evening he had a severe attack of sharp pain in the lower part of the front of each side of the chest, causing great breathlessness. Had coughed more the last day or two. Thinks he took cold on the 28th; appetite not so good. After this he improved a good deal. On the 6th there was a little blood in the sputum. *Nux Vom.* 1 was now given in place of *Lach.* 10th, pulse 96, regular, large, soft. He left the hospital on the 16th.

4. *Low, gastric, feverish condition, with suspicion of Phthisis.*—Cured by *Baptis.* after the failure of *Ars.* and *Bry.*—Blanche H—, 16, living at home, admitted May 21, 1884, complaining of pain in the stomach, on the right side, and at the back about the angle of left scapula, coming on principally about ten minutes after taking food, especially bread and butter, and lasting about an hour. The pain in the stomach goes through to the back. The pain at the left scapular angle comes on at various times. These pains have been present three weeks. She began to be ill six weeks ago with pain in the right shoulder. Never vomited till the morning she came in. Never vomited blood. There is tenderness on pressure over the stomach. Tongue pale, flabby, indented edges. Bowels regular. No cough; no expectoration. The urine contains mucus but no albumen. She received *Arsen.* 8 and *Bry* 8x; diet, milk,

beef-tea, rice. There was fever and perspiration. No abnormal chest sounds were discerned, though repeatedly sought, till the inspiration was noticed to be slightly jerky on the 23rd of May, and on the 31st a slight rub was heard at the left apex behind, at the end of expiration. The splenic dulness was then noticed to be increased. The fever continued, and the pain; and she grew very weak till the prescription was changed, and *Baptis*. 1x given, three drops thrice daily on May 27. The symptoms soon began to abate, and on June 4th the morning temperature was normal. On the 14th, both morning and evening temperatures were normal, and she expressed herself as feeling quite well. She was quite free from pain, and was getting fat when she left on the 29th.

5. *General Tuberculosis following Typhoid Fever and Whooping-cough*.—Edith H——, 6, sister of above, admitted September 11, 1884. Had typhoid fever, followed by whooping-cough, six months ago; never well since. She was very feverish, bad cough, much expectoration. Right side dull all over, signs of cavity in right apex. Abdomen tender to touch. Many enlarged superficial veins running upwards. Liver dulness extending three inches below the ribs, tender, resistant; no mesenteric glands fell. She was taken home by her parents after five days, and died not long afterwards.

6. *Diarrhœa with Prolapse of Rectum; Whooping-cough*.—Cured. —*Silic.*, *Ars.*, *Dros. Cocc. C.*—Herbert H.——, 6, a hydrocephalic child, with small, drawn, abdominal face, convergent squint, admitted from a "Home" March 18, suffering from diarrhœa and very severe prolapse of rectum. He had thirty stools per diem. He ate ravenously. Under *Silica* 6 and *Arsen.* 3 he rapidly improved, but unfortunately caught whooping-cough in the hospital. Under *Dros.* 4 and 6, and *Cocc. Cact.* 1 and 3, this did very well, and he left the hospital quite cured on June 30th.

## SOCIETY'S MEETING.

### BRITISH HOMŒOPATHIC SOCIETY.

FOURTH Ordinary Meeting, Thursday, January 6, 1887, Dr. Roth, President, in the Chair.

#### DR. ROTH'S COMMUNICATION.

The PRESIDENT made an oral communication on *Artificial Sleep and the Treatment by Suggestion*. He said that about one hundred years ago, Dr. Mesmer, a physician of Vienna, first began to show the effects of animal magnetism in Paris.

Cures of various diseases were effected by him, and though he was violently opposed, and called a charlatan, his work and system were studied by disciples, among whom the Marquis of Puysegur and Baron Dupotel were especially enthusiastic. Dr. Roth was present at a conference held by Dupotel in the winter of 1839-40. After these, Faria, a Portuguese priest, and after him, Dr. Braid, a surgeon of Manchester, showed that artificial sleep, otherwise called hypnotism, could be produced without the aid of any "magnetic fluid," by merely fixing the attention of a person on some object held before the eyes. Surgical operations were performed on persons under mesmeric sleep. Twenty years ago Dr. Liébrault published a work on "Sleep and Analogous States." Dr. Hack Tuke had published recently in the *Journal of Mental Science* an article on Treatment by Suggestion, but Dr. Roth had seen no other work in English on the subject. Many French and German physicians have published works on the subject of late. Five or six years ago, Professor Bernheim, of the Medical School of Nancy, felt he ought to study this that he might be able to teach his pupils the different ways of putting patients to sleep. Dr. Roth was the more interested when he heard that healthy persons could be affected as well as the hysterical. His interest in homœopathy caused him to desire to know its pathogenetic effects, so to speak. Dr. Roth alluded to the experiments of Charcot and Richet at the Salpêtrière, and said that three stages had been discerned: (1) The stage of Lethargy, (2) Catalepsy, (3) Somnambulism. It is in this last stage that suggestions are made, and that the person does all that he is told by the hypnotiser; sleeps as long as he is told, and awakes at the previously fixed time. But, although he returns to the waking state, he does not remember anything that happened during the artificial sleep; still he continues to act according to the previous suggestion, and acts, as he supposes, spontaneously, without knowing that all he is doing is what was previously suggested. Dr. Roth said that this treatment had been used in cases of mental alienation as well as others. He mentioned two cases, one of a girl of 17, who had hallucinations regarding her step-father who had recently died, and of whom she was very fond. She became melancholic, and refused food in order that she might die and so join him. After being put to sleep and having suggestions made to her she lost her hallucination and began to eat. The second patient suffered from much pain from five decayed teeth. She was hypnotised, and it was suggested that she should ask a certain dentist to extract the bad teeth; she was told that she should have no pain during or after the operation, and that she must express her thanks to the medical man. When she awoke she did as she was told; the teeth were extracted; and she expressed her great surprise that

she felt no pain. She warmly thanked the medical man in accordance with the suggestion. Dr. Roth was personally conversant with the particulars of this case. A third case was that of a lazy boy who was hypnotised and afterwards became the most industrious boy in the school. He relapsed and strongly objected to being hypnotised again. Perseverance however prevailed.

#### MR. KNOX SHAW'S PAPER.

The PRESIDENT then called upon Mr. KNOX SHAW to read his paper entitled *Notes of Cases treated Surgically in the Buchanan Cottage Hospital, Hastings*. The cases related to collections of pus and pus cavities. The first was one of spinal caries with psoas abscess. The patient was a girl of 14. When eight, her mother noticed a slight angular curvature which was treated with a plaster of Paris jacket a year before admission. The curvature was in the lower dorsal region. The operation was performed antiseptically. The abscess cavity was freely opened. The temperature fell after the operation, and the patient was discharged cured. A year later she was admitted with hip disease. This was successfully treated. There was then no sign of the abscess. The opening into the abscess was made in the loin instead of the usual part — the groin. (2) The second case was one of perinephritic abscess treated by aspiration. The patient was a dressmaker. She had been ailing two years, and had a swelling in the left loin. There was enlargement of the abdomen, the left half of which was occupied by a fluid tumour. Ninety-two ounces of pure pus were withdrawn by aspiration. She was completely cured. (3) Disease of right hip-joint. Aspiration. The patient was a little girl in fair health. She had much pain and flexion of the limb. Aspiration was performed and she was discharged wearing a Thomas' splint. (4) In the fourth case the disease went on to the caries and the separation of a sequestrum. Excision of the head of the bone was performed and the patient did well. (5) The next case was one illustrating many others. The patient was a cook aged 25, of bad family history. There was suppuration of the glands of the neck. The glands were scraped away by Volckmann's spoon.

Mr. SHAW laid great stress on antiseptic precautions.

#### DISCUSSION.

Dr. POPE said he was reminded by Mr. Shaw's paper of some lines of Professor Tod Helmuth's protesting against surgery being looked upon as the refuge of medical failures. Mr. Shaw's cases were rather of that kind; they were such as ought not to have occurred if taken in hand early and properly by physicians.



He thought the excessive use of carbolic acid had done much to create prejudice against antiseptics. If the presence of such small particles of matter as bacilli could produce such enormous quantities of pus, he thought this a great argument for the power of small quantities and infinitesimal doses.

Dr. RENNER approved of antiseptics in the main, but thought there were drawbacks. He mentioned the case of a child operated on for syndactyle (congenital webbing of fingers). The wound was washed with a dilute solution of carbolic acid and bound with cotton wool. The next morning the patient was very ill and passing dark urine. The dressings were removed at once, but the child was in danger for a long time.

Dr. DUDGEON said the Society was much interested in such papers as that of Mr. Shaw. The most complete account of homœopathic surgery was the work of Dr. Bojanus, relating his experiences at the Nishi Novgorod Hospital, of which he had sole charge. His statistics were very good, and the cause he attributed to his homœopathic remedies. In lithotomy cases *Cantharis*, *Arnica*, and *Aconite* were most useful.

The subject of psoas abscess was very interesting to him, personally, as he was condemned to die of psoas abscess thirty years ago. He had a swelling in the groin with contraction of the limb. Sir Wm. Fergusson and Mr. Hilton both decided that he had psoas abscess. Sir Benjamin Brodie was not quite so sure, but he gave him a prescription (which he always gave when in doubt about a case) of liquor potassæ and small beer. The psoas abscess was cured by mesmerism. A Belgian doctor, whose acquaintance he had made, requested to be allowed to treat him by mesmerism. He did so; and in three weeks he was well after being ill for three months, painfully hobbling about on a crutch of his own devising.

Dr. HUGHES at one time saw many cases of psoas abscess in the practice of his father-in-law, with whom he practised at first. The abscesses were opened gradually and did well. Two cases of abdominal operation on patients of his, showed the difference between antiseptics and the absence of them. He could not think an atmosphere of spray was good for the patient. He thought we could not have too many papers of this kind, and it was well some among us cultivated surgery specially. He had often recommended the extirpation of scrofulous glands.

Dr. BUCK asked whether Mr. Shaw found the cause of the perinephritic abscess; if there were any rigors or febrile symptoms; and if he used *Hepar*, and in what stage? Dr. Buck said that corrosive sublimate with glycerine was used as an antiseptic in place of carbolic acid. Hahnemann used 1 in 2000 solution of corrosive sublimate as a wash for ulcers.

Dr. DUDGEON said Hahnemann wrote a paper on nitrate of

silver as an antiseptic. He did also use corrosive sublimate, but not as an antiseptic.

Dr. NEATBY thought the opening of psoas abscess in the loin was most important. In the London Hospital he had seen no symptoms except occasional colouring of the urine that could be traced to carbolic acid. He would not recommend the extirpation of glands until medicine had been fully tried; he mentioned two cases in which medicine and massage had proved very effective.

Dr. MORR thought that the paper was of great importance. Very often harm was done to homœopathy by putting off operations. *Merc. corr.* was used locally by homœopaths thirty years ago, and was now being taken up at Moorfields, and a lotion of 1 in 5000 was being used as a wash in ulceration of the cornea.

Dr. GOLDSBROUGH thought that the medicines given in surgical cases should be recorded. With regard to scrofulous glands, the cases must be sent for operation to hospitals. He had always found medicines effective. One case in which operation was performed a year before showed a return of inflammation of glands, which is rapidly diminishing under *Merc. Viv. 3*. In one case where the glands suddenly got well, there was an appearance of tubercular symptoms of the chest. He mentioned a very remarkable case of suppuration.

Dr. SANDBERG approved of extirpating cervical glands. He asked if Mr. Shaw had used *Baryta Carb.*

Dr. GARDINER GOULD thought he had seen one of Mr. Shaw's cases; and asked if he had not found the sudden withdrawal of a large quantity of pus attended by depression.

Dr. CLARKE said the paper by Mr. Shaw was a refreshing change from the usual run of papers read before the Society. In regard to antiseptics there was one point he would like to mention. The antiseptic substances were powerful medicinal agents capable of producing symptoms not unlike those of pyæmia; is it not possible that the substances do not act by killing germs (some of which we know flourish in carbolic acid and other germicidal solutions), but by counteracting or preventing the pus-forming and blood-poisoning tendencies of the patient after operation? He thought the extirpation of cervical glands a doubtful benefit. It was common to meet with extremely healthy persons whose necks were scored with the marks of such abscesses. Often these individuals were the healthiest members of their families, others having been taken off by consumption. He mentioned one case now under his care, that of a youth who commenced to have caries of the right malar bone two years ago or more. This healed under homœopathic remedies, but the glands of both sides of the neck began to suppurate, and have been suppurating ever since, though

they are now discharging very little, and are steadily healing under *Kali Iod.* His general health is extremely good.

Dr. DYCE BROWN thought homœopathy in the metropolis was to be congratulated in the advent of a surgeon who was coming to settle in our midst.

Dr. BLACKLEY referred to cases of incomplete, and even complete, fistula which did very well under medicine alone, especially *Silica* and *Hepar.* Enlarged tonsils he thought of a different character, and he always recommended operation. He had seen wonderful effects in the physical development of children after such operations.

Dr. MARSH asked how Mr. Shaw reconciled the antiseptic and the non-antiseptic results in ovariectomy cases?

Dr. ROTH emphasized several of the questions already asked. He had used *Baryta Mur.* 1x for enlarged tonsils, with cold compress, and manipulations. He asked what was Mr. Shaw's experience with sanitas. Many years ago *Kreosote* was used as an antiseptic. There was a surgeon in Bavaria noted for treating caries of the bones. The chief medicine he used was *Kreosote.*

Mr. KNOX SHAW (in reply) thanked the Society for the reception they had accorded to his paper. He had rarely seen carbolic poisoning, though he had seen much carbolic acid used. He thought it was only in cases of special susceptibility that it occurred. He was once sceptical as to the power of *Arnica* to produce erysipelas. He had used it most freely and had only recently seen one case. He thought antiseptics were used too strong. He thought the allopathic use of solutions of 1 in 5,000 was a strong argument in favour of the power of small quantities. He found homœopathic remedies of the very greatest use in the after treatment of wounds. In abscess cavities a solution of 20 grains to the ounce of *Chloride of Zinc* is used as a local caustic to the thickened pyogenic membrane. The method of opening abscesses slowly, mentioned by Dr. Hughes, was purely antiseptic. The spray, he confessed, was open to objection. Billroth does not use the spray, but a kind of douche. In abdominal cases many surgeons do not use it. He does not deny that good results are obtained without antiseptics. He adhered to the spray on account of the confidence it gives. He tried doing without it, but the cases did not do so well. In using corrosive sublimate he found all the cases got eczema. The patient on whom he diagnosed perinephritic abscesses, had no signs of anything except enlargement of the abdomen. He gave no medicines as he did not know what to give. The first case had *Silica* and *Hepar.* This is his usual treatment. In reply to Dr. Goldsbrough he said incision was no good unless the gland was carefully scraped out. He had used *Baryta Mur.*, and he always gave constitutional remedies. He had never seen

bad results from withdrawing large quantities of pus. His views on enlarged tonsils coincided very much with Dr. Blackley's, though up till the last six months he had steadily refused to exercise them. He did not find sanitas a good antiseptic, as a spray of it gave a very bad headache to patients, doctors, and nurses.

## INSTITUTIONS.

### LONDON HOMŒOPATHIC HOSPITAL.

MR. KNOX SHAW's appointment as Ophthalmic Surgeon to the London Homœopathic Hospital has necessitated some readjustment of the out-patient arrangements. Diseases of the eye are now attended to on Fridays only, at half-past two o'clock; but Mr. Knox Shaw sees his in-patients twice a week, namely, on Tuesday and Friday afternoons.

Dr. Byres Moir, having succeeded Dr. A. P. Torry Anderson in the out-patient department, takes charge of General Diseases on Tuesday and Friday afternoons at 3 o'clock, in addition to his in-patients, whom he sees on those days and on Saturdays.

Dr. J. Roberson Day has been appointed to the out-patient staff, and visits the Hospital on Wednesdays and Saturdays at 3 o'clock.

The late Mr. George Fielder has left the Hospital a reversionary legacy of £500; the deceased gentleman was for many years a generous annual subscriber to the Institution.

Mrs. Moir Byres has endowed for a limited period an adult bed in the Quin Ward, in memory of the late Dr. A. P. Torry Anderson.

Colonel Clifton Brown, so constantly a generous friend to the Hospital, has given a donation of £50 in honour of the Queen's Jubilee.

The latest report of patients treated in the wards since January 1, 1886, shows 507 dismissed, including cases of acute rheumatism, bronchitis, pneumonia, erysipelas, typhoid fever, diphtheria, Bright's disease, peritonitis, etc., of whom there were 260 cured, 134 much improved, 33 improved, 31 died, and 49 unimproved. The number of out-patients during the same period has been 8309.

Our readers will be glad to hear that the Fine Art Distribution in aid of the New Ward for men has proved highly successful, the actual proceeds after the payment of the necessary expenses, being over £500. Many of the prizes were valuable, and really admirable as works of art. Mr. Cross also had the good fortune

to secure some artistic etchings as consolation prizes for those who were not successful in the drawing for the general prizes.

The drawing itself took place in the Board Room of the Hospital on Thursday, December 30, at seven o'clock p.m., in the presence of a gathering of those who had generously availed themselves of the opportunity afforded by the art distribution to subscribe funds for the opening and maintenance of the new ward for men. The prizes were drawn for by two of the children patients of the hospital, under the direction of Mr. Francis Bennock, F.R.S.L., and Mr. W. H. Trapmann, two members of the Board of Management, appointed to act as scrutineers. The total value of the prizes thus distributed has been assessed by a committee of competent judges at above £1000. The total number of tickets disposed of has been 694. The funds willingly contributed by means of this effort will make possible the commencement of the new ward during the present winter, by admitting additional men patients so soon as the ward can be prepared for their reception. It is anticipated that the subscribers will be invited to be present at a more formal and complete opening at a somewhat later date.

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## LEAGUE NOTES.

### DR. POPE AT LEICESTER.

#### HAHNEMANN.\*

ON Monday, the 10th ult., at the invitation of the President and Council of the Leicester Literary and Philosophical Society, Dr. POPE, of Tunbridge Wells, delivered a lecture before the members of that Society on the *Life and Work of Hahnemann*. About a hundred and fifty members were present. The President, the Rev. J. P. Hopps, in introducing the lecturer, said that the present time was one in which many men, whose career and character had been defamed and misunderstood, were being vindicated. Of these Hahnemann was one; and, from the knowledge he had of his teaching, he felt sure that Dr. Pope would be able to show him to them in a widely different light from that in which he had been regarded in the past.

In the opening portion of his address, Dr. Pope briefly sketched the principal events in Hahnemann's life, from his birth until he relinquished practice in 1790, and settled in

\* For this abstract we are indebted to the Editors of the *Monthly Homeopathic Review*.

Leipsic to devote himself to scientific and literary pursuits. He then dwelt on the causes which led Hahnemann to abandon the pursuit of medicine as a profession, and described the line of research which culminated in the essay on *A New Principle for Ascertaining the Curative Powers of Drugs*, published in Hufeland's *Journal* in 1796. He then traced his career during the following fourteen years, until he again settled in Leipsic, and became a *Privat Docent* of the University, pointing out the doctrines he desired to teach, and showing that the views he then advocated constituted what was and still is understood by the word homœopathy. Here he took occasion to point out the character of the opposition homœopathy had met with, tracing it in the first instance to the abandonment of blood-letting by Hahnemann. The circumstances that led to his expulsion from Leipsic, his residence and work at Cöthen, and his removal to and death at Paris, were then detailed.

Dr. Pope next dwelt on the learning and scientific acquirements of Hahnemann, showing that, while his position as a scholar and scientific investigator were unquestioned by his contemporaries, there were those now who, either ignorantly or designedly, imposed upon the public by declaring him to have been an ignoramus. Hahnemann's genius was shown by his capacity to see errors in doctrine and worse than defects in practice, which are now universally admitted to have been both; by his recognition of all, or nearly all, that we now understand by hygiene, at a time when preventive medicines had never been thought of by other physicians; by his perception, not only of the study of the physiological action of drugs as the real method of understanding their action as remedies, but of the necessity of establishing some distinct connection between the artificial or drug disease and the natural disease these drugs were to cure—a connection which the leading investigators of pharmacological science even now were ignorant of, were still searching for, and for lack of which pharmacological inquiries were still barren and unfruitful. And yet, with such abundant evidence of his true genius, Hahnemann was still declared by nine-tenths of the medical profession in this country to have been nought but a charlatan. He then spoke of Hahnemann's patience in inquiry and industry in research, notwithstanding which the weekly medical press still held him up to scorn as an impostor. Dr. Pope next referred to the attacks made by Hahnemann on the medical treatment of the time, and also upon the motives actuating his fellow physicians in adhering to it. The former he described as justifiable, and the latter, in view of the outrageous persecution to which they subjected him, to have been perfectly excusable. This led him to

allude to the virulent opposition professional jealousy had meted out to medical men who had adopted Hahnemann's teaching—an opposition they had done nothing to provoke. He then pointed out that some of the more thoughtful and experienced physicians in Germany, and also in England, who differed from Hahnemann in his views of the scientific basis of therapeutics, had left on record a very high opinion both of his character and work. After quoting several German authorities, he read an extract from Sir John Forbes' well-known article, in which Sir John described him as a "man of genius and a scholar," and his system as one that was "destined to be the remote if not the immediate cause of more important fundamental changes in the practice of the healing art than any promulgated since the days of Galen." This prediction, Dr. Pope proceeded to show, was in course of fulfilment. It was so by the increasing numbers in which medical men in Europe, and especially in the United States of America, were openly adopting Hahnemann's teaching, and still more by the silent and unacknowledged adoption by avowed opponents of homœopathy of remedies in certain forms of disease, remedies which had become known to be such only through homœopathy. He concluded by declaring emphatically that it was impossible, in the very nature of things, that such tactics as these could very much longer obscure the light of homœopathy. That physicians would inquire how all these remedies had been discovered: that they would insist on a full reply; and that this reply, once generally known, would lead to the complete fulfilment of Sir John Forbes' prediction, to the vindication of the memory of Hahnemann and to the teaching of his doctrines in all our medical schools.

Questions were invited by the President, but none being asked, the thanks of the audience were offered to the lecturer, and the meeting terminated.

#### GERMANY AND THE LEAGUE.

WHILE our friends in France and in Spain are working energetically in the cause of Homœopathy, and have established branches of the League in their respective countries, our colleagues in Germany, as yet, make no sign. For some time past they have been in a state of suspended animation, and we are beginning to wonder how much longer they intend to pursue this policy of masterly inactivity. Can it be that they are perfectly satisfied with the progress Homœopathy has made in Germany, or have they lost their former energy, and become powerless and infirm? We would urge them, as Mrs. Dombey

was urged, "to make an effort," only with more success than that poor lady achieved. If it is not in the power of mortals to command success, they can at least deserve it. It is certainly a great reproach that Germany—the country of Hahnemann—should be "so backward in coming forward."

The remark is often made that Homœopathy is not making any progress, and the utterance of this remark appears to paralyze those who make it, as they do not exert themselves in the smallest way to remedy the condition of affairs complained of, while they appear to overlook the fact that the slow progress of Homœopathy is due to their own inertia. This stagnant condition of affairs is particularly noticeable in Germany. We hope, therefore, to hear before long that our colleagues in that country have awakened from their long sleep, and are about to take "a new departure," by establishing branches of the League in all their principal towns.

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## REVIEWS.

### TRANSACTIONS OF THE BASLE INTERNATIONAL HOMŒOPATHIC CONVENTION.\*

THIS volume is in more senses than one a monument to the credit of Dr. Hughes. In the first place, it is mainly to the energy, ability, and pluck of Dr. Hughes that the Convention owed its existence: and if there had been no convention it goes without saying that there would have been no *Transactions* to record. The Convention having been assembled, it fell to the lot of Dr. Hughes, the permanent secretary, to edit the record of the proceedings. With his usual celerity, Dr. Hughes has passed the papers and the discussions through the press; and the result is the highly interesting and valuable work before us.

Our readers already possess some notion as to the contents of the volume, the proceedings having been reported in brief in our columns; but that must not hinder them from perusing the volume itself, for the brief abstract we gave of the papers cannot be taken as a substitute for the papers as reported here in full. Not the least useful part of the book is the histories, supplied by the different countries, giving a sketch of the previous five years of homœopathy, which is both of present interest, and will be of value to future writers on medical history.

The majority of the papers are in English, but those written originally in French and German appear in those languages. Dr. Dudgeon's paper *En Avant* also appears in French, it having been written in that language in anticipation of the

\* *Transactions of the International Homœopathic Convention, held in Basle, August, 1886.* London: E. Gould and Son.



meeting being held at Brussels, and the language being French. Dr. Dudgeon answers the questions: (1) Why is homœopathy regarded with repugnance by the great majority of doctors? and what ought we to do to hasten the universal adoption of Hahnemann's reform? One of the reasons why homœopathy is hated, says Dr. Dudgeon, is, that the trade spirit prevails in the profession. Medicine is not merely an art and a science; it is also a trade. The doctors who look upon their patients like Molière's doctor, who said that his patient "was a piece of furniture which belonged to him, and which he counted among his effects," do not look with favour on any system which is likely to make these "pieces of furniture" less valuable. Dr. Dudgeon strongly advocates a forward active policy on the part of homœopathists, such a movement as has been started by the *Homœopathic League*. We commend his most suggestive paper to our readers. Dr. Hughes' paper on *The Presentation in the Materia Medica* is sure to attract the most careful attention of all thoughtful homœopathists. The papers by Dr. Cooper on ear disease; of Dr. Hansen on sepia in lung disease; of Dr. Cash on a very remarkable successful cure; of Dr. Boniface Schmitz on psoric meningitis; a learned paper by the Vice-President on hygiene; and, in short, every paper presented should be studied in its complete form as it is to be found in the *Transactions*.

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#### A TEXT-BOOK OF MATERIA MEDICA.\*

THE first edition of the *Text-Book* was brought out by Professor Cowperthwaite in 1879, and it is not a little creditable to the rising generation of American homœopaths, as well as to the author, that two editions have already been exhausted. The present edition has been carefully revised and re-written, though without alteration of the original most excellent plan. A large number of new remedies have been added. In his preface to the first edition, Dr. Cowperthwaite thus explains his method:

"For practical study the symptoms of the *Materia Medica* may be readily divided into four groups. First: Those which occur very often in provings, and have been repeatedly verified in practice; these we may designate as 'grand characteristics.' Second: Those which occur less often in provings, but have been repeatedly verified in practice;

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\* *A Text-Book of Materia Medica, Characteristic, Analytical, and Comparative.* By A. C. Cowperthwaite, M.D., Ph.D., LL.D., Professor of *Materia Medica and Diseases of Women* in the State University of Iowa; Professor of *Materia Medica, Pharmacology, and Clinical Medicine* in the University of Michigan. Chicago: Gross and Delbridge. London: Homœopathic Publishing Company, 1895.

these we may designate as 'characteristics.' Third: Those which come next in order, being important, yet falling short of characteristic expression; and fourth: Those which occur seldom in provings, and lack clinical verification. All these groups of symptoms find their place in an 'Encyclopædia,' while it is usually intended to incorporate the first three groups in manuals and text-books. The present volume, however, only includes the first two, and of these the first group, or 'grand characteristics,' are printed in italics, while the second group are given in ordinary text.

"While most of the symptoms given are pathogenetic—that is, are the result of provings on the healthy—yet it has not been deemed advisable to throw out altogether those distinctively curative symptoms which have been so repeatedly verified as to render them unquestionably characteristic, and such only of curative symptoms are given.

"To facilitate the use of this volume, the names of remedies possessing similar symptoms have been recorded in the text for comparison."

Such is the plan of Dr. Cowperthwaite's work; and it is not too much to say that it has been as ably executed as it was well conceived. We do not know of any work which gives within the same compass such a clear idea of the essential properties of the materials we use. No student of a homœopathic college should be allowed his diploma who could not pass a rigid examination on the *Text-Book*. Indeed every student and practitioner should know the work by heart.

We will give one instance of the judicious manner in which the comparative element of the work has been prepared.

In the chapter on *Sulphur* we find the following symptom recorded:—

"*Dry cough in the evening in bed, or waking from sleep at night. (Coni., Hyos., Merc., Nux. V., Puls., Rumex.)*"

Under each of these headings named for comparison we find as follows:—

"*Conium.*—Violent, spasmodic, dry cough almost only when first lying down during day or at night. (*Hyos., Puls., Sep.*)

"*Hyos.*—Dry, spasmodic cough at night; worse on lying down. (*Coni., Sep., Sil., Sulph.*). Has to sit up, when it disappears. (*Puls.*)

"*Merc.*—Violent cough when lying down. (*Coni., Puls.*)

"*Nux V.*—Dry, fatiguing cough (*Rumex*) from midnight to day-break; in the evening after lying down (*Coni., Hyos., Merc., Puls.*), or very early in the morning.

"*Puls.*—Dry cough at night or in evening after lying down (*Coni., Merc., Nux V., Rumex, Sulph.*); disappears on sitting up in bed, returns on lying down (*Hyos.*); causes dryness of throat; prevents sleep; with nausea and vomiting.

"*Rumex.*—Dry, incessant, fatiguing cough (*Nux V.*), caused by tickling in throat-pit (*Hep. S., Phos., Sang., Sep.*); aggravated by pressure, talking, and especially by inspiring cool air, and in evening after lying down. (*Coni., Dros., Hyos., Merc., Nux V., Puls.*)"

This is a fair specimen of the manner in which this part of Dr. Cowperthwaite's work is carried out, though the references are not all given with such fulness. It will be seen that the symptoms of each of the medicines differ from the symptoms of all the rest, so that it is not difficult to distinguish them.

Dr. Cowperthwaite's concise analyses, prefixed to each medicine, and his brief sketch of its therapeutic range, are of a masterly description.

### HOMŒOPATHY AND GYNŒCOLOGY.\*

THE man who undertakes to show how the diseases peculiar to women may be treated without local measures of any kind, and even, in the majority of cases, without local examination, deserves no small measure of respect, quite apart from the question of his success. But when he produces evidence to show that the desirable thing may be, and has been, accomplished by a strict carrying out of the method of Hahnemann, he lays the better half of humanity and the whole of the medical profession under an enormous debt of gratitude. Carrol Dunham said that the treatment of the diseases of women was the weak spot in homœopathy; and like the brave man he was, he at once set to work to remove the reproach as far as he was able. Dr. Skinner, who is of the same school among homœopaths as Carrol Dunham—though, in his fondness for the higher attenuations, Dr. Skinner goes beyond Dunham—appears to have set himself to carry on Dr. Dunham's work in this particular. With how much success this little volume, now in its third edition, bears witness.

Dr. Skinner has one very useful faculty in a medical writer: he can relate a case in such a way as to interest the reader, and at the same time to put him in possession of all the salient points. His plan of italicizing the symptoms that led him to choose the particular medicine given in each case is admirable, and deserving of imitation.

In the early part of his career Dr. Skinner was assistant to Sir James Simpson, and his connection with a special hospital in the provinces constituted him an expert in the branch of his profession on which he has now brought his knowledge of homœopathy to bear. He was, therefore, well qualified for the task he undertook.

Dr. Skinner deals in a much more delicate manner than some of his high-dilutionist brethren with those who use the lower attenuations and are at times guilty of the sin of alternation; but

\* *Homœopathy in its Relation to the Diseases of Females, or Gynecology.* By Thomas Skinner, M.D. Third Edition. Enlarged. London: Homœopathic Publishing Company, 1886.

even Dr. Skinner does not rise to the perfect model left to both sections by the great-hearted and delicate-souled Carrol Dunham. There are terms and phrases in Dr. Skinner's book which he will do well to omit in a future edition, since there will be no difficulty in finding others equally expressive and quite void of offence.

### DISEASES OF THE SKIN FROM THE ORGANISMIC STANDPOINT.\*

Dr. Burnett, in his preface, says :

"In the following pages I take largely the clinical standpoint, and consider the diseases of the skin constitutionally. The treatment of skin diseases as merely local affairs, concerning the skin only, as is now current with *nearly* all medical men of all schools, and all the world over, is, in my opinion, nothing less than a crime against humanity, and eminently characteristic of the cultured shallowness of the medical profession of to-day.

"In 'these days of 'scopes and 'meters' *thinking* in the profession is well-nigh dead. One sees no end of percussing and auscultating : the faintest murmurs, sounds, tinkles, *róles*, and *bruits* are well known, and learnedly discoursed of, but what of the curing? Bacilli. Yes, but what went on before bacillary life became possible? and how are bacilli to thrive unless the soil be, for them, of the right kind?

"I do not maintain that there is no such thing as a skin disease of a purely local nature, such as common phthidriasis (lice) and other parasitic dirt-diseases that impinge upon the skin, but speaking generally I do maintain the following points :

- "1. That the skin is a very important living ORGAN of the body.
- "2. That it stands in intimate, though ill-understood, relationship to *all* the internal organs and parts.
- "3. That its healthiness is conditioned by the general healthiness of the organism; *i.e.*, a healthy skin on an unhealthy body is inconceivable.
- "4. That, speaking generally, its unhealthiness—its diseases—come from within, even when they initially impinge upon it from without.
- "5. That being *biologically within* the organism; being *fed from within*; having its *life from within*; and having its *diseases from within*, it must also be treated medicinally *from within*.
- "6. That skin diseases are most commonly not merely organic, but at the same time organismic, or constitutional.
- "7. That the skin being an excretory organ, and being spread out all over the organism, is often made use of by nature to keep the internal organs free from disease.
- "8. That as each portion of the skin corresponds vitally with some internal organ or part, so the skin disease is often merely the outward expression of internal disease.
- "9. That, in fine, the generally received *external* treatment of

\* *Diseases of the Skin from the Organismic Standpoint.* By J. Compton Burnett, M.D. London: The Homœopathic Publishing Company. New York and Philadelphia: F. E. Boericke. 1886.

diseases of the skin, whether with lotions or ointments, or whatsoever else, is demonstrably shallow in conception, wrong in theory, harmful in practice, and therefore inadvisable."

This is the position Dr. Burnett takes up, and has very little difficulty in defending. He has put together with all his well-known skill a series of cases which show beyond doubt the connection between internal disease and external manifestations of them. This, the latest of Dr. Burnett's essays, will take rank with those which he has previously given to us, and which have made his name familiar wherever homœopathy is known. We could have wished he had gone a little more fully into the treatment adopted in the cases he alludes to; but that was hardly his object. But he does not altogether leave out the question of treatment, and he gives us one therapeutic hint of extreme value. The common daisy is a great favourite, therapeutically, with Dr. Burnett. He points out its suitability to diseases caused by *wet cold*, and instances a remarkable cure of a case of acne with *Bellis 3x*. The indication given is from clinical observation and tradition. It is stated thus: *Effects of sudden chill from wet cold when one is hot*. Dr. Burnett says:

"I regard this peculiar property of the daisy as eminently important, and ask all who may read this to make it known, so that it may be available for such as travellers, tourists, harvesters, soldiers on the march, when they, being heated, have had a cold drenching or have drunk cold liquids.

"I would recommend it also in acute and chronic dyspepsia from eating cold ices, as the conditions are here identical, for I have, in such cases, found it an eminent curative agent."

We may add that *Natrum Carb.* is credited with being efficacious in removing the ill effects of cold drinks taken when heated, and *Arsenicum* with being good for sufferings after ices.

We have no doubt that Dr. Burnett's most interesting little volume will find a wide circle of readers; and we can promise them that they will be well repaid for their pains.

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## PROVINGS AND POISONINGS.

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### POISONING: GELSEMINUM. WOLVERHAMPTON.

POISONING BY TINCTURE OF GELSEMINUM: STRANGE CONDUCT OF MEDICAL MEN.—Mr. E. B. Thorneycroft, deputy coroner, held an inquest last Saturday relative to the death of Florence May Stephens, aged 18 months, who had died on Friday morning from the effects of a dose of tincture of gelseminum, given in mistake for soothing syrup.

Sarah Stephens, mother of the deceased, stated that her daughter had been suffering from slight bronchitis during the last few weeks, but witness had given her syrup of rhubarb, which she had made herself, and the child was recovering nicely. She was in the habit of giving this syrup to her children. She had, many years ago, bought some tincture of gelseminum, which she knew was a poison if given in too large a quantity. She gave a quantity of it in the previous week to two of her children for earache, and it gave relief in half an hour. After using it she left it in the bedroom instead of putting it back in a chest in the kitchen. At about half-past five o'clock on Friday morning, deceased having been restless during the night, she gave the child what she thought to be a teaspoonful of the syrup. After swallowing a little of it the child shivered. She immediately discovered that she had given the gelseminum instead of the syrup, and at once gave her child a quantity of mustard and water, which made her vomit a little, but not sufficiently to have the desired effect. The bottle of tincture was not labelled, and she considered that the quantity which she gave was sufficient to cause death.

William Baker Stephens, father of deceased, said that early on Friday morning his wife told him she had made a mistake by giving the child a dose of gelseminum instead of soothing syrup. He went to Queen Street for Dr. Blanche, but the servant said he had not returned. He then went to Dr. Wells, who sent for his name and address, and then the doctor asked him to take the child to the hospital. Witness next went to Dr. Scott, who spoke to him from the bedroom window. He asked witness's name and address, and said he was just going out to a case and could not come. He told witness to go to Dr. Watts, but he did not tell him where he lived; a policeman told him. Dr. Watts came to the door. Witness told him the circumstances, what had been done, and asked him to come. He said he would not come. He could not help it. It was nothing to do with him—coming there knocking him up at that time of the morning. He said: "You can do nothing more than give her mustard and water." At last he said: "Take her to the hospital." Witness went straight home and saw how the child was. He was under the impression that a doctor was compelled to come, and went back to Dr. Watts, and said he thought the child was dead. Dr. Watts said it was no use coming if the child was dead, and spoke sharply to witness because he had knocked him up.

One of the jurymen: I think Dr. Watts ought to be censured.

Another of the jurymen: It does not speak well for the medical profession of this town that three were called and not one attended.

Police-constable Hayes, who had been called upon by the father, gave corroborative evidence, and the jury returned a verdict "That death was caused by an overdose of tincture of gelseminum, inadvertently administered," or "death by misadventure." Some conversation afterwards took place between the jury and the coroner in regard to the conduct of the doctors, but it was agreed that an expression of disapprobation and publicity in the press would be sufficient censure.—*Chemist and Druggist.*

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## GENERAL CORRESPONDENCE.

### A SUGGESTION AND A CORRECTION.

*To the Editor of the HOMŒOPATHIC WORLD.*

SIR,—Whilst reading your remarks on "Tract No. 9," in this month's journal, it struck me that an appropriate heading for future tracts would be a quotation from Paley, which runs thus: "There is a principle which is a bar against all information, which is proof against all argument, and which cannot fail to keep a man in everlasting ignorance—that principle is contempt *prior* to examination." As the above speaks for itself I will add nothing, but will refer to another matter. In your report of Dr. Blake's paper, "Notes on Adult Insomnia," at page 23, Dr. Hughes says, "we *do* meet cases in which sleeplessness *is* the chief and *only* symptom." On page 24, Dr. Blake says he differed from Dr. Hughes, who contended that there is *no* such a thing as insomnia by itself (the italics are mine). Are these two paragraphs reconcilable? Hoping you will kindly pardon my troubling you.—I am, dear Sir, yours respectfully,

ALFRED L. MARCHANT.

Hahnemann House, Kingsdown, Bristol, January 10, 1887.

\* \* We are much indebted to our Correspondent for drawing attention to the extremely valuable passage in Paley. We also thank him for pointing out the slip in our report. The "no" italicised by Mr. Marchant is an error. The passage should have run—"there is such a thing," etc.—Ed., H. W.

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## THE LANCET AND HOMŒOPATHY.

*To the Editor of the HOMŒOPATHIC WORLD.*

SIR,—The readers of the *Lancet*, January 22nd, may see a strange sight if they only choose to read with open eyes. Under the head of "Homœopathy," in one of the columns of correspondence, there is to be found a letter from a gentleman in which

an opinion upon homœopathy is given. This opinion is apparently derived from a glance at Jahr's *Materia Medica*, a visit to the meeting of the British Homœopathic Society, and an attendance at the Homœopathic Hospital. What such an opinion is worth we all know. But the editor adds a note in the old strain with which we are so familiar, and winds up his little homily with the advice to us to get rid of the "fantastic notion which we are pleased to call a law and recognize the general drift of medical science and art." Now turn to the parallel column on the same page, and you will find three answers to a correspondent who asked for some advice from his colleagues as to the treatment of an intractable case of "persistent diarrhœa." Oddly enough, one writer recommends minute doses of Arsenic; another, Bichloride of Mercury; and the third, Quinine. It is true these are recommended by bacillary and malarial arguments, and in one case the Bichloride is added to five other drugs in the one prescription. But to give Ars., Merc. Corr., and Quinine in chronic diarrhœa looks uncommonly like homœopathy!

Some time ago a similar incongruity between the editor's remarks and his correspondents' was exhibited. After the Homœopathic Congress had been held at Leeds, the meeting was referred to in contemptuous terms, and some of the old nonsense about homœopathy was repeated. But in the same copy a correspondent sent up for the benefit of his colleagues the particulars of a case of urticaria that had defied all his efforts. At last he called in a physician, who evidently knew a thing or two, and he advised an infusion of nettles, with the result of immediate and permanent cure. Surely when the editor of the *Lancet* is in the vein for a gird at homœopathy he ought to look to it that no correspondent "comes cranking in" to put his orthodoxy to the blush with his unseasonable stories of cure by similars. But as these incidents do occur now and then in allopathic journals, it is a wonder that light does not more frequently strike in upon their readers.

But, after all, the eye only sees that which it has the power of seeing, and it is very remarkable how much the power of seeing is limited by prejudice.—Yours, &c.,

P. PROCTOR.

[We subjoin the passage from the *Lancet* referred to in Dr. Proctor's letter.—Ed. H. W.]

#### HOMŒOPATHY.

*To the Editors of "THE LANCET."*

SIRS,—I have just received a pamphlet on "The Medical Treatment of our Time," which proves to be a prize essay on homœopathy addressed apparently more to the public than to the profession. In the appendix there is an urgent appeal to young practitioners to "visit



the homœopathic hospital in Great Ormond Street, watch its treatment, examine into its cases, and test its results with an open and candid mind and a sincere desire to arrive at truth." Now, this is exactly what I did, or rather attempted to do, soon after I was qualified. I was treated with great courtesy by the medical officers, and allowed to accompany the physicians on their somewhat rapid rounds; but upon my repeated requests to be permitted to attend in the morning and assist in taking notes and examining the patients, I was told that that could not possibly be allowed. I was, I remember, shown a patient who was being cured of impetigo by taking a solution (!) of carbon, and was assured that some drug—I forget what—had caused several ovarian tumours to disappear. I was also taken to a meeting of the British Homœopathic Society, where I heard it gravely stated that *Natrium Muraticum* (chloride of sodium) in minute doses was the best treatment for relapsing fever. I was also shown the book by which, as I was told, all homœopaths studied their treatment, referring to it as to a dictionary. This was "Jahr's *Materia Medica*." The absurdities I found in it when I looked at it in the British Museum convinced me that homœopaths must be satisfied with very little evidence, and has since made me sceptical when I am told of the wonderful cures they effect.

I am, Sirs, yours faithfully,

Jan. 18th, 1887.

A BAFFLED INQUIRER.

\*.\* We have also received a letter on this subject from Mr. A. G. Bateman, M.B., in which he says that Drs. Ringer and Brunton have done an immense deal to break down the barrier between homœopathy and allopathy, asks for a calmer and juster examination of both systems and, with a generosity which does him no discredit, argues for a discontinuance of what he calls "boycotting" the homœopath. The prize essay which calls forth these letters is prefaced by a communication from Dr. Richard Hughes, in which, in a somewhat menacing tone, he says, and he reiterates, that "this [the prize essay] may be the last appeal to the profession of this country for justice to homœopathy." We regret to say that the "last appeal to the profession" looks much more like an appeal to the public, or rather to the less informed among the public. The medicine of to-day, excepting homœopathy, is held up to ridicule and disparagement, and is in very material respects misrepresented whilst its real achievements are not stated. The whole idea underlying the prize essay is that there is a conspiracy in the minds of the men of medical science to shut their eyes to the discovery of Hahnemann. This is an admission of despair and almost of failure. Is there any other instance of all the scientific men in Europe resisting a true discovery for nearly a hundred years? The idea is altogether absurd. The sooner homœopaths see that they boycott themselves the better for them. All they have to do is to drop their distinctive appellation, cease to believe that there is something in the human mind specially inimical to them, liberate their own minds from the fetters of a fantastic notion which they are pleased to call a "law," and recognize the general drift of medical science and art, and they will find no unfriendly feeling to them.—ED. L.

## VARIETIES.

THE "SPECTATOR" ON THE DOG-STARVING EXPERIMENTS.—We omitted to notice last week the account of the horrible experiments made in France on the starvation of dogs, by way of supplementing the information supposed to be conveyed by the recent observations on the fasting-men. Nothing can be more cruel than to keep one dog without either food or water, and another without food though supplied with water, just to see how much longer the one which is not tormented with thirst as well as hunger, will survive its sufferings, than the one tormented in both ways. We would not willingly touch the hand of a man who would inflict, from what is called a scientific motive, such shocking and wilful, as well as fruitless suffering. As Miss Cobbe said, in an admirable letter to *Tuesday's Pall Mall Gazette*:—"Such 'interest' as these experiments possess is, I venture to say, very much on a par with that which a naughty schoolboy takes in clipping off one fly's wings and seeing that it can crawl but can no longer fly, and cutting off the legs of another and noting that it can fly but no longer crawl. We give the schoolboy a lecture or a box on the ear, but we clap our hands in applause when, ten years older, he calls himself a man of science, and does worse things with just as much or as little reason." The fasting-men know what they intend to suffer, and why, and that they can, if they choose, suspend their own sufferings at any moment; but a wretched dog, hoping for its accustomed food and water whenever a human being approaches its place of confinement, and doomed to endless disappointments, is not even competent to know that its hopes are all vain, and founded on a trust in humanity which its owners intend to betray.—*Spectator*, Jan. 15th.

NOVEL CURE.—Dr. Charcot, of the Salpêtrière Hospital, has been continuing with considerable success those experiments on hysteric and hypnotic patients which have already been referred to in your columns. Having satisfied himself as to the possibility of transferring paralysis, nervous contractions, and cataleptic symptoms from one patient to another, he next set to work, in conjunction with his able assistant, Dr. Babinski, to apply the test to hysteric dumbness. It is a well-known fact in medicine, that people afflicted with hysteric epilepsy suddenly become tongue-tied and remain so for many years. A female patient afflicted in this manner, but who was otherwise of robust constitution, was placed back to back with a woman who had been a long time cataleptic. By means of the magnet the dumbness was transferred from one patient to the other with the same regularity that marked the experiments in paralysis. By continuing the experiments Dr. Charcot hopes to be able to completely restore speech to the tongue-tied patient. The same experiment was repeated with male patients, and with the same promising results. It would of course be premature to call Dr. Charot's wonderful studies pre-eminently successful in their immediate results as exemplified by the strange experiments which have been made at the Salpêtrière, but no one can doubt that, like Claude Bernard's in another field, they open up a vast vista in pathological and physiological science.—*Daily Telegraph*.

REPORTED CURE FOR LEPROSY.—Under this heading the *St. James's*

*Gazette* of December 17th quotes a portion of a letter from Father Damian, of the Molokai Leper Settlement, to a German publication, in which he shortly refers to and extols the wonderful effects of a treatment carried out at the Kakaaka Leper Hospital by Dr. M. Goto of Japan, who was invited over by the king. The treatment referred to is similar to that long carried out by Dr. S. Goto, of the Kihai Hospital, Tokio, Japan. It is hygienic, dietetic, and medical. Strong patients are bathed thrice daily, and weaker ones twice daily, in warm fresh water at 90° to 100° F., into which has been placed an infusion of a few ounces of Hichiyou bark (*Æsculus turbinata*), together with certain proportions of Taifuushi, sulphur, and other ingredients. The patients are fed generously, but not excessively, thrice daily, on rice, milk, beef, mutton, chicken, eggs, good strong broth, boiled taro, vegetables, and fruit; but sour poi and also raw fish, when used with the usual native condiments, are forbidden. The medical treatment "varies according to the condition of the patient and the stage and character of the disease." The two chief medicines used are, in all cases, Seiketsu-ren as pills and in large doses (? the bark of the Hoang-nan tree with realgar and alum), and yoku-yaku for baths. Dr. Goto also employs tincture of the perchloride of iron, sulphate of quinine, iodide of potassium, vegetable tonics and bitters, and the carbonate of soda and potassium, especially the alkaline salts. Under this treatment he reports, under date of April 20, 1886, five cases as "almost cured," nineteen as "improving," and seventeen as "relieved."—*Lancet*, Jan. 1st.

**OBESITY AND ITS TREATMENT.**—Speaking on the subject of obesity and its treatment, M. German Sée referred to the well-known fact that in conditions associated with loss of blood, whether by actual blood-letting or in chloranæmia, the fat of the body is rather increased than diminished. He quoted Bauer's explanation that after depletion albuminates undergo decomposition into fatty matters, and also that of Fränckel, that these fatty transformations are due to deficiency in the amount of oxygen absorbed and supplied to the tissues. With reference to treatment he said, that which aimed at the removal of fats and amyloids from foods (Banting's) did reduce obesity, but also did harm by impairing muscular power, since, as shown by Vogt and Rubner, such foods were used up in muscular action as well as in heat-production. M. Sée himself recommended the use of nitrogenous foods along with 1,000 to 1,200 grains of fatty matters per diem. He objected to abstinence from liquids as advised by some, these being of service in promoting combustive processes. Tea or coffee not strong were suitable beverages. Diaphoresis was equally objectionable with reduction of liquids as a means of removing fat from the body. Among medicines iodides, alkalies, and purgatives had all been employed for this purpose. Iodides were often effectual, but by causing iodism were apt to counteract their own benefits. Alkalies being bad oxidisers did not reduce genuine obesity. Purgatives, on the other hand, were of real service in this way, and were not usually debarred by any disadvantages. The waters of Carlsbad, Vichy, Marienbad, Brides, Chatel-Guyon, &c., possessed aperient qualities of considerable value. Passing on to the consideration of cardiac fat, and particularly that due to fatty infiltration as distinguished from true degeneration, and as being that usually associated with general polysarcia, M. Sée adhered to the fluid and solid diet above described.

The presence of heart-fat, however, contra-indicated, he said, the use of mineral waters, warm baths, diaphoretics, and hydrotherapeutics in general. All kinds of "revulsive" treatment were equally to be condemned, and great care was necessary in regulating muscular exercise. In such cases, attempts to treat the morbid condition on the special basis of a supposed cause were apt to result in mistake and failure. The remaining methods of treatment were the use of milk and cardiac tonics, to which, in such cases, M. Sée allowed the addition of iodides. The treatment, in fact, had much in common with that of cardiac asthma.—(*Progrès Médical*, Oct. 3, 10, 24, 1885.)—*Practitioner*.

**THE THERAPEUTICS OF POMEGRANATE ROOT.**—Mr. Edward Nicholson, in a paper read before the Liverpool Medical Institution, called attention to some little-known properties of pomegranate root. His experience with it was mostly on young children in India. He found that whenever a young child lost its appetite, had more or less irregular bowels and somewhat tumid belly, was peevish by day and restless at night, when it was wasting, and the symptoms were negative as to worms or fevers, in such cases decoction of pomegranate root invariably effected a cure. The symptoms were mostly found in children about two years of age, but might occur at any time up to seven years. No particular dietary was found necessary. He has since found the drug equally efficacious in similar conditions in children in this country. He usually gave the decoction in ounce doses three times a day, and never saw any toxic effects from its use. In certain obscure diseases in adults, where there was cachexia and evidence of abdominal disturbance, he has also found the pomegranate root serviceable. (*Liverpool Medical-Chirurgical Journal*, July, 1886.)—*Practitioner*.

**A SIMPLE TEST FOR ARSENIC IN WALL-PAPER.**—A simple and easily-applied test for arsenic in wall-papers has been devised by Mr. F. F. Grensted. No apparatus is needed beyond an ordinary gas-jet, which is turned down to quite a pin-point, until the flame is wholly blue; when this has been done, a strip of the paper suspected to contain arsenic is cut one-sixteenth of an inch wide, and an inch or two long. Directly the edge of this paper is brought into contact with the outer edge of the gas-flame a grey colouration, due to arsenic, will be seen in the flame (test No. 1). The paper is burned a little, and the fumes that are given off will be found to have a strong, garlic-like odour, due to the vapour of arsenic acid (test No. 2). Take the paper away from the flame, and look at the charred end—the carbon will be coloured a bronze-red, this is copper reduced by the carbon (test No. 3); being now away from the flame in a fine state of division, the copper is slightly oxidized by the air, and on placing the charred end a second time, not too far into the flame, the flame will now be coloured green by copper (test No. 4). By this simple means it is possible to form an opinion, without apparatus and without leaving the room, as to whether any wall-paper contains arsenic, for copper arseniate is commonly used in preparing wall-papers. Tests 1 and 2 would be yielded by any paper containing arsenic in considerable quantities.—*British Medical Journal*, Dec. 11th.

**TESTS FOR ARSENIC IN PAPERHANGINGS.**—WM. WOOLLAMS AND Co. (Paperstainers) write: "Having made the subject of arsenic in paperhangings a matter of close study for many years, we read with great interest the description of the test devised by Mr. Grensted, as pub-

lished in the *British Medical Journal* of Saturday, December 11th. We hoped some rough, ready, and reliable test for arsenic had been at last discovered, but in the result we were disappointed. The method proposed would answer in most cases where 'considerable quantities' of arsenic are present, so far as Tests 1 and 2 are concerned; but there are still a large number of papers made and coloured with arsenical pigments which would exhibit no recognizable reactions of the kind described; and there are many others highly arsenical, but free from copper, which would yield no such reactions as those described as 'Tests 3 and 4.' Of the former, the red and the light-coloured papers enclosed are samples, while sample A, B, and C (containing arsenic) are quite free from copper, the blue C being highly arsenical. An experience of over a quarter of a century in the manufacture of non-arsenical papers, and a knowledge of many methods, both empirical and scientific, of ascertaining the presence, or what is sometimes more difficult, determining the absence of arsenic in a suspected paper or other fabric, embolden us to ask your permission to point out to your medical readers that it would be essentially injudicious, where the health of a patient is at stake, for any of them to rely upon any test, such as that now referred to, to determine the absence of arsenic; and that the only way in which such a conclusion can be safely arrived at, is to submit a sample of the paper to a competent analytical authority for careful examination. A superficial, or even an exhaustive examination of the visible paper is often deceptive, since it is frequently found that a perfect harmless paper is hung over an old arsenical one, and where it is suspected that illness arises from arsenical poisoning, the medical adviser should not be content with anything less than a sample of the paper or papers stripped off clean to the plaster. This can generally be done without disfiguring the room by taking it from behind the bed or some other heavy piece of furniture. We have seen as many as twelve coats stripped off in one mass, of which perhaps half would be arsenical."—*British Medical Journal*, Jan. 15th.

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## MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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| <p>Clarke (W.). The Diagnosis and Treatment of Diseases of the Kidney, Amenable to Direct Surgical Interference. With Illustrations. 8vo, pp. 176. (Lewis. 7s. 6d.)</p> <p>Dake (J. P.). Therapeutic Methods: An Outline of Principles to be Observed in the Art of Healing. 8vo, pp. 195. (Boston, U.S. Homeopathic Publishing Company. 10s.)</p> <p>Hartahorne (H. M. D.). A Household Manual of Medicine, Surgery, Nursing and Hygiene, for Daily Use in the Preservation of Health and Care of the Sick and Injured. With an Introductory Outline of Anatomy and Physiology. Illustrated. 8vo, pp. 958. (Philadelphia. . 20s.)</p> | <p>Hilles (M. W.). The Essentials of Physiology. 12mo. (Renshaw. Red. 4s. 6d.)</p> <p>Holbrook (M. L.), M.D. How to Strengthen the Memory; or, Natural and Scientific Methods of Never Forgetting. 12mo, pp. 152. (New York. 5s.)</p> <p>Landis (H. G.). A Compend of Obstetrics especially adapted to the Use of Medical Students and Physicians. 2nd ed., Revised and Enlarged, with New Illustrations. Post 8vo, pp. 120. (Pentland, Edinburgh. Simpkin. 4s. 6d.)</p> <p>Transactions of the Medico-Chirurgical Society of Edinburgh. Vol. 5. New series. Session 1885-86. 8vo, pp. 248. (Oliver and Boyd, Edinburgh. Simpkin 7s. 6d.)</p> |
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## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, St. George's Terrace, Gloucester Road, South Kensington, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We always go early to press, and would therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

MR. KNOX SHAW.—*Alteration of Address.*—The appointment of Mr. Knox Shaw as oculist to the London Homœopathic Hospital brings him to London on two days of the week. His address is now 6, Manchester Square, W. (Tuesday and Friday), and 53, Pevensey Road, St. Leonards-on-Sea (except Tuesday and Friday).

DR. ORPEN.—*Alteration of Address.*—Dr. Orpen, late of Cambridge, has removed to Nottingham.

DR. GARDINER GOULD has left Eastbourne, and now resides at 12, The Paragon, Streatham Hill, S.W.

A HOMŒOPATH, BRADFORD. Letter too late for this month; will appear next.

## CORRESPONDENTS.

Communications received from Mr. Meredith, Sydney; Mr. G. A. Cross, London; Mr. Edwin Hol-

land, Sydney, N.S.W.; Dr. M. M. Eaton, Cincinnati; Dr. Powell, Anerley; Dr. Pope, Tunbridge Wells; Dr. J. Robertson Day, London; Dr. G. Clifton, Leicester; Dr. A. de Noë Walker, London; Mr. Knox Shaw, London; Mr. E. H. Laurie, London; Dr. Proctor, Birkenhead; Messrs. Latini, Calcutta; Dr. G. Shelton, New York. Dr. Gardiner Gould, London.

## BOOKS AND JOURNALS RECEIVED.

Medical Era.—New York Medical Times.—Allgemeine Homœopathische Zeitung.—Zoophilist.—Monthly Homœopathic Review.—Medical Advance.—Clinique.—Revista Argentina.—Revista Omeopatica.—Homœopathic Physician.—L'Art Médical.—Monatsblätter.—Southern Journal of Homœopathy.—La Reforma Medica.—Chironian.—St. Louis Periscope.—Bibliothèque Homœopathique.—Hahnemannian Monthly.—Revue Homœopathique Belge.—Medical Visitor.—St. Louis Medical Journal.—Clinical Review.—New England Medical Gazette.—Rules of the Leicester Homœopathic Dispensary.—Transactions of Third International Homœopathic Convention.—Etiology of Tuberculosis by S. Silienthès.—American Medicinal Plants, Part V., Mills-paugh.—Domestic Practice by Dr. Eaton.—The Medical Treatment of Our Times; or, Medicine, Orthodox and Heterodox, by One of the Excommunicated.—Nasal Polypus by Dr. Wolston.—North American Journal of Homœopathy. Nos. 9 to 12.

# THE HOMŒOPATHIC WORLD.

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MARCH 1, 1887.

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## WAR.

OUR present number is full of the noise of battle; and in one corner of the field, at least, the din of combat has given place to a triumphant shout of victory. The story of the fight at the Margaret Street Infirmary for Consumption, and the gallant and successful stand made by our *confrères* Drs. JAGIELSKI and MARSH against the cabal which intrigued for their expulsion, is unique in the annals of British Homœopathy. We are therefore glad to give a full account of the whole proceedings, and to offer hearty congratulations to all who took part in the struggle against tyranny and ignorance on the glorious victory they have achieved. From Liverpool comes a somewhat different story. The Medical Institution of that city, though a public institution founded by grants of public money, has been so far devoid of public spirit that its members have excluded professed homœopaths from sharing in its privileges. Some who joined the institution before they became homœopathists remained, and hoped for better times. But the better times did not come. Dr. MOORE, hopeless at last after twenty years of hope, resigned. In their despair of moving their professional brethren, they have now appealed to the public, and the public press has warmly taken up the appeal. We commend to the notice of our brethren in Liverpool the account we publish of the fight at Margaret Street. Let them read that, and take courage.

The forward policy has received another token of justifi-

cation, and this time in the pages of the *Lancet*. The prize essay by Dr. J. D. HAYWARD has not fallen dead on the profession. It has stirred up some members to write to the *Lancet* on the subject. These letters were of a description to which we are fairly well accustomed, and the editorial notes appended to them were in the old *Lancet* style. But they did not go unchallenged. Dr. DUDGEON, who is well in the forefront of the fighting party, wrote a letter to the editor of the *Lancet*. This was inserted, and along with it another letter from the other side and more editorial comments. Dr. DUDGEON followed up his former letter by a second flatly accusing Dr. LAUDER BRUNTON of plagiarism. To this Dr. LAUDER BRUNTON declines to reply. He has sent to the *Lancet* the shortest of short notes, in which he announces the forthcoming edition of his work; but he completely evades the charge brought against him.

The moral of all this is, that if Homœopaths will only stand their ground, which is the ground of principle, of truth, and of justice; if they will in every way defend, not themselves, but the principles they represent, they will be respected by their foes and supported by the public at large. If they are content to be extinguished by the contempt, or, which is much more baleful, the condescension, of the dominant section who know not HAHNEMANN and have no desire to know him, they will be extinguished along with the lamp of truth, of which they will have to give an account.

But the work of the LEAGUE is spreading, and is making itself felt.

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## NOTES.

### TO OUR CONTRIBUTORS.

[OWING to the great pressure on our space this month we are compelled to hold over matter of much interest and importance. Our contributors, we are sure, will understand that it is out of no want of appreciation of the articles they have been kind enough to send us that the delay occurs.]

### DR. WINTERBURN.

WE greatly regret to observe that Dr. WINTERBURN has been compelled to relinquish the editorship of the *American Homœopathist* through indifferent health. Under Dr. Winterburn's guidance the journal maintained its place in the very front rank of all our American contemporaries. We are glad to note that he has found a worthy successor in Dr. B. F. UNDERWOOD; and we trust that with lightened labours he may speedily regain the health which we fear he has spent too lavishly on his editorial and literary work. We have been reaping the fruits of it in past years, little thinking of the heavy price it was costing.

### AN EL DORADO OF HOMŒOPATHY.

THE following from the *Chemist and Druggist* gives a flourishing account of "Homœopathy in Victoria":—

"Our Australian correspondent sends the following: The favourable position which homœopathy has attained in Victoria is perhaps scarcely realized in Great Britain. Homœopathic chemists are on equal terms with others as regards the Pharmacy Act. A handsome homœopathic hospital has been erected, and funds to pay for it have been raised to the extent of some £9000. Many members of the Government are homœopaths, and there is hardly any of the jealousy between the two branches of the profession that is so marked at home. Melbourne seems to be an El Dorado for homœopathic physicians. I have heard on very good authority that one good physician left a practice at home returning £700 or £800 a year, hoping to make £1000 a year here. The first year he made £3000, the next £4000, and the next still more, but then family matters called him home. There is hardly a homœopathic practitioner in Melbourne making less than £2000 a year; and I am told on about the best authority, that there is a great need of one or two really leading physicians; *i.e.*, such men as take a leading position at home. There is also plenty of room for several, say half-a-dozen, homœopathic chemists' assistants. They must be qualified under your Pharmacy Act so as to be entitled to registration here, or they will be useless. I hear of two who are on their way out, but they will be absorbed on arrival, and there will still be openings for others."

### THE HAHNEMANN DINNER.

THE Hahnemann dinner of the British Homœopathic Society—a custom, it will be remembered, which was revived last year—will be held on the 13th of April. It is proposed (and we trust the gallantry of the members will not refuse such a proposal) that the privilege enjoyed by members of introducing their friends be not restricted to their male friends, but that ladies shall also be welcomed as guests.

### “OFFICIAL TRIALS OF HOMŒOPATHY.”

THE new *League Tract* (No. 11) is a double-sized one, and is full of weighty matters, though by no means heavy reading. There is growing up under the auspices of the LEAGUE a history of Homœopathy and of medical progress during the present century which is in itself a work of extreme value. There is much more to come; but we do not hesitate to say that enough has been done already to convince all unprejudiced minds, and many minds not hopelessly prejudiced, that homœopathy is true. But it is not enough to write tracts; we must read them, inwardly digest them, and produce their facts and arguments whenever we find opportunities of so doing. The official trials of Homœopathy recorded in this tract furnish striking evidence of a kind that cannot be lightly put aside. All should read it, and show it to their friends.

### A WORD FROM J. P. DAKE.

OUR good friend Dr. DAKE writes to us from Nashville, Tennessee, *apropos* of “The Revolution in Medicine,” which he thinks will help on the work of the LEAGUE:—

“I little dreamed, when we were talking over the condition and needs of Homœopathy in your country, that one year would see the ‘Appeal to the People’ so strongly under way. The old saying, ‘Providence helps those who help themselves,’ is verified anew. The correspondence of Dr. Dudgeon with Macmillan and Brunton—that in the *English Mechanic* by yourself and others—and now the contest in the Hospital for Consumptives, to oust the converts to Homœopathy, all have followed quickly on the resolution made by Dudgeon, Dyce-Brown, and yourself to vindicate the claims of Homœopathy before the people. I have been delighted with the progress of the appeal,

and the evident signs of the good Revolution. In the *World and Review* I see, from month to month, what is going on in your country—and am pleased.”

We thank Dr. Dake for his encouraging words; and we shall never forget that it is to him as much as to any one that the new movement owes its initiative.

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#### A CORRECTION.

DR. ROTH requests us to mention that our statement that he was “personally conversant” with the case brought forward in his oral communication to the British Homœopathic Society on “Suggestion,” in which the lady had teeth extracted without feeling any pain, was not correct; he had it on the same sufficient authority as the other cases he named, but he had not seen the patient.

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## ORIGINAL COMMUNICATIONS.

### A FIGHT FOR LIBERTY OF OPINION.

THE Margaret Street Infirmary for Consumption and Diseases of the Chest and Throat came into existence in this way. In 1841 a Dispensary for the treatment of consumption was instituted in Great Marlborough Street, which subsequently developed into the Brompton Hospital for Consumption. A considerable number of the original subscribers were averse from giving up the original Institution, and accordingly, when the Brompton Hospital was opened in 1847, they took a lease of the house in Margaret Street for the purpose of carrying on the Dispensary, under the name above given. This Institution—now in its fortieth year—is in a very flourishing condition. It has an income of about £500 from subscriptions and donations, and its expenses are well within that sum. Its yearly quota of patients is between 13,000 and 14,000. It has a considerable staff of Medical Officers, viz.: two consulting physicians, three ordinary physicians, who see the patients at the infirmary, five visiting physicians, who attend patients at their own homes, and one surgeon. One of the

physicians, Dr. Jagielski, and one of the visiting physicians, Dr. Marsh, some years after their election, becoming convinced of the superiority of the homœopathic method, naturally treated their patients in accordance with their convictions. This has been a great grievance to some of the other members of the Medical Staff, who resolved to make an effort to rid the Institution of their homœopathically-thinking colleagues.

In November last they accordingly addressed the following undated letter to the Chairman of the Executive Committee:—

“DEAR SIR,

“We, the undersigned members of the Medical Staff of the Margaret Street Infirmary for Consumption and Diseases of the Chest, beg to state, for the information of the Executive Committee, that we have been credibly informed that for some time past patients of the Infirmary have been treated homœopathically. It appears to us that this innovation of the practice at the Infirmary cannot be known to, much less can have received the sanction of the Executive Committee or Governors, and we would suggest that it is highly desirable that an inquiry be made in the matter.

“We are, dear sir,

“Yours faithfully,

“W. CHOLMELEY, M.D., F.R.C.P.L.; CARR BEARD,  
F.R.C.S.; JULIAN WILLIS, M.R.C.P.; FEATHER-  
STONE PHIBBS, M.R.C.P.; ROBERT WALFORD,  
M.D.; SCUDAMORE R. POWELL, M.D.”

On this the Executive Committee, after making inquiries, and satisfying themselves that Drs. Jagielski and Marsh were treating their patients homœopathically, addressed, on the 6th November, a letter to those two gentlemen, calling on them to desist from their homœopathic treatment, to remove their names from the homœopathic directory, to give up any appointments they may hold at any Homœopathic Institutions (Dr. Marsh is one of the Physicians to the London Homœopathic Hospital) or to resign their posts on the Staff of the Infirmary, as they (the Executive Committee) do not consider that such practice is conducive to the true interests of the Infirmary, and is entirely contrary to the practice hitherto pursued in it.

To this arbitrary demand Dr. Jagielski replied, on 15th November, as follows:—

“In reply to your letter dated ‘November 6th, 1886,’ I would beg to remind the Committee that the laws of the Infirmary for Consumption, &c., give no power to the Medical Staff or to the Executive Committee to interfere with the medical practice of the Physicians or Visiting Physicians of the Infirmary. The laws require these officers to possess certain qualifications in order to be eligible to the Staff of the Infirmary, but do not require them to practise any particular method of treatment, or to refrain from employing any remedies their experience or study may lead them to believe to be for the advantage of the patients of the Infirmary. If experience and study have convinced them that in some cases remedies selected according to the homœopathic therapeutic rule are the best, they would fail in their duty to the sick if they refrained from prescribing these remedies.

“The experience of upwards of 12,000 legally qualified medical practitioners in all countries has shown that many cases of disease are treated more successfully by homœopathic remedies than by any other therapeutic means, and in his recent work on *Pharmacology, Therapeutics, and Materia Medica*, Dr. Lauder Brunton, the Examiner in *Materia Medica* to the Royal College of Physicians of London, recommends a very large number of the homœopathic remedies as the best means for curing many diseases, without any remonstrance or objection, far less censure, on the part of the College of Physicians, and it is an altogether unusual and an illegal attempt to interfere with the liberty of the Medical Officers of the Infirmary to require them to abstain from using these or any other remedies they may consider to be of use to the patients of the Infirmary. Medical practice is continually changing, and it would be intolerable if the Executive Committee were to be permitted to prohibit the Medical Officers of the Infirmary from employing the new remedies and improved modes of treatment that are constantly being introduced into medicine. The practice of to-day is in many respects ‘entirely contrary to the practice’ of this and similar Institutions a few years ago, and it would be absurd to bind down the Medical Officers of this Infirmary to any routine of practice that was in favour in past times, and to deny them the right to avail themselves of the current progress of the medical art.

“If the Executive Committee can show that Dr. Marsh and I are less successful in our present treatment of the patients than we were previous to our employment of the new remedies, they might have some plausible excuse for objecting to our use of these remedies—though *there is*

*nothing in the laws* that would give them the right to sit in judgment on the practice of the Medical Officers—but unless they can show *injury* to the patients from our present practice, their demand, that we shall abstain from practising medicine in the manner we believe to be most advantageous to the patients, is altogether *ultra vires*. If our practice now is more successful than previously, as we know it is, the Executive Committee will see that could they prevent us from practising, as we now do, they would, by doing so, be acting contrary to the ‘true interests’ of the patients attending this Infirmary, and consequently, to the ‘true interests’ of the Infirmary.

“To call upon us to withdraw our names from a directory, which merely shows that we approve of the method taught by Hahnemann, and employ it in suitable cases, and from other appointments, with the alternative of resigning our position on the Medical Staff of the Infirmary, is what the Executive Committee has no moral or legal right to do, and is an attempt to establish a despotic interference with the liberty of action of the Medical Officers of the Infirmary, in matters outside the Infirmary, which no honourable and self-respecting medical man can submit to.

“The Medical Officers are elected by the Governors at the Annual Meeting, and the Governors only have the power to dismiss the Medical Officers by refusing to re-elect them. Hitherto I have never failed to receive the thanks of the Governors for my humble services to the Infirmary, and I have served this Institution for fourteen years, first as Visiting Physician, and, since 1874, as Physician in Ordinary, having passed for this purpose the examination for the Membership of the Royal College of Physicians of London, which forms up to the present a condition *sine qua non* for this latter place at this Infirmary, and renders its attainment unusually difficult, as all in possession of this English diploma know.

“I have the honour, &c.,

“V. JAGIELSKI”

Dr. Marsh’s own answer is as follows:—

“56, FITZROY STREET, W.

“November 17th, 1886.

“GENTLEMEN,

“I beg to say that my answer is contained in the letter of Dr. Jagielski, and which I duly signed. I will just add that you cannot by any possible means in your power pre-

vent us *practising* homœopathy. Homœopathy is not a secret system of medicine. With all due respect to the Committee, I believe I may say, that not one Member, except Dr. Jagielski and myself, have any knowledge of the theory and practice upon which we base our treatment. Such being the case, how can such a Committee judge upon a subject of which they are entirely ignorant. I am convinced that if any of the Members of the Committee made a study of the system, such Members would no longer be our opponents but our friends. Such has been the general experience of all who have endeavoured to understand the homœopathic system of medicine, or the treatment of disease by the law of 'similar,' as first reduced to a definite system by the illustrious and learned Hahnemann.

"Yours faithfully,

"T. C. MARSH."

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A second letter of the Executive Committee of November 18th, declared these answers to be not satisfactory, and that a resolution had been passed to *request* Drs. Jagielski and Marsh to resign their appointments as Physicians to this Institution.

To this Dr. Jagielski replied as follows :—

"54, YORK TERRACE, N.W.

"GENTLEMEN,

"In answer to yours, I beg to remind you that I have done no harm either to yourselves or to the patients of this Institution. I, therefore, look upon your proceedings against me in consequence of Dr. Cholmeley's denunciation, as an unjustifiable and intolerable persecution against which I most seriously protest. I abstain now from any further remarks in the face of the prejudice of your party and the odium thrown upon me for no palpable reason whatever, and must charge you with the onus and responsibility of whatever consequences your illegal persecution must lead to. I have determined not to resign.

"I am, &c.,

"V. JAGIELSKI."

Dr. Marsh's answer was as follows :—

"56, FITZROY STREET, W.

"November 24th, 1886.

"GENTLEMEN,

"I must refer you to my last communication, to which I can only add, that I do not consider the Committee are

warranted in asking me to vacate my appointment. In conclusion, I will quote for your information an extract from the Medical Act of Victoria, cap. xc. xxiii. :—

‘ In case it shall appear to the General Council that an attempt has been made by any body to impose upon any candidate offering himself for examination an obligation to adopt or refrain from adopting the Practice of any particular Theory of Medicine or Surgery, as a test or condition of admitting him to examination, or of granting a certificate, it shall be lawful for the said Council to represent the same to Her Majesty’s most Honourable Privy Council, and the said Privy Council may therefore issue an injunction to such body so acting, directing them to desist from such practice, and in the event of their not complying therewith, then to order that such body shall cease to have the power of conferring any right to be registered under this Act, so long as they shall continue such practice.’

“This clause was distinctly inserted in the Act, to prevent any examining body from excluding any candidate known to be a Homœopathic candidate or practitioner; for at this period the bigotry of the profession was doing all in its power to exclude men who believed in this particular theory of medicine, and indeed as it is doing now.

“ I am, Gentlemen,

“ Yours truly,

“ T. C. MARSH.”

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The next step taken by the Executive Committee was to call a Special General Meeting of the Governors, “in order to ascertain their views on the subject.” In anticipation of this meeting, Drs. Jagielski and Marsh sent to each Governor a circular giving their correspondence with the Executive Committee, and characterizing the movement against them as “a conspiracy and persecution planned by certain members of the Executive Committee.” The Governors assembled as summoned in considerable numbers on December 20th. Mr. Lott, the Hon. Solicitor of the Infirmary, was voted into the chair. Dr. Cooper Torry, the Senior Physician to the Infirmary, pointed out that the law relating to the calling a Special General Meeting had not been obeyed. Lord Grimthorpe corrob-



rated Dr. C. Torry's observations and put it to the Chairman whether the meeting could proceed to business under the circumstances. The Chairman, after reading the law, gave it as his opinion that the objection taken by Dr. Cooper Torry and Lord Grimthorpe was correct, and that the Meeting could consequently not do anything, but must be dissolved.

Another Special General Meeting was summoned for the 19th January, but before the appointed day the Governors received a circular announcing the postponement of the Meeting, no future day for its assembling being mentioned; the Executive Committee having apparently discovered, just in time, that they had again failed to announce the meeting in the manner prescribed by the laws of the Infirmary. These two failures were not very encouraging to the dissidents, but probably they hoped to carry out their views at the Annual General Meeting, which by the laws is always held on the fourth Wednesday of January.

In anticipation of this Annual General Meeting, the objecting members of the Medical Staff, reinforced by the name of the senior consulting physician, sent to the Governors the following circular:—

*“To the Governors of the Margaret Street Infirmary for Consumption and Diseases of the Chest.*

“MY LORDS, LADIES, AND GENTLEMEN,—The Medical Staff of this Charity find themselves compelled, very reluctantly, to trouble the Governors with a brief statement of facts in order to guard against an erroneous judgment respecting some *ex parte* statements circulated by two members of their body.

Towards the end of last year, the Staff were credibly informed that the two members of their body above referred to, were treating patients of the Infirmary after a method that is not recognised by the body of the Medical profession as founded on scientific inquiry and broad truths; and which moreover is so regarded generally that had these gentlemen declared their adhesion to, and inclination to practice it when they were candidates for appointments on the Staff of the Infirmary, they would infallibly have been rejected. But, as it was they were elected, as all their predecessors had been, on the assumption that they were duly-qualified Medical men practising the Art and Science of Medicine according to *generally recognized* views.

“As this assumption has turned out to have been incorrect, the Staff considered it was their duty to call the attention of the Executive Committee to the matter, and to adopt any other

measures calculated, in a fair and honest way, to rectify a state of things which they believe to be without parallel in any other Medical Charity in the United Kingdom, and which if not remedied must, in their opinion, most gravely disorganize, if it does not wreck, the Margaret Street Institution ; but the Staff utterly deny and repel the unfounded and absurd charge of conspiracy or persecution made against them for the action they have taken as above stated.

“ We are,

“ My Lords, Ladies, and Gentlemen,

“ Yours obediently,

“ THOS. HAWKSLEY, M.D. Lond., M.R.C.P. Lond.,  
*Consulting Physician to the Infirmary.*

WM. CHOLMELEY, M.D. St. And., F.R.C.P. Lond.,  
*Consulting Physician to the Infirmary.*

F. CARR BEARD, F.R.C.S. Eng.,  
*Surgeon to the Infirmary.*

R. FEATHERSTONE PHIBBS, M.R.C.P. Edin.,

JULIAN WILLIS, M.R.C.P. Edin.,

ROBERT WALFORD, M.B. Aberd.,

SCUDAMORE K. POWELL, M.D. Durham,  
*Visiting Physicians to the Infirmary.”*

It will be observed that the name of the Senior Physician of the Infirmary, Dr. Cooper Torry, does not occur in either of the documents emanating from the members of the Medical Staff who were endeavouring to eject Drs. Jagielski and Marsh, on account of their homœopathic treatment. Dr. Torry, to his credit be it said, has loyally taken the side of liberty of opinion and practice, and has ably assisted in counteracting the manœuvres of his intolerant colleagues, and of the Executive Committee, in their endeavour to oust these two members of the Medical Staff from their posts. Dr. Torry has no practical acquaintance with homœopathy, but he is one of those liberal-minded men—so rare, alas! among members of the dominant school—who are perfectly tolerant of differences of opinion, and who are heart and soul in favour of the utmost freedom in matters of science.

On the 26th January the Governors assembled for the Annual General Meeting in unusually large numbers. Lord Grimthorpe was voted into the Chair, and the proceedings commenced. But with the fatality that attends all the proceedings of the Executive Committee, it was found that the accounts had not been audited, and the Report had not been duly presented, so that the Chairman

was forced to declare, that on account of this neglect no business could be transacted by the meeting, which must accordingly be adjourned.

Dr. DUDGEON requested that before the adjournment took place he might be permitted to call the attention of the meeting to what he considered to be an improper proceeding on the part of some members of the Medical Staff. These gentlemen had issued a circular to the Governors [see above], making accusations against two of their colleagues on the Staff, in which the writers assumed to be "The Medical Staff," and implied that this document issued from the Staff. Now these seven gentlemen were certainly on the Staff of the Infirmary, but it was utterly incorrect to say that they were the Staff, as they were only seven, and the Staff numbered ten. Again, Law LXI. laid down precise directions for the meetings of the Staff, and he believed that no meeting whatever had been summoned in the legal manner, for the purpose of framing this document, which was given forth as emanating from the Staff. He therefore proposed that the Meeting should declare these proceedings of these members of the Staff to be irregular.

Dr. JAGIELSKI seconded the motion.

The CHAIRMAN, after examining the circular, said it was undoubtedly true that these seven gentlemen claimed to be the Medical Staff, which of course they were not, but only seven members of it.

One of the seven remarked that they were a majority of the Staff, and might therefore claim to speak in the name of the whole Staff.

This, the CHAIRMAN said emphatically, gave them no right to call themselves "the Medical Staff." He inquired of Dr. Cholmeley if he had attended, or if there had been held any meeting of the Medical Staff for the purpose of drawing up this circular.

Dr. CHOLMELEY said that no meeting had been held.

Then, the CHAIRMAN said, it appeared to him that Dr. Dudgeon was quite right in pronouncing the whole thing irregular. However, he would let the Meeting decide this point.

Dr. DUDGEON's motion was put to the vote, and as a large majority of those present held up their hands, the Chairman pronounced the motion carried.

Dr. CHOLMELEY made some remark about the duty he and

those of the Medical Staff with whom he acted felt, to put a stop to the innovations in practice which two of the members of the Staff had introduced into the Infirmary, and which was contrary to the practice hitherto pursued there.

The CHAIRMAN said that that objection would apply to the introduction of every new remedy and every improvement whatever, and asked on what ground Dr. C. and his friends considered it proper to interfere with the use of new remedies or new methods of treatment by members of the Staff.

Dr. CHOLMELEY replied that this particular method was not recognized by the general body of the profession.

The CHAIRMAN said he could not admit that to be a valid reason; for to every new remedy the same objection might be applied, and if the principle were admitted that some members of the Staff might interfere with the practice of others because it was new and not yet recognized by the whole body of the profession, and did not quite agree with their own, and seek to gain the dismissal of those of the Staff who first adopted the new practice, there would be everlasting discussions and dissensions going on. Though not a medical man himself, he knew enough of what was going on in the medical world to know that it was constantly changing its remedies and modes of treatment, and that what might have been thought good practice a few years ago, was now generally scouted as bad. Moreover, he was sufficiently acquainted with the Medical Act of 1859 to know that it positively forbade examining bodies to inquire into the tenets of candidates, and thus sanctioned all different views and theories of medicine; and that being so, he could not see how any number of members of a Medical Staff could claim any power over the medical opinions of others of the Staff, when even the Colleges and Licensing bodies were denied any such power over candidates for their diplomas.

Dr. CHOLMELEY and his party looked extremely crest-fallen when they heard the words of wisdom uttered by the Chairman, and they did not trust themselves to say a syllable in vindication of themselves.

Dr. JAGIELSKI called attention to a statement made in the circular which bore the signature of these seven members of the Medical Staff. Referring to himself and Dr. Marsh, though without naming them, it said, "they were elected, as all their predecessors had been, on the assump-

tion that they were duly qualified medical men, practising the art and science of medicine according to generally recognized views," and that "this assumption has turned out to be incorrect." This statement was so worded as to convey the meaning that the two medical officers in question were not duly qualified medical men, and that they had obtained admission to the Infirmary under false pretences; both of which statements were utterly false, as both he and Dr. Marsh possessed all the qualifications required by the laws of the Infirmary, and when elected they knew nothing about, and did not practise, homœopathy, which they had only studied years after their election. He asked if the statement made in this circular was not libellous?

The CHAIRMAN said he was not there to expound the law of libel; but there was no doubt the statement was so worded as to convey an incorrect impression to the general reader.

Dr. DUDGEON next drew attention to the action of the Executive Committee in sending a letter to two of the Medical Staff, calling on them to desist from treating their patients in the way they thought most to their advantage, to resign appointments held by them outside the Infirmary, or to resign their positions on the Medical Staff of the Infirmary. He contended that there was not a word or a syllable in the Laws of the Infirmary that gave the Executive Committee any power whatever to interfere with the practice of the Medical Staff. It would indeed be intolerable if the medical officers of the Institution were to have their practice interfered with, or dictated, by a body of non-medical men, who knew nothing whatever about medicine. He felt assured that the mere statement that the Executive Committee had presumed to dictate to their Medical Officers what remedies they should use and what they should refrain from using, would be enough to convince any Governor present of the impropriety and absurdity of their action. Again, the Laws gave no right whatever to the Executive Committee to call on any member of the Staff to resign his appointment, and he considered that this was an attempt to claim a despotic power on the part of the Executive Committee which should be at once checked by the vote of the Governors. Again, he contended that the Executive Committee had committed an altogether unwarrantable and unjustifiable act in calling on these officers to

resign appointments they held outside the Infirmary. The functions of the Executive Committee were limited by the four walls of the Infirmary, and in presuming to interfere with appointments members of their Medical Staff held outside the Infirmary they were altogether exceeding their powers, and making a demand on their Medical Officers which no medical man who had an atom of self-respect would submit to for a moment. He therefore called on the Meeting to declare that the action of the Executive Committee, in writing as they did to two of the Medical Staff, was irregular.

Dr. JAGIELSKI seconded the motion.

The CHAIRMAN asked the Rev. W. Mowll, who was chairman of the Executive Committee, if he could point out any law which justified the conduct of the Committee impugned by Dr. Dudgeon.

Mr. MOWLL replied that there was no such law, because the state of things that had occurred had not been contemplated by the original framers of the Laws of the Infirmary. The Executive Committee felt bound to act as they had done in consequence of the representations of the majority of the Medical Staff.

The CHAIRMAN said that in admitting there was no law the Committee thereby acknowledged that they had acted illegally, and it was no justification to say they were instigated to do so by some members of the Medical Staff; because, what were the Executive Committee there for unless to secure a due observance of the Laws of the Infirmary? It would be intolerable if an Executive Committee were to take upon themselves to criticise the medical practice of their Medical Officers. That would be to assume that they possessed superior medical knowledge to the educated medical gentlemen of the Staff. If this assumption was to be allowed they might object to one of their Medical Officers giving what they considered too large or too small a dose of castor oil, and call on him to give what they considered the proper dose, or else resign his post on the Medical Staff. No medical institution could go on if this kind of interference of the Executive Committee were permitted. In his opinion Dr. Dudgeon's motion was quite justified, and the action of the Committee in writing this letter to the two Medical Officers was altogether irregular. However, he would put it to the vote.

The Rev. J. COXHEAD (one of the Executive Committee),

said he did not see the necessity of putting the motion to the vote, as the Chairman had decided that the action of the Committee had been irregular.

The CHAIRMAN said he had done no such thing. He had merely said that his opinion was that the Committee's action had been irregular; but it was for the Meeting to decide if it was so.

Several members of the Committee, notwithstanding the Chairman's opinion, persisted in contending that their conduct had not been irregular, as they felt themselves bound to comply with the request of the majority of the Medical Staff.

Dr. DUDGEON's motion was then put to the vote and was carried by 19 votes against 15, the members of the Committee, who were strongly represented at the meeting, voting solidly for themselves.

This concluded the business, and the meeting was adjourned until February 2nd.

At the adjourned meeting, held on February 2nd, Lord Grimthorpe again occupied the chair. The accounts having been audited were passed, and the Report, which had been properly presented, was read and signed. It was hoped by some of the anti-homœopathic partisans that an opportunity of getting rid of the two heretical members of the Medical Staff would be given at this meeting in this way: They laboured under the idea that the Laws required that the Medical Officers should be re-elected at the Annual Meeting [Dr. Jagielski in his letter, given above, seems to have entertained the same idea], and that the Governors might be persuaded not to re-elect those two gentlemen. But a careful examination of the Laws showed that the Medical Staff was not subject to re-election, therefore this notable scheme for purging the Infirmary of homœopathy fell to the ground. The only other piece of business before the Meeting was the election of members of the Executive Committee to fill the vacancies made by the retiring members (according to the laws one-third of the members of the Executive Committee retire every year according to seniority of appointment). The retiring members offered themselves for re-election. The only thing of interest that occurred was when the name of the Rev. W. R. Mowll was proposed for re-election, twelve hands were held up for him, and eleven against. Dr. Jagielski handed to the Chairman four proxies from lady Governors for another

candidate in place of Mr. Mowll, but the Chairman refused to receive them, as all the formalities required by the Laws in regard to proxies had not been complied with. Accordingly, Mr. Mowll was again put on the Executive Committee.

The Rev. J. COXHEAD said that Mr. Mowll was an extremely active and energetic member of the Committee, and he thought it would have been disastrous to the best interests of the Infirmary if he had not been re-elected. In that case he thought he would have felt it his duty to take his own name off the list of the Executive Committee.

To many of the Governors present this would not have seemed to be such an unalloyed misfortune as the reverend gentleman seemed to regard it. Though in some respects the support of the clergy to an institution of this sort is an advantage, as they are able to increase its funds by collections and by inducing their congregations to become subscribers, the presence of clergymen on the Executive Committee of a medical charity is not usually an unmixed benefit. Clerical minds are naturally opposed to freedom of opinion. In their own sphere they have a creed and are therefore intolerant of differences of opinion. In judging of medical matters they naturally think that established medicine must, like the Established Church, have a creed, any dissent from which must be heretical and ought to be suppressed with a high hand. Of course, they are wrong in supposing that medicine has a creed, but their mistake is fostered by the language of the dominant sect, who habitually style themselves "orthodox" and those who differ from them "heretics," but, as a fact, the only semblance of a creed possessed by the old school of medical men is of a negative character and may be thus formulated: "I do not believe in homœopathy." Their actual medical belief is merely a matter of fashion, and is constantly varying, what is considered correct practice at one time is held to be utterly wrong at another time, and is superseded by an altogether different practice, which soon gives place to quite another method. Again, the clergyman is accustomed to rule with despotic power and to be obeyed without question by an admiring and almost adoring following in his own sphere, and he brings this spirit with him in his conduct of medical matters. The influence of the clerical spirit is manifest in the outrageously tyrannical letter the Executive Committee addressed to the two members of the Medical



Staff whose practice they disapproved of. It is to be hoped that the stinging rebuke they received in the vote of the Annual Meeting on January 26th, will teach them to confine their actions within the limits defined by the Laws of the Infirmary.

The business of the Annual Meeting being concluded, and a vote of thanks given to the Chairman, Lord Grimthorpe briefly acknowledged the compliment, and added that he heard some talk of a Special General Meeting being in contemplation for the purpose of discussing the differences of medical practice in the Infirmary. He advised them not to call any Special General Meeting for such an object, as it was sure to produce a row which would be highly disadvantageous, if not disastrous, to the interests of the Infirmary.

Dr. DUDGEON remarked that the *Lancet* would never allow the partisans of intolerance to rest until they made another attempt to suppress the freedom of opinion in medical matters which the Governors had just determined should prevail in their Institution.

It is satisfactory to the friends of homœopathy and of liberty of opinion in matters medical generally, that the schemes of an intolerant majority of the Medical Staff of the Infirmary were so completely frustrated, and the tables turned against themselves and their aiders and abettors on the Executive Committee. Of course, this is not the end of the struggle for right and justice in connection with this Institution. The friends of liberty of opinion in science have scored the first successes in the conflict, but they cannot afford to relinquish their vigilance, for the *Lancet* and *British Medical Journal* will certainly hound on the advocates of obscurantism and intolerance to leave no stone unturned until they have succeeded in ousting the adherents of homœopathy from this Infirmary, which has always been looked upon as a stronghold of allopathy. So we may look for a *guerre à outrance* in this quarter, and it will not be for want of backing and egging on by the whole bigot tribe, that the intolerant majority of the Medical Staff will cease to attempt to *saigner à blanc* the advocates of liberty of opinion in the Infirmary. The feelings of the allopaths in this instance, must, we apprehend, be of a rather mixed character. They who boast that they are the representatives of medical science in opposition to what

they term empiricism and delusion, find themselves ranged on the side of intolerance, and engaged in an attempt to suppress that liberty of opinion so indispensable to the progress of science, while they see the side of freedom of opinion in scientific matters espoused and defended by those whom they affect to consider as unscientific charlatans. Surely an inversion of rôles, if they are right in their assumption as to their own science and the want of that quality in their opponents.

One of the most gratifying features of the contest is the unswerving and zealous defence of the right of medical men to practise according to their convictions, by the venerable and genial Senior Physician, Dr. Cooper Torry. If the rare spirit of tolerance that animates this excellent physician were only more general in the medical profession, it would be a happy thing for our art. In the meantime, the figure of Dr. Cooper Torry stands out a conspicuous example of what every scientific member of the profession ought to be. We fancy the advocates of intolerance on the Medical Staff of the Infirmary must feel rather small when they compare their own trades-union narrowness with Dr. Torry's large-hearted liberality.

#### POSTSCRIPT.

The adjourned Special General Meeting of the Governors of the Infirmary for Consumption took place on the 16th of February, Lord Grimthorpe in the chair.

Moved by the Rev. W. R. MOWLL :

"It having been proved that Drs. Jagielski and Marsh have treated patients of the Infirmary homeopathically, that Dr. Jagielski's name appears in the Homeopathic Directory, that Dr. Marsh is on the staff of the London Homeopathic Hospital, these gentlemen be requested to resign their position on the staff of the Infirmary."

This was seconded by Captain BAILY.

Dr. DUDGEON proposed as an amendment, "That any attempt to limit the liberty of opinion or practice of the Medical Officers was not sanctioned by the laws of the Infirmary, was prejudicial to the interests of the Infirmary and its patients, and was opposed to the spirit of the Medical Act of 1859." This was seconded by Mr. OLIVER BRYANT ; and after much discussion Dr. Dudgeon's amendment was put to the vote, and carried by 20 votes to 17. On the substantive motion being put the numbers for it were

17 against 20, so the Chairman declared Dr. Dudgeon's amendment carried. Thus on both occasions—the Annual General Meeting and the Special General Meeting—the advocates for liberty of medical opinion and practice gained decisive victories over the partisans of exclusiveness and of the suppression of liberty of opinion in medical matters.

### THE LAST STRAW.

DR. JOHN MOORE has resigned his membership of the Liverpool Medical Institution. After hoping against hope for many years that a more liberal spirit would prevail, the recent defeat of a motion to rescind the persecuting laws has compelled Dr. Moore to sever his connection with the Institution which had lasted half a century. The circumstances were as follows :

The Hon. Sec. of the Institution issued the usual circular on Jan. 4, 1887, calling the Annual Meeting. Last among the items of the order of business was the following :

“(8) Dr. Adam will move the following alteration in Law Chap. I. Sec. 1. :—‘That the clause *underlined* below be omitted.’

“ ‘The LIVERPOOL MEDICAL INSTITUTION shall consist of persons registered or entitled to be registered under the Medical Act, but no person practising Homœopathy shall be eligible as a member of the Institution ; and any member who may become a practitioner in Homœopathy shall cease to belong to the Institution.’ ”

Drs. Drysdale and Moore were present and spoke, but the motion was *not* carried, 24 for, 26 *against*. It requires two-thirds of members present to carry it.

This was too much for Dr. Moore ; he determined to resign. Here is the letter he addressed to the President of the Institution :

[COPY.]  
“ 51, CANNING STREET, LIVERPOOL,  
“ January 15, 1887.

“ TO THE PRESIDENT OF THE MEDICAL INSTITUTION.

“ DEAR SIR,—I hereby resign my membership in the Medical Institution, which has extended *over* a period of 50 years.

“ Since the passing of the obnoxious law in 1859 which excluded Homœopaths I have remained in the Institution in the hope of seeing the day dawn when repeal of this law should take place. After the rejection of Dr. Adam’s resolution for its repeal on Thursday night—a resolution so ably supported by many members of light and leading in the Institution—all hope of its immediate repeal has vanished, and I now bid you and the Institution adieu.

“ I can only utter my desire that coming time may supply the Institution with a body of members whose mental vision may enable them to see the injustice and the injury such a law is doing to a highly-deserving section of the profession, in addition to its illiberality being a disgrace to the statute-book of the Institution.

“ I hope, for the honour of the medical profession of this city, that slumbering consciences may soon awaken and demand the early and unconditional repeal of this law.

“ I am, Dear Sir,

“ Yours very respectfully,

“ JOHN MOORE, L.R.C.P., &c.

“ Dr. BIRKBECK NEVINS, *President.*”

We understand that Dr. Nevins is a friend of Dr. Moore’s, and also friendly to the cause of medical liberty ; but, being President, he did not speak on the occasion.

We are sure our readers will like to know something of the passing of the obnoxious law ; and we cannot do better than quote from a pamphlet published by Dr. Moore in 1859 when the affair happened :

“ A Special General Meeting of the Members of the Medical Institution was held on Friday Evening, January 28th, 1859 :

“ Dr. VOSE, IN THE CHAIR.

“ The meeting was called for the purpose of having proposed thereat the following additions to and alterations in the laws :

“ To be added to law II.—‘ But no one practising homœopathy shall be eligible either as a member of the institution or as a subscriber to the library, and any member or subscriber who may become a practitioner of homœopathy shall cease to belong to the institution.’

“ And the following new law.—‘ That no minute or proceedings of any meeting of the institution shall be reported or published without the consent of the majority present at such meeting ; and any member who shall violate this law, shall, *ipso facto*, be subject to immediate expulsion ; provided always that this law

shall not be so interpreted as to deprive any member of the power to "reserve his right of publication," in reference to any paper he may read before the Medical Society.'

"One hundred and eighteen members were present; of these about sixty were new members who had very recently joined the institution for the express purpose of passing the laws for the exclusion of the homœopaths, a majority of two-thirds being required for that purpose. The law was accordingly passed, ninety-six being in favour of it, and twenty voting against it. The law against reporting was also carried by a large majority, eighty-three for, and fourteen against."

The pamphlet also contains a report of Dr. Moore's admirable speech made on this occasion. It was, however, very much like casting pearls before swine, for instead of listening the members interrupted the speaker with unseemly noises throughout, and voted as might have been been expected. Dr. Moore said:

"Mr. Chairman,—I waived my right of addressing the last meeting on this subject, from the lateness of the hour—that right I possess as a member of this institution for the last twenty-three years, before the present building was erected. When the library was held in Suffolk-street many pleasant and profitable hours I have passed there. I have regularly paid my annual subscription, and have never forfeited my membership by non-payment.\* I think I have a right, therefore, to be heard with patience on this subject, though my remarks may not meet with your approbation, and notwithstanding I practice that 'unprincipled species of quackery,' as Dr. Turnbull has so elegantly described homœopathy; though I have thereby lost your esteem I have not lost my own, and that is a great matter."

"In 1847 homœopathy was first introduced to me by Dr. Chapman, then himself a recent convert. I ridiculed it at that time, as much as you can possibly do now. Dr. Chapman, however, said that if I tried the medicine I might think differently. I resolved to give the new theory a fair trial, and accordingly tested it daily for twelve months, in my own house and in private practice. I then attended the homœopathic dispensary constantly for nearly two years before I published my well-known pamphlet on homœopathy in 1850. I published the pamphlet as a justification of my change of views, and to take my stand as a practitioner on the homœopathic principle, that I might not

\* "This remark is *apropos* to the fact that many of the new members were actually *old* members who had allowed their subscriptions to fall into arrear, and were now brought forward for the purpose of carrying the change in the law for exclusion of the homœopaths."

sail, as Dr. Turnbull has said, 'under false colours.' I have only to add that I have never seen any reason to change my views, or deviate one iota from the statements contained in that pamphlet. I firmly believe in the great principle of Hahnemann's, conveyed in the words—'Similia similibus curentur,'—let like be treated by like. This motto, however, applies strictly to the principle on which we select the medicine, and refers not at all to the dose. In that matter I, in common with all other homœopathic practitioners, use my own judgment. Cases are sometimes brought before me where I prescribe the very same medicines which have been given by their former practitioners, only in different doses, but I prescribe them on the homœopathic principle, and designedly;—they do it unwittingly, and have only past experience for their guide. The dose we give is always smaller than that of the allopaths, but on this point we are entirely guided by experience, and by the temperament of the patient. If needful, the strong tincture, or pure substance of the drug is administered.

"In a word, we believe homœopathy to be founded on a true principle, and a great law of nature, unchangeable as the law of gravitation, and that when allopaths cure diseases at all, their medicines act homœopathically. But the application of this law in practice is susceptible of great improvement and endless variety, and the homœopathic system is, therefore, in the highest sense, a 'progressive system.'

"This is not the first time in the world's history that truth has stood in the minority, nor the first time medical councils and associations have been found arrayed against new truths. Looking to the past, we are not greatly surprised to find that in the midnight of Galileo's existence he was persecuted for his discoveries; nor even in the twilight of Harvey and Jenner's day, that they both suffered persecution and dishonour from the members of their own profession; but to find in this, the noon-time of the nineteenth century, men gathered from north, south, east, and west, for the purpose of putting down homœopathy, which a *godly* number of the profession, and a large section of the intelligent public, believe to be a truth, is, to my mind, a most sorrowful and humiliating sight. Even taking your own ground, that homœopathy is an error, I think the course you are taking is as mistaken as it is unlikely to obtain the end you desire.

"If homœopathy be a delusion, as you affirm, it is a most troublesome one—one which has cost me much labour, much pains and self-denial, and many a cold shoulder from my old friends in the profession,—and I think ten years daily and hourly practice would have tended to dispel the delusion, when it is considered that I have constantly applied this principle in the

cure of all curable diseases, and use palliative treatment only in the perfectly hopeless cases. I believe it would be waste of time to attempt to establish the system by mere argument. *There is but one way of settling great scientific questions, and that is by patient experimental research.* I heard Dr. Lardner, of Liverpool, in the year 1837, prove, in terms far more clear than those employed by Dr. Turnbull to-night, the impossibility of crossing the Atlantic *by steam*; yet, in the following year, three steamers crossed and re-crossed that mighty ocean,—a sufficient rebuke to all *a-priori* reasoning on the application of any great scientific truth to practical purposes. I regard the proposed change in the law for the purpose of excluding future homœopaths as *unreasonable* and *unphilosophical*; unreasonable, inasmuch as it does not deal with the truth, if it be a truth, or the error, if it be an error, in a rational way; exclusion is not argument, and the belief of an error is no reason for shutting out men from the advantages of an institution where opportunities and facilities would be afforded them of correcting their error or delusion.

“The moral responsibilities resting on individuals and on scientific bodies, in relation to any new or assumed truths, are ably pointed out by Dr. Abercrombie, that ornament of our profession. He has told us ‘that there is guilt in ignorance, if knowledge is within our reach;’ there is guilt in heedless inattention, when truths of moment claim that attention; and there is guilt in that prejudiced state of the moral feelings, which blinds the mind, and steels the heart against the reception of truth, and of which prejudice we now affirm the profession is guilty in relation to homœopathy.

“The proposed change in the law is *unwise*, for it injures the profession tremendously in the public estimation. However you may laugh at this statement, it is a fact that the public regard it in the light of persecution, and as anything but creditable to a profession commonly considered liberal and enlightened, and to the true interests of which I have ever been sincerely attached.

“The change in the law is also un-English in its character. It violates the *spirit* of the constitution under which we live, which tolerates error when it does not invade the moralities of life; and it also violates the letter of the law, for the Medical Act recently passed permits every member of the profession to hold any theory of medicine whatever, and forbids any examining body to reject a candidate on account of his individual views on that point. This new law of the institution will, therefore, be in direct opposition to the law of the land.

“Lastly, I am opposed to this law because it is un-Christian. It is a violation of the golden rule by which we all profess to

be governed. It interferes with the right of private judgment. This you deny, and say, 'think as you please,' reminding one of the story of the old Scotchwoman who differed from her husband in opinion, and who, when she persisted, told her if she *must* think for herself, to go out at the back door to do so. This is your treatment of future homœopaths, they must think as you think, act as you act, or else must go to the back door of this institution. No free thought henceforth within these walls—no liberty of conscience hereafter to its members,—or woe be to them if they differ from the majority!

"With regard to the publication of the report of the last meeting on this subject, I have to say that, though opposed to the publication of medical reports in general, I regard this question as not coming within the category of strictly medical subjects; and when any body of men attempt to deny to *others* liberty of conscience and the right of private judgment, and to trample under foot the toleration guaranteed to us by the constitution under which it is our happiness to live, I contend that the majority have no right to gag the minority. Nay, I am of opinion that it is the sacred duty of the minority to expose in the most public manner all such despotic practices, as opposed to the welfare of society, injurious to the interests of truth, and enslaving and degrading to the human mind.

"I could not have stood up here in the midst of so many opponents, had I not felt the rectitude of the cause I advocate, and I never felt more keenly the truth of the poet's remarks:

"One self-approving hour whole years outweighs,  
Of stupid starers and of loud huzzas;  
And more true joy Marcellas exiled feels,  
Than Cæsar with a senate at his heels."

We extend our sympathies to our old friend Dr. Moore. It is a hard lesson to learn; but we all have to learn it. If we want sweetness and light we must not expect to find it in our allopathic brethren in societies assembled; though we may find it in them as individuals.

#### SEQUEL.

We are delighted to see that our Liverpool brethren are not going to sit down quietly under the insulting and injurious conduct of the Institution. They have justice and—what is not always the same thing—the law on their side, and they intend to appeal to the law and the sense of justice in the people at large. It is the only right course. It is not for themselves, it is for the cause of right, for the good of the public, that they should resist injustice, aimed—not at them personally, but at



them as representatives of a great truth which the persecutors wish to stifle. We are sure our readers will be delighted to see the two following able letters addressed by Dr. Hayward, senior, to the Liverpool press. To the people let us go.

### HOMŒOPATHY AT THE MEDICAL INSTITUTION.

*To the Editor of THE LIVERPOOL REVIEW.*

SIR,—In your excellent journal of the 8th instant you drew attention to the above subject, and pointed out that the present members of the Institution would, on the 13th, have an opportunity to release themselves from the stain imposed upon them by the “deplorable error” of the members 28 years ago. You also point out the only wise and proper course for the Institution to take with reference to any particular principle or practice brought before the profession, viz., to sift the true from the false—and you state your belief that “no society is more competent than the Institution” to do this.

By this action you have laid the public under an obligation, for it is the *public* who are the most deeply and vitally interested in this matter. To the profession it may be a matter of scientific interest merely, but to the public it is a matter of health and life—indeed, of life and death. It has been shown over and over again, by statistics that cannot be refuted, that diseases curable by medicine are curable in about half the time and with about half the proportional mortality by homœopathic medication; and yet the members of the medical profession connected with our Institution band themselves together to prevent the public from being healed homœopathically! The question is of vital and immediate importance to the public, and it is for them to show that they will not be deprived of such medical treatment at the bidding of the Medical Institution.

As, apparently, no member has supplied you with the result of the discussion of the question, and the voting thereon, on the 13th instant, I beg you to allow me to do so. On the 13th was the annual general meeting, and the members were asked to repudiate the stigma passed in 1859 on the homœopathic practitioners of the town. There were 50 members present, and although nearly all the old members strongly urged the repudiation, on the matter being put to the vote 24 voted for the repudiation and 26 against it; that is, a majority voted for the retention of the stigma branding the homœopathic practitioners as dishonest and disreputable men unfit to be admitted to the Institution.

It now, therefore, is imposed on the homœopathic practitioners and their patients to ascertain if the present members can legally restrict the use to a mere section of the profession of that which was given for the use of the whole. The Medical Institution and library are not a private club. The land, and £1,000, were given by the Corporation, and a large portion of the library was given for the use and benefit of the whole profession and not for those of any predominant sect.

Of course, counsel will be consulted on the matter.

Yours truly,

JOHN W. HAYWARD, M.D.

117, Grove-street, Liverpool, Jan. 27, 1887.

## THE MEDICAL PROFESSION AND THE PUBLIC.

*To the Editor of THE DAILY POST.*

SIR,—As the above-named subject is one in which all your readers are deeply interested, please allow me a small space in your valuable journal for a few remarks thereon, called for by two recent actions of the members of the Medical Institution.

On the action of the Medical Institution in the Imlach affair, it is unnecessary to say anything now, for enough has already been published thereon in both professional and lay journals. The other action is similar in character, but worse in its effects, because it is a persecution not of one medical man but of many, and not of medical men only but of their patients also; hence the fact that the public, as well as the profession, are interested in the matter.

The members of the Medical Institution seem to think themselves public censors of the medical practice and of the practitioners of the town; and they meet and sit in judgment, and pass strictures on the conduct of, and issue regulations and a code of laws for, practitioners in both their public and private capacities, as if they themselves were something superior to those members of the profession who do not belong to the Institution. Any kind of practice with which the majority of the members have failed to make themselves acquainted is by them condemned as wrong, and is branded as injurious and dangerous; and those who practise it are called "irregular practitioners" and dishonest adventurers, unfit to become members of the Institution, or to be associated with, either professionally or socially.

It will be in the memory of some of your readers that in 1859 the members of the Institution, in their righteous indignation that some of the practitioners of the town had ventured to treat diseases with homœopathic medicines, and had refused to bleed, blister, and salivate according to rule, made a new law that no such practitioner should be allowed to use the Medical Library of the town, or to enter the Institution; and that in passing this law they applied to homœopathy and its practitioners all sorts of degrading epithets; and gave it to be understood that the patients of homœopathic practitioners would be refused any professional help from them, however great or dangerous their necessity.

Now, this threat, I am in position to state, some of them actually carried out. One of them, Dr. —, refused to advise a young man who wished to consult him as to the state of his chest, because this young man was a patient of the writer's, though a substantial fee was tendered to him for his opinion. "No, certainly," he said, "he would not advise a homœopath's patient." And another, the late Dr. — was, in an emergency, called out to Huyton, to a patient with severe hemorrhage from the lung, but on ascertaining that he was a patient of the writer, he refused absolutely to go upstairs to see him; and when told that the patient appeared to be dying, he said, "Let him die, if he is a homœopath's patient." And on being asked if he would require a fee, he replied, "Yes, my usual fee is three guineas, but as I will not see the patient, I will accept two guineas." He took two guineas, and left the house.

Now, sir, should the public submit to such treatment? I think not. Let them insist on their right to have the professional assistance of

medical and surgical specialists when thought necessary, whoever is their ordinary professional attendant, and so throw on these specialists the responsibility of refusing it.

And should homœopathic practitioners any longer submit (any longer than twenty-eight years) to be denied the use of the Medical Library and the Medical Institution of the city? I think not. But as this letter has already extended to a considerable length, I hope you will allow me to offer some reasons for this at a future date.

Yours &c,

JOHN W. HAYWARD, M.D.

117, Grove-street, Liverpool, Feb. 3, 1887.

[Other articles and letters have followed, an account of which must be deferred till next month.]

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## THE LANCET' AND HOMŒOPATHY.

### SEQUEL.

THE following is the continuation of the correspondence in the *Lancet* referred to in Dr. Proctor's letter last month. We congratulate our contemporary on having the fairness to insert Dr. Dudgeon's letters. This is an improvement on its old behaviour.

### "HOMŒOPATHY."

To the Editors of THE LANCET.

SIRS,—I know not who the "Baffled Inquirer" is, nor am I at present connected with the London Homœopathic Hospital; but I know that now, as ever, the medical officers of that institution are always happy to welcome and assist any inquirer who presents himself at the hospital and conforms to its established customs. Your correspondent says he made "repeated requests to be permitted to attend in the morning and assist in taking notes and examining the patients," but that he was not allowed to do so. I imagine he would not be allowed to do this in any other hospital in London in his character of an inquiring visitor. The case might be different if he were a regular pupil. Of course, all your readers will see the unreasonableness of his request to visit and examine the patients at his own convenience; for if he were allowed to do this, why not others? And how would it fare with the patients suffering from serious acute diseases to be examined and disturbed several times a day by sceptical, or even by unprejudiced, inquirers? Nothing of the sort would be permitted in other hospitals. Why, then, should your correspondent think that it would be allowed in the Homœopathic Hospital? I imagine that his memory is not very good as regards the points of therapeutics he incidentally

mentions. As he forgets the drug that he was told had cured some cases of ovarian tumour, probably he is wrong in supposing that he was told that impetigo was cured by a solution of carbon, and that relapsing fever was best treated by natrium muriaticum. He could hardly have been informed at the British Homœopathic Society that all homœopaths studied their treatment in "Jahr's *Materia Medica*." If the "Baffled Inquirer" really wishes to inquire into homœopathy, I would recommend him to study it in such works as Dr. R. Hughes's "Pharmacodynamics" and "Therapeutics," where he will find something better than the "absurdities" which I quite believe he found in "Jahr."

As regards your own question, "Is there any other instance of all the scientific men in Europe resisting a true discovery for nearly a hundred years?" I would only remark that homœopathy is acknowledged as the truth in therapeutics, and is practised at the present moment, by upwards of 10,000 regularly educated and qualified medical men, some of whom may no doubt be considered to be "scientific men;" that it has hospitals in many European countries, and upwards of forty hospitals and lunatic asylums in the United States; that though there is only one chair of homœopathy in European Universities—viz., that at Pesth—it has colleges and universities in the less tradition-bound United States. On the whole, though we regret the attitude of the authorities of established medicine in this and other countries towards homœopathy, we make no "admission of despair and almost of failure" as regards the progress of Hahnemann's discovery.—I am, Sirs, your obedient servant,  
London, January 22nd, 1887. R. E. DUDGEON.

To the Editors of THE LANCET.

SIRS,—Many thanks for your kindly-expressed notice of my letter *in re* Homœopathy. Your readers might perhaps imagine that I was a "homœopath," but such is not the case. I am only a "puzzled inquirer," and my puzzle is not solved when I study Dr. L. Brunton's work—a text-book in almost general use; as in it I find drugs such as *pulsatilla*, *bryonia*, *ruta*, *thuja*, *cantharis*, and *dulcamara*—all recommended in small doses for various diseases! All these drugs I was brought up to believe were strictly homœopathic, but when I find them in such a work as the one mentioned I begin to wonder if there be not some mistake.—I am, Sirs, yours faithfully,

Longridge-road, S.W., January, 1887. A. G. BATEMAN.

\* \* Dr. Brunton and Mr. Bateman are, of course, free to use any drug they please. It is not the use of any particular drugs that constitutes homœopathy, and that has caused it to be condemned by the medical profession.—Ed. L.

To this Dr. Dudgeon replied :—

DR. BRUNTON AND HOMŒOPATHY.

*To the Editors of THE LANCET.*

SIRS,—You are quite right in your remark on Mr. Bateman's note that "it is not the use of any particular drugs that constitutes homœopathy;" but that is not all that we allege against Dr. Lauder Brunton in reference to his work on Pharmacology, &c. Dr. Brunton not only takes a large number of his drugs from the homœopathic materia medica, but he likewise takes his indications for the use of these drugs from homœopathic works. Where else could he derive his knowledge that pulsatilla is a remedy for acidity, diarrhœa, earache, and epididymitis; that bryonia is useful in pleurisy, pneumonia, meningitis, peritonitis, and rheumatism; that thuja is good for condylo-mata; viola tricolor and rhus toxicodendron for eczema; gold for ozœna; achillœa for uterine hæmorrhage; ignatia for hysteria, melancholia, infantile convulsions, and nervousness; and fifty other remedies and their indications strange to old physic? Dr. Brunton gives in his book a bibliographical index with lavish references about the medicines commonly used in your school, but not a single reference about the medicines which homœopathy has introduced into medical practice. Why is this? Did Dr. Brunton rediscover all these remedies and their indications for himself? I know Dr. Brunton is a very clever man who has made many experiments with drugs on many frogs, but if his researches in this field had taught him the above uses of these drugs, he would certainly have told us. So we are driven to the conclusion that Dr. Brunton has borrowed extensively from homœopathy, but has studiously withheld from his readers the source of these borrowings, and, for anything that appears to the contrary in his book, he assumes to himself all the credit of all these remedies and their indications, so strange to the practice of your school. Is this the right thing for a medical author to do? We may be a contemptible sect in the eyes of an orthodox author, but it is surely carrying cynical contempt for the rival school a little too far to "convey" a large number of their chief remedies into his book, and to conceal carefully the source whence he has taken them. Does not Dr. Brunton owe the profession some explanation of his extraordinary conduct?—I am, Sir, your obedient servant,

London, January 29th, 1887.

R. E. DUDGEON.

## SOCIETY'S MEETING.

## BRITISH HOMŒOPATHIC SOCIETY.

FIFTH Ordinary Meeting, February 3, Dr. ROTH, President, in the Chair.

Dr. NEILD read a paper entitled—

## OBSERVATIONS ON DIPHTHERIA.

Dr. NEILD said he did not propose to deal exhaustively with the subject; he only attempted to bring forward certain points in connection with the disease. He confessed that, having been brought up at the feet of the great apostle of the germ theory in this country, he had a liking for the germ theory of diphtheria. He considered that a good theory of etiology gave consistence to treatment. He mentioned the different genera of micro-organisms.

He divided diphtheria into two classes: catarrhal diphtheria, and croupous diphtheria. In the catarrhal form the symptoms are chiefly those of pains in the back and limbs, fever, lassitude, painful swallowing, but not much trouble in the throat. The mucous membrane is red, submucous membrane not much swollen, pharynx covered with spots. In about twelve to thirty-six hours the fever and other symptoms may disappear as rapidly as they came on. Otherwise, in some cases, after three or four days, there is an increase of fever. In a few hours there is rapid spreading of the membrane, and the disease assumes the croupous form. Generally the graver disease commences suddenly with fever and prostration, but a chill is not characteristic of diphtheria. The first form is only dangerous when it passes into the second. Dr. Neild mentioned a case in which the transition had occurred. The patient was a girl who had just recovered from typhoid, and was in blooming health, having returned from the country where she had been convalescing, when she was stricken down by an ulcerated sore throat. For four days there was no fever, only a flaky condition of the throat, when suddenly all the grave symptoms came on. He had not seen membranous croup *per se*; membrane on the pharynx was almost always to be found in cases of croup he had attended.

## TREATMENT.

In all fatal cases of diphtheritic croup he has had there was affection of the larynx when they came under his care. He largely attributed to the use of antiseptics his good results. He

does not think the use of antiseptics interfere with homœopathic remedies. He used at first Permanganate of Potash, but now applies eucalyptus oil, six to ten drops in half a tumbler of water, as a wash; in severe cases he paints the parts with the oil itself.

In very young children, Iodine, administered by means of a bronchitis-kettle, was good.

He had not used alcohol locally.

#### INTERNAL TREATMENT.

"What advantage hath the homœopath?" he asked; and replied, "Much every way." The action of the poison—whether germinal or other—is of little consequence when we come to the treatment, for to the effects of the poison, whatever its nature, we must oppose a similarly acting poison.

Among the medicines he had given internally were *Merc. Biniod.*, *Merc. Cyan.*, *Merc. Cor.*, *Phytol.*, and *Kali Bichrom.* The one he had used most was *Merc. Cor.*, in the 3x dilution. He had not found it to do much when there was general constitutional affection; *Merc. Cyan.* was the best when prostration was extreme. *Kali Bichrom.* he also used at times. *Belladonna* was called for in the pre-membranous stage; *Apis*, where there was much swelling. *Aconite* he always gave where there was high fever, and also used a body compress. Stimulants were very useful sometimes; but he thought they probably acted as antiseptics.

He had never seen tracheotomy do any good. He had only twelve fatal cases of the disease altogether, his experience being very extensive.

#### DISCUSSION.

Dr. HUGHES having taken the chair in place of Dr. Roth, who had to leave,

Dr. POPE opened the discussion by congratulating Dr. Neild on the interesting nature of his paper. Referring to the etiology of the disease, he said it must not be left out of sight that there is systemic as well as local poisoning.

He regretted that Dr. Neild had not differentiated more clearly between the several medicines used. He had no doubt that antiseptics were valuable, especially eucalyptus oil. Here again was an interesting fact, namely, the power of the medicines that are antiseptic when used locally to produce symptoms similar to septic disease. He called attention to the condition of the heart as showing the profound influence of the poison on the nervous system. *Merc. Cyan.* and *Lachesis*, especially *Lachesis*, have distinct relation to this condition.

Dr. EDWARD BLAKE said he had always taken a tender interest

in diphtheria. He knew from his own experience that diphtheria might arise *de novo*; it did not breed true; and one attack of it did not protect against a second. He did not approve of steaming. Those patients whom he had seen die had died of syncope, not of apnoea or suffocation. This taught him that plenty of air was a necessary thing. He did not think ice locally was good, as tending to paralysis. His brother, Dr. Gibbs Blake, had used Bromine successfully in laryngeal diphtheria. He thought the indication for *Lachesis* was a purple throat. He wished something had been said of the Paralysis. It was a descending paralysis which distinguished it from some other paralytic affections. He spoke of peripheral neuritis, and referred to Dr. Buzzard's paper, in which the prognosis of this disease was stated to be most gloomy. Dr. Blake thought it could be successfully dealt with by homœopathy.

Dr. DUDGEON said the paper was very interesting, especially on account of the heretical views the reader put forth. His (Dr. Dudgeon's) mind was not convinced of the germ origin of the disease, as there was no germ absolutely specific. The germs might be accounted a necessary product of the disease. For many years past he had never used anything else than alcohol for a local application. It seemed to clear the pharynx. But neither this nor any other application is of use in laryngeal cases. His experience was that in former times the success was smaller, or the disease severer, than at present. Formerly almost all laryngeal cases in children were fatal, but lately it was not so. He agreed with Dr. Blake that the patients died of syncope. He had known children die suddenly whilst playing about. He thought it would have been more interesting if Dr. Neild had described his cases of cure rather than his fatal cases.

Dr. GOLDSBROUGH expressed the pleasure it had given him to listen to the paper; on the subject of which he himself had read a paper before the Society some three years before. He took exception to Dr. Neild's division of diphtheria into two classes. The milder disease he did not believe to be diphtheria at all. He had seen one case of membranous croup without diphtheria of the pharynx in a child recovering from measles. Shreds of membrane were discharged for ten days. If he had known of the value of *Kali Bichrom.* in this condition at the time, he would have used it. He had had one case of death, and that was from syncope. He thought permanganate of potash preferable to eucalyptus oil, since the latter would be more likely to interfere with medicinal action. His single fatal case since he read his paper taught him that the *Cyanide of Mercury* should be freshly prepared. He wished Dr. Neild had said more of this. He had had great success with the 6x dilution. He thought pros-



tration and rapid increase of the membrane, which is especially fetid, were the leading indications. In reference to the epidemic of diarrhoea at present prevailing in London, to which Dr. Blake had referred, he had found *Podophyllum*, *Ventrum alb.* and *Arsenicum* of the greatest service.

Dr. DYCE BROWN said it was difficult to deal precisely with diphtheria, since some practitioners spoke of sore throats as diphtheritic which were not really so. We cannot get a true simile to diphtheria as a whole. He had found the *Merc. Bin.* very useful; in cases of prostration, *Merc. Cyan.* 30 had been most efficient; in milder cases *Phytolacca*; redness of the throat indicated *Belladonna*. Of local applications the permanganate of potash (which has a distinct relation to diphtheria as shown by Dr. Allen's proving) was the best. Some cases have been successfully treated with the same medicine internally. *Liquor Ferr. Perchlor.* is the other he has used, but preferred the permanganate of potash. Paralysis was a subject deserving much attention. He thought our remedies could do much for this condition.

Dr. HUGHES regretted that Dr. Neild had spent so much time on the etiology and description of the disease; and he hoped that when he next gave us a paper he would give more space to treatment. Dr. Hughes had seen one case in which death occurred from asphyxia; and in the cases of death from syncope, the syncope is often secondary to asphyxia. The history of the mercurials in the treatment of this disease is most interesting. At first the simple mercurials, and then the iodides were used. Those who have praised them most have given them low, and dry on the tongue. When he had used them in solution he had poor success. He thought the mercurials acted as antiseptics. The ordinary mercurials do not produce the depression and blood-poisoning of the *Cyanide*. He thought this the most useful of all the medicines. He had seen very little of the disease in Brighton since the town had been well drained.

Dr. KNOX SHAW remarked on tracheotomy. He had absolutely no faith in tracheotomy. If the patient has laryngeal diphtheria he will die. Regarding local applications, he had tried many. Many cases called diphtheria he would not call diphtheria. In Vienna cases came as out-patients to the clinic, and were called cases of diphtheria, and treated with a solution of corrosive sublimate 1 in 2000, which was scrubbed on the tonsils till all the deposit was cleared off. He had himself used sulphur, alcohol, and perchloride of iron, and preferred the last. He agreed with Dr. Blake that patients were sometimes killed by too much steam. He had seen patients die both of syncope and asphyxia.

Dr. BLACKLEY was sorry he had to find fault with Dr. Neild's

paper in several respects. He objected to the mild cases described by Dr. Neild being classed as diphtheria at all. He had also seen cases of genuine membranous croup unconnected with diphtheria. He had never known membranous croup assume an epidemic form. In croup it is asphyxia which is the cause of death. He had seen several cases of death from diphtheria where the disease had not spread to the larynx. He congratulated Dr. Neild on having saved all his cases when the larynx was not involved. Among antiseptics he had found a saturated solution of boracic acid in glycerine administered in the atomiser one of the best, used for ten minutes every two hours. Peroxide of hydrogen and sanitas are superior to eucalyptus oil, being more soluble. Iodine he had seen used with good effect. He asked if the provings of permanganate of potash did not give the local and the dynamic effect in the throat.

Dr. DYCE BROWN said the constitutional effects of the permanganate were very marked; there was no membrane, only offensive secretion.

Dr. BLACKLEY had seen much good from stimulants. He had seen good results from tracheotomy in desperate cases, asphyxia being immanent. He did not think it of use when the membrane was well down the trachea. In reference to catarrhal diphtheria he mentioned the case of a whole family, each of the children being affected with enlarged tonsils. The breathing was harsh; the tonsils had flaky spots. Four weeks after the first case, a second child became affected in the same way. He got well in the same time as the first—three days. A fortnight after, another had the same kind of throat, and a rash, followed by desquamation. This explained the other throats. They were cases of scarlatina. Some would have called the first cases diphtheria, if the last cast had not shown the real nature.

Dr. DYCE BROWN proposed, and Dr. TUCKEY seconded, that the discussion be adjourned. This was not carried.

Dr. KNOX SHAW said he spoke of cases where the trachea was affected, and not of those where the pharynx only was attacked. In the latter cases, he believed tracheotomy was sometimes of service.

Dr. MOIR thought there were quite enough cases of recovery from tracheotomy in diphtheria to make the operation justifiable, even when the trachea is involved. He mentioned one case that had occurred in the hospital. When the operation was performed the trachea was plugged with membrane, which it took some time to clear away. The child made a good recovery. As soon as symptoms of asphyxia come on, the operation should not be delayed.

Dr. ROBBERSON DAY had seen tracheotomy of great use, and thought it most valuable in proper cases.

Dr. JONES thought it had not been sufficiently considered that diphtheria was a constitutional disease, and that a simillimum might be found without reference to the local effects.

Dr. JAGIELSKI said Koumiss was most useful because of the presence of bacteria lactis. It was also useful in typhoid fever. The lactic acid of the koumiss also has great influence as a local spray, and has no ill effects. Electricity is also very useful. Massage had been used with success.

Dr. NEILD (in reply) was much gratified by the reception of and criticisms on his paper. He said it was very difficult to find a simillimum to the whole disease. He had used stimulants in cases of threatened heart-failure. Coldness of extremities was a symptom demanding close attention. His experience had been different from Dr. Blake's. The disease, so far as he had seen, generally spread from contagion, and bred true, but thought it possible that sometimes it was generated *de novo*. That one attack was non-protective against a second, he fully believed. He steamed cases where he could not get at the membranes in any other way. He had never seen a fatal case of diphtheritic palsy. The truth of the germ theory did not affect the treatment. He believed, with Dr. Dudgeon, that the disease had changed its type, and was milder than it used to be. Regarding the lighter forms of the disease, he thought they should be treated vigorously, or they would occasionally take to bad ways. In his opinion the hundred cases as reported by Villers were too few to prove much. He used the *Cyanide of Mercury* in the 3x.

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## EDUCATIONAL.

### THE SIN OF UNBELIEF.

BY DR. JOHN H. CLARKE,

Lecturer on Materia Medica to the L.H.H. Medical School.

*"There is a principle which is a bar against all information, which is proof against all argument, and which cannot fail to keep a man in everlasting ignorance—that principle is contempt prior to examination."*—PALEY.

*"I have said enough . . . to satisfy any who wish to be satisfied, and those who wish to be dissatisfied would probably fail to see the force of what I said, no matter how long and seriously I held forth to them."*—SAMUEL BUTLER.

To say "I believe" is a much bigger thing than to say "I don't believe." Most people, I know, are of the contrary opinion, and fancy they are saying something really great

and finally satisfying when they come down with their emphatic "I don't believe a word about it." But their grandiose emphasis proves nothing after all, and means very little. It reminds me of the ostrich "lifting herself up on high" and "scorning the horse and his rider";—the bird of whom the Book of Job says, "God hath deprived her of wisdom, neither hath He imparted to her understanding." For it requires neither wisdom nor understanding to say, and to say truthfully, "I don't believe"; but to say with meaning, "I believe," is a different thing. This implies the application of all the faculties of a reasoning creature to the subject of which it is affirmed; it implies that, after due consideration, a definite and abiding conviction has been arrived at. But "I don't believe" is often, indeed mostly, merely another way of saying, "I have not investigated, and have no intention of taking the trouble to investigate the subject: I have arrived at my conclusions in a much simpler fashion than that—on the broad grounds of prejudice and ignorance—and I have no wish to have them disturbed."

In respect to belief and unbelief in homœopathy, this is pre-eminently the case. Those who believe in it are those who have taken the trouble to investigate it and weigh the evidence that can be adduced in its favour; whilst those who lift up themselves in scorn against it have not taken a fraction of the trouble to examine it they would take, for example, if they were testing the soundness of a horse they had thoughts of buying. And it is just here that the sin of unbelief in homœopathy lies. The question is one which cannot be shirked; every practitioner and every student must sooner or later face the question—What think ye of homœopathy? There are two ways in which this question may be met—the honest, straightforward way of giving to the question as much care and attention as its greatness demands; a way which generally leads to belief. And there is the other way—the way of those who despise homœopathy before they begin to examine it, or who wish not to believe in it, and allow their wishes to warp their judgment. This is the dishonest way, and it generally leads to unbelief.

There is accumulated at the present day such a body of evidence in favour of the truth of homœopathy that no person can afford to despise it. On all hands it is admitted that many drugs have the power of removing diseased

conditions, the like of which they are capable of inducing when administered to the healthy. This being the case, the simplest canons of science demand that those who undertake to give medicines to sick people should take the trouble to assure themselves how far this rule holds good. Is it one medicine or a hundred? or is it all medicines that have this double and opposite action? These are questions not difficult to solve. But even those who appropriate homœopathic medicines by the hundred, and incorporate them with their special homœopathic indications into their text-books (without any acknowledgment of their source) will not attempt this. On the contrary, they do all they can to hinder those whom they are appointed to teach from doing this for themselves, by giving grotesque misrepresentations of the system whilst helping themselves to its fruits. These are wilfully blind leaders of the blind; and both end by falling into the ditch of unbelief.

But there is yet another form of unbelief which is scarcely less culpable, though, on the face of it, innocent enough. This is called suspension of judgment. Suspension of judgment is rather fashionable nowadays; and in itself it is not a bad thing. When the materials for forming a judgment are not complete, we are not justified in coming to a conclusion, and must suspend our judgment. But when the materials are all at our command, if we will only take the trouble to find them, and we refuse to take that trouble, suspension of judgment is only another name for unbelief. It may be that the opportunity of forming a sound judgment may only occur once; if then through indolence or over-timidty we let the opportunity go by, suspension of judgment becomes blameworthy, just as any other neglect of duty.

Suspenders of judgment often plume themselves on their superior scientific caution. But like many other things which are good in their way, caution may be overdone. I once heard of a timid youth who, when setting out on a journey by train, was strictly cautioned by his mother—little as he needed it—not to leave the carriage until the train had *quite* stopped. And when the train stopped, in order to make *quite* sure, he waited—and waited—until it started off again! *Then* he jumped out; and, as a natural consequence, measured his length on the platform! When judgment is suspended longer than is necessary, the result is apt to be similar to that which happened to this youth.

The materials of forming a judgment as to the truth or falsity of the system of Hahnemann, are so ample and so easily obtained that no intelligent person who wishes to be informed, has any excuse for remaining in doubt. There are various degrees of the sin of unbelief in homœopathy. There is that of those who don't want to believe, and refuse to do so when confronted with the most convincing evidence; there is that of those who refuse to allow the inviolable sanctum of their ignorance to be invaded by any unwelcome ray of knowledge; there is the sin of those, again, who are too indolent to form a judgment, and of those who are too timid; but in all cases the result is the same. Medical men who disbelieve in homœopathy save themselves a great deal of trouble no doubt; for homœopathy is an Art, and no more easy to acquire than other arts, and much more difficult than most. But then what becomes of their practice of administering drugs? There is no art in it that they can ever master; they grope about blindly, following now this leader and now that, and never quite sure how much good or how much harm they are doing their patients. If the practice of medicine were a trade merely, and consisted, on the approved commercial principles of our time, in selling the largest number possible of bottles of medicine, this sort of thing might have something to recommend it; but we are told that medicine is a science and an art. We call, then, on those who choose to disbelieve in homœopathy to show us wherein the art and science of drug-giving consists.

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## INSTITUTIONS.

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### LEICESTER HOMŒOPATHIC PROVIDENT DISPENSARY.

We have received a copy of the rules of this institution from the honorary secretary, Mr. J. J. Carryer, 85, Melbourne Road, Leicester, and we cordially recommend all towns which have not already done so to follow the example of Northampton and Leicester in this matter. Now that we are preaching Homœopathy to the people, it is our duty to put it within the reach of the poor. There is no better way of doing this than by the Provident Dispensary system.

## LEAGUE NOTES.

### THE LITERATURE.

THAT the League literature is proving useful in disseminating a knowledge of Homœopathy, we have evidence from various sources. There are many people who, on endeavouring to induce their friends to become converts to the new system, have felt the need of facts and figures ready to hand wherewith to demolish the arguments of the believers in the old school of medicine. The information they require the League Tracts supply, and armed with these they are able not only to hold their own, but to carry the war into the enemy's country. As an instance of what can be done in this direction, the following extract from a letter received by the Secretary of the League will perhaps be read with interest:—

“I have already told you that I have been several years a believer in Homœopathy, and I may add that, whenever an opportunity for testifying to its superiority over every other system of medicine presents itself, I always make the most of it. Being a working man (engine-driver) employed in H.M. Dockyard, I, of course, associate a great deal with the working classes, and most of my converts to Homœopathy are working people. I usually carry several of the most commonly used medicines in my pocket, by means of which I frequently cure such common complaints as colds, toothache, etc. By these means I have succeeded in causing many to believe, and I hope, by making good use of the League Tracts, that I shall get more success in the future.”

### THE LEAGUE IN AUSTRALIA.

WE hear, with pleasure, that a son of Dr. Roth, of London, in practice at Sydney, has been appointed local secretary of the League. We also learn that the League is progressing in Tasmania. The names of new members have been received from the local secretary at Launceston, and he asks that supplies of the Tracts may be sent out to him.

A demand for the Tracts has also been received from America.

## DOMESTIC.

### SOME REMARKS ON NOISES IN THE HEAD.

THERE are few things more annoying in a small way than being compelled to live within the reach of some persistent disagreeable sound. It matters little whether the originator of the sound be an amateur musician, a domestic fowl, an ill-cared-for or ill-trained dog (belonging, of course, to a neighbour), or even to a persistently pious church bell,—the effect on the nerves and the temper of the unfortunate victim is irritating to a degree. But when the trouble is all within one's own cranium, it becomes something more than an annoyance. It is possible to circumvent external noises by different devices, or, failing these, to escape from them by removal; but who can escape from his own head and ears? To have a steam engine, a tempest, a kettle, or a fly continually playing its monotonous tune and no escape from it—this is torture. Happily the resources of our art are often capable of affording a means of escape even in these trying conditions.

The human ear being an organ of very great complexity, and subject to derangement of any one of its several parts, it is not difficult to understand that sensations of different noises may be produced in many ways. The nerve of hearing, and the marvellous key-board-like instrument into which it expands (and which is analogous to the light-receiving membrane, the retina, at the back of the eye), are encased within a canal of bone—the hardest and strongest bone in the body. To this membrane sounds are conveyed through a little chamber (the tympanum or tympanic cavity) which is closed at one side by the drum of the ear (the tympanic membrane) and which is open on another side and communicates by a tube, called the Eustachian tube, with the throat. Crossing the chamber is a chain of bones, jointed together and worked by tiny muscles. The prominent lump of bone behind the ear lobe contains little hollow cells which are resonance boxes. Leading to the drum of the ear is the outer ear passage which children are apt to imagine was intended by nature for the reception of peas, beans, slate pencils, and such like articles. Then the ear is supplied with blood in the usual way, and is, besides, in close proximity to the large blood-vessels which go to supply the head.



From this rough account of the organ of hearing it will be seen that the probabilities of interference with the transmission of sounds, and of the generations of abnormal sounds are very many.

As in the case of the eye, flashes of light that have no actual existence may be seen by persons who have disease of the retina, so the sensation of sounds that do not really exist may be perceived by persons who suffer from disease of, or injury to, the nerve of hearing. Then the tympanic cavity may be at fault; the tube leading from this to the throat may be blocked, as it often is in a common cold, producing an alteration in the air pressure within the cavity, and often deafness and noises; the chamber itself may be affected, filled with mucus, or with matter, if inflamed; the bones may be affected with disease, and the muscles may act abnormally. Any one of these conditions is capable of causing abnormal sounds to be perceived. Again, the outer tube of the ear may have foreign substances, or plugs of wax pressing on the drum (or more properly speaking the drum-head), and causing sounds; as when water finds its way into the ear whilst bathing, or when foreign substances are put into the ear in play. Finally, it has been recently pointed out by Dr. Cooper that ear affections and the sensation of abnormal noises may be produced by a general mal-nutrition of the blood-vessels throughout the body, affecting the ear in this special way.

We will now turn to another exciting cause of noises in the head. Most persons have taken quinine or bark at some period of their lives; and a considerable percentage of these will have noticed that whilst taking the drug their hearing became defective, and they had extremely unpleasant ringing or roaring sounds in their heads. Usually these symptoms have passed off when the administration of the drug was discontinued; but in certain cases they have unhappily proved permanent. With another drug that has been much used of late, salicylic acid and its combination with soda, the heavy dosings of the old school have afforded valuable observations for ours. Most patients who are taking either the salicylic acid or the salicylate of soda complain of symptoms very like those produced by quinine—persistent ringing and roaring in the ears, with deafness and giddiness. Another substance, carbon bisulphide, which is used largely in the manufacture of india-

rubber, occasions in the work-people a variety of symptoms, among which ringing and buzzing in the ears, or a sound like the wind or eolian harp, and also deafness, are prominent. Digitalis produces a hissing noise; and, in the homœopathic provings of Graphites, roaring and thundering noises are recorded, with deafness which is better when there is an actual noise going on, as, for instance, when riding in a railway train.

Of course, as homœopaths we are able to turn all these facts to very good purpose. But it was not a homœopath who first used salicylate of soda for noises in the head. Dr. Gowers, of University College, appears on one occasion to have been inspired with the spirit of homœopathy; for after observing the drug make the patients to whom he was giving it suffer from noises in the head, giddiness and deafness, it occurred to him that he might give this very drug to other patients suffering from giddiness, deafness, and noises in the head—the disease known as auditory nerve vertigo, or Menière's disease. And he found they all improved marvellously; but not having the sense or the courage to adopt the smaller dosings of the homœopaths as well as their method of selecting the drug, the improvement did not become permanent. Homœopaths have followed his example in using the drug, and have a much more brilliant record to boast of, since they do not give persistently sufficiently large doses to produce the disease if it is not already there. The 3x dilution of salicylate of soda in drop doses, three or four times a day, is sufficient to relieve almost any case of the kind.

*(To be concluded.)*

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## Obituary.

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DUNCAN MATHESON, L.R.C.P. EDIN.

By the lamented death of Dr. Matheson, Homœopathy in London loses one of its most prominent supporters, and medicine one of its most kindly and genial practitioners. He was one of those men of great personality who must excel in whatever walk of life they tread; and the powerful mental grasp he took of facts bearing on any subject which engaged his attention, and his intuitive quickness and decision of character could not

have had a better field for their exercise than the profession he adopted.

Dr. Matheson possessed a commanding presence, and his friends knew that under that goodly exterior there beat a heart full of gentle thoughts and generous impulses. He was born in the Island of Skye, and spent his childhood there. His inclination soon turned towards the profession of medicine, and he went to Edinburgh and studied at the University. In 1852 he became a licentiate of the College of Surgeons of Glasgow, and he practised in the county of Durham for many years. Amid the hard work among a mining population he developed those qualities of self-reliance and promptitude which were perhaps among the chief causes of his after success. On the death of Mr. Elliot some years afterwards he again followed him in practice, and established himself in Newcastle-on-Tyne as a homœopathic physician, having taken the licentiateship of the Royal College of Physicians of Edinburgh.

In Newcastle, Dr. Matheson for many years carried on a large and remunerative practice, and was greatly respected and beloved by all who knew him. The climate of the North of England caused him to suffer greatly from neuralgia, and on the death of his first wife he came to London in 1875 as colleague of the late Dr. Bayes. At Newcastle he had made a special study of the diseases of women, and soon after his arrival in London he was appointed physician in charge of that speciality at the London Homœopathic Hospital—an appointment which, however, he resigned in less than a year. Dr. Matheson was extremely successful also in his London practice, and was soon surrounded by a large *clientèle* of fashionable patients, and by an ever-widening circle of attached friends. His second wife died in 1884, and in December, 1885, he married a third time a lady who lives to mourn his loss after little more than a year of wedded happiness. The end was somewhat sudden. On January 31st he complained of having caught a severe cold while making a professional journey into the country, but as he was subject to such feverish attacks neither he nor his friends attached any great importance to the symptoms. On February 4th, he felt so much better that he walked into another room and remained there for the day, and it was only late that night that acute inflammation of the right lung rapidly developed itself. His constitution was but ill-fitted to contend against this disease, and on the evening of the 5th he passed quietly away. Dr. Matheson was a Fellow of the British Homœopathic Society, and was the author of several books and pamphlets on Homœopathy, and on diseases of women. He was also a member of the Gynæcological Society, into which he was elected, though he avowed himself a homœopath. Dr. Matheson was fifty-six years of age.

## GENERAL CORRESPONDENCE.

## HOMŒOPATHY AND THE JUBILEE.

*To the Editor of the HOMŒOPATHIC WORLD.*

DEAR SIR,—Can no use be made of the Jubilee year in promoting the cause of Homœopathy? It would be one of the noblest and most beneficent results of this auspicious event, if something could be done towards promoting a college of Homœopathic medicine, with professors of all branches of science connected with the healing art, and with the power of granting diplomas and conferring degrees in medicine; and surely it would be a great boon to medical students, devoting themselves to this system of medicine, to be saved from the necessity of loading their brains and memories with all the rubbish of Allopathic therapeutics, which I presume they are now compelled to do, in order to obtain their diploma and licence to practice.

I have for some time been meditating on an idea that occurred to me some years ago, namely, that the Homœopathic law is only a particular instance of a *universal remedial law*; ruling, not only in this limited sphere that is concerned with the ills that *flesh* is heir to, but also in the province of morals, as well as in the spiritual domain—if these two may be separated, and are not one and the same thing; and I propose at some time to work out this idea to the best of my ability.

Allow me to give a hint regarding the words therapeutics and therapeutic occurring in Tract No 1 of the Homœopathic League. Although as familiar as household words to the profession, they are no doubt strange and incomprehensible words to the million, to whom of course the appeal of the League is made. I would therefore advise that either “healing art” should be substituted, or that the words should be explained to mean this. We are too liable to take it for granted that the meaning of words familiar to ourselves, is understood by everybody.—Yours truly,

F. H. BRETT.

Carsington Rectory, Wirksworth, Derby, Jan. 25, 1887.

## AN OPENING FOR A PRACTITIONER.

*To the Editor of the HOMŒOPATHIC WORLD.*

SIR,—There is a large manufacturing town in the West Riding of Yorkshire called Bradford, with a population of about 200,000 people, which has been without a Homœopathic practitioner for the last eight months, and since Dr. M. Wilkins Gutteridge left

for Tasmania. So far no one has had sufficient courage to come and settle here, and try to make what, with the number of believers in homœopathy who do reside in the neighbourhood, should be a good practice in a few years.

Do you or any of your readers know any eligible gentleman who is willing to work and will persevere for a time? It is certain that he will ultimately be successful in getting together a practice not to be despised, if he will only venture to come here.

If you will kindly put any one in communication with me, I will gladly give him what information I can. Enclosed is my card.—Yours, &c.,  
A HOMŒOPATH.

Bradford, January 27, 1887.

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## MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Baker (R. C.).** A Guide to the Examination of the Nose, with Remarks on the Diagnosis and Diseases of the Nasal Cavities. With Illustrations. 12mo, pp. 168. (New York. 10s.)
- Braithwaite (J.).** The Retrospect of Medicine. Vol. 94. 12mo. (Simplin. 6s. 6d.)
- Creighton (C.).** Illustrations of Unconscious Memory in Disease: Including a Theory of Alternatives. 12mo, pp. 212. (New York. 7s. 6d.)
- Flint (A.).** A Treatise on the Principles and Practice of Medicine. 6th ed., revised and largely re-written by the Author, assisted by Wm. H. Welch. 8vo, pp. 1,160. (Churchill. 26s.)
- Fox (L. W.) and Gould (G. M.).** Diseases of the Eye: Including Refraction and Surgical Operations. 12mo, pp. 150. (Philadelphia. 5s.)
- Handbook for the Instruction of Attendants on the Insane.** 12mo, pp. 187. (Boston. 8s. 6d.)
- Hartshorne (H.).** A Household Manual of Medicine, Surgery, Nursing, and Hygiene for Daily Use in the Preservation of Health and Care of the Sick and Injured. With an Introductory Outline of Anatomy and Physiology. With 8 Plates and nearly 900 Woodcut Illustrations. Roy. 8vo, hf.-bd., pp. 950. (Low. 21s.)
- King (A. F. A.).** A Manual of Obstetrics. With 102 Illustrations. 8rd. ed. Post 8vo, pp. 402. (Churchill. 12s.)
- Macnamara (C. N.).** Diseases of Bones and Joints. 8rd. ed. 8vo, pp. 358. (Churchill. 12s.)
- Maguire (D.).** The Art of Massage. 4th ed., revised and enlarged. Post 8vo, pp. 112. (Hamilton. 5s.)
- Murrell (W.).** Massage as a Mode of Treatment. 2nd ed. Post 8vo, pp. 106. (Lewis. 8s. 6d.)
- What to Do in Cases of Poisoning. 5th ed. 32mo. (Lewis. 8s. 6d.)
- Porter (J. H.).** The Surgeon's Pocket-Book: An Essay on the Best Treatment of Wounded in War. 8rd ed., revised and edited by Brigade-Surgeon C. H. Y. Godwin. Sq. bds., pp. 254. (Griffin. 7s. 6d.)
- Richardson (J.).** A Practical Treatise on Mechanical Dentistry. 4th ed. Revised and enlarged. With 458 Illustrations. Roy. 8vo, pp. 700. (Churchill. 21s.)
- Ross (J.)** On Aphasia. Being a Contribution to the Subject of the Dissolution of Speech from Cerebral Disease. 8vo, pp. 123. (Churchill. 4s. 6d.)
- Stille (A.) and Marsch (J. M.).** The National Dispensatory. 4th ed., revised and improved. With 311 Illustrations. Roy. 8vo. (Churchill. 96s.)
- Thomson's Conspectus.** Adapted to the British Pharmacopœia of 1885. Edited by Nestor Tirard. New ed., with an Appendix. 18mo, pp. 272. (Longmans. 6s.)
- Westminster Hospital Reports (The).** Vol. 2. 8vo, pp. 278. (Churchill. 6s.)

## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, St. George's Terrace, Gloucester Road, South Kensington, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We always go early to press, and would therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

Dr. JOHN WALTHER, Eastbourne, writes to say that he has secured the help of Dr. A. H. Croucher in his practice.

## CORRESPONDENTS.

Communications received from Dr. Dudgeon, London; Dr. Clifton, Northampton; Dr. Moore, Liverpool; the Rev. F. H. Brett, Wirksworth; Mr. J. T. Ealyard, Shipley; Dr. Dake, Nashville; Dr. Roth, London; Dr. J. W. Hayward, Liverpool; Dr. de Noë Walker, London; Mr. J. Joshua Carryer, Leicester; Dr. Simpson, Glasgow; Dr. Harmer

Smith, Guildford; Dr. Salkari Dey, Calcutta; Dr. Neild, Tunbridge Wells.

## BOOKS AND JOURNALS RECEIVED.

Zoophilist. — Allgemeine Homœopathische Zeitung. — Monatsblätter. — La Reforma Medica. — St. Louis Periscope (November). — Clinique. — Monthly Homœopathic Review. — United States Medical Investigator. — Revista Omeopatica. — New York Medical Times. — Hahnemannian Monthly. — Revista General de Homœopathica. — California Homœopath. — Medical Advance. — L'Art Médical. — L'Union Homœopathique. — Medical Counsellor. — American Homœopathist. — La Homeopatia. — Homœopathic Journal of Obstetrics. — New York Medical Times. — Medical Era. — New England Medical Gazette. — Medical Annals. — Bibliothèque Homœopathique. — Medical Visitor. — The Medical Annual. — Seventh Annual Report of Society for Prevention of Blindness. — How to Preserve the Eyesight. — Notes on Consumption and its Treatment by Dr. Morriison. — Catalogue of the Woodhouse and Rawdon Electrical Supply Company. — Omeopatia Hahnemanniana by Dr. Attilo Mattoli. — Report of Calcutta Homœopathic Charitable Dispensary.

# THE HOMŒOPATHIC WORLD.

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APRIL 1, 1887.

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## THE LEAGUE.

THE League has now been in existence for about a year, and during that time it has issued the following tracts:—

- 1.—Why should the Friends of Homœopathy form a League?
- 2.—What is Homœopathy?
- 3.—Origin of Homœopathy.
- 4.—Hahnemann's achievements in Medicine and the Allied Sciences.
- 5.—Statistics of Homœopathy.
- 6.—Persecutions of Homœopathy.
- 7.—Testimony of Opponents in Favour of Homœopathy and its Founder.
- 8.—Influence of Homœopathy on Ordinary Practice.
- 9.—Allopathy Judged by its Professors.
- 10.—Eminent Physicians who have embraced Homœopathy.
- 11.—Official Trials of Homœopathy.
- 12.—Dangers of Modern Medicine.

We are aware that when the question of forming the League was first mooted, the idea did not meet with the approval of some of our colleagues, who feared that the action proposed to be taken would be considered unprofessional, and would tend to increase the bitter feeling unhappily entertained by the members of the old school of medicine towards the members of the new school. They further were of opinion that the League would be held by our opponents to be merely a medium for advertising the names of certain homœopathic practitioners. The promoters of the League, of course, hastened to assure their colleagues that their

fears were unfounded, and if those of our colleagues who have not yet read the Tracts will now peruse them, they will find that they are not written in any captious spirit, but contain "a round, unvarnished tale" of Homœopathy, its history and its persecutions. Further, in order to avoid any grounds for stating that the League has been formed for advertising purposes, all names have been carefully excluded from the Tracts, except that of the Secretary, who is a layman.

As has already been stated in these pages, the object of the League is simply to enlighten the public, who, for the most part, are as deplorably ignorant of what Homœopathy is, as their medical advisers are, with few exceptions.\* The Tracts, therefore, place the plain facts before the public, and if they do not convince all those who read them, they cannot fail to make the reader look with more respect upon the system than he has hitherto done. We presume that it is the wish of every Homœopathic physician that the law of similars shall become widely known and eventually generally adopted. But those do *not* "serve who only stand and wait." We therefore invite those medical men, who have as yet held aloof from the League, to set aside any misgivings they may have, and assist in the good work of spreading the League literature far and wide.

\* An instance of this ignorance of Homœopathy, we may mention that recently on a lady incidentally remarking to a friend that her late husband was a homœopathic medical man, she was met with the reply, "Indeed, I thought he was a *physician!*"



## NOTES.

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### THE MEDICAL PROFESSION AND THE PUBLIC.

DR. JOHN W. HAYWARD has followed up the bigoted action of the Medical Institution of Liverpool by a series of letters in the lay press which cannot fail to have done much good to the cause of homœopathy. And we are very glad to see that the lay press have well seconded Dr. Hayward's spirited appeals to the people. In an article entitled "What my doctor thinks," in the *Liverpool Review* of February 10, the imaginary interviewer addresses the doctor as follows:—

"You know very well, doctor, that I am no more a homœopath than you are, but to an outsider this exclusion savours of narrowness and intolerance. Do you consider Drs. Drysdale, Moore, Hayward, and the others, unfit to associate with you in a medical society? As a general scientist I suppose Dr. Drysdale is ahead of the four hundred?"

After a vain attempt to parry this plain question, the speaker drives his point home and gets his reply:—

"Why won't you admit homœopaths?"

"Because," said my doctor, "we are not going to confess that we are in the wrong."

The *Liverpool Courier*, January 29, writes of homœopathy in this sensible strain:—

"It must be admitted that a system of medical treatment which has stood the test of half a century's practice, and has developed in public favour during this long experience, is something more than mere empiricism. This is practically the view which the Mayor of Liverpool takes in regard to homœopathy. Having been fifty years practised under circumstances which leave its methods open to the general view, and having survived all the attacks of opponents and all the tests applied by scientists of other professional schools, homœopathy may be considered as a firmly established medical principle, whether or not it possesses any advantages over other systems."

The best thing that can happen to homœopathy is for its opponents to try persecution.

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### LIVERPOOL AND THE LEAGUE.

At the last meeting of the Liverpool Medical and Chirur-

gical Society (homœopathic), the question whether the Society as a body should give the League its support came on for discussion. A correspondent in Liverpool sends us the following account of the outcome of the meeting :—

“I promised to let you know the result of our discussion on ‘The Homœopathic League and Homœopathic Directory, shall we support them?’ It came off on Thursday, 3rd instant, and the result was, ‘Yes;’ that is, that the Directory is issued by tradesmen for trade purposes, and as it contains nothing dishonourable or in any way of puff to the practitioners; and as it is issued and some names are in it, it would be dishonourable for other practitioners to refuse their names.

“As to the League. It should be an affair of the public. The profession were justified in giving it birth; but should leave it to the public as soon and as much as possible.”

We are very glad to find our Liverpool brethren take such a sensible view of these matters. Their views regarding the League coincide exactly with those of its promoters, and we may now expect a solid accession to its ranks from Liverpool. We have a lay president in that staunch friend of homœopathy, Lord Ebury, a lay treasurer, a lay secretary; we have lay committeemen, and the hon. sec. is only waiting for a lay volunteer to relieve him of his duties in order that he may retire from his post.

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#### GOLDEN BREAD AND MILLING ASSOCIATION.

SOME time ago we noticed a pamphlet by Mrs. Dance on “Bread and Milling.” Since then we have had an opportunity, through Mrs. Dance’s kindness, of testing the qualities of her bread, and our experience of it was such as to make us wish it could be placed in the general market. We are happy to observe that measures are now being taken to render this possible, as will be seen by the following circular issued by Mrs. Dance :—

“I venture to bring under your notice a Benevolent Association, formed for the purpose of placing within the reach of the public the most nourishing and pure Whole Meal Bread which has yet been made. It is called Golden on account of the colour which distinguishes it from other preparations of so-called Whole Meal Bread, and on account of its purity and its value to the human constitution. It is made without the use of yeast or baking powder. Its advantages are explained in the accompanying description. Several patents for its manufacture have been taken out and registered, and will be worked by a Limited Liability Company, of which the shares are fixed at £1 each. The Chair-

man of the Association is Lord Mount-Temple, of Broadlands, Hampshire, and the Treasurer is Mr. Edward Clifford, 52, Wigmore Street. You are requested to inform me whether you will have the kindness to join this Association, and if so, to what extent you will become a shareholder. An account has been opened at Messrs. Coutts & Co., for the Golden Bread Association.

K. DANCE, *Secretary.*

We wish the Company every success. We may add that the German Government are likely to take up the bread, Professor Fresenius having tested chemically, and reported on it most favourably.

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#### HAHNEMANN DINNER.

THE Hon. Secretary of the British Homœopathic Society informs us that the Hahnemann dinner will take place at 6 for 6.45 on Wednesday, April 18th, in the Victoria Hall of the Criterion Restaurant. A choice programme of glees, madrigals, &c., will be rendered during the evening by a select choir under the direction of Mr. Richard Mackway.

All applications for tickets should be made as soon as possible, direct to Dr. Galley Blackley (2, Gordon Street, W.C.), and accompanied, if possible, by postal orders for the amount (seven shillings and sixpence).

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#### SPAIN.

SPAIN is taking a noble lead among Continental nations in the spread of Hahnemann's reform. Our Spanish *confrères* have taken up the League with an enthusiasm worthy of all praise. The fifth local secretary has been appointed in the person of Dr. Marcial Pereira, of Pontevedra, Vigo. The second of the League tracts has already been translated into Spanish, and is now published. We understand that there is a probability of a Homœopathic Congress being held shortly at Barcelona, where an International Exposition is being held. Any brethren of the faith, from this or other countries, who could be present would be welcomed with Spanish hospitality.

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#### QUITE TOUCHING!

WE have heard of many votes of sympathy, but we do

not remember ever before hearing of one body of men publicly proclaiming their sympathy with another body of men who had made geese of themselves. However, we are told, "birds of a feather flock together," and we see no reason why they should not sympathize; and it must have been deeply comforting to the soul of Dr. John Hawksley, late senior Consulting Physician to Margaret Street Infirmary for Consumption, and his retiring colleagues in distress, when they found themselves caught in the trap which they had set for others, to receive a resolution of sympathy from the Medical Board of the North London Hospital for Consumption. Doubtless the members of the latter Board would have acted in the same way as those with whom they sympathize, under similar circumstances. We wish them a speedy opportunity of following the example they so warmly approve.

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## ORIGINAL COMMUNICATIONS.

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### CASE ILLUSTRATING THE ACTION OF HYDRASTIS CANADENSIS IN EAR DISEASE, AND PICRATE OF IRON IN WARTY GROWTHS.

BY DR. COOPER.

BERTHA C——, aged 22, residing in Pimlico, was admitted under me Feb. 4, 1882, with deafness from ulceration in both ears. Without going into details, I may state that *Hydrastis* 3rd dec. was given, and a lotion as well of *Tincture of Hydrastis*, five drops to a drachm each of *Glycerine* and water. The history pointed to there having been discharges from the right ear as a child, and in the left for some four years. The patient remained under treatment till June, 1882, and then ceased attending with the hearing but slightly improved. The case was not at the time considered particularly successful, but on Dec. 4 last she returned, saying that her hearing had remained quite good until she went bathing in September, and then the right ear began again discharging after much pain. What was particularly noticeable, however, was the number of warts on her right hand, which had been coming for six months. They cause much pain and inconvenience, especially at night and when shaking hands. The warts are chiefly on

the posterior aspect and sides of the first phalanges of the middle, ring, and little fingers, and besides these there are a number of corns on the feet, and a large wart on the side of the right great toe. *Ferrum Picr.* 3x, one drop in three doses every day, was given, and in three weeks the warts had entirely disappeared from the hand, and the smaller corns from the feet. The larger corns had not gone away. I have shown in my paper on Gout and Ear Disease, read at the Congress at Basle last autumn, that the *Picrate of Iron* causes a feeling as if a wart were forming on the outer side of first phalanx of right thumb as well as upon corresponding great toe; and this, of course, was my reason for prescribing it. Numbers of times have patients taking the *Picrate* remarked to me a noticeable alleviation of the pains of corns on the feet; this quite accords with what we might expect from its homœopathic relationship. Dr. J. H. Clarke saw the above patient, and can testify to the efficacy of the prescription.

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### EUPHORBIA PEPLUS—A GOOD THROAT REMEDY.

By J. COMPTON BURNET, M.D.

SOME two years since I was whiling away the time at a country railway station, waiting for the next train, and out of curiosity chewed small portions of the *Euphorbia Peplus* that I plucked off the bank. *I got a sore throat.* Some time thereafter I was strolling about in a garden, and the little weed caught my eye again; I chewed some of it, and *got a sore throat.* Later still I was in the country and was walking in a friend's garden with a clergyman who asked me to explain homœopathy to him, and I chanced to see my little weed at the moment, and plucking some I requested him to chew it, doing the same myself. *It made his throat sore, and mine also.* Now, said I, if you ever get a sore throat like that which that weed has caused in you, *Euphorbia Peplus* will cure it: that is homœopathy.

February 1, 1887.—A lady came to me with a sore throat—just simple inflammation with swelling and painful deglutition. *Euphorbia Peplus* 3x, three drops in water every four hours. The sore throat disappeared at once, she subsequently informed me. I have had several similar cases.

London, March 5, 1887.

FURTHER NOTES ON THE  
USE AND ABUSE OF TOBACCO.

BY DR. A. DE NOË WALKER.

In a short article on the above subject published in the last number of the HOMŒOPATHIC WORLD, it was stated that as a prophylactic against sunstroke, tobacco is absolutely specific. The said article has merited the attention of G. A. Cross, Esq., the accomplished secretary of the London Homœopathic Hospital. In a communication just received he writes :

“ A perusal of your article on the use and abuse of tobacco has reminded me of two passages in the Hon. Harold Finch-Hatton's *Advance Australia*, which would appear to afford strong confirmation of your statement that tobacco is absolutely specific as a prophylactic against sunstroke. The two passages in *Advance Australia*, refer to Queensland, and without relation to each other, so far as the author's intention is concerned ; the first appearing on p. 49, the second on p. 306. They are as follows :

“ ‘ Bushmen ’ (colonists), as a race, are probably the heaviest smokers in existence. The tobacco they smoke is very good and very strong, mostly manufactured in America, and known as fig-tobacco. A “ fig ” a day, or just short of an ounce, is a common allowance, but a bushman's pipe is never out of his mouth.’

“ At p. 306 he says, ‘ The thermometer runs up to 90° in the shade, in the middle of the day, in the summer months ; though in some few days it is much higher. I have seen it run up to 120° in the shade of a back verandah, and 176° in the sun ; but I have never felt the slightest ill effects from going out and working all day in the sun, with no more covering for my head than an old felt hat. Sunstroke in the bush is unknown, though I have seen men working all day in a brick-kiln, when there was not a breath of air, with a vertical sun over their heads, and no protection but a workman's linen cap.’

“ Mr. Finch-Hatton was himself a ‘ bushman ’ and a smoker.”

I may add that the only two officers of my regiment who died of sunstroke were non-smokers. One, the officer commanding the regiment at the storming of Ching-Kiang-Fou on the 21st of June, 1844, when I, with the Grenadier company, supported and followed hard after Lieutenant Cuddey of the 55th, who led the forlorn hope ; and a young lieutenant who died of sunstroke in the Punjab.

The best material precaution against the direct action and effects of the sun's rays on the cerebral masses, is some thick leaf of some kind, *e.g.*, a cabbage or plantain leaf; or if nothing better is at hand, two or three handfuls of grass; placed inside the hat or helmet.

Finally, Mr. Editor, let me warn some of your readers that the best of things may be abused, and that after forty years of age, smoking frequently causes an intermittent pulse, and then, if the abuse is persevered in, all the signs and symptoms of dilatation of the left ventricle will ensue.

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### THE MARGARET STREET INFIRMARY FOR CONSUMPTION.

IN spite of the pathetic appeal of Dr. Thos. Hawksley, who writes to the *British Medical Journal* of March 5th, begging the medical press to take up the cause of the defeated, the medical press (as a rule little loath to join in a persecution of homœopathy) has maintained a discreet silence in regard to the recent affair at the Margaret Street Infirmary and the resignation of the staff. In vain does the leader of the resigners give an entirely wrong account of the meeting that took place and of its results; in vain does he say, "We hope to learn from our professional brethren that we have done our duty"—a point on which he does not seem to be at all sure—the *British Medical Journal* will tell him nothing of the kind.

We cannot forbear to quote a passage from Dr. Hawksley's letter, which is a perfect miracle of stupidity and dunder-headedness, and pretty fairly exemplifies the workings of the ordinary allopathic mind on the subject of homœopathy. Dr. Hawksley says:—

"The cause [of the resignation] was the adoption by a special meeting of the governors of the institution of a resolution, which made it lawful for a professed homœopath to take and hold office on the staff. We felt that it was impossible to accept such a resolution; first, because our own common sense, our knowledge, and experience, assure us that the distinctive title proposed for admission implies an absurdity. We know that the art and science of medicine rest on a basis much too wide and recondite to be comprehended in a formula so narrow and inductively unproven as *Similia similibus*. And then to accept the brazen blare of the trumpeter of one sect would be to open the door for others, so that any institution proposing to work in the quiet and laborious field of true scientific knowledge and experience would find itself invaded and broken up by all sorts of wild theorists and hunters after notoriety."

The only assistance the *Journal* gave to Dr. Hawksley and his colleagues in distress was to refuse insertion to a reply sent to his foolish letter.

The only one of the medical journals which has given any

real attention to the matter is the *Medical Press*, which has also had the courage and the honesty to insert letters from both sides. The following reply of Dr. Dudgeon to the leading article of the *Medical Press* will be read with interest :—

#### HOMŒOPATHY AT THE INFIRMARY FOR CONSUMPTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I beg to submit that you have been wrongly informed with respect to the vote of the governors of the Infirmary for Consumption on the 16th February. The two medical officers whose resignation it was endeavoured to procure had certainly been treating their patients for some years with homœopathic remedies, but they neither “assumed nor accepted any designation implying the adoption of a special mode of treatment.” They never told the patients that the remedies they prescribed, and which were dispensed in the Infirmary were homœopathic, *i.e.*, selected according to the homœopathic rule. They merely exercised the inalienable right of all medical men to prescribe the remedies they considered to be best for their patients. They certainly believed that the method they employed was corroborated by “fact, reason, and theory,” and this belief they shared with upwards of 10,000 qualified medical men in all parts of the world. The only semblance of a ground for asserting that they assumed any special designation, was that their names appear in the so-called “Homœopathic Directory.” But the work bearing this title is merely an unauthorized list of a Liverpool chemist, which gives the names of the medical men he supposes to be favourable to homœopathy, but which has no special character whatever, and it is ludicrously incorrect, both as to the names it contains and the names it omits, and no body or adherent of the homœopathic school has anything to do with its compilation or publication. So far are the medical adherents of the homœopathic school from adopting any special designation that the British Homœopathic Society, to which both these gentlemen belong, has a law which visits with the penalty of expulsion any member who assumes a designation implying that he adopts any particular method of treatment. The amendment which I proposed, and which the meeting adopted, merely states: 1. “That any attempt to limit the liberty of opinion or practice of the medical officers is not sanctioned by the laws of the Infirmary.” This is absolutely true, and I believe I am correct in saying that no hospital or dispensary in Britain sanctions by its laws any limitation of the liberty of opinion or practice of its medical officers. 2. That such attempt “is prejudicial to the interests of the Infirmary.” This also is undeniably true. Homœopathic treatment had been practised in the Infirmary for about eight years without the slightest disturbance of the harmony and well-being of the Institution, and it was not until this attempt was made to interfere with the liberty of action of those who were quietly and inoffensively exercising their right to treat their patients according to their conscientious convictions, that the friction began which terminated in the resignation of seven of the medical officers, and the withdrawal of some of the subscribers from the Infirmary. 3. That the attempt “was opposed to the spirit of the Medical Act.” This, too, is indis-



putable, for Clause XXIII. of that Act explicitly forbids examining bodies to interfere with the medical theories of candidates, and thus implicitly protects the holders of diverse medical theories from being persecuted by their differently-thinking colleagues. Again, the College of Physicians in their resolution of 1881, to which you refer, expressly states that "it has no desire to fetter the opinions of any of its members with respect to the theories of medical practice they may adopt." The vote of the governors must be looked upon not as an expression of their opinion as to the value or otherwise of homœopathic treatment, but as an emphatic protest against the attempt to effect an alteration of the laws and constitution of the Infirmary, by giving the lay supporters of the Institution the right to dictate to their medical officers how they shall treat their patients. My amendment, in which homœopathy is not alluded to, was entirely in the interests and for the protection of the freedom of opinion of the medical profession. If the bulk of the medical profession disapprove of this successful effort to defend the rights and liberties of the medical staff of a public Institution, by implication they approve the attempt to limit liberty of opinion and action without which no progress in science is possible; in that case, they should abandon their claim to be members of a *liberal* and *scientific* profession.

I think you are mistaken in asserting that the College of Physicians could withdraw their diploma from a member for derogating from the code of medical ethics above laid down. By the way, you have omitted to lay down any code of ethics, nor does the College of Physicians in reference to practitioners of homœopathy, as far as I know. If they think they have any power to withdraw their diploma from their members who countenance homœopathy they had better begin with their own examiner in *materia medica*, Dr. Lauder Brunton, whose "Text-book of Pharmacology," contains about 50 per cent. of homœopathic treatment, as I have elsewhere shown. Do you not think it is about time your party abandoned the fiction of calling yourselves "orthodox" practitioners? It is difficult to conceive of an orthodoxy without a creed or principle of some kind; but your "school" has hitherto failed to formulate a creed of any kind, and your foremost men acknowledge that you have no principles.

Your obedient servant,

London, 10th March.

R. E. DUDGEON.

#### DR. DUDGEON'S SPEECH.

WE were unable to give a report of the Special General Meeting of the Governors of the Infirmary for Consumption, on the 16th February, in our March number, but as the subject still continues to be interesting, we have asked Dr. Dudgeon to furnish us with the remarks he made on that occasion. Dr. Dudgeon says that it is difficult for him in cold blood to recall the exact words he used in the heat of an animated and exciting debate, but he has endeavoured to give the substance of his observations to the best of his recollection.

The motion to which he replied was as follows:

"It having been proved that Drs. Jagielski and Marsh have treated

patients of the Infirmary homœopathically, that Dr. Jagielski's name appears in the Homœopathic Directory, that Dr. Marsh is on the staff of the London Homœopathic Hospital, these gentlemen be requested to resign their position on the staff of the Infirmary."

Dr. Dudgeon said he wondered that after the vote of censure which had been passed at the Annual Meeting of the Governors on the 26th January on the Executive Committee for attempting to interfere with the practice of their medical officers, and for calling on them to resign, they should come before the meeting with this motion, which was simply re-opening the question that had been settled at the Annual Meeting. It was said that the medical treatment in the Infirmary had hitherto been conducted on generally recognized principles. He had been in the medical profession upwards of half a century, and did not know of any generally recognized principles. To take a concrete case, he would instance the treatment of pneumonia or inflammation of the lungs. When he first commenced practice the usual treatment was blood-letting; that was followed by tartar emetic and blisters; then the disease was treated by stimulants; still later, the treatment recommended in Von Ziemssen's Cyclopædia was to plunge the patient into a cold bath, and, to make it more comfortable for him, a few lumps of ice were added until his temperature was reduced; then they had hot jacket poultices and nourishing diet; and the Professor of Therapeutics in University College, Dr. Sidney Ringer, and Dr. Lauder Brunton, of Bartholomew's, the Examiner in Materia Medica to the London Royal College of Physicians, in their works on Therapeutics, recommended a treatment with *aconite*, *bryonia*, and *phosphorus*, which every one present, he doubted not, recognized as the ordinary homœopathic treatment of that disease. Which of these was the generally recognized treatment? Medical treatment varied from decade to decade, and was more regulated by fashion and caprice than by science. What was lauded at one period was denounced and derided a few years later. Would they say that their officers might adopt any of the methods he had mentioned, except the homœopathic? And yet the homœopathic treatment, as he had shown, was recommended by two of the most illustrious authorities of the old school in their writings. It would be monstrous to allow the treatment of their highly educated and qualified medical officers to be dictated by men who had no medical knowledge whatever. The Medical Act of 1858 imposed penalties on examining bodies who attempted to compel candidates to adopt or refrain from adopting any particular method of treatment, thus recognizing all methods of treatment equally, and making the doctor's conviction the

sole test of legality ; and the College of Physicians, in its resolution of December 27th, 1881, said "it had no desire to fetter the opinions of its members in reference to any theories they may see fit to adopt in the practice of medicine ;" and yet in the face of the prohibition by the Medical Act, and of the desire expressed by the College of Physicians, seven members of the Medical Staff had urged the Executive Committee to call on two of their colleagues to desist from the treatment which they conscientiously believed to be the best for the patient, or resign their posts in the Infirmary ! These seven members of the Medical Staff had no evidence to show that homœopathic treatment was bad or injurious, nor did they make the slightest attempt to bring such evidence. They were like the Irish prisoner who, when told that two witnesses would swear they saw him commit the crime, triumphantly replied that he could bring twenty witnesses who would swear they did not see him do it. The action of these seven opponents was precisely analogous. Two of the members of the Staff had studied and tested the homœopathic treatment, and were ready to testify that it was very successful in the cure of many diseases serious and trivial, acute and chronic ; but seven members of the Staff who had neither studied nor tested homœopathy were ready to bear witness that it was both useless and injurious. Their number, seven, corresponded with that of the sages of Greece, but he nowhere found it recorded that those seven sages ventured to express an opinion on subjects they had neither studied nor examined. The seven sages on the Medical Staff made a pretension to far greater powers of insight than those of Greece. They seemed to claim a power of judging of homœopathy by some mental intuition not possessed by ordinary mortals. Probably they evolved their idea of homœopathy, as the German professor evolved his camel, from their "inner consciousness." The seven sages of Margaret Street rushed in where the College of Physicians feared to tread, for they evinced an intense desire to fetter the opinions of their colleagues in reference to their medical theories, while the College repudiated any such desire on its part. He had always understood that medicine was a liberal and scientific profession, and he felt proud to belong to it, but he confessed that he felt ashamed to see members of that profession dragged through the dirt before the public in the character of a gang of trades-unionists, and endeavouring to suppress by mere brute force, and without the shadow of an argument, that liberty of opinion without which science could make no progress. The tactics adopted by the opponents of homœopathy would, he thought, be repudiated by any respectable trades-union. In the circular adopted at some hole-and-corner meeting which had been

brought to the notice of the Annual Meeting, in which they, though only a portion of the Staff, called themselves "The Medical Staff," for which they were properly censured by the Annual Meeting, they made an utterly unfounded charge against their two colleagues. He would read it. Speaking of Drs. Jagielski and Marsh, they said: "They were elected, as all their predecessors had been, on the assumption that they were duly qualified medical men practising the Art and Science of Medicine according to generally recognized views. This assumption has turned out to have been incorrect." What is this but an insinuation that these two gentlemen obtained these appointments to the Infirmary under false pretences? And yet nothing could be more incorrect, for these two gentlemen had all the necessary qualifications for the posts they occupy, and when elected, and for several years afterwards, knew no more about homœopathy than their accusers. And this was quite well known to those who penned this calumny! What right, he asked, had any members of the medical profession to dictate to their colleagues what remedies they should use or refrain from using? How would any of these seven gentlemen like to be interfered with by their colleagues in this way? Would they not indignantly resent any attempts on his (the speaker's) part to prevent them employing any remedies they might consider advantageous to their patients? Of course they would, and they would be perfectly right. On what principle, then, did they now come forward and endeavour to impose their therapeutic ideas on colleagues every way their equals? He was sure that if they succeeded in this attempt they would be laying a rod in pickle which would most assuredly at some future period be applied to their own backs. He had carefully examined the laws of the Infirmary, and he could not find one word in them that gave any of the Medical Staff the slightest right to interfere with the practice of their colleagues on the Staff; and it was fortunate it was so, otherwise there would be constant dissensions and quarrels among the members of the Staff. If this attempt to fetter the opinions and interfere with the practice of the Medical Officers were successful there could be no doubt it would be prejudicial to the interests of the Infirmary. The first step of the Committee to this end had alienated one of their oldest and most influential subscribers, who had refused any longer to subscribe on account of their gross and illegal attempt to override the convictions of two of the Medical Staff. He knew several others of the subscribers who would withdraw their subscriptions if this tyrannical interference were successful. On the other hand, he knew many who would at once become subscribers if liberty of conscience in therapeutic matters were secured to the Medical Officers. That it would

prove detrimental to the interests of the patients was also certain, for even their opponents admitted that homœopathic remedies were occasionally useful ; and one of the chief modern authorities on therapeutics, Dr. Brunton, had lately published a big book, in which a good half of the treatment recommended was distinctly and undeniably homœopathic. It was evident, therefore, that homœopathic treatment was considered best in some cases, even by their opponents, and if they were to prevent their officers making use of it, they would be inflicting injury on their patients and diminishing their chances of recovery. He had heard it stated as an objection to the employment of homœopathic treatment in the Infirmary, that in no hospital in the country was homœopathic treatment carried on alongside of the ordinary treatment. That might be so, but because certain remedial means had not hitherto been used, was that a reason why they ought never to be employed ? Such an argument would prove fatal to the introduction of any novelties, any improvements in medical treatment. Would they stereotype the treatment of any particular period and forbid all innovation and modification of it ? When this Infirmary was first established, favourite and fashionable practices were blood-letting, blisters, setons, issues, and mercurial salivation. If new modes of practice were prohibited, they would still be practising those barbarous methods which were happily discarded and denounced by the whole medical profession. The motion before them objected to one (it might have said both) of the inculpatated Medical Officers having his name in the Homœopathic Directory. Now what was this so-called Homœopathic Directory ? It was merely a Liverpool tradesman's list of medical men who the tradesman thought were practising homœopathically. It had no official character whatever, and no homœopathic society had anything to do with it. Moreover, it was both imperfect and incorrect. Many names of well-known practitioners of homœopathy were absent from it, and on one occasion, to the amusement and astonishment of the profession, it included the name of Dr. Horace Dobell, who was well known to be utterly opposed to homœopathy. It had been stated that the followers of Hahnemann's therapeutic rule branded themselves as "homœopaths" by forming homœopathic societies and homœopathic hospitals and publishing homœopathic periodicals and works ; but they never assumed that name, it was a nickname given by their opponents, as they in turn nicknamed their opponents "allopaths ;" and these names had come into general use for brevity's sake, and to avoid circumlocution. They called themselves physicians and surgeons in their writings and on their cards and door-plates, and their chief society had a law which expelled a member who publicly announced his method of

practice. And why had they their homœopathic periodicals and societies? Because they were refused admission to the Medical Societies, their papers were denied insertion in the medical periodicals, and their repeated appeals for a trial of homœopathy in the established hospitals were scornfully rejected. Only three years ago, when St. George's Hospital made an urgent appeal for funds, a liberal-minded gentleman, Major Vaughan Morgan, offered £5,000 in yearly instalments of £1,000, if the authorities would devote some beds for a five years' trial of homœopathy. His magnificent offer was contemptuously refused. Twenty years ago, Mr. Gurney offered St. Mary's Hospital £6,000 for a similar purpose. His offer was rejected. He repeated this offer to every hospital in London, with the same result. Seeing the impossibility of gaining access to the existing hospitals, the friends of homœopathy were compelled to found hospitals of their own for the purpose of showing publicly the advantages of the homœopathic treatment of disease. The homœopathic school represented the scientific aspect of medicine. They courted discussion and inquiry; they begged their opponents to subject their therapeutics to the most rigid tests. What aspect of medicine did their opponents represent? They refused to examine a system introduced by one of the most learned and sagacious physicians of his day; they excluded or expelled from their societies every man who was convinced of the truth of a certain therapeutic rule; they allowed no discussion of this rule in their societies or periodicals; they even terrorized their publishers into refusing to publish books written in defence of homœopathy, and refused to allow advertisements of homœopathic works to appear in their periodicals. And yet they pretended that they were the adherents of scientific medicine! Unless they labelled themselves so, no one would have discovered it. Science courts inquiry and discussion; science examines before offering an opinion, science cannot exist without absolute freedom of opinion, science does not attempt to stifle opinion nor suppress inquiry and examination by the brute force of ignorant majorities. The opponents of homœopathy do all that science forbids, and oppose all that science requires, and yet, forsooth, they call themselves the representatives and exponents of scientific medicine! He might relate a little anecdote to show how a case similar to this of their Infirmary had been treated in Paris. Dr. Tessier was appointed in the usual way to the hospital of St. Margaret. After a time he became convinced of the excellence of homœopathy, and treated his patients in the hospital on that system. After three years the other hospital physicians of Paris resolved to try and get Dr. Tessier dismissed. At a meeting they held for this purpose, Dr. Chomel spoke to this effect:

“Physicians are not appointed on the hospital staff until they have proved their fitness for the post, and we cannot deny our colleague’s fitness. They cannot be dismissed except for bad behaviour. If we decide the adoption of a novel mode of treatment to be bad behaviour, we not only implicate ourselves, for we have all introduced novelties into our treatment of disease, but we erect a barrier to all progress in medicine, and destroy the freedom of the practitioner. We cannot, then, without establishing a dangerous precedent, expel a physician unless we can show that his new method has clearly and unquestionably increased the mortality of his patients beyond that of any other physicians. Unfortunately, colleagues—for of course I detest and despise homœopathy—the records of Dr. Tessier’s practice show a more favourable result than those of any other hospital. We cannot, therefore, interfere with him.”

The physicians acted on this wise advice, and left Dr. Tessier severely alone. He would recommend the meeting to follow this example of the French physicians and forbear to interfere with the practice of any of the Medical Staff. The cases were strictly analogous even to the names of the hospital and of the allopathic speaker: the French hospital was called St. Margaret, and this was the Margaret Street Infirmary; Dr. Chomel almost looked like Dr. Cholmely translated into French. He feared, however, the English doctor was not acting so wisely as his French quasi-namesake. He proposed an amendment to the motion before them, which he would read:

“That any attempt to limit the liberty of opinion or practice of the Medical Officers is not sanctioned by the laws of the Infirmary, is prejudicial to the interests of the Infirmary, and is opposed to the spirit of the Medical Act of 1858.”

This amendment, as we know, was carried by a majority of the votes of the Governors present.

**NOTHRAGEL ON CHLORAL.**—When chloral was introduced into medicine in 1869 by Liebreich expression was given to the view that it was an absolutely harmless medicine, that it produced sleep without causing any injurious bye-effects. When one is accustomed to think physiologically one could and must say to oneself, when a remedy of that kind acts on the ganglion cells of the central hemispheres so as to force on a deep sleep, the remedy must, under certain conditions, be liable to act injuriously. A remedy that acts so intensively upon the cerebral cortex, must under certain conditions also possess the power of paralyzing the grey nuclei, the respiratory centre, and the ganglionic cells of the cardiac centre, *i.e.*, that under certain conditions it will attack the vital nerve apparatus, and if too large doses be given, or if an individual have a special susceptibility it may under certain conditions act injuriously. Further observations have abundantly demonstrated this; we have now a large series of fatalities caused by chloral, where chloral has paralyzed the vagus centre, the respiratory and cardiac centre, and has thus not acted exclusively upon the cerebral cortex.—*Medical Press and Circular*, March 16, 1887.

## CLINICAL RECORD.

## LONDON HOMŒOPATHIC HOSPITAL.

CASES under the care of Dr. JOHN H. CLARKE.

(Reported by R. D. O'SULLIVAN, M.B., House Surgeon.)

1. *Painful Tenesmus cured by Liliūm Tigrinum*, 30.—Jane B., a widow, aged 49, was admitted to hospital on January 11, 1887. Owing to general debility had to abandon her work as general servant. Had been ill in an indefinite manner for about fourteen days prior to admission, and on admission complained of pain across the loins and the sacrum, which was tender on pressure. Pain constant and increased by stooping—dull and aching in character. This speedily disappeared under *Act. R. 1x*. In addition she suffered from flatulence and palpitation of the heart after meals. Bowels habitually constipated, the motions being small, since the birth of her last child eleven years before. Under *Nux Vomica* 3 her general condition steadily improved, until January 21, when, after being up and moving about, she began to experience pain and discomfort in voiding her motions, which were small and dark, but otherwise normal. The feeling to her was as if the lower bowel was swollen, thus preventing the passage of the stool. There was no bleeding. Examination of the rectum yielded negative results other than that the sphincters tightly grasped the finger, and that the examination caused much pain of a cutting character. No piles. *Acid. Nitricum*, 1, gtt. i, 4 hrs. From January 21st until January 25th the rectal symptoms grew more urgent. During the day of the 24th she felt an irresistible urging to stool about every ten minutes. Sometimes passed the stool before she could rise from bed. Stools small, hard, and dark—no blood, but preceded and accompanied by distressing bearing-down pains in the rectum. In addition there was pain of a dull kind in the region of the right ovary, and more or less over the entire abdomen. Pains increased by sitting up. Towards evening there was much straining in passing urine, and the motions became quite loose—still small and dark. Coughing would produce one. January 25th, *Liliūm Tigrinum*, 30, gtt. ; 2 hrs. Immediate and striking improvement followed. Less straining, motions fewer, larger, and more formed. Urinary symptoms quickly disappeared, and by January 28th she was practically well. Sat up for some hours on January 30th with no ill effects. February 1st, declared that she felt very much better in all respects: two natural motions in the 24 hours, passed without straining. Enjoying her food, sleeping well, and gaining flesh. On February 3rd, was ordered *China*, 3 gtt. i, three times daily, under which she quickly regained her normal health and spirits.



2.—*Plumbism and Acute Follicular Pharyngitis.*—*Phytolacca, Opium, Nux Vomica.*—*Cured.*—Frederick H., 16 years of age, coach painter by trade, admitted to hospital September 22, 1886. During the three days preceding his admission he had been feeling very unwell—throbbing headache, and sore throat, and on the evening immediately preceding admission he had lost the use of both his hands for about twenty minutes. Temperature on admission, 102°4; tonsils inflamed and enlarged; pharynx red, tender, and granular. Deglutition difficult, respiration slightly impeded. Abdomen somewhat tender, muscles rigid; sharp girdle-pain. *Phytolacca*  $\phi$  gtt. i, 2 hrs. Throat symptoms rapidly yielded. On the 25th, temperature was normal, tonsils gone down, but pharynx still raw and studded with follicles. Bowels obstinately constipated, and intermittent girdle-pain. Under *Phytolacca*  $\phi$  gtt. i, 4 hrs. his throat symptoms continued to improve, but there was no improvement as regards the constipation, or the girdle-pain, and in addition patient began to experience occasional colicky attacks. On being closely questioned he stated that he recollected to have felt both wrists weak for a few days before he completely lost power in them on the evening of September 21st, and as the paint with which he worked contained, as he himself was aware, a large percentage of lead, it appeared evident that here was a case of plumbism in a mild form. There was no blue line round the gums. September 29th, *Opium* 1x, gtt. i, 2 hrs. The constipation and pains slowly but steadily yielded. On October 3rd, *Nux Vomica* 1x gtt. i, 4 hrs. was substituted for the *Opium*, and on October 11th patient declared himself well. As the bowels were still not quite regular, the *Nux* was continued, and on the 21st of October he was discharged from hospital, restored to his usual health—bowels acting naturally once a day, no girdle-pain, no colick, no weakness of the wrists, and with the pharynx quite free from follicles.

8.—*Incipient Phthisis.*—*Cured.*—*Ars. Iod. Hepar Sulphuris.*—Ellen L., 33 years of age, nurserymaid, admitted November 17, 1886. Confined to bed for a month prior to admission with a bad cough and general debility. Had been losing flesh rapidly, and sweated much, especially in the early morning, when she frequently awoke to find herself bathed in a cold perspiration. No history of consumption in her family, but she had never been strong. Five years previously she had rheumatic fever; and on admission there was evidence of affection of the mitral valve of the heart. On admission she suffered from marked aphonia of a fortnight's duration, and complained of a catchy pain in the left side on taking a deep inspiration. In appearance she was a good deal emaciated, with a faint malar flush. There was slight flattening beneath the left clavicle, where the percussion note was dull, and in both apices auscultation re-

vealed roughened respiratory sounds, prolonged expiration and some crackling at the end of full inspiration. There was slight hectic—E.T. 99°8. M.T. 98°6, and good deal of coughing with scanty green nummular expectoration. In addition to ordinary first diet she was given suet and milk at night. The medicine prescribed was *Arsen. Iod. gr. ii. t.d.* Manifest improvement followed the administration of this drug. The cough became easier, the night sweats diminished, her voice became stronger, and she experienced less general lassitude. By December 2nd the night sweats had quite ceased, the pain in the side was no longer felt, her face had lost its flush, and she had begun to gain slightly in weight. Her cough, however, was still troublesome, and her temperature rose in the evening to 99°. *Ars. Iod.* continued till December 9th. Steady improvement—gain in weight; no return of night sweats; average evening temperature 98°6. *Hepar Sulph.* 6 gtt.; 4 hrs. substituted for the *Ars. Iod.* At this time auscultation revealed nothing abnormal in the right apex, and although the left apex still yielded prolonged expiration, roughened breath sounds and occasional crepitus, yet the percussive note beneath the clavicle was normal. *Hepar Sulph.* was continued from December 9th till patient left the hospital, December 23rd, cured—no cough, no hectic, no sweats, no pain; having gained 10 lbs. in weight since admission; right lung normal, and nothing abnormal in the left lung except prolonged expiration at the apex.

## CURIOUS CLINICAL OBSERVATION.

By THOMAS SIMPSON, M.D.

A GIRL of about eighteen summers, of sallow complexion, but cleanly appearance, applied for relief from a loathsome condition which had "embittered her life," she said, "for three and a half years." Constant irritation of different parts of the body, day and night, compelling her to scratch the spots affected, disturbed her rest at night and interfered with her comfort by day. I examined the skin with a lens and found numerous pediculi Corporis tenaciously clinging to the neck, back, and shoulders.

She declared she was careful to change her linen frequently, and her habits appeared cleanly; but *menstruation* had never once occurred. She was anxious, depressed, and tearful; the inner angles of her eyes were filled with gummy mucus, and heat and itching in them troubled her *in the evening*. The corners of the mouth were sore.

Sulphur 30° was prescribed for the delaying menses and eye-

symptoms, and strict cleanliness enjoined. Having taken one dose every alternate day (12 doses), she reported herself no better; more minute comparison suggested Psorinum as likely to relieve her. It was prescribed (every fourth day), three globules of No. 12, to cease as improvement showed itself. A month after, she called to tell me the "courses" had come on, and her troublesome itching and every source of discomfort had vanished, and certainly her healthy and happy appearance justified the assertion.

I have often found sulphur in a high power restore delaying menses, but never heard of Psorinum being capable of effecting such a result.

Glasgow.

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### RAPID CURE OF TRAUMATIC ERYSIPELAS BY APIS MELLIFICA.

BY DR. HARMAR SMITH.

G. D., æt. 30, cab-driver, January 23, 1887, about ten days ago scraped his leg against the iron step of a cab. Has had no surgical or medical treatment. The leg and thigh are swollen to at least double the normal thickness, and are red and puffy, but have not been more painful than is usual in the idiopathic disease. The swollen leg is tense, and does not pit on pressure. To take *Apis* 3x every two or three hours. Local treatment—dredging the skin with flour, and rest, and the leg to be elevated.

24th. Swelling and redness remarkably lessened.

26th. Further improvement.

28th. Swelling and redness gone. Gave my patient leave to return to work, and on inquiring about a week later, found that he had done so and continued well. This rapid cure was more remarkable as he acknowledged to a habit of imbibing three or four pints of ale daily. *Apis* appears to be more frequently curative in erysipelas following wounds than in the idiopathic disease.

3, Sydney Terrace, Guildford, Feb. 12, 1887.

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## FROM ABROAD.

[From the HOMŒOPATHIC PHYSICIAN of January, 1887.]

## THREE CONTRIBUTIONS TO THE STUDY OF CAPSICUM ANNUM.

I.—*A Brief Study of Capsicum.*

C. CARLETON SMITH, M.D.

It is a fact that almost every drug that has been well proven has running through it, like a scarlet thread, a peculiar symptom, which at once characterizes the drug.

The characteristic symptom which permeates *Capsicum* is *burning*. This is also indicative of *Arsenicum*, but *Ars.* has a peculiar and marked restlessness, which *Caps.* does not have.

It is also interesting to note that though this drug is used so largely on our tables as a condiment, it is, notwithstanding, one of our most precious curative agents in a potentized form.

Hahnemann tells us that a very small portion of a drop of the tincture of *Capsicum* diluted to the trillion-fold degree—each diluting bottle having been only twice succussed, would be found quite sufficient for a dose for all homœopathic purposes.

This drug has been of great value to me in abnormal conditions of fat, lazy people, and, perhaps, more particularly females of this description.

These patients get sick and they stick on your hands. They hang fire, so to speak, get no better and no worse. They are ill, and yet at your visits they are full of smiles. They will get out of bed for a little while, loll around the room, and then suddenly get back again. Their mouths are pasty, gums flabby, breath foetid, with accumulations of mucus.

Give *Caps.* to these cases and you will frequently bring on a reaction, ending in restoration to health. And in other cases, if the remedy is not so far reaching, it will at least make the way clear for other remedies which will complete the cure.

Patients who require *Caps.* are generally *better* while eating, but *worse* after. They complain of their best dishes tasting sour; crave coffee and use it, but afterward suffer from attacks of dyspnœa on account of the indulgence.

It must be remembered that *Caps.*, while it produces burning in various portions of the body, yet it has an opposite condition, and that is, icy coldness of the stomach—and, hence, the fat, lazy patient I have described, will one day complain of intense burning within the stomach, and the very next day will surprise you by reporting icy coldness in that region.

Think of this drug always in persons who lack reactive force; they want to lie down all the time; can't hold themselves up.

When they walk, they totter. If they come into your office they will stagger to a chair and plump down into it with a heavy sigh, and with gasping breath describe their case.

These fat patients who require *Caps.* are generally plagued with hemorrhoids, which they complain of as making them feel very blue and downhearted. They are also constantly troubled with enlarged cervical glands, which are quite painful; also elongated uvulas.

The breaths of these patients are so foul that it is impossible to sit before them while they converse with you.

The stools of *Caps.* are somewhat like those of *Nux Vom.* in that they are frequent and quite small; but they are accompanied by burning in rectum, and expelled with violence, which *Nux* does not have.

It also has piles with mucous discharge similar to *Carbo Veg.*, but differs from *Carbo Veg.* in that the latter has mucous discharge of an unbearable stench, and much more profuse than *Caps.*, even wetting the clothing through.

If a patient comes to you exceedingly gloomy from suddenly suppressed hemorrhoidal flow, give him *Caps.*<sup>500</sup> or higher.

This drug is a precious remedy for nostalgia or homesickness.

If you meet with little children who become homesick leaving their parents to go to school for the first time, give them a few doses of *Caps.* Young ladies going to boarding-school for the first time, will write back in a little while that they are terribly homesick. If you see them, you will find them with very red cheeks and sleepless at nights: *Caps.* high is the remedy.

Clumsy children who suffer with morning headache, and who have an attack of nose-bleed in the morning before they get up, require *Caps.*

The red cheeks of *Caps.* are like unto *Chamomilla*, but there is this difference: the latter is red and hot, the former simply red, and though feeling hot to the patient, are not so to touch. *Caps.* has excessive distention of the abdomen, like *Lyc.* The patient says her abdomen will surely burst. This does not come on, however, until about two hours after a meal—while *Lyc.* has it immediately before the meal is finished.

This drug has also peculiar urinary symptoms. The neck of the bladder is spasmodically contracted, and the urine first comes in drops, and then in spurts, alternating.

We have marked symptoms of the genital organs which must not be overlooked—I allude to coldness of the scrotum and marked dwindling of the testicles; also violent erections in the morning when it is time to get up, which can only be allayed by cold water. We find also a gonorrhoeal discharge, which is very thick and yellow. There are also pains of a rheumatic nature in the provings of this remedy, one of the most important

being "bruised pain of the os-calcaneum, as if the heel were benumbed or bruised by a great leap." It also has wandering pains, like *Puls.*, of a drawing nature in lower limbs, in back, then in upper limbs, in the nape of the neck, in the scapulæ, and in the hands; excited by moving.

Sometimes we may have to choose, in treating these fat, lazy, and dirty people, between *Caps.* and *Sulphur*. This will be your guide: the *Sulph.* patients dread the water, while the *Caps.* patients dread the air: they won't go out-doors unless you drive them out.

In summing up: *Capsicum* will be found most useful in patients with blue eyes and light hair. In children who are excessively clumsy, very ugly in disposition, and always complaining of being cold and chilly; persons easily offended; singing, perhaps, and full of hilarity one moment, and the next scolding furiously.

Most complaints under this remedy are aggravated by the use of coffee, more especially the cough, which latter is apt to be of an explosive character, akin to whooping-cough, so severe in its nature as to cause a sensation "as if the drums of the ears would actually burst open."

In an epidemic of diphtheria of a very severe type through which I passed in the early years of my practice, I found *Capsicum* of great help to me whenever it was indicated, the indications being burning and soreness of the mouth and fauces; sensation of spasmodic contraction in the throat when attempting to swallow; the throat smarts as if full of cayenne pepper. The pain in the throat is greatest, *not* during the act of swallowing, but *between*. Similar here to *Ignatia*, but very different in every other respect. Cheeks red, but not hot, changing to paleness, with epistaxis; chilliness between scapulæ; worse from drinking cold water.

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## II.—*The Mind and Skin of Capsicum.*

WM. JEFFERSON GUERNSEY, M.D., PHILADELPHIA.

The mental symptom most frequently associated with *Capsicum* is nostalgia, and while we are not frequently called upon to prescribe for that trouble, it is so seldom written about that a brief reference to it may be of use. It has been said that "the best remedy for homesickness is to send the patient home," and while one can readily imagine some instances where this procedure would seem a necessity, it is, in a majority of cases, out of the question. We have to deal with a patient whose return home is a supposed impossibility; who not only desires to be home, but who has so dwelt upon the matter that all else has sunk into

insignificance; the craving for home has become a disease, and he is, in a mild way, a monomaniac, thinking only of and wishing only for home and its attractions. Why should not this unreasonable craving call for medical treatment as well as any other?

The indication usually referred to *Caps.* for homesickness is "redness of cheeks, sleeplessness, and hot feeling in the fauces." Let us also note the disposition to become angry at the least offence; the patient is peevish and irritable, or if in a pleasant mood, will become angry from the slightest thing that disturbs them; they are inclined to be indolent and melancholy and desire to be let alone. Other remedies have been used for nostalgia, the most important ones being *Phos. Ac.*, *Ignatia*, *Helleb.*, *Bellad.*, in the order cited.

*Phos. Ac.* is particularly useful to young persons who have grown too rapidly, and will suit many cases at boarding-schools. The patient is indifferent in manner, or, popularly speaking, "doesn't care whether school keeps or not;" bad effects from onanism; unwilling to talk.

*Ignatia*.—Changeable mood; sighing; distressed; "gone" feeling at stomach, not ameliorated by eating; bad effects from grief and disappointment; perhaps the patient had expected to return home on a certain date, and, being disappointed, she grieves and frets over it; or the school-girl has been reprimanded and gone to her room to cry herself sick; brooding in solitude; *imaginary* trouble; the circumstances producing homesickness not half so bad as they think.

*Helleborus*.—Irritableness, aggravated by consolation; does not want to be disturbed; weak memory; thoughtless; staring; sighing; inability to fix the mind; answers slowly, or is dull and says nothing; lamenting; moaning.

*Belladonna*.—Persons who, though naturally of jovial and entertaining dispositions, become violent, even delirious, when ill; sleepy, but cannot sleep; excitable; easily brought to tears, or morose and serious; fretful; nothing seems right; vexed at himself.

The skin symptoms of *Capsicum* are few, but we find one peculiar—hence important—symptom: namely, itching which is aggravated by scratching. I have verified this symptom several times under *Anacardium*, and, next to that remedy, we find the same symptom under *Ledum* and *Puls.* It is also recorded under *Bism.*, *Caust.*, *Con.*, *Mez.*, *Sil.*, *Stram.*, and *Sul.*, although in a minor degree.

The symptom, therefore, is more peculiar because of its unnaturalness than from the fact that it is uncommon in the

*Materia Medica.* How, then, are we to tell which of these remedies to give for itching aggravated by scratching? By ascertaining what other local sensations are experienced, and observing the mental idiosyncrasies.

*Anac.* and *MEZER.* have a change of place of the itching after scratching; *Anac.* is an ill-natured, nervous, hysterical person, with rather a malicious nature, while *Mezer.* is indifferent and despondent, and though angry at trifles, is soon sorry for it.

*Anac.* and *SUL.* have numbness after scratching, but *Sul.*, while nervous, peevish, and irritable, is rather inclined to be philosophical and full of religious speculations, while *Anac.* can "swear like a trooper."

*Sul.* has a raw feeling after scratching.

*CAUST.*, *PULS.*, *Sil.*, and *Sul.*, have sticking after scratching, but *Caust.*, while melancholy, looking on the dark side all the time, does not weep so easily as *Puls.*, and has not that slow, indecisive disposition; *Caust.* is also peevish; *Sil.* has a pretty big conscience, with compunctions about evil deeds, and though the child is obstinate and cross it cries when spoken kindly to.

*CAUST.*, *MEZ.*, *PULS.*, and *SUL.* have stinging after scratching. Their mental states as before cited.

*Caust.* and *STRONT.*—Tension after scratching. *STRONT.* is ill-humoured, inclined to be angry and impetuous, while *Caust.*, though peevish, is melancholy.

*SIL.* has titillation after scratching.

*CAUST.*, *PULS.*, *Sil.*, and *SUL.*, eruption after scratching.

*Sul.*, erysipelas after scratching.

*Caust.*, *PULS.*, and *Sul.*, papules after scratching.

*Caust.*, *Sil.*, and *SUL.*, ulcers after scratching.

*CAPSICUM* has none of these indications markedly, although it has in a degree a pain in the scratched place, which is shared in by *Puls.*, *Sil.*, and *SUL.* This latter being the chief (as will be observed) for aggravation in general after scratching: further, *Caps.* has naturally a lackadaisical disposition not so completely found under any of the other drugs.

Thus glancing at a few of the mental and the cutaneous symptoms of this remedy, let us note that as the medicine is "peppery" so is the patient's disposition, and as we can imagine a local application of it to affect the skin, so does the internal proving of it produce burning and an itching, the latter not relieved by scratching any more than would an ordinary rubbing remove the dust of pepper from the skin.

I venture the assertion that in no class of diseases are mental symptoms less noted than in skin troubles, yet where will we find a diseased skin (cutaneous manifestation of constitutional disturbance) free from mental symptoms? We expect our patients to be anxious about these troubles, but sometimes they are



unnecessarily so, thus aiding us in the selection of a remedy; or, if indifferent, it is still stranger and of greater importance. Their pride may be deeply wounded, and they avoid society from mortification because of a small, almost unnoticeable, eruption. All of these points are noteworthy, and if taken into account will aid us in selecting the truly homœopathic simillimum without which there is no perfect cure.

### III.—A Few Comparisons of Capsicum.

JOHN V. ALLEN, M.D., PHILADELPHIA.

I have endeavoured, gentlemen, to give a few comparisons of the medicines having somewhat similar symptoms to *Capsicum*, the subject of the paper just read by Dr. Smith, and selected a few symptoms from each of the following headings: eye, ear, vomiting, stool, abdomen, cough, and chill.

Under the eye symptoms of Hering's *Mat. Med.*, we find objects appear black. It is the only remedy that I have been able to find having this symptom. *Phos.* has objects appear dark, as also have *Bell.* and *Hep.*, while *Thuja* has objects appear dark while reading. The dim vision of *Caps.*, particularly in the early morning, might be compared with *Cham.*, *Chelid.*, and *Puls.*, each of which have it, with the difference that *Caps.* is better on rubbing the eyes, and the totality of symptoms in a given case will decide which one of the other three might be indicated.

The ear symptom of *Caps.*, I think, should not be hastily overlooked, as it produces one condition which is so often maltreated with the knife, and very often proves fatal to the patient, and that is caries of mastoid process, which may be on either side, and here you must compare with *Aurum*. The *Caps.* swelling and inflammation is very tender to touch, with smarting, burning, tearing pains, while in *Aurum* we have the mercurio-syphilitic cachexia, generally with boring pains, offensive otorrhœa, and a general breaking down of the osseous system. Each of these remedies has pain behind the left ear. The *Caps.* pain is tearing in character, while that of *Aurum* is characteristically boring. Not only do we find the adjacent parts of the ear affected as I have shown, but we have an aching in one or both ears when coughing. This symptom I consider peculiar, and you will find not only the ear, but any distant part of the body affected by coughing. You must compare *Dioscor.* with *Caps.* in pain affecting the ears on coughing, which in *Dios.* is worse at eight A.M. I might here mention that *Hep.* and *Phos. Ac.* each have earache when blowing the nose, and *Man-ganese* from laughing.

The eructations of *Caps.* are peculiar, and the patient will tell you the drug has the taste of the gases raised. I might mention that it has stitches in the side when belching. Now, *Sepia* should be compared when this symptom is found, and other symptoms of *Sep.* will lead you to select it.

In *Sepia* I might again mention that we have relief of pains in the back from eructations, and in *Ars.* pains in the back on belching. *Verbascum* should not be forgotten for belching during cutting pains in the abdomen. I will now try to compare the abdominal and stool symptoms together, but will not go into the finer shades of symptoms, but only mention comparative remedies.

In colic, around the umbilicus, with mucous stools, sometimes streaked with blood, with tenesmus, we must compare *Merc.*, *Canth.*, *Coloc.*

In *Merc.* you have the never-get-done feeling and chilliness following every stool, whereas in *Caps.* the chilliness is not after stool but after drinking, and violent thirst follows every stool, and must go to stool immediately after drinking, passing nothing but mucus, with burning in the rectum and bladder; it is with this latter symptom that we should think especially of *Canth.*, as it has slimy, bloody stool, with burning pains in the rectum and anus, causing the patient to cry out; it also has chilliness after stool, as if cold water were poured over the body, and more tenesmus of the bladder than its ally *Caps.*, and its vesical symptoms are always present when indicated, and we should not forget *Merc. Cor.* when vesical symptoms are present in this character of diarrhœa. To *Colocynth.* I will give a passing notice, in merely stating that the tenesmus is during stool and relief of pain after stool, and the colic, as you know, is relieved by bending double and hard pressure, which is not so in *Caps.* *Thrombidium* should not be overlooked with symptoms presented like the above mentioned. It has, like *Caps.*, mucous, blood-streaked stools, thirst following every stool, tenesmus, tenesmus and chills in the back, but the *Thromb.* patients cannot wait until they are through eating, but have the passage while eating (like *Ferrum*). Before leaving this section I would like to call your attention to *Caps.* in hemorrhoids, and its relation to other drugs in this condition. It has hemorrhoids which are burning, swollen, itching, throbbing, with sore feeling in the anus; bleeding or blind, with mucous discharge. *Mur. Ac.* should be one of the first remedies thought of when the sore feeling of the anus is complained of, as it is one of the few remedies having hemorrhoids which are too sore to bear the least touch. *Sulph.* and *Baryta Carb.* should be carefully studied when mucous discharge accompanies piles, and the distinctive characteristic symptom of each will differentiate them from

*Caps.* The cough of this remedy, as I have said before, causes pain in distant parts, as aching in the ears, nosebleed, stitches in hypochondria, stitches in neck of bladder, and stitches and tearing from hip to knee and foot, but you will find one peculiar cough symptom which I will mention and compare with *Sang.*, and that is with every expulsive cough (and at no other time) there escapes a volume of pungent, fetid air. The *Sanguinaria* cough has belching before and after the cough, and only after in *Caps.*, and the *Sang.* breath and sputa smell badly, even to the patient, and the cough is relieved by passing flatus up and down. *Caps.* sputa is dirty brown and not offensive to patient.

The grandest sphere of the action of *Caps.* is its power to cure intermittent fever, and its indications are peculiar and not difficult to differentiate. The chill begins in the back, with thirst, worse after drinking, better when walking in the open air.

*Eupat. per.* and *purp.*, *Lach.*, and *Polyporus* have each chill, commencing in the back.

*Eupat. per.* has insatiable thirst, but drinking causes nausea and vomiting and hastens chill, thirst two or three hours before chill, and chill ends in bitter vomit.

*Lach.* chill, as also does *Eupat. purp.*, commences in the small of the back, and not between the shoulders, as *Caps.* and *Polyp.*; patients want to be near fire, while *Caps.* is better walking in the open air; *Lach.* has no thirst during chill, as have *Caps.* and *Eup. per.*

*Polyp.* has chill commencing in back between shoulder-blades, like *Caps.*, but is worse while in the open air.

The *Caps.* chill, which is often followed by sweat, without intervening heat, should be compared with *Causticum* and *Lyc.* *Caust.* chill is lessened by drinking, and is without thirst, followed by sweat, without intervening heat.

*Lyc.* chill generally commences at four P.M.; no heat after chill, but great thirst after the sweat.

During the *Caps.* chill we sometimes have vomiting of phlegm. In this it should be compared with *Ign.* and *Puls.* The heat of *Caps.*, which is lessened by motion, should be compared with *Ferrum*.

Characteristically all the stages of *Caps.*, viz.: chill, fever, and sweat, are lessened by motion, and the chill spreads generally until extreme points are reached, then as gradually declines.

### SYZYGIUM JAMBOLANUM.

DR. W. M. DAVIDSON, formerly of Chicago, reports remarkable results in his own case of diabetes mellitus, from the use of the syzygium jambolanum, in the *Medical Era* for April. His case

commenced in July, 1881, and steadily progressed in spite of well-directed treatment. The quantity of urine reached a gallon in twenty-four hours at times. Fehling's, Trommer's, and Keller's tests all showing the presence of sugar, the specific gravity varying from 1025 to 1040. Fehling's volumetric method showed the presence of ten and as high as twenty-two grains of sugar to the ounce of urine. The symptoms from which he was suffering when commencing the syzygium induced great and long-lasting thirst, mouth dry and sticky, a voracious appetite at times, and at others almost none; gradual emaciation, weariness, disinclination to move, skin dry and scurvy and often itching extremely, respiration very hurried in hot weather upon slight exertion, mind wearied, and once diabetic amblyopia. Procuring two ounces of the remedy, Dr. Davidson triturated it in a mortar and macerated it in dilute alcohol for fourteen days. He partook of this tincture every three hours for three days, noticing a marked decrease in the amount of sugar and in the quantity of urine. He then took it but twice daily for ten days, when the quantity of urine was found to be normal, no traces of sugar present, and the specific gravity reduced to 1010. Numerous tests have been made since, but no sugar has been discovered.—Dr. Hills' "Retrospective Therapeutics" in *New York Medical Times*, January, 1887.

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POISONING BY HERRING-ROE.—In the *France Médicale* a case is related in which a man was poisoned by eating three hard-roed herrings. The symptoms were a feeling of oppression, vomiting, burning sensation in the œsophagus and stomach, very violent abdominal pains, and dysentery. The attack lasted about forty-eight hours, and could be traced only to the herrings. Cases of this kind are by no means rare. It has long been known that caviare (sturgeon-roe) and the ova of pike, barbel, perch, and other fish have frequently given rise to symptoms of poisoning in Russia. M. Goertz, a Russian physician, treated three cases of this kind in one family; the patients had eaten hard-roe, while the other members of the family who ate the soft-roe experienced no inconvenience. Dr. Münchemeier, of Munich, in 1875 reported three cases of poisoning after eating barbel-roe. These cases, which were very severe, were treated with ice and tincture of opium and saffron. Professor Naunyn reported a similar case in Berlin in 1884. Among the numerous cases reported in Russia, herrings appear to have been the cause in only one. According to Huseimann, accidents of this nature, due to caviare of bad quality, are frequent and sometimes fatal among the poorer classes in Russia. It is impossible, according to him, to say exactly what the poisonous element is, and it is useless to hide one's ignorance by attributing all the effects to ptomaines. In these cases, as in poisoning by mussels, oysters, and other fish, the idiosyncrasy of the individual must be taken into account.—*Brit. Med. Jour.*, Feb. 12.

## DOMESTIC.

### SOME REMARKS ON NOISES IN THE HEAD.

(Concluded from p. 140.)

ALMOST equal in importance to the Salicylate of Soda and Salicin in the treatment of noises in the head from nervous causes are Cinchona, or as we call it, China, and its alkaloid, the Sulphate of Quinine. It is not very easy to distinguish between these two medicines, China and the Salicylates, for both cause giddiness as well as noises, and it is highly probable that in many cases either would prove efficient. China would be preferable where the debility peculiar to that drug, such, namely, as is observed after exhausting illness, is present.

In tinnitus and deafness following an ordinary cold, Mercurius 8 or 6, every two or three hours is usually successful; and next in importance after it is Hydrastis. This should be given in the first decimical or first centesimal dilution, every two or three hours in the same way.

In cases of noises accompanying vascular deafness, where the general vascular system is at fault, Dr. Cooper recommends the Picrate of Iron in the 3x trituration as being one of the powerful remedies. When there is anæmia or chlorosis the remedy most suited to this peculiar kind of anæmia will be the best for the noises in the head that arise from it. This will most likely be one of the following:—Argentum Nitricum, Arsenicum, Natrum Muriaticum, or Iron in one or other of its forms. Carbon bisulphide, Digitalis and Graphites are indicated in all cases where the noises are of the peculiar kind named above (on p. 140), as having been produced by them.

There is another peculiar condition different from, but yet allied to, ordinary cases of tinnitus, in which the sufferer, generally a musician, hears with one ear differently from what he hears in the other. That is to say, when a note is struck it is heard correctly by one ear, but by the other ear it is heard as a half or quarter tone different. The result is intensely disagreeable, for every note in music sounds a discord. The *rationale* of this condition has not been made out, but it is a consolation to know that it is only temporary and passes away of itself. We are not aware that any medicine has been found capable of producing it in the healthy, and therefore we cannot name

a specific homœopathic remedy. In such a case prescription based on the general condition of the patient would be likely to help in removing this distressing symptom.

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## SOCIETY'S MEETING.

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### BRITISH HOMŒOPATHIC SOCIETY.

THE Sixth Ordinary Meeting of the Session was held on Thursday, March 3, 1887.

A paper was read by Dr. CARFRÆ, upon "Some Gynæcological Cases recently treated Surgically in the Women's Ward of the Hospital."

The cases were of great interest, and the paper was discussed by the members present, who complimented Dr. Carfræ on being the first Homœopathist who had performed ovariectomy in this country. Previously to the reading of the paper,

Mr. KNOX SHAW showed a case of commencing Graves' disease. There was proptosis, and the *cornea* was partially anæsthetic. There was marked enlargement of the thyroid, though not much palpitation.

Mr. Shaw called attention to the similarity of the cocaineized eye, to the eye in this disease, and asked whether he could give cocaine internally as a Homœopathic remedy in such cases.

Dr. HUGHES, in answer, said he considered cocaine Homœopathic to the condition, and well worth trying; especially as he saw, on reading the case mentioned in the Ophthalmological Society's *Transactions*, that cocaine aggravated the eye symptoms in cases of Graves' disease.

Mr. SHAW also exhibited a case of *strumous* (?) *papilloma* of the ocular conjunctiva. This, he said, was interesting on account of the great rarity of the disease. *Thuja* and *Zincum* had been used without benefit.

Mr. O'SULLIVAN exhibited, for Dr. Moir, *specimens*: (1) Portion of small intestine, with *ulceration* from a case of typhoid. The interesting feature of the specimen was the *large* fungating masses present. (2) *The heart*, from a case of acute rheumatism. There was marked pericarditis. The whole surface of the heart, and for the extent of an inch and a half up the aorta, being covered with a thick papillated membrane, which was very rough and easily stripped off. The interior of the heart showed no signs of recent inflammation. The mitral valves were diseased and incompetent from a previous attack. There was marked hyperpyrexia in this case; the thermometer registering 110.2° a short time before death.

## INSTITUTIONS.

### LONDON HOMŒOPATHIC HOSPITAL.

THE Hospital has just received the expected legacy of £1,000 left to it by the late Mr. P. W. G. Bentinck: also a legacy of £50 from the late Rev. John James, of Lydney.

There is some rumour that owing to special and unforeseen losses, the Hospital will end this year with a deficit. It is sincerely hoped this will not be the case, as it is most undesirable that recent progress should be lost. Some generous friends of the Hospital have been helping by special gifts. A friend of Dr. Moir has contributed £75; while Mrs. Russell Gurney, always a good friend to the Institution, has given £25; and Miss J. Durning Smith, whose munificence needs no recapitulation, has just sent her annual endowment of three additional Durning Beds, in amount, £105.

Among the more encouraging rumours is one of "A Jubilee Bed." The amount required would be £1,000; and a lady who is prepared to help has suggested that to ask for two hundred Jubilee donations of £5 each, would be the best method of carrying out the idea. Would any readers of the HOMŒOPATHIC WORLD signalize the Jubilee in such a benevolent way?

The long-talked of concert at Grosvenor House now approaches, and we hope it will be quite successful. It will take place on Saturday, May 28th, at 4 o'clock, under the most distinguished patronage and musical auspices of Signor G. Adelmann and Mr. Wilhelm Ganz. Some eminent artists have promised their gratuitous services, and the effort opens with an excellent augury of success. The tickets for Reserved Seats one guinea each, or six for £5; other tickets half a guinea.

### SOCIETY FOR THE PREVENTION OF BLINDNESS AND THE IMPROVEMENT OF THE PHYSIQUE OF THE BLIND.

WE have received the Seventh Annual Report of this Institution, and are happy to note that there has been no diminution in its activity. We quote from the Report the following, which we are sure will interest all our readers:—

#### "ROYAL COMMISSION ON THE BLIND.

"The Hon. Secretary has been invited to give evidence before the Royal Commission on the means and methods adopted by your Society for the Prevention of Blindness. During an hour and a half various questions were addressed to and answered by your Hon. Secretary; many of his suggestions were attentively listened to. The attention of the Commission was called by him to the large amount of blindness

caused by the ignorance of mothers, of the dangers caused by the inflammation of the eyes of the new-born infants, to the possibility and almost certainty of preventing and curing this dangerous disease, which even at the present moment causes above 11 per cent. of all the blindness existing in Great Britain as well as in the whole of Europe.

"The desirability of instructing all those who have the care of the young, as mothers, nurses, teachers, &c., in the elements of ocular hygiene was also pointed out. The possibility of diminishing the many accidents by which the eyesight is lost in schools, workshops, and various manufactories was shown. The necessity of theoretical and practical study of eye diseases by medical students was pointed out, and the Hon. Secretary suggested that the Royal Commission should put itself in communication with the General Council of Medical Education for the purpose of inducing the Council to insist that no medical degree should be conferred on any medical student without his certificate of having attended a theoretical and practical course of ophthalmology as it is in Ireland; therefore it was suggested that England and Scotland should follow the example of the medical education in conferring the degrees as practised in Ireland.

"The papers published by the Society for gratuitous distribution amongst the various classes of society were also handed in to the Commission, and there is all probability that they will be reprinted in the appendix of the Report of the Royal Commission, which is expected to be published in the beginning of 1887. Finally, your Hon. Secretary brought forward the scientific physical education of the blind, for the purpose of preventing many diseases to which blind people are subject, partly in consequence of their inactivity and partly by their want of physical development.

"The models of the most simple gymnastic exercises which have been first suggested and published more than twenty years ago for the use of the blind by Dr. Roth were also shown to the Royal Commission, and your Hon. Secretary specially pointed out the great services which the Royal Commission in their capacity as an official body might do, by making known after mature examination the suggestions both for the Prevention of Blindness as well as for the Physical Development of the Blind."

#### EASTBOURNE HOMŒOPATHIC DISPENSARY.

SUBJOINED is the Report of the Dispensary for the year 1886, and we are glad to observe that it is gaining in popularity and usefulness:—

"At this Institution the number of attendances has been 2,776, being 261 in excess of last year. Dr. J. Walther attends every Tuesday and Friday, at five o'clock, p.m., to give gratuitous advice to such persons as cannot pay medical fees. Medicine is supplied by means of tickets, entitling to a weekly supply for four following weeks; these may be obtained by gift from the Subscribers, or may be purchased at the Homœopathic Pharmacy of J. Gibbs, 53D, Terminus Road, for 2s. 6d. each. Subscribers are supplied with tickets at the rate of twelve for each guinea subscribed; tickets so issued are considered to be available only within twelve months of the date of subscription."

The subscriptions for the year amounted to £88 18s. 6d.



**HAHNEMANN CONVALESCENT HOME AND HOMEO-  
 PATHIC DISPENSARY, BOURNEMOUTH.**

In presenting the Eighth Annual Report, the Committee of the Hahnemann Convalescent Home are able to announce a very satisfactory condition of the Institution. They say :—

“The structure of the Home has been kept in good repair ; the system of ventilation carried out for the latest built section has acted to the satisfaction of the Committee.

“Ninety-six patients have been received into the Home during the year, an increase of three on the numbers of the previous year. The number of patients admitted to the Dispensary has amounted to 802 ; and the accommodation provided has been ample for that number.

“The finances of both Institutions remain in a very satisfactory condition, the expenditure of the Home amounts to £911 15s. 11d., an increase of £57 10s. on the last year : the expenditure on the Dispensary side amounts to £122 9s. 1d., an increase of £18 3s. 3d. on the last year ; the balance in hand at the close of the year is £57 5s. 2d. for the Home, and £33 17s. 2d. for the Dispensary. Your Committee are fully aware of the necessity of a strict economy in their financial matters, but they would point out that the increase in the Home expenditure is more apparent than real, owing to the fact that only a small portion of the actual expenditure for firing was shown in last year’s accounts.”

The Medical Report is as follows :—

“The number of patients which have been treated in the Home during the year 1886 is 96. Of these 51 were males, and 45 females. 9 men and 13 women were in the Home at the commencement of the year, whilst on the 31st of December there were in the home 12 men and 11 women still under treatment.

“As the new rules relative to the £2 2s. and the £1 1s. annual subscribers came into force this year, the duration of the patients’ stay in the Home has varied considerably, as will be seen by the following :—

1	Patient remained in the Home	..	9 months.
6	”	..	6 ”
2	”	..	4 ”
49	”	..	3 ”
2	”	..	10 weeks.
3	”	..	8 ”
19	”	..	6 ”
10	”	..	3 ”

Others for a shorter period.

“The diseases which have come under observation have been chiefly :—

“Phthisis, bronchitis, rheumatism, heart disease, and general debility. Several minor operations have been performed at the Home. There have been two deaths.

- i. A man æt. 20 years of Phthisis and Venous Thrombosis.
- ii. A woman æt. 28 years of Phthisis Pulmonalis.

“The Medical Officers frequently find that patients are sent from a distance far too ill for a Convalescent Home. This either involves sending the patient back, or else keeping an unsuitable case. It is hoped that the character of the Home will be borne in mind, alike by the Medical Men who fill up the certificates, as by the Governors and Subscribers who recommend the patients.

“The distances from which convalescents have been received exhibits a wide area :—

Hants	...	...	21	Aberdeen	...	...	2
London	...	...	18	Devon...	...	...	2
Surrey	...	...	6	Essex	...	...	2
Berks	...	...	5	Northamptonshire	...	...	2
Gloucester	...	...	4	Shropshire	...	...	2
Oxfordshire	...	...	3	Wilts	...	...	2
Yorkshire	...	...	3	Antrim	...	...	1
Warwickshire	...	...	3	Bedfordshire	...	...	1

&c., &c., &c.

“The working of the Dispensary Department shows a decided improvement upon the previous year.

“There were—

Remaining on the books from 1885	..	..	52
Admitted during 1886	..	..	750
Total	..		<u>802</u>

“Of this number 62 were treated at their own homes, and 729 visits paid to them. There were 2,450 separate attendances at the Dispensary.

“The results of treatment are thus represented :—

Recovered	..	..	..	..	..	..	408
Relieved	..	..	..	..	..	..	140
Unimproved	..	..	..	..	..	..	40
No Report	..	..	..	..	..	..	150
Dead	..	..	..	..	..	..	3
Under Treatment	..	..	..	..	..	..	61
Total	..						<u>802</u>

“The three cases of death were due to the following causes :—

- i. A woman æt. 81. Chronic Bronchitis.
- ii. A child æt. 1 year and 7 months. Hemorrhagic Diathesis, Bronchitis and Fits.
- iii. A man æt. 41. Phthisis Pulmonalis.

H. NANKIVELL, M.D.  
W. G. HARDY, M.B.  
G. FROST, L.R.C.P. Lond., M.R.C.S. Eng.

## PROVINGS AND POISONINGS.

### PURE TEREBENE.

THE following observations are from the *British Medical Journal* of January 29th and February 12th. In this connection we may observe that we have seen severe palpitation of the heart and oppression, and numbness of the upper extremities, with dusky hue of the countenance, follow its prolonged use.

#### A POSSIBLE DANGER ATTENDING THE USE OF PURE TEREBENE.

J. H., aged 56, a chronic asthmatic, suffered from the beginning of December with severe bronchitis, with profuse muco-purulent expectoration. On December 21st, he began to take pure terebene (ten drops on sugar, every four hours), with great advantage, the expectoration diminishing to *nil*, and the dyspnoea being much relieved. After the treatment had been continued for three days, the patient was seized with intense pain in the region of the left kidney, shooting into the pelvis and down the left thigh, with blood in the urine, and severe strangury. Cessation of the terebene treatment, together with the use of poultices, and the administration of opium internally, resulted in speedy relief, and left little doubt that the condition was one of intense renal congestion, caused by the terebene.

Birmingham.

ALFRED HARVEY, M.B.

#### A POSSIBLE DANGER ATTENDING THE USE OF OL. PINI SYLVESTRIS.

DR. HARVEY'S note on "A possible danger attending the use of pure Terebene," in the *Journal* of January 29th, reminds me of two cases of strangury, which occurred in my practice from the use of ol. pini sylvestris in November last.

W. B., aged 75, suffering from chronic bronchitis, with muco-purulent expectoration, was ordered five-drop doses of the ol. pini sylvestris in the form of an emulsion, every three hours. There was a marked improvement, the dyspnoea being relieved and the expectoration diminished. On the second or third day, however, the patient complained of pain in the renal region, extending into the pelvis and the right thigh. This was accompanied by severe strangury.

D. S., a man, aged 56, suffering also from chronic bronchitis, was treated with similar doses of the drug in the same form. He complained, in a couple of days' time, of painful micturition and bloody urine.

In both these cases the drug was at once stopped, and the symptoms disappeared in a few days' time without any special treatment. There is no doubt in my mind that these symptoms were caused by the ol. pini sylvestris, although administered in such small doses.

St. Helens.

ALFRED M. HYNES.

## SALICYLATE OF SODA.

[From the BRITISH MEDICAL JOURNAL, pt. 5.]

ST. MARY'S HOSPITAL, LONDON.

A CASE OF SALICYLIC ACID POISONING.

(Under the care of Sir EDWARD SIEVEKING.)

[Reported by Mr. A. P. LUFF, House Physician.]

C. W., aged 55, was admitted at 2.30 p.m. on November 3, 1886. She had been treated by a medical man for sub-acute rheumatism, and had been ordered 15 grains of salicylate of soda every four hours, but by a mistake on her part. had been taking double doses of the salicylate mixture. The first dose was taken at 12 a.m., November 2nd, and the last dose at 5 a.m., November 3rd, and during this period of seventeen hours the patient had taken 120 grains of salicylate of soda.

On admission, the patient complained of a buzzing noise in the ears, some headache, and great deafness (she was naturally slightly deaf); the pupils were extremely contracted; the urine contained a large quantity of salicylic acid and albumen, about  $\frac{1}{10}$ th of the latter depositing after boiling the urine with a little nitric acid. A saline purge was administered.

November 4th. All the symptoms had considerably abated. The urine still contained a large quantity of salicylic acid, and a trace of albumen.

November 5th.—The urine contained a moderate amount of salicylic acid, but no albumen.

November 6th. The urine was quite free from salicylic acid and albumen. The buzzing noise in the ears, the headache, and the extreme deafness, had gone. The pupils had resumed their normal size.

The patient was discharged a few days later, quite well.

*Remarks.*—The case is of interest as demonstrating the time taken for the elimination of the salicylic acid from the system.

## REVIEWS.

## CYCLOPÆDIA OF DRUG PATHOGENESY.\*

AFTER a somewhat prolonged pause, due to the temporary diversion of the energies of the Editor-in-Chief into another literary channel, a further instalment of the Cyclopædia has been issued to the subscribers. Part V. constitutes the first part of the second volume. It contains the pathogeneses of fifteen medicines, besides those of three derivatives—*Cantharidin*, *Chininum*, *Cinchoninum*. Part V. will be found to equal in interest and value any of those that have preceeded it. Perhaps the most interesting portions are those devoted to *Carboneum Sulphur-*

\* *A Cyclopædia of Drug Pathogenesis.* Edited by Richard Hughes, M.D., and J. P. Dake, M.D. Part V., *Cantharis—Chromium.* London: E. Gould and Son. New York: Boericke and Tafel.

*atum* (which, with its marked disturbance of the visual and auditory functions, should prove of great clinical value) and *Chloral Hydrate*. Neither, of course, are exactly new; but the experience of their action has never been given so completely and in such readable form. The later provings of *Carbo. Veg.* will add to the reputation of that great remedy; and the spleen pain caused by it in several of the provings should be turned to good account. The provings of *Chelidonium* occupy the lion's share of the space.

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#### AMERICAN MEDICINAL PLANTS.\*

THE Fifth Fascicle of this magnificent work contains portraits and descriptions of the following plants: *Æsculus Glabra*, *Absinthium*, *Ambrosia*, *Anagallis*, *Argemone*, *Artemisia Vulg.*, *Arum Drac.*, *Chenopodium Anthel.*, *Cistus*, *Collinsonia*, *Convolvulus Arv.*, *Euphorbia Hyper.*, *Euphorbia Lathyris*, *Helonias*, *Humulus*, *Hydrophyllum Vulg.*, *Hypericum*, *Lachnanthes*, *Lactuca*, *Leptandra*, *Lilium superb.*, *Lycopus*, *Penthorum*, *Phaseolus*, *Polygonum Acre*, *Ptelea*, *Ranunculus Scel.*, *Salix Purp.*, *Sinapis Alba*, and *Solanum Nigrum*.

We can only repeat the words of praise we have bestowed on the former parts of this work. No good homœopathic library will be complete without it.

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#### THE MEDICAL ANNUAL, 1887.†

THE scope of this work, whose popularity increases year by year, may be gathered from the preface, from which we quote as follows:

“The great change, we might almost say revolution, which has taken place, both in medical and surgical treatment, during recent years, has rendered it desirable that the practitioner should be provided with a summary of the views held at the present time by the leading European and American physicians and surgeons. This we have endeavoured to supply by extending the scope of our annual report on the ‘Year’s Work in Medicine, Surgery, and Therapeutics,’ as to render it a complete work of reference on the modern treatment of disease.”

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\* *American Medicinal Plants; an Illustrated and Medicinal Guide, &c.* By Dr. Millsbaugh. New York and Philadelphia: Boericke and Tafel. London: Homœopathic Publishing Company.

† *The Medical Annual and Practitioner’s Index.* A work of reference for Medical Practitioners. Edited by Percy Wilde, M.D., 1887. Bristol: John Wright and Co. London: Hamilton, Adams, & Co. Edinburgh: Young J. Pentland. Glasgow: A. Stenhouse. New York: George Putnam’s Sons. Calcutta: Thacker & Co. Melbourne, Sydney, and Brisbane: Geo. Robertson.

We can unreservedly congratulate the editor and his co-workers on the success of their undertaking. They have not confined their observations within narrow limits, and are fully alive to the importance of the new school, the publications of which obtain recognition among the "Books of the Year," and in the list of periodicals. We observe in the treatment of Bright's Disease, common salt, cantharides, turpentine, lead, and fuchsine are mentioned. The last-named is well deserving a full trial, since it has been found to disorganize the kidneys in cases of poisoning almost more completely than any other drug.

We are happy to learn that the first edition of this number of the Annual is already exhausted, and the second edition in the press.

### SOCIAL REFORM FOR THE NORTH-WEST PROVINCES OF INDIA.\*

THIS pamphlet contains a record of the proceedings of public meetings, introduced by two papers and a preface by the Chief Justice of Indore. We are happy to learn that there is at present an earnest agitation being carried on in the North-West Provinces of India against the customs of infant marriage and enforced widowhood, which tell so disastrously on the moral and physical condition of the people, and so cruelly on a certain section of it. The chief missionary in the new movement is Mr. Malabari. His labours have already had the effect of directing public attention to the subject, and of educating many of those born under the customs to a knowledge of better things. He is, however, fully alive to the vastness of the undertaking; in which we wish him and all who are working with him every success.

### HOW TO PRESERVE THE EYESIGHT.†

THE publications of the Society for the Prevention of Blindness have earned for themselves a high reputation. The present work contains advice to "scientific men, barristers, lawyers, clergymen, draughtsmen, artists, clerks, and all who write and work in a sitting position." It is compiled and translated from Dr. Magne's *Hygiène de la Vue*. On the subject of light we find the following:—

"*Lamps and Wax Candles*.—With reference to lighting of our rooms in the evening, there have been many discussions as to the best means

\* *Social Reform for the North-West Provinces*. By Lala Baij Nath, B.A. Chief Justice of Indore. Bombay: "Voice of India" Printing Press.

† *How to Preserve the Eyesight*. Issued by the Society for the Prevention of Blindness. London: Baillière, Tindall & Cox, 1887.

of so doing, whether by gas, wax candles, or lamps. Gas is evidently injurious, light given by wax candles is little better, because the slightest thing will cause their light to scintillate. Lamps seem to be the best means of obtaining light, but they must be of good make, and the breadth of the wick must be sufficiently large. The Carcel Lamps, covered with a shade, are the best that can be used by people who are in the habit of working late at night. No more need be said on the subject, everybody knows what bad light is."

There are few persons who would not be the better for studying this excellent little work.

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## Obituary.

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ALFRED MARKWICK, F.R.C.S. ENG., L.R.C.P. EDIN., L.S.A.

WE much regret to have to record the death of another member of our ranks. Dr. Alfred Markwick died at 82, Ventnor Villas, West Brighton, on Saturday, March 18, 1887. He had given up practice in London a little over two years, and had taken up his residence at Brighton. He was born at Worthing in 1822. He prosecuted his studies at London University and Paris, taking his M.R.C.S. and L.S.A. in 1843. He was also L.R.C.P. Eng., and took the F.R.C.S. of Eng. in 1859. He held an appointment at the Hôpital Du Midi, Paris; and was at one time Surgeon to the German Hospital, London. After his hospital work he settled at Croydon, and practised there for several years as an Allopath. After looking into Homœopathy, he became a convert to the system; and he then moved to Leinster Square, Bayswater, and for twenty-two years practised as a Homœopath. He was appointed on the Staff of the Homœopathic Hospital. Among his works were articles "On the Examination of the Urine," "On the Skin and the Uses of the New Epithem," Translation of Bell's Essay on Diabetes, and contributions on various subjects to *Medical Times* and *Lancet*. Dr. Markwick introduced the Impermeable Piline for the application of stimulating liniments in Rheumatic and Neuralgic affections; and also the Spongia-Piline for the application of moist heat in lieu of poultices, this gaining the Prize Medal of the Exhibition of 1851.

Five years ago, finding his health failing, he was joined in his work by Dr. Byres Moir; and about two years ago retired to Brighton, leaving Dr. Moir in charge of the whole practice. Nearly all his life he suffered from periodic attacks of palpitation, without any apparent organic heart-trouble. A month before his death an attack came on lasting for a fortnight, and he appeared better; but after a few days there was a return of his

symptoms, complicated by embolism of a vein of the left leg, and pneumonia.

Dr. Markwick was a man of unusual ability in his profession, and enjoyed for many years a large share of public confidence. Those who are best able to judge speak in high terms of the quality of his work. If he had only possessed a larger share of bodily health, Dr. Markwick would have taken a much more prominent place than he did. He always commanded the high regard of his colleagues, and the news of his death will be heard with sorrow by a large circle of friends. Dr. Markwick leaves a widow and one married daughter.

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## GENERAL CORRESPONDENCE.

### ARSENIC IN AFRICA.

*To the Editor of the HOMŒOPATHIC WORLD.*

SIR,—During a conversation with a friend, who has lately returned from Africa, he informed me of his great success with *Arsenic* as a prophylactic against the malarial fevers which are endemic to that part of the world. He has had every opportunity of observing and studying these fevers, and is well qualified to speak on the subject, as he was for two years and a half chief medical officer of the Congo Free State, and also accompanied Mr. Stanley in his last exploratory expedition. His plan of treatment was to give *every man 1-60 gr. of arsenic* twice a day for a month or so, then stop it for a week, and commence again. Very few suffered from the fever, and of those who did *only one white man* died. This was a patient who had previously had the fever three times, and who was sent to the coast and warned not to return—which he did, with above consequences.

The *Arsenic* was used as a prophylactic only, and never during the fever. Here *Quinine* was used in large doses. *Arsenic* seems especially Homœopathic to the type of malarial fever which is experienced there, as the stages are very irregular. There is scarcely any *cold stage*. The patient may feel slightly chilly, but immediately breaks out into a profuse perspiration on being covered with a blanket. Another interesting peculiarity of the fever is the great loss of self-control. My friend says he has seen English officers, who have distinguished themselves in active service, when attacked by the fever become utter cowards, and cry like children to be sent home. His treatment of *Dysentery* was also very successful though not Homœopathic, viz., he gave *Ipecacuanha* in 20 gr. doses, with 20m. of *Tr. Opii* to prevent the emetic effects of the drug, every six hours. I may state my friend is an allopathic physician,



and was unconscious of the Homœopathy he was practising. Apologizing for taking up so much of your valuable space, I am, yours, &c.,  
D. OGDEN JONES, M.D.

CALCAREA CARBONICA IN A CASE OF CANCER.

To the Editor of the HOMŒOPATHIC WORLD.

SIR,—The following case may not be devoid of interest to members of your branch of the medical profession. A woman of this neighbourhood, a few years ago, was suffering from a severe case of cancer in the breast, and there seemed to be but little hope of her surviving it long, under allopathic treatment. Having read that *Calcarea Carbonica* had been found beneficial in this affection, I ventured to advise her to get some oyster shells, and scrape to a fine powder the interior white portion of the shells, and take about a grain of it two or three times a day. I thought it might possibly prove beneficial; but that, if the substance in the crude state were wholly inert, as it is generally supposed to be, it could do no harm. I saw the woman again about three or four weeks after; she was in high spirits, and said the cancer wound was drying up and healing, but she added that she was feeling weak. At this stage, I suppose I ought to have told her to omit taking the remedy for a while. It did not occur to me, however, to do so, so she went on with it. I saw her again some weeks after, and was sadly disappointed to find that the cancer had broken out again with increased violence, and that she had become weaker and weaker, and death came to her relief not long after.

This case appears to me to be instructive as regards the nature of *Calcarea Carbonica* in several respects. First, it seems to show that it is not in its crude state wholly inert; under certain circumstances, it may prove quite the reverse. Secondly, it seems to indicate its remedial power over cancer, by the wound cicatrizing and apparently healing, as it seemed to be doing the first time I saw the woman after she had been taking the remedy; and had I then advised her to omit the remedy for a while, the result might have been very different. Again, the pathogenetic effect of *Calcarea* in this affection seems to be indicated in the virulent breaking out again of the cancer wound in consequence of continuing the remedy too long.

The weakness it produced, too, is a remarkable point in its pathogenesis. It reminds me of its remedial effects once in my own case, and in that of another person. In my case a few globules of the thirtieth dilution gave rise to a sense of nervous tension and increase of vigour that I can hardly describe. The other case was that of a man with hands greatly deformed with chalk stones; two globules only of the thirtieth gave rise to so

great a degree of nervous tension, that he could not go on with it.—Yours truly,  
F. H. BRETT.  
Carsington Rectory, Wirksworth.

### PROPOSED JUBILEE HOMŒOPATHIC HOSPITAL.

*To the Editor of the HOMŒOPATHIC WORLD.*

SIR,—The Rev. F. H. Brett in the last number of the *WORLD* has asked whether anything can be done in this Jubilee year to further the cause of Homœopathy.

The question of a Homœopathic examining and degree-granting College, in the face of the present agitation for lessening the number of medical licensing bodies, and the accumulation of Parliamentary business, is, I fear, not within the range of practical Homœopathic politics. But that those of the public who owe their lives and their health to the wisdom of Hahnemann's doctrines can do something there is no doubt. The London Homœopathic Hospital, which should be the rallying point of all Homœopaths, undoubtedly does untold good in teaching and disseminating the truth of our principles. But its efficiency might be increased by further liberal support. The building is old, and though many useful patches have been put into the ancient garment, I am sure the Hospital's energetic Treasurer, Major Vaughan Morgan, would not be unwilling to receive as a Jubilee offering from the Homœopaths of the United Kingdom a sum of money sufficient to build a Hospital, replete with every modern improvement, and worthy of its position as the teaching school in the Metropolis of any Homœopathic College that may subsequently be formed.—I am, Yours truly,

VINCIT QUI PATITUR.

### VARIETIES.

HOUSE DRAINAGE.—Mr. W. Lee Beardmore, A.M.I.C.E., read a paper before a meeting of the Civil and Mechanical Engineers' Society, held at their rooms, 7, Westminster Chambers, entitled "House Drainage Scientifically and Practically Considered." The chair was occupied by Mr. E. H. G. Brewster, A.M.I.C.E., the president of the society.—Mr. Beardmore, in commencing, said the question of house drainage was one of universal importance and general interest, and yet he feared it did not, even in these days, receive the attention that ought to be bestowed on a matter which, when neglected, had such baneful results. Only last year he was called in to examine and report upon the drainage arrangements of a large house, and he found under it three cess-pools, two of these being in active use, and the third only partly filled in. In these days, when so much was being said about improved house sanitation, it seemed incredible that such a state of things could exist in London. If houses were to be properly and

efficiently drained there must be disconnected manholes, and these must be large enough for a man to enter for the purpose of examining them. With regard to the main house drains, where they were carried under the houses, as unfortunately they usually had to be in London, he would recommend that iron pipes be used in preference to stone-ware pipes. Supposing a house sank at its foundation, as not infrequently happened, iron drain pipes were more likely to stand the extra pressure than stone pipes. Where iron pipes were used they should first be coated with a solution—of which there were several in use—to prevent their rusting, and they should be jointed with tow and blue lead. When the pipes did not pass through houses he thought stoneware was the best material and cement the best for jointing; but care should be taken that the pipes were not under or over-burnt, and that they were thoroughly glazed both inside and outside. In addition to the main house drain, and independent of it, there should be a pipe larger in diameter than the house drain, running from the manhole into a garden wall or some such place, and covered with a grating. The object of such a pipe was to supply the manhole with fresh air. He had made experiments which conclusively proved that this air-pipe should not be carried up so high as the sewer ventilation pipe. The fall of a main house drain, when the pipes were 4in. ones, should not be less than 1 in 30, and if the pipes were 6in. it should not be less than 1 in 40, and with a 9in. pipe it should be 1 in 60; but although some vestries insisted upon 9in. pipes, he never knew a case yet where so large a pipe was required. Four-inch pipes were large enough for any house, and if they were larger than this they did not get properly flushed. On looking through a properly-laid drain at one end a small circular light would be seen at the other, and if this light was not perfectly circular that was a sure sign that the pipes were not properly laid. Then all drains should be laid so that they were thoroughly self-cleansing and of such a diameter as to receive the flushing water in one body. The water supply for soil-pipes should never be taken from the same cistern from which drinking water was or could be drawn. After some remarks as to the best mode of trapping for sinks, Mr. Beardmore said housemaids' slop sinks were totally unnecessary things, and ought to be altogether done away with. Baths ought all to be trapped, for very objectionable smells were produced from soapy water. The proper course for surveyors to pursue was not to design the drainage of a house after it had been built, but before it was built.—The Chairman, in inviting discussion, said the question was certainly a very important one, and up to the present it had not received the attention it deserved. He knew of one instance where a builder in constructing a house concluded that if he constructed a well it was not necessary to have a cesspool also, and so he connected the drains with the well. (Laughter.) That he knew to be an absolute fact.—A discussion ensued, and the proceedings closed with a vote of thanks to Mr. Beardmore.—*Daily Chronicle, Feb. 4.*

ANTIFEBRIN.—This new drug appears to possess certain advantages which render it worthy of more extended trial. Drs. Cahn and Hepp, whose report may be found in the *Centralb. f. d. Klin. Med.*, 1886, No. 33, have just published a second and more elaborate report on antifebrin in the *Berliner Klin. Wochenschr.*, 1887, Nos. 1 and 2, the more important facts of which are here reproduced. Antifebrin is acetanilide or phenylacetamide, and has the formula  $C_6H_5NHC_2H_5O$ .

It is produced by the action of heat upon aniline acetate, one molecule of water being driven off. It is a light crystalline powder, very stable in composition, undergoing distillation without alteration, and being unaffected at the ordinary temperature by acids or alkalies. It melts at  $113^{\circ}\text{C}$ ., and boils at  $292^{\circ}\text{C}$ . It is almost insoluble in cold water, requiring 160 parts for its solution, but is soluble in 95 parts of hot water, and easily soluble in alcohol, ether, brandy, or strong wine. It may be conveniently administered suspended in water, as it has no bad taste, but only a slight and not unpleasant sensation of burning, and patients evince no aversion to it, even after its administration for a long time. The action of this drug in reducing temperature is most certain; it never fails to lower it by several degrees. It is four times as strong as antipyrin in its effects, is very cheap, does not cause vomiting, and rarely causes any rigors, as the temperature subsequently rises again. Moreover, it causes no cerebral disturbance, and the appetite even improves under its use. In a few cases, some degree of cyanosis of the face and limbs was observed; this, however, always disappeared (without any symptoms of shivering as it faded off), and the authors paid very little attention to it. Indeed, they complain that certain remarks in some chemical advertisements have been exaggerated in this particular, in order to favour the sale of antipyrin, and distinctly state that the above appearance was not more frequently observed than after other antifebrile agents, far less than after kairin. To call it "aniline poisoning," as has been done, is quite unjust. The drug was used in twenty-four cases of fever, and always lowered the temperature. Fifteen grains given in the morning is the favourite daily dose with Drs. Cahn and Hepp. The temperature begins to fall in about an hour, and continued to fall for about three hours longer; it then gradually rose again; as the temperature fell, the skin reddened, and there was perspiration; the pulse became less frequent, and the arterial tension was increased. In some cases, during the period of intermission, there was much thirst, followed by increased urination and gentle sleep. A further series of cases, sixty in number, included twenty-nine of typhoid fever, six of erysipelas, two of croupous pneumonia, four of acute rheumatism, six of phthisis, two of pleurisy, two of pyæmia, and two of septicæmia. Liebermeister has taught us that quinine is more energetic in its effects if given coincidentally with the natural daily remission in fevers, and this is also the case with antifebrin. A dose given early in the day has a far more potent effect than if given in the evening. A good dose at one time is far better than small doses frequently repeated, and in high fever the latter treatment is useless at first. But, if the temperature be brought to the normal by a good daily dose (fifteen grains) for two or three days consecutively, it will be found that small doses of two or three grains daily will often suffice to keep it low afterwards. As to the limit permissible, the authors themselves repeatedly took one or two grammes a day without the least effect; and one young man, who was suffering from diarrhœa, took three grammes (forty-six grains) daily for a week without the least discomfort. Indeed, Fürbringer and Reise raised the dose boldly to over ninety grains daily without harm—a dose certainly equivalent to five drachms of antipyrin. Thus there is no cause for disquietude with the moderate doses recommended, but it is always advisable to study the individual susceptibility. But one of the chief advantages of antifebrin over antipyrin is the freedom from vomiting after it, and

patients who usually had retching or even vomiting attacks after antipyrin, took antifebrin without any discomfort. No irritation of the urinary passages was observed; in some cases of albuminuria, the albumen disappeared during the use of the drug, in others not till the patient was free from fever. Again, shivering was rarely seen after antifebrin, whereas it is a common result after antipyrin. The subsequent rise of temperature is often temporarily higher than the normal elevation, but this is a common result after all energetic agents on the temperature; especially after the use of dioxylbenzols in general, for example, resorcin, kairin, and particularly thallin; also after antipyrin, and even after cold baths. The patients feel much better after antifebrin, and the mind is cleared to a remarkable extent. This is best noticed in typhoid cases. Another advantage of antifebrin is the rise of arterial tension, together with lessened frequency of the pulse. Even when directly injected into the veins of animals, antifebrin never causes lowering of the arterial tension. This was established by experiments in Professor Schmiedeberg's laboratory. At the same time the increased diuresis caused by antifebrin is distinct evidence of its favourable effect upon the circulation. No specific action of this drug is claimed as against any disease in particular; the chief experiences of Cahn and Hepp related to typhoid. From all this it appears that, as said above, antifebrin is evidently a powerful antifebrile agent worthy of further trial. It is no doubt unfortunately true that the action of these aniline derivatives is of a more or less evanescent character, but this may be compensated to a great extent by giving them in appropriate repeated doses. It may be added that Lépine (*Semaine Médicale*, 1886, p. 473) calls this agent a "nervine," and finds that it relieves the peculiar pains in "tabid" subjects.—*Brit. Med. Jour.*, Feb. 12.

## MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Bramwell (B.)**. Practical Medicine and Medical Diagnosis. Methods of Diagnosis, Case Taking and Case Recording, Medical Thermometry. With 41 Illustrations. 8vo, pp. 144. (Pentland, Edinburgh. Simpkin. 4s. 6d.)
- Griffiths** Materia Medica and Pharmacy, for Use of Medical and Pharmaceutical Students. 3rd ed. Edited and in part rewritten by Alfred S. Gubb. Post 8vo, pp. 468. (Baillière. 7s. 6d.)
- Hartmann (A.)**. The Diseases of the Ear and their Treatment. Translated from the Third German ed. by James Erskine. Pentland, Edinburgh. Simpkin. 9s.)
- Hilton (J.)**. Rest and Pain. Edited by W. H. A. Jacobson. 4th ed. Post 8vo, pp. 516. (Bell and Sons. 9s.)
- Latham (P. W.)**. The Croonian Lectures on some Points in the Pathology of Rheumatism, Gout, and Diabetes, delivered at the Royal College of Physicians. Post 8vo, pp. 124. (Bell and Sons. 3s. 6d.)
- Parvin (T.)**. The Science and Art of Obstetrics. With 214 woodcuts and a coloured plate. 8vo, pp. 686. (Pentland, Edinburgh. Simpkin. 18s.)
- Schafer (E. A.)**. The Essentials of Histology, Descriptive and Practical, for the Use of Students. 2nd ed., Revised. 8vo pp. 240. (Longmans. 6s.)
- Simpson (J. V.)**. Organic Materia Medica and Therapeutics. 12mo, pp. 337. (New York. 10s.)
- Strumpell (A.)**. A Text-Book of Medicine, for Students and Practitioners. 8vo. (New York. 90s.)
- Triplett (W. H.)**. The Laws and Mechanics of Circulation, with the Principle involved in Animal Movement. 8vo, pp. 510. (New York. 35s.)
- Weaver (James)**. A Practical Treatise on the Cure of Pulmonary Consumption. With Medicinal, Dietetic, and Hygienic Remedies. 12mo, pp. 90. (Churchill. 2s.)
- Zeissl (H. von)**. Outlines of the Pathology and Treatment of Syphilis and Allied Venereal Diseases. 2nd ed., revised by Maximilian von Zeissl, M.D. Authorized Edition, translated with Notes, by H. Raphael, M.D. 8vo, pp. 402. (New York. 20s.)
- Ziegler (E.)**. A Text-Book of Pathological Anatomy and Pathogenesis. Translated and Edited by Donald Macalister. Part II. Special Pathological Anatomy, Sections 1-8. 2nd ed. 8vo, pp. 370. (Macmillan. 12s. 6d.)

## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, St. George's Terrace, Gloucester Road, South Kensington, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We always go early to press, and would therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

Dr. A. H. CROUCHER.—Removal. Dr. A. H. Croucher, having left Canterbury to join Dr. Walther in his practice, has taken up his residence at Metford Lodge, Bolton Road, Eastbourne.

Mr. WM. BUSHNELL.—We cannot undertake to give medical advice to correspondents in our pages. You had better consult the nearest homœopathist.

Mr. JAMES WALLACE, Belfast, is thanked for his interesting letter. Both he and his patient are to be sincerely congratulated. We are sorry that the form in which the case is presented renders it scarcely suitable for publication.

## CORRESPONDENTS.

Communications received from Mr. J. C. Molson, London; Mr. Wallace, Belfast; Dr. Walther,

Eastbourne; Dr. Cooper, London; Dr. Clifton, Northampton; Dr. Jones, London; Dr. Bushrod W. James, Philadelphia; Dr. Burnett, London; Dr. Croucher, Eastbourne; Dr. Ernán F. Hofmann, New York; Dr. J. W. Hayward, Liverpool; Mr. Knox Shaw, London; Dr. Dudgeon, London; Mr. G. A. Cross, London.

BOOKS AND JOURNALS  
RECEIVED.

Homœopathic Physician.—New England Medical Gazette.—Medical Counsellor.—Allgemeine Homœopathische Zeitung.—Medical Era.—Chironian.—Medical Advance.—St. Louis Medical Journal.—Revue Homœopathique.—New York Medical Times.—Albany Medical Annals.—Revista General de Homœopathica.—Zophilist.—Clinical Review.—Monatsblätter.—Monthly Homœopathic Review.—Hahnemannian Monthly.—Medical World.—Medical Visitor.—The Clinique.—L'Art Médical.—American Homœopathist.—American Journal of Homœopathy.—Why he Saw Snakes.—Cyclopædia of Drug Pathogenesis, Part V.—Catalogue of Scientific Products, Nosides, and other Remedies in High Potencies, by Samuel Swan, M.D.—The Human Figure, by Miss Leffler-Arnim.—Fourth Annual Announcement Hahnemannian Medical College, San Francisco.—Taking Cold the Cause of Half our Diseases, Seventh Edition, by Dr. J. W. Hayward.—Reproduction, by Dr. E. A. Cook.—Sixth Report of Buchanan Cottage Hospital, St. Leonards-on-Sea.

THE  
HOMŒOPATHIC WORLD.

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MAY 2, 1887.

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THE MARGARET STREET INFIRMARY.

OPINIONS OF THE PRESS.

THE crisis at Margaret Street is at an end. The resignation of the opponents of liberty who agitated for the expulsion of their differently thinking colleagues caused no serious difficulty. Their places have been filled by men in no sense their inferiors professionally, and very much their superiors in point of mental enlightenment. We congratulate Drs. BECKETT (Physician-in-Ordinary), TUCKEY, and DAY (Visiting Physicians), and Mr. K. W. MILLICAN (Surgeon), on their election to the staff of the Infirmary, and also on their courage in coming forward to maintain in this way the cause of liberty of opinion in things medical.

We are glad to observe that the lay press has not let the affair pass without notice. We subjoin extracts from the press both lay and medical, from which it will be seen that whilst the older medical journals are still hide-bound in prejudices, the younger (*e.g.*, the *Hospital Gazette* and *Students' Journal*) show signs that the spirit of the medical age is moving on.

We quote first from the *Oxford University Herald* of March 26th, which has an able article entitled "Medicine and the Public." The article begins:—

"It is exactly a year, we find on looking back, since we ventured on some remarks touching what seemed to us the needlessly hostile relations which are maintained by practitioners of the old traditional system of medicine and the newer adherents of the Homœopathic

system. It could scarcely be expected that the latter should be received with open arms by their elder brethren; but there are many reasons why hostility should not be shown. In the first place Professors and Students of Medicine are all alike learners. Great changes have taken place during the last half century in the accepted methods of treating disease; and, as a matter of fact, most of these have been forced unwillingly on the profession by Hahnemann and his disciples. We refer, of course, to the habit of leeching and blistering, &c., which has now almost universally died out. Still the science of medicine is in by no means a satisfactory condition; and it is the opinion of many impartial persons that great injury is done to not a few in curing them of some specific malady, by the injudicious use of violent medicines. The evil is not perhaps seen at once, because it is the practice to neutralize these strong potions, to a considerable extent, by the mingling of one or more drugs of an opposite tendency. Still the poison remains in the system of the patient, and an undue amount of time is required for his recovery, not from the disease, but actually from the medicines employed by the physician effecting the cure. An extreme case is familiar to every one in the large use of calomel or mercury, which a few years since, if not to so great an extent at the present time, was the chiefest specific in ordinary medical practice.

“A fair consideration of these undeniable facts should tend to make medical men of the old school pause before they condemn any suggestions, even the most radical, which are offered for the improvement of their art. A glance across the Atlantic should increase distrust in themselves; for there we believe it is unquestionable that Homœopathy is carrying everything before it. In the United States, where there is necessarily less of prejudice, there are said to be as many as 12,000 licensed Homœopathic practitioners, as well as sundry colleges and hospitals in connection with them. Still further ought there to be forbearance on the part of the old practitioner when he learns, as we pointed out in our previous article, that in the last and most authentic British Pharmacopœia as many as twenty drugs, derived from the Homœopathic books, are recommended, and the method of using them is taken from the same source.”

After explaining how the law stands with regard to the different schools of medicine, the *Herald* goes on:—

“To some perhaps, who know how strong prejudices are here, as in many other quarters, what we have written may appear Quixotic. But we are now happily able to refer to a case in which the prejudice has to a considerable extent been overcome. In Margaret Street, London, is a flourishing dispensary, treating annually on the average 13,000 or 14,000 patients for consumption or diseases of the chest and throat, and having a staff of ten medical officers. In November last



seven of these gentlemen were wrought up into a state of great excitement by discovering that two of their number had been converts to and were openly practising Homœopathy, their names being published in the Homœopathic Directory. The senior physician pleaded for liberty, but the remaining seven memorialized the Executive Committee to eject the two Homœopaths. The committee agreed, and requested them to resign. But it was soon found that they had gone beyond their powers; and that the appointment and supervision of the medical staff belonged to the governors. These latter, on appeal, refused to confirm the views of the committee, and so Drs. Jagielski and Marsh maintain their posts.

“This certainly appears to us a conclusion in which all persons who care for the science of medicine and the good of their fellow creatures will rejoice. A fair field and no favour for the rival schools is what all outsiders should desire. Sickness and suffering are no doubt inseparable from our lot in this world. But all right feeling must wish that as much alleviation should be secured for the sufferers as possible; whether this be done by one school or another, when such great interests are at stake, should be matter of supreme indifference. Constituted as human nature is however, a compromise such as we have hinted at is not likely to be brought about without much conflict and heartburning.”

We will next quote from the *Philanthropist*, of April, 1887:—

“DOGMA v. FREEDOM.

“We are glad to learn that the Margaret Street Infirmary for Consumption is not to be a homœopathic institution. Such a metamorphosis would have utterly destroyed any meaning or moral which may spring from the recent secession of seven of its medical men. The events which have led to this secession seem, practically speaking, to be that seven of the medical staff desired to bring about the resignation of two of their colleagues who practice homœopathy. When the two, by refusing to resign, declined to assist in their own ostracising by their colleagues, the latter invoked the subscribing body to compel them to resign. This a majority of the subscribers refused to do. Thereupon the seven themselves resigned, in order to show that their puristic orthodoxy would not suffer them to be associated with an institution where homœopathy has been practised, it appears, for some years. The terrible fate of leaving the infirmary to the homœopaths, threatened by the retiring seven, has, however, been providentially averted, for we understand that both allopaths and homœopaths have applied for the vacant medical posts. Therefore the institution will go on as before, under the existing rules, which have not provided tests as to the theories or convictions of the medical staff, and only require that

they shall be highly qualified men. Meanwhile, the fear that the dereliction of so many medical men might prejudice the funds seems also to have been groundless, as we are informed that up to the present an increment of income has been received from new donors who think that medical men should be allowed, in the practice of their profession, to run alone.

“ We are concerned with this secession chiefly so far as the infirmary is a charitable institution doing a good annual work. Still, taking a logical view of the matter, it scarcely appears on what ground seven medical men have attempted to secure the resignation of two. It cannot be because the two delinquents have administered homœopathic medicines, because the *Lancet* has recently declared that medical men are free to give whatever medicines they please. The same authority affirms that the sin of the homœopaths is a special designation indicative of a special creed, but this sin has not, in the present instance, been committed, because the two offending physicians are members of a society which strictly forbids the use of designations, and they have practised their special doctrines unobtrusively at the infirmary for some years. The *odium medicorum* must therefore have arisen in this case on account, not of practice, nor of designation, but of pure conviction. This gives an unwholesome appearance of making men offenders, not ‘for a word,’ but even for a thought. The lights and leaders of modern medicine hardly seem to have been true to themselves in this controversy. Originally it was a sin against the medical creed to give homœopathic medicines ; afterwards, because leading physicians began to give such remedies, it became not a sin to give those medicines, but simply for a man to name himself ‘homœopath.’ Now, however, when medical men have used homœopathy, but have not obtruded a ‘designation,’ it transpires that, whether a man adopts a designation or not, if he thinks homœopathically he is *anathema*. So that it seems to come to this, that a medical man may practise homœopathically, but he must not believe in homœopathy.

“ All this is, no doubt, quite right to those whose training has been medical and not logical. Only, to the lay mind, it seems inconsistent.”

The same journal also contains the following important editorial note :—

“ I hope the supporters of the Margaret Street Infirmary for Consumption will not allow its funds to suffer because of a recent difference of opinion between members of the medical staff. It is a valuable institution, and, I understand, will be carried on in precisely the same way as before. There appear to be two errors promulgated with respect to its affairs which might, at the present conjuncture, damage it considerably. First, it is said, that it is to be made a ‘Homœopathic’ Infirmary. This dreadful prognostication appears unfounded. The

staff is, and is to be, composed of both allopaths and homœopaths. Next, it is declared that the governors have by their recent resolution made it legal for homœopaths to hold office. This also is incorrect. The governors, at their recent meeting, have simply declared that there is not and never has been anything in the laws of the Infirmary to prevent a man holding homœopathic opinions from filling one of its medical offices."

*The Lancet* (April 16th) manifests its usual bigotry by remarking, after announcing the names of the gentlemen newly elected to the infirmary staff:—

"We are not aware whether all these gentlemen are avowed homœopathists; if they are not, we can but deplore their acceptance of the posts."

*The British Medical Journal* (April 9th) contents itself with reporting the election without comment. The report contains one significant item:—

"It was stated, in reply to a question, that a candidate was not ineligible on account of being a homœopath."

*The Medical Press* (April 13th) thinks:—

"This institution evidently cannot in justice be regarded in any other light than that of a homœopathic hospital."

*The Hospital Gazette and Students' Journal*, more sagacious than its seniors in an article entitled "Homœopaths Victorious," says (March 26th):—

"It is clear that to call in the assistance of lay governors to decide a matter of purely professional interest, viz., the mode of treatment, is to establish a bad precedent, and one which might be dearly expiated. If non-medical governors are asked to condemn homœopathic treatment, they may one day take it into their heads unasked to embrace some other 'pathy, and such a state of things would obviously be inadmissible. Individual liberty in matters of treatment is too precious to be sacrificed even for the sake of immolating this or that unorthodox practitioner, and here, as everywhere, principle must pass before mere expediency. Everybody is at liberty to decline to be connected in any way, even nominally, with professional brethren, but the objections should not be based on differences of treatment or opinion. Our cry should be 'Vive la liberté!' before we say 'Down with the Homœopaths.'"

From which we draw the cheering conclusion that the

reign of bigotry in medicine is passing away with the older generation of the profession, and that the public care much for fair play, and very little for conflicting medical doctrines. If only the right stand is taken, as was done by our representatives at Margaret Street, on the ground of liberty for all, the public will support us, and the younger generation of medical men will not oppose us. Homœopathy wants nothing more.

It was a fitting and graceful compliment to Drs. DUDGEON, JAGIELSKI, and MARSH, that their health was proposed at the Hahnemann dinner. The cause of medical liberty (and not favouring one "pathy" more than another) owes to them a debt of gratitude that the whole profession will one day have to acknowledge.

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#### DR. BRUNTON EXPLAINS.

It may be remembered that when Dr. DUDGEON called attention in the *Lancet*, of February 12th, to the singular fact that Dr. BRUNTON in his large *Text-Book of Pharmacology, Therapeutics, and Materia Medica*, gives an immense number of the common homœopathic remedies for many diseases without indicating the source whence he derived these remedies and their indications, whilst he furnishes copious references to the sources of the ordinary remedies of the allopathic school, the following week there appeared a short note in the same periodical from Dr. BRUNTON, excusing himself from answering Dr. DUDGEON in the *Lancet* because in the preface to the third edition of his *Text-book*, about to be published, he had "discussed various criticisms of earlier editions and expressed his opinions regarding homœopathy."

This was certainly a clever way of advertising his book, and of inducing those to buy it who were desirous of knowing what reply Dr. BRUNTON had to make to the charge of appropriating so much of the homœopathic therapeutics without telling us where he had got all this knowledge, but

it can hardly be considered a straightforward way of answering the question addressed to him in the columns of the *Lancet*. It appears to us that Dr. BRUNTON'S reply would have appeared more appropriately in that periodical. Many of the readers of the *Lancet* are no doubt in possession of one or other of the former editions of Dr. BRUNTON'S work, and it is rather hard on them to compel them to buy this new edition of an expensive work in order to see what the author has to say in reply to the charge of a wholesale appropriation of therapeutics without any acknowledgment of his authorities.

Dr. BRUNTON, in the letter to the *Lancet*, says that in the preface to this Third Edition he "has discussed various criticisms of earlier editions." We therefore looked through the preface with much curiosity to see what Dr. BRUNTON had to say about the charge of appropriating so much of the therapeutics of homœopathy without alluding to the source whence he obtained his information. Our surprise was great to find that he never even alludes to any criticisms of earlier editions. The only passage in the preface that can be considered as having any reference to Dr. DUDGEON'S charge against him, is when he says that his amanuensis had by mistake included *apis* among the remedies for tonsillitis. "To the best of my knowledge," he says, "this is the only remedy I have taken from a homœopathic source." We confess that this statement almost took away our breath. Our first impression was that the bee he had admitted "by mistake" into his Index had somehow got into the learned author's bonnet, and so bewildered his brain as to render him unable to distinguish between homœopathic and allopathic treatment. We turned to the "Index of Diseases and Remedies," and behold! all the distinctively homœopathic treatment of the first edition is reproduced intact in this last edition, with the exception of *apis* for tonsillitis and sore-throat, and *staphisagria* for toothache, which have been carefully "expurgated." \*

\* Curiously enough, *nitro-glycerine*, which appears as a toothache remedy in the First Edition, reappears in this last edition under its homœopathic

There are some new features in the Index of this Third Edition which are significant. There is now no reference after the name of the medicine to the page in the body of the work where the medicine is treated of. Apparently Dr. DUDGEON's observations on the utter want of correspondence between the therapeutic uses of the drugs in the Index and in the body of the work, have taught Dr. BRUNTON that it would be better to sever the connection between the two. It did look too ridiculous to see, for example, in the Index that *bryonia* was the remedy for a dozen of the most serious acute diseases, while in the page to which we were referred the only thing stated about its therapeutic use was that it is "a hydragogue cathartic, but is now superseded by jalap"! A great number of the distinctively homœopathic remedies in the Index are now referred to RINGER's and BARTHOLOW's works on *Therapeutics*, so that Dr. BRUNTON by this manœuvre transfers to these authors the responsibility for their introduction into old-school medicine. This plan is more commendable for its ingenuity than for its honesty. There is, after all, little difference, in a moral point of view, between the thief and the receiver of stolen goods, and if Dr. BRUNTON does not know that these authors have taken much of their therapeutics from the homœopathic school, he certainly, as a teacher of therapeutics, ought to know it; and the trouble he has taken to refer so much of his homœopathic treatment to these notorious despoilers of our materia medica, shows how anxious he is to repel the charge of appropriating homœopathic treatment without acknowledgment. But much homœopathic therapeutics still remains in Dr. BRUNTON's Index, which he does not place to the credit of RINGER, BARTHOLOW, or any

name of *glonoine*. *Cimicifuga* and *actæa racemosa* frequently appear in the same list as though they were different things, whereas every one knows they are two names for the same plant, and it is so stated in the body of the work. "*Calendula* for wounds" seems, like *apis*, to have been copied from the wrong column of Potter's work. We would ask, if *staphisagria* was considered a good remedy for toothache in the first edition, how does it happen that it is no longer so in the third? Has toothache already changed its type between these two editions?

writer of his own school. Will Dr. BRUNTON have the effrontery to assert that when he tells us in his Therapeutic Index that *pulsatilla* is a remedy for acidity, blepharitis, conjunctivitis, epididymitis, measles; *rhus toxicodendron* for eczema, erysipelas, rheumatic fever, shingles; *bryonia* for pleurisy, peritonitis, endocarditis, serous inflammation, rheumatism; *viola tricolor* for eczema; *achillæa* for hæmorrhage post partum; *phytolacca* for sore-throat; *calendula* for wounds; *ignatia* for hysteria, melancholia, nervousness; *gold* for ozæna; *veratrum album* for cholera; *dulcamara* for diarrhœa of children, and scores of other remedies for other diseases we could enumerate—but we have confined ourselves to some of those for which Dr. BRUNTON gives no reference whatever, and which are not even mentioned in his “Bibliographical Index”—will Dr. BRUNTON, we repeat, assert that he has not derived these remedies and their indications from a homœopathic source, since he is unable to refer to any old-school authority for them? The only other alternative open to him is that they constitute his own original contributions to therapeutics. But this he will hardly do when every one knows that the above list consists entirely of homœopathic therapeutics to be found in every manual of homœopathic practice. When, therefore, Dr. BRUNTON asserts that *apis* in tonsillitis is the only remedy he has taken from a homœopathic source, the most appropriate comment we can make on that statement is Hamlet's contemptuous, “Buz! buz!”

Dr. BRUNTON does indeed give us a clue in this preface which enables us to detect the source of his still unacknowledged appropriations from homœopathy. He here admits his indebtedness for much of his Therapeutic Index to Dr. POTTER'S *Comparative Therapeutics*. Now Dr. POTTER, as our readers are aware, is a well-known adherent of the homœopathic school in America, and his work, to which Dr. BRUNTON is so largely indebted, compares in separate columns the homœopathic and old-school therapeutics. It is chiefly interesting as showing how many remedies belonging to homœopathy, both as to their introduction into

medicine and the indications for their use, have been incorporated, without acknowledgment, in their works by those great allopathic authorities, RINGER, BARTHLOW, PIFFARD, and C. PHILLIPS. An examination of Dr. POTTER'S work enables us to spot most of Dr. BRUNTON'S still unacknowledged homœopathic remedies as having been taken from the *Materia Medica* of the ex-homœopath PHILLIPS. Of course Dr. BRUNTON knew these remedies were not legitimate acquisitions of his school; and he also knew that they had been brought with him into orthodox medicine by PHILLIPS from the homœopathic camp from which he had lately deserted. We do not know, of course, if Dr. BRUNTON holds that homœopathic remedies so introduced into his own school cease to be the property of the homœopathic school, but may be rightly claimed as the legitimate property of his own sect; for that would be as much as to say that when Bill Sikes has made a successful burglary, the property he has obtained rightfully belongs to the fraternity of burglars, and its former owner has lost all claim to it.

Dr. BRUNTON promised, in his short letter to the *Lancet*, to give us his opinions regarding homœopathy. Nobody asked him to do so, and we do not suppose anybody cares to know them. However, he does give us what he is pleased to call his opinions regarding homœopathy in this preface. To show how admirably he is fitted to give a valuable opinion on the subject, we need only quote one statement: "It is not the use of a drug which may produce symptoms similar to those of the disease that constitutes homœopathy." Then HAHNEMANN was all wrong when he gave this as the formula of the homœopathic therapeutic rule: "To effect a mild, rapid, and permanent cure, choose, in every case of disease, a medicine which can itself produce an affection similar to that sought to be cured — *similia similibus curentur*." On the whole, we think that HAHNEMANN is a better authority on what constitutes homœopathy than Dr. BRUNTON. Another remarkable statement in this remarkable preface is: "I think one is justified in describing HAHNEMANN'S experiment with cinchona bark as the foun-



dation-stone of his doctrine of homœopathy;" and he quotes a passage from Dr. NANKIVELL'S Presidential Address at the Congress at Norwich, which does not bear him out in the very least in this wonderful statement. As well might one say that Newton's falling apple was the foundation-stone of his doctrine of gravitation. The fact is, as everybody except Dr. BRUNTON KNOWS, HAHNEMANN'S experiment with cinchona bark only led him to inquire if other remedies had the power he found cinchona to possess—of exciting in the healthy affections similar to those they were known to cure—and it was not until after he had spent six laborious years in collecting the observations of others, and in experimenting on himself and family, that he ventured to suggest that some chronic diseases might be cured by medicines which were capable of exciting similar affections.

One other statement in this preface we shall allude to. "It is," says Dr. BRUNTON, "the falsity of the claim which homœopathy makes to be in possession of the only true rule of practice, that makes homœopathy a system of quackery." According to JOHNSON, "quackery" is "mean or bad arts in physic, false pretensions to any art;" and Webster defines it as "the boastful pretension or mean practice of an ignoramus, particularly in medicine." And it is a BRUNTON that accuses a HAHNEMANN of the mean practice of an ignoramus, of mean or bad arts in physic! HAHNEMANN, whose great soul was animated by the sublime idea of discovering a rule which should guide the practitioner in his selection of the true remedy for the diseases of humanity, who devoted the best years of his life to the investigation of the actions of medicines on his own body at an incalculable cost of suffering and discomfort, who ransacked the medical literature of all countries and all times, in order to find corroboration for the therapeutic rule his own experiments had suggested to him, who did at length establish as a general therapeutic rule a principle that had been partially perceived by HIPPOCRATES, and occasionally acted on by illustrious physicians of all ages. And

the discovery of this Grand Old Man of physic is denounced as "quackery" by Dr. LAUDER BRUNTON, whose reputation, such as it is, has been chiefly gained by thousands of experiments on wretched dogs, cats, rabbits, and frogs, which have not added a single remedy to therapeutics, and which, according to Dr. WILKS, "have brought discredit on the therapeutic art," while his own book derives any little value it possesses from his unacknowledged borrowings from the valuable remedies HAHNEMANN introduced into medicine. He now stigmatises HAHNEMANN'S therapeutics, to which he is so much indebted, as "quackery." It would be more correct to designate his wholesale filchings from HAHNEMANN as "flat burglary as ever was committed." Has Dr. BRUNTON so little of a scientific mind that he thinks calling names will do instead of argument?

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## NOTES.

### LONDON HOMŒOPATHIC HOSPITAL.

#### PROPOSED CONVALESCENT HOME.

THE want of a Convalescent Home in connection with the London Homœopathic Hospital has long been felt and referred to in the annual reports of recent years; and as promises of valuable assistance have been received from generous friends, the Board of Management have decided that a Fund for the purpose would be the most appropriate Jubilee effort on the part of this hospital. The Convalescent Home will be a further development of the hospital, in addition to those which have taken place during the past few years, and will enable the management to bring yet more patients under the benefits of treatment. We sincerely trust that the friends of Homœopathy and the hospital will join heartily in furthering this most praiseworthy project.

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#### GRAND MORNING CONCERT.

A GRAND Morning Concert will be given in aid of the Convalescent Home at Grosvenor House, by kind permission of

His Grace the Duke of Westminster, on Saturday afternoon, May 28, 1887. Many distinguished artistes have volunteered their services, and their names will be duly announced. It is expected that Madame Patti will sing. Signor Adelman and Mr. Wilhelm Ganz have kindly undertaken the musical arrangement of the concert. The Tickets are half-a-guinea each. Reserved seats, one guinea, or six for five pounds. They may be obtained of Major William Vaughan Morgan, treasurer and chairman, 5, Boltons, South Kensington, S.W., or of any member of the Board of Management; Mr. G. A. Cross, at the Hospital, Great Ormond Street; or of Messrs. Chappell and Co.; Messrs. Mitchell; Messrs. Stanley Lucas, Weber and Co. The day is a good one, an excellent programme may be relied on, and Grosvenor House is in itself an attraction, so that the conditions of success are secured. We urge on all our readers who can be present to secure tickets without delay.

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“THE MODEL DOCTOR.”

“WHY do doctors so often make mistakes? Because they are not sufficiently individual in their diagnosis or their treatment. They class a sick man under some given department of their nosology, whereas every invalid is really a special case, an unique example. How is it possible that so coarse a method of sifting should produce judicious therapeutics? Every illness is a factor, simple or complex, which is multiplied by a second factor, invariably complex—the individual, that is to say, who is suffering from it, so that the result is a special problem, demanding a special solution, the more so the greater the remoteness of the patient from childhood or from country life.

“The principal grievance which I have against the doctors is that they neglect the real problem, which is to seize the unity of the individual who claims their care. Their methods of investigation are far too elementary; a doctor who does not read you to the bottom is ignorant of essentials. To me the ideal doctor would be a man endowed with profound knowledge of life and of the soul, intuitively divining any suffering or disorder of whatever kind, and restoring peace by his mere presence. Such a doctor is possible, but the greater number of them lack the higher

and inner life, they know nothing of the transcendent laboratory of nature; they seem to me superficial, profane, strangers to divine things, destitute of intuition and sympathy. The model doctor should be at once a genius, a saint, a man of God."—*Amiel's Journal*, vol. ii. p. 65.

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#### FROM CHINA.

FROM our excellent missionary correspondent at Ningpo we learn that Homœopathy flourishes in the far East. Dr. Barchet "is doing a grand work; he has the native officials and large numbers of the natives under his review." His allopathic rival, though a man of great ability, finds it difficult to get much to do among the natives. Our correspondent himself finds the instruction he received at the London Homœopathic Hospital of great service to him in his work. "To my own house there have come from one hundred to two hundred cases a week. In the country I spent two days, and had to attend to more than two hundred cases of sickness. I have visited families which I never should have been asked to visit had it not been that I have been able to assist them in their helplessness."

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#### TO MISSIONARY SOCIETIES.

OUR correspondent goes on to say: "I wish you could in some way intimate to the different missionary societies what advantages are open to inquiring missionaries at Great Ormond Street. I have met with missionaries who have been at home on furlough who had no idea that such teaching was available for them. There are so many who are only interested in their own aspects of the 'Truth.' If Homœopathy be a truth, then followers of Truth ought in this particular to show a little consistency to make search for its home wherever they are located." We are delighted to be able to add one sentence of cheering significance from our correspondent's letter. "I am happy," he says, "in saying that I have received every encouragement from the allopathic doctor; I wish more in England had the same sensible spirit." And so do we, devoutly; and we see no reason as yet to despair.

SPELLING REFORM.—HOMŒOPATHY *v.* HOMEOPATHY.

THE following sensible paragraph appeared in *The British Medical Journal* of April 9th :—

“ A STEP IN THE REFORM OF ENGLISH SPELLING.

“ Professor Skeat, in a recent number of *Notes and Queries*, says : ‘ Those who know the whole history of our spelling from the eighth century to the present time best understand the harm done by the pernicious system of trying to transplant Latin and Greek symbols into the English language. The symbols *æ* and *œ* are not English, and are best avoided. Indeed, this is done in practice when once a word becomes common. *Æther* and *ætherial* have been sensibly replaced by *ether* and *etherial*. No one now writes *æternal*. *Solæcism* is now *solecism*, and I trust that *primeval* and *medieval* will soon prevail over *primæval* and *mediæval*. Pedantic spellings are most objectionable, because they are useless and unphonetic.’ We heartily agree with Professor Skeat, and trust that *diarrhœa*, *leucorrhœa*, *dysmenorrhœa*, &c., will soon give place to *diarrhea*, *leucorrhea*, *dysmenorrhea*, &c.”

For our part we heartily like the sentiment of Professor Skeat and the *Journal*, and we are prepared to commence with the word *Homœopathy*. We see no reason whatever why it should not be written *Homeopathy*, and all the reasons enumerated by Professor Skeat why it should. We invite discussion on the subject. No doubt we run the risk of being told by the *Lancet* that we are “ striking the flag ; ” but even such an awful contingency as that should not appal us when the beauty of the English language and convenience in writing are at stake. Why have not our ever-to-the-front American brethren given us a lead in this direction long ago ?

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HAHNEMANN DINNER.

THE second in the revived series of Hahnemann dinners in connection with the British Homœopathic Society was a decided success, and reflects great credit on Dr. Blackley the Hon. Sec., who had the principal share of the arrangements. Dr. Roth presided, as was to be expected, admirably. The proceedings were enlivened by Mr. Richard Mackway and his choir of trained glee-singers, who discoursed select music between the toasts. The only direction in which an alteration might have been made for the better that suggested itself to some of the members was in the lengthening of the toast list. There

were several country members present whose voices are seldom heard, and are always gladly heard, but who had no opportunity to speak. If this should necessitate a curtailing of the musical pleasures of the evening it would be a pity, but of the two we would rather forego the latter.

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## ORIGINAL COMMUNICATIONS.

### TE AROHA—THE NEWEST SANATORIUM OF NEW ZEALAND.

By J. MURRAY MOORE, M.D., M.R.C.S.

In the Northern Island of this colony new mineral springs, hot and cold, are continually being brought to light, and occasionally, when other attractions to the locality exist, a "township" springs up. For some eight years Te Aroha (the meaning of which is in English "The Salutation" or "Love to you") has been known, together with its neighbour Waiorongomai, as the site of gold deposits of a more or less (principally less) payable character. The Maories had used a hot spring which gushed out from the hillock now in the centre of the town, for many years, and when miners, settlers, and a casual visitor or two found it very efficacious in rheumatism, and most refreshing as a bath after a long ride, the springs began to be as famous as the mines. From a mining village then, during the past three years, Te Aroha, which is 120 miles S.E. from Auckland, on the Upper Thames river, has become quite an important Thermal resort surpassing Waiwera and rivalling Rotorua. The Thames Valley Railway having now reached the town, tourists can reach Te Aroha in 8½ hours, and by excursion train can go there and return in one day from Auckland. The three comfortable and moderate-priced hotels, "Warren's," "The Hot Springs," and "The Club," are full all the time, and the boarding-houses are well patronized.

The most picturesque route from our city to this pretty town or village is by steamer to Thames, thence by a small steamer sixty miles up the winding Thames river, called by some the Waihou at its upper part. The Te Aroha range of mountains, of which the chief peak rises to 3,300 feet above the town, form a grand background to the

winding river, which, indeed, reminds one of the Forth near Stirling, or the Tamar between Launceston (Tasmania), and the sea. Seen on a rather cloudy day, the range looms up blue and with distinctly outlined volcanic edge, like the San Bernadino range near Santa Barbara, California. The recuperated invalid tries his strength, wind, and suppleness by ascending the first spur of the noble Te Aroha, called "Bald Hill." From its summit he can gaze over a hundred square miles of land, mostly drained and sown in grass, with scores of acres planted and productive. From the summit of the peak on a clear day the writer has seen the volcanoes Ruapehu and Tongariro, 100 miles to the south; White Island, a very active sulphur volcano, 40 miles out at sea, and the Waikato hills to the west. But we must now give an idea of the nature and properties of the springs, which have been carefully analyzed, first by Mr. J. A. Pond, and lately by Dr. Hector.

In a general way the springs resemble those of Bath, Vichy, Ems, and Fachingen, and are most useful in gouty and rheumatic affections of the joints, in kidney diseases, calculus, and some forms of acid dyspepsia.

Through the energy of the local "Domain Board" and the liberality of the New Zealand Government, which has expended £1000 upon the baths and the grounds, the whole area containing the sources of the springs is now enclosed, planted, and laid out in walks, &c., for the convenience of health-seekers. No. 1 Bath is of the average temperature in summer of 150° F., but is cooled down to 108° or 110° by cold waterpipes before being admitted into the bathing-house. This spring is alkaline, strongly charged with carbonic acid gas, and contains no less than 857·829 grains per gallon of the following substances—Bicarbonate of soda, 728 grs., chloride of sodium, 73 grs., sulphates of soda, potash, lime, and magnesia, phosphates of soda and alumina, carbonates of ammonia and iron, silica, heavy traces of carbonate of lithia. This last element is perhaps the most valuable, for, with the exception of iodine, it is the rarest ingredient of mineral springs.

No. 2 Bath contains the same ingredients in smaller proportions, and the drinking soda spring contains still less solid matter. The least dense, however, contains 811 grains in the gallon—a quantity exceeding that of most European springs. The cases chiefly benefited, and in many instances cured, within my own experience have

been sciatica, lumbago, chronic articular rheumatism, gout of the smaller joints, intermitted eczematous eruptions, brain-fag, and nervous *pareses*, not being genuine *paralyses*. The various diversions of lawn tennis, boating, fishing, riding and driving, fern collecting in the lovely glens of Waiorongomai, quite a type of New Zealand forest, and the mountain ascent, make Te Aroha a delightful and health-giving place. Its elevation above sea-level (70 or 80 ft.) is just sufficient to be bracing in summer, and in the scenery around the artist finds bold and picturesque subjects for his pencil. During the summer there are never less than 300 visitors. The little town rejoices in the possession of two churches, a public hall, free library, and a reading-room. My next contribution will be a description of the extraordinary volcano, submarine in its origin, called White Island.

Symonds Street, Auckland, *February 1, 1887.*

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## CLINICAL RECORD.

### LONDON HOMŒOPATHIC HOSPITAL.

CASES under the care of Dr. JOHN H. CLARKE.

(Reported by R. D. O'SULLIVAN, M.B., House Surgeon.)

*Gastritis.—Arsenicum.—Cured.*—Letitia S——, a married woman, aged 57, was admitted to hospital on September 4, 1886. During the preceding two years she had suffered from chronic gastritis with its accompanying train of distressing symptoms, and these had become so urgent of late that she was forced to seek advice. On admission she was much debilitated, wasted, and nervous. She vomited immediately after food, irrespective of quality. Her tongue was raw, red, and denuded of epithelium at the tip and along the edges—furred with yellow and transversely fissured on the dorsum. The epigastrium was tender on pressure; there was much flatulence, and the bowels were obstinately constipated. Patient was ordered a diet of milk and beef-tea, and for medicine one drop of *Ars. 3*, thrice daily after food. Under this treatment she rapidly improved. By the 6th she retained the liquid food well, and the epigastric distress was decidedly less. By the 8th the tongue was almost free from fur. By the 9th she was



quite free from pain, there was no tenderness on pressure in the epigastric region, her sleep was sounder and more refreshing, and her spirits improved. By the 10th her tongue was perfectly clean, and she retained a full milk diet without the least discomfort. The bowels also were becoming less constipated. On the 11th, however, she did not appear to be so well. She complained of a pain right down the middle of the back and thought she had somehow "caught cold." The tongue was again coated and transversely fissured. During the next day the pain increased, and on the 13th it became very severe in the back and also began to shoot down behind the right trochanter along the course of the sciatic to the ankle. Singularly enough this pain had begun to assume quite a periodic character, beginning about midnight, increasing in intensity till daybreak, then remitting again till the following night. It appeared actually as if the incredibly minute dose of *Arsenicum* administered—the  $\frac{1}{1000000}$  of a grain thrice daily for a week—had given rise to this new symptom. Two things pointed to such a conclusion—namely, the periodicity of the pain, and the fact that prior to taking *Ars.* the patient had never experienced such sensations. On the 15th *Ars.* was stopped, and *Colocynth* 1 gtt. i, 2 hrs. substituted. As the gastric symptoms had by this time quite disappeared, some minced meat was allowed. By the 17th the pains were very much better, and the patient slept well. By the 20th the pains had quite ceased; the tongue was clean, the bowels regular, and the woman able to take a liberal meat diet without the least inconvenience. On the 21st of September, seventeen days after admission, she was discharged perfectly cured.

*Effects of a severe chill.—Aconite.—Cured.*—A servant girl, Annie L—, aged 20, was admitted to hospital on February 17, 1887. She had been feeling "below par" for a considerable time past, but kept about her work until the 15th inst. On that day she was exposed to draughts, developed a slight sore throat, had several slight rigors, and towards evening suffered from throbbing vertex headache with sensation of general feverishness and malaise. Bowels relaxed—two loose stools in the ensuing 24 hours. On admission her temperature was 100°, pulse full, hard and bounding, tongue slightly coated with white, face flushed, frontal headache of a throbbing nature, skin hot and dry, and a dull aching pain referred to the sacral region. No history of any catamenial irregularity. Careful examination failed

to reveal any organic lesion, save a faint systolic bruit, heard only in the mitral area and apparently hæmic. The case appeared just such an one as would be strikingly benefited by the exhibition of *Aconite*. Accordingly a drop of the third centesimal dilution was prescribed every three hours, with a milk diet. During the night she slept indifferently, but the following morning she felt and looked much better. The tongue was cleaner, there was no headache, and the pain in the sacrum was no longer felt. A gentle perspiration bedewed the entire body, rendering the skin moist and supple, the pulse was 88 full and steady, and the temperature 99°2. During the afternoon there was a slight return of the headache, but the temperature at 8 p.m. was normal, and she had a good night. On the morning of the 19th she declared that she felt quite well—and the only symptoms which indicated that she was not in perfect health were a furring of the posterior portion of the tongue, and a slight elevation of temperature—99°. No return of the headache during the day; evening temperature normal. She remained quite well, and was discharged cured on the 23rd inst.

The late Carroll Dunham drew special attention to the efficacy of *Aconite* in cases like the above. He it was who first pointed out the fact that *Aconite* as a remedy for inflammatory mischief, is useful only in a well-marked class of cases—those namely where there exists general feverishness without any local lesion. He maintained, and experience abundantly bears out the truth of his observations, that when the general feverishness has progressed so far as to implicate a definite portion of the body, when it has progressed to a pleuritis, to a meningitis, or to a pneumonia, then *Aconite* is useless, and valuable time lost while it is being administered. But in the condition of general pyrexia which precedes such definite lesions, it is unique in its action and absolutely invaluable.

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## SOCIETY'S MEETINGS.

### BRITISH HOMŒOPATHIC SOCIETY.

#### HAHNEMANN DINNER.

On Wednesday, April 13th, between fifty and sixty of the members of the British Homœopathic Society and their friends sat down to an excellent dinner at the Criterion, Piccadilly.

There was a goodly percentage of members from the country present. The proceedings were enlivened by a selection of glees and songs given under the direction of Mr. R. Mackway, who kindly volunteered his services as on the like occasion last year.

Dr. ROTH, President of the Society, occupied the chair.

In proposing the health of "The Queen," Dr. ROTH said that this Jubilee year of Her Majesty's reign was also celebrated for two great events in homœopathic annals—it was the first time a public institution had been declared open to homœopaths, and the first meeting had been held of the Homœopathic League.

The toast of the "Army, Navy, and Reserve Forces" was responded to by Major VAUGHAN MORGAN, whom Dr. ROTH described as a "General" in the Homœopathic Army. Major Morgan was very warmly received. He said he could speak more freely of the navy as he knew but little about it. He believed it to be, in spite of all alarmist rumours, fully up to the mark. Of the army he could speak with more diffidence. Though he believed it had never been in such an efficient state before, it must be confessed that it was still behind the navy. This he attributed to the double method of appointing officers by seniority and selection. In the navy selection was the rule, in the army seniority. This did not lead to satisfactory appointments. He paid a tribute to the high qualities of the Duke of Cambridge, but said that he occupied a position in the army like that occupied by Dr. Jenner in medicine, a position which was not conducive to progress in reform. He praised the militia as being the backbone of the military force of the country in olden times, and reminded his hearers that any man under forty-two was liable to be called on to be balloted to serve in the militia in case of need. One-fourth of the combatants at Waterloo were militiamen.

"The Memory of Hahnemann" was the next toast. The PRESIDENT spoke eloquently of Hahnemann's præ-homœopathic achievements, his linguistic powers, his well-earned fame as a chemist and a hygienist, his protest against blood-letting, and his advocacy of simple prescriptions. He described him as the greatest benefactor of his time.

The toast was drunk, as always, in silence.

Mr. CAMERON proposed "The Memory of Dr. Quin, founder of the Society." Mr. Cameron dwelt on the high tone adopted by Dr. Quin in his professional life, and mentioned an incident illustrating his magnanimity. Calling at a house one day soon after the departure of one of the leading physicians of the time, Dr. Quin was informed that if he had only been a few minutes earlier he would have been in time to hear himself roundly abused. Dr. Quin regretted that he had missed that pleasure,

and inquired as to who it was that had honoured him by these attentions. He was told, and was shown the prescription left by his eminent detractor. Quin saw in a moment that the latter had made in this prescription a mistake that might have been attended with fatal consequences; but instead of saying anything about it, he offered to take it himself to the chemist, as he was passing, to save them time and trouble. He took it, of course, to the eminent man who had written it. He found the latter at home, and, on sending up his card, was shown in without delay. The eminent man, who was also very tall, drew himself up to his full height, and asked, "To what am I indebted for the honour of this call?" laying sarcastic emphasis on the word "honour." "To that," said Quin, handing him his own prescription; and, seeing how utterly confounded the great man was, he consoled him by saying, "Oh! don't be alarmed, no harm is done; no one knows of this besides our two selves. Write another prescription, and it will be all right." He then explained to him all the circumstances by which it had come into his possession. This completely broke down his old reviler, who took his hand in both of his and said, "You have heaped coals of fire on my head; I did not deserve this at your hands, and had no right to expect it; never as long as I live will I say a word against you again." He wrote a new prescription which Quin took to the chemist and had made up. The patient never knew the danger that had been incurred or how it had been avoided. Before leaving the physician's house the latter said to Quin that of course his belief in the system Quin practised was not affected by what had occurred, though his regard for Quin personally was changed. "Oh!" said Quin, with the wit and tact which never failed him, and which here served to relieve the terrible mental strain of the situation, without yielding a point, "Oh! don't trouble about that. If you keep on reducing the size of your doses at this rate you will soon be too high a dilutionist for me."

This toast was also drunk in silence.

Dr. YELDHAM proposed "Prosperity to the British Homœopathic Society." He briefly sketched the history and work of the Society. He said he had always attended these gatherings, and highly approved of them. They did much good. Whenever it was possible for him to be present he should attend them as long as he lived (great cheering).

Dr. G. H. BLACKLEY (Hon. Sec.), replied, and was happy to say that in point of members and papers the Society was in a very flourishing condition.

Dr. HUGHES proposed "The Visitors." He named specially Mr. Laurie, the Secretary of the Homœopathic League, Major Vaughan Morgan, and Mr. Hurndall—the last a representative

of homœopathy in Veterinary Surgery and Medicine, with whose name the toast was coupled. Dr. Hughes said that if professional homœopaths stood alone it would not be possible to make headway. It was only by the splendid support of lay homœopaths that our position was secured; and it was only by appealing to the laity that progress was to be looked for. It was by this means that Homœopathy had attained its proud position in the United States; and it was by this means that it would be attained here. He quite agreed with all Mr. Cameron had said about the necessity of maintaining a perfectly courteous bearing to those of the dominant section; but it was only by pressure brought to bear on the profession from without that justice would be wrung from them. The history of the past proved this beyond doubt. He alluded to the work of the Homœopathic League in this direction, and the excellent tracts it had issued, to which no possible objection could be taken.

Dr. Hughes's speech was warmly cheered, and the toast drunk with enthusiasm.

Mr. HURNDALL responded. He said in one point his practice afforded a good test of the effects of homœopathy—in the exclusion of the element of faith. It is often said that it is not homœopathy but faith in homœopathy that cures. His patients disproved that, for they had no faith in homœopathy, and yet they were cured. He had taken up an allopathic practice, and so had had to introduce the new treatment with some circumspection. Yet he had unbiassed testimony to its advantages. For instance, the foreman of a large establishment where many horses are kept, and for the care of which Mr. Hurndall has a contract, was asked by his master how it was certain diseases which used to prove very difficult to manage in the days of Mr. Hurndall's predecessor now did so no longer. The foreman could only say that such was the fact, and that the horses under Mr. Hurndall's treatment got well as if by miracle. Horses were not the only animals amenable to homœopathy. Dogs were especially susceptible to high dilutions. Animals of the bovine species were not susceptible to high dilutions. Mr. Hurndall thought the divided stomach might have something to do with this. Next to them came horses, who were more susceptible; then came dogs who responded well to high dilutions; and the smaller animals, as cats, still more readily. He did not find the same obstinate opposition to homœopathy among Veterinarians that exists in general medical circles.

He had never lost a case of colic since using homœopathy, and the only medicine he used was aconite. He, of course, must have a "colic drink," and it consists of aconite simply, in water coloured with sugar. Colic was almost invariably due to cold or cold drinks. When due to over-eating, which is extremely rare in

animals, nux vomica is the remedy. Mr. Hurndall, who was loudly applauded, thanked the company for the kind reception accorded to the visitors.

By permission of the President

Dr. POPE proposed the healths of Dr. DUDGEON and Dr. JAGIELSKI and Dr. MARSH *apropos* of the splendid fight for liberty at the Margaret Street Infirmary. Never, said Dr. Pope, had a Hahnemann dinner been held under better auspices. He referred to the rapid exhaustion of two editions of Dr. Brunton's book, in which all that was novel and useful was derived from homœopathy. He then came to speak of the fight and the victory at the Margaret Street Infirmary for Consumption, which he described as being the best managed affair and the most striking illustration of the advance of homœopathy we have witnessed of late years. It was a vindication of freedom of opinion in therapeutics. It established the right of every duly qualified medical man to practice as he knows best for his patients. Henderson was compelled to leave the Edinburgh infirmary because he insisted on doing the best he knew for his patients—that best being homœopathy. Horner of Hull was compelled to leave the Hull hospital, of which he was the senior physician, because he was determined to practice the best he knew—that best being homœopathy. Reith of Aberdeen, who held a similar post, was ousted for the same reason, because he would not consent to do less than his best—his best being homœopathy. In 1887 there is a different state of things. Drs. Jagielski and Marsh, instead of being compelled to resign, or to cease doing the best they knew for their patients, did neither the one nor the other. They had found a champion in Dr. Dudgeon (loud cheering), who had done more than almost any man for advancing the art of medicine based on science. The resolution that Dr. Dudgeon proposed was one that could not be objected to. It merely maintained that the treasurer and secretary are not to dictate to members of the medical staff how they shall treat their patients; and that no section of the medical staff shall dictate to another section. The younger members of the profession have taken a sensible view of this affair as witness *The Students' Journal*. The older medical journals see the same thing, and maintain a most masterly, most eloquent, silence about the whole affair. The only one of the older journals that has ventured to remark on the matter is the *Medical Press*, and it must be sorry now that it did so. Never was a cause more legitimate or better managed. Drs. Jagielski and Marsh must have been most judicious in the treatment of their patients; for with all the searching of their opponents no fault could be found in this respect. Liberty of opinion to the profession at large had been secured. It is now proved that Drs. Ringer and Brun-

ton may practice homœopathy openly and avowedly if they like and no one has power to interfere with them.

Dr. Pope was repeatedly and loudly cheered throughout his speech, and the cheers were redoubled at its close. The toast was drunk with great enthusiasm, and when Dr. Dudgeon rose to reply, the cheering was renewed and long continued.

Dr. DUDGEON said he felt great diffidence in making a speech as it was not part of the authorized programme (laughter); and his natural modesty made him shrink from replying to the too laudatory terms in which the proposer of the toast had referred to himself. He had endeavoured to alter the arrangement, but, he said, "Pope" was not only infallible, but also obstinate (laughter); and he confessed he was glad to have an opportunity of stating that the victory at Margaret Street was not a victory for homœopathy, but a vindication of the rights of medical men to liberty of opinion. It has proved that every duly qualified medical man when elected to an office, has the right to practice the best he knows without let from either secretary, committee, or colleagues. The Plan of Campaign (laughter) adopted by the persecuting party at Margaret Street, was, as might be expected from a clique of allopaths, somewhat mixed. They looked to Ireland for their model, and adopted boycotting, intimidation—in the round robin they sent round to the Governors, threatening to resign if the homœopaths were not expelled,—mutilation—in cutting off the supplies of homœopathic drugs (laughter),—and to these they added the landlords' plan of evicting their tenants (laughter). The defence was very simple. There was no law under which the persecuted members could be interfered with. They fell back on the laws. The Governors saw at once that the resolution he (Dr. Dudgeon) had the honour to propose was in accordance with law and reason. One point in the victory he would like to mention. A circular signed by 15 medical officers and their friends was sent round, and only 17 votes were registered against the resolution. 20 being recorded in its favour. The 15 signatories voted solid, and it follows that they only gained two votes among the independent governors, and these must have been two ladies who were observed to hold up their hands against the resolution. The peculiar point and pleasure to him was not that homœopathy had been forced on the institution, or that a new departure had been inaugurated, but that the old plan of asserting boldly the right of every medical man to practice as he thinks best has been confirmed and justified. It only remained to him in this connection to express the thanks of himself and his coadjutors, Drs. Jagielski and Marsh, for the kind reception given to the toast.

But there was something else he would like to do if the President would permit. In recognition of the very efficient manner in which the dinner had been arranged and conducted, he invited

the company to drink to the health of the President, Dr. Roth, and the Hon. Sec. (great cheering). He spoke of the admirable manner in which Dr. Roth had referred to Hahnemann, and of the zeal he maintained for the cause of homœopathy, although his practice had for a long time run in a separate line. He referred to the signal help he (Dr. Roth) had given in the Margaret Street fight by sending the tracts of the Homœopathic League to all the governors of that institution, thus enlightening them on the subject in dispute (loud cheers).

This toast was drunk with enthusiasm, and Dr. ROTH replied. He said that he had practised homœopathy exclusively for 12 years, before taking up his speciality, being the only homœopath in several counties, and he should always retain his zeal for Hahnemann's reform.

Dr. BLACKLEY also replied, giving Dr. Tuckey credit for his share in facilitating arrangements by giving Dr. Blackley his experiences of the previous year.

The health of Mr. MACKWAY proposed and responded to, brought to a close the proceedings of the second of the revived series of the Hahnemann dinners.

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#### MONTHLY MEETING.

SEVENTH Ordinary Meeting of the Society, April 5th, 1887, Dr. HUGHES, Vice-President, in the Chair.

Dr. ROTH read his paper entitled—

#### PHYSIOLOGICAL EFFECTS OF ARTIFICIAL SLEEP, WITH SOME REMARKS ON TREATMENT BY SUGGESTION.

Dr. ROTH said he intended to give a bird's-eye view of the question. Sleep has been induced artificially in various ways, one of the best known being that by passes known as mesmerism. Another method was that of Faria, a Portuguese, who simply used direct magnetic power, telling the patient sharply and emphatically that he would sleep, and he did. Braid was of the same school, but he found that there was no necessity of supposing the passage of a fluid from one to the other, as Faria did, but that fixing the attention was enough.

In the last four years a Pole invented a "hypnoscope," which is nothing but a magnet in circular form. From this he obtained special symptoms. Dr. Roth showed several forms of magnets used for this. The instrument is an index of whether the patients are susceptible or not. If certain symptoms follow its use, then those who experience them will be amenable to hypnotism. Involuntary movement, insensibility, rigidity, and contraction, are symptoms sometimes produced.

Dr. Liebold was the first to use this power for medical purposes.



Dr. Hach Tuke was one of the first to notice his work, and he suggested that hypnotism should be used for conditions of mental disease. This was twenty years ago.

Professor Bernheim, of Nancy, has written a book on this subject. He says that the patient's confidence must be gained before any steps are taken. He then tells them the stages of sleep through which they will pass, and they do it; or, if not, he fixes the attention, or makes passes. The time taken is from two to fifteen minutes. Children can generally be easily and quickly hypnotised. There are three stages in the sleep—lethargy, catalepsy, and somnambulism. There is a fourth stage that can be reached sometimes, that of fascination. The proportion of persons that can be hypnotised varies. Some say 30 per cent. of healthy persons, others say 90 per cent. can be hypnotised. Some persons can hypnotise themselves.

Dr. Roth then described the sleep. There is anæsthesia, or a suspension of special senses. The muscles will contract by any ordinary stimulus. The contraction of facial muscles is less frequent than that of others. If one arm is caused to contract, and a magnet applied to the opposite side, there will be transference of the contraction to that side.

In some cases, blowing sharply into the ear or tickling a nostril will cause the contraction to disappear.

There are different ways of awakening. When it is done by blowing on the eyes, it is best to raise the lids before doing so.

It is not necessary to go through all the stages; the cataleptic stage may appear first. Persons struck by lightning are thrown into a cataleptic state. A military band, or the bark of a dog, will cause it under some circumstances. Muscular contractions caused by slight excitations of the surface cannot be transferred by the magnet.

If you place fancy work into the hands of a cataleptic it will remain in the position as if awake, and the patient will work at it. Should one eye close, and the hand of that side drop down, the other continues at the work. Elliotson was scouted for teaching these facts some years ago.

*Suggestion* in catalepsy is an influence made by one person on a subject by words or in other ways. The attitude in which a person is placed is reflected on the face. If the hand is placed on the mouth as if to send a kiss, a smile appears on the face. The opposite also holds good—the physiognomy influences the attitude. Duchenne has worked this out. Illusions are produced on persons in the cataleptic state by suggestion. If the limbs are made to perform rhythmical motions he will continue them. He will repeat sentences in foreign languages. An object will be enough to suggest an action, *e.g.*, a glass to drink, a book to read, etc.

*Somnambulism* has two forms—with closed eyes and with open eyes. In somnambulism with closed eyes the limbs are never so completely relaxed as in lethargy. Complete anæsthesia is observed. The senses of sight, hearing, and smell are exalted. There is considerable increase of muscular force. Sometimes local anæsthesia occurs where other affections exist—as a headache. Various metals will influence these conditions. Bourq, who brought forward this, was laughed at. Charcot has now made it generally recognized.

Intellectual exaltation will sometimes occur—persons will be able to solve problems easily which they had found great difficulty in doing when awake.

Cases of dual personality were referred to. There were also instances of exalted memory: persons in catalepsy were able to remember events they had quite forgotten in their waking state. In the state of lethargy persons will not obey suggestions as in somnambulism, and the lethargic state may be produced in a somnambulist by gently rubbing the upper part of the spine. A somnambulist with the eyes closed is completely under the influence of suggestion.

In somnambulism with open eyes the symptoms are similar. Whatever is suggested is believed. If it is suggested that a drink is an emetic, the effect occurs. Suggestions of action will be carried out, and it is here that use has been made for curative purposes.

Dr. Biemot was the first to produce fascination, which is a fourth stage. This had only been produced in men. There is an irresistible desire to imitate the person mesmerising, or to follow a brilliant point.

These effects are all produced on healthy persons, and that was the chief interest the subject had for Dr. Roth as a homœopath.

The use as therapeutic agents has not been confined to neurotics. Thus cases of amenorrhœa were cured by this means at the *Salpêtrière*. A number of other cases of other diseases were mentioned; and the value of suggestion in surgical cases was pointed out.

The cures at religious shrines are now ascribed to suggestion.

Prof. Bernheim says that it should not be undertaken except by a medical man and in the presence of a third person. Also the full consent of the patient should be obtained. It should never be performed by way of experiment except with the full consent of the person operated on.

Dr. Roth said he had not brought forward a tenth part of what members ought to know of this subject.

DISCUSSION.

Dr. HUGHES paid a high compliment to Dr. Roth for his energy in bringing this subject before the Society, and invited the members to begin the discussion.

Dr. BUTCHER said he had made a few experiments with healthy children of his own in willing them to do certain things, as picking out one card out of several. He had been able to induce sleep by monotonous stroking for a case of erysipelas in a person who much objected to mesmerism; by a few passes he was able to put the patient to sleep, without his knowing he was being mesmerised. In the ordinary experiment of putting cards before persons and willing them to choose a particular one, he has found that sometimes he could not do it, when a mother or teacher could do it at once.

Dr. DUDGEON said that most people of his age were familiar with all the experiments now regarded as novelties in Germany and France. Drs. Elliotson and Ashburner gained great opprobrium through their experiments. It was the common history of discoveries in medicine: the whole medical world first rejected, denounced, scouted them; latterly they are taken up by some serious men and tolerated; and lastly they are received with enthusiasm. But of course the medical profession think it is "quite different" now; they will talk about "vasomotor nerves," and think it "scientific." They hash up the old things with scientific jargon, and then swallow them. They have done the same thing with hydropathy and homœopathy. Homœopaths were formerly quacks. Now the medical profession find that homœopathic medicines when given to frogs make one of their legs twitch, or do something to their hearts, and therefore must be good for various diseases. If it had not been for these pseudo-scientific experiments, the drugs would not have been accepted. Presently, when a sufficient quantity of pseudo-scientific jargon has been attached to it, it will be universally accepted.

Dr. Dudgeon found little that was novel, but much that was interesting in the facts brought forward, but now that mesmerism is recognized in scientific circles we may expect some good to come from them. Referring to Dr. Butcher's experiments, Dr. Dudgeon instanced the familiar "willing game." He did not know an explanation, but it was evident the will power of one person can influence the mind of another. He was grateful to Dr. Roth for bringing the subject forward. He mentioned the double personality which had been treated by Julian Hawthorne in a striking way in one of his novels.

Dr. HUGHES said Dr. Roth had given us a "proving" of this agent on the human body, and asked how we should use it—as the old school do, or on the law of similars? He said their effect

differed somewhat from ordinary medicinal agents. No man by exerting his will can prevent the action of a medicine, though they could with regard to mesmerism; and added to this, was the moral effect of the power possessed by one man over another. In the case of Chauffat, when told to "write" Charcot's name he did so; when told to "sign" it he did so, after a struggle, in Charcot's handwriting; thus he was made an unwilling forger. Dr. Hughes did not think it right to treat ordinary cases with an agent entailing such moral dangers. He did not think Europeans had been operated on under mesmeric anæsthesia, but only Asiatics. (Dr. Roth said a number of operations had been performed on Europeans.) *Carnatis Indica* had only been known to cause catalepsy in Asiatics. But homœopathy comes in here. When persons were disordered analogously, he thought the treatment advisable.

Dr. O'SULLIVAN then showed on two boys who were sensitive subjects various mesmeric phenomena. Some of these phenomena were brought about by simple suggestion without preliminary passes, others with them. He placed one of them in a condition analogous to that in which Chauffat now is. He said that if the operator lost his head there was this risk, that it was impossible to say how long the conditions would remain.

When the demonstration was finished, the hour was so late that further discussion had to be postponed.

## REVIEWS.

### TAKING COLD.\*

THE fact that Dr. Hayward's useful and popular little work has reached a seventh edition is sufficient evidence of its sterling merits and general usefulness. In a climate like ours there is no more fruitful cause of disease than taking cold. It is true the disease may be nothing more serious than a running from the nose; but it may also be some rapidly fatal inflammation.

As a sample of Dr. Hayward's style, we may quote the following from the part which deals with the prevention of taking cold:

"*Clothing as a preventive.*—At all times of the year the clothing should be sufficient to protect from the influence of variations of the climate, and to keep the body up to a comfortable degree of warmth, and should be varied according to

\* *Taking Cold (the Cause of Half our Diseases): Its Nature, Causes, Prevention and Cure.* By John W. Hayward, M.D. Seventh Edition. Revised and Enlarged. London: E. Gould and Son, 59, Moorgate Street, E. C. 1887.

circumstances. Increase of clothing is always required in the evening and at night, both winter and summer, especially if the air is damp; also when an east wind is blowing, and on going out of a warm room into cold air; and in this case the extra clothing (overcoat, for instance) should be put on a few minutes before going out, in order that it may become warm, and not have to abstract heat from the body after having got out, by which it would assist to bring on a shiver; also invariably *before falling asleep*. A woollen garment ought always to be worn next to the skin; always flannel in the winter; and the clothing should always cover not only the vital regions—throat, chest, and abdomen—but the extremities also; and it should always be well dried and well aired.

*“Food as a preventive.*—The food should be sufficient and varied, and contain flesh once or twice a day. Persons should never be exposed to cold or infection whilst hungry, for then there is a much greater susceptibility, the system being in a receptive, absorbent condition, and less resistant to evil influences.”

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#### THE HUMAN FIGURE.\*

MISS LEFFLER-ARNIM shall tell in her own words the aim and scope of her lecture. She says :

“I have announced my intention to give a Lecture to-day on the ‘Human Figure,’ and I meet you here to fulfil my promise.

“I propose to consider first *The Figure*, as it is commonly understood by our sex, and the means which are resorted to to acquire it.

“When we have spoken upon that matter, we will go a little deeper into our subject, and dwell for a while upon the Forces of which the Torso or Body is built up, both individually and collectively.

“We will then consider how these forces are best cultivated, in order that their inherent powers may be utilized as a means of health, strength, and beauty.

“We will pass on from that to a strong denunciation of corsets, and the harm that ensues from their use; and, finally, we will see what substitutes are available for us, if we consent to rid ourselves from this bone-and-steel bondage.”

The promise is well fulfilled. The author of the brochure gives a very good account of the anatomy of the trunk muscles, and especially of the abdominal muscles; and this is a subject which ladies of the present generation would do well to consider carefully. As a matter of fact, neither men nor women are sufficiently aware of the importance of the abdominal muscles, including

\* *The Human Figure : its Cultivation in Health, Strength, and Symmetry.* A Lecture to Ladies. By Miss Leffler-Arnim, of London and Reading. London: Hutchings and Crowsley Limited, Printers, St. John's Wood, N.W.

the diaphragm, as muscles of breathing. The abdominal muscles should be used in breathing (as singers know) even more than the muscles of the chest. Of course ladies who have been taught from girlhood to "assist nature"—poor nature!—with stays, have locked up in these most unnatural contrivances, which make rigid what nature made flexible, a large proportion of their breathing space; and laid in store for themselves a plentiful supply of backaches.

Here are Miss Arnim's conclusions :

"A woman's dress should be chosen on three or four simple rules, which should *never* be forgotten.

1st.—Her dress must not interfere with health.

2nd.—It must be comfortable.

3rd.—It must *never* be of a kind that would prevent her at any moment from performing any true woman's work.

4th.—It must be neat and tidy.

All minor considerations as to colour, texture, &c., can be left to the fancy of the wearer.

"Given these, dressed according to these rules, there will always be a pleasing sense of fitness about a woman which will impress you, although you cannot for the moment say *why*. One is aware of a fitness in things long before one is conscious of it."

We grant that when Miss Arnim has got her four points she has achieved much; but we think that "colour, texture, &c.," are not quite the "minor" considerations she makes them out to be. And as to leaving them to the "fancy of the wearer," we can only say that that depends on the wearer. If the wearer's taste is sound, very well; but if not, the wearer had better consult somebody else. Colour is of great importance; and texture, which includes weight, is more important still. However, with Miss Arnim's main conclusions we heartily agree; and we strongly recommend her timely lecture to the much-enduring stay-ridden portion of the community.

#### NASAL POLYPI.\*

THE paper now published in pamphlet form was originally read by Dr. Wolston at the Brighton meeting of the British Medical Association, 1886. It will better give an idea of the scope of the paper if we cite two of Dr. Wolston's cases and some of his remarks.

"Treatment of morbid growths in the nostril reached a totally new stage thirty years ago when Middledorpf first suggested electro-cautery as their most efficient mode of removal. Vol-

\* *Nasal Polypi: their Radical Extirpation and Cure by Electro-Cautery. With Illustrative Cases.* By Walter T. P. Wolston, M.D.

tolini, v. Bruns, Thudichum, Michel, and others have since greatly improved the necessary apparatus for efficiently dealing with the interior of the nostril from end to end. For this method it may be confidently claimed that it not only relieves the polyp patient from his suffocative feelings, but it recovers to him his usually lost senses of smell and taste. If properly and persistently applied it eradicates the malady, putting the sufferer into a new world of easy nasal breathing, coupled with the enjoyment of tasting his food, and appreciating a bouquet—pleasures long denied—and not now alloyed by the nightmare of certain relapse. These are the ultimate results, and halcyon days will they seem to many a poor sufferer from a disease which robs life of all enjoyment, could he but reach them. But the pathway to these results, is it agonizing and bloody? It is just in these details so important to the polyp patient that electro-cautery scores immensely. Practically speaking—aided as it is now by cocaine—it is painless. It is bloodless. It involves no tugging or tearing. It removes every bit of diseased tissue. It deals with the deepest recesses of the nostril as easily and as effectually as the anterior parts.

“But—alas! most things carry a but—it is tedious, or at least said to be. Morell Mackenzie,\* in comparing various methods of treatment, says, ‘The great advantage of evulsion is not only the *facility* with which the treatment can be carried out, but the *rapidity with which relief* can always be obtained. More growths can generally be taken away at a single sitting than can be got rid of either with the snare or by electric cautery.’ The correctness of this I venture, with all deference to so great an authority, to impugn. With the galvano-cautery loop, which I always use, I have frequently removed from twelve to forty separate polyps at a sitting, lasting from thirty minutes to an hour. I may refer to cases 28 and 29 in table in proof, coming to me as they did on successive days.

“*Case 28, seen April 7, 1886.*—J. M'L., fifty-four, Skye, a grocer. For seven years has had all the usual symptoms of nasal polypi; coryza and stuffiness extreme; *smell* quite gone; *taste* nearly so. Two years ago was operated on by the forceps with much pain and bleeding. In two months was as bad as ever. His nose is large and flattened; right naris is wide, left narrow; both crammed with polypi to the vestibule, and no air enters either. Using an 8 per cent. solution of cocaine as a spray, I removed with the loop from the right four, and from the left two large polypi, without a drop of blood, or a twinge of pain. At this point my accumulators were exhausted (from previous long use), and I desisted till the 9th, when I removed

\* “Dis. of Throat and Nose,” 1884, vol. ii., p. 376.

thirty-five polypi, some of considerable size, from the right side, and seven small ones from the left—forty-two in all. I could now easily see the posterior wall of the pharynx on the right, and the relief was immense. There was no pain and no hæmorrhage. On the 13th he returned, saying, 'I am in a new world.' The diligent use of an alkaline carbolized spray, which I usually order to be applied thrice daily, had lessened the turgescence of the left side, and I removed nine polyps—one large, the rest small. Posterior rhinoscopy revealed a large polyp stuck in the left choana, which I then failed to snare, as I could not reach it from the front. On the 17th I again removed eight from the left side; and on the 22nd thirteen from the right, and twelve from the left. He could now inspire freely by the left naris; though expiration was masked. Of the twelve polypi removed from the left this day, most were attached to the septum far back, and high up, and their removal, though small, gave immense relief. He now returns home in quite a different state. Thus, within a fortnight, in five sittings, I removed ninety polypi.

"Case 26.—H. H., aged sixteen, from Bath, was seen on 27th January, 1886. A tall healthy-looking girl, she has suffered for three years from stuffiness of left nostril, and frequent coryza; *smell* was lost, and *taste* diminished. Her voice had altered, becoming 'nasal,' and she began to snore badly at night. Two years since a local doctor diagnosed a polyp, but advised its being let alone that it might grow, and thus its eventual removal be made more easy. Now she is very stuffed. Anterior nares are well developed. The right reveals only hypertrophy of lower turbinated. The left shows several mucous polypi on middle turbinated. Posterior rhinoscopy reveals a considerable sized pendulous fibroid-looking tumour hanging on left side of uvula, the free border of which is just on a level with the fundus of the polyp. This latter is pear-shaped, hard, red, not shining, and freely movable, the insertion of the pedicle not being visible in pharynx, the vault of which is seen to contain considerable masses of adenoid vegetations. The left naris is quite blocked up, no air being inspired or expired. *Ears*.—Right drumhead rather indrawn, but hearing normal; left drum much indrawn, membrane dark and lustreless; hears my watch (a very loud-ticking English lever, heard normally twelve to twenty feet) only two feet. Using an 8 per cent. spray of cocaine, I removed, with the heated loop, three good-sized polyps of the ordinary mucous variety from the left middle turbinated, without any pain, or a drop of blood, and with some relief to the breathing.

"On the 31st, having placed her deeply under chloroform, and kindly and most ably assisted by Dr. Maxwell Ross, I proceeded to deal with the pharyngeal polyp. A Smith's single gag keeping



the mouth well open, I explored the naso-pharynx with the left forefinger, and found the polyp grew from the highest and most posterior point of the left nasal cavity, its pedicle being traceable through the left choana. The tip of the finger could not, however, reach the root of the growth, which was apparently just behind the upper turbinated bone. Passing a pair of straight tubes down the left nostril, carrying No. 3 wire, I attempted to snare the polyp, but failed, from its mobility and size. I then repassed the tubes, carrying enough wire to admit of the noose being drawn under the palate out of the mouth. The fundus was then seized with an artery forceps, the noose passed over the latter, and so easily over the tumour. I tightened the noose, put on my handle, and turned on the current, but the wire burnt through. The process was repeated with No. 2 wire, and curved tubes, which were much more manageable, and enabled the very base of the pedicle to be easily reached. Touching the button, the pedicle, the size of an ordinary pencil, was burnt through in about one minute, and the polyp dropped into the pharynx, and was withdrawn by the attached forceps. There was no hæmorrhage whatever. With a Loewenberg forceps I then cleared the post-nasal space completely of adenoids. At a later date I removed the posterior turbinated bodies, which were much hypertrophied, and ablated the right tonsil, which was very large. The pharyngeal polyp was about two inches in length, and nearly one inch in diameter at the fundus. It proved on microscopic examination to be a pure myxoma. On 27th May the report is—Voice natural, nasal catarrh quite gone, breathing normal, *taste* and *smell* returned, left hearing power five feet. No trace of polyp recurrence in any part of naris. This case is interesting from the five different naso-pharyngeal maladies from which the patient suffered—mucous polypi, naso-pharyngeal myxoma, adenoid vegetations, hypertrophied erectile-tissue tumours, and enlarged tonsil.

“As a rule, one’s patients are quite sure they have no recurrence, their sensations being so normal, but I insist on occasional inspection, if at all practicable, and hence the success which my table of cases presents. *I cannot too strongly insist on this latter point, combined as it must be with a free use of the platinum cauter on any suspicious-looking area.* The trouble taken, and the patience required, are well repaid by the gratifying results obtained; and I am persuaded that the time is not far distant when the surgeon who deals with nasal polypi, will feel he has not acted rightly by his patient if he subject him to any of the old-fashioned, clumsy, and unsatisfactory methods before mentioned, rather than having recourse to Electro-Cautery.”

Of course Dr. Wolston is not considering the medical treat-

ment of polypus. We have been fortunate enough to cure the disease without surgical interference in several cases; but this cannot always be accomplished, and when surgery has to be resorted to, the method adopted by Dr. Wolston, at once thorough and scientific, is the best of all methods.

## INSTITUTIONS.

### BUCHANAN COTTAGE HOSPITAL, ST. LEONARD'S-ON-SEA.

The Buchanan Cottage Hospital has completed the sixth year of its useful existence. It contains sixteen Beds and two Private-Wards. We quote from the Report as follows:—

“In presenting the Sixth Annual Report to the subscribers and friends of the Buchanan Cottage Hospital, the Board of Management look back upon the past year with thankfulness and satisfaction, and are hopeful for the future of the Hospital.

“They have again to deplore the loss by death of several subscribers to the Institution.

“The growth of the Hospital can best be appreciated by a glance at its history. Started in 1881 by the liberality of Miss Mirrlees, assisted by many kind friends, it gave relief in that year to 49 patients. In 1884, the patients were moved into the present pretty and convenient building; the number treated had risen to 118, and in that year, in order that the Institution might become an absolutely public one, the responsibility passed into the hands of a Board of Management, annually elected by the subscribers. The record of last year shows how much good work was done, 161 patients having been admitted into the Hospital. The Board, therefore, with confidence, invite the attention of the public to its rapid progress.

“The following table will give the result of the year's work:—

Remaining in Hospital, January 1st, 1886 .. ..	8
Admitted during the year .. ..	146
Admitted for operation, and discharged same day..	7
	161

“In addition to the above, 18 casualty cases were treated without admission to the Hospital.

Discharged as cured .. ..	96
Relieved .. ..	41
Incurable .. ..	3
Died .. ..	2
Discharged at own request .. ..	4
Remaining in Hospital, January 1st, 1887 .. ..	15
	161

"Of the in-patients, 68 were males, 91 females.

"Of these 106 were general, and 48 were ophthalmic cases.

"Average number resident throughout the year, 1476.

"Mean residence of each patient in days, 35 days.

"The increase in the number of patients has been the marked feature of the year, but other advances have been made.

"Another bed, 'The Harry Mirrlees,' has been endowed by Miss Mirrlees, who has already done so much for the Hospital.

"Whilst the nursing staff still continues to give complete satisfaction, the system of out-nursing and training nurses with that view, has been steadily carried on with the most satisfactory results. One private ward has been closed, as the room was wanted for the extra nurses, but six patients have taken advantage of the remaining private wards.

"The cost of the heating apparatus, which last year the Board had the pleasure of reporting was nearly met, has, by the kindness of many friends, been completely defrayed, and it is now proposed to extend the apparatus to the bath-rooms.

"A special collection for the purpose has enabled the Board to further plant and greatly improve the garden, but more might be done in this direction.

"By the alteration in the rules sanctioned at the recent special meeting, it is hoped the administration of the Hospital will be more effectually carried on.

"It is satisfactory to note the number of subscribers' increase, and friends help the Hospital every year with donations and gifts. It is earnestly trusted their number will continue to increase, in view of the growing expenses.

"The Board of Management gratefully acknowledges the valuable services of the Medical Officers, the Chaplain, Mr. A. G. Trille (the dentist), the Treasurer, the Ladies' Committee, and the Secretaries, and also the kindness of those ladies who have devoted time to visiting the Hospital and reading to the patients.

"Before closing the report, the Board of Management wish emphatically to express their thanks to Miss Goldson, who for six years, with unwearied patience and unceasing care, has, as Secretary, watched over the interests of the Hospital."

The Honorary Secretary is W. B. Liddiard, Esq., 16, Upper Maze Hill, St. Leonard's; the Honorary Medical Officers are C. Knox Shaw, Esq., and F. H. Shaw, Esq; Ophthalmic Surgeon, C. Knox Shaw, Esq.

## SCARBOROUGH HOMŒOPATHIC DISPENSARY,

VERNON PLACE (OPPOSITE CHRIST CHURCH).

We are glad to learn by this Report that the Scarborough Dispensary is a Provident institution, and that it is self-supporting. Subjoined are the names of the members of the Committee, and other officers: W. Ascough, Esq., J. Brocklebank, Esq., Isaac Burkill, Esq., Miss Hopkins, F. R. Giddy,

Esq., John Rowntree, Esq., Rev. J. C. Simpson, Thomas Walton, Esq., W. J. Whitehead, Esq.; Honorary Treasurer, Wm. Rowntree, Esq., J.P.; Honorary Medical Officers, F. Flint, M.D., M.R.C.S.E., J. Gowing-Middleton, M.B., C.M.; House Surgeon, Alfred Ross, L.K.Q.C.P., L.R.C.S.I., L.M.

"During the year 1886 there have been 6,658 attendances of patients at the Dispensary Rooms, and 4,330 visits have been made to patients at their own homes; these numbers show an increase of 500 in attendances and nearly 800 in visits over the numbers of the preceding year.

"The expenses of the Dispensary have been above £12 less than those of 1885; on the other hand *the receipts from the payments of patients able to purchase their own tickets have been £21 10s. less, and the receipts from all sources have been about £15 less.*

"During the year £20 were received from the Executors of the late J. Bentley, Esq. It was hoped that this unexpected addition to the funds would have materially diminished the long existing debt. In consequence of the diminished receipts from subscribers and from the payments of patients this amount has not done more than to save the Dispensary from an increase of debt.

"It is hoped that this Dispensary will be favoured with a larger share of support from the charitable public during the coming year. The tickets are really in *very urgent request*, and this shows how greatly the work of the Dispensary is appreciated by the poor. The payments (£123 15s.) of patients of only very moderate means in purchasing tickets is another practical proof of the estimation in which this Dispensary is held amongst the poorer classes. These facts, if more widely known, should lead to a considerable addition to the list of subscribers.

"It should also be noted that tickets of the value of the donation were given to the donors of the legacy of Mr. Bentley; and that this practice is always carried out in the case of legacies, donations, and public subscriptions at churches, &c."

More than one-half the income of the Dispensary is derived from the Provident department.

### TORQUAY HOMŒOPATHIC DISPENSARY.

WE have received the Thirty-ninth Annual Report of this Institution. The following is a list of the Patrons, Committee, and Officers: Patron, The Right Honourable the Lord Haldon; Vice-Patron, W. B. Fortescue, Esq.; Consulting Physician, C. H. Mackintosh, Esq., M.D.; Medical Officers, A. Midgley Cash, Esq., M.D., W. F. Edgelow, Esq., M.D.; Treasurer, Captain Coulson; Committee, General Boudier, C. Collett, Esq., Captain Coulson, Colonel McDougall, G. Lane-Fox, Esq., A. R. Hunt, Esq., Herbert Schuster, Esq.; Secretary and Dispenser, Mr. J. M. Rendall.

“At the Thirty-ninth Annual Meeting of the Homoeopathic Dispensary Committee, held Friday, Feb. 25, 1887, W. B. Fortescue, Esq., in the Chair,

“It was Resolved:

“That the Report be adopted, printed, and circulated as usual, and published in the *Western Morning News*, *Torquay Directory*, and *Torquay Times*.

“That the best thanks of the Committee are due to Dr. Midgley Cash and Dr. Edgelow for their services during the preceding year.

“It was proposed and carried unanimously that General Boudier and G. Lane-Fox, Esq., be added to the Committee.”

MEDICAL REPORT FOR 1886.

Patients remaining from 1885 .....	167
Admitted during 1886 .....	714
	881
Cured .....	291
Relieved .....	286
No Change .....	84
No Report .....	122
Deaths .....	6
On Books.....	142
	881

OXFORD HOMŒOPATHIC MEDICAL DISPENSARY,  
 87, HYTHE BRIDGE STREET.

FOURTEENTH ANNUAL REPORT, 1886.

Patronesses, Her Grace the Dowager Duchess of Marlborough; Mrs. Miller, Shotover House; Mrs. Rowley, Oxford; Lady Valentia, Bletchington; Mrs. A. W. Hall, St. Thomas', Oxford; Lady Mary Dashwood, Dun's Tew; Lady Dynevor, Warleigh Manor, Bath. Committee, Rev. Canon Chamberlain, M.A., Chairman, C. H. Firth, Esq., M.A., Rev. T. Hacking, Rev. T. J. Hearn, M.A., Rev. E. Male, M.A., Mrs. Rowley, Mr. Fred. J. Tyler, C. Underhill, Esq., J.P. Treasurer, C. Underhill, Esq., J.P., 87, Corn Market Street. Secretary, Rev. E. Male, North Parade Villa. Physician, Arthur Guinness, Esq., M.D., F.R.C.S.

“At a meeting of your Committee held on the 27th inst., they received the following

PHYSICIAN'S REPORT.

“LADIES AND GENTLEMEN,—In this, our Fourteenth Annual Report, I am very pleased to be able to give you a very satisfactory statement of the work done in your Dispensary during the past year. The number of new patients up to January, 1887, amounts to 828. In consequence of the Committee having kindly felt that, at my age, I

should not be overworked, it was resolved to increase the charge, which was 3d. for each patient, to 6d., which sum is required to pay for medicine and the rent of the rooms. This had the effect of reducing the number of patients, and thus lessening my work; the attendances were 1,866; and the total number of patients admitted since its opening (fourteen years ago) has thus reached the large number of 20,637. I have still to report that many of these patients apply for relief from all the villages in the neighbourhood of Oxford, some from a long distance off. (Among the distant places noticed in this report are chiefly Eynsham, Abingdon, Witney, Woodstock, Kidlington, Bicester, Brill, Wantage, &c.) The number vaccinated was thirty-two. All were successful, and no erysipelas or any other ill-effects occurred after vaccination, which further confirms my belief in the great importance of using pure calf-lymph, which is procured from Dr. Worlomont, of Brussels. The deaths were ten—two cases of disease of heart and dropsy; three cases of infants, from convulsions, occurring during the period of dentition; one case of phthisis; one of pleurisy, in the case of an old man who also had chronic bronchitis; one case of measles with double bronchitis, which had been ill four or five days before I was called in; one infant from atrophy; and one of chronic diarrhoea, ending in ulceration of mucous membrane of mouth and bowels.—I have the honour to remain, Ladies and Gentlemen, Yours faithfully,

“ARTHUR GUINNESS, M.D., F.R.C.S.”

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## Obituary.

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### GEORGE NEWMAN.

ANOTHER of our veteran homœopaths has passed away in the person of Dr. Newman of Bath, at the age of 74.

Although he survived his late colleague, Dr. Holland, by about fifteen months, yet for a much longer period he had ceased from active practice of his profession owing to the gradual supervention of certain symptoms of a paralytic character.

Newman was born in 1813, and received his medical education at St. Bartholomew's, obtaining his diploma from the College of Surgeons in 1835.

He soon settled in practice near Glastonbury, and was appointed medical officer to that district of the Wells Union.

Whilst carrying on practice here he became acquainted with Homœopathy, and after a careful examination of the system, he commenced treating both his private and pauper patients on homœopathic principles.

In 1844, owing principally to the virulent animosity of some of his colleagues, the Poor Law Commissioners were induced to hold an inquiry in this matter, with the result that Newman,

although a popular and successful Union surgeon, was deprived of his post because he treated his pauper patients homœopathically.

By an unanimous vote the thanks of the Board of Guardians were given to him for his attentive, humane, and successful treatment of the sick under his care, during the seven years and five months that he was their medical officer.

The affair excited so much interest that it was brought under the notice of Parliament by Lord Ebury, then Lord Robert Grosvenor, and the whole correspondence was printed by order of the House of Commons.

In 1852 Newman removed to Bath, where he soon established himself in a large and remunerative practice, and made many staunch friends.

The following incident shows the bitterness of feeling which then existed between the old and new schools :

Newman applied for membership of the Bath and County Club, but was unsuccessful, on account of the great opposition of the medical members. Newman's many friends however soon found a means of ensuring his election, for they allowed no medical man to be proposed for the club as long as the boycotting continued.

In 1849 a Homœopathic Dispensary had been established in Bath by Drs. Luther and Laurie, but in 1859 Newman had obtained sufficient funds to purchase a suitable house, and fit it up as a Homœopathic Hospital with ten beds, and during the next few years legacies to the amount of more than two thousand pounds were bequeathed to the institution, principally through his personal influence.

Newman, who was all his life a strict high dilutionist, took great interest in the little hospital, as a place for the exhibition of the power of homœopathic treatment pure and simple. He therefore strongly resented the action of his colleague, Dr. Max Limont, who in 1868 was treating cancer patients in the hospital with caustics, according to Dr. Till's method. Hence arose the famous controversy of Newman *versus* Max Limont, in which appeal was made to the whole homœopathic body on the general subject of accessories and external applications in homœopathic treatment.

Newman never took any part in public affairs in the city of his adoption, but he enjoyed a great deal of social life, and had a large circle of friends and acquaintances.

During many years he worked very hard, and rarely, if ever, took any holiday, and this, coupled with a good deal of domestic affliction, was probably the cause of his being laid aside for some years previous to his death. His last illness was quite a short one, his death occurring on Easter Eve, April 9th, and he was buried in the same cemetery as his former colleague, Dr. Holland.

## GENERAL CORRESPONDENCE.

## A PLEA FOR THE NON-SCIENTIFIC.

*To the Editor of the HOMŒOPATHIC WORLD.*

SIR,—Can you spare me a few lines to make a remark or two on a point which I think has not been noticed by the writers of the League tracts? Many of my friends tell me how much they enjoy reading them, and how the information they obtain strengthens their arguments when they come into contact with “unbelievers.” They complain, however, that too many medical terms are used which they cannot possibly understand. The last tract, “Dangers of Modern Medicine,” for instance, perhaps the most valuable of all hitherto published, contains many striking quotations, but much of their force is lost owing to the incomprehensibility (to the public) of many of the words contained in them. Few people outside the profession know the meaning of Amaurosis, Dyspnœa, Hyperæsthesia, Erythematous, Hæmaturia, and lastly, that awful word Pathognomonic. I know that to the profession they are delightfully expressive and time-saving, but like the

Vierwaldstaeterseeruderdampfbootactienhabersgesellschaft of Lucerne, require a little looking into (possibly a dictionary, too) before their full meaning and value can be appreciated. Might I, therefore, ask the writers of future tracts, through you, to be as merciful as they can, and add to the general interest in, and enjoyment of, the tracts, by using as much plain English as possible, or, when not possible, to explain the words by footnotes, which I know would be greatly valued.—Yours truly,  
MEDICAL STUDENT.

## DROSERA HIGH AND LOW.

*To the Editor of the HOMŒOPATHIC WORLD.*

SIR,—I want to draw attention to some statements with regard to *Drosera*, p. 143, in the excellent “Homœopathic Recorder,” the object being to show that a dangerous inference may arise, and *post hoc ergo propterea* be utterly false.

“*Drosera* belongs to those remedies a repetition of which in a high attenuation may be *hurtful*.” We are quite willing to hear what Hahnemann says, but which of us has tried “one dose of the 30th *Drosera* as sufficient to effect a perfect cure of epidemic whooping cough in from seven to nine days”? Muhlenbein gave *Dros. 16*, but witnessed aggravations in two children, and observed that the attack was prolonged, which was *not* the



case after the administration of one dose of Drosera 30th. Trinks found one dose high sufficient in the majority of cases, seven to fourteen days; Tretse and Bethmann one dose of 30th in eight days—the repetition of the 30th is attended by “considerable damage,” so says Hahnemann, “as I know from experience.” Then the writer says that irritating as is the 30th the 1x is soothing repeated *ad libitum*, and with this I heartily accord; and so sufficient have I found the remedy when the cough goes on to vomiting, that I keep to it until cuprum falls into its place. Last month a child whom I occasionally attended got what the mother supposed was an attack of wind. She took it up and patted it on the back, but the child was dead. I found on inquiry that Drosera had been given in several doses as the bottle testified from diminished pilules; but the attenuation was 8—had it been 30 what was to prevent me jumping to the conclusion that Drosera spasms had ended the life? There was a post-mortem examination, and, as I anticipated, the doctor averred spasm of the glottis, and the verdict “Death from natural causes.” I have seen severe aggravations from Sepia 30 and Silicea 30, the latter given for an abundantly suppurating scalp eruption; the patient tore himself and pulled his hair out. Surely, Dr. Dake, this “was an aggravation,” and the pilules were medicated by myself—the cure was complete. I don’t care one jot what there was in the vehicle, there was room for my Silicea 30: as a general rule I seldom go to 30. Surely there is a very respectable evidence in Dr. Hughes’ and Dr. Bayes’ volumes without casting the 30th aside.—Yours faithfully,

H. USSHER, B.A., M.B., Surgeon.  
Lorne Villa, Geraldine Road, Wandsworth.

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POISONING WITH DUBOISINE.—Dr. C. W. Chadwick records (*Brit. Med. Journ.*) a case of poisoning with this alkaloid, through the application of two  $\frac{1}{10}$  grain discs to the eye of a man aged 75. The toxic symptoms were quickly developed, and within half an hour he presented the appearance of a person under the influence of liquor, walking and talking in a similar way. When he got home he behaved in a most ridiculous fashion, and became very suspicious. When left to himself he put the whole room in a state of chaos. Brushes, towels, and shoes were placed upon the bed, boots upon the dressing-table, and he finished up by falling heavily upon the floor, from which he was unable to rise without assistance. A subcutaneous injection of morphine produced a short sleep, and on awakening the patient expressed his total ignorance of his eccentric behaviour.—*Chemist and Druggist.*

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## VARIETIES.

**DRUMINE.**—Our latest advices from Australia show that drumine, the "alkaloid" of *Euphorbia Drummondii*, which is reported to be a powerful local anæsthetic and a rival of cocaine, is receiving close attention. The plant is a low insignificant weed, with inconspicuous flowers and fruit. The leaves are ovate, but occasionally abovate, and in some cases the stalks and lower surfaces of the leaves are purplish. It is easily distinguishable from other weeds which resemble it in outward appearance by its milky juice. The plant has a local repute in New South Wales for its poisonous effects on sheep, which eat it along with other green food. Dr. Reid explains, in a letter to *The Chemist and Druggist of Australasia*, how he was prompted to make the experiments which culminated in the discovery of drumine. He was asked for an antidote by a farmer, who had lost stock, which had eaten a poisonous herb. He determined to investigate the properties of the herb with this end in view, and obtained a supply of the plant. He submitted it for identification to Dr. Schomburgk, of the Botanic Department, Adelaide, who described it as one of the most poisonous plants of South Australia—a spurge-weed (*Euphorbia Drummondii*), and added that a large number of sheep and cattle are annually killed by eating it. The effect of the plant upon the animals is to produce hoven, due to the drumine paralyzing the sensory nerves of the stomach, and thus stopping digestion. It is a remarkable fact, however, that Mr. Edward Stanley, Government veterinarian of New South Wales, made an investigation last year into the matter and failed from experiment to get any satisfactory proof that the plant causes hoven. It is probable, however, that Mr. Stanley was working with a plant similar to, but not identical with, the spurge-weed. There is an excellent opportunity here for colonial pharmacists, and there are many skilled men amongst them, to throw some light upon the contradictory statements which have been made. Meanwhile, we understand that there is a consignment of the plant on the way to an enterprising London firm.—*Chemist and Druggist*.

**EUCALYPTUS OIL.**—The attention of all colonial pharmacists is at present being drawn to the field for work which is open to them in the production of eucalyptus oils of various kinds. In a series of papers to *The Chemist and Druggist of Australasia* by Mr. William Sutherland, B.Sc., there is a very full account of the genus and its products, treated from the historical, botanical, and commercial points of view, and from these we gather that an impetus is being felt in the oil-distilling industry. There can be no doubt that in this industry colonial pharmacists have an excellent auxiliary trade. Until a few years back the trade was practically the monopoly, and perhaps deservedly so, of Mr. Bosisto, the introducer of the oils, but now that the demand has expanded so greatly the supply is occasionally short. This should not be the case, seeing that the source is so extensive. If the farming principle were in vogue in Australia we believe that supplies would be ample, and that the industry would be greatly developed. It appears to be now certain that the oil of *Eucalyptus amygdalina* is the universally-accepted therapeutic agent, and that the recent scare as to the valueless nature of iodoform as an antiseptic will in no wise affect the use of the oil, although they generally go

together. It is important that distillers should be careful to keep the oil of this species distinct from that of the mallee eucalypts, which differs greatly from it. That oil is excluded from use in medicine on account of its specific gravity being higher than the Pharmacopœia standard, but it is extensively used in the arts as a perfume for soaps, and in combination with other antiseptic agents for various purposes. It was at one time supposed that there was a great future for this oil as a resin-solvent in varnish-making, but hitherto, owing to the large demand for it for other purposes, its price has excluded trial in this direction. Provided it can be produced at a non-prohibitive figure the nature of the oil makes it specially suitable as a basis for varnish, which in drying would act as a contagion-destroyer. It is rather a remarkable fact that the oils mentioned are the only ones which have ever come into commerce in any quantity. This is attributable to absence of demand, and also to the small yield afforded by other species. Mr. Bosisto's figures regarding the yield of oil have generally been taken as the standard, and we notice that Mr. Sutherland in quoting them draws attention to the wide differences between them and those given by Mr. W. Nitschke, of Hackney, South Australia. For example, Mr. Bosisto gives 200 fl. oz. as the yield of oil from 1,000 lbs. of the leaves of mallee eucalypts, while Mr. Nitschke gives 81 fl. oz. The latter's figure for *E. odorata* is 112½ fl. oz. per 1,000 lbs., Mr. Bosisto's 7 fl. oz. This discrepancy must be due to something else than locality and season, which greatly affect the yield of oil from *E. odorata*, but whatever may be the cause, it is evident that there is work in the subject for pharmacists on the spot.—*Chemist and Druggist*.

**TREATMENT OF TINEA CIRCINATA.**—Couillebault, in his capacity as naval surgeon, has had great experience in the treatment of tinea circinata. In hot climates he has employed with success the leaves of the *Cassia alata*, of which chrysophanic acid appears to be an active principle. The best method of application consists in friction with fresh leaves, slightly moistened with pure water, the juice being allowed to dry on the affected surfaces. If fresh leaves cannot be obtained, the best preparation is acetic extract.—*Annales de Derm. et de Syph.*, 1886, No. 12.

**RESORCIN, ICHTHYOL, AND LANOLIN COMPARED.**—At the recent meeting of the American Dermatological Association, Dr. H. W. Stelwagon, of Philadelphia, presented a paper on "The Value of Resorcin, Ichthyol, and Lanolin in Cutaneous Diseases," giving his clinical observations on the use of these drugs. Resorcin had been found of service in tinea sycois. In seborrhœa it had always been found beneficial. In one case of superficial epithelioma of the nose the use of a 50 per cent. ointment had been followed by healing. In three cases of furunculus, ichthyol, in the form of a 20 per cent. plaster, had acted with good results. In a small proportion of cases of acne rosacea and vulgaris it was also beneficial. Lanolin was recommended as an ointment-base where a certain degree of penetration was desired. Where, however, simply a protective influence is desired, it is less efficient than other preparations. In a few cases of acute and subacute eczema, lanolin had produced irritation.—*Journal of Cutaneous and Venereal Diseases*, vol. iv., No. 10.

**CLEVER MEN.**—Clever men will recognize and tolerate nothing but cleverness; every authority rouses their ridicule, every superstition

amuses them, every convention moves them to contradiction. Only force finds favour in their eyes, and they have no toleration for anything that is not purely natural and spontaneous. And yet ten clever men are not worth one man of talent, nor ten men of talent worth one man of genius. And in the individual, feeling is more than cleverness, reason is worth as much as feeling, and conscience has it over reason. If, then, the clever man is not *mockable*, he may at least be neither loved, nor considered, nor esteemed. He may make himself feared, it is true, and force others to respect his independence; but this negative superiority brings no happiness with it. Cleverness is serviceable for everything, sufficient for nothing.—*Amiel's Journal*, vol. ii. p. 17.

**THE DIGESTION OF MILK.**—M. Reichmann, of Warsaw, has recently made several experiments on the digestion of milk in the human stomach. The subject was a young man, aged 22, in robust health. The experiments were made by means of the stomach-pump, with unboiled, as well as alkaline and boiled, milk. The results were as follows: 300 cubic centimètres of unboiled milk are evacuated by a healthy stomach four hours from the time it has been taken, although the regular digestion is completed three hours afterwards. Coagulation of the milk takes place about five minutes after ingestion, and does not depend on increase in the quantity of acid, but on another agency, possibly the fermentation of rennet. During the digestion of 300 cubic centimètres of milk, the contents of the stomach show the greatest average degree of acidity (32 centimètres per cent.), at the end of an hour and a half. This acidity is owing, when digestion begins, to the presence of lactic and hydrochloric acid; the latter only appears three quarters of an hour after the ingestion of milk. Half an hour after taking the milk, the quantity of peptones is increased, and remains so for an hour and a half, after which time it becomes perceptibly less. Boiled milk (heated at from 16° to 26° C.) was taken into the stomach; 300 cubic centimètres were digested in two hours and a half; the acid contents of the stomach disappeared in three hours. After the ingestion of boiled milk, peptonisation, which in that case is more energetic, begins sooner, and the clots and caseine are not so thick as when unboiled milk is given. Experiments with alkalisied milk have shown that alkalisiation of milk prevents the peptonising action of gastric juice. One hundred cubic centimètres of milk, alkalisied by means of bicarbonate of soda, leave the stomach entirely at the end of two hours. Alkalisiation does not prevent milk in the stomach from coagulating under the influence of rennet. In conclusion, M. Reichmann says that the result of all his experiments on one person entirely coincided with nine previous experiments he had made.—*Brit. Med. Jour.*, Feb. 12.

**BORACIC ACID AS A PRESERVATIVE.**—The common use of borax and boracic acid as food preservatives, especially for milk and fish, has given rise to much opposition on the ground that these chemicals are injurious to health. Experiments which have recently been made by Dr. Johnson, of Stockholm, tend to disprove this allegation. Large doses of borax (twenty to fifty grains) were found to be quickly eliminated by the kidneys and other excretory organs, the excretion beginning in about ten minutes after administration. The same applies to boracic acid. After ten days' administration of the large doses various depressing symptoms were observed, such as headache, loses various tite, bronchial catarrh, and even papular eruptions of the skin. Never-

theless, Dr. Johnson does not feel justified in condemning the use of the substances as antiseptics, for these symptoms were produced by extremely large quantities, such as are not likely to be taken in food without decided repugnance to the taste, which, it must be admitted, is the guiding factor in the selection of food.—*Chemist and Druggist*.

**ARSENATE OF STRYCHNINE.**—This compound of two of the most powerful poisons known was introduced several years ago by Dr. J. Russel. It is obtained in well-defined and colourless crystals, some of which are exceptionally large in size. According to the *Therapeutic Gazette*, Russel finds it to possess powerful antipyretic properties, which raise the drug to the highest rank and service in typhoid fever. Dr. Russel, within the last four years, has repeatedly succeeded by its means to either abort an incipient typhoid fever, or simplify the morbid process when already full developed. As an alterative and tonic, especially in combination with salicylate of iron, in chronic anæmia and dyspepsia, the remedy may be given in the same doses as strychnine. It has been used subcutaneously in doses of from  $\frac{1}{32}$  to  $\frac{1}{16}$ , or  $\frac{1}{8}$  of a grain;  $\frac{1}{4}$  of a grain produces toxic symptoms when exhibited in the beginning of the treatment. The effect of the full dose is peculiarly striking in the premonitory symptoms of the acute infectious diseases, such as malaise, depression, muscular lassitude, &c., the patient feeling revived after a single injection. This singular effect of the drug has been so constantly observed by Dr. Russel in the above conditions, that he employs it systematically in all affections marked by a great reduction of vital energy.—*Chemist and Druggist*.

## MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Anderson (T. McCall).** A Treatise on Diseases of the Skin. With Special Reference to their Diagnosis and Treatment. Including an Analysis of 11,000 Consecutive Cases. With Plates and Numerous other Illustrations. 8vo, pp. 650. (Griffin. 25s.)
- BerdT-Hovell (D. de).** On Some Further Condition of Neurasthenia. 8vo, pp. 38. (Churchill. 1s. 6d.)
- Campbell (J.).** Elements of Hygiene and Sanitation for Schools and Colleges. 2nd ed. 12mo, pp. 254. (Gill, Dublin; Simpkin. 2s. 6d.)
- Dalby (Sir W. B.).** Short Contributions to Aural Surgery. Republished from the *Lancet*, between 1875 and 1886. 8vo, pp. 74. (Churchill. 8s. 6d.)
- Fennel (C. T. P.).** Principles of General Pharmacy; with Reference to Systems of Weights and Measures, Specific Gravity and its Uses, Pharmaceutical Manipulations. Pursuant to a course of Adolphus Fennel. 8vo, pp. xv.—124. (Cincinnati. 7s. 6d.)
- Fothergill (J. Milner).** The Practitioner's Handbook of the Principles of Therapeutics. 3rd ed., enlarged. 8vo, pp. 634. (Macmillan. 16s.)
- Keegan (D. F.).** Litholapaxy in Male Children and Male Adults. 8vo, pp. 47. (Churchill. 2s.)
- Moxon (W.).** Pilocerens Senilis, and other Papers. Fep. 8vo, pp. 262. (Low. 3s. 6d.)
- Newsholme (A.).** School Hygiene: The Laws of Health in Relation to School Life. Post 8vo, pp. 144. (Sonnenschein. 2s. 6d.)
- Royal London Ophthalmic Hospital Reports (The).** Vol. II. Part 3. Edit. by R. Marcus Gunn. 8vo. (Churchill. 5s.)
- Smith (C. J.).** Oxygen as a Remedial Agent. 8vo, pp. 39. (Churchill. 1s.)
- Smith (E.).** Clinical Studies of Disease in Children. 2nd ed. Post 8vo, pp. 330. (Churchill. 7s. 6d.)
- Southall (W.).** The Organic Materia Medica of the British Pharmacopœia, Systematically Arranged. 4th ed. Post 8vo, pp. 226. (Churchill. 5s.)
- Suckling (C. W.).** On the Diagnosis of Diseases of the Brain, Spinal Cord and Nerves. Post 8vo, pp. 320. (Lewis. 8s. 6d.)
- Sutton (John Bland).** Ligaments: Their Nature and Morphology. Post 8vo, pp. 108. (Lewis. 4s. 6d.)
- Whitaker (J. R.).** Anatomy of the Brain and Spinal Cord. 12mo, pp. 136. (Livingstone, Edinburgh; Simpkin. 4s. 6d.)
- Wright (G. A.).** Hip Disease in Childhood. With Special Reference to its Treatment by Excision. With 48 Original Woodcuts. 8vo, pp. 242. (Longmans. 10s. 6d.)

## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, St. George's Terrace, Gloucester Road, South Kensington, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We always go early to press, and would therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

Dr. COLLINS writes to us from The Club, Malvern, under date of March 24, 1887:

"I have left Leamington and now reside at Malvern, having purchased Dr. Fernie's practice.

"Having rented the 'Haywell' Baths, I am enabled to carry out the Hydropathic treatment in addition to my ordinary practice.

"My address is:—'Ardencaple,' Tibberton Road, Great Malvern."

We are happy to draw attention to Dr. Collins' removal, and we wish him every success in his new sphere of labour.

REPORTS.—We shall be glad if the officers of Dispensaries and Hospitals will forward to us the Reports of their institutions as soon as they are published each year.

## CORRESPONDENTS.

Communications received from Dr. Collins, Malvern; Dr. J. Murray Moore, New Zealand; Dr. Guinness, Oxford; Dr. Salkari Dey, Calcutta; Messrs. Beakes & Morton, Ann Arbor; Dr. Rufino, Buenos Ayres; Dr. Underwood, Brooklyn, N.Y.; The Rev. R. Swallow, Ningpo, China; Mr. Husson, London; Dr. D. N. Banerjee, Calcutta; Dr. Dudgeon, London; Mr. Norman, Bath.

## BOOKS AND JOURNALS RECEIVED.

Homeopathic Physician.—Medical Counsellor.—Medical Annals.—Allgemeine Homöopathische Zeitung.—St. Louis Medical Journal.—Chironian.—Revista General de Homeopatia.—Bibliothèque Homeopathique.—Southern Journal of Homeopathy, January, February.—St. Louis Periscope.—American Homeopathist.—L'Art Médical.—Homeopathic Journal of Obstetrics.—Hahnemannian Monthly.—Medical Visitor.—Revue Homeopathique Belgi.—Maanedsskeioft for Homeopathi.—Revista Argentina.—Homeopathic Recorder.—Zoophilist.—Clinical Review.—Clinique.—New York Medical Times.—Medical Advance.—Bath Herald, April 12.—Messrs. Clapp & Sons Catalogue and Directory.—Fourteenth Annual Report Oxford Homeopathic Medical Dispensary.—The Care of the Eyes in Infancy, Youth, Manhood, and Old Age.—Report of Calcutta Homeopathic Charitable Dispensary.—Electric Lighting Apparatus (Woodhouse & Rawson).

THE  
HOMEOPATHIC WORLD.

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JUNE 1, 1887.

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ENGLISH FOR ENGLISH SPEAKERS.

OUR readers will observe by our title page that we have followed up our note of last month on spelling reform by action. Henceforth we write the word "Homeopathy" and all its derivatives in plain English, discarding the diphthong, which has no place in the English alphabet or the English language. We invite all our contemporaries to follow our example and join us in waging war against the whole tribe of foreign diphthongs that have retained a place in words which have become part of the English language. For the future we intend to have none of them. In Latin words and Latin names they have their proper place. There let them remain. But in words of Greek and Latin parentage when once naturalized in the English language they have no place, and to retain them is simply a concession to pedantry, which it is our intention to make no longer.

Let it be clearly understood that our innovation has nothing to do with the *pronunciation* of the word. That we do not touch; neither have we anything to do with phonetic spelling reform. That is a subject bristling with difficulties, and however desirable it may be, it does not come within our scope. But assisting the naturalization of foreign words does distinctly come within our province; and as we no longer write "phænomenon," but "phenomenon;" no longer "ætiology," but "etiology," it is plain that the genius of the language points to the elimination

of the Latin diphthongs. They are a nuisance, and an unnecessary nuisance.

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### A YEAR'S WORK OF THE LEAGUE.

IN another part of our present issue will be found mention of the First Annual Report of the Homeopathic League. Without forestalling that document, which will be printed and placed in the hands of members of the League in due time, we may say that the promoters of the movement have every reason to be encouraged by the results of their efforts. In our present issue we have evidence of the appreciation the work has met with in India. In America and the Australian colonies the tracts of the League have found a place and are quietly doing their work. Spain, France, and Italy have joined, and a Spanish and French translation of some of the earlier tracts has appeared. Dr. POPE has lectured on Homeopathy at the Leicester Philosophical Institute. So much for the direct work of the League; but indirectly it has accomplished perhaps even greater triumphs. It was entirely due to the Forward Policy which eventually embodied itself in the League, that the prize essay of Dr. J. D. HAYWARD came to be written. Major VAUGHAN MORGAN, to whose energy and liberality Homeopathy in Great Britain owes more than it is aware, offered the prize of twenty-five guineas, with the result of producing the admirable pamphlet we have so often alluded to. This pamphlet has been put into the hands of every medical man on the register, and has done and is doing a great work as we have reason to know.

The fight at Margaret Street was not won without the help of the League, and to the Forward Policy and the party who sustain it must be ascribed the chief share of that magnificent triumph of liberty of opinion in things medical.

Indeed, as it has been remarked, no fight was ever won by running away. The League emulates the policy of standing by our rights and moving onward. Let those disciples



of Hahnemann who have hitherto acted on the running away policy be encouraged by the success of the League to reconsider their position, and take courage and join us.

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## NOTES.

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### “LEGENDARY HAHNEMANN.”

WE publish for the entertainment rather than for the instruction of our readers a translation of an article on Hahnemann which recently appeared in *Le Temps*. We need not inform our readers that in the article the Hahnemann described is almost purely mythical, being founded on the fact that an illustrious person of that name did once reside in Paris. It is interesting to see how the mythical element grows up around a real personage.

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### BATH HOMEOPATHIC HOSPITAL.

On the 18th ult. Mrs. Mackechnie gave a concert at the Assembly Rooms in aid of the funds of this institution. On the 5th inst. the Committee received £20 from Mrs. Mackechnie as the result, and a vote of thanks to her was passed unanimously.

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### RUDDOCK'S “STEPPING STONE.”

FEW men have done more for the popularising of Homeopathy than the late Dr. Ruddock, and, of all his writings, none has had a greater run of success than the little *Stepping Stone*. A stepping stone it has indeed been to many a once benighted allopath. The exhaustion of the eleventh, and the appearance of the twelfth, edition of the work shows that it is still in great demand. With the increasing enlightenment of the public there is an increasing desire for something better than traditional medicine has to offer. Hence the popularity of such works as Dr. Ruddock's *Stepping Stone*.

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### “DANGERS OF MODERN MEDICINE.”

TRACT No. 12 is a timely and valuable addition to the

League Series. We have heard it praised in all directions, and by some who have sad cause to know the truth of its teachings. The reckless manner in which drugs, especially narcotics, are used by the old school is a reproach to the profession. It seems as if, in these degenerate days, pain had come to be regarded as the greatest of all evils, and the smothering of pain with narcotics as the first and last duty of the doctor. Our fathers were made of sterner stuff, and would have been ashamed to confess the fear of pain that has come on a scientific generation. Very often pain is the best guide we have to the discovery of the nature of the malady and the means of cure. It is the height of folly to smother this with a narcotic before the meaning of it has been ascertained. We commend Tract No. 12 to the notice of all thoughtful persons.

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#### TRACT No. 13.

THE latest of the League Tracts is entitled *From Empiricism to Homeopathy*. It is written by "A General Practitioner," and gives an account of how he was led to take up homeopathy. Conversions are always interesting; and the steps by which "a general practitioner" was led to exchange his faith, or rather, to adopt a faith in place of no-faith, will be found not only interesting, but instructive and useful as an example for others to follow.

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#### *L'Union Homœopathique.*

DR. BONIFACE SCHMITZ deserves great credit for the ability with which he is carrying on his new periodical. The April number is excellent. His own article on psoric or constitutional cerebral meningitis is of great value. There is also an admirable article by Dr. Van Der Berghe, of Ghent, on the use of *Prunus Spinosa* in the treatment of shingles, and especially of the neuralgia which shingles leaves behind. Several striking cases are given, in which, after the more common remedies had failed, *Prunus Spi.* 30 speedily cured. It is well worth a trial in these often very troublesome cases.

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### CONTEMPORARY HISTORY.

WE have received from Dr. Boniface Schmitz a volume entitled, *A Page of the Contemporary History of Homeopathic Medicine*. He gives an account of the present condition of the homeopathic school in Great Britain and the United States of America; for it is in these countries, and especially the latter, as Dr. Schmitz points out, that homeopathy has struck its deepest roots. The author gives a very interesting sketch of the position of this school, and of the influence it is exerting on the old school. He instances the Brunton "conveyings" of homeopathy, and translates the whole of Dr. Dudgeon's "AT LAST."

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### DR. BRUNTON AGAIN.

WE commend to the notice of our readers an editorial article on Dr. Brunton's apology in the forthcoming number of the *The Homeopathic Review*. Dr. Brunton is taken up on every point, and the exposure is complete. But that Dr. Brunton holds the position he does we should almost grudge the labour bestowed upon him by our contemporary, for in himself Dr. Brunton is an opponent scarcely worth powder and shot. Such, however, is the (medically) exalting tendency of cutting up frogs and other animals alive, that Dr. Brunton occupies a position in the front rank of the allopathic section of the profession. This alone entitles him to the attention of *The Review*.

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### M. PASTEUR'S METHODS, NEW AND OLD.

THE reputation of M. Pasteur is rapidly going into retirement. The Press caterers have tired of him, and very little is heard except the occasional announcement of the death of one of his patients. Now that his mortality reaches the figure of *eighty*, and the deaths from *laboratory hydrophobia* or *Rage Pastorienne*, since he adopted the intensive method, number *fifteen*, even the most enthusiastic of his supporters—*e.g.*, the members of the British Hydrophobia Commission—are a little aghast. The Commission possess experimental proof that the inoculations of M. Pasteur have been the cause of death. They

have no proof that he has saved a life. This may account for their extreme deliberation in presenting their Report. The reason why there are not so many of his patients dying now is explained in a pamphlet by the venerable Dr. Constantine James on the Intensive Method. Dr. James learns on undoubted authority that this method—after being vaunted as absolutely infallible—*has been abandoned*. The onslaughts of M. Peter have not been in vain. He was screamed at by the Pasteurites, and his statements were denied; but *he was believed*, nevertheless, and M. Pasteur modified his method accordingly. Pasteurism dies hard, but it is dying.

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#### CIMICIFUGA.

THE following is from "Therapeutic Notes," by Dr. Foy, in *The Medical Press* of April 27th:—

##### "CIMICIFUGA IN CHOREA AND RHEUMATISM.

"Dr. Coloin, in *The Philadelphia Medical and Surgical Reporter*, strongly advocates the use of Cimicifuga in the treatment of chorea and rheumatism. During thirty years he has given it uncombined for these diseases with the best results. He finds that any dose exceeding twenty minims at the beginning of the treatment is likely to produce 'an atrocious headache.'"

How slow some people are to learn! The humblest homeopath could have told these authorities how to get the good effect of Cimicifuga without giving the headache at all, and how to turn its "atrocious headache"-producing power to most excellent advantage.

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#### THE MARGARET STREET INFIRMARY.

IN reply to *The Lancet's* stricture on the new appointments to the staff of the above-named institution, the two gentlemen pointedly referred to, Dr. John Beckett and Mr. Kenneth Millican, published admirable letters in the issue of the following week. They stand out for liberty for all; and their arguments are unassailable. The unfortunate part of the business is, that in disputes of this kind arguments are not of much account with professional opponents. They have due effect outside the profession; but inside the profession they are pitted against prejudice, malice, and

stupidity, and of course have no chance. In the eyes of all right thinking persons Dr. Beckett and Mr. Millican have done honour to their profession and to themselves by the action they have taken ; but they will have to bear the weight of professional odium. At the same time their example will have its effect inside the profession, and will command the respect of many of the less bigoted, some of whom may be induced to go and do likewise.

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## ORIGINAL COMMUNICATIONS.

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### CORNS ON THE FEET.

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

THIS case is interesting as illustrating the action of *Ferrum Picricum*.

A young gentleman, between fifteen and sixteen years old, consulted me in regard to a curious crop of hard corns seated on the left foot, along the outer half of the sole of the foot. There is one corn in the middle of the sole of the foot which has existed one year, another under the great toe where it has been for three months, and then there is a regular crop of eight corns of recent growth along the outer half of the foot, which inconvenienced him very greatly but cannot be said to be very painful.

This patient had had sun-stroke in the Cape, and for some four years afterwards his complexion wore a greenish hue. This he has lost for nearly a year. Except for this has always been in good health.

One prescription of *Ferr. Picricum* (1 to 50 solution) half a drachm to four ounces of water, a tea-spoonful three times a day, was followed by complete disappearance of all the corns.

As I did not see him until three months afterwards, I can give no accurate account of the exact order in which they disappeared.

The *Fer. Picricum* evidently is in strong homeopathic relationship to corns and warts, and to certain kinds of deafnesses, in the treatment of the latter of which my experience of it has been chiefly gained.

It must not be expected, however, to cure corns and

warts of long standing unless persevered in for a good while; the above is an example of corns that were unusually quickly developed.

## A FRENCH LEGENDARY ACCOUNT OF HAHNEMANN.

BY ERNEST LEGOUVÉ.\*

SAMUEL HAHNEMANN is one of the great innovators of the nineteenth century. He commenced about 1835 (*sic*) a medical revolution which still continues. I do not criticise the system, I only state the fact.

An accident, for which I cannot be too thankful, brought me into contact with him, at the moment when his reputation was in its full glory. I had something to do with it, and an account of the close relations which were established between us will assist us in our knowledge of this extraordinary and superior man.

My daughter, aged four years, was dying; our medical man, a physician of the Hôtel Dieu, Dr. R——, had told one of our friends in the morning that she was irremediably lost. Her mother and I were watching, perhaps for the last time, beside her cradle; Schoelcher and Goubaux were watching along with us, and in the room there was also a young man in evening dress, whom we had only known three hours previously, one of M. Ingres' most distinguished pupils, Amaury Duval.

We wished to have a souvenir of the dear little creature whose fate we already bewailed, and Amaury, at the earnest entreaty of Schoelcher, who had gone to fetch him in the midst of a ball, consented to come and make this sad portrait. When the dear and charming artist (he was then twenty-nine years old) came overcome with emotion in the midst of our distress, we had no idea, nor had he, that a few hours later he would do us the greatest service we had ever experienced, and that we should be indebted to him for something much more valuable than the likeness of our child, to wit, her life.

He placed at the foot of the cradle, on a high piece of furniture, a lamp, whose light fell on the child's face. Her eyes were already closed, her body was motionless, her dishevelled hair hung about her forehead, and the pillow on

\* From *Le Temps*.

which her head lay was not whiter than her cheeks and her little hand ; but infancy has such a charm of its own that the near approach of death seemed only to lend an additional grace to her face.

Amaury spent the night in drawing her, and he had, poor fellow ! to wipe his eyes very frequently in order to prevent his tears falling on his paper.

By morning the portrait was finished ; under the stimulus of emotion he had produced a masterpiece. When about to leave us, in the midst of our thanks and our sorrow, he all at once said, "As your medical man declares your child's case hopeless, why do you not make a trial of the new medical system which is making such a noise in Paris ; why do you not send for Hahnemann ?" "He is right," cried Goubaux, "Hahnemann is a near neighbour of mine. He lives in the Rue de Milan opposite my institution. I do not know him, but that does not matter ; I will go and bring him to you." He went ; he found twenty patients in the waiting-room. The servant informed him he must wait and take his turn. "Wait !" said Goubaux, "My friend's daughter is dying ! The doctor must come with me at once !" "But, sir,—" exclaimed the servant. "I know, I know I am the last. What does that matter ? 'The last shall be first,' says the Evangelist." Then, turning to the patients, "Is that not so, ladies ? Won't you oblige me by letting me go before you ?" And, without waiting for a reply, he walked straight up to the door of the doctor's study, opened it, and burst in in the middle of a consultation. "Doctor," he said, addressing Hahnemann, "I know I am acting contrary to your rules, but you must leave all and come along with me. It's for a charming little girl, four years old, who will die if you do not come. You cannot let her die ! That's impossible !" And the irresistible charm of his manner prevailed, as it always does, and one hour afterwards Hahnemann and his wife came with him into our little patient's room.

In the midst of all the troubles that distracted my poor head, racked by pain and want of sleep, I thought I saw one of the queer people of Hoffman's fairy tales enter the room. Short in stature, but stout, and with a firm step, he advanced, wrapped in a fur great-coat, and supported by a thick gold-headed cane. He was about 80 years of age : his head of admirable shape ; his hair white and silky, brushed back and carefully curled round his neck ; his eyes

were dark blue in the centre, with a whitish circle round the pupils; his mouth imperious, the lower lip projecting; his nose aquiline.

When he entered he walked straight up to the cradle, threw a piercing glance at the child, asked for particulars about her disease, never taking his eyes off the patient. Then his cheeks became flushed, the veins of his forehead swelled, and he exclaimed in an angry voice, "Throw out of the window all those drugs and bottles I see there! Carry this cradle out of this room. Change the sheets and the pillows, and give her as much water to drink as she likes. They have put a panful of hot coals in her inside! We must first extinguish the fire, and then we will see what can be done."

We hinted that this change of temperature and of linen might be dangerous to her. "What is killing her," he replied, impatiently, "is this atmosphere and these drugs. Get her into the drawing-room; I will come again in the evening. And mind you give her water! water! water!"

He came again that evening; he came again the next day, and began to give his medicines, and each time he only said, "Another day gained!" On the tenth day dangerous symptoms suddenly developed themselves. Her knees became cold. He came at eight o'clock in the evening, and remained for a quarter of an hour beside the bed, apparently a prey to great anxiety. At last, after consultation with his wife, who always accompanied him, he gave us a medicine, with the remark, "Give her this, and notice if between this and one o'clock the pulse gets stronger." At eleven o'clock, while feeling her wrist, I fancied I perceived a slight modification of the pulse. I called to my wife; I called to Goubaux and Schoelcher.

And now see us all feeling the pulse one after the other, looking at the watch, counting the beats, not daring to affirm anything, not daring to rejoice, until, at the expiry of a few minutes, we all four embraced one another—the pulse was certainly stronger! About midnight Chrétien Uhan came in. He came towards me, and, in an accent of profound conviction, said, "Dear M. Legouvé, your daughter is saved!" "She is certainly a little better," I replied, still desponding, "but between that and being cured——" "I tell you she is saved," and, going to the cradle, he kissed the child on her forehead, and took his



departure. Eight days after this the patient was convalescent.

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The manner in which Hahnemann conceived his doctrine is eminently characteristic of the man. Did he calculate on its proving profitable to him? Was he influenced by the thought that it would bring him fame? Was it a purely scientific conception? No! his system emanated from his heart.

He was a physician of the first rank, in the enjoyment of one of the richest practices in Germany. One day he sought the advice of one of his colleagues for his youngest child, who was ill. The case was serious; the remedies prescribed were of a violent, painful character—moxas, cupping, bloodletting. All at once, after a night spent in witnessing the sufferings of his child, Hahnemann, overcome by pity and horror, exclaimed, "No, it is impossible! No! God did not create these dear little creatures in order that we should subject them to such tortures! No! I will not be the executioner of my children!"

Then, aided by his long and profound studies of chemistry, he set himself to search for a new method of treatment, and he constructed out of all the knowledge he had accumulated a system of medicine, founded, as it were, on his paternal affection. Such was the man. Such as he was then, such he always remained. The powerful structure of his face, his square jaw, the almost incessant palpitation of his nostrils, the quivering of the corners of his mouth, depressed by age; everything in him expressed conviction, passion, authority.

His language, like his appearance, was original. "Why," I one day asked him, "why do you prescribe, even for those in health, the continual use of water?" "When one is strong or active, of what use are crutches of wine?" At another time I heard him make use of this expression, which sounds so strange if taken in a literal sense, but which is so profound if properly understood, "There are no such things as diseases; there are patients." His religious faith was as genuine as his medical faith. Of this I had two striking instances.

One day, in spring, I called on him and said, "Oh, M. Hahnemann, how fine it is to-day!" "It is always fine," he replied, with a calm and serious voice. Like Marcus

Aurelius, he lived in the midst of genial harmony. When my daughter was cured, I showed him Amaury Duval's delicious drawing. He gazed long and admiringly at this portrait, which represented the little resuscitated girl as she was when he first saw her, when she seemed so near death. He then asked me to give him a pen, and he wrote beneath it :

“ Dieu l'a benie et l'a sauvée.

“ SAMUEL HAHNEMANN.”

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His portrait would not be complete unless I added that of his wife. She never left him. In his reception room she sat beside his desk at a little table, where she worked like him and for him. She was present at all the consultations, whatever might be the patient's sex or disease. She wrote down all the symptoms of the disease, gave her advice to Hahnemann in German, and made up his medicines. If he paid any professional visits, which he only did in exceptional cases, she always accompanied him. It is a curious circumstance that Hahnemann was the third old man to whom she had become attached.

She commenced with painting, then changed to literature, and finished with medicine. At 25 or 30 years of age, Mdlle. d'Hervilly (that was her maiden name), pretty, tall, elegant, with a fresh complexion, her face surrounded by little blonde curls, and her small blue eyes as piercing as black ones, became the companion of a celebrated pupil of David, M. L—. In marrying the painter she married painting, and she might have signed more than one of his pictures, as she subsequently signed the prescriptions of Hahnemann.

When M. L— died, she turned to poetry in the person of a septuagenarian poet, for the further she went the older she liked them. This was M. A—. She now devoted herself to making verses with the same ardour with which she had set about painting big historical pictures, and A. having died in his turn, septuagenarians no longer contented her. She married the octogenarian Hahnemann! She now became as revolutionary in medicine as she had been classical in painting and poetry. Her devotion to homeopathy went the length of fanaticism.

One day when I was complaining in her presence of the dishonesty of one of our servants whom we had been obliged

to turn away, "Why did not you let us know that sooner?" she replied, "we have medicines for that." Let me add that she was a person of rare intelligence, and that she had wonderful skill as a sick nurse. No one knew better than she did how to devise all sorts of expedients for the comfort of poor patients. In her was combined the pious zeal of a sister of charity and the delicate resources of a woman of the world. The care she took of Hahnemann was admirable. He died as such a man ought to die.

Up to the age of 84 (*sic*) he remained the most eloquent proof of the excellence of his doctrine. He had no infirmity, not the slightest sign of failure of intelligence or of memory. His regimen was simple, but without any affectation of rigour. He never drank either pure water or pure wine. A few spoonfuls of champagne in a jug of water was his only drink, and in place of bread he ate every day a small sponge cake. "My old teeth," he said, "find that easier to chew." In summer he walked every fine evening from the Arc de Triomphe, and stopped at Tortoni's to eat an ice.

One morning, on waking, he did not feel so well as usual. He prescribed a medicine for himself, and said to his wife, "If this remedy does not succeed it will go hard with me." The following day his strength failed, and twenty-four hours afterwards he died without suffering, commending his soul to God.

Hahnemann gone, my devotion ceased with its object, and his successors seemed to me to be so far inferior to him that gradually, and having formed new ties of friendship, I returned to the medical religion of my fathers, in which I shall die. But, nevertheless, I hold myself bound to render this act of homage to Hahnemann, and perhaps my *ex voto* will be considered all the more valuable as it is offered by an apostate.

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A SPEEDY CURE OF WHOOPING-COUGH.—Mohn, a Norwegian physician, is reported to have been able to cure whooping-cough by means of inhalations of sulphurous anhydride. In the first instance this was done accidentally while disinfecting some rooms, subsequently it was done by burning six drachms of sulphur per cubic metre of space; the bedding, &c., being well exposed to its influence. After the room had been closed for four hours, ventilation was restored, and the children put to sleep in the beds, impregnated with the sulphurous vapours. In the morning the cough had ceased. As there is a decided epidemic of the distressing complaint all over the country, there will be no lack of opportunities for putting this treatment to test.—*Med. Press.*

## SOCIETY'S MEETINGS.

### HOMEOPATHY IN INDIA.

#### CELEBRATION OF THE 132ND ANNIVERSARY OF HAHNEMANN'S BIRTH.

THE 132nd anniversary of Hahnemann's birth was celebrated at the Albert Hall, Calcutta, the metropolis of British India, on Sunday, the 10th of April, at 5 p.m. There was a crowded audience, and the hall became so full that many had to go away for want of seats. Among others we noticed the presence of the following gentlemen:—Babus Rajendra Dutt, B. B. Gupta, M.A., Rev. Protap C. Mojumdar, Drs. M. M. Bose, M.D. and L.R.C.P., B. L. Bhadun, L.M.S., P. C. Mojumdar, L.M.S., B. N. Banerjee, L.M.S., J. C. Lahari, H. C. Chawdori, L.M.S., P. N. Chatterji, L.M.S. (Bankipur), A. K. Dutt, L.M.S., M. Wazid, L.M.S., B. B. Maitra, M.B., D. C. Ghose, L.M.S., P. N. Chatterjee, L.M.S. (Bilgorea), K. P. Chatterjee, L.M.S., A. P. Chatterjee, L.M.S., G. C. Bhaduri, L.M.S., B. B. Mittra, M.B., S. B. Mookerji, M. N. Ghosh, S. J. Lahari, S. C. Mookerji, and others.

On the motion of Dr. B. N. BANERJEE, seconded by Dr. B. B. MAITRA, the Honourable Dr. Mohendra Lall Sircar, M.D., C.I.E., was voted to the chair with acclamation.

The proceedings of the last meeting were read by the Secretary, Dr. B. L. BHADURI, and adopted.

The Assistant Secretary, Dr. S. B. MOOKERJEE, then proposed: Honourable Dr. Mohendra Lall Sircar, M.D., President; Dr. M. M. Bose, M.D., L.R.C.P., and Babu Rajendra Dutt as Vice-Presidents; Dr. Behari Lall Bhaduri, L.M.S., Secretary; Dr. Shoshee Bhoosun Mookerjee, Assistant Secretary; Dr. Juggodish Chandra Lahari, Treasurer; and a few gentlemen as members, which was unanimously adopted.

The Honourable Chairman, Dr. SIRCAR, then delivered in his usual lucid style a very interesting lecture on the life and works of Samuel Hahnemann, which occupied nearly one and a half hours.

After the lecture was over there was some music, and with a vote of thanks to the chair, proposed by Dr. M. M. Bose, M.D., L.R.C.P. (Edin.), and seconded by Dr. PROTAP CHANDRA MOJUMDAR, L.M.S., the meeting came to an end at 7 p.m.

### CALCUTTA HAHNEMANN CLUB.

THE inaugural meeting of the Calcutta Hahnemann Club was held at No. 117, Bow Bazar-street, Calcutta (India) on Tuesday, the 22nd of March, at 7 p.m. Dr. M. M. Bose, M.D., L.R.C.P., was voted to the chair.

The following resolutions were duly adopted :

"1. That a Homeopathic Medical Club being necessary for our professional intercourse and mutual exchange of thoughts and dissemination of Homeopathic principles, a club amongst ourselves be established and named the 'Calcutta Hahnemann Club.'

"2. That the following do form a managing committee with power to add to their number: Hon. Secretary, Dr. Brojendro Nath Banerjee, L.M.S.; Hon. Treasurer, Dr. J. C. Lahari; Hon. Assistant Secretary, Dr. Shoshee Bhoosun Mookerjee; Members, Drs. M. M. Bose, P. C. Mojumdar, L.M.S., M. N. Ghose, B. B. Maitra, M.B., N. C. Halder, L.M.S., H. C. Rai Chowdory, L.M.S."

These six members were elected to manage the affairs of the club. With vote of thanks to chair the meeting broke up at 9 p.m.

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#### BRITISH HOMEOPATHIC SOCIETY.

THE Eighth Ordinary Meeting of the session was held on Thursday, May 5th, Dr. ROSE, President, in the Chair.

Mr. KNOX SHAW showed a patient cured of papilloma of the conjunctiva. She had received *Merc. Bin.*, and a wash of corrosive sublimate, one in two thousand.

Dr. PULLAR then read his paper, "On the Interpretation of the Homeopathic Principle in Relation to Pathology."

Dr. Pullar said the first problem was to define the relation of pathology to homeopathy; and it must be acknowledged that the development of pathology had not increased our power over disease in corresponding ratio; neither had experiments on animals. Referring to terminology, he said it was often vague, instancing the term *neuralgia*. Hahnemann with true insight pointed out that symptoms alone were a safe guide to therapeutics. The advance of pathology made it difficult to continue on Hahnemann's lines. A similar difficulty was common to other branches of science. The mental symptoms are of great importance. The general characteristics must also be particularly noted. Objective pathological changes are less accentuated in provings than subjective. Dr. Pullar thought pathology was of great help in distinguishing certain symptoms from others, as in diagnosing between colic and peritonitis. The complete similitude is not to be expected, but certain characteristics are very useful guides. The advantage of key-notes has, perhaps, been exaggerated, but they were of great value.

He remembered a case of skin disease in which constitutional symptoms led to the remedy which cured. S. S., a boy aged 4½ years, who suffered for two years from a skin affection consisting of scaly red spots on chest, abdomen, and back, varying in size from a split-pea to half-a-crown. The scalp was covered with branny scales. He had been treated allopathically without benefit for 12 months. Appetite poor; lymphatic glands large; abdomen large. *Calc. Carb.* 30 was given night and morning, and great improvement followed. There was then irritation of skin generally, and *Sulph.* 30 was given with relief to the itching; afterwards *Cal. Carb.* 30 was given again, and completed the cure. In this case the indications for *Calc. Carb.* were obtained entirely apart from pathological considerations.

Yet Hahnemann's careful attention to constitutional states shows that he does not ignore pathology. His views on diatheses are identical with those accepted by the pathologists of to-day. Hahnemann's Psora theory was only the French darts theory under a different name.

The aim of our method is to find the type of our cures in the symptomatology. This is difficult, and we are apt thus to fall into routine. It is as easy to fall into routine in the new school as in the old.

The finer shades of drug action, on which accurate prescribing depends, cannot be explained on pathological grounds, though the general effects of a drug may be often so explained. But whilst fully acknowledging the value of physiological and pathological explanations, yet it must be remembered that the *Materia Medica* was built up of symptoms alone, and the explanations are not essential to practice. The relation of the ophthalmoscope and laryngoscope to the practice of homeopathy was referred to. Modern advances in pathology have not in any way contravened the teaching of Hahnemann.

Dr. Pullar illustrated his remark by another case.

Mrs. S., 56, complained of giddiness, palpitation, and sensation as if the heart would stop; she was low-spirited and apprehensive, though naturally of a lively disposition; she was stout, and had a tendency to fatty degeneration. *Phos.* 6 gtt. ii. was given, and steady improvement of the symptoms followed; the vertigo, which particularly indicated *Phosph.*, being markedly relieved.

*Digitalis* 2x. was then given in alternation with *Phos.*, and further improvement took place.

The classification of drugs into groups was useful, but only to a slight extent. The actual effects of drug action as established by Hahnemann were more reliable for practice than those of later known drugs where the physiological element has a larger share.

## DISCUSSION.

Dr. DUDGEON agreed heartily with the sentiments put forward by Dr. Pullar. The idea of the paper seemed to be that as pathology improved, the selection of the drug by symptomatology would also improve. It had always been his idea to fix the pathological condition on which symptoms depend, and he had made an attempt to construct a pathological and pathogenetic semiology. Working on this had given him a hopeful idea of making use of the new advances in pathology. He referred to the Pathogenetic *Cyclopedia*, as likely to contribute to putting homeopathy abreast with the science of the day.

Dr. CLARKE thought the drift of the paper was rather against trusting to pathological explanations, and in favour of symptoms; and in this he agreed with the writer. The more he knew of his *Materia Medica* the more value he attached to symptoms, and the less he thought of pathology in selecting his remedies. He mentioned a case of pleurisy in which there was high fever and great pain. No improvement followed the use of *Aconite* and *Bryonia*; but as soon as *Belladonna* was given, on account of the peculiar characteristics of the fever, immediate improvement in all the symptoms followed. A case of pneumonia was also mentioned, in which *Bell.* removed the fever which *Aconite* failed to do. Dr. Clarke agreed with Dr. Pullar in attaching great importance to mental symptoms. He cited a case in which a youth who had been over-wrought became afflicted with fits of rage, the violence alternating rapidly with repentance. Here *Crocus* speedily cured.

Dr. HUGHES said he was sure when he heard Dr. Pullar was to read a paper that it would be of a philosophical nature. He was glad Dr. Pullar was such an ardent student of Carrol Dunham's. Dr. Hughes agreed more with Dr. Clarke than with Dr. Dudgeon as to the drift of Dr. Pullar's paper in preferring symptoms to pathology. Dr. Hughes entirely agreed with Dr. Pullar, although he had perhaps insisted in his writings more on the other side because our friends in America—the most demonstrative section of them—began at the wrong end. He cited the instance of *Crocus* given by Carrol Dunham as being one of the drugs which caused menorrhagia with clotted flow, and as being distinguished from other drugs which cause the same by the symptom of a feeling as if something alive were inside. Those who go by key-notes take the last symptom as the first and chief, and leave the menorrhagia out of account. Our object is to get a pathological simile, as Dr. Drysdale has put it. It is wrong to compare means with ends, as he thought that section he referred to was apt to do. If he knew a drug had the power of curing pneumonia, he would be in a better position

than if he selected an isolated symptom. He thought both the pathology and the symptomatology should correspond. There was some confusion between "pathological explanations" and "pathological facts." He thought the fact that *Bryonia* has caused inflammation of the pleura in animals more important than the cough and pain in the side. He thought that though there was much truth in Hahnemann's Psora theory, it should not be disguised that it was based erroneously on the itch entity.

Dr. CLIFTON said the paper dealt with a subject which had not received the consideration it deserved. He found himself drifting towards pathology. Though he used the Cypher Repertory every day, he looked first for the pathological entity. He wanted to know how far he was justified. Some of the best cases he had had were treated entirely from a pathological consideration. The key-note system had been a great help to him. It leads to a group of remedies from which the selection could be made.

Dr. GOLDSBROUGH said in reference to *Crocus* he had used it lately in the case of a girl of 15, suffering from dark menorrhagia, with feeling as if something alive were in the inside, and with speedy relief. Referring to the subject of the paper, he said the question was a practical one. If we would discover the interdependence of a pathological condition and its symptoms, we should have something solid to propose. Facts are what we want, and explanations only secondary importance.

Mr. KNOX SHAW was somewhat disappointed with the paper. He expected some such disquisition as Dr. Hughes touched upon in his remarks. He thought the paper was more on the relation of homeopathy to symptomatology than to pathology. He entered a protest against the too urgent hunt after symptoms. Time was lost when attention had better be paid to pathology.

Dr. E. BLAKE thought the paper an intellectual treat; but he was not quite sure about the drift of it. He could not see how symptomatology could be interpreted except by pathology. Hahnemann insisted that there was a tissue change representing every symptom (and was the first to do this) though not necessarily visible change. The opposite supposition was like divorcing force from matter. He could not conceive of interpreting the homeopathic law except by pathology. He thought he would have given *Lachesis* or *Pulsatilla* for the case of cardiac vertigo Dr. Pullar instanced. He referred to Dr. Pullar's theory of *Lycopodium*, in which he gave a pathological explanation of its symptoms, and said it caused prurigo of the perineum and sodic lithiasis, the prurigo being one of the symptoms of stone. He has often used *Chelidonium* for right superorbital neuralgia, acting on a hint of Dr. Clifton's.



Dr. DYCE BROWN thought there was a confusion of terms in discussions of this kind between "symptomatology" and "pathology." He thought symptoms should include all that we can ascertain for ourselves as facts, and not subjective symptoms alone. "Morbid anatomy" and "pathology" are also confused, as when Dr. Hughes instanced the products of pleurisy in a dog. This he thought was morbid anatomy, and apart from symptoms and surrounding circumstances was valueless. Going by pathology means going by the ascertained progress of a disease, and healing it by a drug which we know to produce a similar train of symptoms. This he regarded as being really treating by symptomatic indications. He agreed with Dr. Blake that we do not know the pathology in some diseases, but in others we do, and in these instances pathology constitutes fact and not theory. What we look for is ascertained facts, and these we may make use of. What we aim at is obtaining pathological similitude. In many cases this is impossible, and, in the meantime, we must keep to complete and perfect symptomatology.

Dr. BLACKLEY felt that Dr. Dyce Brown's suggestion, made some time ago, that the heads of discussion should be sent round to members beforehand would be a great advantage. He thought there was much confusion between the terms "morbid anatomy" and "pathology," the latter, he thought, meant disordered function, and referred only to symptoms. He sympathized with Dr. Dudgeon that there is a need for us to bring down scattered symptoms to a correct explanation. We find that the study of so many diseases is rewarded by finding that the symptoms present are connected with alterations of structure. Structural changes and pathology when put together form a whole, and there is every encouragement to us to put them together. Anomalous neuralgias are being now traced to neuritis. He thought in skin affections there was structural change being found. He had only had uniform success with lupus when treating it as a tuberculous disease. He had found nothing so useful as *Iodide of Arsenic*.

Dr. PULLAR (in reply) said his paper had served one purpose he had in putting it together, namely, in eliciting an interesting discussion. Dr. Dudgeon's promised work on semiology he looked forward to seeing. He tried to define pathology as covering the whole symptomatology of a case including morbid anatomy as one element in it. Pathology enables us to understand the condition in process. He thanked those present for the cordial reception given to his maiden paper.

Dr. ROTH echoed the agreement of all in expressing the hope that we might have many more papers from Dr. Pullar.

## EDUCATIONAL.

## THE TREATMENT OF THE SICK.\*

BY JOHN H. CLARKE, M.D.,

Lecturer on *Materia Medica* to the L.H.H. Medical School.

THE study of *Materia Medica*—the materials at the physician's disposal for the healing of the sick—properly embraces the whole subject of medical treatment. But as the administration of drugs has constituted from time immemorial the leading feature in the treatment of the sick, the term *Materia Medica* has come to be applied almost exclusively to this branch of the doctor's art. In this introductory lecture I intend to review the larger field; to consider the whole subject of medical treatment; to examine the position it holds in relation to the other provinces of the doctor's knowledge and practice; and, lastly, to determine the relation of drug-giving to treatment of other kinds.

The treatment of the sick constitutes the end and aim of the medical student's labours and the doctor's life. And by the treatment of the sick, I mean the treatment of the individual diseased persons who come to the medical man for cure and relief. I know this is heresy in the minds of some leaders of the profession. A gentleman on the staff of one of the medical journals, who endeavours to teach the young medical understanding once a year about the month of October, impressed last year upon its youthful readers that diagnosis was of more importance than treatment. And in May, 1884, a clinical professor, in a lecture reported in the *Medical Times* of May 17th, informed his pupils that "for many amongst the most distinguished physicians, their ideal aim is to *understand* rather than to cure disease;" that as distinguished from the "mercurers" of the sick, a physician was a person of far grander aspirations. "How different is the aim of the physician! He works not for the one but for the many; not for the individual but for humanity; not for the present only, but for the future, for all time."

I beg to assure you, in spite of the authorities just quoted against me, that when you have a patient to treat you must work for the individual one; that you must consider that one and think nothing whatever about humanity and pos-

\* Delivered in October, 1885.

terity ; and, moreover, I would impress upon you that it is only by doing your very best for each individual that comes under your care that you can hope to do anything for posterity. When you have carried your case to its issue, then you may think of posterity, if you like, and how you can make your experience of any use for those who come after ; but when you have a critical case to treat, unless you are a genius of unusual calibre, the case will demand all the consideration you have to give.

And, again, I must warn you that diagnosis is not more important than treatment. Diagnosis is important ; but it is only important in that it enables the attendant to give such instructions as shall favour recovery, or warn the patient as to what issue he may expect. It may be very consoling to a patient to be informed by a medical man that he is suffering from paraplegia, when he already knows full well that he has lost the use of his legs ; but unless the doctor who repeats to him that " comforting word " can also do something to cure him of his disease, the judicious patient will doubtless come to the conclusion that, from his point of view at any rate, diagnosis is of less importance than helpful treatment.

But there is no wonder that such an idea has got abroad in the profession ; for the amount of attention that is paid to diagnosis compared with the amount that is given to the subject of treatment, is as the quantity of sack the immortal Falstaff imbibed compared with the miserable halfpenny-worth of bread he ate with it. And, again, nothing is commoner than to hear, after the most minute directions how to diagnose a disease, when the subject of treatment is approached, the short and sweet recommendation to " Treat on general principles." All this tends to confirm in the student's mind the notion that treatment is a very secondary affair. And it is further confirmed by the fashionable doctrines of the day. We are always " on the eve " of some grand discovery which scientific persons, such as physiologists, pathologists, and chemists, are going to make, which will render the treatment of disease perfectly simple and easy. When this may happen any day, what is the use in troubling ourselves about the old and difficult methods which may any moment be superseded ?

The treatment of the sick, as it is the flower and the fruit of medical practice, is just the most difficult part of all the doctor's work. There is no royal road to it, and there

never will be. It would be just as reasonable to expect any one to be able to diagnose a disease "on general principles," as it is to expect one to be able to treat it successfully on the same plan. General principles are all very well; but in a profession like ours where we are dealing with living beings, no two of whom are exactly alike, and no two of whom manifest disease in exactly the same way, general principles are of very little use unless we have some directions for their special application. It is in the ability to deal with each individual case that the superiority of one medical man over another is chiefly shown; and it is to excellence in this that the aim of all should be directed. So long as the treatment is relegated to a second or third place, and all the efforts of enlightened physicians are directed to attempts to "understand disease" rather than to cure patients, the result from the patient's point of view must be painfully unsatisfactory; so long as this is the case, the number of mismanaged patients will be exceedingly large, and the scope for quacks of all descriptions—who, to do them justice, do recognize what the so-called scientific physicians fail to see, namely, that the business of the doctor is to *cure* his patients—so long, I repeat, the scope for quacks will be unbounded.

I have put as the title of this address, "The Treatment of the Sick," and not, as it may have been noticed, "The Treatment of Disease." The reason why I have chosen the former is, that, strictly speaking, it is impossible to heal *disease*. A disease is nothing except in its manifestation in an individual: we treat diseased persons, but not diseases. And it is partly on this account that the treatment recommended in the text-books of the day proves so unsatisfactory. The authors write as if they were under the impression that diseases were things in themselves, and susceptible of treatment. From this has arisen the prevalent routine practice of treating not so much a diseased person as the name of a disease. The way of it is this: the practitioner first diagnoses his case, which means in most cases, giving a name to his patient's disease. Then he follows his favourite authority, and, according to the recommendation of the latter, gives his patient the treatment put down under that name—probably some drug having the same name with an "anti" prefixed. If it is scrofula, an anti-scrofulous medicine; if it is "want of tone," in goes a "tonic"; if it is spasms, an anti-spas-

modic; if it is excessive galactorrhœa, an anti-galactagogue, and so on. If you ask why a certain medicine is given in spasms, the reply is, because it is an anti-spasmodic; and if you ask why it is called an anti-spasmodic, you are told, because it stops the spasms. And so the reasoning goes on in the vicious circle, and the ignorance of the practitioner is concealed from himself and from the world by the beautiful, scientific, long words he can get off so glibly. If he would only confess to himself that he gave a drug because it produced a certain effect, and that he did not know how, there would be some hope of progress. But until these names are cut out of the *Materia Medica*, and youths are taught in the medical schools that they may be able to get all these off with great glibness, and yet be not a bit less ignorant of drug action than the uninitiated, the plague of darkness that has so long afflicted the medical intellect will not be dispelled. But apart from this fundamental objection against the modern routine practice of treating the names of diseases with the names of drugs, there is another which lies in the difficulty of exactly describing any given case by a single name, and the impossibility of diagnosing many cases at all. Of the latter, the *post-mortem* rooms are eloquent witnesses. If we had to wait till we could find an exact name for the disease in every case, and a drug that was named as an appropriate "anti" to that disease, before treating the patient, in a very large proportion of cases patients would go untreated.

Of two great branches of medical treatment I shall say little. Surgery and obstetric medicine are, to a very large extent, purely mechanical arts, and thus have a well-defined sphere of their own. Those who follow these branches of the profession are in no danger of making the mistake of supposing that diagnosis is more important than treatment. As a guide to treatment, it is impossible to exaggerate the importance of diagnosis; but the whole of its significance lies in the dependence of treatment upon it. And whilst general and obstetric surgeons take infinite pains to perfect their skill in diagnosis, they take just as much pains to perfect their skill in applying the means at their disposal to the relief of the sick. They do not spend all their energies on diagnosis and leave treatment to "general principles."

Leaving the special domain of the surgeon and obstetri-

cian out of account, I now come to consider what means we have for modifying and curing diseased conditions when mechanical measures are not available. And here we encounter a veritable *embarras de richesse*. Earth, air, sea, mountain, valley, and all that they contain; heat and cold, frost and sunshine, are all at our command. How are we to administer this vast estate for the benefit of those on whose behalf we hold it in stewardship? The answers are about as embarrassing in their abundance as the resources of the estate itself. But worse still than the embarrassing profusion of the answers we receive is their bewildering contradictoriness. On the one hand we are told that the remedy for all ills is cold water; and on the other, by certain continental authorities, that the root of all English ill-health is devotion to the morning tub. And whilst Dr. Jager thinks that linen pocket-handkerchiefs and other articles of dress made of, or "adulterated" with, vegetable fibre are the cause of epidemics and other calamities, there are others who say that linen and cotton are well enough provided they are changed sufficiently often. And so the confusion of tongues proceeds; and out of this Babel come the different tribes, each tribe speaking a peculiar language of its own—Homeopathy, allopathy, enantopathy, kinesipathy, electropathy, hydrophathy, oxygenopathy, phosphoropathy, chromopathy, pantopathy, and others too numerous to mention.

In the face of all this wealth of material, and the dearth of trustworthy guidance in the useful application of it, what is to be done? "Let each man use his common sense," is the counsel of some. But, unfortunately, the practice of medicine has very little to do with common sense. It needs sense of a very uncommon kind to choose and apply the right measures for the relief of the sick. And this sense is not acquired in a day. It is not even to be imparted in a course of lectures. It is partly a native gift, and partly the outcome of patient and minute observation of the results of practice. So long as we are ignorant of the essential nature of therapeutic action of any kind, common-sense rules and "general principles" do not apply. Hence it follows that it is impossible to pooh-pooh any system of treatment as being *primâ facie* absurd; for we have no fixed grounds apart from experience on which to pronounce any treatment either absurd or rational. There is only the ground of experience to go

upon. Hence every kind of treatment must be judged by its results; and the facts must be fully recorded, and of such a nature as to preclude any other explanation of recovery than that afforded by the therapeutic means used. This we have not only a right but a duty to ask before accepting any treatment that is urged on our attention.

It is simply an impossibility for a single individual to be an expert in all kinds of treatment. Each one must make up his mind as to what means he can use with best effect in the general course of his practice, and give the chief of his energies to perfecting his skill in the use of these means; and he should also have such an acquaintance with the other therapeutic measures, that he may know when to avail himself of them, using perhaps not his own skill, but that of others who have given them special attention. Though he cannot hope to be expert in all, he should be able to put his finger on the information necessary to guide him to their intelligent use. He should know the peculiar virtues of the various health resorts, home and foreign, and how to direct his patients to them; but the details of the treatment at each must be left to those who have made them a special study. It is the same with hydropathy, treatment by movement, and, to a large extent, electricity. In these we have powerful remedial agents; but the application of them can only be properly carried out by those who have the necessary apparatus and the necessary skill.

But chief among all the remedial powers the doctor possesses is the power of drugs. The power of drugs is chief because it is the most potent; because it is the most universally applicable of all; and because it is within the reach of the poorest. We cannot send a poor consumptive patient on a voyage round the world; but *Phosphorus* and *Arsenic* can be supplied to all who need them. It is not always convenient or possible for a patient to give up a month or more to a course of treatment at a spa; but to take a dose or two of medicine in the course of a day is no tax on any one; and a medicine will often do its work whilst the patient is doing his. It says much for the remedial powers of drugs that all the bungling of medicine-men along the ages has done nothing to shake the popular faith in their value—though it may have shaken the faith of eminent scientific physicians like Sir W. Gull. The people, with wonderful instinct, have always come to the conclusion that

the fault of ill-success has lain not at the door of the drugs, but at that of the doctors. But though the popular instinct was able to judge fairly between drugs and doctors, it was not able to show exactly where the fault of the doctors lay. This honour was reserved for a member of the profession, Samuel Hahnemann. Hahnemann showed that the fault of the doctors had been in departing from facts and going after fictions. The remedial action of a drug having been observed, the next thing thought of was to find an "explanation." It was not enough that a certain drug would cure patients suffering from a certain disease; it was not enough to simply record the fact and observe cases until the limits of its powers should be accurately defined;—oh no! it must be "explained." That means that some theory of its action should be sought for which should fit in with the current pathology of the day. Then, according to the theory fixed on, a name was given to the drug: it was an emollient, stimulant, anti-spasmodic, stomachic tonic, or something of that kind. And ever after, when it was supposed, in the pathological language of the day, that a part wanted mollifying, or a stomach wanted "tone," our remedy appeared among the candidates for selection. It is to the undying honour of Hahnemann that he was the first to see through the hollowness of the system of treating the names of diseases with the names of drugs. Certain drugs would remove certain diseases. There was a fact. There was something to build on. But Hahnemann discovered another fact which infinitely widened his foundation. So long as the facts of clinical experience alone were available to build up a rational therapeutics, the process was extremely tedious. But when Hahnemann found that the medicinal agents which proved curative in certain states had the power of producing similar states in healthy individuals, here was another fact—which did not *explain* the other, it is true, but which did something just as good: it increased our knowledge of drug action indefinitely, and enabled us to use drugs with precision, and to discover the properties of drugs that had never before been used. On the basis of these two facts, a system of therapeutics has grown up into stately proportions; and though the majority of the profession still prefer to live in the mud-huts of their ancestors, they find it difficult to persuade themselves that the lordly mansion of Hahnemann's designing, on which they ever and anon cast longing eyes, is not a more desirable habitation.



Now, since Hahnemann's discovery, drug-giving is really, as it has always been in popular belief, the most potent means we have of relieving the sick. Very few are the cases in which drugs, used intelligently on Hahnemann's method, cannot be of some use, and very many cases of disease can be touched by nothing else. I lately published a case of cheloid which appeared in a scar made in an operation for the removal of a tumour, not long after the operation. The cheloid had itself been cut out once at the hospital where the tumour was removed, and had rapidly returned, and was growing. What was to be done? Plainly surgery had done its best and its worst, and had failed. A voyage round the world was not likely to be of any good here; nor a residence at a mineral spa or a water institution. If medicine could not avail here, nothing could. And medicine did avail. A few months of treatment by *Silica* sufficed to cure the patient. And there is scarcely a case of illness that medicines cannot touch when all else that can be done has been done. There is no part of the human frame for which some drugs have not a specific affinity, and to which they cannot be sent, by Hahnemann's method, to do curative work. Drugs can do what nothing else can do; and when all else has been done, and when the patient is evidently succumbing to the disease, drugs skilfully used may yet avail to turn the scale in the patient's favour. The general practitioner may and must delegate to specialists many useful methods of restoring lost health, but in the matter of giving drugs every one of us must be himself a specialist. This he can afford to delegate to no one. His usefulness in his profession will depend on nothing more largely than on his skill in the use of drugs. If in past ages drug-giving was regarded as the principal part of the doctor's functions, when drug-giving was the blind and barbarous thing it was, much more is it the principal thing to-day now that Hahnemann has shown us how to use drugs, and has proved that the popular instinct as to the value of drugs was well founded.

It is true that the doctor must think of many other things besides his drugs. Success in life seldom depends on one thing alone; and the medical man must know many things besides the powers of drugs if he is to succeed in life. But the term "accessory treatment" truly describes the relation that other remedial measures bear to the ad-

ministration of drugs. In some cases "accessory treatment" may be of more importance than the treatment by medicines, and among allopathists this is doubtless frequently the case. Those practitioners of eminence who openly confess their disbelief in drug-powers are usually great adepts in utilizing all the other means of assisting the sick that are at command. Nor are these by any means to be despised, as they are apt to be by the followers of Hahnemann. We give such an unusual amount of thought to our drugs, that it is not to be wondered at that we should sometimes overlook minor matters that may yet be of great importance. This is a danger to be guarded against, for on these minor matters in great measure depends a man's success and reputation. When sickness breaks out in a family, all the usual routine of the household is thrown into disorder. Everybody who can wants to do something for the sick person or persons, and nobody, till the doctor comes, knows what to do. There is a large amount of potential energy at hand if the doctor knows how to make use of it; but if he does not, if he knows only how to prescribe, and does not know how to give useful and minute directions in subsidiary matters, he leaves the patient's friends in a state of helplessness and with nothing to do. If, on the other hand, he can think of other things as well as drugs, and knows how to use up all the means at his disposal, the patient is helped, the friends are relieved, and there is a general sense of progress imparted which in itself reacts beneficially on the patient.

Again, there is the question of diet and regimen. These are two branches of treatment in which all must be experts. In many cases medicines act without any alteration of the ordinary diet and mode of life. In others all medicine is vain until some change is made. Thus diet and regimen may be actually curative when ordered on an intelligent plan. And this is a branch of practice which each one must learn for himself. Books and lectures may give many useful hints, but all must be checked by the facts of daily practice. Nothing is more surprising than the endless peculiarities of the different digestive powers of different people. Any cut and dried plan of dieting on a "general principle" will cost the youthful practitioner who has the hardihood to try it many a patient; and an old practitioner will not try it.

(To be continued.)

## LEAGUE NOTES.

### THE ANNUAL REPORT.

At the monthly meeting of the Committee of the Homeopathic League on the 10th ultimo, the first Annual Report was read. We are glad to learn that the League has made substantial progress during the past year, the number of members being now not far short of 400. The state of the finances is also satisfactory, the balance being on the right side. The Report will be printed and circulated to the subscribers.

The support which the public have given to the League, and the many expressions of approval and good wishes which the Committee of the League have received, afford strong proof that some organization of the kind was needed. When the next Annual Report is presented, we shall hope to hear that the number of members has largely increased—a result which can be greatly facilitated with the aid of our medical colleagues and the chemists, who, from being professionally acquainted with the homeopathic public, have more opportunities than the Committee for bringing the League into notice. Such excellent Tracts as have been, and are now being, issued by the League cannot be too widely read and circulated.

## INSTITUTIONS.

### LONDON HOMEOPATHIC HOSPITAL.

THE plan for founding a Convalescent Home in connection with the London Homeopathic Hospital seems likely to receive munificent support. It is too early to predict the result of the Concert at the residence of the Duke of Westminster, which takes place as we go to press. But we have heard with sincere gratification that one generous lady has promised £1000. Mrs. William Vaughan Morgan gives £100; a friend of Mrs. Vaughan Morgan, £100; Miss J. Durning Smith gives £100; Miss Barton, £50; Miss Isabella Barton, £50; Miss Barton has actively collected various sums of money from her friends, while Mrs. Harper has secured £250 among friends.

The question of locality is still under consideration; but we understand that a seaside home is greatly desired. It is still

hoped that some generous friend, mindful of the great advantages conferred upon the sick and convalescent by a stay at the seaside, will present to the Hospital a house suitable for the purpose.

St. Leonards seems to have been considered as, on the whole, the most suitable spot on the coast, and perhaps it would be difficult, considering that patients become convalescents and require change in winter as well as in summer, to select a more suitable health resort.

The funds for the Convalescent Home will be quite separate from the ordinary funds of the Hospital. Otherwise the prospect would not be so cheerful. Those who were present at the recent Annual General Meeting will remember that the Hospital, for the first time during several years, ends up a year with a deficit on the current account, caused by greatly increased work and the loss of some large annual subscriptions. The number of in-patients during the past twelve months has been 711 against 675 in the previous year: whilst five years ago the yearly number was 487. Progress in work among the sick poor has, however, been accompanied by corresponding increase in income, as well as increase in expenditure, and, if the losses from annual subscriptions were made up, the finances would be in a fairly safe condition.

The annual vacancy for the House Surgeony of the Hospital approaches, and the usual advertisements have been issued for candidates, who must send their applications and testimonials to the Secretary, not later than July 1st.

## SECOND ANNUAL REPORT OF THE GLASGOW PUBLIC HOMEOPATHIC DISPENSARY,

332, ST. VINCENT STREET.

Committee, H. K. Bromhead, Esq.; David Greig, Esq.; Michael Honeyman, Esq.; Robert Miller, Esq.; Rev. W. Robinson (of St. Jude's). Honorary Consulting Physicians, Thomas Simpson, Esq., M.D., M.R.C.S., Lond., 2, Woodside place; R. Gibson Miller, Esq., M.B.C.M., 1, Lillybank Terrace. Honorary Treasurer, Robert Blyth, Esq., C.A., 115, St. Vincent Street. Honorary Secretary, D. Johnstone Smith, Esq., C.A., 149, West George Street.

The Second Annual Meeting of the Glasgow Public Homeopathic Dispensary was held in the Offices of D. Johnstone Smith and Williamson, Accountants, 6, South Hanover Street, Glasgow, on Monday, 28th February, 1887, at 4 p.m. H. K. Bromhead, Esq., presided.

The following Reports for the year ending 31st December, 1886, were submitted.

The Honorary Secretary reported as follows:—

“The work of the Institution has increased this year in an exceedingly gratifying manner, and the good work that it has done among the sick poor more than justifies its having been commenced.

“The applicants at the Dispensary have increased month by month; and during the past year, 1,981 new cases have been entered on the books, and 5,012 consultations held, and 115 visits paid at the patients' houses. The number of consultations last year was 1,110, showing a very large increase. It is also very satisfactory to note the substantial increase in the amount contributed to the funds by the patients themselves.

“The very warm thanks of the subscribers are again due to Dr. Thomas Simpson and Dr. R. Gibson Miller, who willingly give their gratuitous professional attendance at the Dispensary; and owing to the large number of consultations this year their labours have been exceedingly arduous.

“From the Statement of the Honorary Treasurer it will be seen that the annual subscriptions amount to £38 6s. as against £46 2s. last year, being a decrease of £7 16s. If it had not been for the increase in the amount contributed by the patients, there would not have been sufficient funds to have met the necessary expenses. As now the necessity for such an Institution has been clearly proved, it is trusted that it will receive more widespread support, and so its benefits may be extended to other parts of the city.

“D. JOHNSTONE SMITH, *Honorary Secretary.*”

The Honorary Consulting Physicians reported as follows:—

“In presenting our second Report we have pleasure in recording continued success. The number of patients has gradually and steadily increased, so that it is with difficulty that we can overtake the work involved in prescribing for all who apply for treatment.

“During the past year 1,981 new cases have been entered on the books, and altogether 5,012 consultations have been held, and 115 visits paid at the patients' houses, making a total of 5,127 consultations. The amount subscribed by the patients was £24, which indicates a great increase in the success of the Institution, though partially due to the fact that it is now compulsory for every patient to pay one penny at every visit. On account of the increased demands upon our time we venture to suggest that the other Homeopathic Physicians in Glasgow be invited to co-operate with us, so that we may not be compelled to reject any who apply for advice.”

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## HAHNEMANN MEDICAL COLLEGE AT SAN FRANCISCO.

### FOURTH ANNUAL ANNOUNCEMENT.

WE are glad to receive this intimation of the progress of homeopathy in the far West. It is satisfactory to note that a sound preliminary education is insisted on prior to the commencement of studies, and that a curriculum of three years is

required before candidates can be admitted to graduation. Dr. C. B. Currier, 921, Geary-street, San Francisco, is dean of the college.

### CROYDON HOMEOPATHIC DISPENSARY REPORT FOR 1886.

THE Dispensary was open four mornings in the week instead of two as before. There have been 566 patients under treatment, as compared with 422 of the previous year. The number of attendances was 2242, being an increase of 635 over that in 1885. Of the above there were cured or relieved, 440; no decided benefit, 46; no report, 80.

T. E. PURDOM, M.D.  
J. DELEPINE, M.B.

### REPORT OF THE CALCUTTA HOMEOPATHIC CHARITABLE DISPENSARY FOR THE YEAR 1885-86.

OUR readers will be pleased to see the following Report from India. Dr. Dey informs us that during the half-year ending December 31, 1886, the number of attendances had reached the high figures of 3,571 :—

“ Before proceeding with the Report, I must express, on behalf of the Members of this Institution, our profound regret at the death of His Highness the Maharajah of Travancore, G.C.S.I., which unhappy event took place on the 5th of August, 1885. The Maharajah was one of the earliest and most munificent patrons of this Institution, and his loss has been seriously felt.

“ The following resolution was forwarded to Her Highness the Senior Rani and to the young Princes :—

“ On behalf of the Committee of the Calcutta Homeopathic Charitable Dispensary and by their desire, I beg to convey to Her Highness Lakshmi Bye, Senior Rani, and the young Princes, their heartfelt sorrow for the death of His Highness the Maharajah of Travancore, G.C.S.I. It is hardly necessary for the Committee to emphasize the regret which the country feels at the premature termination of the career of one of India's most illustrious Princes; but they feel it their duty to express their profound sense of the heavy loss which they have had to sustain by the death of the Maharajah, who was the most distinguished and the earliest patron of the Calcutta Homeopathic Charitable Dispensary.’

“The following reply was received from the Private Secretary:—

“Dated, Palace Travandrum, the 22nd August, 1885.

“FROM—The Private Secretary to H. H the Maharajah of Travancore.

“In reply to your letter of condolence, No. 3, of the 13th instant, I am commanded to convey to you His Highness the Maharajah's thanks.”

“At the last Anniversary Meeting, the President, Mr. N. N. Ghose, suggested that a Committee should be appointed to frame certain rules for the management of the Charitable Dispensary, and in the meeting the following gentlemen were appointed Members of the Committee with power to add to their number:—

“President.—N. N. Ghose, Esq., *Barrister-at-law*.

“Members.—Pundit Mahesh Chandra Nyayaratna, C.I.E.; Dr. Gurudas Banerjea; Baboo Trailokyanath Banerjea; Baboo Dwarkanath Banerjea (*Founder*), and Dr. Satkari Dey (*Honorary Secretary*).

“The following gentlemen were appointed as Members of the Managing Committee:—

“Baboo Dwarkanath Banerjea (*Founder*); Baboo Umanarian Sen, and Dr. Satkari Dey (*Honorary Secretary*).

“From July, 1885, to June, 1886, appeals were made to various gentlemen inviting their support to the Institution, and favourable replies were received from the gentlemen named below:—

“Baboo P. C. Baksy; the Hon'ble Justice Nánabhoy Haridás, B.A., LL.B.; Charles H. Tawney, Esq., M.A.; Baboo Nagen-dranath Banerjea; Jamaspji Minocheherji Jamasp Asana Dastur, M.A., Ph.D.; the Hon'ble Raja Gajapati Rao; Dr. Gurudas Banerjea; Baboo Trailokyanath Banerjea; Baboo Kalicharan Banerjea, M.A., B.L.; Baboo Umanarian Sen; Baboo Mangumal Das; O. C. Mullick, Esq., *Barrister at-law*; Baboo Kesori Mohan Chowdry; Dr. Willmar Schwabe, and Baboo Gopaldas Kshetriya.

“Amongst the Europeans I have much pleasure to state the well-known names of Mr. Charles H. Tawney, Drs. Willmar Schwabe, Windelband, and Sulzer as among the benefactors of this Institution. More help has been obtained from Germany than any other part of Europe or from America in the way of medicine, books, and journals. Dr. Willmar Schwabe has shown much kindness by presenting medicine, books, and journals to the worth of about Rs. 200, and expressed his intention of renewing his gift every year. Dr. J. Jolly, of Germany, has also presented a copy of Dr. Hughes' *Pharmacodynamics*. Dr. Satkari Dey presented a copy of Heinigke's *Pathogenetic Outlines*

of Drugs, and his Preparation of Spirit of Camphor. It gave a good result in cholera, and was found as useful as Dr. Rubini's preparation. The Founder's new preparation from the Indian drugs gave also a very good result in white leprosy, mercurial disease, and troubles from worms.

"The cases, Nos. 781 and 819, are those of boys, of five and eleven years, who suffered from worms, and were magically cured by Mr. Banerjea's new Indian remedy, *Bitter Hoves*. There are several other cases under the new remedies. Dr. S. Dey presented his Homeopathic preparation of Tonic Powder, and it gave very good results in counteracting the ill-effects of mercury, in dyspepsia, and in general debility.

"The case, No. 877, is that of a Hindu adult, of 45 years of age, who suffered from worms throughout the body, which could not be seen without the aid of a microscope, and was cured by Spirit of Camphor.

"Since the opening of this Institution, the following gentlemen have been registered as Subscribers and Donors:—

"H. H. The Maharajah of Travancore, G.C.S.I.; Dr. J. Jolly, *Germany*; Dr. Satkari Dey; Pundit Mahesh Chandra Nyayaratna, C.I.E.; Baboo Nobin Chand Mookerjea; Baboo Dwarkanath Ghosh; Baboo Nrityalal Dhar; Baboo Chandicharan Das; Baboo Sarat Chandra Dey; Baboo Girischandra Chandra; Baboo P. C. Baksy; The Hon'ble Justice Nánábhoy Haridás, B.A., L.L.B., *Bombay*; Charles H. Tawney, Esq., M.A.; Baboo Nagendranath Banerjea; Jamaspi Minocheherji Jamasp Asana Dastur, M.A., Ph.D., *Bombay*; The Hon'ble Raja Gajapati Rao, *Vizagapatam*; N. N. Ghose, Esq., *Barrister-at-Law*; Dr. Gurudas Banerjea; Baboo Trailokyanath Banerjea; Baboo Kalicharan Banerjea, M.A., B.L.; Baboo Umanarian Sen; Baboo Mangumal Das; O. C. Mullick, Esq., *Barrister-at-Law*; Baboo Kesori Mohan Chowdry, *Dinajpur*; Dr. Willmar Schwabe, *Germany*; and Baboo Gopaldas Kshetriya.

"The amount of subscriptions and donations which have been received from them have been kept as a deposit in the Post Office Savings' Bank.

"It will appear from the Table of Receipts and Disbursements that the Institution is now a self-supporting one, but appeal is now made again to the public and to the Homeopaths for whatever assistance they may feel disposed to give with regard to the organization of this Institution and its management.

"The Institution did good work during the last year, and would seem to have acquired more popularity and reputation for usefulness than during the previous year. People from remote parts of the town have offered themselves for treatment, and have by words and conduct expressed their entire satisfaction with the results of the treatment they received."



“The following table showing the operations of the last year speaks for itself:—

STATEMENT showing the Results of Treatment of Diseases of Patients.

DISEASES.	Number of Admissions.		HINDUS.		MAHOMED-ANS.		CHRISTIANS.			Cured.	Under treatment.	Absent without cause known.	REMARKS.
	Men.	Women.	Men.	Children.	Men.	Women.	Men.	Women.	Children.				
Simple and continued fever	184	62	30	81	8	3	..	..	..	135	2	47	The number of
Intermittent fever—Ague..	76	30	18	28	..	..	..	..	..	57	2	17	attendance of
Remittent fever ..	97	15	19	58	2	3	..	..	..	53	..	44	patients 4 855,
Liver and Spleen ..	44	23	6	13	2	..	..	..	..	18	1	25	and the aver-
Measles ..	1	..	..	1	..	..	..	..	..	1	..	..	age daily atten-
Dyspepsia ..	92	44	26	20	2	..	..	..	..	63	5	24	dance 13-28.
Diarrhea ..	62	19	2	40	1	..	..	..	..	47	1	14	Average daily at-
Dysentery ..	26	7	3	15	..	..	..	..	..	21	1	4	tendance of new
Croup ..	1	..	..	1	..	..	..	..	..	..	..	1	patients 2-94.
Cough ..	64	21	4	36	1	..	..	..	..	52	..	12	Percentage of
Asthma ..	18	13	3	1	1	..	..	..	..	7	2	9	cures 65-3.
Rheumatism ..	32	15	16	1	..	..	..	..	..	19	4	9	
Skin Disease ..	124	48	21	49	6	..	..	..	..	71	6	47	
Eye Disease ..	20	12	4	2	2	..	..	..	..	6	6	6	
Urinary Disease ..	18	8	3	6	1	..	..	..	..	10	3	5	
Veneral Disease ..	61	52	7	1	1	..	..	..	..	31	1	29	
Hysteria ..	1	..	..	3	..	..	..	..	..	1	..	..	
Female Disease ..	25	..	22	3	..	..	..	..	..	10	..	15	
Other ..	129	73	19	31	6	..	..	..	..	98	2	29	
Total	1,075	445	204	387	32	7	..	..	..	702	36	337	

“From the preceding table it would appear that the Honorary Physician, Dr. Satkari Dey, showed good progress, and gave even greater satisfaction by the system of his treatment than he did last year.

“During the last year 983 patients were registered; of which 2-7 is the average daily attendance of new patients, and 84-7 is

the percentage of cures. During this year the number of new patients who attended was 1,075, and the percentage of cures are 65.3. It is also to be remarked here that the number of patients who attended this Institution were 1,075, of whom 1,036 were Hindus and 39 Mahomedans, but no Christians were registered in this year."

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## REVIEWS.

### STEPPING STONE TO HOMEOPATHY AND HEALTH.\*

It is sufficient here to announce the Twelfth Edition of this well-known work. The book is its own best recommendation, and its continued popularity is the best praise that can be bestowed upon it. Dr. Ruddock, to his honour be it said, recognized the necessity of taking the public into our confidence in the matter of the reformed medical treatment, and he possessed the faculty, which he used to such excellent purpose, of putting medical hints in a telling way before the laity. The present edition of the *Stepping Stone* has been put through a thorough revision and brought up to date, and its publishers hope that it may continue to play its part in the great crusade it has played so effectively hitherto.

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### POST-GRADUATE EDUCATION.†

Dr. LUDLAM's address was delivered before the Alumni Association of the New York Homeopathic Medical College, on Thursday evening, December 16, 1886. Dr. Ludlam, and the Association he addressed, have recognized the pretty obvious fact that a college course, however brilliantly carried out, cannot confer on graduates mastery in the art of medicine along with its degree. In this address the lecturer considered the best means of remedying this necessary defect in medical training. Dr. Ludlam says:

"My present purpose is to indicate some of the ways and means which I believe will surely elevate the standard of professional attain-

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\* *The Stepping Stone to Homeopathy and Health.* By E. H. Ruddock, M.D. Twelfth Edition. Revised and enlarged. London: Homeopathic Publishing Company, 12, Warwick Lane, Paternoster Row, E.C.

† An Address by Professor Ludlam, M.D. Alumni Association, New York Homeopathic Medical College.

ment and magnify the office of the physician. If the study of Latin and logic and the higher mathematics, the possession of a classical education to begin with, and the survival from a long-drawn course of training in the college and the laboratory have failed of an adequate result, let us try another remedy. My prescription for the case in point will include a few old-fashioned resources, and one or two new ones, which are not yet in vogue, as they should be, and doubtless will be in the near future."

He recommends, first: *A systematic plan of reading and writing on medical topics*; secondly, *Professional intercourse and correspondence*; thirdly, *The improvement of every possible opportunity to revisit the college for a review of our studies*; and lastly, *Attendance upon post-graduate schools and special courses of instruction*. On this last head Dr. Ludlam spoke as follows:

"Of attendance upon post-graduate schools and special courses of instruction. Of necessity the enterprising young doctor soon learns to apply and to appreciate the knowledge that he gained in the medical school and the hospital before his graduation. That knowledge was acquired at a time and under circumstances which were best suited for its assimilation, and now it is ingrained and indispensable. But its scope is limited, and he will soon discover that there are new standards of excellence and new forces by which they must be developed. He must concentrate his time and his energies; and he must observe whether there is any especial branch of medicine or surgery to which he is addicted or adapted. He must sustain himself as a progressive student, and, if the old methods are insufficient or inappropriate, he must find such as will satisfy the requirement.

"And this is precisely what the post-graduate schools and courses of instruction propose to furnish. By arranging an objective, bedside course that is thoroughly practical, and which is designed for physicians especially and exclusively, a vigorous and sustained education is possible. There is no other way to accomplish it excepting by the long and tedious route that our fathers were forced to take, and which some of my hearers have travelled for a lifetime already.

"The system has its difficulties, and time and experience will be necessary to perfect the arrangements so as to yield the best results. But, suppose that only the most acceptable and capable teachers were chosen for such a position, and that the profession should yield such an institution a generous support, who can doubt that its influence would be wholesome and desirable in many ways? It would make better practitioners, for even the busy doctor would be as bright as the best of them. It would make better preceptors, for every one who had a pupil would strive to set him an example of earnestness and of thoroughness that was worthy of imitation. It would make better students, because the physician who is thoroughly awake and alive to the interests of his calling will never enrol a third-rate student and send him to college on any consideration whatever. And it would dignify the whole matter of medical education, because these schools would be shorn of the power to grant a degree or a legal license of any kind."

## OTIS CLAPP AND SON'S DIRECTORY AND CATALOGUE.\*

MESSRS. OTIS CLAPP AND SON, who are well known as one of the most enterprising firms of homeopathic pharmacists and publishers in the United States, have given in this volume a list of almost every conceivable article that a homeopathist is likely to need. Combined with this is a Directory of Physicians practising in New England. We are glad to find such a goodly list in a single state. There is also a list of the homeopathic hospitals, societies, and schools. The volume cannot fail to be of the greatest use; to New Englanders it is essential.

### LUCK OR CUNNING.†

MR. SAMUEL BUTLER champions the theories of the older evolutionists Lamarck and Erasmus Darwin, who contended that the modifications of species were brought about from internal rather than external causes; that the habits of one generation were transmitted to another, and that with changed habits changed structures were also transmitted. The theory of Charles Darwin, on the other hand, explained changes of structure by supposing that fortunate accidents rendered certain members of a species better adapted to its surroundings; and that all individuals possessing this modification, being better equipped in the battle of life, married and thus transmitted their peculiarity to succeeding generations. With the former evolutionists it was cunning, acquired habits and qualities, efforts to meet changed circumstances, that produced this modification; with Mr. Charles Darwin it was pure luck.

Without committing ourselves to either one evolution theory or the other, we see no reason to dispute the fact that species are modifiable to a certain degree, at any rate. This is plain in the case of certain families, as for instance that of the dog. In others it is not so plain. We do not see elephants sporting variations to any great extent. But where variations do occur we think the evidence Mr. Butler adduces amply sufficient to

\* *Catalogue and Price Current of Homeopathic Goods, Medicines, Books, Instruments, Dietetic and Pharmaceutical Preparations of every Description for sale by Otis Clapp and Son.*

*Directory of the Homeopathic Physicians of New England.* January, 1887. Published by Otis Clapp and Son. Boston: 10, Park Square; 3, Albion Building, Beacon Street. Providence: 307, Westminster Street.

† *Luck or Cunning, as the Main Means of Organic Modification? An attempt to throw additional light on the late Mr. Charles Darwin's theory of Natural Selection.* By Samuel Butler, author of "Life and Habit," "Evolution Old and New," "Unconscious Memory." Opus 8. London: Trübner & Co., Ludgate Hill. 1887.

prove his point, namely, that the elder Darwin was right and his grandson wrong; that acquired habits and not lucky accidents have been the potent factors in bringing about the change.

In his work "Life and Habit," Mr. Butler contended that heredity was a mode of memory; "that all hereditary traits, whether of mind or body, are inherited in virtue of some manifestation of the same power whereby we are able to remember intelligently what we did half an hour, yesterday, or a twelve-month since, and this in no figurative but in a perfectly real sense." In putting forward this theory he was preceded (unknown to himself) by Professors Hering of Prague.

Mr. Butler has received scant courtesy from some of Mr. Charles Darwin's admirers and followers, notably Mr. Herbert Spencer and Mr. Romanes. But Mr. Butler is more than a match for all his antagonists; and the reputation of Mr. C. Darwin himself is most seriously compromised by the facts Mr. Butler brings to light. Unlike most scientific writers, Mr. Butler is blessed with the literary faculty, and his books, whether we agree with them or not, are always pleasant reading. This is how he meets one of the objections brought against him, in a passage as full of wisdom as it is of wit:—

"The second complaint against me is to the effect that I have made no original experiments, but have taken all my facts at second hand. This is true, but I do not see what it has to do with the question. If the facts are sound, how can it matter whether A or B collected them? If Professor Huxley, for example, has made a series of valuable original observations (not that I know of his having done so), why am I to make them over again? What are fact collectors worth if the fact coordinators may not rely upon them? It seems to me that no one need do more than go to the best sources for his facts, and tell his readers where he got them. If I had had occasion for more facts I dare say I should have taken the necessary steps to get hold of them, but there was no difficulty on this score; every text-book supplied me with all and more than all I wanted. My complaint was that the facts which Mr. Darwin supplied would not bear the construction he tried to put upon them; I tried thereupon to make them bear another which seemed at once more sound and more commodious; rightly or wrongly, I set up as a builder, not as a burner of bricks, and this complaint so often brought against me of not having made experiments is almost as reasonable as complaint against an architect on the score of his not having quarried with his own hands a single one of the stones which he has used in building. Let my opponents show that the facts which they and I use in common are unsound, or that I have misapplied them, and I will gladly learn my mistake; but this has hardly, to my knowledge, been

attempted. To me it seems that the chief difference between myself and some of my opponents lies in this, that I take my facts from them with acknowledgment, and that they take their theories from me—without.

“One word more, and I have done. I should like to say that I do not return to the connection between memory and heredity under the impression that I shall do myself much good by doing so. My own share in the matter was very small. The theory that heredity is only a mode of memory, is not mine, but Professor Hering's. He wrote in 1870, and I not till 1877. I should be only too glad if he would take his theory and follow it up himself; assuredly he could do so much better than I can; but with the exception of his one not lengthy address published some fifteen or sixteen years ago, he has said nothing upon the subject, so far at least as I have been able to ascertain; I tried hard to draw him in 1880, but could get nothing out of him. If, again, any of our more influential writers, not a few of whom evidently think in this matter much as I do, would eschew ambiguities and tell us what they mean in plain language, I would let the matter rest in their abler hands; but of this there does not seem much chance at present.

“I wish there was, for in spite of the interest I have felt in working the theory out and the information I have been able to collect while doing so, I must confess that I have found it somewhat of a white elephant. It has got me into the hottest of hot water, made a literary Ishmael of me, lost me friends whom I have been very sorry to lose, cost me a good deal of money, done everything to me, in fact, which a good theory ought not to do. Still, as it seems to have taken up with me, and no one else is inclined to treat it fairly, I shall continue to report its developments from time to time as long as life and health are spared me. Moreover, Ishmaels are not without their uses, and they are not a drug in the market just now.”

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### ELECTRICITY.\*

THE use of electricity in almost every department of life has made such rapid advances of late that it is difficult for some of the old generation to keep up with the times. The Woodhouse and Rawson Electrical Supply Company have, by the pamphlets they have issued, made it a comparatively easy matter for any who are not well acquainted with the subject, and who yet cannot afford to dispense with the aid of electrical apparatus, to

\* *Electrical Supplies.* The Woodhouse and Rawson Electrical Supply Company, 11, Queen Victoria Street, London.

*Electrical Gas Lighting Apparatus.* The Woodhouse and Rawson Electrical Supply Company.

find just what they want. One of the pamphlets (both of which are well illustrated) refers to the lighting of gas by electricity; the other refers to apparatus of all kinds. We should think they will both be found of the greatest use.

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### REPRODUCTION.\*

IN this brochure Dr. Cook has attacked a subject of great difficulty and great delicacy. We may say at once we think he has dealt with it in a manner altogether admirable, and has put into the hands of parents and those who have the care of boys a wise councillor and friend. The question as to when it is right to impart the information it contains to the individual boy is another matter. Probably no rule can be laid down on this head, seeing the differences that exist between boys and boys. Some are precocious and need warning early of the dangers which school life entails. Others of the same age would only be injured by having the same information imparted to them. At any rate, it is a problem that must not be shirked. Every medical man has seen in abundance deplorable consequences of evil habits acquired at school, habits which a seasonable word might have checked or prevented. Dr. Cook deserves the thanks of the community for putting the subject in the right light.

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### CARE OF THE EYES.†

THIS pamphlet, taken from "*Das Auge und seine Pflege*," of Drs. Heymann and Schröter, is another of the excellent publications sent out by the Society for the Prevention of Blindness and the Improvement of the Physique of the Blind. There are few persons who would not be advantaged by the perusal of this pamphlet. We quote the following passage which will give our readers an idea of its scope and style.

"*The care of the eyes in advanced life.*—The most important and almost universal symptom of old age on the eyes is far sight. This is chiefly occasioned by diminished elasticity of the crystalline lens, and also by a diminished power of the accommodation muscle. Even in youth this muscle may become paralyzed or weakened, especially after exhausting diseases, particularly diphtheria, and such eyes take the

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\* *Reproduction.* Being the Substance of a Lecture Delivered to Non-Medical Students. By Edmund A. Cook, L.R.C.P., L.R.C.S., L.F.P.S.G., F.C.S., &c. Part I. London: Homeopathic Publishing Company, 12, Warwick Lane, E.C.

† *Care of the Eyes: In Infancy, Youth, Manhood, and Old Age.* London: Balliere, Tindall and Cox, King William Street, W.C.

character of far-sightedness. But apart from these cases of disease far-sightedness is seldom absent in old age, hence the Greek name presbyopia (*πρεσβυς*, old). For the eyes old age begins in the fortieth year. The strongest eyes are at that age apt to feel tired when looking at near objects, and this is the first sign of presbyopia. Short-sighted eyes generally experience the change later, or often not at all even in extreme old age. In all cases far-sightedness is remediable by spectacles. When the first signs of far-sight occur, appropriate spectacles should be got without delay, and the subject of it should not wait to put on spectacles until fatigue has already set in, but immediately when he commences any work which he requires to hold close. By attending to this rule many evils caused by straining the eyes are obviated. One circumstance only has a perceptible influence on the need for spectacles, that is, the degree of illumination. Whenever the illumination is bright, spectacles will be less needed, whereas they will be found indispensable in a dim light. We would therefore advise the long-sighted to use his spectacles or not according to the brilliancy of the illumination, hence at first only in the evening or in dull weather, but not by bright daylight. On the other hand, when the degree of long-sightedness is greater, spectacles should always be worn while working. Anyway, a lower power of spectacles should be used during day work than during night work."

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#### OMIOPATIA HAHNEMANNIANA E OMIOPATIA METICCIA.\*

THIS pamphlet to the very title (in English, "Hahnemannian Homeopathy and Mongrel Homeopathy") reminds us of the endless and sterile discussions we have witnessed here and in America, between those who call themselves "Hahnemannians" and those whom they call "Mongrels." We decline to give any further criticism of the pamphlet except this, that we think the author might have been much better employed in attempting to develop homeopathy scientifically, or in trying to propagate it popularly, than in washing the dirty linen of his school in public.

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MAN AND ANIMAL.—The animal renders a service to utility; man in return owes it a meed of protection and kindness. In a word, the animal has claims on man, and the man has duties to the animal. Buddhism, no doubt, exaggerates this truth, but the Westerns leave it out of count altogether. A day will come, however, when our standard will be higher, our humanity more exacting than it is to-day. "*Homo homini lupus*," said Hobbes, "the time will come when man will be humane even for the wolf—*homo lupo homo*."—*Amiel's Journal*.

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\* *Omiopatia Hahnemanniana e Omiopatia Meticcia*. Del Dott. Attilio Malloli in risposta al Dott. Francesco Ladelci. Foligno, 1886.



## NEW PREPARATIONS, ETC.

### MOUNTAIN ZINFANDEL WINE.

THE ravages of the vine disease in Europe have caused a great increase in the quantity of laboratory manufactured wine. Wine-drinkers must have their wine, and the want of grapes is a trifle easily got over by modern scientific wine-makers. The consequence is that it is often difficult to be sure of the old country wines at present in the market.

One consequence of this has been the development of a wine industry in new countries like Australia and California. Here the temptation to substitute chemicals for grape juice is not felt, and the wines, though they may lack the venerable and crusted names which dignify some of the products of modern science, have a much honester flavour of the vine. Such we believe to be the Zinfandel wine, lately introduced into this country by a Glasgow firm, Lay, Clarke, and Co., 6, Royal Terrace, whose London representatives are Messrs. Potier and Pierce, 266, South Lambeth Road. It is a pure claret, ruby red in colour, and not too acid as some clarets are apt to be. For those requiring wine, we should much prefer this to the older clarets, as being at once much safer and more sustaining. It has, besides, another advantage—being imported direct, it can be supplied at first cost, and is therefore cheap.

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## Obituary.

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G. M. SCOTT, M.A., M.D.

DR. GEDDES MCKENZIE SCOTT died at Stonebridge Park, Willesden, on April 11, 1887, at the age of 82. His original intention in studying medicine was that he thought it would be a great aid to his usefulness as a clergyman, which was the profession he had resolved to adopt. Whilst travelling on the continent he made the personal acquaintance of Hahnemann, and was so much struck with the scientific character of his system that he resolved henceforth to devote himself to its practice and propagation. He took his degree at Glasgow in 1836, and delivered a course of lectures on homeopathy in that city. He was the

author of several works and papers on homeopathy, and the history of medicine which appeared in *The British Journal of Homeopathy* and *The Homeopathic Times*. He will be best remembered by the essay which gained the prize offered by the Parisian Homeopathic Society on this theme, "a logical and experimental demonstration that it is by homeopathy alone that the principles and machinery of the science and art of medicine have attained a definite foundation." This masterly essay, containing original and well-argued views, was published in *The Brit. Jour. of Hom.*, vol. vi., and may be read at this day with pleasure and profit by all. Dr. Scott also translated, for *The Brit. Jour. of Homeopathy*, several of Hahnemann's minor writings.

All who had the happiness to know Dr. Scott were charmed with his gentle manners and his earnest and fascinating conversation. He had long retired from practice before his last illness, which eventually assumed the form of general paralysis.

His son, Dr. W. B. Scott, whose great power as a writer many of our readers can testify to, died last year, shortly after the decease of his mother. These severe blows no doubt hastened the death of our old colleague, whose health had never been very robust.—*Monthly Homeopathic Review*.

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## GENERAL CORRESPONDENCE.

DR. BRUNTON AND DR. S. O. POTTER.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—I have before me a MS. which should have been sent for publication some weeks ago, in which I undertake to prove that Dr. Lander Brunton's "Index of Diseases" was compiled almost entirely from Potter's *Comparative Therapeutics*. I now see from your last issue that Dr. Brunton has at last acknowledged this fact, and my labour was in vain. But as I am indebted to your journal for this information, I will give you a little information on the same subject.

In 1882 Mr. Henry Kempton sent a list of new works as an advertisement to the *British Medical Journal*. The advertisement was returned, with a note to say that it could not be accepted unless the name of Potter's *Comparative Therapeutics* was withdrawn, as this was a *homeopathic* work.

Comment is superfluous.—Yours truly,           PERCY WILDE.

## A LATE DISCOVERY.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—The following, culled from *The British Medical Journal*, April 16th, will interest your readers as showing how that which has been known to homeopaths for nearly a century is beginning to dawn upon practitioners of the old school.

It is embodied in a lecture delivered in the Section of Therapeutics and Pharmacology at the Annual Meeting of the British Medical Association, held at Brighton last August, by Dr. John Kent Spender, under "Analgesics."

"The administration of medicines by the method of comparatively small and frequent doses has occupied my thoughts for fifteen or sixteen years. The object of the method is shortly this. In a certain number of cases it can be demonstrated that we can get by it nearly all the possible medical good from a drug with the least possible harm; for every potential drug has some shadow of harm going along with it, and this not only when prescribed in an obviously wrong way, but even when ordered according to the commonplace style of a medium official dose every four or six hours. A quarter of a grain of tartrate of antimony every four hours will mostly cause horrible sickness and depression; but one-sixteenth of a grain every hour for sixteen hours may be taken with no more physiological disturbance than if we had given so many rations of cold water, and the remedial effect is superior. And so with opium. When we deem it most safe and effective to administer opium by the mouth as our analgesic weapon, we can do so with extraordinary advantage by giving one minim of the wine of opium every five minutes for half an hour, then every ten minutes for the same time, afterwards every fifteen minutes, and so on, withdrawing our remedy by degrees according to the result produced. In this manner we compass that therapeutic end which Dr. Anstie told us to search for—the stimulating power of opium, with as little as possible of its shock-like or deadening power, as represented by sickness, or faintness, or sweating. But there are cases in which the patient counts minutes rather than half hours, as if the pain were more depressing and deadening than any antidote could be; and then it is sound practice to administer half a grain of powdered opium every thirty or forty minutes, until the body is warm and the pulse rises. During this ministry of healing the sufferer is presumed to be in bed, and in a temperate, quiet room."

I am, yours obediently,  
Manchester, April 18, 1887.

Homo.

## A LETTER FROM INDIA.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—I have the pleasure of congratulating you on the occasion of the opening of a Homeopathic League in London.

whose object is to diffuse a knowledge of homeopathy in different places.

I feel much satisfaction to let you know that homeopathy has made a fair progress in India within the course of the last few years. The Calcutta School of Homeopathy was established in Calcutta on the 15th February, 1883, by the zeal and perseverance of my energetic friends Babu Protap Chandra Mojumdar, L.M.S., M. M. Bose, Esq., M.D. (New York Homeopathic College and L.R.C.P. Edinburgh), and by the humble exertions of my own self, and lately another by the name of the Calcutta School of Medicine has been established to teach allopathy, homeopathy, and Hindu systems of medicine. The systems of medicine are to be taught by separate teachers. Students will have the option of taking any one or more of the systems.

There is a Calcutta Hahnemann Club, the inaugural meeting of which was held on the 22nd March last; and there is a Hahnemann Birthday Anniversary Meeting, which meeting was held on 10th April last at the Albert Hall, to commemorate the birthday of the illustrious founder of homeopathy. The proceedings of the Calcutta Hahnemann Club and 192nd Anniversary Meeting I herewith send, and I beg to request the favour of your publishing it in the HOMEOPATHIC WORLD.

Lastly, you would be well convinced of the homeopathic progress in India if you will please refer to the article, "The History of Homeopathy in India," that appeared in the "Transactions of the International Homeopathic Convention," held in Basle.

In conclusion, I beg to inform you that I shall be highly pleased to act as a local honorary secretary (Calcutta) of the Homeopathic League, and also a member of your worthy League. Lastly, I hope you will be pleased enough to send me the tracts and also the rules and regulations of the League, and oblige.—I have the honour to be, sir, yours obediently,

SHOSHEE BHOORUN MOOKERJEE,

Honorary Assistant Secretary of the Hahnemann Anniversary Meeting and Calcutta Hahnemann Club, late Secretary of the Calcutta School of Homeopathy, and Assistant Secretary of the Calcutta Burra Bazan Family Literary Club.

19, Dixon's Lane, Calcutta, India, the 19th day of April, 1887.

P.S.—I request you to tender my best respects to Mr. E. H. Laurie, the Honorary Secretary of the Homeopathic League.—  
S. B. M.

## MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Brunton (T. L.).** A Text-book of Pharmacology, Therapeutics and Materia Medica added to the United States Pharmacopœia. By Francis H. Williams. 3rd. ed. 8vo, pp. 1306. (Macmillan. 21s.)
- Candler (C.).** The Prevention of Consumption: A Mode of Prevention Founded on a New Theory of the Tubercle Bacillus. 8vo, pp. 244. (Paul, Trench and Co. 10s. 6d.)
- Carpenter (A.).** The Principles and Practice of School Hygiene. With Illusts. Post 8vo, pp. 370. (Hughes. 4s. 6d.)
- Cox's Companion to the Family Medicine (Chest and Compendium of Domestic Medicine.** 48th ed., Revised and considerably Enlarged by a Member of the Royal College of Surgeons. 18mo, pp. 170. (Simpkin. 8s.)
- Crookshank (E. M.).** Photography of Bacteria. Illust. with 86 Photographs, Reproduced in Autotype. Royal 8vo. (Lewis. 12s. 6d.)
- Cullingworth (C. J.).** A Short Manual of Monthly Nurses. 2nd. ed. 12mo, pp. 96. (Churchill. 1s. 6d.)
- Cunningham (D. J.).** The Dissector's Guide: Being a Manual for the Use of Students; Head and Neck. With 57 Illusts. Post 8vo, pp. 480. (Macleachlan, Edinburgh; Simpkin. 8s.)
- Dowse (T. S.).** The Modern Treatment by the System of Massage. 12mo, pp. 136. (Griffith and Farran. 2s. 6d.)
- Field (G. W.).** Medico-Legal Guide for Doctors and Lawyers. 16mo, pp. viii—291. (New York. 10s. 6d.)
- Harris (T.).** Post-Mortem Hand-Book. With Illust. Post 8vo, pp. 78. (Smith and Elder. 3s. 6d.)
- Haynes (C. M.).** Elementary Principles of Electro-Therapeutics. Illust. 8vo. (Chicago. 12s.)
- Marshall (J.).** Neuræctasy; or, Nerve Stretching for the Relief or Cure of Pain. With an Appendix by the Author, dated March, 1887, and 12 Illusts. by Victor A. H. Horsley. 8vo, pp. 52. (Smith and Elder. 8s. 6d.)
- Money (A.).** Treatment of Disease in Children, including the Outlines of Diagnosis and the Chief Pathological Differences between Children and Adults. Post 8vo, pp. 570. (Lewis. 10s. 6d.)
- Morton (J.).** The Treatment of Spina Bifida by a New Method. With a Paper on the Pathology of Spina Bifida by Dr. J. Cleland. 8vo, pp. 280. (Churchill. 7s. 6d.)
- Tibbits (H.).** Electrical and Anatomical Demonstrations, Delivered at the School of Massage and Electricity in connection with the West-End Hospital for the Diseases of the Nervous System, Paralysis and Epilepsy. A Handbook for Trained Nurses and Masseuses. Post 8vo, pp. 93. (Churchill. 5s.)
- Tomes (Sir J.).** A System of Dental Surgery. 3rd. ed., Revised and Enlarged. With 292 Illusts. Post 8vo, pp. 766. (Churchill. 15s.)
- Wills (G. T. V.).** A Manual of Vegetable Materia Medica. With Coloured Habitat Map. 9th ed. Post 8vo, pp. 400. (Simpkin. 7s. 6d.)
- Year-Book of Treatment for 1886.** A Critical Review for Practitioners of Medicine and Surgery. Post 8vo, pp. 304. (Cassell. 5s.)

## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, St. George's Terrace, Gloucester Road, South Kensington, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We always go early to notice, and would therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month.

Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

A VETERINARY HOMEOPATH.—We are glad to give (unmasked) publicity to this circular, issued by Mr. Hurndall, to homeopathic practitioners. We wish Mr. Hurndall all the success his enthusiasm for homeopathy deserves:

“DEAR SIR,—By the advice of my esteemed friend, Dr. Byres

Moir, I take this opportunity of informing you that I have recently settled in Blackheath, where I purchased the goodwill of an old-established Veterinary practice.

"You may possibly be aware, from various contributions on Veterinary Homeopathy which have appeared from my pen in *The Monthly Homeopathic Review*, that I am a staunch believer in Hahnemann's great principle of Therapeutics; that while in Liverpool I practised Homeopathy pure and simple, and so far as the number of cases went, that came under my care, I may add with marked success.

"With a view to the spread of Homeopathy in Veterinary practice as well as in my own personal interest, permit me to ask the favour of your kind influence among such friends and clients as are owners of any of the domesticated animals.

"You may possibly think that my being located here is something of a barrier to obtaining anything like extensive practice in the more immediate parts of the Metropolis; but what with telegraphic and railway communication, to say nothing of my own horse, I can reach almost any district under the hour; indeed, so far as the West-end is concerned, I frequently drive the distance in forty minutes.

"I am advised that in consequence of the death of that esteemed Homeopathic Veterinarian, Mr. James Moore, the want of a thoroughly reliable Homeopathic practitioner is much felt: should I, as the result of experience, find that my services are acceptable in Central London, I should soon be disposed to take a place in the West-end, where I could be more quickly found or communicated with.

"It is in the power of the Medical profession to exercise an immense influence in this direction, and I venture to hope that you will kindly bear me in mind as opportunities arise.—I am, dear sir, yours faithfully,

"J. SUTCLIFFE HURDALL,  
M.R.C.V.S.

"2, Gloucester Terrace, Blackheath, April, 1887."

#### CORRESPONDENTS.

Communications received from Dr. Cooper, London; Dr. Percy Wilde, Bath; Dr. S. B. Mukerji, Calcutta; Dr. Kafka; Dr. Mackechnie, Bath; Mr. R. Martin, Manchester; Dr. Reid, London; Dr. Dudgeon, London; Mr. E. H. Laurie, London; Dr. Simpson, Glasgow.

#### BOOKS AND JOURNALS RECEIVED.

Medical Era.—St. Louis Medical Journal.—Cheironian.—Medical Annals.—L'Union Homœopathique.—Monatsblätter.—Revue Homœopathique Belge.—Allg. Hom. Zeit.—Revista General de Homœopathica.—L'Art Médical. Homeopathic Physician.—Medical Counsellor.—Medical Visitor.—Clinical Review.—Southern Journal of Homeopathy.—Albany Medical Annals.—New England Medical Gazette.—New York Medical Times.—American Homeopathist.—El Critero Medico.—Albany Medical Annals.—Une Page d'Historie.—Contemporarie de l'école.—Homœopathique.—Inaugural Address by Dr. Cowl.—Keynotes to Materia Medica, Guernsey.—Publications of Massachusetts Hom. Med. Soc. Vol. IX.—Stepping Stone to Homeopathy and Health. Dr. Rudock. 12th Edition.

THE  
HOMEOPATHIC WORLD.

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JULY 1, 1887.

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THE NEMESIS OF HAHNEMANN'S  
CALUMNIATOR.

IN 1843, *i.e.* 44 years ago, Dr. OLIVER WENDELL HOLMES published two lectures which he had delivered before the Boston Society for the Diffusion of Useful Knowledge on *Homeopathy and its Kindred Delusions*. At that time homeopathy was just beginning to awaken interest in the United States, but its practitioners were very few. Dr. HOLMES thought he would crush the rising heresy in the bud. He brought to bear upon the doctrines of HAHNEMANN all the ridicule, sarcasm, and wit, which we know the author of *The Autocrat of the Breakfast Table* can wield with extraordinary force, and he no doubt believed that he had given its quietus to the novel system of medicine. Since then homeopathy has spread through America to such an amazing degree that its practitioners now number upwards of 10,000. It has numerous colleges, hospitals, societies, and periodicals, and in Dr. HOLMES's own city of Boston the University has for many years possessed a Medical Faculty all of whose professors belong to the school of HAHNEMANN.

Dr. HOLMES paid us a visit last year, and he has been giving an account of this visit in *The Atlantic Monthly*. In the June number of that periodical he describes his visit to Malvern. He says :

“ Where should we go next ? Our travelling host proposed Great Malvern, a famous watering-place, where we should find peace, rest, and good accommodations. So there we went, and soon found our-

selves installed at the 'Foley Arms' Hotel. The room I was shown to looked out upon an apothecary's shop, and from the window of that shop stared out upon me a plaster bust which I recognized as that of Samuel Hahnemann. I was glad to change to another apartment, but it may be a comfort to some of his American followers to know that traces of homeopathy—or what still continues to call itself so—survive in the Old World, which we have understood was pretty well tired of it."

It must indeed have been a great annoyance to be stared at by a plaster bust of the arch-heretic, whom he vainly attempted to annihilate so many years ago. Of course Dr. HOLMES is aware that homeopathy is in a most flourishing condition in his own country, but it must have been a disagreeable disenchantment to find that the Old World was not yet tired of it, as he had understood to be the case. The wish was doubtless father to the thought, for had he made the slightest inquiry on the subject he would have found that the Old World, so far from being tired of homeopathy, was permeated by it to such a degree that homeopathic practice is largely taught by the chief writers on *materia medica* and therapeutics of orthodox medicine, such as RINGER and BRUNTON; in fact, homeopathy gives a bias to medicine everywhere, as the rattlesnake nature perverted the disposition of ELSIE VENNER. But doubtless since Dr. HOLMES has devoted himself chiefly to anatomy and polite literature he has not had leisure to make himself acquainted with the present state of therapeutics. Though he was fêted and lionized to his heart's content during his sojourn in this country, nevertheless it does not seem to have been unalloyed happiness. *Surgit amari aliquid!* The pallid bust of HAHNEMANN, the ghost of that homeopathy he had attempted to slay 44 years ago, glares at him in his apartment at Malvern. That was more than he could stand! He knew that, notwithstanding his audacious attack on homeopathy, it flourished like a green bay tree in the New World, but he believed he should be safe from witnessing its triumph in the Old World, which he understood to be tired of it; but lo! here among the pleasant hills and dales of old England, the



bust of HAHNEMANN arises like Banquo's ghost to drive him from his apartment! What's the good of being an autocrat at the breakfast table or elsewhere, if we are to be tortured in this way, the ghosts of our attempted murders appearing at all sorts of unexpected places, and spoiling our enjoyment as the dead fly spoils the apothecary's ointment?

### FASHIONABLE PHYSICIANS AND DRUGS.

It is a common device among those who wish to save themselves the trouble of learning the use of anything to deny that the thing has any uses at all. Some such feeling as this is at the bottom of much of the scepticism regarding homeopathy, and would appear to explain the utterances of Sir W. GULL from time to time on drugs and their uses. Sir W. GULL is one of the leading allopathic lights of the day, and yet he told the Royal Commission on Vivisection which sat in 1876, that he was not a great believer in drugs. During the interval his belief appears to have grown less rather than greater. On May 18th *The Medical Press* published the following note—

#### “SIR WILLIAM GULL ON DRUGS.

“One of the most interesting incidents that have occurred during the whole history of the General Medical Council was witnessed on Thursday last during the discussion on Dr. Struthers' amendment to Mr. Brudenell Carter's application on behalf of the Apothecaries' Hall. In the course of debate Sir William Gull delivered himself of a condemnation of this body, and by a natural transition of the mind from drug emporium to drugs themselves, he waxed righteously wroth at the pretensions he deemed these latter to have had set up on their behalf. People, he asserted, did not get well by drugs, and he illustrated the statement by referring, *O fortunate!* to the illness of his own august patient the Prince of Wales, and in this connection afforded the interesting information that less than four doses of medicine were administered during the course of the fever by which the Prince of Wales was attacked. Sir William, later in his speech, was good enough to say that he had nothing to say against general practitioners, whom, in the goodness of his heart, he is even disposed to respect and admire. But they must not, nevertheless, give drugs to their patients, probably on pain of

losing his admiration and respect, for it was the duty of the medical man *not* to give drugs, but to see that Nature's powers were not interfered with. It is easy to imagine the astonishment this ponderous utterance must have produced, and the despair of successful drug firms had the *fiat* gone unchallenged. By great good luck, however, a champion was straightway found to defend the practice of medicine, and in Dr. Quain the whole profession, less Sir William Gull, will welcome a fellow prescriber of physic. Dr. Quain was able to assure Sir William that he had seen drugs of use in thousands of cases, and his experience is surely that of every successful practitioner, all of whom will assuredly accept his explanation of the singular estimate Sir William Gull seems to have formed of medicinal remedies, viz., that failure with them is attributable, not to the drugs, but to faults of diagnosis."

It is a pretty satire on modern allopathic medicine when we can find a man in the position of Sir W. GULL, Physician to the Queen and Prince of Wales, publishing abroad his ignorance of the uses of drugs and his pride in his ignorance. But the following letter taken from *The British Medical Journal* of May 28th makes bad much worse in its attempt to put matters right. We have italicised the passages which seem to us to show the rottenness of the allopathic faith in drugs—which is something like the faith of the ancient augurs in their own auguries:—

“SIR WILLIAM GULL AND DR. QUAIN: DRUGS OR  
NO DRUGS.

“SIR,—One of the interesting digressions indulged in during the late session of the General Medical Council is to be credited to Sir William Gull, who, in the course of the discussion relating to the status of the Society of Apothecaries, accused that Society of having fostered popular prejudice as to the treatment of disease by means of drugs. Without going into the question as to whether this method is in itself desirable or otherwise, we can readily admit that the idea is one which has a strong hold on the public mind. Neither the custom nor the taste for medicines is by any means confined to this country. Whether the professor of the healing art be the ‘wise man’ of the American Indians or his congener in Oriental climates, he is invariably expected to prescribe or administer medicine in some form or another. In England, a certain scepticism has for years been growing up as regards the value of medicinal agents, and has by

this time infected a large number of our younger practitioners. From this point of view the effect cannot be considered to be otherwise than harmful. Men who have cultivated a contempt for drugs in their student days will, in all probability, have failed to make themselves familiar with their effects and uses, with the result that when they are called upon to divest themselves of that freedom of opinion and practice which are the privileges of hospital life, and have to deal with the public on terms of equality, they find their ignorance of the means of gratifying the whims and prejudices of their patients a terrible hindrance to a successful career.

“It is all very well for men in the position of Sir William Gull to scoff at physic, and to carry their scepticism into practice, but it would be a suicidal policy in a junior member of the profession. The late Dr. Moxon thoroughly grasped the situation when, after an introductory lecture, in which he had expressed but a mediocre confidence in the value of therapeutics, he warned students that they must not attempt to force their own views on a suffering public. A doctor without medicine, he says, is like a poet without rhyme, a priest without a creed, or, he might have added, a licensed victualler who did not sell victuals. Medicines may not be the most important factor in the treatment of disease, but they are a factor without which the rest will be unwelcome.

“The conscientious therapist, however, is a man who, though entitled perhaps (!) to our respect, is to be regarded with a certain amount of suspicion. Strong in his knowledge of the physiological effects of the drugs he employs, he is animated by a desire to cure disease in spite of Nature, or, at any rate, without Nature's aid. He would repudiate with scorn the idea of giving inert drugs simply to calm the patient's apprehensions. He is addicted to the use of powerful alkaloids which will act in doses measured by hundredths of a grain. He gives morphine instead of paregoric for a cough, nitro-glycerine instead of orange-flower water for a headache, and eucaime injections in place of soap liniment for rheumatic pains. The patient is certain to get something for his money. These gentlemen represent the credulous element in medicine, but show a prodigious activity and devotion to work.

“The critical party in medicine, on the other hand, is less enterprising; some of them even content themselves with ‘observing’ their patients, and profess a pious horror of anything in the nature of interference with the *vis medicatrix naturee*. The latter, as Dr. Quain observed, lay themselves open, as ministers of the healing art, to the charge of obtaining money under false pretences, since they conscientiously abstain from any attempt at a cure.—I am, &c.,

“A CONSULTANT.”

There is a good deal of unconscious "medical ethics" in this letter, revealing the ideas that underlie much of the thought and action of the old school. The giving of drugs according to this brother consultant and self-appointed critic of Sir W. GULL, is "the means of gratifying the whims and prejudices" of people—not of curing them! This was also the idea of Dr. MOXON as referred to. The new pharmacologist who believes in the results of his vivisections, is a "conscientious therapist," and is "to be regarded with suspicion;" whilst the "critical party" in medicine (who are presumably *not* conscientious), who do not believe in drugs as being of any use, lay themselves open to the charge—grave, but not without justification—of obtaining money under false pretences.

This is a sad dilemma! Poor "Old Physic" poisons patients when it is conscientious; and when it refrains from this it finds itself in a still worse plight (according to "A CONSULTANT"), laying itself open to a charge of fraud!

We must leave its representatives to get themselves out of the difficulty as best they can.

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A NEW CURE FOR CANCER.—From the *British Medical Journal* we learn further particulars regarding the use of this new cure for cancer. Dr. Velloso has experimented with the juice of the euphorbiaceous plant, to which the name "Alvelos" is given, and founded that the juice acted as an irritant, and destroyed the diseased tissue, which was quickly replaced by healthy granulations. Of the three different kinds of alvelos (male, female, and wild), the second is considered the most efficacious. It is found at Pernambuco, and although the natives have employed the juice for some time, it has not come into extensive use on account of the severe pain which it causes. For use in medicine the juice is evaporated and combined with vaseline or lanoline. The parts to which the ointment is applied are first washed with a solution of carbolic acid. The ointment is then applied by means of a brush, and left exposed to the air for at least an hour, after which it is covered with lint. The treatment is continued for two or three days. In the same issue it is stated that M. Baudry has used the crushed twigs and leaves of *Euphorbia helioscopia* as a poultice for canceroid condition of the eyelid. It was not altogether a success, conjunctivitis having supervened. The milky juice of euphorbiaceous plants is well known to possess irritating properties, and the plant which was employed by M. Baudry has been long used as a household remedy for warts.—*Chemist and Druggist*.

## NOTES.

## A NEW SYSTEM OF MEDICINE.

SCHÜSSLER'S Abbreviated Therapeutics, as our readers are aware, has a very limited materia medica, consisting of exactly a dozen remedies, which are, in fact, the chemical substances found in the ashes of blood. But Schüssler has been outdone in his own particular sphere by a certain Mr. H. A. Plate, of Osternburg. This sage, being a farmer, and not a doctor, argued thus: Schüssler's twelve remedies can cure all diseases if only we know which of them to administer in each case. But the selection of the right one is attended by a certain amount of difficulty; why then should we not give them all at once, and allow the organism to select for itself the one it wants? Those that it does not need it will, of course, reject, and, as all are constituents of the body, only the one constituent it requires will be appropriated to its remedial use, while the others will do no harm, being as they are merely the ordinary materials of which it has already a sufficient supply. The logical conclusion from this mode of reasoning, one would think, would be to give the blood itself, or all the ash of blood, as the panacea for all diseases, but this is too obvious to recommend itself to Herr Plate's mind. He says that the constituents of the hen's egg are identical with those of the blood, so he takes the egg and makes of it four different attenuations in the usual manner, and he asserts that these several attenuations are remedial, but in different categories of disease. Thus the first dilution is curative in gastric and intermittent fevers; the second in migraine, carcinoma, cancer of the breast; the third in diphtheria, and so on. He does not tell us why the different dilutions should be required for different diseases. One would have thought that Farmer Plate's ideas were hardly worth promulgation, but would have been most appropriately confined to his own farm, where he might have carried them out in practice on his cattle, sheep and pigs, without doing much harm. But Herr Plate, it seems, has a son with the title of "Doctor," who practises as a dentist in Bremen, and this son has thought the parental idea important enough to be given to the world in the shape of a book, with the title: *The Remedies of Mr. H. A. Plate of Osternburg, and their multifarious utility in the diseases of man and domestic animals, as founded on numerous and undeniable*

*cures, set forth in a comprehensible manner by Dr. K. Plate, dentist in Bremen.* However much we may admire the filial affection of Dr. Plate, we think he might have been more usefully employed in stopping and drawing teeth than in propagating his bucolic parent's silly fancies. Is this new system to be called *oopathy*?

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#### THE NEW DIRECTORY.

At last we have that great desideratum, a directory of homeopathic practitioners, both home, colonial, and continental! Hitherto the Colonies and the Continent used to be to us much like what the map of interior Africa was until a few years ago—very much of a blank. We were conscious that there were homeopathic practitioners scattered about over the Continent and the distant dependencies, just as we had a vague idea that there were mountains, rivers, and peoples in Central Africa before it was explored. But now, thanks to the enterprise of Messrs. Keene and Ashwell and the Homeopathic Publishing Company, we have a bird's-eye view of homeopathy as represented by its practitioners throughout Europe and the Colonies; we may know in a minute what are their names and where they live. The work admits of improvement, no doubt, and we trust the reception given to it will be such as to encourage the publishers to make them in future editions. This directory forms a bond of union between distant disciples of Hahnemann, and it should help in no degree to advance his reform. We are a small army and we cannot know too much of each other.

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#### HOMEOPATHY IN NEW ZEALAND.

THE following extract from a private letter shows that the freer air and life of the colonies has its effect on the relations between the two schools within the profession:—

“There is not so bitter a rivalry between the two systems of medicine in the Colonies as in England, several members of the medical profession in Nelson, although bred up in the old school, are prescribing homeopathic medicines. Our only homeopathic doctor (lately dead) was often called in by the other doctors to consult with in difficult cases.”

## A NOVEL METHOD OF USING CALCAREA.

THE value of powdered oyster-shell or powdered crab-shell in some cases of cancer is well established, but we never heard of the entire animal being used before we received from a correspondent a newspaper cutting the other day. According to this a certain Mr. Hertz, a well-known citizen of Augusta, Georgia, having had his tongue excised for cancer, had a return of the disease in the glands of the neck. The case was pronounced hopeless by the medical attendants, and so Mr. Hertz's friends took him in hand and applied live crabs to the ulcerated surface of the glands. This, according to the story, proved fatal to the crabs, at least the first of them. But the patient improved, and as he got better the crabs ceased to die on being applied. The case was not completed, according to the story (which is as authentic as newspaper stories usually are, and is given as such), but Mr. Hertz was restored to the enjoyment of life. This seems to be a curious instance of the "doctrine of signatures" which used to be a leading principle with our ancestors in the selection of medicinal agents.

## A DISCOVERY.

To another correspondent we are indebted for the following:—

## "A SUPPOSED CURE FOR CONSUMPTION."

"A *Daily Chronicle* telegram, dated Vienna, Monday night, says:—Considerable sensation has been created in medical circles here by the discovery of a supposed cure for consumption and other tubercular affections of the lungs and other parts of the body. The discoverer is Dr. Kolischer, a young operator in the chemical department of Professor Albert. Dr. Kolischer started on the assumption that tuberculosis occasionally heals naturally, owing to the tubercles becoming calcined, but upon the idea of causing artificial calcination by means of hypodermic injections of a compound described as "calcium phosphoricum" into the limbs of persons affected with local tuberculosis, he made a number of experiments with a view of testing his discovery, and in every case the experiments turned out successful. At the last meeting of the Vienna Society of Physicians, Dr. Kolischer read a paper on the results of his experiments, and introduced to the meeting several persons who had been cured by his method. He is about to carry his experiments further by making similar experiments upon persons suffering from tuberculosis of the lungs."

This is very entertaining. Homeopaths having used *Cal-*

*careo Phosphorica* for years in tubercular conditions with great success, and having fully established its reputation, in steps an experimental chemist with a theory and discovers it all over again, and of course the theory gets all the credit. This is the usual course of things. Art is long, but science is longer—or rather slower: that is to say, the speculation that goes by the name of science in these days. Some of these clever people will hit on a theory some day which will enable them to discover that the sun shines.

#### THE EFFECT OF ERGOT ON COWS AND SHEEP.

DURING a recent conference of the British Dairy Farmers' Association held in Dublin (*Freeman's Journal*, May 15th), the question of ergot and its effects on cows came up. The ergot attacks the ears of grain and grasses, and when eaten by cows during pregnancy causes abortion. The following extract from a lecture by Mr. W. Young, of Brockley Park, Stradbally shows that cows are not the only sufferers from ergotism:

“Ergot is a peculiar spur-shaped fungoid growth, which attacks the heads or ears of grain and grasses, taking the place of the embryo seed and rapidly attaining the spur-like shape, standing conspicuously out from the seed panicles, and being first of a dull lead-colour, darkening into purple or almost black. These ergots vary in size pretty much in proportion to the grain or grass seeds they replace—being largest and most conspicuous in rye. In the grasses, it chiefly affects rye-grass, cocksfoot, holcus or Yorkshire fog, and tall fescue. Of the latter grass (tall fescue) I hardly saw a seed-stem last August and September in the Queen's County or County Carlow which was not ergotized. This is a grass now much recommended for sowing in permanent pasture, but as it rapidly runs to seed, and is peculiarly liable to ergot, I think it advisable to pause before sowing it largely. My acquaintance with ergot in grasses came about in the following way; as, though I had read of it, I did not think of examining into the question until it was forced on my attention last August. Early in that month, on my return home from an absence of a few weeks, my shepherd, a man of large experience, told me that some of my lambs were dying, and some ewes and lambs were ill from a disease quite new to him. The symptoms were giddiness and partial blindness, which seemed the first stage; but this was distinct from the well-known ‘gid or sturdy’ caused by hydatid on the brain, for whereas in the latter case the sheep attacked always turns to the right or to the left, according to which side of the head the hydatid is on, these animals turned first one way and then another, and would run against obstacles or into water as if blind. The next stage is loss of power in the hind-quarters, the sheep or lambs sitting on their haunches like dogs, and if raised up soon resume the same attitude. This state is accompanied by crepitation



under the skin of the back and the hind-quarters (as in black leg), and the animal gradually pines away and dies, the extremities in bad cases showing gangrene. Even if the attack be slight, and the sheep seems to recover, it invariably relapses after a longer or shorter period, and eventually dies. The *post mortem* shows the brain and spinal cord affected, and a watery fluid all along the cavity of the backbone. Now, it may be said, how do I know that this is the result of ergot? I will tell you. A couple of days after my shepherd reported this new disease I happened to read some articles in the *Farmer's Gazette* which, under the head of 'Ergot in Grass,' gave exactly the symptoms under which my sheep suffered as those produced by ergot. I then described to my shepherd the appearance of ergot, and sent him to examine the pasture on which the sheep were grazing when attacked, and in a short time he brought me a bunch of seed stems of several grasses, but chiefly those I have already named, *all thoroughly ergotized*. This seemed to me pretty conclusive as to the cause."

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#### FIAT EXPERIMENTUM.

As a specimen of the length to which old school stupidity can go in the matter of drugs, take the following:

"CORROSIVE SUBLIMATE IN TYPHOID FEVER.—Dr. Gläser, of Hamburg, after a communication by Gruffenberger in the *Berliner klinische Wochenschrift* for 1885, setting forth the beneficial results of corrosive sublimate in typhoid fever, resolved to make a trial of it. According to his experience, corrosive sublimate does not possess the virtues ascribed to it, such as immediately lowering the temperature, causing the tongue to become soft, &c. Dr. Gläser carried out a comparison of similar cases: the one series without corrosive sublimate, the other series treated with it. By studying the curves of the cases, twenty-three in all, in which the pulse and temperature are given, one can observe at a glance that the administration of corrosive sublimate never reduced the temperature and rate of pulse immediately. This failure was deemed more striking when two similar cases were examined presenting precisely similar courses, the one with and the other without corrosive sublimate. According to Dr. Gläser, the drug does not in the least diminish the mortality. Another point of note in this paper is the estimation of the percentage of corrosive sublimate in the blood, which is infinitely too small for it to exert any influence whatever on any micro-organism that might be present and cause the disease. Its beneficial influence therefore, if any, cannot be attributed to this particular effect. (*Deut. Arch. f. klin. Med.* No. 1, vol. xl.)"

This appeared in the June number of *The Practitioner*. Corrosive sublimate (our *Mercurius Corrosivus*), having achieved a well-deserved reputation in some cases of typhoid fever, the allopathic mind thinks a beautiful simple experiment on (probably hospital) patients will suffice to settle the point. No trouble is taken to ascertain the particular cases

suitable for the drug. It is quite enough that they are cases of typhoid; the only trouble that is taken is to see that the cases treated with the drug are similar to those not so treated. Then no attention is given to the question of dose, or to the individual susceptibility of the patients. Simply the drug is given to one batch, not to the other. The effects of such culpable stupidity could easily be foretold by the humblest homeopathist. He knows that the human body is not a chemical crucible, and that the art of medicine does not consist of experiments fit for the chemical laboratory. The Pecksniffian satisfaction with which the experimenter pronounces that the drug "does not in the least diminish the mortality" is almost pathetic.

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#### HOMEOPATHS OF KANSAS.

The *Kansas City Star* of May 4th contained the following note:

"THE HOMEOPATHS OF KANSAS.

*"They meet in Wyandotte in their Nineteenth Annual Session.*

"The nineteenth annual meeting of the Homeopathic Medical Society of Kansas is being held at Wyandotte to-day, and a great many physicians are present from different parts of the State. The afternoon is being devoted to an address by the President, Dr. Johnson, of Atchison, and an address of welcome by Dr. Heath, of Wyandotte. Not until to-morrow will the regular programme be carried out, which will consist of short lectures on the homeopathic way of treatment. Among those present at the meeting are Dr. J. J. Sturgis, Olathe; Dr. Robert E. Billings, Asherville; Dr. A. Whitlock, Wichita; Dr. Lilly, Butler, Ind.; Dr. G. H. Anderson, Seneca; Dr. T. M. Jackson, Emporia; Dr. Burns, Burrock; Dr. Westover, St. Joseph, Mo.; Dr. Roby, Dr. McIntyre and Dr. Rider, Topeka; and Mrs. Dr. Morgan, of Leavenworth."

We are glad to find our Western *confrères* (and *conscœurs*) so well occupied. We are also glad to see that our enlightened contemporary has been before us in re-spelling "homeopathy." We never had the pleasure of seeing a copy of *The Kansas City Star* before, and we are not quite certain whether the reform in spelling was due to economical or philological reasons. In any case we willingly concede the honour of priority to the Western journal; though we were ignorant of the fact when we determined on the change.

## ORIGINAL COMMUNICATIONS.

### ARCTIUM LAPPA.

By E. A. NEATBY, M.D.

THE Burdock was brought under my notice by the following case, which seems to me sufficiently interesting to be related in detail.

On May 21, 1884, I was called to see Annie A——, aged 30, and unmarried. She told me that for a week or more she had been suffering from a feeling of bearing-down, “as if she would come in two.” It often made her cross her legs as if to prevent the protrusion of something. This feeling was accompanied with swelling (distension) of the abdomen, which she thought was progressive.

She had frequently experienced similar sensations in the past—on one occasion for two years together. At that time it was relieved by the application across the hypogastrium of a burdock leaf.

For the relief of her discomfort she had resorted to her old help on the morning of the 18th. The leaf was simply placed in contact with the skin, and allowed to remain till the evening of the 20th. By the 21st, when I called on my patient, the above-mentioned symptoms had disappeared. But over the whole abdomen was a vesicular eruption most pronounced where the leaf had been applied. At this spot the skin was intensely red, of a colour between the redness of the scarlatina eruption and the redness of erysipelas, and the margin of the patch was raised. Thickly distributed over this surface were innumerable fine vesicles, so fine that it was difficult without a lens to discern whether they were vesicles or papules.

Away from the central patch the redness was less intense and not uniform, and the vesicles became gradually less numerous.

The rash was accompanied by intense itching and burning, worse from warmth and at night and in the morning. The irritation was also aggravated by rubbing, especially *light* rubbing. When rubbed in one part the irritation appeared to be increased all over. A cold compress gave temporary relief. Furthermore a similar rash, but in a milder form, appeared on the face—the skin over the rami of the jaw, under the chin, and the eyelids being most affected. The vesicles were not so distinct here. At first

the skin felt as if full of shotty papules like the early stage of the smallpox eruption.

By the next day, 22nd, there was a sticky discharge which stiffened the linen, and many of the vesicles had become minute pustules. The appearance in places was like the eruption produced by croton oil liniment, with the difference that the pustules were smaller. The irritation, though less, retained the same character.

*May 28th.*—For several days the discharge from the skin of the abdomen continued—increasing for two or three days, then gradually lessening. Considerable coarse desquamation accompanied the disappearance of the rash. The face continued for some days to get fresh crops of spots. The skin is stiff, and small scales cover the sides of the face, the chin, and the eyelids.

*June 1st.*—The face is worse, there are more vesicles, especially over the malar regions. The eyelids are very decidedly edematous, especially early in the morning. There is great irritation, worse in the morning. I mixed a few drops of *Rhus Tox.* 3x in a tumbler and ordered a dose every two hours.

*June 2nd.*—There is very little rash left on the face. The eyelids are somewhat swollen again this morning, but much less so than at the same hour yesterday, and there is less irritation. During yesterday the edema completely disappeared. The medicine began to relieve at once.

I should have mentioned that the application of either hot or cold water, even with the softest sponge, is said to be “like a sharp scrubbing-brush, smarting, burning, and pricking furiously.” Take *Rhus* 12.

*June 3rd.*—The face was becoming stiff and hot, and there was some irritation, but it was checked by the *Rhus*. The right eye especially feels weak to-day, and the lids prick and feel very heavy as if they must close.

After this the attack quietly passed away, the skin regaining its elasticity in a few days. The pressure downwards in the pelvis did not return.

(To be continued.)

## DR. DUDGEON'S SPHYGMOGRAPH IN FRANCE.

WE have before us several papers published in Paris in which the authors give tracings made with Dr. Dudgeon's Sphygmograph, which they consider superior to the instrument of Marey that has hitherto been employed exclusively by our Parisian colleagues.

The first is from the *Bulletin de l'Académie de Médecine*, and is by MM. Ball and Jennings. It is entitled "Considerations sur le Traitement de la Morphinomanie," and the tracings illustrate the different condition of the pulse in the victims of morphia injections when they are in the state of craving for morphia, and after this craving has been satisfied by an injection. In the former state the tracing is weak, and almost destitute of the characteristic curves of the normal tracing. As soon as the hypodermic injection has been performed the tracing assumes the normal appearance, and this corresponds to the feeling of comfort and *bien-être* of the morphiomaniac. In searching for a remedy which will act as a substitute for the deleterious morphia injection, the authors have found several substances that raise the depressed pulse of the patient, in whom the stimulant effects of the narcotic have gone off, to the normal state. Many of the substitutes for morphia that have been proposed, such as alcohol, coffee, paraldehyde, cocaine, apomorphine, chloral, vanilline, pilocarpine, &c., were found to be not only insufficient, but hurtful. They found that the sulphate of sparteine, which may be administered hypodermically, restores the normal character of the pulse without causing any injurious effects. Nitro-glycerine also restores the normal tracing of the pulse, but it causes severe headache, which makes its employment inadmissible.

The second article is on the same subject, by Dr. O. Jennings, and is published in *l'Encéphale* for March and April last. He gives a large number of sphygmograms of different morphiomaniacal subjects taken during their periods of privation and satisfaction. These all tell the same tale as in the previous articles of which Dr. Jennings was joint author.

The third paper is by Professor Ball, on a case of angina pectoris, in which he compares the tracings taken by Dudgeon's instrument with those made by Marey's sphygmograph, showing the superiority of the former. This article is published in the *Bulletins et Mémoires de la Soc. Med. des Hôpitaux de Paris* for June 8th. In the same periodical there is an account of the presentation by Dr. Ball of Dudgeon's sphygmograph to the Society. The author says he employs this instrument by preference in the Clinique of Sainte-Anne and in the Laënnec Hospital, and he describes its construction and the advantages it possesses over other sphygmographs. He mentions that Dr.

Dudgeon's book on the sphygmograph is about to appear in a French translation, which he will have the honour of presenting to the Society. It is gratifying to see that the instrument of our colleague is appreciated in France. Although it is employed very extensively in this country, and is the only one now used in our hospitals, it has received but scanty notice from the medical periodicals, probably because the therapeutical opinions of its inventor are not in favour with the able editors. The following leaderette from *The Student's Journal* of April 29th shows that that periodical has the courage to speak favourably of our colleague's instrument, in spite of Dr. Broadbent's attempt to "damn it with faint praise."

"In his lectures on the pulse, recently delivered at the Royal College of Physicians, London, Dr. Broadbent has somewhat ruthlessly deposed the sphygmograph from its high position as an instrument of clinical information, and has assigned to it a much more inferior degree of importance than that usually claimed for its teachings. In one sense this is unfortunate, for since the introduction of the compact and handy little machine invented by Dr. Dudgeon, the registration of pulse tracings has become much more general, especially among the rank and file of the profession, than used to be the case. It was formerly a matter of utmost rarity to see the sphygmograph employed in any other place than the wards of a hospital, or in the consulting room of a very few aspiring specialists. Now, on the contrary, many general practitioners possess an instrument of the kind in question: and, what is more to the purpose, not infrequently use it. For them, therefore, to be told on the authority of so eminent a teacher as Dr. Broadbent that their cherished mechanism is after all but little better than a toy, is disheartening. They may, however, take heart of grace in the assurance that for diagnostic purposes, sphygmographic tracings have a distinct value of their own; though from the point of view of prognosis they do not present any data of irreproachable certainty. It is also freely admitted that we have yet very much to learn concerning the pulse and its relations to health and disease; so that the field is still open to all who have confidently equipped themselves with the admirable little instrument of Dr. Dudgeon to continue the prosecution of their researches, with a view to ultimately extending our scientific knowledge of the conditions affecting the circulation of the blood."

## GLEANINGS BY THE WAY.

BY MR. J. W. CARTER.

Case 1.—*Cough cured by Arsen.*—Cough; sounding like membranous croup, brought on by cold; came on in day time, much aggravated at night time, as soon as the patient got warm in bed. A number of remedies failed, though carefully selected. *Ars.* 3 cured. The hint was obtained from Cowperthwaite's *Materia Medica*—"Cough, caused by checked or non-appearing skin eruption."

Case 2.—*Cough cured by Spongia φ.*—Cough; dry, hard, and barking, warm drinks ameliorate. Aggravated evening and night. *Spong. φ*, one dose cured after various attenuations had been given in vain.

Case 3.—*Toothache cured by Phosphorus.*—Toothache in decayed teeth, cold drinking ameliorates; hot room and hot drinks aggravate. *Phos.* in 6, 12, 30, 200 relieved for short time; 1 m. cured—the latter, as the man said, “went right to the place.”

Case 4.—*Dyspepsia cured by Am. Arsen.*—Mrs. P—*æt.* 45. Thin, spare woman; emphysematous; has attacks of short respirations, panting and gasping at times, fluttering feeling in throat-pit (*trachea*), inter-scapula pain; still menstruating; very costive; heart beats very rapid, and extremely weak. *Am. Ars.* 3x. and 6 has made, as she says, “a new woman of her.”

Case 5.—*Sick headache cured by Niccol Brom. 1.*—Miss B—*æt.* 22. Music teacher. Fine, stout, healthy girl, evidently overworked, “sick headache,” head feels heavy as lead, each morning on rising from bed, a great difficulty to get up from vertigo, very costive. *Niccol Brom. 1*, one prescription cured permanently.

Case 6.—*Neuralgia cured by Staphysagria; indurations disappear under Calc. Fluor.*—Neuralgic pains, between lower gums and cheek, buccal cavity, right side—all kinds of pains, and also in gums and cheek, not in teeth, described so—much intensified by blowing nose; gums and cheek inside soft and spongy. *Staph. 6* cured the pains in two days, but a hardness of the part that had been affected came on, felt indurated from outside cheek, front of lower jaw. *Calc. Fluor. 5* is removing it beautifully.

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## GYMNEMA SYLVESTRE AND OTHER ASCLEPIADS.

*The Daily Telegraph* recently published an interesting article on a member of the asclepiad family, *Gymnema Sylvestre*, the greater part of which we quote below. The *Gymnema* grows in the Deccan Peninsula, Assam, the Coromandel Coast, and some parts of Africa. It is a stout, woody climber with long, slender branches. The leaves are obvate or elliptic, acute or cuspidate, rarely cordate at the base. The powdered root has long been known

amongst the natives as a remedy for snake bites, both as a local application, and when taken internally in the form of a decoction. *The Daily Telegraph* attributes to Sir M. Grant Duff the discovery of the properties of the leaves. *Nature* attributes it to a Mr. Edgworth. This is a matter of little importance, and all that is said of the merits of the late governor of Madras in respect of his botanical eminence and his devotion to the science is fully deserved.

Mr. David Hooper, Government Quinologist, read a paper on the plant in March of this year before the Nilgiri Natural History Society. He made trial of the properties of the leaves, and this is his account of it :

“ Some authentic leaves were procured by Mr. Lawson from Guindy Park, Madras, who placed them at my disposal for chemical examination. They had a bitterish astringent and slightly acid taste. After chewing one or two leaves it was proved undoubtedly that sugar had no taste immediately afterwards ; the saltish taste experienced by others was due to an insufficiency of the leaf being used. Sugar in combination with other compounds in dietetic articles is plainly destroyed as to its taste after using these leaves. In gingerbread, for instance, the pungency of the ginger is alone detected, the rest is tasteless meal ; in a sweet orange the taste of the sugar is so suppressed and that of the citric acid consequently developed that in eating it resembles a lime in sourness. Among the several kinds of foods, drugs, and beverages which affect the palate gymnema does not pretend to render them all tasteless : it does not affect pungent and saline things, astringents, and acids. It is limited apparently to two diverse substances, sweets and bitters. It has been noted that sugar taken after the leaf tastes like so much sand ; so I have found that sulphate of quinine taken after a good dose of the leaf tastes like so much chalk. I am not going to propose its use in the administration of nauseous drugs until the medical properties of the gymnema have been more studied, otherwise the quantity of the vehicle taken may prove to counteract the effect of the medicines. The experience of several friends as well as my own is that the effect does not last for twenty-four hours as stated, but for only one or two hours ; after that time the tongue resumes its appreciation of all that is sweet or bitter.”

MR. HOOPER succeeded in extracting from an alcoholic solution of the leaves an organic acid somewhat resembling chrysophanic acid, and possessing the anti-saccharine property.



The following is from *The Daily Telegraph* :—

“ MEDICAL PLANTS.

“ Every botanist rejoiced when Sir Mountstuart Grant Duff commenced his tenure of office as Governor of Madras. Burdened with Imperial cares, as the ruler of any one of our Indian Presidencies must ever be, a man of keen intelligence will, nevertheless, always find time in India for the pursuit of a favourite taste. The ex-Governor had long been honourably distinguished, before his departure for Madras, as a lover and student of the floral world. In his English home there was always to be found a complete collection, made by himself, of the indigenous plants of Great Britain; and when he went on a tour in the East his published notes showed with what vigilant pleasure he had observed the trees, grasses, and herbs so often overlooked by travellers and residents. All botanists, therefore, felt glad in the prospect that his Excellency would have at last the opportunity of thoroughly studying the Indian flora, at his very doors, so to speak; for the Government Park at Madras and the gardens of the country house at Guindi supply ample fields—let alone the chances of distant wanderings—for such a purpose. While governing his Presidency, Sir Mountstuart found time to correspond with the authorities of Kew Gardens and other head centres of botanical work and research. The abundant detail and scientific importance of his letters filled those who received them with admiration, and they have without doubt done much to extend floral and arboreal science. In one of the last of the communications, addressed to Mr. Thiselton Dyer, Sir Mountstuart furnished an instance of those still unexplored marvels of the vegetable world just spoken of. He enclosed some leaves of a plant called *Gymnema sylvestre*, an asclepiad. The Governor had found out that by slowly chewing two or three of its leaves the power of distinguishing the taste of sugar and certain other flavours becomes absolutely abolished. In drinking coffee after eating gymnema leaves it was impossible to say whether sugar had been put in it or not. The aroma of a cigar was in like manner entirely negatived, and Sir Mountstuart justly thought, after a series of such experimental proofs of its power over his own tongue and palate and those of others, that the plant might serve some important medical use. Those who received a sample of it here found its curious property well retained; and Kew has since written to the Director of Public Plantations at Ootacamund asking for seeds to raise material for future experiment.

“ Yet, in truth, the palatal action of *Gymnema sylvestre* is merely an example of a thousand unknown, or only half known,

marvels with which the vegetable world teems. Man has only partly explored that realm of magic opened to his feet in every green forest and field, where from one plant comes the pleasant aroma of theine or caffeine, from another an alkaloid, exactly similar in aspect, which, however, crisps the nerves with tetanus; while from a third is distilled the potent but dangerous morphia, benignantly soothing weary sufferers into repose, yet a very serpent of death if abused. This same family of the asclepiads is a perfect treasure-store of natural miracles. The order consists, for the most part, of shrubs or herbs, usually yielding a milky juice and often of twining habits. It chiefly haunts tropical regions, but examples are found in northern climates, and are best represented in this country by the swallow-wort. Not fewer, however, than one hundred and fifty-nine genera and nine hundred and fifty-eight species have been enumerated of the immense family, which derives its name from *Æsculapius*, the god of Physic, because of the various and notable medicinal properties of its members. The beautiful and fragrant *Stephanotis* and the lovely *Hoya*, with its creamy blossoms gemmed by glittering drops of honey-dew, may give to lovers of flowers at home delightful examples of asclepiads, albeit the singular properties of such plants are little suspected. Sir Mountstuart's gymnema, the leaves of which can thus suddenly annul the sense of taste, is but one of the minor sorcerers in this band of enchanters. There is the *Calotropis*, which yields the medicinal bark known as *Mudar*, curing skin diseases better than sulphur, and almost as good as ipecacuanha for dysentery. *Mudarine*, an extract from this plant, has the odd faculty of turning to a jelly when heated, and becoming fluid on cooling. Then there is *Cynanchum*, the leaves of which are employed to adulterate senna and also to mix with genuine scammony. *Hemidesmus* is, again, an efficient substitute for sarsaparilla, and goes, indeed, in India by the name of 'country carsa.' Not to be outdone by her woodland sisters, who thus simulate and supplant certain of the most respectable medicaments, *Marsdenia*, another of the family, produces an admirable dark blue dye as rich as indigo, while another of the same name furnishes a fibre so strong that the Raj-Mahal hill-men make from it bowstrings as tough as catgut. An American variety affords from one and the same root india-rubber, soft downy stuffing for pillows, and excellent material for rope and paper. A Malayan asclepiad climbs very high on betel-palms, and on its upper stalk produces the most grotesque pitchers, wherein it stores water for its own supply in dry seasons. The family eccentricities are, in fact, endless. The *Hoya*, already spoken of, looks as if moulded out of white wax, and diffuses a perfume like a breath from Paradise; but

the *Stapelias*, although its very close relatives, have a smell so vile that they are justly styled 'carion plants,' and produce small ugly flowers coloured like a livid wound. A species called *Tuberosa* grows in America, and is there familiarly known as the 'butterfly weed' and also the 'pleurisy root,' because of its remarkable demulcent gifts, for these odd vegetables kill and cure by turn, and the young shoots of a variety found in Arabia are eaten as a kind of asparagus by every camel-driver and pilgrim who can get them. In Madeira there is another asclepiad going by the title of '*silk plant*,' which in many half-examined ways is quite as extraordinary a plant as any of them; and, though the name is fanciful, several of this family in different regions are popularly known as 'wild cotton,' because of the tuft of hair adherent to their seeds. Almost all exude the characteristic milky juice, one drop of which will often so sting the tongue that the herb, whose beautiful and perfumed blossom had tempted the tropical sportsman to nibble one of its pale leaves, will be looked upon afterwards by him as something rather worse than an upas tree. Yet the same vegetable milk, which in the gymnema of the ex-Governor of Madras paralyses the nerves of taste, and in cynanchum absolutely strangles the rash eater with throat spasms, is, in the form of another species—native of Ceylon—almost as good as a cow. The Cingalese woman or child who wants a draught of milk cuts through the stem of this not infrequent shrub, which at once supplies a bland, semi-sweet liquid, nutritious to a remarkable extent, and agreeable as the produce of any dairy. Considering, moreover, that in Bengal and Assam alone there exist more than eighty varieties of asclepiads, it may be gathered from our hurried glance at some among the vegetable vagaries of this family what odd and precious secrets yet remain to be discovered.

"Whoever has wandered in Eastern jungles cannot but preserve recollection of scores of plants apparently well deserving notice. There is in Bengal, for example, a bush smelling like a musk rat, and another with an odour of goats, both of which are pretty sure to possess curious medical properties; there are the '*dhavali*,' the juice of which is ready-made glue; and the '*kadamba*,' with its tender and sweet flower clusters, also called the 'night tree,' because they have no scent by day, but are particularly fragrant in the darkness. There is, too, the excellent resin of the sal tree, as yet unknown to commerce, being kept by Hindoos to burn before their gods; and there exists in Bengal a tree called *sindur*, the fruit of which bears Nature-made madder, in the form of red dust; while another, called *agar* in Assam, supplies good paper from its bark without any paper-mill; as the sugar reed of the Brahma-

putra banks, furnishes a saccharine matter just like new honey; together with a host of other half-known but remarkable denizens of jungle and garden. We speak, of course, of chemical and medical knowledge rather than mere botanical classification. The latter has been, no doubt, more or less perfectly accomplished nowadays, although every traveller from the heart of Africa still brings back to the herbariums of science new specimens. But it is from the secret properties of this wonderful vegetable realm that the advancing art of healing will by and by obtain its chief sedative and therapeutic treasures. George Herbert finely says, 'Herbs gladly cure our flesh, because they find their kindred there.' Marvellous, in truth, well-nigh to the point of miracle, is the fact that the crystalline extract from one plant should gently soothe and nourish, while that from some closely allied variety twists the sinews in swift and incurable agony, or suppresses life altogether, like the fall of a thunderbolt. Sir M. Grant Duff's *gymnema*, with its power over taste, may or may not prove hereafter useful; but the singular property it exhibits will at least serve to assure us that there is almost no strange and sovereign effect upon body or mind which some tree or herb in the forest or the parterre does not stand ready to provide for the use and help of man when he has wit to find out the secret."

*Asclepias Tuberosa* (Pleurisy Root), *Asclepias Syriaca*, or *Cornuti* (Silk-weed or Milk-weed), and *Asclepias Incarnata* (Flesh-coloured *Asclepias* or White Indian Hemp), are known to homeopathy. We trust that the highly promising *gymnema* may soon find enthusiastic followers of Hahnemann who will give us a complete picture of the character and properties of the drug.

INSANITY CURED BY ERYSIPELAS.—Dr. T. M. T. McKennan records the following interesting cases:—Mrs. B. H., 45, widow, admitted to Dixmont, June 1, 1882, for chronic mania. Had been insane for some time, exact time unknown. Remained in a stationary condition until February, 1885, when an attack of facial erysipelas occurred and she immediately became sane. She was discharged in June, 1885, no relapse having taken place. Miss E. M., 42, had been in various asylums at intervals since ten years of age, when she became insane from an injury to the head; a depression of skull in middle occipital region could be felt. She had had several intervals of sanity, each of two or three years' duration. Her mother committed suicide. Admitted to Dixmont, June 14, 1884, suffering from chronic mania. Remained in stationary condition until February 7, 1886, when an attack of facial erysipelas occurred, and immediately she became sane. No relapse having taken place by April, 1886, she was discharged on that date. (*Pittsburg Medical Review*, March, 1887.)—*Practitioner*.

## CLINICAL RECORD.

### LONDON HOMEOPATHIC HOSPITAL.

CASES under the care of Dr. JOHN H. CLARKE.

(Reported by Mr. D. R. O'SULLIVAN, M.B., House Surgeon.)

1. *Acute Rheumatism.*—*Aconite, Bryonia.*—*Cured.*—Alfred W—, a seven-year-old schoolboy, was admitted on August 11, 1886. During the preceding two days he had been feeling generally unwell, with indefinite aching pains all over the body. On admission his temperature was 101°; pulse 100, full and sharp; skin moist; tongue coated with a white fur; right knee stiff, swollen, and painful; back of neck quite rigid. The pains were markedly increased by movement of any kind. There was a soft mitral systolic bruit. *Aconite* 1x and *Bryonia* 1x in drop doses every three hours alternately. On the following morning the neck was less painful, although the knee symptoms remained as before. Temperature 99°. Pulse 100, and full. On the 18th the temperature was normal, both knee and neck were quite free from pain even on movement, the perspiration had ceased, the tongue was fairly clean, and careful consultation failed to reveal any bruit. *Aconite* omitted, and *Bryonia* 1x continued in drop doses every four hours. On the 18th, seven days after admission, the boy was discharged perfectly well in every respect.

2. *Chorea.*—*Magnesia Phos.*—*Cured.*—Gertrude S—, aged six, was admitted on March 30, 1887. She had suffered from well-marked chorea during the preceding eight months, and the usual remedies for such conditions had been administered to her as an out-patient during the previous two months, with but small success. No definite cause was to be made out. The child did not suffer from worms, and there was no history of a fright. On admission she twitched all over during her waking hours, but was quiet during sleep. She walked fairly well and could feed herself, but her speech was exceedingly defective. The heart's action was accelerated, but no abnormal sound was to be distinguished. Subsequently, however, a soft pre-systolic blowing sound was at times audible, as if the muscular fibres of the heart participated in the general spasms. The pupils were symmetrically dilated. *Magnesia Phos.* was prescribed—two grains of the sixth decimal trituration three times daily. The improvement which followed was slow, but abundantly manifest. The general twitching became less; the articulation improved; the child took nourishment freely; slept well at night, and lost the scared expression so characteristic of the complaint. By May 17th no vestige of the chorea remained. On being directed

to stand up, close the eyes, and hold the arms extended, she did so without difficulty. Subjected to the difficult test of walking blindfolded, she came through triumphantly. Lastly, her powers of speech had so much improved that, whereas on admission the meaning of her utterances was a matter of pure conjecture, by this date her remarks were quite intelligible. Thus within seven weeks this obstinate case of a very troublesome disease yielded completely to *Magnes. Phos.*—one of Schussler's so-called "tissue remedies." No other medicine was given.

8. *Facial Erysipelas.*—*Arsenicum, Silicea.*—Cured.—Matilda J——, a washerwoman, aged 53, was admitted on Dec. 7, 1886. The entire right side of the face was affected with an erysipelatos inflammation—the skin tense, red, and shining. The right eye was completely invisible owing to the puffiness of the circum orbital tissues. Over the right malar bone were a number of hard dry crusts; the right ear was raw and sore. Patient had sustained no injury. In addition to the crusts on the cheek, both tibial crests and the right thigh were spotted with a peculiar eruption—red papules, whose summits had been abraded by friction or scratching. Both face and limbs were itchy, hot, and irritable. *Arsenicum* was prescribed—a drop of the third centesimal dilution once in four hours. On Dec. 9th, the edema had almost disappeared from the face, and patient could open the eye. Eruption on the legs as before. By the 12th the edema had quite disappeared, the shins were very much better, but one of the spots on the face began to suppurate. *Silicea* 3 gr. ii. t. d. substituted for the *Arsenicum*. Under this medicine all the remaining symptoms rapidly disappeared—the ear dried up, the eruption disappeared from the legs, and the crusts on the cheek fell off, leaving the skin healthy. Some desquamation ensued, but by the 17th patient was perfectly well.

4. *Sciatica.*—*Arsenicum.*—Cured.—Jane P——, a collar-folder, aged 32, was admitted August 11, 1886. She complained of acute pain, referred chiefly to the inside of the right knee, but frequently shooting upwards to behind the trochanter, and at such times she experienced a sensation as if the leg were being violently flexed. She had suffered thus for five months. At one period the right foot had gone quite numb, and lately the pains had assumed a periodic character—increased in intensity from 11 p.m. to 4 a.m. She had formerly, at different periods, suffered from congestion of the lungs, dysentery, and gastritis. On admission the tongue was foul; pulse 96, and soft; viscera apparently healthy. *Arsenicum* 2 prescribed in drop doses every two hours, with a liberal meat diet. Under this treatment she began steadily to improve. By the 23rd inst. she was enjoying very good nights—interrupted by merely an occasional mild twinge. On the 25th an intercurrent attack of a dysenteric

nature produced a slight aggravation of the hip pain, but the *Arsenicum* covered the bowel symptoms so well that there was no occasion to alter the prescription. On the 28th she was allowed to sit up, but on doing so she felt "as if every nerve in her body were being strained." Kept in bed accordingly for some days longer. On September 4th she not only sat up without any discomfort, but succeeded in bending the knee—a feat which she had not been able to accomplish for five months. Shortly she began to walk about, at first with the aid of a stick, and then without such help. She remained in hospital till September 10th, when she was sent to a convalescent home—practically cured.

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## SOCIETY'S MEETINGS.

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### BRITISH HOMEOPATHIC SOCIETY.

THE Ninth Ordinary Meeting of the session was held on Thursday, June 2nd, 1887.

A paper was read by Dr. J. H. CLARKE, on "The Rationale of Drug-Action."

Dr. Clarke's paper, which we hope to give in full in our next number, commenced by affirming that we know nothing at all of what drug action is in its essence. Before we can know this we must know what *life* is. The writer went on to indicate what seemed to him the limits within which our knowledge must be content to rest, and the directions in which it could most profitably be sought to be extended. He declaimed against the use of terms such as "depression," "stimulation," and "centres," in attempts to "explain" drug action. The words *explained* nothing; they only expressed facts. The pseudo-pharmacologists, who studied drug action on mutilated animals, were constantly using these terms in this delusive fashion. No good came of their experiments.

#### DISCUSSION.

Dr. POPE said that though it was quite true we did not know much at present about many things, that was no reason why we should not know more in the future; it was to him a stimulation to inquiry. With regard to the terms Dr. Clark objected to, he thought they were a useful summary of effects and saved circumlocution. He objected to pharmacology being called a modern science. It was founded by Hahnemann. He thought we had something to gain from experiments on animals. It is something to be able to know that the difficulty of breathing caused by *Antim. tart.* was due to effects on the lungs rather

than on the spinal cord. He said nothing in regard to physiology, but he thought no source of knowledge should be barred. He had been much interested in the paper.

DR. RING (of New York) said Dr. Pope had expressed his sentiments in regard to utilizing the lower animals. He also thought with the reader of the paper that there was much still to be learned of life. He had not been able to retard the course of carcinoma. He tried "treating the patient," then the temperament, then drugs specially related to the mamma, but though he mitigated the symptoms he was not able to cure the disease. He thought that the nearer we were to getting a pathological basis the more likely we were to get good results. He thought that each should follow his own bent in investigating.

DR. HUGHES agreed with so much that Dr. Clarke had said, he felt it invidious to differ. He said that Dr. Clarke's favourite science appeared to be anatomy, and the reason he (Dr. Hughes) assigned was that it was descriptive. That was to him no science or "logy;" it was analogous to geography. If the "logy" were cut off from astronomy, it would have been a mere description of appearances, a "graphy," and astronomy then would have been no such science as it is to-day. He laid stress on the "graphy," but he thought the "logy" the most important. He did not dislike the attempt to turn the "graphy" into a "logy" in the study of drug action. Pharmacology was a "logy," a science. It was true that art preceded science, but science followed it. And we must not bar progress by a *cui bono?* at every step. Let knowledge grow from more to more. So he said don't let us be unsympathetic with those who sought to make our knowledge of drug action a "logy." Nor should we let our objection to vivisection cause us to ignore the results of experimentation on animals. Nor should our ignorance of what life is debar us from making advances: just as our ignorance of gravitation should not debar us from studying and developing the science of astronomy. We shall find, as we go on studying the action of drugs, every advance in our knowledge helps us. He illustrated this by the dilated pupil of *Belladonna*. He said that the experimental analysis showed that it was not due to a condition of brain, but to local action on the eye. The appetite for knowledge is healthy and natural, and to be gratified.

DR. DUDGEON did not think Dr. Clarke denied the importance of the imaginative faculty in arranging and indexing facts, but we must be sure of our phenomena first ("hear, hear," from Dr. Clarke). The fault has always been that medical men have speculated independently of facts. All medical theories that have hitherto appeared have fallen into oblivion because they had no substratum of facts. No doubt the conclusions that our



predecessors arrived at regarding the excellence of bleeding, was, as they thought, a deduction from facts; but we know that they were wrong about their facts. It was not till Hahnemann appeared and shovelled off the dust of ages that he gave a true basis for pharmacology. Since Hahnemann's time we have had speculators who have sought to build systems on hypotheses. Brunton's pharmacology really consists in a number of unproved facts and hypotheses. This is so obvious that you cannot fail to be struck with the want of correspondence between the effects of drugs on the *corpus vile* of an animal, as recorded, and the therapeutic uses. He instanced the physiology of *Staphysagria*, which did various things on various parts of the nervous system of frogs—and was used for killing lice!

Dr. Dudgeon asked, regarding what Dr. Pope said of tartar emetic, if the observations of Majendie, that the drug caused congestion of the lungs in animals were of any use in medicine? The drug had been used for inflammation of the lungs long before Majendie experimented. His experiments ought to have contradicted its use according to his school. The difficulty of forming an inference as to the effects of a drug on human beings from its effects on animals was nowhere more markedly shown than in the effects of *Caffeine* on frogs. In the yellow frog it completely prostrated the muscular system, in the green frog it caused intense tetanus. It is impossible to draw any inferences as to human beings. He did not think we should abandon the use of learned terms. They were useful in their way—especially when talking to patients.

Dr. HALE thought we should agree with Dr. Clarke in the negative part of the paper. He hoped by its title we should have got some way towards understanding the real action of drugs. He thought we were justified by Harvey, Hunter, Bichat and their works in sanctioning vivisection. Much of our practice is mechanical if we do not get a pathological basis. He thought we ought to use every effort whether of Ferrier or of Brunton to get at localization of function. He thought the action of *nitrite of amyl.* was clearly understood. Dr. Clarke had condemned terms; but Dr. Hale thought Dr. Clarke had sinned in his way of using terms. He had spoken of vomiting as a disease. This he objected to; it was only a symptom. He hoped that we should not be discouraged, though he felt the paper to be very discouraging.

Dr. PULLAR did not find the grounds of discouragement in Dr. Clarke's paper that Dr. Hale seemed to find. It would be well if we could have an explanation, but the facts were what we wanted. The homeopathic method, as the pure inductive method, was infinitely more successful than the so-called rational method which went on hypothesis supposed to be

rational. If we put up the honest label "We do not know," where we don't, we shall be on surer ground than if we take physiological theories. Theoretical treatment has always been unsuccessful. He maintained against Dr. Hale that homeopathy was the only scientific method.

Dr. BUTCHER expected that Dr. Clarke was going to add another explanation to the many theories of homeopathy. He was glad to find he had not. The title was fascinating. It has been a reproach cast at homeopathy that it was the negation of all science. This was perfectly false. Hahnemann was the most brilliant man of science of his day. It is unfortunate for us to form the idea that we are above or beyond science. We hoped to know drug action in some future time. We ought to be very thankful for experimental data from whatever quarter. Homeopathy is founded on experiment. He objected to Dr. Dudgeon's illustration of the green and yellow frogs. Differences existed between one man and another. He thought the doctrine of inhibition would throw much light on drug action. He thought the imagination of great use in medicine, and that it was legitimate to look for a *rationale*.

Dr. BLACKLEY felt that there had been an interesting discussion whatever might be thought of the paper. He was himself a little disappointed. We cannot know the consequence, the effects of a drug on a white corpuscle of the blood; but he had a lingering affection for explanations. The physical basis of many diseases had been made out, and so the basis of many drug diseases would be likely to be made out. Dr. Clarke, as Dr. Hughes had felicitously said, likes the "graphy" rather than the "logy." Symptoms must have a reason. He approved of terms such as "centres." He said it was like the mathematical sign  $\pi$ . A pathological basis was to be sought—so long as we kept to fact. But fact may be not merely the naked eye appearance of anatomy, but also the disturbance of function. (Hear, hear, from Dr. Clarke.)

The President then called on

Dr. CLARKE to reply. He said Dr. Dudgeon had answered for him most of the objections raised by Dr. Pope. He had no objection to the terms he had spoken of in themselves; it was only when they were used or regarded as in any way explanatory that he objected to them; and that was the light in which they were presented to and regarded by students. If they were used as mathematical symbols he had not the least objection. Nor did he object to advances in science. Advancing science was his great desire; only he wished the ground of fact to be made secure and the direction in which advance was possible made plain. He did not agree with Dr. Hale in the estimate he placed on the experiments of Harvey, Hunter, and Bichat, and contended that

they would have done much better work without their vivisection. He was astonished at the high opinion he seemed to have formed of the work of Ferrier and Brunton. For his own part he regarded them as worse than worthless. He explained how he came to read a paper on this subject. The paper he had by him, having been prepared for another purpose long before and never delivered; and when, at short notice, he had been requested by the hon. secretary to fill up the evening he did not think he could find time to write anything of greater interest. The original title was simply "Drug Action." He changed it to "The Rationale of Drug Action" as being more likely to give an idea of its nature, though he was not altogether satisfied with the longer title.

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## INSTITUTIONS.

### THE LONDON HOMEOPATHIC HOSPITAL.

#### ANNUAL MEETING.

THE Thirty-seventh Annual Meeting of the London Homeopathic Hospital and Medical School was held at the Institution, Great Ormond Street, on Saturday afternoon, April 30th. The chair was taken by Lord Ebury, and among those present were Major Wm. Vaughan Morgan, General Sir James Alexander, R.A., Mr. Allen E. Chambers, Mr. Robert Palmer-Harding, Mr. Fred. Roshier, Mr. J. Slater, Dr. Epps, Dr. Cooper, Dr. Dudgeon, and Dr. Day.

Prayers having been read by the Chaplain, the Rev. DACRE CRAVEN, the secretary, Mr. G. A. Cross, read the Report which referred to the steady growth of the hospital to its present capacity of 100 beds. The past year was signalized by the opening of a new ward. The number of in-patients was 714, which was a considerable increase over the 411 of five years ago, the number of out-patients was 8,740 as compared with 8,440 for the preceding year. There was a deficit for the first time in finance, the income being £4,500, the expenses £4,900. The fund of the Nursing Institution had increased by £500. Inquiries for Nurses had been very gratifying, and many testimonies had been received of the kindness and efficiency of the nurses. The number of endowed beds continued to increase. Convalescent homes had become a great want, and the Committee were pleased to be able to report that there was every prospect of soon being able to establish one of these homes; a large amount being promised by several friends for this object, and a grand concert was to be given in May at

Grosvenor House, the town residence of the Duke of Westminster, from which they hoped to realize a handsome sum in aid of the convalescent home.

The CHAIRMAN moved the adoption of the report, which he said spoke for itself. He thought it a most gratifying one indeed. The Homeopathic Hospital had now existed for 39 years in the face of much opposition and contumely, and was growing in its extent, the support it received, the utility it afforded, and the influence it exerted. With regard to the anxiety expressed in the report as to next year, he believed that when the next year's requirements approached the cause for anxiety would vanish. He encouraged them to look forward with confidence and hope.

MAJOR WILLIAM V. MORGAN seconded the adoption of the report, which was carried.

Dr. DUDGEON moved a vote of thanks to members of the Board of Management and the Treasurer, which was seconded by Dr. CLARKE and carried.

The re-election of the Committee and other officers was then proceeded with, and the proceedings closed with the usual vote of thanks to the Chairman.

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#### CONCERT AT GROSVENOR HOUSE IN AID OF THE PROPOSED CONVALESCENT HOME.

THE Concert at Grosvenor House on behalf of the London Homeopathic Hospital, announced in our last issue as to take place on Saturday, May 28th, proved a most brilliant and successful entertainment. The audience was large and fashionable, and, as a ladies' paper has pointed out, many *recherché* dresses were to be seen among the costumes. The Concert was under the patronage of the Prince and Princess Christian of Schleswig Holstein, the Princess Mary Adelaide, Duchess of Teck, and the Duke of Teck, as well as a great number of titled personages. Among the notables who took up tickets were Lady Bentinck, Lady Ida Low, the Hon. Mrs. Wellesley, Lady Morley, the Right Hon. Lady Llanover, Lady de Ros, Lady Smith, Lady Caird, Miss Durning Smith, the Earl of Denbigh, the Hon. Molyneux Best, Lord and Lady Ebury, Sir James Lawrence, the Hon. Victoria Grosvenor.

That the musical arrangements were under the directions of Mr. Wilhelm Ganz, and Signor Adelman was *apriori* a guarantee that the Concert would be of the highest order, and those who anticipated a musical treat were certainly not disappointed. The opinion was unanimous at the close of the performance, that the Concert, taken as a whole, was; as one

writer has described it, the most brilliant of the present season.

It began with a sonata for violin and pianoforte by Grieg, played with much spirit by Miss Anna Lang and Mr. Wilhelm Ganz. Miss Helen d'Alton sang "The Garden of Sleep," and "Love Ties." Madame Antoinette Sterling introduced a new song, "The Abyssinian Tree," by Mrs. Moncrieff, and displayed all the richness and ease of her wonderful intonation in "The Better Land." Miss Georgina Ganz showed to advantage in "Der Winter mas scheiden" (*Grieg*), and "Le Retour du Printemps" (*Dessauer*). Mr. Hermann Vezin electrified his audience with a most powerful rendering of "The Spanish Mother," by Sir Francis Doyle; Madame Louise Pyk, whose voice was in excellent form, won hearty applause in "Ernani involami" (*Verdi*), and "Swedish Songs;" while Miss Anna Lang showed great executive skill in the violin solos "Romance" (*Svendson*), and "Sallavella" (*Papini*).

At this point of the programme Major Vaughan Morgan explained the objects of the Concert in a neat speech. He said:—

"MY LORDS, LADIES, AND GENTLEMEN,—Several weeks having elapsed since the arrangements for this Concert were made, it would not have been surprising if from various causes some of the artistes who so kindly volunteered their gratuitous services, had been unable to fulfil their intentions; with one exception, however, we believe that every one will appear before you, so great is their desire to keep their promise and so strong is their zeal for homeopathy. Lady Monckton is, sadly against her inclination, unable to appear, having to perform a most arduous part in The Red Lamp twice to-day. A most perfect substitute will be found in Miss Adelaide Detchon, a charming young American who is about to appear at Princes Hall, and who has kindly consented to make her informal *debut* here. Mrs. B. Beere sends us this. We have of course thanked Mrs. Beere for her great kindness and liberality, but at the same time intimated that we do not consider five guineas as sufficient compensation for her valuable presence, and we hope that she will be with us before the conclusion of the entertainment.

"It has greatly interested me, and will I think interest you, to know that so many of our best artistes are believers in the doctrine of Hahnemann. I hold in my hand letters expressing sympathy with our cause from Patti, Albani, Willson, Mary Anderson, Sims Reeves, George Grossmith, and others, who all regret that they are prevented being present. While we are here under the musical auspices of Mr. Wilhelm Ganz, and Signor Adelman, and have on our programme a long list of artistic celebrities; our special thanks are due to Messrs Adel-

mann and Ganz who have taken so much trouble in organizing the Concert.

"The programme is a very long one, so I ought not to occupy more of your time, but I am desired to direct attention to the object of this Concert, viz., the establishment of a Convalescent Home. It is not necessary to explain to so intelligent an audience the nature of a Convalescent Home. You will find a short description of the mode in which it is intended to conduct it on the outside page of your programmes. On the first page are given the names of the Managing Committee of the London Homeopathic Hospital, who will also undertake the control of the Home, and these I trust will be a sufficient guarantee that any funds entrusted to them will be administered to the best effect. I will therefore only add that after to-day, any one connected with the Hospital will be glad to receive any annual subscriptions from one guinea upward, or donation from £1,000 downwards; indeed, I am not certain that even larger sums would be refused; and the collector will be happy to call on any one so desiring. We have not yet commenced soliciting money, but in anticipation of that, friends, as will be seen on your programme, have already come forward to the extent of nearly £2,000, which is a happy augury of our future success."

Miss Adelaide Detchon then appeared, and gave two recitations, in the second of which "The Charcoal Man," her flexible voice produced some remarkable effects in imitation of the gruff, unmelodious street call with its curious echoes, the derisive mimicry of the *gamin*, the affectionate greeting of the wife, and the faint gurgling imitation of "the charcoal man's" baby. Mr. Isidore de Lara sang "After Silent Years" and "Mine To-day," both his own composition; while Mr. Bernard Lane was effective in "The Old and Young Marie" and "Love's Appeal." Madame Osborne Williams displayed great power in "Tears" and "The Old, Old Story;" and it is hardly necessary to speak of the performances of Madame de Fonblanque in "Comfort in Sorrow" and "Orpheus with His Lute." The vocal execution of Miss Agnes Larkcom was very fine in "Sing, Sweet Bird." The performance of solos on the violoncello by Herr Neiderberger was greatly appreciated; and Mr. Gilbert Campbell was very powerful in "La Benedizione."

As a whole the effort was one as successful as any our Hospital has made, and while the net proceeds of the Concert amount to £250, the total amount promised to the Convalescent Home for which it was given is nearer £2,000.

## BRISTOL HOMEOPATHIC HOSPITAL AND DISPENSARY.

REPORT FOR 1886-7.

THE Dispensary work has been continued with the same success as last year. The attendance during the twelve months has been 7,760, or an average of 150 a week, making about 25 per cent. more than in 1885; and the number of tickets issued is 1,660. Patients are seen to return year after year for treatment when requiring it, and evidently appreciate greatly a Dispensary which is easy of access, open daily, and where they may get cured without the ordeal of physic still in vogue at the ordinary hospitals.

There have been 400 visits paid to patients' homes when the cases have been more serious. Amongst these there have been five deaths—two from consumption, one from pneumonia, one from scrofulous abscess, and one from cancer. The other cases show the ordinary run of diseases, and were all cured or relieved.

The medical staff remains as before, but we are sorry to have lost the valuable services of Mr. W. J. Miller as Honorary Treasurer.

Whilst continuing to do our share of honest work in treating the sick poor, we wish to demonstrate to the intelligent public the value of the truly scientific system of therapeutics, given to the world by the illustrious Hahnemann, and we ought not to rest until we have the opportunity of seeing it tested alongside of allopathy in the large public hospitals.

We are glad to learn that the finances of the institution are in a satisfactory condition.

The Honorary Medical Officers are Drs. F. H. Bodman, S. Morgan, T. D. Nicholson, and Dr. R. H. Fallon is Stipendiary Medical Officer.

The Report very appropriately quotes the following from the Master:—

“If we observe attentively we shall perceive that wise Nature produces the greatest effects with simple—often with small—means. To imitate her in this should be the highest aim of the reflecting mind. But the greater the number of means and appliances we heap together in order to attain a single object, the farther do we stray from the precepts of our great instructress, and the more miserable will be our work.

“With a few simple means, used singly one after the other, more frequently, however, with one alone, we may restore to normal harmony the greatest derangements of the diseased body; we may change the most chronic, apparently incurable, diseases into health; whereas we may, by the employment of a heap of ill-selected and composite

remedies, see the most insignificant maladies degenerate into the greatest, most formidable, and most incurable diseases.

“Which of these two methods will the professor of the healing art who strives after perfection choose ?

“HAHNEMANN.”

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## EDUCATIONAL.

### THE TREATMENT OF THE SICK.\*

(Continued.)

BY JOHN H. CLARKE, M.D.

Lecturer on *Materia Medica* to the L.H.H. Medical School.

I do not suppose that any one who contemplates the whole subject of the treatment of the sick will have any difficulty in understanding how it is that a doctor's work is never done. Not only is the area covered world-wide, but every single branch of it is a continent in itself, with portions of it “dark” enough to tempt any aspiring explorer. But I do not want to discourage any one by the magnitude of the labour presented. The task has not to be accomplished in a day; but it has to be faced boldly or it never will be accomplished. At present it is very much shirked in the teaching of the schools, and some empty recommendations of “general principles” is palmed off on the student. This may be very well for examination purposes, but it is worse than useless at the bedside, and of very little use is the routine practice that is taught when the teachers descend to details. If there is one profession more than another that is calculated to cure those who embrace it of routine, I think it is the profession of medicine. The differences we meet with in different patients, and the differences in the same patient at different times, should be enough to convince any one that medical practice can never be reduced to routine. This, however, is what some learned people seem to look for when they speak of the good time coming when medicine will be “reduced to a science,” and handed over to some enterprising chemist armed with an injecting syringe. Ladies and gentlemen, let me warn you, the nature of the human constitution effectually negatives the possibility of any such idea being realized. There is no escape. The treatment of the sick

\* Delivered in October, 1885.



is difficult—difficult beyond any other department of our art; but having put our hands to the plough we are not going to turn back. As the work is difficult, as it demands the constant exercise of our faculties, so is it noble and worthy of our utmost exertions. If the practice of medicine could be, as it is called, “reduced to a science”—i.e., converted into a kind of calculating machine—it would not need highly trained intellects to work it. Mechanics would be able to do all that would be necessary then. But this can never be so long as human nature is what it is. Day by day new appearances and new combinations will arise that will tax all your ingenuity to comprehend and treat, and that will set at nought all the beautiful rules you may have learned by rote. Your judgment is never allowed to go to sleep. It is not a thing to be wound up like a clock and set going; it is a living thing, and it has to deal with the changing phenomena of life. The treatment of the sick is too complicated a matter to be reducible to general rules. These look very well in books, but in practice the great majority of cases are found to be exceptional.

There is no success in medicine possible without much careful attention to details. Personally, I abhor details. “General principles” are my delight. For long I sought for “general principles” for guidance in my practice, until I found myself working my principles into my practice instead of letting my practice evolve itself from my principles. There was nothing for it but to attend to details, though such attention was extremely distasteful to my nature, and at last I gave up trying to work the general principles in, and found I got on a great deal better without them. My advice to you is—lay yourselves out for this from the beginning. Make each patient a study; and do not draw your conclusions too rapidly. Often you will only get at the real history of a case by slow degrees, and if you have not tact and patience you will never get to know it at all. Then your instructions should be such as you know can be carried out. You will be asked not only what food a patient is to have, but how much and how often; and unless you have in your mind’s eye a clear view of all that goes on throughout the day, you will often be at a loss to reply.

In commencing practice there is usually one great thing in the medical man’s favour—he has not too many patients. He has thus time to study each case thoroughly, and to

observe carefully the effects of treatment. With increasing skill he is able to work more rapidly, but at first he must be content to "make haste slowly," and to give his patients all he has to give. If it does not amount to very much in his own estimation, he may rest assured that his care and patience will be highly valued by his patients. And there is another great thing in the young doctor's favour—a very large number of diseases have a tendency to get well of themselves. If this were not the case his lot would not be an enviable one. As it is, in spite of occasional bad half-hours, it compares not unfavourably with other callings, provided it is pursued in the proper spirit. Thus it happens that, vast as the field of treatment is, the task of conquering so much of it as each man requires to carry on a practice for the benefit of his patients is brought within the bounds of the possible. I have said above that the treatment of the sick is the sole end of the doctor's calling. It is strange that any other idea should have taken possession of the medical mind and found its way into print. Our position as curers of our patients is really our only excuse for the confidential relations we hold with them. What right have we to know the secret history of their lives, unless we can turn that knowledge to their own advantage? It can surely be no advantage to them that we make by their assistance a clever diagnosis, proving eminently satisfactory to our *amour propre*, if that is all we care to achieve. We may delude ourselves with the idea that if we do not accomplish anything for the individual patient, we are at least doing something great for posterity; but it is scarcely for that that our patient tells us his secrets; and it is not posterity that pays us our fees. Practising on patients to-day for the good of posterity is not honest practice, ladies and gentlemen. And as soon as one of us finds that he can no longer do a patient any good, it is his duty to say so, and give up the case. The man who does his best for his patients to-day, is the man who is most likely to help posterity. His work is honest and his experience sound. If a man wants to leave behind him anything that posterity will find it worth while to look at, he must work for each individual patient, and have no grand ideas about abstract humanity. Such a man will find himself in possession of an abundance of shapely stones, cut with his own hands and brain from the granite of Nature's quarry, when the time comes for him to build; whilst the experi-

ence of the abstract humanitarian—the posterity doctor “who works not for one but for the many”—not to cure patients, but to “understand them”—will prove to be nothing better than a shapeless, incoherent heap of sand.

I have now sketched for you briefly and most inadequately the whole subject of medical treatment. I have shown you that it is the most important part of all our work—the head and crown of it, so to speak—it is the only *raison d'être* of the existence of the profession. I have told you that it is the most difficult of all, and on that account (as well as on others) demanding our highest efforts; that those efforts, honestly and persistently put forth, are sure to be attended with success. I have discussed the relations of the different branches of medical treatment, and have pointed out that the most important of all is that which has to do with the administration of drugs.

I now come to speak more particularly of our special work. Our subject is the *Materia Medica* in the limited sense, of the powers of drugs. In the matter of diet and accessory treatment, change of climate, foreign travel, and the like, all medical men are on common ground; and here it behoves the followers of Hahnemann to be as expert as any. But in regard to the administration of drugs the Homeopathist holds a position of great advantage. Instead of being driven about by every passing wind of theory, he has his foot firmly planted on the solid ground of fact. Bearing in mind, then, that drugs do not constitute the whole of the materials the doctor possesses for the relief of the sick, we shall, nevertheless, in this *Materia Medica* class, give them our undivided attention.

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WARTS.—Dr. Paterson (Bridge of Allan) describes the case of a lady patient who was sorely troubled with several warts on the fingers of both hands, which appeared just like common warts, but differed in two respects. They were sensitive and very painful when touched or pressed, and most difficult to cure. For some months lunar caustic, iodine, acids, and poultices were tried without effecting a cure. At last Dr. Paterson ordered a fly-blister to be put over each wart, which treatment had a wonderful and satisfactory effect, for in about fourteen days the painful warts were completely removed.—*Chemist and Druggist*.

## REVIEWS.

## HOMEOPATHIC DIRECTORY, 1887-8.\*

WE welcome with great satisfaction the appearance of this new directory, which brings into closer union the body of homeopathic practitioners all over the Old World and the British colonies. It is often of the greatest convenience to know the names and addresses of homeopathic doctors in distant parts, and now no one need be at a loss. In these days of travel it often happens that a person is suddenly in need of a doctor in a place where he is quite a stranger. Should this occur to any wandering disciple of Hahnemann, if he is armed with the new directory, he will be able to find at once where the nearest homeopath resides. To the public no less than to the profession, the work is a great boon. The publishers have given, in addition to the names and addresses of the British homeopaths, an account of their published works and public appointments. This we think a very good feature, and hope in future editions it may be extended to our foreign *confrères*. We heartily commend the directory to the support of our readers, and we hope that it may meet with especial favour in the colonies and abroad.

## KEY-NOTES.†

THE name of the late Henry N. Guernsey is indissolubly connected with what is known as the key-note method of prescribing. The doctrine of key-notes has been much misunderstood and misrepresented. It has its place, and is very useful in its place, and like other good things, is liable to be abused. As we understand the representatives of this school of homeopaths, they do not pay exclusive attention to what they term key-note symptoms, but they give them the leading place in deciding the choice of a medicine. For instance, in a case of illness in a child where among other symptoms the passage of very offensive urine, offensive, that is, when freshly voided, was complained of, the medicine indicated would be Benzoic acid, and whatever the illness, benefit would be almost sure to ensue. Most likely

\* *The British, Continental, and Colonial Homeopathic Directory for 1887-1888.* London: Keene and Ashwell, 74, New Bond Street; Homeopathic Publishing Company, 12, Warwick Lane, E.C.

† *Key-Notes to the Materia Medica,* As taught by Henry N. Guernsey, M.D., Late Professor of *Materia Medica* at the Hahnemann Medical College of Philadelphia. Edited by Joseph C. Guernsey, A.M., M.D. Philadelphia: F. E. Boericke, Hahnemann Publishing House, 1887. London: Homeopathic Publishing Company, 12, Warwick Lane, E.C.

many subsidiary symptoms would correspond as well, but the symptom mentioned is the key-note of Benzoic acid. Benzoic acid will cure many cases of illness where this symptom is not present; but when it is present, it is of more value in the diagnosis of the remedy than any number of other correspondences.

In turning to this book we expected to find only those symptoms which have been proved to be the most characteristic of the several drugs—those, in fact, which deserve to be called key-note symptoms. In this we were a little disappointed. The aim of the lectures, the substance of which makes up this book, the editor tells us, “was to turn the student's mind, when he should engage in practice, in the direction of the proper remedy, when prescribing for the sick. The author finally was induced to engage in the production of a thoroughly practical *Materia Medica* of convenient size, containing characteristic symptoms and ‘key-notes’ of the principal remedies. He began upon this work two years before the close of his life, and continued at it so long as his health permitted. Since his death his MSS. have been carefully reviewed, and the undersigned has striven to complete as best he could what was so worthily and so well begun.” The editor has also added a very useful index or repertory.

It will be gathered from the above extract from the preface that we have here a book of great value, containing, as it does, the mature work of such a skilful therapist as H. N. Guernsey, whose acquaintance with the *Materia Medica* was so exceedingly close and extensive, and this, in fact, the book is. But if any should expect to find under the heading of each medicine named a list of symptoms which are vulgarly understood to be “key-notes,” and on the strength of which alone, if present in any case, they may prescribe the drug without troubling further, they will be mistaken. Perhaps it would have been better if the book had been named, “The most characteristic symptoms of the *Materia Medica*.” As such it will take its place in homeopathic literature. And a very necessary place it is. It cannot be denied that most drugs have leading features, symptoms the peculiarity or prominence of which are more marked than all the other symptoms it produces; and a knowledge of these is highly desirable in practical bedside work. In supplying this knowledge there is no work with which we are acquainted at once so handy and so efficient as the volume before us.

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## PUBLICATIONS OF THE MASSACHUSETTS HOMEOPATHIC MEDICAL SOCIETY.\*

THIS volume contains a record of the proceedings of the Society at its two semi-annual meetings, the first presided over by Dr. C. L. Nicholls, and the second by Dr. Walter Wesselhøp. The one characteristic of the Massachusetts Homeopathic Medical Society that strikes us is the solidity and business-like quality of its work. Among the papers specially worthy of mention in the department of clinical medicine are "Notes on Hysteria," by Dr. E. P. Colby; "Calcarea Phos. and Podophyllum in Entero-colitis," by Dr. F. L. Babcocks: in the Materia Medica Section, "Phytolacca, Conium, and Arsenicum Iodide in Diseased Mamma," by Dr. T. C. Culver, "Eranthe Crocate in Epilepsy," by Dr. Frederick B. Percy; "Dr. Schussler's Remedies," by Dr. D. B. Whittier.

## NOTES ON CONSUMPTION.†

DR. MORRISON writes of this disease, which has so deep an interest to most families in these islands, in a bright and popular style. His work has especial reference to the use of inhalation, which have done so much good in many cases. He quotes with apparent approbation an article from one of our daily political contemporaries on the bacterian treatment of consumption. This has had a fair trial, and has gone the way of many another sensational cure—into discredit, and the next step will be into oblivion. The skilful use of proper inhalants has, however, been most serviceable in a large proportion of consumptive cases.

## THREE PAMPHLETS BY DR. GUTTERIDGE.‡

IN the two former of these pamphlets, which were originally addresses delivered before the society of which Dr. Gutteridge is president, the author discusses topics of great general interest in a very pleasing manner, and his sketch of Buddha is particularly clear and interesting. In the third he deals with

\* *Publications of the Massachusetts Homeopathy Medical Society.* 1886. Vol. IX. Published by the Committees on Publication. Boston: Franklin Press; Rand Avery Company, 1887. London: Homeopathic Publishing Company.

† *Notes on Consumption and its New Treatment.* By Dr. Morrison. Revised edition. London: Walker and Co., 63, Newington Butts, S.E.

‡ *The Origin, Development, and Influence of Ancient Greek Culture. The Doctrines of Buddhism. The Borderland of Sanity and Madness.* By R. S. Gutteridge, M.D., F.S.S., from the Proceedings of the Athenæum Society.

a subject which has a more directly medical bearing. It was addressed to a popular audience, and it traces the causes which lead to the uneven balance of the medical faculty, and points out the precautions that should be taken to avoid the risk of entering the borderland or overstepping the border. We especially commend the author's remarks on the danger of narcotics.

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## POISONINGS AND PROVINGS.

### IODIDE OF POTASSIUM.

It is too often forgotten that Iodide of Potassium is a powerful poison as well as a valuable medicine. Some constitutions are profoundly affected by what are considered very small doses—such as one or two grains of the substance. At the International Medical Congress of 1881, Mr. Jonathan Hutchinson showed plates of a case in which a patient, after being heavily dosed with the drug under a mistaken notion of the case, became covered with node-like tumours and eventually died in consequence. We have seen several cases in which profound depression has followed the taking of Iodide of Potassium, and in one, where large doses had been given, in addition to the depression, the symptoms of phthisis of the lungs appeared and advanced with great rapidity.

The following is from *The British Medical Journal* of May 28th :

#### “INTOLERANCE OF IODIDE OF POTASSIUM.

“T. Y., one of my patients, a well-developed man about 40 years of age, suffering from ulcerated sore-throat and febricula, of fair average good-health, and presenting no indications of any grave constitutional disease, had been treated by me for a considerable time with iron and potassic chloride combined with quassia. The results were satisfactory so far as the febrile condition was concerned, but by no means so with respect to that of the throat, the ulcerated state of which seemed rather aggravated than alleviated by this method of treatment. As this morbid condition presented a syphilitic aspect (the patient having suffered from it in the past), I had recourse to anti-syphilitic remedies—iodide of potassium with bichloride of mercury—and induced thereby a marked improvement in the state of the throat, but which was attended by a most serious condition of collapse. Obligated, therefore, to reject this therapeutic course of action, I speedily restored the patient's strength by reverting to the original treatment ; but, by a provoking re-

versal of order, the throat now grew worse again in proportion. Again was the treatment altered to meet this annoying dilemma, syrup of iodide of iron being administered, combined with mercury; but before the patient took his first bottle of this fresh prescription he fell suddenly into so alarming a state of collapse, that I was summoned hastily in the middle of the night by his terrified wife, who thought him *in articulo mortis*, so menacing an aspect did his condition present. Happily, this unfavourable condition was soon dispelled, and has not since reappeared, the patient soon regaining strength after this latest method of treatment had been discarded and my old original line of action resumed.

“J. BRINDLEY JAMES.

“Bermondsey.”

#### PENNYROYAL (*Oleum Pulegii*).

So far as we are aware this medicine has not been used by homeopaths, but considering the marked properties it possesses it should obtain a conspicuous place.

*The British Medical Journal* (June 4th) reports the following case of

#### “POISONING BY PENNYROYAL.

“The rarity of poisoning by pennyroyal or *oleum pulegii* is emphasized by the fact that standard works on toxicology, like Guy and Taylor, contain no account of the toxic symptoms produced by this drug, nor any indications as to appropriate treatment. Moreover, I find on inquiry that recurrence to pennyroyal is very common when menstruation has ceased suddenly, and that it can be procured with the utmost facility. These considerations have led me to describe the symptoms and the treatment employed in the following case. About an hour after the drug had been taken I found the patient (a woman aged 40) in an extremely collapsed condition. The face was pale, cold, and bedewed with beaded sweat, and the hands and feet were cold and clammy. She lay apparently unconscious, but could at first be roused by shaking and shouting to her, rapidly sinking, however, into a state of profound coma. The pupils were normal in size, and responded to light. The action of the heart was exceedingly weak, irregular, and fluttering, the pulse at the wrist being scarcely perceptible. The first cardiac sound was almost inaudible, while there was distinct reduplication of the pulmonary second sound. There was jactitation and feeble retching, with much salivation, but no vomiting and no purging; temperature 97° F. The breath smelt very like peppermint. The treatment adopted was as follows. First I gave her three-quarters of a tumblerful of water, followed immediately by a hypodermic injection containing one-fifth of a grain of apomor-



phine. This latter quickly produced the desired effect, the vomited matters having a strong peppermint-like odour. After the vomiting the patient seemed about to die, and having no ether with me I administered brandy hypodermically. The result of this was excellent; the heart-sounds at once began to improve in tone, and the pulse in force, and in twenty-four hours the patient was practically well. Thus the symptoms taken together seem to point to severe cardiac depression approaching to paralysis, and appear to indicate that pennyroyal should be classed among the narcotic heart poisons. It transpired afterwards that the woman had taken ʒj of the essence of pennyroyal (which she had obtained from a chemist), and which is composed of ʒj olei pulegii to ʒvii of spirit.

“York.

“J. GIRLING, L.R.C.P.Lond., M.R.C.S.”

#### NUTMEG (NUX MOSCHATA).

THE poisonous properties of nutmegs are not generally known. Quite a string of cases of poisoning have been reported lately, called out by the following letter, which appeared in *The British Medical Journal* of May 14th:—

##### “POISONING BY NUTMEG.

“Dr. JAMES ALEXANDER writes: ‘I had a case the other day of poisoning by nutmeg. A patient ate one nutmeg as a cure for diarrhœa, and all next day he was stupid, giddy, and very drowsy; the symptoms passed off with the use of castor oil and strong coffee. I cannot find any reference to nutmeg poisoning in Taylor or Beck, nor in any work to which I have access, except the appendix to *The Medical Digest*, where I find a case mentioned as having been recorded in *The London Medical Record* for 1885, but I have not the number to refer to. Does not one medium-sized nutmeg seem a small dose to affect an adult, and can any of your readers recall a case of similar poisoning in either adults or children, and what was the treatment adopted?’”

On the 28th of May the following appeared:—

##### “POISONING BY NUTMEG.

“Dr. A. CUMMINGS AIR (South Norwood) writes: ‘In the *Journal* of May 14th, Dr. James Alexander, after describing a case of poisoning by nutmeg, asks “if any of your readers can recall a case of similar poisoning?’”

“I met with an instance several years ago, in which a middle-aged woman took one nutmeg, scraped and mixed with hot water as a remedy for arrested menstruation; two hours

after taking it she was seized with extreme thirst, giddiness, and prostration; but to her the most painful effect was, in spite of the prostration, an intolerable restlessness, causing her to tramp up and down the room almost incessantly, holding on to the various articles of furniture for support; there was also "tightness of the chest" obliging her to loosen her dress. The symptoms continued (in spite of an emetic, strong coffee, and sal volatile), more or less during the whole of the evening and night, and then passed off completely.

"To judge by the paucity of the information in the text-books with regard to poisoning by nutmegs, it must be, I should think, a very rare accident, and as nutmeg is so constantly taken as a flavouring for puddings, &c., even by very young children, it leads to the belief that, as in the case of the poisonous fungi, the toxic properties must be liable to great variations, caused by peculiar conditions of soil or season."

"Dr. Garrod says: 'Nutmeg in large doses is said to possess narcotic properties, well marked, causing drowsiness and even complete stupor and insensibility.' Mr. R. Hughes in his *Manual of Pharmacodynamics*, quotes several cases of poisoning by nutmegs.

"Mr. T. P. DEVLIN (Carlisle), referring to the case of poisoning by nutmeg reported by Dr. James Alexander in the *Journal* of May 14th, writes: 'A similar case came under my notice during the early part of this year. A young lady one evening ate a whole nutmeg, being fond of it; this was about 7 p.m. Shortly afterwards feeling sleepy, which she ascribed to having been up the greater part of the previous night at a ball, she went to bed, and slept very heavily till late next morning, when she was with some trouble aroused; she got up and dressed, but had no appetite for breakfast, still felt very drowsy, and vomited slightly several times. When I saw her about 10.30 a.m., vomiting had stopped, her face was pale, and she was unable to raise her eyelids: she did not complain of any giddiness, only feeling very drowsy and great disinclination for exertion. The treatment which I adopted, and under which the symptoms quickly passed off, was the use of strong coffee, cold douching of the head and face, enforced exercise in the open air, and a mixture containing ammonia. I have also failed to find reference to nutmeg-poisoning in any work I have consulted.'

"Mr. A. J. REEVE TYLER (King's Norton) writes: 'I was called one evening about ten o'clock to see Mrs. E. M. I found her complaining of giddiness, faintness, and disturbed vision. The pulse was feeble, the skin cold and clammy, pupils dilated, no pain anywhere. I was told she had taken the whole of a medium-sized nutmeg scraped up and steeped in gin, as an emmenagogue. The treatment I adopted was just to administer

an emetic, which had the effect of bringing away a large quantity of the nutmeg. I then gave her brandy, ordered her to be wrapped in blankets, and hot-water bottles applied to her feet. I also gave her a stimulating mixture and an aperient. Next morning the patient was nearly well, only complaining of a feeling of lassitude.

“ I could not find any record of similar cases, or any mention of nutmeg as an emmenagogue, though from what I gathered from the patient and her friends, it is frequently used as such.”

Nutmeg produces unconquerable drowsiness, and this symptom has often led us to the successful use of the drug in disease.

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## GENERAL CORRESPONDENCE.

### A QUERY ANSWERED.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—In reply to Dr. Neatby's query in the January number, I do not know of symptom No. 1 being caused or cured before by *Ars.*, or cured by any other remedy; but I have just found it caused surely by one other remedy, and once by another, which latter I want to have verified by others also.

Called to see Miss U——, suffering from usual periodic headache; gave *Lach.* 75 m. (Fincke), and then dissolved a few No. 8 pellets of pure *Sacch. Album.* in half a glass of water, *churning it well* with a spoon (potentizing it I fear), dose a teaspoonful every half hour till better. Next morning on calling I was accused of giving her *Sulphate of Quinine*. I pleaded “not guilty,” as I have never even had the drug in my office, save in high potency. She said it produced the same symptoms that *Quinine Sulph.* produced when her allopath gave it her; and no matter how he disguised it, or how little there was, it *always* produced the same result, and hitherto no other drug had so affected her.

Soon after taking the *Sacch. Alb.* she became “deadly sick and faint, thought she would die she was so weak, could not lift her head; felt as if she would sink bodily right through the bed.” Each dose made her so much worse that she stopped it, and was able to come down stairs. The *Quinine Sulph.* always produced the above symptom, and is genuine, as she so described it without any hint from me, and her sisters said she *always* so described its effect. This is first time I had such a symptom from *Sacch. Alb.*, but still it was too marked to pass on without making a note for verification either clinically or pathogenetically. I know I had pure sugar pellets and fresh water. So trusting this may be of service, I have the honour to remain, faithfully yours.,

J. D. TYRRELL.

Toronto, Canada, May 26, 1887.

## FROM ABROAD.

## DIABETES CURED WITH KALI BROMATUM.

MRS. LEDEN, at 68, the widow of a schoolmaster, had been ill for five months, and had been treated all the time by successive allopathic practitioners. Previously a strong, healthy woman, when she began to be ill the first symptom she observed was a greatly increased appetite, and yet the food did not seem to agree with her, and she suffered a great deal from eructation and heartburn. She then noticed that the urinary secretion was much increased. She put herself under medical advice, but her symptoms only grew worse, and at last she was declared hopelessly incurable, and a fatal issue seemed imminent. Under these circumstances she was persuaded to try homeopathy. She was emaciated to mere skin and bone, the eyes deeply sunk, the voice scarcely audible, she could hardly stand for a minute, and there came on extreme weakness and trembling of limbs. Her skin lay about her in folds, very little and rare perspiration, head weak, confused, memory impaired, she asks in the morning if it is not already evening. The sight was dim, she seemed to be in a dark place, she could not see to read even with spectacles. Roaring and rushing noise in ears, dizziness, dry feeling in mouth, tongue smooth, not moist. Taste sometimes bitter, sometimes sour. Thirst tormenting for anything that is liquid, constant hunger; after meals, of which she has as many as six a day, eructation, stomach-ache, emptiness of scrobiculus cordis. Complains of fulness in hypochondria, abdomen somewhat distended, lymphatic. Stools costive, irregular, but is easily purged by enema or opening medicine. Urine passed every ten or twenty minutes, and then always copiously. At night she is worst, for no sooner has she lain down than she must get up again, unless she takes a dose of morphia, when she remains longer at rest, but thereafter she passes an enormous quantity of urine. About five litres are passed in a night. The urine is pale, rather turbid, smells of tincture of mallows. It contains a large quantity of sugar. The breathing is weak and rather quick. Pulse 50. The prognosis was unfavourable; the age, the duration of the disease, the extreme emaciation, allowed little hope from treatment. Dr. Heyberger, who treated the case, resolved to try *Kali Bromatum*, which had been recommended by Moleschott, but he decided to give smaller doses. He gave twelve powders of milk sugar containing one drop of the 2nd dilution of this medicine, one to be taken every six hours. The next day he came resolved to change the medicine if he saw no change. He was surprised to hear from her daughter that Mrs. Leden was still asleep, and that she had

been much less disturbed in the night, and had passed comparatively little urine. Every day the improvement went on, not only in the quantity of water passed, but in the other symptoms. The medicine was given only every night and morning, and by the end of three months the patient was quite well. When about the sixth week there seemed to be a cessation of the improvement, Dr. Heyberger thought he would give the medicine in a moderate allopathic dose, but he quickly had reason to repent having done so, and returned to the 2nd dilution, which was continued until the cure was complete. It is now four years since this patient was cured of her diabetes, and she is now in her seventy-second year, a robust old lady.—*Allgemeine Homöopathische Zeitung*, March 31, 1887.

MEDICAL AND SURGICAL WORKS PUBLISHED  
 DURING THE PAST MONTH.

American Surgical Association Transactions. 8vo. (Philadelphia. 18s.)  
 Bentley (R.). A Text-Book of Organic Materia Medica: Comprising a Description of the Vegetable and Animal Drugs of the British Pharmacopœia, with other Non-official Medicines. Arranged Systematically. Post 8vo, pp. 486. (Longmans. 7s. 6d.)  
 Braithwaite (J.). Retrospect of Medicine, Vol. 95. January to June, 1887. 12mo, pp. 440. (Simpkin. 6s. 6d.)  
 Carter (H. Vandylke). On a Peyerian Ulcer-Lesion of the Small Intestines, apparently New. With Plates. 8vo. (Churchill. 5s.)  
 Clark (F.). Manual of the Practice of Surgery. Revised and partly Re-written by Andrew Clark. 4th ed. Illust. by 214 Engravings on Wood. 12mo, pp. 488. (Renshaw. 10s. 6d.)  
 Crookshank (E. M.). Manual of Bacteriology. 2nd ed., revised and considerably enlarged. Illust. with Coloured Plates and Wood Engravings. 8vo. (Lewis. 21s.)  
 Fothergill (J. M.). Indigestion, Biliousness, and Gout in its Protean Aspects. Part 1: Indigestion and Biliousness. 2nd ed., revised and enlarged. Post 8vo, pp. 330. (Lewis. 7s. 6d.)  
 Hayward (J. W.). Taking Cold the Cause of Half our Diseases: Its Nature, Causes, Prevention, and Cure. 7th ed. 12mo, pp. 200. (Gould. 1s. 6d.)  
 Hill (B.). The Essentials of Bandaging. With Directions for Managing Fractures and Dislocations. 6th ed., revised and enlarged. Post 8vo, pp. 366. (Lewis. 5s.)  
 Keyt (A. T.). Sphygmography and Cardiography, Physiological and Clinical. Edit. by Asa B. Isham, M.D., and M. H. Keyt, M.D. 8vo, pp. 286. (New York. 18s.)  
 Litch (W. F.). The American System of Dentistry. In Treatises by Various Authors. In 3 vols. Vol. 1. Illust. 8vo, pp. 1,015. (Philadelphia. 80s.)

Maddick (E. Distin). Stricture of the Urethra: Its Diagnosis and Treatment facilitated by the use of new and simple Instruments. 8vo, pp. 152. (Baillière. 4s.)  
 Maguire (D.). The Art of Massage. 4th ed., revised and enlarged. Post 8vo, pp. 122. (Hamilton. 5s.)  
 Medical Register, 1887. Roy. 8vo. (Office. 6s.)  
 Meyer (E.). A Practical Treatise on Diseases of the Eye. Translated, with the assistance of the Author, from the 3rd French ed., with Additions as contained in the 4th German ed., by Freeland Fergus. With very numerous Illustrations. Roy. 8vo, pp. 642. (Griffin. 25s.)  
 Nettleship (E.). The Student's Guide to Diseases of the Eye. 4th ed. 12mo, pp. 442. (Churchill. 7s. 6d.)  
 Roberts (F. T.). The Official Materia Medica. 2nd ed. 12mo, pp. 544. (Lewis. 7s. 6d.)  
 Ryley (J. B.). Sterility in Women: Its Cause and Cure. 2nd ed. Post 8vo, pp. 80. (Renshaw. 8s. 6d.)  
 Schmiedeberg (O.). Elements of Pharmacology. Translated under the Author's supervision by T. Dixon. 8vo, pp. 284. (Pentland, Edinburgh.) (Simpkin. 9s.)  
 Smith (J. Greig). Abdominal Surgery. 8vo, pp. 632. (Arrowsmith, Bristol.) (Churchill. 15s.)  
 Smith (S.). The Principles and Practice of Operative Surgery. New and revised ed. Illustrated with 1,005 Woodcuts. Roy. 8vo, pp. 912. (Pentland, Edinburgh.) (Simpkin. 24s.)  
 Taylor (C. F.) and Waugh (W. F.). Manual of Treatment. A Concise Presentation of the Modern Methods of Treating Diseases. 8vo, pp. 632. (Philadelphia. 20s.)  
 Warner (F.). Three Lectures on the Anatomy of Movement. Delivered at the Royal College of Surgeons of England. Post 8vo, pp. 150. (Paul, Trench, and Co. 4s. 6d.)

Winckel (F.). Diseases of Women: A Handbook for Physicians and Students. Authorized Translation by J. H. Williamson, under the supervision and with an Introduction by Theophilus Parven. Post 8vo, pp. 700. (Pentland, Edinburgh.) (Simpkin. 15s.)

Wyeth (J. A., M.D.). A Text-Book on Surgery: General, Operative, and Mechanical. 8vo, pp. viii—777. (New York. 40s.)

Ziemssen (Von). Handbook of General Therapeutics. Vol. 6: Electrotherapeutics. By W. Erb. 8vo, pp. 730. (Smith and Elder. 18s.)

— Handbook of General Therapeutics. 7 vols. Vol. 7: Therapeutics and Circulatory Derangements. By Professor M. J. Oertel. 8vo, pp. 280. (Smith and Elder. 12s.)

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## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

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ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, St. George's Terrace, Gloucester Road, South Kensington, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We always go early to press, and would therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

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ZINFANDEL WINE.—*A Correction.*—Messrs. Potier and Pierce write to us in reference to our report on the Zinfandel Wine in our last issue to say that Messrs. Lay, Clarke, and Co. are a Californian firm (not a Glasgow firm as we stated), and that they (Messrs. Potier and Pierce) are their London representatives.

### CORRESPONDENTS.

Communications received from Mr. J. Ormerod, Wales; Dr. Pope, Tunbridge Wells; Dr. Blayder,

Brighton; Mr. John Hoskin, Malta; Mr. J. W. Carter, West Hartlepool; Messrs. Potier and Pierce, London; Mr. G. A. Cross, London; Mr. Dudgeon, London; Dr. Roll, London.

### BOOKS AND JOURNALS RECEIVED.

Clinique.—Revue Homœopathique Belge.—Medical Advance.—Monatsblätter.—Allg. Hom. Zeit.—Californian Homeopath.—New York Medical Times.—Southern Journal of Homeopathy.—Hahnemannian Monthly.—Homeopathic Recorder.—Revista General de Homœopathica.—Clinical Review.—Homeopathic Physician.—Medical Annals.—Homeopathic Journal of Obstetrics.—Bibliothèque Homœopathique.—New England Medical Gazette.—American Homeopathist.—Medical Counsellor.—The Doctrines of Buddhism.—Origin, Development, and Influence of Ancient Grecian Culture.—The Borderland of Sanity and Madness, by R. S. Gutteridge, M.D.—Homeopathic Directory, 1887–88.—Report of Bristol Homeopathic Dispensary.—Trans. Premier coupés International des délégués des Société et des Amis de la Crémation a Milan, 1887.—Spectacles: History and Uses.

# THE HOMEOPATHIC WORLD.

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AUGUST 1, 1887.

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## M. PASTEUR EXULTANT.

SINCE M. PASTEUR forsook the paths of science and took to experimenting on men and beasts, there is nothing that has been so dear to his heart as a good-sized illusion. Naturally therefore that most illusory document, the Report just issued by the English Hydrophobia Commission, has raised his spirits to the highest possible pitch. The unfortunate part of the business is that M. PASTEUR is not alone in his love for illusions; the disease is infectious, and most people have it some time in their lives, and with many it becomes chronic. We do not know if it is dependent on a special microbe, but of this we are certain, that M. PASTEUR with his inoculations has spread the malady to such an alarming degree, and in such a virulent form, that it almost seems as if the world would never escape from the epidemic and recover its sober senses.

The Report which has inspired M. PASTEUR with this wonderful exultation is signed by an imposing array of names, including those of Sir J. PAGET, Sir J. LISTER, Dr. QUAIN, and Mr. FLEMING; and to the uninitiated it appears as if these eminent men had done something more in the investigation than signing the report. According to *The Lancet*, however, that is all they did, and from internal evidence we gather that *The Lancet* is right.

The Report apparently gives strong support to M. PASTEUR. On what grounds? First on the strength of an examination by "some" members of the committee of

ninety "unselected" cases (in twenty-four of which only was there evidence of any real danger) occurring after the first five deaths had taken place, and at a time when M. PASTEUR, rather scared by the deaths, was, as Dr. RICHARDSON suggested, probably using nothing more dangerous than simple broth. None of these ninety died, and this, according to the commissioners, showed that M. PASTEUR saved a number of their lives! Of the five deaths which occurred among those inoculated before these "unselected" cases, and the eighty deaths which occurred afterwards, the Commission have nothing to say.

The second ground of support is certain experiments on animals made by Mr. HORSLEY, which confirm, says the Report, "M. PASTEUR'S discovery of a method by which"—not *men*, but—"animals may be protected from the infection of rabies." That is to say, if they are inoculated *before* being bitten, and not *after*, which is M. PASTEUR'S method in his experiments on human beings.

On these flimsy grounds, which will not bear the smallest weight of criticism, the Commission have built up this Report, which has roused afresh the flame of fanaticism in M. PASTEUR.

The way in which the writer of the Report tries to wriggle out of the necessity of bringing home to M. PASTEUR the onus of the death of the unfortunate man Goffi is anything but edifying. Mr. HORSLEY is fond of bringing charges of falsehood against his opponents in controversy. We should like to ask him to explain this passage in the Report he has written.

Early this year, Mr. HORSLEY gave a lecture on Hydrophobia, in Kensington; and at the close of the lecture he told one of his audience that the rabbits inoculated from Goffi's spinal cord DIED IN SEVEN DAYS OF HYDROPHOBIA. According to M. PASTEUR this proves that Goffi died of the inoculations—if he had died of the bite, the rabbits inoculated from him would not have died until twenty days after. In the Report Mr. HORSLEY carefully abstains from saying that the rabbits died in seven days. He says:



The incubation period in the rabbits and dog inoculated from his [Goffi's] spinal cord *was such as has been observed after similar inoculations with virus derived, not only from rabbits inoculated in series by M. Pasteur, but from a dog, a cat, and a wolf that died of ordinary rabies.*

A very roundabout way of saying "seven days" this! If the Report tells the truth, this sentence means that inoculation from a dog, a cat, and a wolf, that have died of ordinary rabies have caused the death of rabbits in seven days, thus upsetting M. PASTEUR'S whole theory, which rests on the assumption that rabies of that virulence can only be produced by passing through a long series of rabbits; and proving that the test he has laid down for distinguishing between rabies from ordinary infection, and rabies from inoculation with rabbit hydrophobia, is worthless. If M. PASTEUR'S theories still holds good, the Report in which he is now glorying has gone a long way round to obscure the truth in order to save his credit. There is a miserable want of straightforward dealing in all this which is anything but creditable to those who are responsible for it. But this is all of a piece with the history of Pasteurism from the beginning.

However, PASTEUR has some reason for exultation; has measured his public—

"A mad world, my masters!"

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## THE WAR PATH.

IN these days, when skulking has become fashionable among the small fry of the profession, who know there is much good in homeopathy and want to avail themselves of it without acknowledgment; and when an excuse for skulking has been afforded by the larger fry, who fill their books with homeopathy and ostentatiously put out a ticket of "no connection with homeopathists" in their prefaces, it is a treat to find some who have the courage of their convictions and boldly come forward to avow them and to

attack the enemy wherever he shows his face. For this reason we are glad to reproduce the two following admirable letters, which appeared in *The Liverpool Review* of June 4th and 18th respectively:—

“HOMEOPATHY v. ALLOPATHY.

“TO THE EDITOR OF ‘THE LIVERPOOL REVIEW.’

“SIR,—Homeopathic practitioners will be obliged by Dr. Johnson’s quotation, given in your issue of to-day, showing that they are no narrow-minded sectarians in medicine, but ‘true medical men,’ who ‘take advantage of every other known means of cure or help whenever and wherever they think necessary or wise or good for their patients, and use the homeopathic and all other means in any way, in any preparations, and in any dose that experience shows is best for their patients.’ This is certainly nothing to be ashamed of or to be blamed for. And certainly they have a perfect right to do so. They were taught ‘all other means’ along with their allopathic colleagues in their student days; but they have since then learnt, in addition thereto, the ‘homeopathic means;’ thus making themselves better able to cope with disease than are their less-informed brethren. There is in this no disloyalty to principle; there is no denial or disregard of homeopathy, or confession that homeopathy is not the best known means of cure. What homeopathic practitioners maintain is that they practise homeopathically but not *only* homeopathically; that they are homeopaths but not *only* homeopaths. They are ‘medical men,’ but more fully informed on the powers of drugs than are the majority of their colleagues; they are men who have continued to be students even after having obtained their diplomas; men who are not content to treat their patients in 1887 with the knowledge acquired in 1857, and men who have the honesty to acknowledge their indebtedness to Hahnemann for their additional resources. In this latter especially they differ from such men as Drs. Brunton, Ringer, Phillips, &c., who, as Dr. Johnson says, ‘treat to a great extent homeopathically,’ but who deny that they do so, and conceal the source of their inspiration and means. Dr. Brunton does not, as Dr. Johnson thinks, ‘give credit where it is due,’ for he did not acknowledge the source of his homeopathic remedies; and he denies that the treatment, even with these remedies, is homeopathic; and not until he was directly charged with it by several writers, and compelled to confess it, did he acknowledge that homeopathic books were the source of his inspiration and materials; and even then he did not do so frankly.

“Dr. Johnson seems to think that because ‘homeopathic practitioners use any *dose* that experience shows is best for the patient’ they have ‘no right to the name of homeopaths; they are essentially allopaths.’ Does he mean to assert, then, that the only difference between allopathy and homeopathy is the dose—and that after what you have been kind enough to publish!—or that medicine given in infinitesimal doses is thereby necessarily homeopathic? Surely by now he should know that homeopathy is not a matter of dose at all, but is ‘a rule for the selection of the medicine,’ quite irrespective of the dose! When will he know what homeopathy is? A medicine may be homeopathic to a disease quite irrespective of the dose, and homeopathic practitioners have no natural or educational taste in favour of infinitesimal doses; indeed, as with Dr. Johnson himself, their education and *a priori* reasoning prejudice them against such doses, and they give them only because ‘experience shows they are best for the patient.’

“Dr. Johnson says of himself: ‘My contention is that infinitesimal doses have not any effect upon disease,’ and that ‘the benefits derived are not due to the medicines given, but rather to the *vis medicatrix naturee*—good nursing and dietetical attention.’ Now, these are mere assumptions and assertions on his part. He gives no evidence in support of them; and they cannot be accepted on his mere *ipse dixit*. Besides, the contention that good nursing and dietetical attention account for the vastly more rapid recovery and the many fewer deaths under homeopathic treatment, brings the very serious charge against allopathic practitioners that they neglect these, to the great injury and loss of their patients. Nursing and diet are as much at the command of the allopathic as of the homeopathic practitioner. It has been shown by hospital statistics, over and over again, that the deaths per cent. are:—

	Under Allopathic treatment.	Under Homeopathic treatment.
In all diseases clubbed together.....	about 10 per cent.	4 per cent.
Inflammation of Lungs ..	24 ..	5 ..
Dysentery.....	22 ..	3 ..
Pleurisy.....	13 ..	3 ..
Peritonitis.....	13 ..	4 ..
Cholera.....	55 ..	25 ..
Yellow Fever .....	65 ..	7 ..

Will Dr. Johnson maintain that these differences result from nursing and diet only? Surely not.

“Yours truly,

“JOHN W. HAYWARD, M.D.

“Liverpool, May 28, 1887.”

## "HOMEOPATHY v. ALLOPATHY.

"TO THE EDITOR OF 'THE LIVERPOOL REVIEW.'

"SIR,—In your issue of this day Dr. Johnson says: 'The intelligent practitioner does not neglect any means which may be in his power to attack disease.' Does he thus imply that the practitioner who does neglect some means which may be in his power is not an 'intelligent practitioner?' If so, then, according to him, practitioners who neglect the use of homeopathic medicines are not intelligent, for homeopathic means or medicines are within their power if they will study them. Dr. Johnson says further of homeopathic practitioners, that they 'practise two systems.' It is quite true that they *can* practise allopathically as well as homeopathically if they should ever find it necessary to do so (which they extremely rarely do), for they have studied both ways, whereas the old-system practitioners cannot practise homeopathically as well as allopathically, for they have not learned how; indeed, they affect to despise such practice. Again, Dr. Johnson says: 'There is not much difference in practice between Dr. Hayward and myself.' Does he mean to say that there would be no difference to the patient when Dr. Johnson gives belladonna for measles (a drug that is not at all homeopathic to that disease) and when Dr. Hayward gives pulsatilla, which is homeopathic? or when Dr. Johnson gives arsenic in ordinary doses in gastritis, and when Dr. Hayward gives it in infinitesimal doses? The patient, at any rate, would very soon find out a difference. He seems not to be aware of the fact that practitioners are called homeopathic because they practise homeopathy (whether they have given up allopathic practice altogether or not), and not because they have given up practising in any other way. If Dr. Johnson does really (as he says he does) practise allopathically and *homeopathically*, he will perhaps find out to his cost that he will be called a homeopathic practitioner, and will be kicked out of the Medical Institution. He had better be cautious; for the law of the institution runs: 'No person practising homeopathy shall be eligible as a member of the institution; and any member who may become a practitioner of homeopathy shall cease to belong to the institution'—(*v. Liverpool Review*, Jan. 8, 1887.) He would, perhaps, then not think this 'a very proper prohibition,' as he now calls it. He should read again your article of January 8, which originally started this correspondence. Dr. Johnson expresses a wish that this discussion should close. If he will cease to attack homeopathy I have no desire to continue it; and I, too, thank you for the privilege and for your courtesy and kindness throughout it.—Yours truly,

"JOHN W. HAYWARD, M.D.

"Liverpool, June 11, 1887."

## DR. BRUNTON ON DR. BRUNTON.

UNDER the title of "A New Departure in the Art of Reviewing," we commented on the laudatory notice of Dr. BRUNTON'S book on Pharmacology, inserted in *The Practitioner*, of which Dr. BRUNTON is editor in chief, and for which he was, therefore, directly responsible. Dr. BRUNTON appears to be one of those persons whom it is impossible to teach some desirable things. Modesty is one of those things, sense of the ridiculous is another. Witness the following estimate of Dr. BRUNTON, endorsed, if not written, by Dr. BRUNTON himself :

" *A Text-book of Pharmacology, Therapeutics, and Materia Medica.*  
By T. LAUDER BRUNTON, M.D., D.Sc., F.R.S. Adapted to the  
United States Pharmacopeia by FRANCIS H. WILLIAMS, M.D.,  
Boston, Mass. Third Edition. London: Macmillan & Co. 1887.

" Dr. Lauder Brunton is to be congratulated on having reached a third edition of his Text-book of Pharmacology within so short a time. On its first appearance this book immediately took the first position amongst the many works on Materia Medica and Therapeutics now published in England and America. The recent revival of interest in the actions of medicines and the scientific use of drugs—for which we have in a good measure to thank Dr. Brunton himself—ensured the success of a work which was specially characterized by complete originality of matter and arrangement, and by the extent of the scientific and literary research displayed on every page. In these several respects the author has further increased the value of his book by the thorough revision to which he has subjected it, and by the many additions he has made to it both in the text and in the diagrams.

" An interesting feature of this edition is the appearance in the preface of Dr. Brunton's reply to the charge of disguised homeopathy brought against him by certain authorities belonging to that section of the profession. The readers of *The Practitioner* will certainly not consider that any vindication was required of Dr. Brunton's position as a scientific pharmacologist—a position which is entirely incompatible with a belief in Hahnemann's universal law of similars and infinitesimal dosage. Nevertheless, there are few but will enjoy reading the well-chosen and telling argument in which Dr. Brunton replies to the charges brought against him, and asserts the true position of all that he has written and taught in medical science.

" Like the first two editions, the work is adapted both to the British

Pharmacopeia and to the Pharmacopeia of the United States, Dr. Williams of Boston having carried out the latter part of what must have been an extremely difficult and laborious undertaking."

This is a touching example of simple innocence; but if Dr. BRUNTON thinks he is to be let off thus easily, he is hiding his head in the sand like the ostrich. Against Dr. BRUNTON and his like, personally, we have no quarrel; but Truth and Justice demand that we shall unmask their conduct, which is in the highest degree detrimental to the dignity of the profession, to humanity, and to science.

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## NOTES.

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### THE BOSTON HOMEOPATHIC JUBILEE, 1887.

THERE is quite a Jubilee epidemic this year. Whilst our gracious Sovereign and the Reform Club have been jubilizing on this side of the Atlantic, it is not likely that America—or, at any rate, Boston—is going to be left out in the cold. It is just fifty years since homeopathy was introduced into New England, and the New Englanders have been celebrating the event (which they prefer to call a "semi-centennial") with all fitting ceremony. It was held on the 12th, 13th, 14th of April. Drs. Talcott and Tod Helmuth were among those who took part. The Hon. Charles R. Codman presided.

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### THE PRESIDENT'S ADDRESS.

From the able address of the President of the Celebration (*New Eng. Med. Gazette*, May) we must quote a few passages:—

"LADIES AND GENTLEMEN,—On behalf of the committee who have organized this Festival I bid you welcome. We are here to express our interest in the Boston University School of Medicine, and in the work which it is doing. It is an institution of the broadest character, which undertakes the education of students in all the branches of medicine. . . . From the day of small things, which began fifty years ago, in New England, when Dr. Gregg first announced himself a convert to homeopathy, you will go on until you have the cordial recognition of your professional brethren, who will wonder at the

blindness of their professional fathers. You will not always remain separate, I believe, for the profession cannot afford not to absorb you. And you will not desire to remain separate when freedom of opinion is accorded to you. But, after all, it is the patients and not the physicians whose interests are most concerned. When physicians are unjust to their brethren, when the spirit of professional intolerance is rampant, when doctors shut their eyes and discountenance the spirit of inquiry, it is a discredit, no doubt, to a profession that ought to be catholic and liberal. But, worse than that, it is a great injury to the general community, who have the right to expect that their medical guardians should help and not hinder each other. Many of those whom I address have had the opportunity of comparing that medical treatment that disregards the law of similars with the treatment that adopts it. We have found that the latter is the safer and the more efficient. We have seen disease yield to the remedies given, and we have observed that when the original disease is conquered there is no other disease, arising from excessive drugging, ready to take its place. Some of us, too, have realized very keenly that we have lost much in not sooner becoming acquainted with the advanced school of therapeutics that homeopathy represents. We are all here to acknowledge our indebtedness, and to stand by the cause. We shall, I hope, do something to extend the influence of the Medical School of Boston University. It has to-day one hundred and five students. It opens its doors to men and women alike. Its diploma is not to be obtained but by hard study for three years. It was the first medical school in the country to establish a four years' course. It teaches the healing art in all its departments. The surgeons who attend gratuitously at the Massachusetts Homeopathic Hospital are its professors and graduates, and the record of their operations will compare favourably, both as to methods and to results, with those of the best endowed hospitals at home and abroad. The Medical School of Boston University lays before its students the most advanced knowledge in therapeutics that is taught elsewhere, and homeopathy besides. It requires funds to give to its devoted professors better salaries for the disinterested assistance they give it. It needs additional instructors who can devote their whole time to the work of instruction. Its library should be enlarged, and its laboratories more thoroughly equipped. Its dispensary, which gives freely to the sick some forty thousand prescriptions annually, should be enabled to extend its benevolent action. We confidently and urgently appeal to you to furnish ample means to place in the front rank of medical equipment a medical school which is inferior to none in New England in the thorough and conscientious work which it has done and is still doing."

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#### NAPOLEON I. AND OLD PHYSIC.

EMERSON in his lectures on Napoleon tells an anecdote which shows that the mind which had measured and moved the forces of the world, had not failed to estimate at its true value the medical practice of his time. There is a striking

resemblance between the verdict of Hahnemann and the verdict of Napoleon on Old Physic. Says Emerson :—

“Of medicine, too, he was fond of talking, and with those of its practitioners whom he most esteemed—with Corvisart at Paris, and with Antonomarchi at St. Helena.”

“Believe me,” he said to the last, “we had better leave off all these remedies: life is a fortress which neither you nor I know anything about. Why throw obstacles in the way of its defence? Its own means are superior to all the apparatus of your laboratories. Corvisart candidly agreed with me, that all your filthy mixtures are good for nothing. Medicine is a collection of uncertain prescriptions, the results of which, taken collectively, are more fatal than useful to mankind. Water, air, and cleanliness, are the chief articles in my pharmacopeia.”

#### “THE ROYAL COLLEGE OF PHYSICIANS AND HOMEOPATHY.”

UNDER this title is issued, as “Tract No. 14” of the Homeopathic League, the letter entitled “No Last!” which appeared in our pages last year. We are rejoiced to see this crushing letter once more in print. It is prefixed with an introduction, from which we extract the following :—

“The London College of Physicians had long refrained from following the evil example of other British and Irish Medical Colleges, but a few years ago they were urged by some of their members to do something to show their disapproval of homeopathy. Apparently they perceived the absurdity of a College—one of whose duties it is to inquire into and promote improvements in medical practice—condemning untried a well-recommended and largely adopted reform of therapeutics, so they refrained from doing so, and contented themselves (but we fear not their bigoted members) by passing the feeble and futile resolution given in the subjoined letter. ‘Resolution’ seems an inappropriate word to apply to the singularly weak and irresolute outcome of their deliberations. Probably the consciousness that medicine owes so much to the labours of Hahnemann and his followers, and that so many of their licentiates are more or less favourably disposed towards homeopathy, deterred them from boldly denouncing homeopathy by name, and hence they could only agree to formulate a half-hearted protest against the assumption of a designation implying the adoption of a special mode of treatment, while they expressly refrained from desiring to fetter the opinions of their members with regard to that or any other mode of practice they might see fit to adopt. The absurdity—we might say, the dishonesty—of allowing their members to practice as seems fit to them, while forbidding them to say how they practice—which is what the famous resolution amounts to—does not seem to have struck these sagacious upholders of ‘the freedom and dignity of the profession.’ The absurdity became still more glaring when their own Examiner in Materia Medica published a book in which a very large proportion of the treatment recommended was distinctly and undeniably homeopathic.”



The next tract will be a reprint of an article which appeared in *The Homeopathic Review*, exposing the vanity of Dr. Brunton's attempt to whitewash himself. We hope that both these tracts will be widely circulated all over the world. They cannot fail to recommend themselves to all lovers of fair play.

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## ORIGINAL COMMUNICATIONS.

### ARCTIUM LAPPA.

BY DR. NEATBY.

#### II.

THE case related in the previous number of this journal seems worthy to be counted a reliable proving of *Arctium* for the following reasons. There was no other cause obvious to which the symptoms ensuing upon the application of the burdock leaf could be ascribed. The case was not entirely like any recognized condition, and similar symptoms, in a much milder degree and less widely spread, had arisen on a previous occasion after the use of the leaf. If it be granted that the eruption was due to the burdock, it will also be allowed that the effect was specific and not local merely. For only thus could the appearance of the rash on the face be accounted for.

The literature of *Arctium lappa*, so far at least as a hurried investigation shows, is not very full.

The following description, taken from the New Sydenham Society's Lexicon, may serve as a general introduction. After giving a botanical description of the plant the article goes on to say: "It contains inuline, nitrate and carbonate of potash, and a waxy or oleaginous greenish substance, soluble in ether, which constitutes the basis of a secret remedy against baldness. The sudorific action of the root has led to its employment in cutaneous diseases, in the itch and in rheumatism. The decoction of the leaves is said to be very effective in allaying pruritus, and useful in cases of old ulcers and for patches of tinea. The seeds have been used as diuretics in calculus and venereal complaints. The plant is still used in Loiret (France) against the bite of serpents." Bentley (*Manual of Botany*) says: "The root is employed in the United

States of America in gouty, rheumatic, scrofulous, and other affections, and is reputed to be aperient, diuretic, and diaphoretic."

The greater part of our knowledge of the action of *Arctium* is derived from clinical sources. There are, however, two provings of the drug which may be referred to. One is contained in the appendix to Allen's *Encyclopedia*. The chief symptoms recorded are severe pain under the sternum and a fear of death, which however did not ensue. This may not be surprising when the dose is noticed. A few drops of the second dilution had been mixed in a tumbler with water. In the evening this tumbler was strongly rinsed out with water, after which the thirsty prover drank deep draughts from this poisoned vessel. Perhaps the rinsing potentized the medicine which remained adhering to the tumbler!

The proving of Dr. Mercer, recorded in *The Hahnemann Monthly*, March, 1883, is of a very different character. He took doses of a strong tincture night and morning for six days. There ensued first, numbness and tingling of the left foot, and dull gnawing pain, extending from wrist to finger ends, in the left hand. The same pain then occurred in the left knee, subsequently affecting the right hand. A sharp sticking pain occurred at intervals during the day in the right elbow. The pain in the joints was relieved by motion and aggravated by rest. The rest at night was troubled with dreams. Subsequently the hips became painful.

The head was affected with sharp shooting pain over the left eye, sometimes extending over the top of the head. Occasionally also sharp shooting and stunning pain was noticed, "as if struck with a hammer," at base of occipital bone, immediately behind the ear.

After an interval of a few days, Dr. Mercer took another course of *Arctium*. The same joint pains were developed, and there occurred, more prominently than before, colicky pains in the abdomen, a feeling of approaching diarrhea, and acute pain in the region of the liver.

In his account of the drug, Hale (*New Remedies*, vol. i., 1886) gives two symptoms as having been both caused and removed by the drug, viz., eruptions of the head, face, and neck, and profuse and frequent micturition.

The clinical uses of the burdock are nearly all foreshadowed in the pathogenesis. As early as 1758 Sir J.

Hill published a short treatise entitled, *The Management of the Gout with the virtues of the Burdock Root, &c.* London. Waring, in his *Bibliotheca Therapeutica*, characterizes this pamphlet as a "very superficial production." The author, who used it in his own case, says that though the remedy was "not regarded in the present practice," it was "safe and effectual in alleviating that disease" (the gout).

Dr. Mercer's testimony is that since proving *Arctium* he has frequently used it for the rheumatic pains recorded, and with good results.

The skin is perhaps the most prominent sphere of action of *Arctium*. Almost the whole of the clinical symptoms given by Hale refer to the skin. These are chiefly chronic eruptions: eczema, tinea capitis, erysipelas, boils and styes, moist bad-smelling eruptions on the heads of children, &c. A tendency to the formation of pus in these cases seems to have been present.

Previous to my own experience with the drug I was informed by a herbalist (who was condemning the use of minerals for skin diseases), that he could cure with burdock any case of eczema which might be brought to him. My own case shows its power to produce an affection very much resembling acute eczema.

The first case in which I used the drug was that of a lady who had long been troubled with uterine symptoms; "bearing down" was frequently but not constantly present. On one occasion she came to me with a papular and vesicular rash about the fingers and on the face. It was very irritable and was aggravated by washing.

More recently I have had three cases of troublesome and long-standing acne of the face (acne rosacea), attended with itching aggravated by washing.

*Arctium* 3 or 3x internally, with occasionally a dilute lotion of the same, has greatly relieved these, and indeed has so far cured them that they have discontinued treatment. One other case of papular rash about the sides of the face and rami of jaw, I have recently cured with *Arctium*. This patient was suffering from ovarian symptoms.

The burdock has long been used in domestic practice. It is said to be "good for old ulcers and sores" by Culpepper in an early edition (1653) of his amusing book.

The question of the action of the drug on the female pelvic organs deserves attention. I have been unable to

find any uterine symptoms ascribed to it in the pathogeneses. But the clinical use of it points to its having some such action. The authority (?) last quoted says, "Venus challengeth this herb for her own, and by its leaf or seed, you may draw the womb which way you please, . . . if you would stay it in its place apply it to the navel."

On two occasions the patient I referred to last month was speedily relieved of the sensation of pressure downwards in the pelvis by applying the leaf to the abdomen. I am unable to say if this patient had any actual uterine displacement, or what was the cause of her symptoms. A family connection of hers however informed me that she herself frequently got much relief from pain and pressure by the use of burdock. This person was afflicted with prolapsus. I was informed by an amateur lady herbalist of experience that this plant is frequently used with success both internally and externally for "falling of the womb." I understand by this that relief to some of the symptoms was obtained.

The patient I have already mentioned as being the first for whom I used *Arctium* has ever since (three years) suffered very much less from "bearing down," and other uterine symptoms. The rash entirely and promptly disappeared. She took the medicine for about three weeks. In this connection the following symptoms from Hale should not be forgotten, viz., "Profuse and frequent micturition" and "pain in the bladder after urinating." The chief analogue of, and consequently antidote to, *Arctium lappa* is *Rhus tox*. The similarity of their action on the skin and on the joints is very marked, extending in the latter case to the relief by movement.

The rash of *Arctium* is very like that of croton oil.

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## NOTES BY THE WAY.

By DR. USSHER.

### SUDDEN BLINDNESS.

At all times the disaster of sudden blindness comes with appalling severity, the more so if previous mishaps to vision made it a possible contingency. A gentleman came to my bedside past midnight in much distress. He had been playing chess after a hard day's work with his eyes, and suddenly the right became blank, a terribly serious

business for an accountant who had the ciliary operation with its ungainly mark on both eyes. There was pain, pink sclerotic injection, photophobia, intense mental distress. I did not go to the cypher repertory for help, for had I done so my own eyes would have come in for treatment, preferring to rest my faith in such a crisis on what I did know. Aconite was my choice, and the *Materia Medica*, physiological and applied, has a very distinctive justification for the selection. This was on Saturday night, and on Thursday my patient was overjoyed to find returned vision. Referring to Dr. Dudgeon's art I read, page 91, "symptom 510, sight almost gone. Transient loss of sight said, 'All is dark, I cannot see at all,' 515, quite blind after two and a half hours; vision returned after five hours." In the course of many years I have seen a few cases of sudden blindness, one remarkable enough, for she was the mother of the third patient. She had bad heart disease of right side, sclerotics and lips dark blue. The trouble with her was instant and remained hours; aconite always helped it—temporary pressure of circulation arresting vision. Her son never complained of it until the day of his death, when in broad daylight he requested the gas to be lighted. I did not attend him, but his sister told me of the occurrence, and that much blood was discharged from mouth and nose before death and after. In many cases of division of the ciliary muscle, vision seems to me poorly remedied, and it will be a glorious outcome of homeopathy when enlarged experience causes the operation to be discarded. A case of sudden blindness due to retinal hemorrhage from exposure to fire heat in summer was reported by me in Dr. Skinner's organon; the cure has been complete and permanent. Truly with the use of belladonna, sulphur, arnica, and aconite—not crude but potentised—we have something to be thankful for: eyes saved from sure destruction attest the value of infinitesimals. Experience cuts as keen as steel, and often enough outdoes the surgeon. It is no argument against a successful crusade that it is tedious. Polypi, enlarged tonsils, are all tedious, but they are amenable to remedies. For tarsal tumours and enlarged tonsils I would suggest the use of the remedy locally—the former in cerate, the latter in glycerine; and in acute tonsillar mischief I find a better result by doses every two hours one, pilule *Bar. Carb.* 12 night and day; and of this I feel certain, that a quicker repetition of

the medicines carries the fort all the sooner—sometimes I have seen the repetition of the remedy day and night, even against orders, do a vast deal more good than a day dose only. There is wisdom even in rebellion.

#### OPIUM POISONING.

One would think in these knowledgeable days that no allopath would dare to give laudanum to an infant. In my student days there was an all-round warning to abstain from such an act to every child of a year old. This child was only nine months to whom the mother had given the pernicious stuff, causing deep sleep after each dose. She became alarmed when the child convulsed and became blue in the nose and all over forehead, with veins prominent. Then she thought there was death in the bottle—it smelled strong of laudanum; the child was teething, and medicine was prescribed on that account. There seemed small chance of the child's life, and I said so. I am pleased to say, perfect recovery has taken place under the use of *Bell. 3x*. It was several days before the blueness of the face went down; and here we have an instance of an infinitesimal dose antidoting a powerful drug.

#### SCIATICA.

Here was a tedious case, if you like; months bad—now in the right leg, which is emaciated, now in the left shooting to the ankle, and all round the hip as well. The man worked at barge-building, and often got damp. *Rhus 12*, *China 12*, *Cal. Carb. 12* helped, and *Cimicifuga Rac* the back-pain. But it lamed him and returned again and again. One day I read Guernsey's "Key-notes," and got my clue under *Phos. Acid*, p. 147, "on the left hip and left thigh. A neuralgic or rheumatic pain from the gluteal muscles or hip-joint running down the leg to the knee, and often to the calf of the leg, or ankle, *which gets a little easier after walking*, but is still very bad." This quickly altered things, and he is nearly well. Guernsey's book is the outcome of a mighty experience, so pleasantly written and in such gentlemanly style that we can hardly suppose him to be a high-potency man.

Your printer makes awful mistakes: *post hoc propta hoc* ought to have been *propter*, and reminds me of a copy I once saw for a child's imitation—"A catterpillaw is a creeping animal." Not a doubt of it.

Lorne Villa, East Hill, Wandsworth.

## SOCIETY'S MEETINGS.

## ON DRUG ACTION.\*

BY JOHN H. CLARKE, M.D. EDIN.

THE first thing that we ought to impress upon our minds regarding the action of drugs is, that in its essence we know nothing whatever about it. We know that when we introduce into the human body a certain drug, certain results will follow; but just in what way these results are produced, and why they are produced and not others, we do not know. It is quite possible to take the results as we see them, and from them name the drug a "stimulant" or "depressant" of this, that, and the other organ, but in so doing we are only registering phenomena, and doing nothing to explain the essential action of the drug. The names are mere encumbrances, and we are much better off without them. When we say that *Opium* causes sleep, and retards all the secretions, except that of the skin, we say what is perfectly intelligible; and when we say that *Opium* is a narcotic, a stimulant of the skin, and a depressant of all the other secreting organs, we are only saying the same thing in language that is anything but intelligible. We have introduced a number of words which appear to mean a great deal more than they do, and are very apt to delude both those who use them and those who hear. How *Opium* causes sleep we do not know—for the very sufficient reason that we do not know what sleep is. To call *Opium* a "narcotic" does not help us in the smallest degree, but the very reverse. M. Thomas Diafoirus, in Molière's play, gave, in fact, the only answer he could give to his examiners, when asked the question why *Opium* caused sleep—"Quare est in eo virtus dormitiva"—Because there is in it a sleep-producing power. It looks very amusing, and as an "explanation" no doubt it is. If he had said "because it is a narcotic," nobody would have been amused. It would have passed as a highly scientific answer. In point of fact the latter is much more deserving of ridicule. It explains no more than the other the reason why *Opium* causes sleep. But it is dressed up in scientific garb, and the "very elect" are deceived by it.

The scientific mind is by nature always seeking out the

\* Read before the British Homeopathic Society, June 2nd, 1887.

causes of things—the forces and actions which underlie phenomena. It is not enough for the scientific mind to admire the beauty of the heavens, it must *know* also what all the movements of the heavenly bodies mean; it cannot be content to know that “one star differeth from another in glory,” it must also know the reason why. And as the result of this persistent questioning we have the science of astronomy as it is to-day built up by generations of philosophers. The science of astronomy has been built up through accurate observation of phenomena, and accurate reasoning on the data supplied by observation. There is just the same tendency among those who study the science of medicine, and that part of it which has to do with drug action. It is not enough to know that *Opium* produces sleep, we want to know also why and how. It is inevitable and right that this should be so. How far it is possible to receive any answer to our questionings is another matter. We must proceed on the sure lines of science and inquire.

To go back to our illustration. The astronomer of to-day, by reason of the researches of his predecessors, can map out the courses of the stars, can tell just how the heavens will appear at any future time, can weigh the stars and measure their distances, he can even tell of what they are made. But when he has done this there comes a point beyond which he cannot go. He infers that there is a force holding them all in their places and impelling them onward in their several courses. He cannot tell what that force is. He can measure its effects, and he can name it from those effects, but its essence he knows nothing of. He must be content to register phenomena and remain ignorant of what is behind them. If he were to take the name he has given to the force which he knows is there—gravitation—and then delude himself with the notion that in saying that gravitation was the cause of all the phenomena he had really added anything to our knowledge, he would be acting just as those do in our profession who think they explain the action of a drug when they say it causes “stimulation.” The word “stimulation,” like the word “gravitation,” represents certain phenomena, but explains nothing of what the forces really are that produce them.

In all scientific investigations it is necessary to have clearly before us the limits within which our research is confined,



and in what directions progress is impossible. We must proceed by making sure our ground at each step; we must know the nature of the materials we have to work with; and we should have some clear notion of what we can get out of them. In an inquiry into the action of drugs, there are several important points to remember at the outset.

(1) We have two factors: on the one hand there is the drug; and on the other there is the human organization.

Let us ask, in the first place, is there anything in a drug—a plant or mineral—which would lead us to suppose it capable of acting either poisonously or medicinally on a human being? Is there anything in its botanical or physical properties that would lead to the inference that it had any relation whatever to the physiology of man? There is absolutely nothing. It is a fact proved by experience—and a fact that could be proved in no other way—that there is a relation between plants and minerals and the human organism. Why it should be so, we cannot tell; and it would be idle to inquire. We take the fact, and this fact gives us foot-hold for our first step in the investigation.

We have got, then, to this point: there is a relation between drugs and the human organization. The “why” of it we must leave; progress is barred in that direction. We now come to ask “how?”

How do drugs affect the human organism? Before we attempt to answer this, we must make clear what we mean by “how.” “How” means two things—“in what manner as to effects?” and “in what manner as to action?”

To the former “how”—“what effects do drugs produce on the human organism?”—the answer is not doubtful. By the same experience which teaches us that drugs have a relation to the physiology of man, we learn what effects ensue when the two are brought into relation. And there is no other way. By experience we know that *Opium* produces sleep, and *Belladonna* delirium; and by experience only we know the special powers of each drug on the human organism. In this relation each drug has a character of its own, and the sum of its observed effects constitutes the portrait of each drug. And in this way the first “how” is answered. *How* do drugs affect the human organism? They produce when administered certain effects; and the sum of the effects observed to follow the administration of each drug constitutes the character of that drug as distinguished from all others.

But what should we say in regard to the second "how"? How do drugs produce their characteristic effects? Here we are compelled to pause. We are dealing with living beings and living tissues, and before we can answer this question philosophically we must, if we are to proceed according to the dictates of true science, answer the previous question, namely, "What is life?" We all know that this is a question that has not yet been answered. Answers have been given, it is true, and definitions have been framed, but no one has presumed to claim that his answer or his definition is satisfactory. In physiology, as in astronomy, we can go a certain way; we can register phenomena, and we can go behind one set of phenomena to another set and another. But there comes at last — and in no very long time — a point beyond which we cannot go. As we can infer a force of gravity, but cannot tell what that force is in its essence; so we can infer life, but what life is essentially we cannot tell. We must rest content with its phenomena.

That there are explanations of a certain kind in physiology I do not deny. Blushing and pallor are due to dilatation and contraction of minute blood-vessels; and this again is due to contraction or relaxation of the muscular element in their coats, or to increase or decrease of the heart's action; and again this may be due to impressions made by different emotions on the mind. But at every step we come to a point where we can go no farther. What is the nature of the impression which causes the blood-vessels to be relaxed? We cannot tell. We may call it "relaxant" or "depressant," but these words give no information; they only record the phenomena and do not explain them. And why should a feeling of shame produce one set of phenomena and a feeling of fear a different set? Again we do not know; and we learn nothing by giving the different effects different names. What we do learn is this, that behind all the phenomena there is a something invisible, intangible, imponderable, which we may for convenience call "force" or "life." What that "force" or "life" is we can only know as it appeals to our sense and our understanding in so far as our senses and our understanding can apprehend its effects. There is a difference between an ameba, or a white cell of the blood, at the moment when it ceases to respond to all outside influences, and at the moment before. What that

difference is neither chemist, physicist, nor biologist can tell us. All that can be said is that at one moment it was living and at the next it was dead. Something has gone from it; that something is what we call life. What we know of life is only its phenomena.

From this it follows that in the investigation of drug action, which deals with the peculiar powers of drugs in relation to the living organism, we must be content to limit our inquiry to the effects produced by drugs on the phenomena of life. We cannot really "explain" the essential action of drugs until we have explained essential life; for it is the action and reaction of the drug and the living organism that produce the phenomena. Here we find the characteristics of the different drugs depicted as in a mirror; and to attempt to learn their characters in any other way is about as sensible as it would be to cut a hole through a mirror or go round it in order to get at the image.

In order to appreciate how little we know of what life is, let us look for a moment at the difference between the two sciences of anatomy and physiology. Anatomy is a perfectly well-defined science, and about as thoroughly well understood as any science can be. It deals with the structures of the human body, their relative positions one to another, the size, shape, and appearance of each, and their structure. Anatomy deals with still life; it is studied on the dead body and dead tissues; it takes no cognizance of the changes that are taking place in the living body. Very rightly a knowledge of anatomy is insisted on in the schools as a matter of paramount importance. Here it is possible to *know*. But introduce the element of life. At once there is a marvellous change. Those tissues and organs that before we could watch at our leisure and describe in all their characteristics, have now a new element added to them that eludes the sharpest eye to trace, and the cleverest pen to describe. All is now unrest and change. A few steps in the series of changes we can trace; but in every direction we are being stopped by some impassable barrier. And if we do get beyond a barrier that seemed impassable once, it is only to find another beyond that. We can trace the food along the channels by which it enters the blood-vessels; but we cannot tell for certain how it is converted into blood. We can trace a connection between distant parts of the nervous system

and different organs and their functions, but we cannot tell how far the one is dependent on the other. We may think that by cutting the connection in a living animal we shall find out; but in order to do this we must violate the integrity of the organism and destroy the conditions which we wish to observe. The text-books of physiology with their endless conflicting theories can answer for this.

Passing from the reading of a work on anatomy to the reading of one on physiology, is passing into a different world. In the one science all is known, and the only differences among writers are differences as to the best description of what is. In the other science you cannot go a step but what some unanswered question meets you. And all these questions are one and the same question in innumerable forms—What is life? And all the interminable disputes among physiologists have arisen from the different answers each one gives to this question. For my part, I do not see how it is ever going to be answered. Certainly it will not be answered by the favourite methods of the present day—the mutilation of living animals. This only ends in the discovery of “centres” which have no objective existence, and in which few besides their “discoverers” believe—theories which only confuse vision instead of making it clearer. If physiologists would be content to state the facts that are definitely known in their proper sequence and relations, and put up signals to mark where our knowledge fails, physiology would not be the limbo of conflicting views and exploded theories that it is; but physiologists will not be content to do this. The unknown ground they label, according to some theory, with a word which means nothing though it seems to mean much; and then there is a battle royal over the label, and according as one sect prevails over another, the standard label of the victorious party is raised, and that of the others torn down. To-day it is the Archæus of Van Helmont that explains everything; to-morrow the “Internal or concealed spirituous or nervous man which governs the whole machine” of Bërhaave; then it is Haller’s label, the beautiful, simple, and terse label of “Irritability”; again it is Cullen’s “Excitement of the Nervous System”; and again Brown’s “Excitability.” There has been bloodshed over some of these labels, and yet I think you will see that they all amount to exactly the same thing, namely, that there is something underlying all the phenomena of ani-

mated nature that we have not fathomed, and which our faculties are not sufficient to enable us to fathom, but only to observe its manifestations. Nor is it necessary that we should be able to fathom all the mysteries of our being. We live in a world of appearances, and if we were able to penetrate to the forces beneath, it might render the work of life more difficult instead of easier. Though we know that the earth goes round the sun instead of the sun going round the earth, we still speak of sunrise and sunset, and live as if the sun did actually rise and set, as our forefathers lived, who knew no better. And so it seems to me that we should be no better able to cope with disease if we could solve the problem of the mystery of life. At any rate we have something to work on in the phenomena of life, and, as sensible people, we are bound to take them and make the best of them, without crying for what we cannot reach, as children are said to cry for the moon. It may be that the best use of the phenomena at our disposal is the best use that is possible for us.

It was necessary for me to speak at length on the subject of physiology because the delusions of the physiologist have of late years been imported wholesale into the study of the action of drugs. A new science\* has sprung up—the science of pharmacology; and pharmacology is the physiology of drug action. Or, to put it more exactly, it is the effect of drugs on the physiology of animals. It is the physiology of animated beings disordered by drugs, as pathology is the physiology of animated beings disordered by disease.

The modern physiologist derides the notion of the Archæus, or the spiritual man; and sometimes he denies the existence of any immaterial force underlying the phenomena of life. He uses the word "vitality" because it is convenient; but he explains it as meaning the sum of the forces appertaining to the various organs and tissues of the body. He regards the material part of the body as secreting, so to speak, the immaterial part. The word "evolution" is looked upon as a sufficient explanation of all that is mysterious; and the practical deduction drawn from these premises is, that there is no part of the animal organism that is beyond the power of the human intellect to investigate and understand. All is explainable, and

\* "Pseudo-science," I should have said. The true science of pharmacology is that expounded by Hahnemann, as stated below.—J. H. C.

explanations are to be sought for everything. The facts of life have come to be of much less importance than the explanations, each explainer being ready to fight to the death for his own particular one.

This passion for explanation finds ample scope for its indulgence in the new pseudo-science of pharmacology. Drugs produce certain effects; it is not enough, they say, that we should know this, we must find the explanation. If we suggest that the pure effects of the drug must be observed on the entire organism, they reply (as one of them did to myself), "The problem presented by the effects of a drug on the entire organism is too complicated for us to understand, and we can only arrive at a definite knowledge of the action of medicines by experimental analysis." But surely the only *definite* knowledge we can have of a drug's action is a knowledge of its effects—and that we can know perfectly well. Any knowledge obtained by "experimental analysis"—by which my correspondent meant vivisection—the cutting up of animals into small pieces and observing the effect on each separated piece—any knowledge of this kind is merely a knowledge of effects—effects of the drug *plus* the effects of mutilation. Pharmacologists think otherwise. They have a few words with which they delude themselves and the medical world, such as "centres," "depression," "stimulation." These words mean nothing more than that when you do certain things to certain parts certain effects follow, and according as the effects are of a certain kind, "stimulation" is said to have taken place, and when of another kind, "depression," and the part of the nervous system supposed to be acted upon is called "centre." It is merely the translation of observed effects into terms of "stimulation," or "depression" of "centres."

(To be continued.)

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RESORCIN IN ULCERS OF THE LEG.—In painful ulcer of the leg resorcin, in some cases, according to Stelwagon, acts admirably. In five of the six cases recorded, pain was almost instantly allayed; and in one a complete cure resulted. In four cases improvement was noted, but healing only progressed to a certain point. In the sixth case, marked aggravation followed. The resorcin was employed in strengths varying from 8 to 12½ per cent., the ointment being kept constantly applied, and renewed usually twice daily.—*Medical Press*, No. 11.

## INSTITUTIONS.

### LONDON HOMEOPATHIC HOSPITAL.

#### ANNUAL GENERAL MEETING.

THIS assembly took place at the Hospital on the 30th of April, under the presidency of Lord Ebury. The Chaplain (Rev. Dacre Craven) having opened the proceedings with prayer, the Thirty-seventh Annual Report of the Board of Management was read by the Secretary (Mr. Cross).

This report opens with the result of the inspection of the Hospital on the 9th of March by Dr. Hamilton and Dr. Yeldham. After expressing their full satisfaction with the condition in which they found the Institution, they say :

“Remembering, as we do, the humble birth of the Hospital nearly forty years ago in a modest hired house in Golden Square, affording scant accommodation for twenty-four beds, we need hardly assure the Board of the pleasure it gave us to inspect it in its present position as a well-grown freehold hospital of close upon one hundred beds, with all means and appliances to boot ; and, above all, with its finances in a sound and satisfactory condition. Considering the difficulties the Hospital has had to contend with from the first in rearing its head as it were in a bitterly hostile country, with foes to the right, foes to the left, and foes in front of us, they may possibly be regarded as a state of things of which the Board of Management, and all friends of the Hospital and of homeopathy, may be proud, and which, we trust, may be taken as an augury of steady progress in the future.”

The board then refers to the opening of the Bayes Ward for men, and gratefully acknowledges the support of many generous donors, and that received by them at the Bazaar during last summer, and at the Fine Arts Distribution at Christmas, in providing a fund for the maintenance of the new ward.

The following passages relate to the increased number of patients in the Hospital and to the consequently increased expenditure incurred in maintaining the Institution.

“The board has before reported that the number of patients receiving the benefits of the Hospital has for some years past been progressively increasing. The year under review shows as regards in-patients an advance even on the numbers of former years, while the number of out-patients is about the same as the high total of last year. The number of in-patients has been 711, the highest total of any year of the Hospital's history, and a most significant advance on the total of 586 five years ago. This steady increase is of course due not only to the increasing

reputation of the Hospital, but to the increased ward accommodation, and augmented income which the generosity of the friends of homeopathy has provided.

“The following table shows the progressive increase of in-patients during the past five years :

1882-3	1883-4	1884-5	1885-6	1886-7
487	543	656	675	711

“The number of out-patients has been 8,824 against 8,844 in the previous year.

1882-3	1883-4	1884-5	1885-6	1886-7
7,467	8,404	9,007	8,844	8,824

“The marked increase in 1884-5 being due to special and temporary causes.

“The greatly increased number of patients, and the operations of the Hospital generally, have naturally led to increased expenditure, and on account of this increase, together with loss of subscriptions through death and other causes, the Hospital has for the first time for several years closed the year with a deficit on the current account.

“The current income has been £4,500 18s. 5d., the current expenditure £4,938 17s. 2d. The deficit is not large, but if the extended work be maintained as the board propose, it will become during the next year a source of anxiety and retarded progress.

“It has been temporarily met by indebtedness to the invested funds, and should in the course of next year be made good. The increased expenditure has been entirely in the items under provisions and household expenses.”

Into this increase the board in the latter part of the year appointed a special committee to inquire. The committee, although they fully recognized the marked character of the advance, looked to the augmented work accomplished, and could not report that it was excessive or due to preventable causes. Nor could they recommend any means for its immediate reduction which would not impair the usefulness and efficiency of the Institution. Their report is summed up in the following terms :

“On the whole the committee are of opinion that the increase in the expenditure is such as reasonably and fairly follows the increase of persons' maintenance, and they are satisfied that the general provision for the patients and the Hospital work is of a superior kind to that made in former years. That the dieting and personal comforts of the patients are more considered, and that the consequent expenditure results in the home-likeness of the wards, and the satisfaction and more rapid recovery of the patients.”



The Nursing Institute has made great progress during the year. The average number engaged in nursing having risen from 16 in 1885 to 21 in 1886, while the receipts from this source of income have increased from £1,185 in 1885 to £1,651 in 1886.

The Hospital Sunday Fund provided £197 18s. 4d., as against £138 19s. 2d. in the previous year, and the Hospital Saturday Fund £82 4s. 5d., as against £75 10s.

During the year legacies to the amount of £2,617 12s. 10d. have been received, and one of £500 from the late Mr. George Fielder has been reported. These sums are all invested, and so constitute a permanent source of income to the Hospital.

The changes in the Board of Management and the Medical Staff are recorded, and the deaths of Dr. Neville Wood, Dr. Torry Anderson, and Dr. Matheson are noticed with regret.

The next passage is especially interesting, and we quote it entire :

“The facilities afforded by the Medical School to practitioners and students desirous of gaining a knowledge of homeopathy, *Materia Medica*, and *therapeutics*, have been freely used during the year by inquirers into homeopathy, and although the lectures have been temporarily discontinued, yet the number of students and medical practitioners attending the practice in the wards and out-patient department has maintained the character of the Hospital as a centre for the diffusion of a scientific knowledge of homeopathy. As in former years these students have come, not only from various parts of the United Kingdom, but also from the United States and the British Colonies. The board believe that few medical men or students visit England from the United States without availing themselves of the cordial welcome extended to them at this Hospital.

“The Annual Hahnemann Oration was delivered by Dr. J. H. Clarke, on October 5, 1885, the subject being ‘The Revolution in Medicine.’ The oration has since been published.

“The usual arrangements have been made for providing, during the ensuing summer and winter sessions, lectures on the ‘Principles and Practice of Medicine,’ by Dr. Dyce Brown; on ‘Clinical Medicine,’ by Dr. J. Galley Blackley and Dr. J. H. Clarke; and on ‘Materia Medica,’ by Dr. J. H. Clarke; and for the delivery of the Annual Hahnemann Oration at the opening of the winter session in October, by Dr. J. Galley Blackley.”

It will be with much interest that we shall look in the report of next year for the number of lectures delivered during the summer and winter sessions for which “the usual arrangements have been made for providing.”

Major Vaughan Morgan's prize of twenty-five guineas for the

best essay on Medical Treatment, awarded to Dr. J. W. Hayward, and its distribution to the extent of 25,000 copies among medical men, is next referred to, and the gratification of the board is expressed at the various evidences they have received of a spirit of inquiry into homeopathy having been excited by this step.

The endowed and *in memoriam* beds we are glad to learn are increasing in number. The "Neville Wood," the "Torry Anderson," and the "Daniel Bax" beds have each during the past year been endowed by the sum of one thousand pounds having been contributed to maintain each. In addition to the beds endowed by Miss Durning Smith, this philanthropic lady has undertaken the maintenance of three beds in the Bays' ward.

The great need of a Convalescent Home, especially for the inmates of the Children's ward, is dwelt upon in the report, and the several large donations made to it are mentioned. The Concert in aid of the proposed home, which at the time the report was issued was looked forward to, is also mentioned. Of it a full account appears in another part of our *Review*.

With deep regret the board allude to the death of Miss M. C. Alexander, who was one of the most valued and devoted of the lady visitors of the Hospital.

The thanks of the board are finally presented to the honorary solicitor, architect and chemists, and to the lady visitors, and with a prayer for a continuance of the Divine favour and of gratitude for the prosperity and usefulness of the institution the report concludes.

Lord EBURY then said that it became his duty, as it had so frequently done before—(cheers)—to move that the report which had just been read should be adopted. It spoke so fully and eloquently for itself that he did not know what he could say in addition to it. A more gratifying report no hospital he knew of could render, and he felt that anything he could say would only injure the effect of it. He would therefore merely but strongly recommend it to their notice and adoption. It must greatly increase the pleasure that every well-wisher to homeopathy must feel, that after thirty-seven years' existence in the face of so much opposition the Hospital was in so flourishing a condition. Originally they had been bombarded from all sides. Every effort had been made to extinguish them altogether. But they had existed through it all, and had gone on growing in public support and confidence and in utility to the suffering poor. (Cheers.) Byron had said that "Corinth was formed from freedom's hand," and it really seemed as if a similar sentiment would be true of homeopathy, for it appeared after all those years of oppression they were

at last to see something like freedom in the practice of medical science. (Cheers.) Not only had the Hospital gone on increasing, but the principle of liberty of science appeared to be spreading also. He had recently heard of such a place as the Infirmary for Consumption in Margaret Street, where it appeared that the subscribers were resolved that the minds of their medical men should not be in any way fettered, and where an attempt to smother free opinion had been promptly defeated. So that their boundaries might be said to extend from Great Ormond Street to Margaret Street, to the great mortification of certain people who were unhappily opposed to the principles they so strongly advocated. To return to their Report, there was only one thing in it which he was sorry to hear—namely, that there was a deficit. He had, however, as they all had, great confidence in their treasurer—(applause)—Major Vaughan Morgan, who, he thought, was equal to any emergency in the financial way. Lord Sherbrooke, when Mr. Lowe, distinguished himself by the ingenuity with which he created taxes to make up any deficiency. But when funds were “urgently needed” he certainly thought Major Vaughan Morgan quite equal to Mr. Lowe. Then it had given him great pleasure to find that there were on the board gentlemen who were concerned in the management of other Metropolitan Hospitals. It was their desire to live in the greatest possible amity with all the other Hospitals, and even all the other doctors—(hear, hear)—they were anxious to put the best construction even on opposition. All that they felt obliged to do was to correct the errors made as to homeopathy, and to repel the statements sometimes made against homeopaths. His lordship, continuing, said how pleased he was to see so many bonnets in the room, for the ladies were often the mainstay of good and charitable work. As for himself, he thanked God that he had been permitted to be with them that day. He had endeavoured to do his duty by attending, and in any shortcoming, he hoped they would take the will for the deed. He could only say, that if spared for another year, he would still try and preside at their next annual meeting. (Loud cheers.)

Major VAUGHAN MORGAN said it devolved upon him to second the adoption of the report which had been drawn up by Mr. Cross, and he fully concurred in all that Lord Ebury had said about it. It was a very able report, and Mr. Cross ought to have full credit for it. Now, in looking over the report of a meeting of the governors of University College Hospital he had been struck by a remark made by the Chancellor of the Exchequer, who presided, who had specially deplored the falling-off in legacies. He thought that taught them a lesson. The Homeopathic Hospital was fortunately growing in legacies. And he thought the explanation was this—nearly all hospitals

use legacies as current income. The Homeopathic Hospital did not spend those exceptional windfalls, but invested them—thus making them a source of constant income in the future. Many friends willingly left money to the Hospital knowing that they were actually forming an investment, the interest only of which was spent, the capital remaining intact. There was another feature of the University College Hospital which struck him as wholly admirable. They had a working classes' fund, and the working classes had a representative on their board. It was right that the working classes should subscribe to hospitals, and right that if they subscribed substantially they should be represented on the management. Lord Ebury had referred to their deficit with some jocularity. He, as treasurer, took a serious view of it. (Laughter.) The balance-sheet showed some £200 at the bank, but they only had that amount in hand by keeping back £600 of money they were bound by the laws to invest, and which must be invested. They were really, therefore, £400 to the bad. He was thankful to be able to say that it arose largely from natural causes—that is, to a large extent from the death of old subscribers. It was, nevertheless, a source of anxiety, because while they had lost a number of subscribers of five and ten guineas annually, they had not recently made new subscribers of such amounts. There was, however, one very encouraging feature—namely, that the receipts from nursing fees were £500 more than in the previous year. (Cheers.)

Lord EBURY, interposing, said he was not surprised at that increase, for if he was to argue the qualities of the nurses from the nurse who was sent to nurse him, their nurses were most invaluable. She did her duty most admirably, and gained almost the affection of those with whom she came in contact in his house. At his son's house also she did even more arduous duty, and did it so well that her departure—when her services were no longer required—was quite regretted.

Major VAUGHAN MORGAN was glad Lord Ebury had borne that testimony, and few people knew what an inestimable blessing it was to have one of the Hospital nurses to attend cases of sickness occurring in one's house. He would now refer to a special effort which had been made in connection with the Medical School—the issue of the Prize Essay. Twenty-five thousand copies of Dr. Hayward's Essay had been printed and circulated, and many letters of inquiry and personal investigation had resulted, showing that the publication had awakened a disposition on the part of many medical men to look into the important subject of homeopathy. Turning to the New Ward, named after the late Dr. Bayes, he was glad to say that, thanks to the generosity of many friends, it was in working order.

Miss Durning Smith, with her usual munificence, maintained three beds at a cost of £105 a year, in addition to the six beds already endowed by her. (Cheers.) From a new source had come another valuable suggestion—namely, that a bed should be endowed by various friends in commemoration of this year of Jubilee. The endowment of a bed cost £1,000, and a lady had suggested that 200 subscribers should contribute £5 each, making up that sum. That was a suggestion very agreeable to him as treasurer, and especially as the lady had herself started the list. (Hear, hear.) But another effort pressed more immediately for their energies. Twelve months ago it was announced that the Duke of Westminster had kindly granted the use of Grosvenor House for a Concert in aid of the Hospital Funds, to take place on Saturday, May 28. Now, the want of a Convalescent Home associated with the Hospital had long been a pressing one; and after mature consideration it had been decided to devote the proceeds of that concert to that object. The project now came before them in a very encouraging light. An ever-generous friend of the Hospital had expressed her willingness to contribute a thousand pounds. (Loud cheers.) Other friends had contributed sums of £100 and £50 each, while some had collected various sums from their own circles. In addition, the Convalescent Home, conducted for the past twenty years by Canon Kingsbury and his sister Miss Kingsbury, at Hastings, had been offered as the nucleus of the Convalescent Home of the Hospital, Miss Kingsbury continuing her present handsome annual contribution to its funds. The matter was still *sub judice*, but it certainly wore a very favourable aspect. Lord Ebury had referred to the affairs of the Margaret Street Infirmary, of which, of course, they could take no notice officially. The facts simply were that some of the allopaths at that Hospital took it into their heads to attempt to boycott two members of the medical staff of that Institution who had been for a long time past practising homeopathically. That was resisted, and successfully, and now that staff is composed, as before, of allopaths and homeopaths, as standing testimony to the possibility of amicable co-operation. (Cheers.) The victory was not won without some threatened danger—more imaginative, he hoped, than real—but to protect the Institution against it, he had collected from members of the Board and other friends a sum of £70, which more than made up any loss the Infirmary had sustained. Merely adding that both the Hospital and the cause of homeopathy were in a prosperous and promising condition, he had great pleasure in seconding Lord Ebury's motion for the adoption of the annual report.

The motion was then put and carried.

Dr. DUDGEON had great pleasure in rising to propose a vote of

thanks to the Board of Management, the house committee, the treasurer and sub-treasurer, and felt that he could not do so better than by referring to the position of the Hospital, which he thought the best in London. There was no debt to speak of—certainly none which seemed to cause the Board anxiety, and that was owing to the excellent financial management. The President (Lord Ebury) and the treasurer (Major Morgan) had alluded to the victory at the Margaret Street Infirmary. That infirmary was a very ancient affair—in fact, the original of the Hospital for Consumption, at Brompton. It had not been in a very flourishing condition of late years, but still was very respectable in point of age and the number of subscribers, the great majority of whom would not be lost, as the laity were not very anxious to support tyranny in the medical profession. The infirmary was now conducted on pure principles of medical liberty. The oldest member of the staff, who was not a homeopath, had yet stood by medical liberty—(hear, hear)—and as he had worked harmoniously with his colleagues for many years, there did not appear any reason why he should not do so for many years to come. Dr. Dudgeon then formally proposed his resolution.

Dr. CLARKE had much pleasure in seconding.

Mr. BENNOCH said he had been rather suddenly asked to return the thanks of the officers named in the resolution for the compliment paid to them. He came on the Board originally at the request of one of the members of the staff, and not only was he able to admit that the Board gave great attention to the work of the Hospital, but he could testify to the excellence of the nursing arrangements, as he had gone through a considerable illness and had been most admirably nursed by one of the nurses sent by the Hospital. He had been for more than forty years a Governor of St. Bartholomew's Hospital, and for many years on the Board of University College Hospital, and could therefore testify that the Hospital work was carefully and thoroughly done. Only three days before the meeting a friend had called upon him from the United States—one whose father was the founder of homeopathy in New York—and as he wished to see something of the Hospital, he sent him with a note to Mr. Cross. Now his report was this—that the Hospital was admirably conducted, and that he had never seen a Hospital so like what a hospital should be, and that the patients seemed cared for just as if they were one large family. As to the Margaret Street Infirmary, the absurdity of the opposing attitude was this—the gentlemen whose retirement had been sought for were really allopaths on joining that Hospital; their experience led them to try homeopathic methods; they found their patients got well in a marvellous way, and they adopted the new treatment.

That was always the way in which homeopathy spread, and they could safely trust it to the future, especially with such an advocate as the distinguished treasurer of the Hospital, Major Vaughan Morgan, whose adherence to homeopathy was most energetic. (Cheers.)

Mr. CHAMBRE then said the resolution which he had to propose for acceptance, was that the following members of the Board—the Earl of Denbigh, Colonel Clifton Brown, Mr. Chambre, Mr. Debenham, Mr. Prescott, Mr. Crampert, and Mr. Trapmann, who retire in rotation but are willing and eligible to serve again, may be re-elected. He had some diffidence in proposing this list, as it included his own name, but that was an accident for which they would, perhaps, hold him excused. He ventured to draw attention to two facts—one which has been already touched upon by the noble President, the chairman, that is, that members of our board are also engaged in directing the destinies of other hospitals—allopathic hospitals—and the other the length of time during which many of the members of the Board of Management have served thereon. As to the first, he would point out that Mr. Debenham is on the Board of the Middlesex Hospital; Mr. Bennoch—as he said just now—has held a corresponding position at Bartholomew's for forty years, and is also on the Board at the University; Mr. Tinne at St. George's; Mr. Oliver Bryant at the Margaret Street Infirmary, as to which they had heard somewhat to-day; and Mr. Ridley Bax, at Charing Cross Hospital. Now, he thought this was a matter of congratulation, because the Board derive the advantage of the experience gained by these gentlemen in other but corresponding spheres of action, and because, as it appeared to him, it proved how open-minded and free from bias and prejudice these members were. Then with regard to his second point, one of the gentlemen, the re-election of whom they were asked to confirm to-day, Mr. Crampert, had served on the Board of their Hospital, and taken a very prominent part for upwards of twenty years; Mr. Slater and their popular treasurer (Major Vaughan Morgan) about seventeen years; Mr. Pite, Mr. Rosher, and himself about fourteen or fifteen. He thought that showed that the London Homeopathic Hospital was one which attracted and retained the interest and affection of all who became members of the Board of Management. As part of the above resolution, he had also to ask them to confirm the election to the Board of Mr. Tinne, Mr. Oliver Bryant, and Mr. Ridley Bax, and the re-election of the auditors, Messrs. Prideaux, Booker, and Frere.

Mr. FREDERICK ROSHER seconded the resolution, which was carried *nem. con.*

Mr. SLATER moved a vote of thanks to the Medical Staff, and did so with great pleasure.

Sir JAMES ALEXANDER seconded the vote, which was unanimously carried, and replied to by Dr. J. H. CLARKE.

Mr. HARDING then proposed, and Mr. BENNOCH seconded a vote of thanks to the Lady Visitors, the Honorary Architect, the Honorary Solicitor, and Honorary Chemists.

The Rev. DACRE CRAVEN replied on behalf of the Lady Visitors, who, he said, always felt it a great privilege to visit and comfort the sick. They took great pleasure in their work, and afforded great solace to the inmates of the wards.

Mr. B. L. COHEN said he considered it a high privilege that on the first occasion he had attended a general meeting of the Hospital the Managers should have entrusted to him what was a most important resolution—a resolution of sincere thanks to their honoured, venerated, and noble President. (Loud cheers.) They all honoured Lord Ebury for his long, unwavering adherence to homeopathy and the Hospital through times of protracted difficulty. If any one wished for evidence in support of the truth of homeopathy, he would say, “Look to our President”—(cheers)—whose vigour and cordiality and genial influence were in themselves energetic proofs of its usefulness.

Major VAUGHAN MORGAN seconded the motion, and in referring to the great qualities and valuable service of their president, Lord Ebury, said that the Homeopathic Hospital had no better friend. (Loud cheers.) Thanks to homeopathy, there he was, full of honoured years and in good health. He sincerely hoped that they would see him in his wonted place for many years yet to come. (Applause.)

Lord EBURY said he was most grateful to them all, and no words of his could express the gratification he felt at their appreciation. He was very sensible of the honour they did him, and very sensible of the kindness of their terms. Major Morgan had told them that he was a good friend to homeopathy, but they all knew what the Major himself had done for the cause of medical progress and for the Hospital. (Hear, hear.) He would only say that it gave him great pleasure to attend their meetings, and if God spared his life he would attend again next year. (Cheers.)

The meeting then separated.

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### “ASILE ALIX LOVE.”

(Translated from *L'Art Médicic*, May, 1887.)

OUR friend, Dr. James Love has founded, in memory of his mother, a dispensary for children, situated in Rue Ordener, in a very populous quarter of Paris, quite devoid of homeopathic therapeutic resources.



The establishment is most carefully arranged, and comprises, besides waiting-rooms and consulting-rooms for physician and oculist, a medical gymnasium, baths and douches.

The results of the first year have been most encouraging.

The medical consultations (Dr. James Love), which take place at 9 a.m. daily, reached—from January 25, 1886, to January 25, 1887—the figure of 18,047.

The eye consultations (Dr. D. Parenteau), held on Monday and Wednesday, were 2,759.

The dentist (M. G. Bilbant), who attends on Thursdays, saw 748 patients.

Vaccinations were performed on Saturdays. 485 children were vaccinated with calf vaccine. Total consultations, 21,984.

The medicated baths given were 1,560; the salt baths (mother-liquor of Croisic), 2,888.

Such are the results of the first year of existence of the Alix Love Dispensary. Everything tends to show that the future will see these figures increased when the devotion of the medical officers will find a still larger number of applicants to relieve. We are happy to give here to our friend Dr. James Love a testimony of our sympathy with the great work he has undertaken.

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#### WARD'S ISLAND HOMEOPATHIC HOSPITAL.

DR. T. M. STRONG has issued the Twelfth Annual Report of the Ward's Island Hospital, of which he is chief of staff. This hospital is a State institution, and is officered entirely by homeopaths. It has four consulting physicians, fifteen visiting physicians, six visiting surgeons, and an ophthalmic and aural surgeon. And these gentlemen have no sinecures, for there were close upon 400 patients in the house on January 1st, the total number of in-patients treated during the year being 8,788. Of these, 1,487 were discharged cured, 1,899 improved, 176 unimproved, and there were 279 deaths. The report is accompanied by admirable tables, showing the nature of the diseases treated, and also by a table showing the daily cost of each inmate.

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#### HOMEOPATHIC CONVALESCENT HOME.

THE want of a Convalescent Home in connection with the London Homeopathic Hospital has long been felt, and the Board of Management have decided that a fund for the purpose of establishing one would be the most appropriate Jubilee effort on the part of that Hospital, and of the large and increasing

number of those who have benefited by the Homeopathic system, and who desire to confer its advantages on their poor and suffering fellow-creatures. The object of the Institution is to provide, at the seaside, a Temporary Residence for the Convalescent and Debilitated Poor, whose complete restoration to health is impracticable in a Hospital Ward, or at their own unhealthy and ill-provided homes, but may be speedily effected by pure air, rest, and nutritious diet.

It is almost unnecessary to point out the advantages to be derived from change of air and nourishing diet, especially for children recovering from illness. In our large cities the mortality amongst children is very great, and in many cases it is believed that a short residence in a Convalescent Home would be the means not only of prolonging life, but of permanently benefiting the constitution.

It is proposed to establish this Homeopathic Convalescent Home at St. Leonard's-on-Sea or Hastings, the Board having been so fortunate as to receive the gift of a Home, comprising thirty-six beds, and in full working order, at the latter favourite health resort. Although Convalescent Homes abound, there is not one devoted to Homeopathic patients, except this private one, which was established twenty-one years ago by Canon Kingsbury, in conjunction with his sister, Miss Kingsbury, for women only, and which is now generously offered as the nucleus of a more important Institution.

The Home will be for the reception of (a) convalescent men, women, and children who have been treated in the Wards of the London Homeopathic Hospital; (b) nurses of the Hospital who require rest after severe nursing duties; and (c) such other persons in need of rest and change of air as Subscribers and Donors to the Home may recommend.

It is proposed that Annual Subscribers of One Guinea, and Donors of Ten Guineas, shall have the privilege of recommending for admission one patient yearly, with proportionate advantages to larger Donors and Subscribers. Donors of Thirty Guineas shall be Life Governors, with the privileges of Annual Subscribers of Three Guineas.

The Endowment of a Bed in the Home—entitling to have one bed always at disposal of the Donor, absolutely free of any payment by the patient—will be £1,000, or by Annual Subscription, £50. It is further intended to name the Wards in memory of the larger supporters of the Convalescent Home.

In accordance with the necessary custom of other Convalescent Homes, patients will contribute a small weekly sum in aid of their maintenance.

The Home will be under the control of the Board of Management of the London Homeopathic Hospital, assisted by a Consul-

tative Committee of Ladies in London and a Local Committee at St. Leonard's.

The Board of Management trust that this new development of the work of the Hospital will receive the same cordial support which has already brought the Institution to a gratifying state of progress.

G. A. Cross, Secretary.

Donations and promises of future support may be sent to Major Wm. Vaughan Morgan, Treasurer and Chairman, 5, Boltons, South Kensington, or to G. A. Cross, Secretary, at the Hospital. Cheques and Money Orders should be crossed "Prescott & Co."

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## REVIEWS.

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### MOXON ON THERAPEUTICS.\*

THE papers in this little volume, published posthumously, are not posthumous papers; that is to say, they have all been published before in different periodicals, and are here collected together in one volume. The impression left on our minds by their perusal is not an altogether agreeable one. Dr. Moxon seems to have been animated by the spirit of negation. His is essentially the *Geist der stets verneint*. The very pseudonym he adopted, *Pilocereus senilis*, is the botanical name of a kind of cactus, a prickly plant, a sort of vegetable hedgehog, very suitable to an author who administers his sharp stabs impartially all around on friend and foe alike. He runs amuck at everything and everybody that tends or intends to make of medicine a science. We might except from this universal disparagement John Hunter, whom he emphatically approves of; but we cannot allow that he is right in his conception of Hunter, that he was unlike our modern biologists and physiologists, who collect biological and physiological facts for their own sake, and quite apart from any ulterior object, "accumulate fact-heaps" as our author elegantly expresses it, whereas Hunter's one aim in his manifold experiments and laborious researches was the improvement of surgery. Every one who knows anything about Hunter knows that this is quite an erroneous estimate of his work; that, in truth, Hunter's investigations were not mainly directed towards the purposes of surgery, but that they were pursued for their own sake, and if any of his physiological observations were useful to surgery, that was what our German

\* *Pilocereus senilis, and other Papers.* By Walter Moxon, M.D., F.R.C.P. London: Sampson Low, 1887.

friends call *Nebensache*, purely accidental as it were. Hunter was before everything a physiologist, and not merely an experimental physiologist like so many of our modern scientists, but he dealt largely in hypotheses and theories. It was indeed from Hunter that Hahnemann evidently got the hint of his theoretical explanation—or one of his theoretical explanations—of the homeopathic cure, as Dr. Frédault pointed out; that, namely, where he says that the similar medicinal disease extinguishes the natural disease by substituting itself for it. Judging by the contemptuous terms in which Dr. Moxon alludes to the results of all modern medical investigations, it seems to us that if Hunter had been a contemporary in place of an ancient, Dr. Moxon would have sneered at his methods and theories as he sneers at the labours of all living and most dead medical scientists.

That the author denounces homeopathy and all the “opathies,” is what we might expect. He calls it a “disreputable blot on modern medicine,” but it was easier and doubtless more popular with the audience of medical students he addressed to call names than to disprove by argument or experiment; and we may console ourselves with the reflection that he is equally abusive of the systems of the dominant sect to which he nominally belonged, and which he must be credited with understanding, whereas he shows that he did not understand, and had never taken the trouble to investigate, the homeopathic system.

He says pathology is “the noblest branch of medical science,” but “it is not of much good for healing the sick.” Therapeutics apparently is equally valueless for healing the sick. The regulation “doses three times a day,” according to him, do about as much towards the cure as “the little yells a group of sailors make in time when they are hauling hard on a cable” do towards making the cable come along. As regards the so-called “rational system,” he says, “if it be the pride of medicine, it has been the fatal curse of patients who have been hurried into the next world with the lancet or brandy-bottle on rational principles.”

“Do not,” he says, “be too scientific. And this is why: because you will have to deal more with the unknown than with the known, and science is extremely bad at dealing with the unknown.” How encouraging for our earnest students of science!

With an affectation of learning which is not justified by its possession, and with a bold use of logical terms which, though misapplied, will serve to throw glamour in the eyes of the unlearned medical student, Dr. Moxon inveighs with all the might of his sarcastic and vituperative eloquence against the deductive, and extols the inductive method in medicine. “Irrational deduction,” he says (though how deduction can be

irrational when it is of the very essence of reasoning \* we are unable to conceive), "irrational deduction has been the curse of medicine in all ages." It is, he alleges, responsible for the erroneous doctrines of Brown, Rasori, Broussais and Hahnemann. But it is very different with the *inductive* method, which, though it has not yet done much for medicine, promises everything for its future progress. As instances he mentions: "Such inductions as that quinine cures ague, iodide of potassium cures tertiary syphilis, tarry preparations cure scaly eruptions, are the best stock of even nineteenth-century medicine." A miserable outcome at best, and not true instances of induction at all. For quinine does not cure ague, nor iodide of potassium tertiary syphilis, nor tarry preparations scaly diseases. The most that can be said for these examples is that quinine cures some form or forms of ague, iodide of potassium some forms of tertiary syphilis, and tarry preparations cure—hardly that, relieve the itching of—some scaly eruptions. The fact is, every true medical doctrine must be both inductive and deductive. *Inductive* in observing facts and on the basis of them establishing general principles; *deductive* in applying to new circumstances the premises ascertained by induction from facts. Homeopathy differs from every other medical doctrine in being at once inductive and deductive, thus fulfilling the requirements of a rational system. Dr. Moxon's carping criticism which he mistook for subtlety would not allow him to advance beyond the threshold of homeopathy. He stuck at the formula *similia similibus*—like cures like. He says that "*like*, when it has any strictness at all, means *identical*," and again, "likeness is identity as far as the word has any force." No wonder with such mistaken notions on the subject of likeness and identity he was unable to get beyond the homeopathic formula. He thinks that if we had been all taught at school that like is really identical, none of us would have fallen victims to the delusions of homeopathy. With such puerilities a teacher of medicine in one of our great medical schools thought it becoming to treat the greatest, most rational, and best argument-and-fact-supported medical doctrine of the day. If such be their teachers we cannot wonder at the crass ignorance of their disciples on the subject of homeopathy, and the blank nihilism of the therapeutic views with which they are launched into practice. Surely, we have often thought, the thousands of practitioners who are annually added to the ranks of the medical profession will not all be content to accept the dicta of teachers like Moxon, and highly placed ones like Gull, that therapeutics as a science does not exist. Surely many

\* "Reasoning is nothing but the faculty of deducing unknown truths from principles already known."—Locke. "All knowledge is deductive."—Glanville.

of them will yet inquire into the teachings of the only school which makes a claim to be rational, and find in it a true guiding rule for successful practice. For intelligent minds it can be no satisfaction to be, as the Moxons would have them be, mere nurses who have studied pathology, though convinced like Moxon that "it [pathology] is not of much good for healing the sick."

We cannot say we admire Dr. Moxon's style. There is a constant and very apparent striving to be witty and even funny, but it does not seem to come naturally, and in striving to appear extremely original and clever he often becomes absolutely unintelligible, and every now and then we are staggered by some cockney grammatical solecism like this: "It was not shown to be loaded at all, like the engorged human livers of the practical question are loaded."

Dr. Moxon had a great reputation among the medical profession, and since his death he has been very highly spoken of as a writer and teacher, but judging from this instalment of his writings we cannot consider him to deserve much praise either as a teacher or a writer, and probably his friends would have better consulted his fame had they forborne to republish these articles, which could never have had any but an ephemeral interest, and contain nothing worth remembering.

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PERCHLORIDE OF MERCURY IN DIPHTHERIA.—Dr. Oatman, of Nyack, writes that for the past two years he has treated diphtheria by the local use of a solution of mercury perchloride, and has had but one death in thirty-four of his cases—from subsequent paralysis of the muscles of respiration. The details of treatment in an ordinary case are as follows:—Manufacture on the spot about fifty swabs, by twisting absorbent cotton round a stick the size of a lead-pencil, the cotton being pulled out and twisted firmly round and beyond the tip of the stick, so that the end may be thoroughly protected and no injury done while using it. The swab is dipped in a solution of perchloride of mercury, two grains to one pint of water, and is passed into the throat until it touches the posterior wall of the pharynx. It is then instantly withdrawn and burnt. No swab should be used a second time. No attempts are made to rub off any of the membrane, but more or less always adheres to the swab. This procedure is repeated hourly, day and night, until the disease begins to subside—usually in forty-eight hours. Every application is followed by the internal administration of five to ten minims of tincture of the chloride of iron, and as much whisky and milk as the case appears to demand. If the interior or the posterior part of the nares be invaded, the nose should be syringed with a conical urethral syringe. The nurse must be fully instructed in the method of treatment, and should make an application to the practitioner's satisfaction before being left in charge. Dr. Oatman attaches great importance to the method of application, and the extraction of the loosened membrane, beneath which the poison is still active, but inaccessible to the antiseptic. (*Med. Record (New York)*, April 23, 1887, p. 465.)—*Practitioner.*

## POISONINGS AND PROVINGS.

### CHLORIDE OF ZINC.

Cases of poisoning by chloride of zinc are happily rare. The salt is well known in solution as "Sir Wm. Burnett's disinfecting fluid," and is one of the most powerful of all deodorizers and germ-destroyers. It has also very valuable properties as a local application in wounds. It has not been extensively used in homeopathic practice, not having been very thoroughly proved. It ought to be a very valuable medicine.

The following case is from the *British Medical Journal* of June 25:—

#### A CASE OF POISONING BY CHLORIDE OF ZINC, WITH ABSOLUTE DESTRUCTION OF STOMACH.

(Under the care of W. H. JALLAND, F.R.C.S.)

[The notes of this case were taken by Mr. T. BIRT, Assistant House-Surgeon.]

G.S., a labourer, aged 38, was admitted on June 17, 1886. He had tried to commit suicide five days before by taking a saturated solution of impure chloride of zinc.

According to his wife's account, on her return home she found him vomiting, and he told her that he had taken the poison about six hours previously, and that he immediately began to vomit afterwards; that the amount taken was about three or four ounces. She noticed that his mouth and tongue were white, and that he was incessantly vomiting a bloody fluid. He complained of great pain and a burning sensation in his throat, and in the region of his stomach. Towards the evening of that day he became convulsed, and had many very violent epileptiform fits during the night. He was rather better on the following day, but had many attacks of difficulty of breathing, with convulsions, and vomiting of a bloody fluid.

This condition continued up to the time of his admission, four days later, when he was found to be suffering from some superficial ulceration and congestion of the pharynx, causing a good deal of soreness and difficulty of breathing and swallowing; he also complained of a burning pain, which he referred to the ensiform cartilage, and there was marked tenderness on palpation over the whole of the epigastrium. This substernal pain was present from the time of his admission up to the time of his death, with occasional exacerbations, as when he swallowed, but was apparently not very severe nor agonizing in character. He seemed to have much difficulty in swallowing fluid, and would almost immediately return, apparently, the whole quantity which

he had taken, slightly blood-tinged, with but little retching, and increase of the substernal pain. He would also, independently of taking food, vomit some blood-tinged fluid or pure blood. At times he had attacks of dyspnea, chiefly inspiratory. He was emaciated and very anemic, with a small and rather rapid pulse, and usually a normal or slightly subnormal temperature; his respiration, save in the above-mentioned paroxysms, was quiet, regular, and rather slow. He had no more epileptiform attacks other than the respiratory convulsions, which usually only occurred towards or during the night. His mental condition was depressed, but not markedly melancholic. He was ordered a liquid diet, confined to his bed, and to relieve the condition of his throat, belladonna (in ten-minim doses, three times a day), in combination with iron, was administered.

During the following week he still continued to bring up blood-tinged fluid and pure blood, sometimes to the amount of two or three ounces; to check this, he was given a mixture containing tr. hamamelis, m. xx, and tr. opii, m. v, every four hours, together with ice to suck, and the hemorrhage gradually abated, the other symptoms remaining as before. His temperature never rose more than one or two degrees above the normal.

July 1st. Bismuth, potash, and morphine, both separately and in combination, were used to relieve the substernal pain and the vomiting after food, with very slight success; and on July 7th, to alleviate the dysphagia the pharynx was painted with a 5 per cent. solution of cucaine, before taking food; this also was of but slight benefit; deglutition was difficult and prolonged, and was soon followed by the return of the fluid taken. There were now rarely any traces of blood in vomited matters, and the vomiting was almost always dependent on taking food. The respiratory troubles had ceased, and the patient got up every day, and with the exception of the substernal pain, dysphagia, and inability to retain food, he had but few symptoms, his temperature being normal and his general health fairly good, though rather more emaciated than when admitted. The bowels acted about once a week, a very small, pale, solid motion being passed; he would also occasionally complain of a "gripping pain in the bowels."

This condition continued up to July 31st, when he seemed to be losing ground, the vomiting becoming more frequent, and the difficulty in swallowing being more pronounced, so that he had to be fed by nutrient enemata and nutrient suppositories. No improvement taking place by these means, the advisability of performing gastrostomy was considered, but there was some suspicion that he drank and retained milk in the night time when the nurse's back was turned; and as he was a profound malingerer, the question of operation was put off.

From this time until the beginning of September he steadily



improved ; at first he retained small quantities of milk and beef-tea, and day by day took more food, till shortly before his death he was taking eight pints of strong beef-tea and one or two pints of milk a day. He became much fatter and more active, and only complained of the burning substernal pain and puffiness of the eyelids in the morning. No albumen was found in the urine, which was normal.

At the commencement of September he became gradually weaker, though taking this large amount of food. He now took to his bed, and on September 6th he seemed much collapsed, being cyanosed, with slight dyspnea and a feeble pulse, but with no other physical signs. He remained in this state till the following evening, when he gradually sank.

The necropsy was performed thirty hours after death. On reflecting the abdominal parietes, nothing could be seen of the stomach, and on drawing aside (that is drawing outwards) the spleen from a thickened mass in the position of that viscus, some inflammatory adhesions were broken through, and a small abscess-cavity the size of a hazel-nut, with greyish walls, containing a little reddish pus, was opened. The stomach was found to be represented by an organized inflammatory matting of the gastro-hepatic omentum, and the upper portion of the great omentum, both of which had lost their characteristic shining appearance, to the adjacent viscera, as follows: behind and below to the pancreas, the pillars of the diaphragm, and the vertebral column; above, to the under surface of the left lobe of the liver; on the left side, to the upper portion of the inner surface of the spleen, which was drawn inwards into the epigastric region of the abdomen; and on the right side, to the under surface of the left lobe of the liver.

With great difficulty, owing to the adhesions, this mass was removed with portions of the neighbouring structures adhering to it, and on examination no traces of the muscular, mucous, or serous coats of the stomach could be found in it; it seemed to consist entirely of an irregular, sausage-like mass of organized, inflammatory, peritoneal adhesions, about five inches in length and four inches in circumference; its outer surface was very irregular and ill-defined, greyish-brown in appearance, much resembling a pleuritic adhesion. On opening this mass no trace of a mucous membrane could be seen between the termination of the esophagus and the commencement of the duodenum, which was dilated to the size of a half-crown, the general appearance of the cavity being much like that of a chronic abscess. In size it measured four inches from the esophagus to the duodenum, and about three-quarters to one inch in diameter, there being an irregular constriction about the middle of the mass. The walls of the mass were thin opposite the liver and

the spleen, but about the pancreas and the attachment of the great omentum they were three-quarters of an inch in thickness. The common bile duct and the cystic duct were not involved, and opened into the duodenum as in the usual position. Beyond the lesion above described there were no evidences of a past attack of general peritonitis, no cicatricial contraction of the esophagus or pharynx, and, with the exception of slight congestion of the bases of both lungs, the other viscera were perfectly healthy.

REMARKS.—I think that the case is worthy of note, in that it is not by any means a form of suicide commonly met with, and for the pathological and physiological interest that it affords. In the first place, there would most probably be some arsenic in the impure chloride of zinc, and that might have had much influence in producing the vomiting immediately it was taken. Next, the reflex epileptiform convulsions, the dyspnea not dependent on edema of glottis, but probably reflex from stomach by means of the vagi. The mechanism of vomiting; the patient did not retch, but his mouth filled as in cases of pyrosis. The duration of life with no gastric mucous membrane to metabolate proteids, leaving all that part of digestion to the pancreas and intestinal glands. The absence of rise of temperature, which was nearly always normal or subnormal. The few symptoms; the position of the pain, which was never agonizing, its peculiar character and long duration; the absence of signs of peritonitis, and the persistence of symptoms simulating, as regards vomiting and deglutition, stricture of the esophagus.

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## Obituary.

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### MR. THOMAS ENGALL, M.R.C.S.

IN THOMAS ENGALL, whom we buried to-day, homeopathy has lost one of its oldest and worthiest practitioners. Born in 1808, he had the advantage of possessing an excellent and estimable father, who though only a tradesman in a humble way of business, was unusually respected in Kentish Town where he resided many years. To the excellent example and high principles of this worthy man the subject of our brief memoir was largely indebted for those good qualities which were conspicuous in his character. He commenced active life as a cabinet maker, but his tastes and inclinations led him to look to the medical profession as a more fitting sphere for the exercise of his philanthropic sentiments. He availed himself of the opportunities offered by the evening classes of a mechanics' institute to complete and extend his education, and with the

money he gained at his trade he was able to attend the classes and eventually to obtain the diploma of the Royal College of Surgeons in 1848. The friendship of Dr. John Epps early led him to embrace the doctrines of Hahnemann. He soon obtained a remunerative practice first in Torrington Place, latterly in Euston Square, and enjoyed the confidence and esteem of a numerous *clientèle*. He became acquainted with Dr. Harrison's method of treating spinal diseases and deformities, and for many years he, with the help of his sisters, carried on an institution for the cure of such cases. Many cases of severe and apparently hopeless spinal diseases were successfully treated by him in this institution, and gained him a great reputation in this branch of medical practice. But the increasing demands on his time by general practice forced him unwillingly to abandon special spinal treatment. A few years ago indifferent health and the infirmities of age compelled him to withdraw himself almost entirely from active practice, and he removed to Lady Somerset Road, where he died on the 18th of July worn out by malignant disease of the liver. A post mortem examination showed that organ to be almost destroyed by carcinomatous disease involving the gall-bladder, which was packed full of gall-stones to the number of one hundred and thirty-eight.

Mr. Engall was an active member of the British Homeopathic Society, where he read several papers, some of which were published in the homeopathic periodicals, and several communications on theoretical and practical points are to be found in *The British Journal of Homeopathy*.

But his activity was not limited to medical subjects. He was a zealous member of numerous philanthropic societies and associations for promoting education. His private benevolence was inexhaustible, and he was indefatigable in his endeavours to improve the material, moral and physical condition of the working classes. He was a leading member of the societies and classes in connection with the Presbyterian Church in Regent Square. His funeral was attended by a large concourse of mourning friends and several eloquent addresses were given at his grave by gentlemen who had been associated with him in his philanthropic labours.

Mr. Engall was twice married. He leaves a widow, but no family.

Mr. Engall was of a retiring disposition, but those who enjoyed his intimacy, which was the privilege of the writer for forty years, appreciated his amiable disposition and honourable character. Though earnest and grave as a rule, he was not without a fund of quiet humour, and he loved an innocent joke. The writer was connected with him for some years in the West London Homeopathic Dispensary, which occupied the ground

floor of a house in London Street; the upper floors of which were let to lodgers. An infant, belonging to one of the lodgers, died suddenly one night after the administration of a powder. Mr. Engall got one of the other lodgers to announce to the coroner, who was then Mr. Wakley, the editor of *The Lancet* and a furious opponent of homeopathy, that a child had died suddenly at the Homeopathic Dispensary. Wakley readily rose to the bait, and with his beadle and other satellites swooped down on the Dispensary in the hope of getting up a case of manslaughter against the homeopaths. The jury was speedily collected and empanelled, but the disappointment of the anti-homeopathic coroner may be imagined when he found that the medicine which had proved so rapidly fatal was an allopathic remedy prescribed by an orthodox practitioner, and that homeopathy had nothing to do with the case. The jury were informed by the disconcerted coroner that the medicine had nothing to do with the patient's death, and directed to return a verdict of "Death from natural causes," and the homeopaths had a good chuckle over Wakley's discomfiture.

A good many years after this Mr. Engall was subjected to the annoyance of a coroner's inquest at the instigation of a bigoted allopathic practitioner, on the occasion of the death of one of his own patients. The inquiry showed that the death was the inevitable termination of a serious malignant disease, and the coroner, not Mr. Wakley this time, administered a severe rebuke to the officious allopath for his impertinent interference. On this occasion, Mr. Engall was well supported by his homeopathic colleagues, who mustered in imposing numbers at the inquest, prepared, if required, to testify to the excellence of his practice. But their testimony was not needed, as it was clearly shown that Mr. Engall's treatment of the case was judicious and skilful, and had proved most successful in alleviating the sufferings and prolonging the life of the deceased beyond reasonable expectation.

July 23rd, 1887.

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**EUPHORBIA HETERODOXA.**—The milky juice and resin of this plant, the Brazilian *Alveoloz*, have been recommended for local application in cases of cancer. Dr. Barnsfather, who has given it a trial in cancer of the uterus, describes the effects as follows:—On application to the os there is an intense burning feeling in the vagina, lasting from two to four hours. Absorption of the medicine evidently takes place, as in six hours after each application profuse discharges from the kidneys of a highly coloured and offensive urine commence, and continue at intervals of about three hours. The local bleeding ceased after about three applications to the os, and the pain was very much diminished. He found the peculiar action of the kidneys was produced in all cases in which he used the drug, which he regards as a valuable local remedy. (*N. Y. Med. Journ.*, June 4, 1887.)—*Practitioner.*

## GENERAL CORRESPONDENCE.

### "A QUERY ANSWERED."

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—Your case in this monthly journal reminds me of a similar one in my experience. I was sent for to see a lady visiting Clifton from the North of England.

Miss — age 55, came on purpose to Clifton to consult me for a distressing noise in the head, "as if of a series of railway collisions in rapid succession." This had been lasting some years and yielded to no treatment, though she had consulted many doctors.

I gave Belladonna 1. One-drop dose every four hours. The next day all the symptoms were worse "than ever, she could not take the medicine, as each dose increased the distress." I then ordered Belladonna 12 in the same way. Next day's report was, "it was worse than ever." For the only time that I remember I then deceived. Ordered Aqua Distil., a dessert spoonful every four hours. The next day's report was, "My head is worse than ever, each dose makes me worse."

The conclusion was evident. I advised her speedy return to the North. Now comes an amusing addition. A sister of the patient remarked that she did not mind my medicine, as it was not nasty. I asked, "What do you mean?" She said, "Well, you see, sir; I make it a rule to take my sister's medicine when she cannot, as it is a pity it should be wasted; sometimes it has been such horrid stuff that it almost makes me sick, and the doctors have sometimes changed it so often, that I cannot keep pace with it; a huge bottle has been sent, and my sister has taken one dose; and cannot take more, and I have to finish it; but your medicine I do not mind, it has no taste."

I thought it a case of hysteria, and the careful sister a lunatic; both very nice, lady-like, people, "who had nothing to do—and could not do it."

Yours truly, EUBULUS WILLIAMS.

1, Lansdown Place, Clifton, July 2, 1887.

## MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- British (the) Continental, Continental and Colonial Homeopathic Dictionary.** 1887-8. 18mo, pp. 55. (Keene and Ashwell. 2s. 6d.)
- Bristowe (John Syer).** A Treatise on the Theory and Practice of Medicine. 6th. ed. 8vo. pp. 1,914. (Smith and Elder. 21s.)
- Browne (Lennox).** The Throat and its Diseases, including associated Affections of the Nose and Ear. 2nd ed., rewritten and enlarged. Roy. 8vo. pp. 506. (Baillière. 21s.)
- Cooper (Alfred).** A Practical Treatise on the Diseases of the Rectum. Post 8vo. pp. 180. (Lewis. 4s.)
- Cormack (C. E.).** The Mineral Waters of Vichy, and the Diseases in which they are Indicated. Followed by a sketch of some of the principal Excursions in the Environs. With two Coloured Maps. Post 8vo, pp. 388. (Churchill. 5s.)
- Davis (H.).** Guide to the Administration of Anesthetics. 12mo, pp. 52. (Lewis. 2s.)
- Fearnley (W.).** A Course of Elementary Practical Histology. Post 8vo, pp. 366. (Macmillan. 7s. 6d.)
- Jones (H. M.).** Practitioner's Handbook of Diseases of the Ear and Naso-Pharynx. 3rd ed., of the "Aural Surgery." 8vo. sd., pp. 176. (Churchill. 6s.)
- Lindsay (A.).** The Climatic Treatment of Consumption. Post 8vo, pp. 240. (Macmillan. 5s.)
- Mackenzie (M.).** Hay Fever and Paroxysmal Sneezing: their Etiology and Treatment. With an Appendix on Nose Cold. 4th ed. Roy. 8vo, pp. 96. (Churchill. 2s. 6d.)
- M'Lachlan (J.).** The Anatomy of Surgery. Illustrated with 74 Engravings. 12mo, pp. 716. (Livingstone, Edinburgh.) (Simpkin. 10s. 6d.)
- Ruddock (E. H.).** The Stepping Stone to Homeopathy and Health. 12th ed., Improved and Enlarged, with Clinical Directory. Sq. 16mo, pp. 366. (Homeopathic Publishing Co. 1s; 1s. 6d.)
- Symington (J.).** The Topographical Anatomy of the Child: Based upon an investigation which formed the subject of a Thesis for the Degree of Doctor of Medicine in the University of Edinburgh. Illustrated by 14 Coloured Plates and 38 Woodcuts. (E. S. Livingstone, Edinburgh.) (Baillière. 42s.)

## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, St. George's Terrace, Gloucester Road, South Kensington, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We always go early to press, and would therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

### CORRESPONDENTS.

Communications received from Dr. Neathy, London; Dr. Dudgeon, London; Dr. Pope, Tunbridge Wells; Mr. G. A. Cross, London; Dr. Roll, London; Mr. Daniell, London; Miss Williams, Clifton.

### BOOKS AND JOURNALS RECEIVED.

Meandeskluft für Homeopathi.—Chemist and Druggist.—Clinical Review.—Medical Visitor.—Medical Era.—Book Chat.—Clinique.—Southern Journal of Homeopathy.—Allg. Hom. Zeit.—Revue Homéopatique.—The Christian Leader.—Medical Advance.—El Criterio Medico.—Homeopathic Review.—The Pioneer.—Revista General de Homeopatia.—Medical Counsellor.—L'Art Médical.—Le Reforma Medica.—Zoophilist.—Monatsblätter.—Calcutta Journal of Medicine.—Hahnemannian Monthly.—Twelfth Annual Report of Ward's Island Homeopathic Hospital.—Artificial Sleep and Treatment by Suggestion. Dr. Roth.—Choice of a Site for Residential Purposes.—Herlung vonwunden und Verletzungen.—Dr. Wm. Schwabe's Price List. Homeopathic Central Pharmacy, Leipzig.

THE

# HOMEOPATHIC WORLD.

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SEPTEMBER 1, 1887.

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## THE LIVERPOOL MEETING AND THE HAHNEMANN HOSPITAL.

THERE is no city in the kingdom where homeopathy has obtained so strong a hold on the population, or risen higher in the public estimation than it has done in Liverpool. This year the Annual Homeopathic Congress holds its Session in Liverpool, under the presidency of the veteran, Dr. CLIFTON, of Northampton. Whenever Liverpool has been the place of meeting the Congress has been unusually successful, and this year there are special reasons why we should anticipate the most successful of all the gatherings. The day following the Congress is the date chosen for the public opening of the HAHNEMANN HOSPITAL, presented to the city by the munificence of Mr. HENRY TATE. We present here a copy of the circular announcing the meeting :—

DEAR SIR,—The Annual Congress of Homeopathic Practitioners will be held this year in Liverpool, at the new Hahnemann Hospital, Hope Street, rooms in which have been kindly placed at our disposal by the Board of Management.

The Congress will meet on Thursday, the 22nd of September, at 10 a.m., punctually.

The business of the Congress will be opened by an address from the president, Dr. A. C. Clifton, of Northampton; the title of the address, “Therapeutic Changes in the Victorian Era; their Meaning and Lessons for Homeopaths.” Any strangers, ladies and gentlemen, who may desire to hear the president’s address, will be welcome.

After this, a short interval will allow the treasurer to receive subscriptions.

A paper will then be read by Dr. John Davey Hayward, of Liverpool, entitled, "The use of Drugs in Surgical Cases."

The next paper will be read by Dr. Proctor, of Liverpool, entitled, "Some Practical Observations on Ammonia."

The Congress will then adjourn for an hour for luncheon.

At 2 o'clock the Congress will receive the report of the Hahnemann Publishing Society, and here some remarks on the *Materia Medica*, by Dr. Hayward, senr., proceed to select the place of meeting for 1888, elect officers, and transact any other business which may be necessary.

Dr. Percy Wilde, of Bath, will next read a paper, entitled, "The Elimination of Sectarianism from Medical Science."

Discussion will be invited at the end of each paper.

The Congress will then resume the discussion on Dr. Galley Blackley's paper, entitled, "Doctors and Chemists," which was read at Norwich in 1885. It was then resolved to adjourn the discussion on this paper till the present Congress, in order that the views of chemists should be heard. A deputation from the Homeopathic Pharmaceutical Society has been invited to be present, and to express their views. The Congress will be happy to receive and hear the opinions of any homeopathic chemists, other than the deputation, who may desire to attend during the day's proceedings.

The members and their friends, with the deputation from the Pharmaceutical Society, and any other homeopathic chemists who may be present, will dine together at the Adelphi Hotel, Ranelagh Place, at 7 o'clock.

A meeting of the Hahnemann Publishing Society will be held in the Hahnemann Hospital on the morning of the 22nd of September, at 9.15 a.m.

The subscription for this year is eight shillings.

Dr. Hawkes, 22, Abercromby Square, Liverpool, the Hon. Local Secretary, will be happy to secure beds at the Adelphi Hotel, if members will communicate with him.

On the following day, Friday, September 23rd, the new Hahnemann Hospital will be formally opened. After the opening, a luncheon will be provided at 1.30 p.m., and a concert will be given in the evening.

It is earnestly hoped, that on this interesting occasion, as many of the members of Congress as possible will remain over the Friday, and be present at the opening of the hospital, and the accompanying festivities.

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

The enclosed post-card is to be filled up, and posted as soon as possible, but not later than September 8th.—I am, Dear Sir, Yours faithfully,

D. DYCE BROWN, Hon. Sec.

29, Seymour Street, Portman Square, London, W., July, 1887.



It will be seen that an admirable programme is provided.

From Dr. HAYWARD, sen., we learn that Friday's programme will be somewhat as follows :—

At 12.30 a meeting will take place at the hospital, Hope Street, under the presidency of the MAYOR (Sir James Poole), who will just state the object of the meeting. Then after the divine blessing has been invoked by one of the clergy, the origin of the hospital will be mentioned and the name of the donor. Afterwards the architect will explain the chief features of the hospital; the Mayor will then speak and declare the hospital open. Then an adjournment will take place to luncheon (at which ladies may be present) at the Adelphi Hotel, at two o'clock.\* During the afternoon the hospital will be open to the public, and afternoon tea will be provided for all visitors. In the evening there will be a vocal and instrumental concert under the superintendence of Mr. RENSBURG. On Saturday evening there will be a miscellaneous concert under the superintendence of Dr. JOHN DAVEY HAYWARD.

We trust that all who attend the Congress will stay to the opening of the hospital. It will be a seemly tribute of respect to the most generous donor of the hospital, to our hosts of the Congress, and to the city which has deserved so well of medical science. No more magnificent testimony to the truth of Hahnemann's discovery and the greatness of his work have ever been borne—in this country, at least—by a single individual than that of Mr. HENRY TATE embodied in this HAHNEMANN HOSPITAL.

It will long be the envy of allopathic eyes, and a standing contradiction to allopathic slanders.

\* Dr. John W. Hayward, 117, Grove Street, Liverpool, requests all those who can remain over to the opening ceremony to send word to him, as it will assist him in making arrangements about luncheon tickets.

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 NOTES.
 

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## THE AMERICAN INSTITUTE AT SARATOGA.

WE are happy to be able to give our readers, through the kindness of Drs. T. M. Strong and Pemberton Dudley, an account of the proceedings of our brethren across the water at the greatest annual gathering of homeopaths in the world. It compares favourably in point of numbers with anything the old school can show. In point of genuine medical work—actual therapeutic work we mean—allopathy can show nothing like it. We are sure Dr. Orme's address and the abridged account of the proceedings which we are able to present will prove refreshing and encouraging to all who are inclined to take a "sad-coloured" view of our future. The Institute meets next year at Niagara Falls.

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 "THE *æ*."

IN spite of the sparkling letter of our correspondent from Indianapolis we do not feel disposed to go back on our innovation and make an exception of the word homeopathy in sweeping away the diphthongs. Dr. W. B. Clarke has not touched the real point. The English language has no diphthong *æ* in its alphabet. Homeopathy is an English word and should be adopted entire. If we are at liberty to alter the final "ia" into *y*, surely we are at liberty to Anglify the word altogether and change the *æ* into the English representative *e*, as in *solecism*, *phenomena*, *fetid*, &c. Nevertheless we are much obliged to Dr. W. B. Clarke for his bright letter, and hope if he or others has more arguments to urge against our action, they will not fail to send us them.

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 THE ANTIPODES AND THE FAR WEST.

WE are happy to draw attention to the most encouraging letter from Mr. Styant Browne of Tasmania. Wherever circumstances are such that people can regard facts without the blinding effect of prejudice and the distorting medium of an antiquated medical and public opinion, homeopathy finds favour at once. Dr. M. B. Stevens, of

Bristol, Ellis Co., Texas, U.S.A., writes us that "the homeopaths are increasing in number in our lively south-land."

#### POSITION OF HOMEOPATHY IN THE STATES.

THE Institute has caused to be printed the following card which we gladly reproduce, giving a statistical statement of the position of homeopathy in America. This statement is issued because many erroneous ones have obtained currency. We are indebted for the card to Dr. Strong:

"Introduced in America by Dr. Gram, in 1825, a stranger in a strange land, with a strange system of medicine. In sixty-two (62) years it has grown as follows in the United States:

Practitioners .....	11,000
Medical Colleges .....	14
Matriculates Annually .....	1,200
Graduates Annually .....	400
Hospitals (with 4,500 Beds)*.....	57
Insane Asylums .....	3
Dispensaries .....	48
Societies.....	150
Journals.....	23
Pharmacies .....	33
College of Specialties .....	1

"Thirty-four dispensaries report for one year, 1886, 142,629 patients provided for with 376,886 prescriptions.

"The oldest national medical association in this country is homeopathic—the American Institute of Homeopathy.

"Homeopathy is employed chiefly by the more cultivated portions of communities.

"Homeopathsists can procure lower rates of life insurance, on account of the lower rate of mortality among them, as proved by statistics.

"Alumni Homeopathic Colleges, 7,782.

"First Homeopathic College, 1848."

#### EXPERIMENTAL PHARMACOLOGY.

IN a thoughtful paper on "The Evolution of Heart Remedies with Observations," &c., which Dr. E. M. Hale has had the courtesy to send us, the writer maintains the necessity of having recourse to experiments on animals in order to elucidate drug action. He says:—

\* Mortality, 1.5 %.

“At the risk of criticism, I will assert that the method of proving drugs taught by Hahnemann, and adopted by our school, is not sufficient to elucidate completely their pathogenetic action in the human system. Even the most severe provings, or poisonous effects, are not sufficient, unless followed by post-mortem examinations.”

Everything that comes from the pen of Dr. Hale, whose labours have increased our powers of healing to an indefinite extent, must command our respect. But we do not agree with his opinion. It seems to us that Dr. Hale is too much under the influence of his own theory of primary and secondary effects, and too much inclined to accept the wordy phrases of the experimenters like Dr. Brunton, as if they represented definite facts, for himself to judge fairly in this matter.

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#### HUNTERS EXTRAORDINARY.

DR. EDWARD HAMILTON, Professor of Surgery in the Royal College of Surgeons of Ireland, has seen some very remarkable hunting. In the course of a fierce onslaught on that unfortunate Vivisection Act, which seems to please both parties equally ill, Dr. Hamilton (who delivered the address in Surgery) made the following statement:—

“The hysterical shrieks of a few women and the puling sentimentality of some weak-minded men have placed and retained in the statute book the Vivisection Act. *Tu quoque* is, I believe, a bad defence, but we see them mount their horses and hunt to death the timid hare or the clever fox.”

Of course we are bound to believe Professor Hamilton; but we must be allowed to say that he belongs to a very peculiar hunt. It would be worth something to see these hysterical, shrieking women and the pulingly sentimental weak-minded men who hunt with him “mount their horses and hunt to death the timid hare or the clever fox.” But it is rather hard on the anti-vivisection societies for Professor Hamilton to jump to the conclusion that these strange hunters belong to them. He should give the names of these devotees of the chase, and mention the particular societies to which they belong.

## DR. GAIRDNER ON MEDICAL PROGRESS.

WE are getting on. Twelve years ago the late Dr. Warburton Begbie attempted to answer Sir William Hamilton's question, "Has the *practice* of medicine made a single step since the days of Hippocrates?" Now we only go back as far as Cullen. Dr. Gairdner thinks we have advanced a little since Cullen's time in the direction of—the very last thing in this kaleidoscopic period of Old Physic that we should have expected—stability! The skill he showed in omitting the character of Hamlet from the play of Hamlet was extraordinary, but he could not avoid one or two allusions. He classed Hahnemann with John Brown, and dismissed Cullen's greatest pupil and translator with a word. But when he came to speak of blood-letting, and attempted to rob Hahnemann of credit and give it to the honest Sir John Forbes, he let the proverbial cat out of the bag in this way:—

"He [Forbes] it was the first, I think, who, becoming distrustful of the old tradition, and anxious to learn in a genuine spirit of scientific humility in his 'Nature and art in the cure of disease' *did not refuse to accept truth, even at the hands of homeopathsists*"!!

But, of course, anything that Hahnemann and homeopathsists may have done is not to count to their credit, but to that of those who have adopted it from them, whether openly and honestly like Sir John Forbes, or secretly and dishonestly, like certain others.

## THE DEATH OF ORTHODOXY.

DR. GAIRDNER has said it: There is no more orthodoxy in medicine—*ergo*, no more heresy!

"It is no longer possible to condemn a man, even by implication, for having ceased to believe what our fathers believed; but it is extremely difficult to state in general terms what we believe ourselves, and still more difficult to forecast the future, and lay the foundation of the faith of our successors.

"It is one of the privileges of our art in its more advanced and, as I think, more stable condition in this day of ours, *that where there is no orthodoxy, there can be no heresy.*"—Dr. Gairdner is fain to add in parenthesis "(in the old ecclesiastical sense of the term)" but we don't know in what other sense the word is used;—"or, rather, that our freedom of opinion is such that we can afford to absorb into our

daily practice"—why not say, "sponge on the homeopaths," straight out?—"and even into our theories of disease the instruction that comes even"—good word "even:" it is very often prefixed to "homeopathy" by the orthodox (or, rather, the party that used to be orthodox), when they make a peculiarly glaring "absorption:" good word "absorb" also!—"even from the most erratic and monstrous heresies;" and here follows a lofty phrase, uttered from the safe and lofty pinnacle of what used to be the temple of orthodoxy—"No man making us afraid."

Brave Dr. Gairdner! Brave Dr. Brunton! For our own part we admire more the bravery of Robin Hood, and "even" Dick Turpin, as Dr. Gairdner would say. But let all the heretics rejoice that orthodoxy is dead; and, mingling their rejoicings with prudence, let them not be too elated! For they might find themselves in the predicament of the inquisitive geese, when the fox was only shamming death. Orthodoxy *may be* only foxing.

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#### "PROGRESS OF THERAPEUTICS" AT DUBLIN.

DR. WHITLA was severe on "the short-sighted legislature" for not granting unlimited power to the new and, as we should say, pseudo-pharmacologists (as opposed to the true pharmacologists of Hahnemann's school), to poison and cut to their hearts' content. But he had not much to say for the new science for all that. Dr. Gairdner had said that it was in too transitional a stage "to allow of many of these researches being adduced in evidence of the increasing stability of the medical art;" and Dr. Whitla in his address on "The Progress of Therapeutics," has even less to say. He frankly confessed, "Too much is expected from Pharmacology." If every school had its pharmacological laboratory, he said, it would be a mistake to expect that "the millennium would at once arrive." "Pharmacology" was a science which dealt "with the results of experiments on the lower animals." The results were "often of very little value until elaborated, tested, and purified from their dross"—no light labour this!—"at the bedside by patient and repeated clinical observation." In other words, when the pharmacologist has finished experimenting in the laboratory, he must begin to experiment on his patients if he is to do any good to medical science! Clinical work is what is wanted, says Dr. Whitla. But he would by no

means stop the pharmacologist. The work could be done much better without them, as Dr. Brunton has conclusively proved; but, nevertheless, pseudo-pharmacology is the latest born into the family of medical sciences, and, of course, the handsomest and most hopeful!

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## ORIGINAL COMMUNICATIONS.

### GLEANINGS BY THE WAY.

BY MR. J. W. CARTER.

CASE.—*Exostosis cured by Hecla Lava.*—An infant, æt. 9 months, was brought to me from a village called Brompton, about thirty miles distance from West Hartlepool, for advice respecting a “growth” on the scalp. The child was a stout and very heavy girl, fair, and good-natured. There was not the faintest indication of teething, and every prospect of her being very late in walking. The “growth” was immediately over the vertex region, and the base would cover a space equal to the size of a florin. It was graduated to a point, cone-like, about, as near as I can judge, half-an-inch high; surface rough and uneven, hard and splintery; it had appeared as a small spot, as they termed it, and had gradually developed since birth. The medical men in the district where the mother lived advised her to let it alone, and not to be anxious about it, as it was only a concomitant of the time of dentition; they told her nothing could be done, and said an operation would probably kill the child, and did all they could, undoubtedly, to frighten the helpless mother into the most anxious condition that ever it was my lot to witness. Old women told her it was a peculiar scab; and eruptions of various kinds had been mentioned which did not help at all in quieting the poor woman’s mind, but just exactly the reverse. So, remembering that I had helped her out of difficulties before, she took the train there and then, and came down to West Hartlepool to see me. I diagnosed it at once as an exostosis, and told her that things did not look so gloomy as they had been pictured to her, and bade her take comfort and wait patiently. Her grateful smile was a real pleasure to me. I studied the matter up carefully, bearing on the therapeutics of the case. Lilienthal’s article on exostosis in his Thera-

peutics gave me the wrinkle I wanted—(your little book, Mr. Editor, had not then appeared, as you will see what trouble it would have saved me). My prescription was, *Heclæ lava* 6, also a small quantity, not more than 10 grains, of No. 3 *Trituration*, rubbed up into 13 *Vaseline*—a small portion of this to be applied night and morning; and the *Heclæ lava* 6 internally, night and morning. This was persevered with for six months, and much gratified we were by seeing it beautifully disappear—until there remained only the smallest particle; and, considering her teething, etc, I gave her now at this stage *Calc. Fluor.* 5 night and morning, and dispensed with the *Vaseline*. All cleared way from the scalp, and it became just the same as the other portions of the integument of the scalp, her teething went on without any trouble, and, in a very reasonable time, the little girl was running about. About six months after this she fell, rolling from the bed on to the floor, and broke her thigh bone; the medical man set the fracture, and for two or three days and nights, I forget which, she had not slept night or day, peevish, irritable, etc.; the mother wrote me, and I returned, per post, *Sticta. p. 3*, a few powders, and after receiving a spoonful or two of the dissolved powder, she went into a nice and sound sleep, and awoke fresh and as good as ever in temper, etc.—we also used *Symphytum lotion* for the fracture, and the result was a quicker recovery than the doctor expected. The hint anent the giving of *Sticta.* for sleeplessness, I may say I got from Burt's "Materia Medica," and Lilienthal also mentions it.

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*ECHINACEA AUGUSTIFOLIA* is a plant found growing in prairies and marshes, from Missouri to Texas, U.S.A., and is known as *Narrow-leaved Cone-flower*, *Black Sampson*, &c. It has been introduced into eclectic materia medica by Dr. H. C. F. Meyer, who claims that the root is a "blood-purifier," an antiseptic for internal and external use, superior to any now known to the medical world, and that he has successfully administered it in disorders of the stomach, cholera infantum, cholera morbus, intermittent, remittent, congestive, and typhoid fevers, spasmodic affections, small pox, measles, boils, carbuncles, ulcerated sore throat, ulcers of the extremities, &c. In malarial troubles it has no superior. Twenty-five drops of the tincture injected into the rectum in cases of hemorrhoids, repeating the injections three times per day, will promptly effect a cure. The medicine is also prompt and efficacious in stings from bees, wasps, &c., as well as in poisoning by contact with certain vegetables, one or two doses effecting recovery.—*Chemist and Druggist.*



## SOCIETY'S MEETINGS.

## ON DRUG ACTION.\*

(Continued.)

BY JOHN H. CLARKE, M.D. EDIN.

WHAT is a nerve centre? Dr. Lauder Brunton (*Pharmacology and Therap.*, 189) says: "By nerve centres we simply mean the groups of cells and fibres which are concerned in the performance of certain acts." He goes on to say that the same group of cells may be the "centre" for several different acts. The term, in short, is a term of convenience, and simply expresses the fact that there is a relation between the functions of certain parts of the nervous system and the functions of certain other parts of the body. The talk about centres "controlling" and doing this, that, and the other is pure inference, and is, in fact, anything rather than the "definite knowledge" which is the pharmacologist's supposed desideratum. It is plain, then, that the term "centre" cannot help us to understand drug action, because it is merely another way of stating the observed effects of drugs, and not an explanation.

Now let us try "stimulation." In treating of cardiac stimulants, Dr. Brunton says: "Stimulation is observed by increased energy of contraction, the rate of pulsation remaining the same or becoming slower" (p. 276). Then, what is "stimulation"? It is just the same as with "centres"—it is a name merely. It is the name given to the action which results in certain phenomena; but it does not explain what that action is in itself. And the same may be said of "depression." When a drug is administered to an animal, and certain effects ensue, the action is called according as they are characterized by increased or decreased energy, "stimulation," or "depression." But supposing we could see the drugs at work apart from their ultimate effects; supposing we could see them in the nerve cells, or in the muscle tissues, we should not be able to tell what their action was, whether "stimulation" or "depression." From this it follows that the translation of the phenomena of drug action into terms of "stimulation," "depression," and the like are no real explanation at all, and provide no true knowledge. It is in reality a retrogression. We can

\* Read before the British Homeopathic Society, June 2nd, 1887.

have *definite* knowledge of drug effects, but when we translate them into terms of the unknown, as these terms really are, all definite knowledge is impossible.

As a proof of the truth of what I say, and a standing monument of the futility of all this striving after explanations, I cannot do better than refer to Dr. Brunton's—not great, but—big book on *Pharmacology, Therapeutics, and Materia Medica*. In this are to be found all that the chief exponent of this pseudo-science—this science which leads to no definite knowledge—have been doing and are doing in their self-imposed labour of Sisyphus, and I would take this opportunity of asking you to look carefully at its results. If any useful therapeutic measure that can be legitimately traced to these so-called explainings can be discovered in them, that will be done which has not been accomplished hitherto. I say *legitimately*, because it is the fashion of these investigators—ignorantly or knowingly, I cannot say—to take well-known therapeutic facts, and having “explained” them, as they suppose, forthwith attribute the discovery of the facts to the explanation! Against jugglery of this kind I protest.

But is there no true science of pharmacology? No true science of drug action? Yes; there is. Science is knowledge; and we do undoubtedly know much about drugs and their action. But we must be content to know drug action just as we know the force of gravity—by its effects. We know the effects of the force of gravity; we know the laws of its action; and knowing these we are able to make the force serve us just as well as if we knew what it is in its essence. We can read the laws by observing its effects, and we can anticipate its effects and in a certain way “explain” them by reference to the laws; but in the end we must confess that the explanation is not really an explanation, the laws themselves being mere inferences from observed effects. And with drug action it is just the same. All we know really is the effects we can observe after a drug has been administered. We can, by comparing one set of effects with another, spell out certain laws of drug action. But these laws do not afford any real explanation of the drug effects, being themselves only deductions from the effects observed.

In this way and in no other way is it possible to obtain “definite knowledge” of the action of drugs. Drugs manifest their real character by the alterations they pro-

duce in the appearance and sensations of those to whom they are administered. The study of these constitutes the true science of pharmacology; and to interpret these appearances into obscure language of "stimulation" or "depression" of tissues and nerve "centres" confuses the understanding, and takes us from the solid ground of fact into the abyss of speculation.

The founder of the true science of pharmacology is, I need not remind you, Samuel Hahnemann. He was the first who had the courage and the strength to sweep away the dust of ages from the *materia medica*, and give to the world a *materia medica* of the pure effects of drug action. Then first it was possible to *know* what the true character of drugs was. Before that we could only know the opinions of various people about them. Since Hahnemann has shown us how, any one of us can test the powers of a drug upon his own person, and have the evidence absolutely at first hand.

The futility of any other method of studying drug action than that of observing its "effects on the entire organism" is still more plainly seen when we apply this knowledge in the treatment of the sick. Hahnemann took his stand on the undoubted effect of *Cinchona Bark* in curing patients of ague. He asked the question "how?" Cullen's answer to this question was—by tonic action on the stomach. This did not satisfy the acute intelligence of Hahnemann. He took some of the *Bark*, being himself in health at the time. He then found that *Cinchona* produced in himself a condition indistinguishable from a paroxysm of ague. This was not an explanation; but it was another fact, and Hahnemann at once saw its importance. *Cinchona* could not only cure patients who had ague of their disease, but it could cause ague in those who had not got it. From this observation the idea flashed on Hahnemann's mind that the way to find out the curative powers of drugs was not by framing theories explanatory of their action, but by testing that action on healthy persons. The pictures of disease exhibited in persons under the influence of drugs gave the clue to the cases of disease they were capable of curing.

In this way Hahnemann built up his *Materia Medica Pura*. He recorded simply the positive effect of drugs, and gave no theories as to their action. Drugs, he contended, and truly, can be known only by their effects. The action of drugs on the human organism can only be known by

testing them on the healthy and entire human organism. The framing of theories explanatory of these effects is worse than useless. When we come to apply our knowledge to the treatment of the sick we have something definite in their positive effects, and something always available. Of what use would it be to us even supposing we could know exactly what "centre" a certain drug acted on, and whether it "stimulated" or "depressed" that centre; and supposing we knew exactly what we meant by these terms? When we came to apply this "knowledge" in practice, we should be at once met with the theories of pathology. Before it would be available we should require to know in every illness what "centre" was in need of stimulation or depression. But as every one knows, whilst the facts of pathology, the appearances and sensations presented in diseased persons, and the appearances to be observed after death, are tolerably well known and definite, the theories explaining these appearances are innumerable. So it follows that until the pathological doctrines are agreed upon by all, our knowledge of the "centre-stimulating" action of drugs will be of no use to us whatever; whereas the effects of drugs observable on the healthy, and the phenomena of disease, are each perfectly definite, and always reliable. In clinical features, diseases known in the days of Hippocrates are recognizable to-day; and in their power to derange health the characters of drugs have not changed. Hence we are far better off for the practical purposes of our calling in being able to read the characters of drugs in their effects on the entire human organism, than if we could reduce those effects to the unknown terms of "stimulation" and "depression."

At the International Medical Congress held in London in 1881, Professor Huxley said, referring to the work of the pharmacologist of Dr. Brunton's type: "There can surely be no ground for doubting that, sooner or later, the pharmacologist will supply the physician with the means of affecting, in any desired sense, the functions of any physiological element of the body. It will, in short, become possible to introduce into the economy a molecular mechanism which, like a very cunningly devised torpedo, shall find its way to some particular group of living elements and cause an explosion among them, leaving the rest untouched."

This is a very fair description of what Hahnemann

achieved for medicine nearly a hundred years ago. Modern pseudo-pharmacologists have done nothing whatever towards the attainment of this result. They refuse to look at Hahnemann's work, by virtue of which every practitioner of homeopathy is, every day of his life, sending a "cunningly devised torpedo" to the very spot he wishes it to affect, whether in the way of "exploding" what needs removing, or doing whatever other work he wishes. But it was not by the methods of modern pharmacologists that Hahnemann made his discovery; nor will they reach the goal Professor Huxley set before them if they keep on in their own way. Hahnemann found out the specific affinity of each drug for specific parts of the human body by observing the phenomena following their administration to healthy human beings; and, acting on the law which he discovered of the specific relation between the effect of drugs on the healthy and on the diseased, he inferred what their curative powers would be from their effects on the healthy. And experience proved his inference true. He took fact for his starting point, and on fact he built up his system.

That there is a specific relation between the powers of drugs to derange health and to restore health when deranged in a similar way from other causes is admitted in the most popular books on therapeutics of the day. It is true that the fact is not there confessed; on the contrary, certain "explanations" of the fact are vouchsafed, which clearly prove that likes curing likes is not homeopathy! It is "substitution" or something else that nobody knows anything about. Homeopathy knows nothing of theories. When *Ipecacuanha* cures a patient suffering from sickness, this is an instance of a disease being removed by a medicine capable of producing a similar disease. The "how," as I have said, we must leave; and we lose nothing by leaving it. Homeopathy does no more than assert the relation. It leaves altogether the question of the manner of the drug's operation. Hahnemann had theories, it is true, but they do not affect the meaning of the term homeopathy. To say that the example above mentioned of drug action is not homeopathy but "substitution" is to say that one and one do not make two, but a theoretical unknown quantity. The two cannot be put in the place of one another. Homeopathy asserts a fact; "substitution" asserts an explanation of the fact.

And now I think we have cleared our decks and are ready for action. The study of the action of drugs is the study of what drugs *do* and can do, and we need not concern ourselves with what we or any one else may choose to think of the precise manner in which they do it. There will be time enough for study of this kind when we have found a satisfactory answer to the question, "What is life?" In the meantime speculation is idle, and if any of us are at all inclined that way, we may well postpone it until we have retired from practice with a fortune. It will be found to be an inexpensive amusement, and perfectly harmless.

And though we have thrown overboard all the useless lumber of speculations and explanations that themselves need more explaining than what they purport to explain, there is no lack of more profitable work left us. It is no light undertaking to possess one's self of the character of the different drugs so as to be able to tell just what each will do under any given set of circumstances. Only there is this immense consolation, that whatever labour we spend on this work we can use with effect for the good of our patients. And the work, though difficult, is by no means dry and uninteresting. It puts a demand on the memory and the intellect; but so does every other study that is of worth, and so do many that are worthless. But the pleasure—the mere intellectual pleasure, I mean, quite apart from the much higher and more substantial pleasure that comes with increased power of doing good—the pleasure far exceeds the pains of study. There is something wonderful when we see, after the botanist, the gardener, the farmer, and the merchant, have told us all they know of the beauties, the habits, and the uses of a plant—an entirely unsuspected power develop when questioned in Hahnemann's way. Who could tell the powers for good and ill that lurk in the beautiful monkshood from a mere examination of its outward form? Or who could describe the powers of *Arsenic* from an examination of its crystals under the microscope, or by testing its reactions in the chemical laboratory? There is not even an analogy between the characters of drugs in their different spheres. When we come to the power of drugs over the living organisms we enter a new world, and we must explore its wonders in a different way from that of the botanist and the chemist.

Through the labour of Hahnemann and his followers who have investigated this new world we have a chart to guide us. In their own persons they have tested the actions of drugs, and put down, without attempt at explanation, just what they experienced. Out of these materials, the changes, pains, sensations actually produced by drugs, pictures of their powers have been drawn, as it were, by nature's own hand, and the materials provided by their experience have been supplemented by the records of poisonings. These materials have been arranged in such a form as to show the relation of any drug to each part of the human organism. Each proving and each poisoning does not exhibit *all* the effects of any drug; and therefore, for the sake of reference, it was necessary to put all the symptoms relating to any one part in the same category. The method followed has been, with few variations, that of Hahnemann himself.

To learn by heart all the symptoms ever produced by every drug is an impossibility; but it is far from impossible to get from a study of the symptoms such an intimate knowledge of the character of a drug as to be able to recognize its parallel in the manifestations of disease, and to apply it with excellent effect in practice. And when a case comes before us which we cannot fit with the right remedy in this way, it is still possible for us to find the medicine we want by referring to the various indices or "repertories" to the *Materia Medica*. There we find a concordance which will tell us under the symptoms we meet with in our patients the names of the drugs which have been known to cause these symptoms; and reference to the *Materia Medica* will then enable us to compare the different drugs with each other and with the case we are treating, and to select the one whose symptoms resemble those of our case most exactly.

Such work as this is not light, but there is this consolation, that though the work looked at as a whole may be appalling, each bit of it we master can be used at once, and the best way to learn more is to use well what we possess. A passion for investigation may well be satisfied by the worlds lying around us all unexplored. Next to nothing is known of the law of dose; the law of periodicity; and the law of tolerance. We know a few facts about these various questions, but they still await future Hahnemanns who shall arrange the knowledge we have, and supply

other facts we have not yet found, to reduce to law and order what we know, as Hahnemann's discovery reduced to order what was previously known of the administration of drugs, and indefinitely added to that knowledge.

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## INSTITUTIONS.

### THE FIRST

#### ANNUAL REPORT OF THE HOMEOPATHIC LEAGUE,

FOR THE YEAR ENDED 30TH APRIL, 1887.

President, The Right Hon. Lord Ebury. Treasurer, H. W. Tinné, Esq. Secretary, E. H. Laurie, Esq., 16, Blandford Square, N.W. Bankers, Messrs. Prescott and Co., Threadneedle Street, E.C.

The Homeopathic League having completed the first year of its existence, the following is a brief history of its proceedings during that period.

The commencement of the movement, which resulted in the formation of the Homeopathic League, dates from early in October, 1885, when a meeting was held at the London Homeopathic Hospital to consider the question of starting an Association having for its object the popular diffusion of homeopathy. No decision was, however, come to by the meeting, and the question was postponed for a time. In the month of January following, it was suggested in *THE HOMEOPATHIC WORLD* that the proposed Association should be called the "Medical Reform League," with certain objects and rules, and subscriptions were invited. Several subscriptions were received in response to this invitation, and, as a first step, it was proposed by the provisional Committee, which had been formed, that the money obtained should be expended in publishing and distributing the pamphlet entitled "Medical Boycotting." In the month of February a meeting of those favourable to the movement was held, at which the name of the Association was discussed, and it was finally agreed to call the Association "The Homeopathic League." The next step of the Provisional Committee was to send to every medical man and chemist in the Homeopathic Directory a circular letter inviting their co-operation in advancing the cause of the League. On the 20th April the Committee of the Homeopathic League held their first meeting, and the Honorary Secretary announced that he had received fifty-six applications for cards and receipt books in answer to the circular letter above



referred to. The cards applied for set forth the objects and rules of the League. They were of two sizes, the larger being for the use of chemists. These cards, however, were not found convenient for distribution to the public, and in their place a leaflet embodying the same information was issued. This leaflet was subsequently revised, and a list of the tracts published by the League added.

The publication of the tracts which had been prepared was next considered by the Committee, and it was arranged to issue them monthly.

The following are the titles of the tracts which have been issued :—

1. Why should the Friends of Homeopathy form a League ?
2. What is Homeopathy ?
3. Origin of Homeopathy ?
4. Hahnemann's Achievements in Medicine and the allied Sciences ?
5. Statistics of Homeopathy.
6. Persecutions of Homeopathy.
7. Testimony of Opponents in favour of Homeopathy and its Founder.
8. Influence of Homeopathy on Ordinary Practice.
9. Allopathy Judged by its Professors.
10. Eminent Physicians who have embraced Homeopathy.
11. Official Trials of Homeopathy.
12. Dangers of Modern Medicine.
13. From Empiricism to Homeopathy.

It was decided by the Committee to fix the charge for the tracts at 1d. each, 8d. the dozen, and 4s. 6d. the hundred. Double-number Tracts, such as Nos. 6 and 11, being double price.

Besides being issued to Subscribers, the Tracts are sent to the Homeopathic medical journals in this country, to several on the Continent and in America, as well as to certain of the medical (Allopathic) and lay journals in this country.

In the month of October last, a circular letter was sent to the principal medical schools and colleges in the kingdom, offering to supply them regularly with the tracts if they would give them a place on their library tables. This offer was accepted by the Royal Institution, St. Thomas's Hospital, the Glasgow Faculty of Physicians and Surgeons, and the Aberdeen Medical Chirurgical Society.

At the close of December last, a circular letter was sent to all the Homeopathic chemists, calling their attention to the leaflet which had just been issued, and offering to send them a supply of the tracts, on sale or return, on hearing from them what

numbers they required. In response to this letter a number of applications for tracts were received.

At the commencement of the present year a lecture on Homeopathy was given at Leicester by the League, at the invitation of the President and Council of the Literary and Philosophical Society of that town. The Committee take this opportunity of reminding subscribers that the League is prepared to provide a lecturer on Homeopathy, on arrangements being made locally for defraying the expenses of the lecture and lecturer.

At the end of last July the number of members on the roll of the League was 252, consisting of 62 medical men, 34 chemists, and 156 lay members. At the date of this report the number of members has reached 391; 80 being medical man, 50 chemists, and 261 laymen. There are 14 local secretaries of the League, 8 in this country, 4 on the Continent, and 2 in Australia.

An affiliated League has been established in Spain, with local secretaries in Madrid, Barcelona, Bilbao, and Malaga, and several of the tracts have been translated into Spanish and widely circulated. In France also local secretaries have been appointed. In British India the League has found active partisans, chiefly among the native practitioners of homeopathy, who have circulated the tracts in considerable numbers. In Australia and Tasmania the League has numerous adherents, and large demands for the Tracts have been received from America and the Colonies.

The income obtained from subscriptions and the sale of tracts for the period from the 1st January, 1886, to the 30th April, 1887, has been £137 13s. 10½d. The expenditure for printing and publishing the tracts, circulars, &c., during the same period, has amounted to £96 19s. 10½d., leaving a balance in the hands of the treasurer of £40 14s., which may be considered satisfactory.

The many expressions of approval which the Committee have received lead them to hope that, on presenting their Report for the year ending 30th April next, they will be able to announce the steady progress of the League. The Committee, therefore, appeal to subscribers to aid them in obtaining additional members, feeling sure that the League has only to be known in order to be supported.

A statement of the League accounts, in the usual form, is attached.

#### THE AMERICAN INSTITUTE OF HOMEOPATHY.

#### THE CELEBRATION OF ITS FORTY-FOURTH ANNIVERSARY.

THE fortieth session of the American Institute of Homeopathy began its four-days' meeting in the ball-room of the Grand Union

Hotel at 8 o'clock June 27th. This fine body of medical men met in the same place last year, and return to their delightful rendezvous with the most charming good feeling and every evidence of more than a mere professional sociability. There were about 100 of the M.D.'s accompanied by fully as many ladies, who gave to the gathering assemblage in the gilded and picture or ornamented ball-room more the appearance of a summer festival than a convention of learned, thoughtful, and earnest men, whose energies and lives are devoted to their arduous profession and who in the pursuit of it are brought into contact with the humblest as well as the greatest in the land.

At the opening of the institute the platform was occupied by Dr. F. H. Orme, president, of Atlanta, Ga.; Dr. A. R. Wright, vice-president, of Buffalo; Dr. J. C. Burgher, general secretary, of Pittsburg, Pa., and Dr. T. M. Strong, provisional secretary, of Ward's Island, N.Y.

Dr. ORME called to order at 8.25 o'clock and in announcing the opening of the institute, invited the Rev. Dr. JOSEPH CAREY, of Saratoga Springs, to make a prayer. The reverend gentleman's invocation concluded with the Lord's Prayer in which nearly the whole assemblage joined.

Dr. SAMUEL J. PEARSALL, of Saratoga Springs, then stepped to the platform and delivered a brief but hearty address of welcome, which was enthusiastically received. Dr. Pearsall said:—*Mr. President, Ladies and Gentlemen.*—I was much pleased to welcome you last year to our beautiful village, but am more than gratified to think you were so well pleased with our accommodations as to return this year. In addition to the privileges we had last year, we have for you to view the battle monument at Schuylerville built in remembrance of the defeat of Burgoyne in the decisive battle for American independence. I not only welcome you twice but thrice, or as long as you may wish to come to our world-famed health resort. Welcome!

Dr. ORME replied, neatly, to the effect that our institute has shown its appreciation of your village as an annual meeting place and has again thrown itself, also, into the hospitable and sheltering arms of the Grand Union Hotel. We accept your welcome, and return with pleasure and profit to the scenes where we have been welcomed before, and from which we carried away such pleasing and abiding recollections from our last meeting.

President ORME then began his annual address, of which the following is an abstract:\*

#### THE PROGRESS OF HOMEOPATHY.

The progress of homeopathy during the past year has not only been satisfactory, but cheering. It will scarcely be neces-

\* From *The New York Medical Times*.

sary, however, to refer to this in detail. The twenty-six journals of our school that visit your tables, laden with the best that the literature of the profession affords, have acquainted you with this. Your bureau of organization, registration, and statistics will present you with statistics showing our growth and the number and importance of our institutions.

#### SIGNS OF PROGRESS.

In eighteen hundred and twenty-five there were in the United States probably about ten thousand physicians, all told. There are now probably about eighty thousand non-homeopathic physicians, an increase of eight fold.

In the same year, eighteen hundred and twenty-five, appeared in the person of Dr. Gram, the first convert from old medicine to homeopathy in America. Now there are about ten thousand homeopathic physicians in this country—an increase of ten thousand fold!

At this rate of increase, how long will it require for homeopathy, instead of “dying out,” to become the majority school? Would it not have already become so, if the Old School had not adopted so much from the new method, and modified its own?

Forty years ago we had no colleges or other institutions. Now we have thirteen flourishing colleges, with many hundreds of matriculates and graduates annually. We have a large number of hospitals, asylums, dispensaries, pharmacies, etc., and perhaps one hundred and fifty societies, the number of which is constantly increasing.

The attempt to ignore such progress and such strength is indeed like “kicking against the pricks.”

But these figures do not fairly represent our progress. It is not enough to consider that the number of our practitioners has increased in a marvellous degree during the past forty years, and that all of our institutions have sprung up within this time, but we must also take note of the wonderful mitigations in the severities of Old School practice, which we all claim have been largely due to the influence of our school. We may also claim, with pride and pleasure, that we have contributed largely to the improvement of the therapeutic methods of “old physic”—albeit these contributions have too often been appropriated without thanks, or even acknowledgment of their source.

It is no honour to prominent teachers of another school that, while they have endeavoured to belittle our art, pretending that we have contributed little to the general store of medical knowledge, they have made large and important drafts upon our improved therapeutics—presenting them as original discoveries—without giving proper credit. The distinguished physicians referred to are well, very well known to us all. Some men have

been immortalized by their genius, some by their folly, some by their research and knowledge, and some by their audacious plagiarisms.

The increasing general respect showed to our system, with the larger share of official positions held by members of our school, are not among the least of the evidences of the progress we are making; while the large bequests and contributions, state and private, for the establishment and endowment of hospitals and asylums, to be under homeopathic administration, show appreciation of the merits of our method of practice, and are certainly encouraging.

That the dominant school has failed to obtain the desired control of medical legislation in many of the states, is another indication of the strength of our influence.

The wonderful progress of the New School in this country as compared with that in Europe, is due in large degree to our freedom from the military domination which prevails there. With us, that succeeds which appears reasonable, and can show its superiority; while there, if a new method does not chance to meet with the approval of the medical department of the military system—which controls all such matters, no quarter is likely to be shown. We should therefore jealously guard our birthright, and not allow a military dictatorship in our more civil government. Our committee on medical legislation will look to this. "Eternal vigilance is the price of liberty," and we should not fail in this while there are those who would wrest from us our rights.

In connection with a review of the progress of homeopathy, and in order to show the various changes of ground which its opponents have been forced, from time to time, to make, it may not be uninteresting to take a brief retrospect, so that we may compare the past with the present:

#### THE ERA OF THE CHARGE OF "FALLACY."

In the early days of homeopathy it was looked at askance. It was new, therefore it was suspicious. It opposed existing theories and practice, therefore it was a fallacy. Being such, although not investigated, it was not to be tolerated. Those who adopted it were simply to be tabooed. Its practitioners, however thoroughly accomplished as physicians and as gentlemen, were now to be excluded from professional recognition and denied the courtesies and assistance of those who had been their professional brethren. Feeling became amazingly bitter. Epithets were used with regard to those who accepted the new "heresy" that were neither professional nor polite, that we can afford to forgive, and that need not be repeated here. But it must not be forgotten that it was this unseemly and unprofes-

sional ostracism on the part of the majority that forced the minority, for their own protection and improvement, to form associations of their own, and thus to become known as a sect. Let the responsibility for this division in the profession, if evil it be, rest where it properly belongs.

But time and experience brought more sober reflection, and some of the wiser heads concluded, upon being reminded of the fact by other wiser heads, not only in the profession, but among the laity, that the exclusion of brethren on account of fallacy, real or supposed, was itself a demonstrated error—that attempts of this kind had been made from the most ancient times, not only in medicine, but in religion as well, and that disaster had generally attended such blunders. It was recalled that we have no infallible and authorized censors in these matters, and that the assumption of such right, in a liberal age, was insufferable. Examples were shown to be not infrequent of the fact that those who assumed to be in possession of all knowledge were lamentably ignorant, and it was made manifest that what was, at one time, declared to be heretical and monstrous, was, at another time, accepted as demonstrated truth. Besides, it had to be admitted that people even have a right to adopt and entertain fallacies until these can be overcome by argument and enlightenment—not by coercion.

So this cry of “fallacy” ceased—but not the prejudice. Some other pretext must be devised for holding off the erring brethren. Then came

#### THE ERA OF THE CRY OF “EXCLUSIVISM.”

It was asserted with regard to those who accepted the doctrine of *similia, similibus curantur*—whatever else they might know or believe—that they “practised upon an exclusive dogma, to the rejection of the aids actually furnished by experience, and by the sciences of anatomy, physiology, chemistry,” etc., and on this account were unworthy of professional fellowship. A vain attempt again! As our colleges and our journals increased in number and in strength, it was found to be impossible to maintain this position—for was it not daily and constantly proved that all of the branches of medicine and surgery that were ever taught in any colleges or journals were as thoroughly taught and as fully insisted upon in these? Was not the charge simply a slander?

So, with a position thus untenable, the era of the cry of “exclusivism” was not of long duration. The leaders of the prejudiced opposition must make another shift, however, and show some other reason for refusing to extend that courtesy and to render that assistance which common sense and humanity sometimes demanded—and then was coined the charge, if possible more futile still, that homeopaths were

“TRADING UPON A NAME,”

and therefore must be denied the benefits of affiliation! Not being experts as conversationalists, it did not at first occur to them that there was involved in this imputation the important admission that this “name” had grown so potent that numbers sought its shade and its advantage—that it had not died, and was not “dying out!”

The era of an aspersion so illogical, so puerile, as well as so devoid of truth—so slanderous and so dishonourable to its utterers, could, of course, not be of long continuance, and so we have passed on to the era—even the present era—of the charge, the dreadful, heinous charge of

“SECTARIANISM!”

Those who have, under one pretext or another, and after one misrepresentation or another, held that homeopaths should not be regarded as regular physicians, and fit persons with whom to consult, finding that the despised heretics would not die in accordance with their prophecies, and could not be obliterated by being ostracised and maligned—but they rather grew in strength, popularity, and importance, notwithstanding all this unprofessional opposition—and that loss was suffered by refusing consultation with them—resolved upon another change of attitude. In order to make a show of reason for a still hostile position and at the same time invite a surrender by the erring party, it was at last, and is now, declared that opposition is not made to us upon the former scores, but that our offence is that we are a sect and have a sectarian name—averring that we may practice what we please if we will only give up our odious distinctive title.

Let us, then, since we are fairly confronted with this last ground of complaint, consider to what degree of attention it is really entitled!

Is it really so sinful to be a sectarian—especially when the formation of the sect was a necessity, as has been shown from the improper action of the complaining majority? Is there not, somehow, a sect called “regulars” or “allopathists,” as well as one called homeopaths? And might not “regular” be considered a good name to trade upon? Have not sects existed, and to the advantage and progress of civilization, since the earliest times of which we have any history? Does it not seem as though we owe nearly all the advancement that has been made in religion, science, art, politics, and medicine, to the work that has been done by sects or schools? Where should we be but for them and their enthusiastic labours? We read in Josephus that “the sect called Christians is not extinct unto this day,” and the term sectarian has, long since, ceased to be really a

term of reproach—has lost all its terrors in the view of liberal minds.

The fundamental law of our land, the Constitution of the United States, properly secures the right of its people to assemble together in bodies, as sectarians, if they choose—for it is one of the natural, inalienable rights of those who hold peculiar views, especially when persecuted, to unite themselves together for their common objects and their common good. Sectarianism, of which all history is full, should rather be encouraged than suppressed—the people being benefited, if parties suffer, and it is a marked evidence of weakness in the opposition that the best point they can make against us is the pitiful one that we bear a special name—when we have a reason for it that is so good.

Let us then be a sect if we must, and continue to advance the cause of medical science, as we have done; but let us not be factious, as have been some of our prejudiced opponents. Let us be a liberal sect, working in our own sphere, holding the even tenor of our way, while we treat with respect, and wish God-speed to all other sects who think they can do better work by labouring honestly upon other lines—and let us use no undignified or unbecoming epithets.

Who can estimate the loss to medical science, especially in the departments of *materia medica* and therapeutics, if the work of homeopathsists, as a sect, could be stricken from the record? We may be a sect, striving in our own way for the advancement of the profession that we love so well—but we need not be a faction, obstructing others, defaming others, bringing reproach upon us all, and retarding the general progress. We should be liberal, as our Institute is liberal—tolerating a variety of views upon various subjects.

We surely may, as a body, lay just claim to being liberal. While united upon *similia*, we embrace some who are regarded by some others as entertaining vagaries of woful tendencies. We include the “high” and the “low,” the dynamizationist and the strict materialist; those who think we should adhere to the ideas and teachings of a “master” of half a century ago, and those who think we should keep abreast of the tenets and teachings of more modern times, using the measures of any and every school when available; and I do not know but we may even tolerate a few who are disposed to think that we might now afford to yield to the seductive wooing of the other side, and dispense with our characteristic title!

Yes, homeopathsists of all phases of thought are welcome under the canopy of our Institute. The homeopathist who cannot find himself in congenial companionship here, must be a victim of some misapprehension, have some fancied grievance,



or be of so fault-finding a nature as to have no just claim upon our attention.

While we are a sect, in proper sense, and from the necessity of the case, we are *not* a sect in an evil sense, or from a desire to be separate from the general profession of which we are a part—any more than is the allopathic branch, which can be called regular only as a distinguishing designation, and not on account of any essential regularity in its method of practice.

That it is reprehensible to be a member of a sect, *per se*, is a preposterous proposition.

Notwithstanding all the affectation of holy horror upon the subject, it is *not* a sin, it is *not* a crime, it is *not* a vice, to be one of a sect united in an honourable cause.

Specialization is in accordance with the laws of development and of progress, and a liberal profession should not unreasonably oppose the formation or existence of as many sects or schools as can be found to do good work, but all of these should be regarded as parts of one brotherhood—all alike labouring for the common benefit of humanity.

The profession being divided into schools, and the distinctions being known, however imperfectly, it is only fair and honourable that each member should allow the community to know with which branch of the profession he is aligned, that persons may select or avoid, as they choose.

But the era of the charge of sectarianism—a charge that is weak in itself, and that accomplishes no purpose, must soon pass—indeed is passing—and we now see the dawn of

#### THE ERA OF TOLERATION,

when we may look for more of common sense, more of courtesy, and more of consistency. It is coming to be realized that, while there may, and probably from the nature of things, must be sects, there can still be common respect and co-operation. We can see the foreshadowing of a better day in the tone of some of the leading men of the Old School, who, with more wisdom than some of their *confrères*, recognize the true situation. That liberal, and sensible, and even kind words are used toward us by representatives of a school which was wont to treat us only with contumely, is a harbinger of a better time coming. As illustrations of the character of expressions referred to, may be given the following :

*The New England Medical Monthly* published last year a communication from Professor Romaine Curtis, of the Chicago College of Physicians and Surgeons, on "Rational Medicine and Homeopathy in Relation to Medical Ethics," which closes with these paragraphs :

"To conclude, it is impossible at present to indicate the

grounds for reconciliation between these pathies from the scientific basis of coming medical practice, but I have no doubt that there will be such a reconciliation, and good grounds for it.

“The medical profession are well acquainted with the new code, which assumes that ethics among gentlemen needs no particular definition, and includes a feature denying that it is a penal offence to hold a consultation with a homeopath.

“Nearly all the criticisms of this code show a most profound ignorance of homeopathy, and regular medicine as well. The man who thinks there is more science and less art in one or the other is only a man ignorant of the status of rationalism in medicine as well as its scientific possibilities. Persecution has made homeopathy rich, and kept not a few of its professional rivals poor. It pays in no possible way to persecute or pretend to ignore homeopathy, or to say that it is a system of charlatany. Even if this were true, it would not pay to say so, and it pays less because it is not true. The often repeated assertion that ‘a physician to be a homeopath must be first either a knave or a fool’ has no foundation in fact, and has been worth its millions to the homeopathic profession. The system is old enough now to live on its merits, and free consultations and free intercourse and common medical societies will put homeopathy on its merits, and advance the cause and science of medicine, and its much doctored ethics.”

And *The Pacific Record of Medicine and Pharmacy* shows wisdom by giving the finishing touch to an editorial in the following well-tempered suggestions:

“We are of the Old School, educated in the strictest interpretation of its dogmas, and for nearly half a century have obeyed its dictum, but, perhaps, ‘the sunset of life gives us mystical lore,’ and we realize how much more is to be gained by a courteous acquiescence in something we cannot help than an unsuccessful contest against the inevitable. Let us modify our code—let us extend to members of other schools, if not the hand of fellowship and communion, at least the olive branch of peace, and recognize them as followers of Him ‘who came to heal the sick.’”

These sentiments come to use from the two extremes of our broad land.

Others are coming also, upon the same line, and we have only to continue in our dignified and consistent course to secure the respect of the most obdurate of the opposition.

And now, what response are we to make to the overtures of the liberal and progressive members of the Old School—that large, growing, and respectable portion who adhere to the ethics of the “new code”? A very simple one:

Your new code is our old code—the code of the Golden Rule

—the code of common sense and of humanity—the code we have held to and have been controlled by, all the while. Our Institute defines the term *regular physician* as “a graduate of a regularly chartered medical college. The term also applies to one practising the healing art in accordance with the laws of the country in which he resides.” Any one thus belonging to the profession is in duty bound to respond to calls for assistance from any medical brother, or from patients who may wish his counsel in connection with another physician—and he has not a right to decline on the pretext that he is of a different school. The medical profession has long been divided into schools—probably always will be—the laws of the land recognize it as one thus divided; but it should not be divided in purpose, nor should its members fail to answer, with alacrity, calls to co-operate in the interest of suffering fellow beings. Whatever our differences may be, or whatever alignments we may choose to make, let us all remember the object of our art, and let us all, eschewing bickerings, so act as to uphold the dignity and honour of our profession, and thus command the respect of the world at large.

Homeopaths, then, have no thought of relinquishing their distinctive title, under present conditions.

#### WHAT IS THE TRUE BASIS OF HARMONY?

First, the Golden Rule; second, the acceptance, by the profession at large, of the definition adopted by the American Institute of Homeopathy of the term, “regular physician;” third, the recognition and co-operation of members of different schools under the above conditions. These three articles constitute the basis, and the only sound basis, for the future harmonization of the medical profession.

The duty of making suggestions is one which I shall allow to rest but lightly upon me. There are, however, several recommendations which seem called for and which it would show a remissness to omit:

All along through the controversy concerning homeopathy, charges, which are entirely in conflict with the truth, have been made against those represented by this national body. These have been repeated from the chairs of medical professors, through medical journals, by the general press, and from mouth to ear among the laity. Our journals have not so general a circulation, and our personal denials and disproofs of these unjust aspersions cannot reach so far—so that, with many, the misrepresentations of the enemy have passed unchallenged, and with some it is not even known that the false statements referred to have met with the repeated and emphatic refutations which they have received. In view of these and other facts, I recommend the adoption by the Institute of a declaration or resolutions in effect as follows:

*Resolved*, 1st. That the American Institute of Homeopathy adheres, as it has always done, to its *object*, as declared by its founders in the first article of its constitution, namely: "The improvement of homeopathic therapeutics, and *all other* departments of medical science," and that it is proud of its achievements up to this time.

2nd. That the imputations cast upon the character and intelligence of the early homeopaths (who were converts from the Old School practice), by many of the profession, were the result of ignorance and prejudice, were unprofessional and unworthy of the members of a scientific and liberal profession.

3rd. That the charge made at a later date by the American Medical Association that members of the homeopathic school "practised upon an exclusive dogma, to the rejection of the aids furnished by experience, and by the sciences of anatomy, chemistry, physiology, etc.," is absolutely devoid of foundation in fact.

4th. That the still later charge by some of the profession (the above having been demonstrated to be untenable) that homeopaths "trade upon a name," is not only a slurring attempt to check a winning cause, but is a positive calumny.

5th. That the most recent and present position of a portion of the medical profession, that homeopaths are blameworthy for consorting under a denominational name, thus constituting a "sect," is a flimsy pretext and an insufficient excuse for refusing to extend to them the usual courtesies of the profession.

6th. That the responsibility for the division of the profession into schools, as far as homeopaths are concerned, rests upon those who, by an illiberal and unprofessional course—refusing to examine into the doctrines of the New School, and aspersing and ostracising its followers—rendered the closer association of these latter a necessity.

7th. That there is no demerit in belonging to a sect, provided it be engaged in a good cause and its methods be tempered with liberality; and that it will be expedient for homeopaths to continue to be a sect until their work shall have been accomplished, in securing a proper consideration of the doctrine of *similia, similibus curantur*.

8th. That inasmuch as the position of the homeopathic school has been largely misrepresented, all fair-minded editors of medical and other journals are requested to give space in their pages for these resolutions.

#### INTERNATIONAL MEETING.

From your delegates you will learn of the successful and interesting International Congress of homeopaths at Basle, in Switzerland, last August. Our country was honoured by being

selected as that in which the next quinquennial meeting shall be held. While it is perhaps too early for us, as a body, to make any arrangements concerning this meeting, which will be held in connection with the session of our Institute, it may be well for us, as individuals, to consider about means for making the next the grandest of all our international gatherings.

#### INTERNATIONAL HOMEOPATHIC PHARMACOPEIA.

At the meeting referred to, among other excellent papers presented, was one by Mr. John M. Wyburn, F.C.S., of London. It was important, as it discussed a subject upon which this Institute should, in my judgment, take action, namely, "the need of an International Pharmacopeia." The argument in that paper is complete, and need not be enlarged here. We claim to have a system which is a refinement in medicine, and we should aim at exactness and uniformity. That homeopaths of all countries should have a uniform standard for the preparation of their medicines, goes without saying. I content myself, therefore, with an emphatic recommendation that the committee of this Institute upon Homeopathic Pharmacopeia be instructed to co-operate with similar committees of homeopathic societies of other nationalities in the production of a pharmacopeia that shall be regarded as an authoritative and standard work.

#### PRECISION IN MEDICATION.

It may be questioned whether we have availed ourselves, as we should have done, of the results of the original researches of our bureau of pharmacology. This work has been in the right direction, and should be prosecuted further. We have much valueless material among our treasures, and the work of elimination should proceed. The demonstration of the one fact that the principal vehicle for our triturations is often found to contain more foreign medicinal material than it is possible there could be of the substance triturated in some of the attenuations, should certainly awaken more attention than it has done; and every care should be observed in securing vehicles for our triturations and dilutions that are as near to absolute purity as is possible.

It is by reviewing our own work and correcting our own errors that we shall not only make real progress, but that we shall secure the respect of the scientific world.

We, as a school, claiming to have a more definite and accurate method in prescribing, should aim at the utmost degree of precision as regards our *materia medica* and therapeutic appliances. On this account we should prove carefully, repeatedly, scientifically—under test conditions—and hold fast to that which is good. We have many articles that we know to be

good, and we should learn further of their qualities—avoiding a waste of time upon questionable substances. Hahnemann's words should be well considered when he says (*Organon*, § 122), "No other medicines should be employed (in provings) except such as are perfectly well known, and of whose purity, genuineness, and energy we are thoroughly assured."

Let us build further and more securely upon foundations already laid, and not allow ourselves to be enticed too far into the proving of new and perhaps valueless or unneeded materials. Unless an article promises to be useful in spheres in which we require new remedies, let us give what time we have to spare to improving our knowledge of the full value of, say, fifty or one hundred of our best remedies. It is probable that this number will cover, as far as we are able to cover, the needs of our profession, and "more is vain where less will suffice."

Already the gardens, the fields, the mountains, the plains, the seas, and even the bowels of the earth have been explored with a view to discover drugs to prove, until we have listed over one thousand substances which are called medicines. Some of these are of such a character that to name them would be indelicate, to think of them disagreeable, to administer or to take them revolting. The profession suffers from a knowledge that such materials are included in our medical *armamentarium*. Let us cease researches in such directions, and rather apply ourselves to the work of expurgation.

We are all aware that there is a limit to human capability, and that it is beyond the capacity of the most comprehensive intellect to compass a knowledge of the full value of one-tenth the number of medicines advertised by our pharmacies. I am moved, therefore, to suggest to our bureau of *materia medica* that it might be well to take up the subject of determining, by such methods as may be devised, upon a certain number of the most valuable remedies we have, in order that study may be chiefly confined to them. We suffer now from an embarrassment of wealth; the student is confused. We have scattered too much, and we should now combine and concentrate. Our state and other societies should co-operate with our bureau of *materia medica*, and our standing committee upon drug provings. We may then expect good and trustworthy results—such as we may point to with pride.

In connection with this subject of precision in our work, a suggestion to our standing committees on "pharmacy" and "drug provings" may not be amiss, to the effect that it might be well to consider anew the best forms of medicinal substances for provings and for use—recommending, when other things are equal, or nearly so, those preparations which are most stable and of definite strength. When our early provings were made

our devoted pioneers had not the chemical preparations of the active principles of medicines which we now have. We should improve with the progress of science. A grain of sulphate of morphia is the same definite quantity of medicine the world over. It is not so with a grain of opium, or twenty-five drops of laudanum. A grain of santonine also represents a definite amount of medicinal power while it is not so with a great number of drops of cina.

Chemical compounds have much advantage in the quality of definiteness, and among these we have many of our best and most trustworthy remedies.

Tinctures and powders are known to be variable in strength, even under the most careful gathering and preparation, and these differences are multiplied indefinitely in the attenuations. We should overcome every element of inexactness as speedily as possible, and it may be well to consider if the fluid extracts, reduced to a definite degree of medicinal strength, may not be better preparations, in some cases, than the tinctures.

#### THE CYCLOPEDIA OF DRUG PATHOGENESY.

This Institute, in conjunction with the British Homeopathic Society, has commenced and been for several years engaged in the good work of securing precision in the matter of provings, under an admirable scheme, approved by both associations; and all work in the line of provings should be in accordance with the instructions laid down by the two bodies which have undertaken the editing and issue of the *Cyclopedia of Drug Pathogenesis*.

It is manifest that the Institute is committed to this work, which has an editor and consultative committee-men from each of the nationalities immediately concerned in the undertaking, and that it is in honour bound to continue its financial support of the *Cyclopedia*, as resolved last year, to the end.

#### OUR INSTITUTE.

And now, in closing, a word with regard to our grand old organization—the oldest national medical association in our country—the largest homeopathic society in the world. May we not justly feel proud as we take a retrospect of its history, or as we view its present condition and prospects? Are our hearts not stirred as we think of the noble men who founded it when courage was required for the undertaking—who counselled together and who fostered it through many trials and discouragements? May we not take pride in the long range of its annual volumes of *transactions*, with their many valuable papers and discussions, showing original work and research of a high order? May not we feel gratification as we consider the quality of its membership, past and present? Would we not be glad to have the world look in upon us to-day.

And while we thus pardonably, as we believe, exult (in our own house) in our past history and our encouraging condition, let us resolve upon still better things. Let us gather certainly and regularly at these meetings, bringing our own contributions and being benefited by those of others; let us cultivate fraternal feelings, and let us, at every gathering, beside doing good work for the cause of medicine and humanity, have a genuine love-feast!

[We are indebted to Dr. T. M. Strong, of Ward's Island, New York, for copies of *The Santogian*, and to Dr. Pemberton Dudley, of Philadelphia, for advance sheets of *The Hahnemannian Monthly*, which enable us to give an account of the proceedings of the convention following the president's address.]

Papers on drug provings by Dr. Conrad Wesselhœft were presented and discussed, the author having arrived as usual at somewhat negative conclusions. A paper on the "Medical Treatment of Hip-joint Disease" by Dr. John E. James, of Philadelphia, contained the following practical recommendations:—

In the early stages of the disease, in cases occurring in scrofulous or tuberculous constitutions, he recommended calcarea carb., phos. or iod., fluoric acid, mercurius and phosphorus. When there were no special constitutional indications, belladonna, bryonia, arnica, rhus tox., stramonium, and pulsatilla; in the second stage, belladonna, rhus tox., colocynth, calcarea, arnica and apis; in the third stage, hepar, silicia, fluoric acid, phosphorus, china, calcarea, sulphur, &c. The author presented the following special indications: *Belladonna*, whenever the inflammation, whether acute or chronic, is localized; sudden jerking pains in the thigh and limb; tearing pains in the joint relieved by walking; feeling as if the joint would give way; soreness and tenderness. *Bryonia*, sudden sharp pain with swelling, worse on motion; stabbing pain in the hip; pain along the head of the femur to the anterior and inner surface of the thigh. *Rhus tox.*, involuntary limping; feeling of stiffness in the leg, pain mostly in the knee, worse at night, worse by walking, spasmodic twisting of the leg; pains along the sciatic nerve, rigidity of the muscles about the joint; aggravation from damp and cold. *Stramonium* is similar to rhus; it is adapted to a like condition of symptoms referred to the left hip. *Colocynth*, sudden cramp-like pain in the hip causing the patient to draw the leg up; when at the knee, the same kind of pain wakens the child; sudden shooting pains down the leg; seems to be more useful when the right side is affected. *Arnica*, great tenderness and soreness with periodical return of sharp pains; drawing pain in the joint; the hip feels as if sprained; restless feeling,



causing frequent change of position. *Pulsatilla*, drawing pain with feeling of heaviness of the limb, rigidity of muscles; jerking pain in the hip-joint extending to the knee; sudden changing of the place of pain.

SKIN DISEASES OF INFANCY—ABSTRACT OF PAPER AND DISCUSSION.

The paper by Dr. Arcularius was on "The External Treatment of the Skin Diseases of Infancy and Early Childhood." The author said that in some cases it was necessary to use local applications notwithstanding the well-known efficacy of our remedies. He said that the various animal and vegetable parasitic diseases require local treatment, *e.g.*, scabies. Again, in eczema capitis the surface affected is covered with sebaceous matter and hair. This complicates matters because of the glutinous secretion and matting of the hair. This condition calls for external treatment. We must, however, pay attention to the doctrine of metastasis. Avoid severe revulsive measures, for the more attenuated the means which give the result, the greater will be the pain. External treatment must, however, be secondary to the internal.

In the discussion that followed, Dr. J. B. G. Curtis, of Washington, D. C., said that in treating infantile eczema, he leaves out all external measures. Water is about the worst enemy the patient has, and its daily application often stands in the way of a cure, though of course its use is at times necessary to cleanliness. He makes it a rule in cases of chronic diseases and especially asthma, chronic cough, &c., to inquire for a history of suppressed infantile eczema, and not unfrequently discovers it. In speaking of remedies, he said that two indications for *lycop.* are often manifested in the incipient stage of eczema—flatulence and red sand in the urine—and the use of the drug, in the 80th trituration of the 1000th dilution, has yielded excellent results.

Dr. H. E. BEEBE, of Sidney, Ohio, said it is sometimes difficult to determine whether these skin diseases are the result, or the cause, of a parasitic development. He asked if any physician had ever met with an undoubted case of infectious disease—syphilis for instance—occurring as a consequent upon vaccination. For himself he had never been able to meet with such an instance. (No one present replied to the inquiry.)

Dr. BOYER, of Pottsville, Pa., mentioned as the result of his personal observation, the fact that suppression of eczema affects chiefly the mucous membranes. In treating the eruption he found *lycop.* and *arsen. iod.* quite frequently indicated by the symptoms. Locally he employed white castile soap or Fels' soap. He had obtained most gratifying results from the internal administration of *Pix liquida*, 80, as recommended by Dr. M.

Macfarlan, of Philadelphia. He thought he could enumerate nearly a score of instances in which this drug had prevailed against the disorder, after the failure of some one or other of our favourite remedies.

Dr. VANDERBURG had seen cases evidently aggravated by the too free use of water. He has also seen zinc oxide ointment used with marked benefit, and with no subsequent bad effects. His remedies are chiefly ars. alb., ars. iod., calc. phos., &c. But in these cases graphites always suggests itself to his mind, and not infrequently does he meet with the well-known local indication for its employment. He cited a case of "ringworm" on the arm, with oozing after scratching, irritation and restlessness at night, loss of flesh, &c., in which graphites internally, and its ointment locally, cured within a week.

Dr. T. F. SMITH, of New York, considered water, as a rule, injurious to the cases. He never uses ointments; depends upon the similar remedy, and often finds graphites the successful medicament.

Dr. DUDLEY, of Philadelphia, although not so much afraid of the bug-a-boo of "suppression" as some of his brethren, yet firmly believes that from the injudicious local use of astringent lotions, ointments, &c., subsequent morbid conditions may arise in distant parts—call it "suppression," "metastasis," or what you will. He described a case of facial eczema treated allopathically, followed by partial deafness and recurring attacks of strangury. Years later he was called to treat one of these attacks. The use of cantharis in a low dilution was followed by the reappearance of the facial eruption. The drug was continued, the doses being given at longer intervals, with the result that the eruption, the deafness and the strangury seem all to have been permanently cured. He suggested that in these eruptive disorders, eczema and psoriasis as well as others, in which there is "burning itching" of the affected parts, with a dry, "branny" surface, borax should be thought of, as recommended by the late Dr. McClatchey, in the last journal article he ever wrote. He (Dr. D.) had seen several cases cured with it, but he always gave it in the 2nd trituration, repeated several times a day, and had never seen the slightest effects from its employment until persevered with for two or three weeks.

Dr. J. M. SCHLEY, of New York, said he did not believe in the "suppression" of eczema, neither did he believe that genuine psoriasis can be cured by borax. These cases require external medication. Chrysarobin cures them apparently; but what assurance have we that they will never return?

Dr. T. L. BROWN, of Binghamton, N. Y., said "the cause of a disease is far deeper than its name." He urged that fresh air, fruit diet, and pure lard locally, will cure numerous cases

without the use of drugs internally or externally. But calcarea, graph., merc., arsen., &c., may often be needed.

Dr. H. C. ALLEN thought we did not always know what we are dealing with in the skin diseases of childhood. He was not taught to use sulphur, internally or externally, in itch, simply because it is itch. Hahnemann does not so teach. Our remedies, correctly chosen, can so change the qualities of the skin that the itch-mite will vacate the premises. If the system be normal, you may cover the individual with itch-mites, and will affect no lodgment there.

Dr. STURTEVANT had seen cases of eczema in the mother followed by the disease in her children. He used linseed oil, as Dr. Brown uses lard, and with equally good results. He urged care in selecting the diet, as an important aid in all cases.

Dr. WM. OWENS, of Cincinnati, Ohio, advocated both external and internal treatment. Locally he applies boiled milk, pure sweet cream, boiled lard, sweet oil—soothing applications only—in the acute conditions. More stimulating applications may be tolerated in more chronic states. Water he employs without hesitation; it never hurts his patients.

The discussion was closed with brief remarks by Dr. B. F. Dake and Dr. J. M. Schley.

#### BUREAU OF MATERIA MEDICA—REMEDIES CAUSING DISTURBED SLEEP.

The report of the Bureau of Materia Medica was presented by the chairman, Dr. H. M. Hobart, of Chicago. The subject for discussion was "Remedies Causing Disturbed Sleep."

The following papers were presented: "Physiology of Sleep," by H. M. Hobart, M.D., of Chicago.

"Delirium, Coma, and other forms of Abnormal Somnolence," by George W. Winterburn, M.D., of New York.

"Causes and Results of Sleeplessness," by C. L. Cleveland, M.D., of Cleveland, Ohio.

"Groups of Remedies for Disturbed Sleep from Reflex Troubles," by A. C. Cowperthwaite, M.D., Iowa city, Iowa.

"Groups of Remedies for Sleeplessness from Diseases of the Brain," by T. F. Allen, M.D., of New York.

"Dreams," by S. Lilienthal, M.D., San Francisco, Cal.

In his paper, Dr. Winterburn mentioned the following remedies and indications: *Sulphur*, sleepiness by day, followed by restless and wakeful night, short snatches of sleep are burdened by dreams, followed by late sleep in the morning, and awaking tired and unrefreshed; rheumatic diathesis; suppressed skin-diseases; burning of the soles of the feet. Sleepy by day and sleeplessness by night is also found under bell., phos., cinchona, ledum, kali carb., caust., and magn. carb.

*Belladonna* is suited to cases of more recent origin. It is of

prime value in sleeplessness after opium addiction and alcoholism. Restless sleep at night, frequent starting, sudden awakening from sleep with frightful dreams; patient is sleepy but cannot sleep, but passes into a confused state when he knows not whether he is asleep or awake. Dull and stupid in the day time, with incoherence of speech, worse when in a quiet room, better when out in the open air.

*Hyoscyamus*, frequent awakening, twitching, groaning, after disappointments in business or love affairs; patient is addicted to lewd and immodest behaviour.

*Stramonium* in the second stage of delirium tremens, when the patient indulges in ridiculous gestures.

*Strychnia* in insomnia caused by hepatic disorder; characteristic awakening at the same hour in the morning; restless night; tired in the morning; sleepy in the day.

*Pulsatilla* after excessive use of quinia, tea, strychnia or iron. Sleep before midnight prevented by fixed ideas; wide awake in the evening; first sleep restless; sound sleep when it is time to get up.

*Calcarea carb.*, difficult to get to sleep on account of involuntary thoughts, and when asleep soon awakens again; great inclination to sleep in the evening. *Calcarea* is not likely to become a routine remedy, but it is often overlooked when it is the simillimum.

*Coffea* is useful as a palliative. It soon wears out its effects. It may be given in temporary forms occurring during convalescence from fever.

Other indications are:

*Aconite*, after hemorrhage.

*Ignatia*, after grief.

*Capsicum*, after homesickness.

*Lycopodium*, after indigestion.

*Tabacum*, with dilated heart.

*Ferrum*, with chlorosis.

*Moschus*, with hysterical excitement.

*Lupulin* in chronic non-febrile diseases where sleeplessness is a concomitant.

Dr. T. F. ALLEN, in his paper, said that the medical treatment must be combined with the purely hygienic. Of the remedies for insomnia, *coffea* no doubt stands at the head of the list. Next to that, alcohol is a valuable remedy. When sleeplessness is associated with mental activity, characterized by perverted and deranged ideas, alcohol should be given in extremely small doses. While the *coffea* patient follows a train of thought clearly and persistently, the alcohol patient has a confused rush of ideas often of a grotesque nature.

*Cannabis indica* is, however, characterized by most fanciful

imaginings and hallucinations, generally of a pleasant nature. The patient, while lying awake, really enjoys the florid mental pictures which are conjured up by the morbid brain cells.

Dr. T. F. ALLEN opened the discussion by asking if any one had any experience to give in the treatment of insomnia. Frequent cases of most intractable insomnia are met with from overworked brain. They come to us well dosed with anodynes, having tried everything else. Almost uniform failure follows medication. These cases can only be restored by prolonged hygiene.

Dr. Jno. C. MORGAN referred to Schüssler as having grappled with the question and recommended magnesium phos. as a nerve nutriment. He had used it in a variety of nervous conditions, insomnia being among the number. In recent cases occurring among business men from overwork, he had found positive benefit from gelsemium. Magnesium phos. is better after exhaustion or lack of brain nutrition. In the case of drunkards, the honours have been divided between gelsemium and aconite. Dr Morgan thought that dreams are sometimes of use in making the prescription. A patient subject to melancholia so violent in the middle of the night that he could not go to sleep. If he did, he would dream of water in some way. *Veratrum viride* was given and proved beneficial. Then came turbulent restlessness, which is an indication for *hyoseyamus*. *Kali bromatum* is a much neglected remedy.

Dr. Geo. S. NORTON said that hypermetropia might be a cause of insomnia. The hypermetropia throws a strain on the muscle of accommodation which is communicated to the brain, and thus gives rise to disturbance there and even of insomnia.

Dr. H. C. ALLEN referred to another cause. The majority of the cases of insanity are men who work hard with their brains and also use considerable tobacco, coffee, liquor and things of that kind. The consequence is they feel tired at night; they cannot sleep. Some cannot sleep without their stimulants. He had never had a case of insomnia that was not associated with some of these troubles. He remembered one case in which a college professor after delivering his morning lecture was unable to walk home until he had smoked a cigar.

Dr. CHAS. MOHR said that there were four hundred remedies having sleeplessness and one hundred with coma. Some of them have been verified; many of them have not. The reason why more have not been verified is because physicians get into routine practice instead of studying the *Materia Medica*. He agreed with Dr. Allen respecting the importance of rest away from home. But we have patients who cannot get away. We do not drug them with chloral; we cannot give them alcohol even in limited quantity. In such cases study the *Materia*

Medica and find the remedy which will cover the case. He then related the case of a woman who had been troubled with insomnia for years. She was worrying all the time about her family matters and the education of her children, and studying how to make both ends meet. Finally she would lie down in bed and begin to think either of herself or of her children. Again there would arise spectres of her friends who had died. She became morbid on the subject of seeing dead people. Various remedies were tried without effect. In studying comparisons with lachesis, the speaker came across that symptom under *crotalus cascavella*, which he gave in the seventh potency with curative result.

Dr. A. M. CUSHING had found that *cannabis indica* would almost always produce sleep in drunkards. He also referred to the case of a lady who was treated at an insane asylum without result. Finally she came under his treatment. He decided on *actea rac.*<sup>200</sup>, which cured her.

Dr. T. F. ALLEN said that the trouble is not where we find concomitant symptoms. They are easy enough to cure, as we can then get at the remedy. Cases that trouble us are those of simple uncomplicated insomnia, where the only symptom discoverable is simple sleeplessness from functional inactivity.

#### INTERNATIONAL PHARMACOPEIA.

THE following important resolution will interest all who have not forgotten the proceedings at Basle last year:—

The Committee on Pharmacopeia presented its report through Dr. A. C. Cowperthwaite, as follows:—

Your committee appointed to consider and report on the advisability of having a pharmacopeia issued under the auspices and by the authority of this body, would say that in view of the importance in the uniformity in the process and preparations of pharmacy, and especially in view of the various opinions expressed by pharmacists writing upon the subject, it is our opinion that there should be prepared and published a pharmacopeia by joint action of committees from the several countries as suggested by the chairman of this committee at the World's Convention, in London, in 1881, and by Mr. Wyborn at the late convention at Basle. At the latter convention a special committee, consisting of Drs. Cowl and Giesecke and Mr. Wyborn, was appointed to consider and report upon the International Pharmacopeia. In presence of such action, your committee would recommend the appointment at this time of a special committee to co-operate with the American members of the International committee, consisting of Drs. Lewis Sherman, J. W. Clapp, and F. E. Boericke. And in order to bring the work into more definite shape, we would recommend that the

special committee be instructed to take the British Pharmacopœia as a basis, and to report the character of the changes considered necessary in order to adapt the work to the needs of the profession in all countries. Very respectfully submitted,

J. P. DAKE,  
A. C. COWPERTHWAITÉ,  
CONRAD WESSELHÉFT.

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## GENERAL CORRESPONDENCE.

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### RETAIN THE $\mathcal{C}$ .

*To the Editor of the HOMEOPATHIC WORLD.*

I NOTICE with regret in the later issues of the *World* that in future the grand word Homœopath is to be emasculated, by you and your proof-reader, by the castration of the vital part of its diphthong. In your May issue you said: "We invite discussion on the subject." In now availing myself of your invitation, I would say that, as one of the younger members of our common family, I have borne in mind the line, "Fools rush in where angels fear to tread," and waited for the elders. As they have tread very lightly, or not at all as I have been able to see, I can no longer repress my desire to enter a protest against your action being made final.

Is not the name bestowed upon the new system by the astute Hahnemann good enough for the system? and are they (the system and its founder) not entitled to respect enough from us to allow the system to retain its rightful, original, I may say, God-given name? I would as soon think of dropping from our immortal Hahnemann's name the little *h* and the final *n*, simply because, forsooth, "fonetically," they are not needed, and take up too much of our valuable space!

The change is unwise on philological and other logical grounds. Can you tell by looking at the shorn lamb what the name means? As *homæo* means "like," *homo* means "man," and *home* means "home" (the good old English "home, sweet home"), what does *homeopathy* mean? To my knowledge several hidebound, shell-back "regulars," in making their diurnal Herodistic rounds, imbue, or try to imbue, whole families with the idea that the popularity of our system in this country is due simply and solely to the fact of the accidental similarity of its name to that of that "dearest spot on earth," and that it is a *home* system, and only suited for *home* use, by a member of the family, but that when

one is really sick a *doctor* must be called. Your change makes such a view more plausible.

Philologists apparently take mournful pleasure in tracing a word to its fountain-head. I am not claiming the "earth and all its fences" for their cause, and I am with you in your desire to drop diphthongs "and sich;" but I cannot but feel that *an exception must be made in this instance*. If you still feel called upon to drop something, allow me to suggest (and at the same time bring this subject nearer the English heart) that you drop the "blarsted" supernumerary *u* that now so superfluous lags in words *u* so often *u-se*—*i.e.*, rumor, honor, favor, &c.

You say: "Why have not our ever-to-the-front American brethren given us a lead in this direction long ago?" They will never march abreast with you in this cause, but, like Hamlet, will exclaim:

"Why, I will fight with him upon this theme  
Until my eyelids will no longer wag!"

The "dominant school" in the United States has long pursued what I may call the "gobble" policy. This Mascot of medical science, our system, has just passed through the process of insalivation immediately preceding the final act of deglutition which the great medical anaconda is so anxious to complete. He doesn't eat often, but he wants a good square meal when he does eat. We propose to see that we are not swallowed head first anyhow, so that our horns, if we are swallowed, will give him at least ante-mortem trouble, and require heroic treatment in the way of emesis. Many specious promises are being made, the most seductive being to the effect that all that is now needed to make the two schools a "band of brithers" is that we renounce our distinctive title. This plan we (except a very few misguided ones, including, I am sorry to say, one of our New York journals) propose to oppose, and to that end hold, that not one jot or tittle of our distinctive title shall pass away. We "must have cause more relative than this" that you propose for dropping our toothsome diphthong ere we feel compelled to change the names of our oldest national medical society and each of our colleges, besides hospitals, dispensaries, institutions, and journals without number. Still this slight change would probably not prove an entering wedge to rend us asunder and pave the way for complete affiliation under one name with those at heart or avowed now our enemies. But in America, as in England,

"Large oaks from little acorns grow."

Nearly all our newspapers *have* dropped the diphthong in this word (including the Kansas City *Star*, which you instance, but



which is published in Missouri, not Kansas, as you seem to infer), but this is because they follow their dictionaries, whose makers, in turn, by accident or design, have made grievous errors. But if you claim to follow your dictionary, I warn you never again use that frequent *gaucherie* "Homœopath," but say "Homœopathist." I can't find the former in the accustomed channels.

Yours for Homœo.,

W. B. CLARKE, M.D.,

Secretary, Indiana Institute of Homœopathy.  
Indianapolis, Indiana, July 14, 1887.

### STRENGTH OF ALCOHOL FOR DILUTIONS.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—Not a little mystery hangs about the remarkably prompt action of high attenuations on a diseased system. The mystery extends to the preparation also. To clear these up in my mind, as far as possible, I have ventured to beg admission into our monthly.

Messrs. Keene and Ashwell, in their "Companion," appear to get to 60 O. P. spirit as quickly as the drug will allow. From conversation with fellow Homeopaths I can only gather that this rule is to avoid precipitation. I have many bottles purchased from a large London firm, and taking Cina 3 I added a few drops of Cina  $\phi$ . Precipitation immediately occurred, and I concluded from that that the rule of reaching quickly, and retaining 60 O. P. spirit for attenuations, was not absolute. My mode of operation for some time has been to keep my attenuations at least two degrees of strength above the strength of the  $\phi$ , and the practical effects of the medicines have not been altered. The lower strengths of spirit do not so readily creep up the corks. If the objection is in regard to precipitation, may I ask why it does not extend to the water in which the drug is taken? What becomes of the atom of phosphorus or sulphur suddenly transferred from absolute alcohol to a water vehicle. Clinical experience goes to prove that it permeates the whole of the water; yet, if it is so, why should 60 O. P. be a necessity for attenuations?

XAVIER.

2, The Avenue, Dundonald Street, Stockport.

### HOMEOPATHY IN TASMANIA.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—Knowing you are much interested in the progress of Homeopathy in the Colonies, I think perhaps it may not be amiss to let you know how we are moving in Tasmania. Homeopathy has now been established at Hobart, in the southern

part of the colony, for many years; but until four years ago very little was known about it in the northern part of the island, of which Launceston is the principal town with a population of 15,000. A chosen few practised it, but there was neither doctor nor chemist to assist in developing the nucleus; and when Dr. Samuel Brown came from Chester to settle here four years ago, at which time my pharmacy was opened, he had to begin at the very beginning. However, when he was obliged to leave through ill-health, his practice was considerable. This has been taken up by Dr. M. W. Gutteridge (late of Bradford), and Homeopathy is now going ahead in a most promising way. We have been experiencing opposition lately (a sure sign of its flourishing state); and a Poison Bill was introduced into the Tasmanian Parliament not long ago by the Allopaths, especially mentioning Homeopathic medicines of a poisonous nature (in the crude state) to be labelled "poison" up to 3x strength, and a register of all sales kept. However, we had a public meeting in Launceston, which was attended by many of the most influential people of the town, and fought hard against it, sending a petition to Parliament, and getting several of the members interested in Homeopathy to help us, with the result that the 3x was altered to *Mother Tinctures*, which of course we considered but fair. Dr. Gutteridge was elected medical officer to one of the Friendly Societies without a dissentient voice, and the two Allopathic doctors connected with the society immediately threatened resignation. The matter is now in abeyance, but their action has only won us more friends than ever, and done Homeopathy more good than harm. The League is doing good work here; there are several members in this town, and several hundreds of the tracts are now being judiciously distributed among reading and thinking people. The result will be, we hope, still more converts coming in; as it is, so far, we are very well satisfied with the results our friends' efforts and our own have produced. We have many (both male and female) quite enthusiasts in Homeopathy, and the best thanks of all interested in spreading its grand truths are due to them for the energetic way they have contributed to the present satisfactory state of Homeopathy in this colony. I may also mention that our doctor has been gazetted Surgeon to the Northern Defence Force—the first Government appointment held by a Homeopath in the colony, I believe. We look out eagerly every month for news of the work the League is doing, and hope and believe that it will do much towards spreading Homeopathy in the old country as well as in all other parts of the world.

Yours faithfully,

STYANT BROWNE, *Homeopathic Chemist.*

The Homeopathic Pharmacy, Launceston, Tasmania,

June 8, 1887.

THE QUESTION OF VACCINE DISEASES IN  
PARLIAMENT.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—In defending the recent vote for bonuses paid to public vaccinators (amounting to £16,500 per annum) the President of the Local Government Board openly stated, to the astonishment of half a dozen medical members of the House (several of whom have proclaimed, either in Parliament or in the public press, the danger of imparting syphilis by means of vaccination), that of six millions of public vaccinations no case of the kind had ever occurred! But if this extraordinary statement is true, or even approximately true, wherein, may I venture to ask, is the use of the New Official Instructions to Public Vaccinators, enjoining, in Clause 7, a careful examination of the Vaccinifer to see if any signs of hereditary syphilis existed? And is Mr. Ritchie aware that high authorities like Mr. Jonathan Hutchinson and Mr. R. Brudenell Carter had testified that the signs of syphilis were frequently undistinguishable until after the vaccination age? The President of the Local Government Board appears to be uninformed of this fact, and as it is one of paramount importance to the public health, I venture to ask permission to quote these eminent testimonies. At a discussion at the Royal Medical and Chirurgical Society on Vaccine Syphilis, Mr. Hutchinson said his cases were clearly due to vaccination, and the long period the disease might be latent without sign, was very alarming as far as vaccination went. They must investigate this point. It had been said that if a child reached four months without sign, it would escape; but this was not so. In many syphilis really lies latent till puberty. . . . Are such cases extremely rare? He feared not; all these occurred to him in the way of ordinary practice. His second series were by a public vaccinator, who had no idea of their existence. Other surgeons were, he feared, in the same condition, and thus a false feeling of security prevailed. Mr. Brudenell Carter's evidence is equally explicit. He says (*Medical Examiner*, May 24, 1877): "I think that syphilitic contamination by vaccine lymph is by no means an unusual occurrence, and that it is very generally overlooked, because people do not know either when or where to look for it. I think that a large proportion of the cases of apparently inherited syphilis are in reality vaccine, and that the syphilis in these cases does not show itself until the age of from eight to ten years, by which time the relation between cause and effect is apt to be lost sight of." The omission to reckon with this important pathological fact, on the part of those who are responsible for public vaccination, is surely a grave and inexcusable oversight. It points to the source of the startling aug-

mentation of deaths from infantile syphilis, from 612 per million of births in 1852 to more than three times that mortality at the present time. The only capital that the majority of the wage-earning classes can leave their children is a fund of good health, and for the State to rob them of this inheritance, under the plea of protecting that health, can only be regarded as a cruel and indefensible national blunder.

Yours faithfully,

WILLIAM TEBB.

Devonshire Club, St. James's, London, July 27, 1887.

## POISONINGS AND PROVINGS.

### ATROPINE.

THE following is from the *British Medical Journal* of July 2:—

#### A CASE OF ATROPINE POISONING.

A child, James H., aged two years, was admitted into St. Mary's Hospital on January 9, 1887. Two hours previous to admission he had swallowed the contents of a half-ounce phial containing a solution of atropine, which the mother had obtained on the previous day from an eye hospital. The amount of atropine taken was one grain.

On admission, that is, two hours after taking the poison, he presented the following symptoms: The pupils were widely dilated and scarcely reacted to light, the muscles of deglutition were paralyzed, the child being quite unable to swallow, and he was, on admission, in an excited state, the excitement, in the course of half-an-hour, giving way to a comatose condition. Three hours later, that is, five hours after taking the atropine, a red rash appeared on the face, arms, and upper part of the chest.

*Treatment.*—On admission I injected one-sixth of a grain of morphia acetate subcutaneously, and then I injected alternately five minims of sal-volatile and ten minims of brandy subcutaneously every quarter of an hour. This treatment was persevered with for four hours, at the end of which time one-sixth of a grain of morphia acetate was again injected hypodermically.

For two hours after admission the condition of the patient was so grave that recovery appeared to be almost impossible, but under the treatment just described he gradually improved, and after the lapse of nine hours from taking the poison the coma had passed off, the pupils had somewhat contracted and reacted slightly to light, the muscles of deglutition had recovered sufficiently to allow of the drinking of some milk, and the coma

had been succeeded by a condition of excitement. Two tea-spoonfuls of castor-oil were given. The child remained somewhat excited during the night, but slept at intervals, and drank milk several times. The bowels were freely opened, and twenty-one hours after taking the poison all the toxic symptoms had disappeared, and two days later the child was discharged from the hospital perfectly well.

A. P. LUFF, B.Sc.Lond., M.R.C.S., F.I.C., F.C.S.,  
 Lecturer on Medical Jurisprudence and Toxicology,  
 St. Mary's Hospital.

A NOVEL NIPPLE-SHIELD has been accidentally discovered by an American physician. One of his female patients, who lived in a country district, suffered greatly from sore nipples as well as from a too copious supply of milk. There was no druggist's shop within miles of her, and she took a wire tea-strainer, filled it with absorbent cotton, and placed it over the nipple. It was suspended from the neck by a tape. The device fulfilled its purpose admirably. This appears to be a happy idea, and might be taken up by some of our sundries houses. The cotton used may be medicated, and a fresh supply sent out with the shield.—*Chemist and Druggist*.

SALE OF ARSENIC-COLOURED GOODS IN SWEDEN.—Her Majesty's Minister at Stockholm in a recent despatch calls attention to the laws regulating the sale of goods, such as paper-hangings, roller-blinds, Venetian blinds, artificial flowers, and other articles in water-colours. If on chemical analysis 200 square centimetres of the article yield a black or blackish brown arsenic mirror in a glass tube of 1½ to 2 millimetres inner diameter, such goods may not be kept for sale nor sold. The same applies to stuffs, woven fabrics, yarn, lamp-shades, sealing-wax, wafers, composite candles, 100 square centimetres of which (or 21 grammes of the solids) yield the mirror.—*Chemist and Druggist*.

## MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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| <p><b>Basil (M. M.).</b> The Commoner Diseases and Accidents to Life and Limb; firstly, their Prevention; secondly, their Immediate Treatment. Cr 8vo, pp. 101. (Churchill. 10s. 6d.)</p> <p><b>Bell (Joseph).</b> Notes on Surgery for Nurses. 12mo, pp. 136. Oliver and Boyd, Edinburgh. (Simpkin, 2s. 6d.)</p> <p><b>Browne (Lennox).</b> The Throat and its Diseases, including associated Affections of the Nose and Ear. 2nd ed., rewritten and enlarged. Roy. 8vo, pp. 506. (Bailliére, 21s.)</p> <p><b>Carpenter (A.).</b> The Principles and Practice of School Hygiene. With Illusts. 2nd ed. Post 8vo, pp. 360. (J. Hughes. 4s. 6d.)</p> <p><b>Charteris (M.).</b> Health Resorts at Home and Abroad. 2nd ed. Post 8vo, pp. 224. (Churchill. 5s. 6d.)</p> | <p><b>Down (J. L.).</b> On some of the Mental Affections of Childhood and Youth: Being the Lettsomian Lectures delivered before the Medical Society of London in 1837; together with other Papers. Post 8vo, pp. 314. (Churchill. 6s.)</p> <p><b>Ebstein (W.).</b> Corpulence and its Treatment on Physiological Principles. New ed. Pp. 82. (Grevel. 3s. 6d.)</p> <p><b>Field (H., M.D.).</b> Evacuant Medication (Cathartics and Emetics). 12mo, pp. 238. (Philadelphia. 9s.)</p> <p><b>Fothergill (J. M.).</b> Vaso-Renal Change versus Bright's Disease. 8vo, pp. 216. (Bailliére. 7s. 6d.)</p> <p><b>Hutchinson (J.).</b> Syphilis. With Eight Chromo-Lithographs. 12mo, pp. 520. (Cassell. 9s.)</p> |
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- Hutchinson** (Jonathan). Illustrations of Clinical Surgery. Fasciculus 19. Plates 71-74. Fol. (Churchill. 6s. 6d.)
- Lowe** (John). Medical Missions: Their Place and Power. With Introduction by Sir Wm. Muir. 2nd ed. Post 8vo, pp. 298. (Unwin. 5s.)
- Lyons** (A.B., M.D.). Manual of Practical Pharmaceutical Assaying, Including Details of the Simplest and Best Methods of Determining the Strength of Crude Drugs, and of Galenic Preparations. 12mo. (Detroit. 6s. 6d.)
- Macdonald** (Greville). Three Lectures on the Forms of Nasal Obstruction in Relation to Throat and Ear Disease, delivered at the Throat Hospital, Golden Square. 8vo, pp. 78. (Watt. 5s.)
- Murrell** (W.). Massage as a Mode of Treatment. 3rd ed. Post 8vo, pp. 144. (Lewis. 4s. 6d.)
- Roose** (Dr. R.). Gout and its Relations to Diseases of the Liver and Kidneys. 4th ed. Cr. 8vo, pp. 181. (H. K. Lewis. 8s. 6d.)
- Schweigger** (C.). Clinical Investigations on Squint: A Monograph. Translated from the German by Emily J. Robinson. Edit. by Gustavus Hartridge. 8vo, pp. 152. (Churchill. 5s.)
- Seager** (Dr. H. W.). Light Diet: A Handbook of Dainty and Wholesome Diet and Cookery for all Classes of Invalids. Cr. 8vo, sewed, pp. 144. (Simpkin. 1s.)
- Skene** (A. J. C., M.D.). Diseases of the Bladder and Urethra in Women. New ed., 2nd, revised. Illust. 8vo, pp. 382. (New York. 15s.)
- Squire** (Wm.). On Infection and the Use of Disinfectants. With Notes on the Health of Children. 8vo, pp. 54. (Churchill. 2s.)
- Swain** (Wm. Paul). Surgical Emergencies. Together with the Emergencies Attendant in Parturition and the Treatment of Poisoning. 4th ed. Post 8vo, pp. 246. (Churchill. 5s.)
- Walsham** (Wm. Johnson). Surgery: Its Theory and Practice. With 286 Illusts. (Student's Guide Series.) 12mo, pp. 742. (Churchill. 10s. 6d.)
- Williams** (C. J. B. and Chas. T.). Pulmonary Consumption: Its Etiology, Pathology, and Treatment. 2nd ed., enlarged and rewritten by C. Theodore Williams. 8vo, pp. 462. (Longmans. 16s.)

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### SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, St. George's Terrace, Gloucester Road, South Kensington, S.W.

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We always go early to press, and would therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

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#### CORRESPONDENTS.

Communications received from Dr. Dyce Brown, London; Dr. W. B. Clarke, Indianapolis; Dr. T. M. Strong, Ward's Island, New York; Dr. Dudley, Philadelphia; Dr. Dudgeon, London; Dr. Pope, Tunbridge Wells; Mr. Daniel, London; Dr. Stevens,

Bristol, Texas, U.S.A.; Mr. J. F. Doran, Stockport; Mr. T. Styant Browne, Tasmania; Mr. Tebb, London; Dr. E. M. Hale, Chicago.

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#### BOOKS AND JOURNALS RECEIVED.

Maanedskrift fir Homeopathi.—Chemist and Druggist.—Clinical Review.—Medical Visitor.—Medical Era.—Book Chat.—Clinique.—Southern Journal of Homeopathy.—Allg. Hom. Zeit.—Revue Homœopatique.—Medical Advance.—El Criterio Medico.—Homeopathic Review.—Revista General de Homeopatia.—Medical Counsellor.—L'Art Médical.—Le Reforma Medica.—Zoophilist.—Monatsblätter.—Calcutta Journal of Medicine.—Hahnemannian Monthly.—United States Medical Investigator.—Medical Advance.—New York Homeopathic Medical College and Hospital: 28th Annual Announcement.

THE  
HOMEOPATHIC WORLD.

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OCTOBER 1, 1887.

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LIVERPOOL.

BETWEEN seventy and eighty medical men belonging to the Homeopathic body met in Congress at the New Hospital at Liverpool, on Thursday, September 22nd. The meeting, of which we have given a brief account, was one of the most successful of the kind ; and the additional interest attaching to the opening of the new hospital, the generous gift of Mr. HENRY TATE, made the occasion unique.

Of the address of the President, Dr. A. C. CLIFTON, we have given a slightly abridged report in our present number. The title of the address, which is full of practical interest and of the sagacity which characterizes all that its author writes, was—“*Therapeutic Changes in General Medicine during the Victorian Era: their Meaning and Lesson for Homeopaths.*” Dr. CLIFTON maintained that homeopathy had effected a *Reformation* of general medicine, but that this, though encouraging, has none of the satisfying character of a *Revolution*—which was the desideratum.

Friday, September 23rd, was a great day for Liverpool and a great day for Liverpool homeopathy. The Hahnemann Hospital is in every respect just what such an institution should be. It is beautiful from an architectural standpoint ; it is furnished in a most perfect way, and designed and fitted with every convenience for patients and their attendants. It is also a grand monument of the progress of homeopathy in the face of tremendous opposition, and cannot fail to be a great incentive to its furtherance in

the city it adorns. The ceremony of the opening of the hospital, and the transference of the trust-deeds, was one of the most impressive it was ever our lot to witness. Mr. HENRY TATE, unfortunately, could not himself be present, but he was represented by his son, Mr. W. H. TATE, who read a letter from him, in which he expressed in simple, unaffected language, yet full of wise benevolence, the feelings which had animated him in presenting the hospital and in drawing up the trust-deed. The Mayor of Liverpool (Sir J. POOLE) presided, and, after an admirable address, formally declared the hospital open. Following the opening there was a luncheon, and in the afternoon a reception by the Ladies' Committee, and in the evening a concert. Liverpool has deserved well of homeopathy, and has good reason to rejoice.

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INFLUENCE OF INFUSED BEVERAGES ON DIGESTION.—Dr. James W. Fraser has studied experimentally the action of our common beverages on gastric and intestinal digestion. These are his conclusions:—(1) It is better not to eat most albuminoid food-stuffs at the same time as infused beverages are taken, for it has been shown that their digestion will in most cases be retarded, though there are possibly exceptions. Absorption may be rendered more rapid, but there is a loss of nutritive substance. On the other hand, the digestion of starchy food appears to be assisted by tea and coffee; and gluten, the albuminoid of flour, is the principle least retarded in digestion by tea, and it only comes third with cocoa, while coffee has a much greater retarding action on it. From this it appears that bread is the natural accompaniment of tea and cocoa when used as the beverages at a meal. Perhaps the action of coffee is the reason why, in this country, it is usually drunk alone or at breakfast—a meal which consists much of meat, and of meats (eggs and salt meats) which are not much retarded in digestion by coffee. (2) Eggs are the best form of animal food to be taken along with infused beverages. Apparently they are best lightly-boiled if tea, hard-boiled if coffee or cocoa, is the beverage. (3) The caseine of the milk and cream taken with the beverages is probably absorbed in a large degree from the stomach. (4) The butter used with bread undergoes digestion more slowly in presence of tea, but more quickly in presence of coffee or cocoa; that is, if the fats of butter are influenced in a similar way to oleine. (5) The use of coffee or cocoa as excipients for cod-liver oil, &c., appears not only to depend on their pronounced tastes, but also on their action in assisting the digestion of fats. (*Journal of Anat. and Physiol.*, April, 1887).—*Practitioner.*



## NOTES.

## A CURIOUS FARM.

THE following is from *The Daily News*. The writer mistakes *Crotalus* for *Lachesis*, and the poisonous heads of the snakes for their innocent tails; but allowing for this, there may possibly be some truth in the rest of the story:—

“It seems that that eccentric ‘agriculturist’ who some little time ago was reported to be devoting forty acres of land to the growing of nothing but rattlesnakes actually exists. His ‘farm’ is really to be found in Illinois, and *The Magazine of Pharmacy* gives particulars of his business. The poison of the rattlesnake’s tail is known in homeopathy as ‘Lachesis,’ and there is a pharmaceutical firm in Philadelphia which takes 250 a year, and pays a pound apiece for them. Probably the farmer has other customers, or else this does not seem a very brilliant income from forty acres of land and the charge of these creatures, to say nothing about the catching them and appropriating their tails, which must be even livelier fun than wasp and hornet hunting. It only comes to about £6 an acre, and one would think the land might be turned to better account. Probably there is not much labour to pay for on this farm; indeed, it would be difficult to imagine any locality to the management of which the principle of *laissez faire* would be more appropriate. The suggestion is too late this autumn, but next year tourists in search of a novel and interesting region for exploration might bear in mind this Illinois farm. Travellers would meet with no such vexatious interference there as they seem to have done this summer in other holiday resorts—our own Lake District, for example. They will probably find no trespass boards blocking their way to its choicer scenes.”

## GASTEIN.

DR. PROELL writes to us from Gastein as follows:—

“B. GASTEIN, August 20, 1887.

“In three cases of *chronic pleurodynia* (old epanchement) of the right side I found the use of the sixth dec. dilution of *Cantharis* very salutary, the pain (in sneezing, coughing, lying on right side) went away and did not return. In a case of *Diabetes mellitus*, 5 per cent. of sugar, in an elderly lady, the use of the *Gastein thermal water* (which became cold) took away almost all the intolerable *thirst*. Therefore I give the advice to honoured colleagues to order to such patients to drink every day (during a fortnight) three times a day, half an hour before meals, 100 grams of *Gastein thermal water*. It must be ordered already now, because end of September it would be too late, because it may become very cold and frost may set in, and then the bottles would be broken.”

We are very glad to emphasise Dr. Proell's recommendation, and beg to thank him for many interesting pamphlets on Gastein. We shall be happy to receive further information and further cases whenever he can favour us with them.

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#### DEATH OF DR. GEORGE TEAGUE, OF MELBOURNE.

We deeply regret to hear that Dr. George Teague, younger brother of Dr. James P. Teague, of Melbourne, Australia, met with a fatal accident whilst driving. His carriage, in turning the corner of a street, came into collision with another carriage, and he was thrown upon his head. The base of the skull was fractured, and he died without recovering consciousness. He leaves a widow and a son, to whom with his brother we beg to extend our sincere sympathy.

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#### STRAMONIUM AND HYDROPHOBIA.

DR. A. S. KENNEDY sends us the following interesting item :—

"A friend from India told me that the Buddhist priests can always prevent hydrophobia in the following way: They give a large dose of a certain seed; if hydrophobia virus is present, the patient immediately has a modified form of hydrophobia for three or four days, necessitating restraint; if the bite was innocent, then the only result is sickness and malaise. On inquiry I find the seed is a species of Stramonium (*vide* Hughes, about reports from missionaries)."

This agrees remarkably with an account given to ourselves by a gentleman who was formerly a Ceylon planter. A large hound belonging to himself went mad, and bit two of his native servants. These men were taken away into some secluded part, and there dosed with a drug (probably stramonium), which made them actually mad. In this state they were kept for two or three days, and then they were allowed to return to their work. No ill effects followed.

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#### PASTEUR.

THE report of the British Hydrophobia Commission appears to have turned the head of others besides Pasteur. The usually sane, if sometimes facetious, *Medical Era* is completely unhinged by that delusive document. It is not our business to point out the fallacies that lie under the

surface and on the surface of the Report. The hundred deaths already scored by M. Pasteur, and the number of human victims to rabbit-rabies, the direct consequence of M. Pasteur's inoculations, are a sufficiently eloquent comment on the system.

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THE "Æ."

DR. MURRAY MOORE writes to us from New Zealand:—

"I object to Homeopathy, instead of Homœopathy, as a classical scholar. I have always advocated the exact transliteration of classical derivatives, *so far as is possible*, in our language, because such transliteration demonstrates, even to the tyro, their origin. And *we* know that Homœopathy as derived from *ἑμοῖος* and *πάθος*. But of course I admit Professor Skeat's contention that we have abandoned the *æ* and *œ* in many such derivatives. The whole question turns upon whether classics are to be continued as compulsory subjects of public education; *if so*, let us make our spelling of all classical words as *accurate* as possible."

Another correspondent objects to the change on the score of the desirability of having a little uncommonness about a word. There is something in this. Even in these enlightened days human nature has a lingering preference for the mysterious and the unknown. But we venture to think that the talismanic properties attaching to the much-loved diphthong are more than counterbalanced by the disastrous failures that so often attend the struggles which many meritorious but unclassical persons make to spell the word correctly. The argument that the word as newly spelt will be differently pronounced we cannot at all allow. It is urged that Homeopathy will be pronounced "Homeopathy." But if R-omeo spells Romeo, we cannot see why H-omeo should not spell "homeo." Besides, the purists who would retain the diphthong should be consistent classics, and *pronounce* it long. But the fact is the genius of the English language is against them. It has mastered them in the pronunciation, and it will master them in the spelling also. We are glad to see that *The New England Medical Gazette* endorses our opinion. It confesses—albeit with a deep sigh—that homœopathy must go.

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CHANGE OF ADDRESS.

DR. JOHN C. STALEY writes to us that he has removed to Willow Bank, St. Anne's-on-Sea, near Blackpool. Dr.

Staley is a recent convert to the faith, and we wish him every success in his new sphere.

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#### THE HAHNEMANN ORATION.

DR. DUDGEON has been chosen to deliver the eighth Hahnemann Oration. The date fixed is Monday, October 3rd, at five o'clock. Mr. Cross, the secretary of the hospital, will be happy to supply tickets to any who may wish to be present.

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#### A THERAPEUTICAL SOCIETY.

THE following is from *The Chemist and Druggist* of September 10th :—

"A society of medical men has recently been formed under the title of the Therapeutical Society, whose objects are of the first importance to pharmacists. Briefly stated the society is formed for the purpose of investigating all methods of treatment of disease, past, present, or future. All medical practitioners are eligible for election, *provided they have not already avowedly pledged themselves to any exclusive line of therapeutics.* Meetings will be held in London once or twice a month during the winter and spring. It is proposed to have a quarterly journal of proceedings, so that not only the provincial members but the general profession abroad may be kept in touch with the work of the society. All methods of treatment will be discussed, and the word 'therapeutical' is to be taken in a broader sense than as of only referring to drug treatment. The annual subscription will be 10s. 6d. for the first two hundred members; then £1 1s. will be the charge. This subscription is only due after the first general meeting, and payable to the treasurer, and is not inclusive of the price of the journal, the subscription for which will be decided by the council later on. The council consists of Dr. Sydney Ringer, F.R.C.P. and F.R.S., president; and Drs. Milner, Fothergill, Prosser James, Stretch Dowse, Haward, Rayner, Campbell, and Illingworth as executive council. Mr. A. G. Bateman, M.D., of 64, Longridge Road, S.W., is honorary secretary. We understand that the action of drugs will not be an entirely subordinate part of the society's proceedings. This being so it is desirable that pharmacists should be associated with the medical men in the work of the society. The treatment of disease is to a large extent dependent upon the manner in which drugs are exhibited, and to determine the best means of exhibiting remedies, and for the investigation of the properties of new remedies, the Therapeutical Society would find great assistance from a pharmaceutical section composed of pharmacists. We throw out the suggestion in the hope that something may be done in this direction while the society is in its infancy."

The part italicised is apparently aimed at homeopaths, but of course, except in a few instances, misses the mark.

We advise homeopaths to join the society, and are glad to know that several have done so already.

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#### CHURCHILL'S DIRECTORY.

MEDICAL boycotting has broken down in one of its branches. The Messrs. Churchill have hitherto refused to insert the appointments held by homeopaths at homeopathic institutions or to insert the titles of homeopathic works and credit them to their authors. This was done at first out of deference to the prejudices of the stupid majority. The said majority now find that it is inconvenient not to be able to "spot" a homeopathist when they see his name in the directory, and think that if their appointments and works are given, it will be a much easier matter. From this very lofty motive the business-like proprietors of the directory have decided to be fair to homeopaths to this extent for the future. But we must not mistake this for the millennium.

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#### KEFIR.

IN his valedictory address as President of the British Homeopathic Society Dr. Roth alluded to the preparation called *Kephir*. According to his description it is "milk, which by the addition of some specific ferment is changed into a substance in alcoholic fermentation." All kinds of milk can be thus fermented. It is usually made of unskimmed boiled milk, but there are many varieties. The kefir ferment is a specific kind, and makes the difference, as we gather, between kefir and koumin, which latter is milk fermented by several distinct ferments. Kefir may be prepared by adding the kefir ferment to milk, or by adding sour milk in the proportion of 1 to 8 or 10 of sweet milk. Professor Monte, of Vienna, recommends it for infants suffering from chronic dyspepsia or intestinal catarrh, also for older children with abdominal complaints, anemia, considerable emaciation after exhausting diseases, chronic catarrh of the stomach and intestines, bronchial catarrh, and chronic pneumonia, kidney diseases, and rheumatism of the joints. Kefir is not only nourishing, but causes appetite, and enables patients to take other food without difficulty. Fresh air is a very desirable addition to kefir treatment.

## ORIGINAL COMMUNICATIONS.

THERAPEUTIC CHANGES IN GENERAL MEDICINE  
DURING THE VICTORIAN ERA: THEIR MEAN-  
ING AND LESSONS FOR HOMEOPATHS.

BY ARTHUR C. CLIFTON, M.D.\*

GENTLEMEN, AND MEMBERS OF THE HAHNEMANNIAN BROTHERHOOD.—It is with hearty good-will that I welcome you to this, the twenty-third Congress of the homeopathic practitioners of Great Britain and Ireland, and the second meeting of a similar nature in this renowned city of Liverpool.

The former Congress was held just ten years ago, under the Presidentship of our friend and colleague, Dr. Alfred C. Pope, who delivered a most able address on "The Causes of Professional Opposition to Homeopathy." The papers that were read by Drs. Ed. Blake, Drysdale, and Richard Hughes were most valuable and suggestive, and the occasion was rendered still further memorable from the year during which it was held having been the Jubilee year of the introduction of homeopathy into this country.

This Congress, gentlemen, will be equally memorable, from the fact of 1887 being the Jubilee year of the reign of Her Majesty Queen Victoria, and from the additional and happy circumstance of our meeting being connected with the inauguration of the building in which we are now assembled, "The Liverpool Hahnemann Hospital," a building erected through the munificence of a worthy citizen of this place, out of good-will to homeopathy and suffering humanity.

Going on to the subject he had chosen for his address, "Therapeutic Changes in General Medicine during the Victorian Era: Their Meaning and Lessons for Homeopaths," Dr. Clifton said:

This subject, gentlemen, will, I fear, at first sight, appear to many of you trite and unattractive, but my object is not so much to consider the number and variety of the changes in general medicine, as their intrinsic character and what they indicate, and also to notice, in connection with this,

\* The Presidential Address (abridged) delivered at the British Homeopathic Congress, held at Liverpool, September 22, 1887.

some of our errors in the past and our duties in the present, and so to "point a moral" rather than "adorn a tale."

And now to my task. I shall first consider the state of therapeutics in 1837, and here I shall not detain you with more than a very brief outline.

Homeopathy, only introduced into this country a few years previously, may, by reason of the comparatively little impression it had then made, be passed over at this stage of our inquiry, except to notice that, whilst it was but little known and still less understood by the general body of the profession, it was nevertheless denounced by them as a mere "hocus-pocus," a delusion and a snare; and by one of the physicians of your city, homeopathy was compared to a "hydra-headed monster which, 'like a tall bully, lifted its head and lied;'" whilst its author, Hahnemann, was caricatured as a wild dreamer and a mountebank, and the disciples of Hahnemann were sneered at as "knaves or fools."

The *principles* or *methods* of therapeutics at that period, you will remember, were, mainly, the antipathic, the allopathic, and the empirical, and these, in their application, were based on the science of pathology, in the restricted sense in which it was then understood; and as that science, if such it could rightly be called, was highly materialistic and humoural, the nature of the measures for overcoming disease corresponded to it, consisting chiefly of drugs in a very gross form, together with moxas, issues, setons, and venesection by leeches, the lancet, the scarificator or the cupping-glass.

*Materia Medica* was in the crudest state, the knowledge of drug action was solely sought after, *ab usu in morbis*, and the several drugs were classified as aperients, alteratives, diaphoretics, emetics, sedatives, tonics, &c.

The *polypharmacy* of that period, too, was a disgusting "pot-pourri," and the extravagant dosage of drugs which then prevailed will also recur to your minds.

Such was the *practice*, and inspiring it was a *faith*, strong, definite, and unwavering, leaving in the minds of its possessors "no hinge nor loop to hang a doubt on"—and although it was a faith not founded on an accurate or intelligent interpretation of phenomena, it was, nevertheless, most workable.

Such were the therapeutics in general medicine in 1837, but "the old order changeth," and very different are the therapeutics of 1887.

The principles or methods in medicine to-day are no longer confined to the antipathic, the allopathic, and the empirical; but there are, in addition, the analeptic, the antiparasitic, and germicide methods, besides others less marked in character; yet, from amongst them all, there is no particular method singled out and adopted to the extent of being regarded as a general rule of practice; the "rational" school of medicine, as the medical leaders of the day designate themselves, recognize no fixed or polar star as a guide, but "Eclecticism," "go as you please," is the order of the day. Moreover, in the carrying out of these methods, the science of pathology is still made the fulcrum. Pathology, it is true, is now understood in a much wider sense than formerly, and has become more of a science; we have arrived at a more accurate knowledge respecting the causes of many diseases, their manifestations and modes of development; theories respecting the essential nature of disease have also undergone change, largely in the directions of the teachings of Hahnemann, Tessier, and Drysdale; yet, with all the changes and increase of knowledge, pathology remains to a great extent materialistic, speculative, and uncertain, and is at the best a very sandy and unsafe foundation for therapeutic purposes.

*Pharmacology*, you are aware, has made some progress, although not far in our direction, for a knowledge of drug action is still sought for *ab usu in morbis*, and by experiments on the lower animals, instead of on the healthy human organism, and consequent on this irrational method of investigation of the action of drugs, but little good has as yet been accomplished, and how little this good is, will be seen in Dr. Whitla's address at Dublin last month.

With regard to *therapeutic agents and measures*, there is a vast change. Electricity, galvanism, massage, and baths of various kinds, agencies of great value, known and used to a slight extent in 1837, these have all been studied of late years with great care and diligence, and as the result of such investigation the indications for their use are more clearly defined, and their employment is more general and successful. The *Pharmacopœia* of to-day is very unlike that of the former period; many of the old and well-known drugs are now omitted, and in their place there is a variety of altogether new drugs, rivalling in elegance of form and definiteness of composition the pharmaceutical preparations of our own school, whilst mineral waters have in a large measure displaced the traditional blue pill and black draught.

*Polypharmacy*, too, has become much restricted, and the corresponding vice of large dosage is reduced so far as it can be consistently with the antipathic method of prescribing; whilst,



as a climax in the change of remedial measures, we rejoice that the cruel auxiliaries of the former period—the moxas, the issues, the setons, and the venesections—that these are now moribund, and that over them may be written, as over many other things, “Ichabod.”

Nor must we fail to notice important changes on the old lines of thought in some of the dicta of leading men in the old school, such as: “Whilst physical signs help us to detect only coarse and decided changes, and are chiefly useful in diagnosis, symptoms are far more useful in prognosis and in treatment;” and we are further told, “the whole of the symptoms, objective and subjective, including the mental and moral phenomena pertaining to each individual case, must be taken as guides for medical treatment rather than any nosological form of disease.”

These departures from the old teachings in medicine, bearing as they do to a large extent on therapeutics, and which are, moreover, in accord with the very alphabet of homeopathy, have for us a profound significance. Finally, in the place of the old and sturdy faith, so sublime in its comparative ignorance, we have now the hazy doubt of the country general practitioner, and the tranquil scepticism of the city physician—a doubt and scepticism extending not only to all methods of therapeutics, but to the curative action of drugs as well. What a change! From the confident Sangrados and materialists of the past to the saying of Sir Wm. Gull (an echo of many others): “People do not get well by drugs—the duty of the physician is not to give drugs, but to see that nature’s powers are not interfered with.”

Nor is this all. To make the contrast complete this very *Vis Medicatrix Natura*, alluded to by Sir Wm. Gull and others—even this rock and shelter for the disabled and distressed—is now shown to be as unstable as the famous rocking-stone on Mount Ephraim, and, like it, has indeed been thrown down by no less a champion in the orthodox camp than Dr. Benjamin Ward Richardson, who says: “The belief in this process of nature has, in the concrete, no basis whatever—that the term is entirely a misnomer, except it be limited simply to the capacity possessed by the organism at different periods of life to resist gravitation.”

And yet again, what is the reflection that will naturally be cast upon those who are content to trust a patient to a supposed inherent tendency to recover? Let Dr. Richardson once more supply the answer. “When,” he says, “we leave disease to what we glibly call nature for cure, we confess ourselves to be what we are, incapable men invoking an incomprehensible, indefinite power.”

When, gentlemen, we see this new attack on one of the

strongholds of expiring confidence, we may well say that 1887 sees not only "the eclipse of faith," but the anarchical midnight of agnosticism.

After referring to Dr. Gairdner's address at Dublin, Dr. Clifton went on :

I have brought you thus far, gentlemen, along the defiles of introduction, on a well-known road, and at last arrive at the central point of my address, viz., the intrinsic character of these changes, and *their meaning and lessons for homeopaths*. To loose thinkers among the British public, the words "Reformation" and "Revolution" may appear interchangeable, and all discussion on them as vain as the traditional contest "between nose and eyes" "to which the said spectacles ought to belong," but to men of principle and action the difference in their meaning is profound: "Revolution" being a stirring up of the depths, a change to new lines and to new principles, and settling on a new course with a new star as beacon; and this cannot be affirmed of "General Medicine"—for the additional methods and the additional therapeutic agents, with the restriction and obliterations of some old ones, this constitutes no stirring up of the depths, for the changes are only on the old lines, and in them there is no new star or beacon—they are only a "Reformation"—for the old empiricism is behind; in fact, Dr. Gairdner remarked: "The healing of disease is still largely empirical."

It is true the old school have appropriated many of the drugs we use, employing them, too, in forms of disease similar to those in which we prescribe them, and in states to which they are homeopathic; the principle of *similia* has moreover gained acceptance under cover of the opposite action of large and small doses, and is now admitted to be a rule of partial application.

Until, however, this principle is more clearly seen, understood, and made a general rule of practice, we must consider this and other changes small in effect and still smaller in character, partaking only of the encouraging nature of a "Reformation" rather than the satisfying results of a "Revolution."

Now, gentlemen, in this process of Reformation even our opponents admit that homeopathy has played a part, but you are aware it has had a much larger influence than appears either on the surface or from the extent which its acceptance by the old school would indicate. We have recently been told by Professor Gairdner that "the evolution of the art which has been going on is not at all the work of any one man, or of any one school—but the spirit of the age," and this we accept; but say further, that whoever will carefully examine the writings and teachings of Hahnemann in connection with the therapeutics of his day,

and compare them with those of the present Jay, will see that the changes have been mostly on the lines which were laid down by him, and hence that he more than others has influenced "the spirit of the age" alluded to, and which we in a measure, and on the same lines have helped to mould. We cannot, however, rest here, but must carry on the "Reformation" to that which shall also be of the satisfying nature of a "Revolution," and towards this we must first direct our efforts towards correcting the aberrations of the so-called orthodox in relation to homeopathy.

Now you are well aware that somewhat recently we have had a glaring instance of the fallacies of the faculty respecting homeopathy, by no less a man than Dr. Lauder Brunton, in relation to one aspect of it, namely, what "constitutes a homeopathic medicine." I will not detain you with the details of the point in dispute, for you all know them, and that Dr. Brunton's view of the case is altogether an erroneous one, and his obscurity of vision the more remarkable, from the fact that he had culled so largely what suited his purpose from Dr. Samuel Potter's work on *Comparative Therapeutics*, in which the principles of homeopathy are pretty clearly set forth.

This piece of ignorance, together with other instances of the misunderstanding and misrepresentation of homeopathy with which we are constantly meeting, is a proof that much more teaching of its principles is required, notwithstanding all that has been done in this way by some of the most able and lucid writers on the subject, and although, too, every registered medical practitioner in this country has within a recent period been furnished with a copy of that clear and concise prize essay on *The Medical Treatment of our Time*, written by Dr. John D. Hayward of this city.

Let us therefore clear the ground once more; and first from what homeopathy is *not* before going to what it *is*. This for yourselves, gentlemen, is, I am fully aware, perfectly needless; but it is needful here, for the sake of those who are opposed to us, and for the yet further elucidation of the essential nature of our principles in contrast to those of the old school.

In the first place, you will say, homeopathy is *not* the endorsement of all the teachings and theories of Hahnemann.

It is *not* a complete system of medicine, nor is the principle of "similia" the sole and universal principle or method in therapeutics, nor has this been claimed for it either by Hahnemann or his disciples. The master himself pointed out the need for antipathic and other methods in some cases of disease.

It does *not* neglect the teaching of physiology, pathology, hygiene, and preventive medicine; but cultivates those sciences, and makes use of their lessons equally with the dominant school.

It does *not* ignore the value of physical signs and objective symptoms in diagnosis, nor neglect to trace them as well as subjective symptoms back to their pathological indications.

It does *not* consist *simply* in giving one medicine at a time, and that in infinitesimal doses.

*Neither* does it dispute the need for drugs in material doses, when used as antiparasitocides, germicides, vermicides, or as antidotes to poisons, or even as palliatives in special cases, not coming within the domain of cure.

All these points, Hahnemann himself tacitly, and in some instances openly admitted, and his followers have all along done so. And you will say, so far as the reverse of this is affirmed by the profession or by others, such affirmation is grossly and ludicrously false.

I may now turn to what homeopathy is, and you will agree that its essential features cannot be more clearly stated than in the words of a well-known hand in medicine: "Homeopathy is a therapeutic method, formulated in the rule *similia similibus curentur*—'let likes be treated by likes'—the two elements herein implied are the effects of drugs on the healthy body, and the clinical features of disease, in either cases all being taken into account which is appreciable by the patient, or cognizable by the physician, but hypothesis being excluded; that medicines selected on this plan are administered singly, that is, without admixture, and in doses too small to excite aggravation or collateral suffering."

Homeopathy as so stated in detail may be summed up in the following points:—

1st. The provings of drugs on the healthy human organism in order to ascertain their physiological action.

2nd. The administration of the said drugs in cases of disease on the principle of "*similia*."

3rd. The single remedy.

4th. The minimum dose.

With regard to one of these points, viz., the principle of "*similia*," Hahnemann admitted that Hippocrates recognized it as a method of cure to a very limited extent; but we say that it is to Hahnemann's glory and renown that he not only examined into every phase of its applicability in the therapeutics of his day, but he developed and formulated it, showed it to be of much wider application and significance than Hippocrates, not indeed to the extent of its being an universal law, comparable with the law of gravitation, but as serving for a *general rule or method in therapeutics*.

Now, if this principle as further brought out by Hahnemann is taken, with the other points which I have named, as characteristic of homeopathy, if these are examined either in detail

or in the concrete, they will be seen to be not only the reverse of the principles of the old school, but essentially and rigidly revolutionary in nature, and were acknowledged to be such by Professor Gairdner the other day, who alluded to "homeopathy" as "the revolutionary child of the eighteenth century."

And this brings me, gentlemen, to the further question, one to which I ask your attention, for on its right interpretation or answer our future policy should mostly rest, viz., *Why the changes in therapeutics have not been more on our lines?* And I submit that, so far as I can read the lessons to be derived from a review of our past policy, it is largely owing to the fact that we have not recognized our principles as revolutionary, a consideration all the more to be borne in mind in the presentation of them to the profession, especially in this country, because of the character of the English people, so indisposed to radical changes, and the especial tendency of the medical profession to regard all deviations from old paths as pernicious heresy.

That this charge against our policy is largely true, you, gentlemen, with your knowledge of its past, will, I feel sure, admit; that instead of recognizing our principles to be what they are, and presenting them in the most attractive form, we have handicapped "the rule of similia," by connecting it with theories as to the nature of disease, and by verbal quibbles about "organopathy," "antipraxy," and the like, certain to provoke question and hinder the spread of the doctrines and practice of homeopathy. The subtleties, again, respecting the dynamization of drugs, and the infinitesimal dose, which are even yet unproved, we have made to be a stumbling-block to the understanding of our elementary principles, and have thus called the attention of the profession to the least defensive aspects of what is to them "our absurd system." We have, in fact, treated hypotheses as facts, and blended essentials and non-essentials into one whole, and so far have damaged our cause: and, dangerous as such errors would be to any course of action, they are doubly paralysing to a cause which still has its way to win and still its victories to achieve.

Notwithstanding the obvious evils which these mistakes have caused, they have a bright side in the hopes they give of what we may achieve, if we mend our ways and are more careful in the future to point out the exact nature and the limitations of homeopathy, as a method of therapeutics, whilst we disclaim the false accretions which have gathered round it; if we do this, and at the same time augment and husband our resources and accumulation of knowledge, our progress must be more rapid and sure, even if you attach but little importance to the more detailed modification of our action, which I shall describe and suggest.

Yet, gentlemen, between the mention of past faults and the diagnosis of present weaknesses we may rejoice that the attitude of the public towards homeopathy is what it is, that with their aid, as in the late "fiasco" of the so-called "orthodox practitioners" at "the Margaret Street Hospital, in London," our battles for "liberty, equality, and fraternity," will, if we are only true to ourselves and to the cause we have espoused, never terminate otherwise than in victories.

Recognizing this state, and the fact that homeopathy has hitherto reached the profession largely through the laity, some of our number have thought the same channel of approach should still be resorted to—a proposition that commanded my assent a year or so ago, in relation to the formation of The Homeopathic League, for the purpose of diffusing a more full and correct knowledge of our principles amongst the people, so that they may be still better fitted to help our cause in the future. The Homeopathic League being now well established, I think we may fairly leave it to the laity themselves, who are strong enough and advanced enough (with the help afforded by our serial literature) to carry on the work successfully.

Our hands in this direction being thus set free, it is the more incumbent on us now to grapple in a *higher way* with the task of adapting our polemics and persuasions to the *wooing of the profession* to a clearer perception of our principles and to their adoption to the medical practice. The prosecution of this task we are, moreover, nerved to by the insulting ignorance which says "there is no evidence that any internal inflammation has ever been cured by a homeopathic medicine," and we are strong to achieve this by reason of the mass of clinical evidence behind us, and from our sense of the duty we owe to ourselves, to the public, and to that science and art, in devotion to which we yield nothing to the traditional majority.

With this aim before us our attention is naturally directed first to see that our own house is in order.

What meets our gaze here is calculated to encourage us. Internal questions which threatened to consume much of our strength in undesirable friction are now working themselves out quietly. "The London School of Homeopathy" is provisionally settled. Questions respecting the dynamization of drugs and the small dose are being courteously and amicably investigated, and by such means their relative importance and proper place will in time receive their due award.

Difficulties no doubt exist, and will for long be many and great, envenomed as they are by the attitude of the dominant portion of the profession; but the certain solvent in which they must finally disappear is that catholic spirit which is quick to recognize the valuable union of varying minds, and which is only violated

when enthusiasts and their opposites cease to dwell together in unity.

The collaboration of our American brethren in several aspects of work also adds to the breadth and harmony of our position, and it only needs such lines to be more thoroughly pursued to make the state of our internal polity entirely satisfactory.

The working of this influence will also do more than preserve us from internal dissensions, it will suggest the proper means of our defensive policy towards those whom we would win.

And here, gentlemen, I would recommend that we show a larger amount of toleration in a matter which we have often treated with polemical hostility. I allude to the surreptitious appropriation of homeopathic therapeutics, by Ringer, Phillips, Brunton, and others. It is an essentially wrong procedure, and one adapted to excite our indignation at the want of honour in our opponents, and although this pilfering of principles under another garb is common to the opponents of all reform or revolutionary movements, it cannot be defended. The extent to which this has been carried on you are aware was most lucidly brought out by our colleague, Dr. Herbert Nankivell, in his presidential address at Norwich two years ago.

Yet I submit that it will be well for us to view it rather with *benevolent interest*, for it is due either to *ignorance* or *timidity*, or to both—ignorance of the character of the spoil, or timidity if its parentage were made known; and it is our duty as scientists to be patient with the *ignorant*, and as physicians to give encouragement to the *timid*. Nevertheless, we cannot pass it by; we must show its shortcomings, and point out how such “tips” are but the bastard offspring of our principles—show how they fall short and where they fall short of the characteristics of the action of drugs on the human organism, and their application to special forms of disease. This *may* be tenderly, but *must* be clearly done.

If our sense of justice or vanity seem to demand that the source of the acquisition be made known, we may safely leave it to rival practitioners in that school to supply this information; that they will do so we have had several instances within the last year or two. I would, therefore, say with Cordelia, “time shall unfold what plaited cunning hides.”

Although we cannot look upon these purloiners of our armoury with satisfaction, we may, nevertheless, rejoice that even by such unworthy means a knowledge of the principles for which we are contending is further extended.

Such, gentlemen, I would recommend should be the general line of our defensive policy, but it is a policy which must be carried out with endless patience, for others cannot see at a glance what it has taken us years to see fully. It is, indeed, sadly and largely true that men perceive only what they have in a measure

been trained to see; but though this policy will only work slowly, and oftentimes imperceptibly, it is sure of success, and in the end "truth will prevail."

In addition to this steady and intelligent action for the *wooing of the profession* to a correct knowledge and full appreciation of homeopathy, we must look to our own acquirements, our own armour and equipment in the science and art of medicine; for once more, to adopt the words of Professor Gairdner, "It is much more easy to show that we know more, than that we cure better." It is not enough for us to have a correct theory and pursue an unrivalled method of therapeutics, but we must perfect our own knowledge of drug action, and attain to a clearer conception of the requirements of the dose, be able to adapt such knowledge with discernment and promptitude to every phase of disease, and link it with every department of medicine.

We must do *more* than cure where the so-called orthodox cannot, we must cure all they can, for their eyes are naturally fixed on our failures rather than on their own, on cases uncured by us which have yielded to them.

Dr. Clinton went on to say that surgery and pathology must be cultivated, and specialists encouraged amongst us. He deprecated quackery and all dealing with secret nostrums. He went on:

And now, gentlemen, I turn to another aspect of our policy. We must develop and extend both our literature and our institutions, and here comes to the forefront the consideration of the state of our *Materia Medica*. We know, far better than our opponents, the difficulties under which it was first composed and set out, difficulties largely due to the fact that no one before Hahnemann had, to any practical purpose, proved drugs on the healthy human organism, and that until then there was no *Materia Medica* worthy of the name; the plan and arrangement he adopted was the best that was possible for the time, and even its permanent value is witnessed to by the new translation and new edition of that portion of his work, and indirectly by the gathering together of his provings of drugs, and the proving of others by Dr. Allen in the ten volumes that have been published of *The Encyclopedia of Materia Medica*.

Yet this *Materia Medica* with all its virtues has been a great stumbling-block to the profession; they could not and cannot understand it, it is contrary to all they have hitherto conceived, and is out of harmony, too, with the scientific aspects of the position they assume, and although it remains for us to fall back upon for guidance on many points, and is an enduring testimony to the master's genius, industry, and research, it must undergo



revision and sifting, and many of its drugs be re-proved and set in new form, all of which we hope to see accomplished on the lines laid down by that zealous and intelligent worker, Dr. Richard Hughes, in his *Knowledge of the Physician*.

This, as you know, is being carried on with earnestness by those workers in America and this country who are preparing and have already given us a large instalment of what is styled *A Cyclopedia of Drug Pathogenesis*, unrivalled alike in the excellence of its spirit and execution; and the fact that the correct picture which it presents of drug action, and which makes it serve for different therapeutic methods, will further commend it to all scientific men whose eyes are undimmed by bigotry, and it will thus form a link between ourselves and the rest of the profession.

In addition to this, you are aware, we have in hand *The Cypher Repertory*, which is being pushed forward with commendable zeal, and which is a very needful complement to the former works, and a valuable addition to our armoury.

Then, too, we have one volume of monographs on *aconitum*, *crotalus*, *digitalis*, *kali bichromicum*, *nux vomica*, and *plumbum*, by the late Dr. Black and Drs. Drysdale, Dudgeon, and Hayward. These monographs, under the name of *Materia Medica Physiological and Applied*, are a perfect model of what such work should be, and a volume which we may feel proud to put before any medical scientist.

In all these we have an instalment and an earnest of other works that will speedily follow, if those who profess a belief in homeopathy do but rise to its true dignity and requirements, and are not content with being mere sunflowers or seekers after comfort and ease.

Round the labourers in this field of knowledge we must rally with all our enthusiasm. These works will and must be the supreme monuments of our science and our faith. Other things may occupy our hands, other aspects of the battle may present themselves, but we must ever remember that this is the citadel of our camp, the *chef d'œuvre* of our literature.

The completion of these works will require years of earnest and patient labour. In the meantime, the fulfilment of our hopes may be greatly hastened by the production of two smaller and less ambitious works, one on *Pharmacodynamics* and one on *Homeopathic Therapeutics*, similar to those by Dr. Richard Hughes, published some seven and ten years ago, the lustre of which they would in no way dim, but crown and extend. The materials for such new books are readily available, and both of them might be brought out at no distant date, and would be eagerly sought after by the profession, and although they would serve for further pilfering by our opponents, they would, even in that way, extend our cause.

Nor can I fail to notice the admirable lectures delivered at the London School of Homeopathy by Dr. Dyce Brown, on *The Practice of Medicine*, and those by Dr. Richard Hughes and Dr. Alfred C. Pope on *Materia Medica*. These two latter are the most perfect expositions of drug action we possess, and are far beyond anything of a like nature in the old school. Dr. Dyce Brown has also given us some *Studies in Materia Medica*, which are equally to be commended. The lectures by Dr. Hughes are, I believe, incorporated in the last edition of his work on *Pharmacodynamics*, but Dr. Pope's and Dr. Dyce Brown's have hitherto been confined to the pages of our monthly journals, which are only seen by a few members of the dominant school, and I submit that if these were collected, revised, and published in one volume, they would reach our opponents to a much greater extent, and convince them that there is far more in homeopathy than is dreamt of in their philosophy, and that it is deserving of their fuller investigation.

Dr. Clifton advised the publication of these lectures. He also spoke warmly of hospitals. He continued :

And if I fail to enlarge on this point, it is because I see the best augury for the future in the foundation of this building, The Liverpool Hahnemann Hospital, which will not only add to the renown of this city as the pioneer of progress in medicine, but be the pledge of like new institutions elsewhere, that will carry on our cause to triumph. In speaking of these institutions and the part they must play in our campaign, we may do worse than call to mind the high-souled perseverance and devotion to the science and art of medicine with which leaders in the old school stick to hospital work, in spite of the claims of private practice, and which it behoves us to imitate.

Speaking of the catholic courtesy he had met with from some adherents of the old school, he said that was only the silver lining of a very black cloud. He went on to deal with the charge of "sectarianism," so often brought against homeopaths, and said it should be dealt with in this way :

Therefore, gentlemen, to the haughty ultimatum of those who deem themselves the orthodox party, that we must *drop the name of homeopathy, hide our principles, and give no note of what we are and what we follow*, you will reply in such terms as these : "That we have not cut ourselves off from general medicine, but are true and faithful exponents of all that is good in it, and claim all its rights, privileges, and sources of knowledge ; that we deprecate the practical schism which exists between the majority and ourselves, and believe that great good would result.

to the profession and to the general community were an honest and open union effected on the principles of 'Liberty, Equality, and Fraternity'—*liberty* for all to practice according to the dictates of conscience without prejudice or ostracism; *liberty* in the medical officering of public hospitals and like institutions, irrespective of medical creed or opinion; *liberty* also for the teaching of homeopathic therapeutics in the medical schools, as well as of *Materia Medica* in its fullest sense—the subsequent adoption of any method of therapeutics being left an open question to each individual. Let this 'Liberty,' this 'Equality,' this 'Fraternity' in *every way* be granted by the powers that be, and whilst such consummation will be for the good of all, the work committed to our hands by Hahnemann will alike achieve its hour of triumph and its death—that work by us as a separate body being virtually accomplished, its further development will be left to the profession as a whole. By such means, and by such alone, can the breach be healed."

This reply, gentlemen, will, I feel sure, command your assent, and you will further agree that as homeopathy has gained the position it has, not only in this country, but in every quarter of the globe, that as the principle of *similia* in therapeutics is one that can never die, and that as the word "homeopathy" and all that it represents pervades the greater part of the medical literature of the present day, and is a word that can never become obsolete, that under such circumstances if we could by any means be induced to give up such a distinctive title and landmark in medicine before it has gained the full recognition which I have described, we might rightly be designated "Hahnemann-iacs," and incur the contempt and scorn alike of those who are opposed to us, and of our colleagues everywhere.

You are, moreover, aware that homeopathy is much stronger in every way in America than it is here. It has over 11,000 fully educated and qualified medical practitioners, fourteen medical colleges in which its principles are taught, fifty-seven homeopathic hospitals with an aggregate of 4,500 beds, besides numerous dispensaries and medical societies, and an extensive medical literature. With this power in the hands of our colleagues in that country, with their enthusiasm and grit, we may rest assured that if we could be found willing to compromise our principles, they indeed would not; they would never let the beacon in therapeutics be extinguished in so craven a manner; and they would say that if the breach between general medicine and homeopathy is to be healed, it can only be so on the lines that I have laid down.

Towards the amalgamation of the two schools and the obliteration of all that keeps us apart in thought, knowledge, or work, we must nevertheless labour and wait, and although we mention

the personal aspect of the struggle which daily touches us, we must strive to forget it.

No round table conferences or such like expedients of politicians would at this time avail us or hasten on the union. This must be left to the progress of education and good sense on both sides. If we patiently, courteously, yet earnestly carry out the lines of policy here indicated, mindful moreover that we are guardians of that larger catholicity in which homeopathy shall at last be merged, success *must* come. Many of us will not live to see this completion and perfection of our hopes, but it is hastening on, and we must remember that we are not working for ourselves but for humanity. We are part of that army of workers towards the good, the true, and the beautiful, whose work will continue until there will be no more need,

“Until the day break  
And the shadows flee away.”

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### O. W. HOLMES ON ORTHODOX MEDICINE AND HOMEOPATHY.

WE are indebted to a correspondent for the following ingenious critique on one of Hahnemann's most inveterate calumniators:—

“We have been hearing a good deal lately about O. W. Holmes. From a Holmesean homeopathic point of view it would, therefore, be interesting to hear what he has to say for his own system. I quote from the ‘Professor at the Breakfast Table’:

“Here, look at medicine big wigs, gold-headed canes, Latin prescriptions, shops full of abominations, recipes a yard long, “curing” patients by drugging as sailors bring a wind by whistling, selling lies at a guinea apiece—a routine, in short, of giving unfortunate sick people a mess of things, either too odious to swallow or too acrid to hold; or, if that were possible, both at once.’

“Of course Dr. Holmes gives us to understand that this was the state of affairs before he adorned the profession, and cannot have any sort of application now; for, continues he—

“‘You don't think I'm such a simpleton as to lose their (*i.e.*, the profession's) good opinion by saying what the better heads among them would condemn as unfair and untrue?’

“Then, by way of being perfectly fair and true, he describes Hahnemann—

“ ‘A scheming drug-vender (inventive genius), an utterly untrustworthy and incompetent observer (profound searcher of nature), a shallow dabbler in erudition (sagacious scholar), started the monstrous fiction (founded the immortal system) of homeopathy.’

“Now Dr. Holmes looks upon homeopathy as a ‘great plague’ and ‘murrain’ which ‘came on the generation of drug-ging doctors.’

“Well, then, since everybody knows that this ‘murrain’ has been enormously on the increase, obviously the evil which it was sent to cure must now be simply prodigious; hence all that Dr. Holmes says about ancient physic must apply at the present moment, and ever so much more. Therefore, O. W. H., according to his own judgment, is ‘such a simpleton as to lose their good opinion.’

“Who is the ‘utterly unworthy and incompetent observer’ now?

“It is, however, quite exhilarating to find that there is one man still extant who avows that whatever improvement takes place in orthodox medicine is due to homeopathy. In spite of this style of ‘erudition,’ in which Dr. Holmes has clearly shown himself a ‘sagacious scholar,’ the future of homeopathy looks bright; for Darwin aptly observes, alluding to the misrepresentations of his conclusions on the modification of species, that “‘great is the power of steady misrepresentation; but the history of science shows that, fortunately, this power does not endure long.’”

We are not quite so sure as Mr. Darwin appears to have been of the short endurance of the power of misrepresentation. We have seen it last long enough. But, for all that, we have no fear for the progress of homeopathy; and we are quite certain that if Dr. Holmes lives to be much older, the scare he got at Malvern from a glimpse of Hahnemann’s bust will be nothing to compare with the horror he will evince as he watches the successful triumph of Hahnemann’s system. Perhaps it would be charitable to hope he may be spared this.

## WHITE ISLAND : A SULPHUR VOLCANO.

By Dr. J. MURRAY MOORE, M.D., M.R.C.S.

AMONGST the most remarkable manifestations of thermal and volcanic energy on the east coast of our North Island is the *solfarata* of White Island, of submarine origin. A crater must have existed for many years here in order to have built up an island 800 feet high at its greatest altitude, and of an area of more than two square miles. White Island lies in the Bay of Plenty, opposite the little port of Opoliki, and about forty miles from Tauranga, the only town of importance with a harbour in the district. Here the works for the reduction of the crude sulphur taken from the crater are situated.

From a distance of eighty miles the white cloud of the steam from the crater can be seen all over the adjacent coast. I have twice seen it from the top of the Te Aroha Mountain, exquisitely tinged with pink by the sun's declining rays. The column of steam often rises to the height of 10,000 feet, and is never lower than 2,000 feet. Mr. Wilson, of Tauranga, has leased White Island from the Government, and finds a ready sale for the sulphur and sulphuric acid produced.

An opportunity being afforded by the Northern Steamship Company of this city to the public to visit the wonderful natural curiosity by a trip in their finest steamer, the *Clansman*, Captain Farquhar, I joined about forty ladies and gentlemen on the evening of Friday, January 28, 1887, and we started at 6 p.m. The distance from Auckland is about 150 miles, and the route round Cape Colville, N., E., then S. Fine weather and a smooth sea favoured us throughout the excursion. Arriving early in the morning of the 29th off White Island, after breakfast we landed in boats, and explored the huge crater, which is a mile and a quarter in circumference; its walls, black and frowning, rising from 400 to 800 feet high. We were lucky, also, in the direction of the wind, which blew very gently from the south, and allowed the adventurous ones to travel over the floor of the crater and one of the three subordinate craters without being suffocated by the intensely strong sulphurous acid vapours exhaled. All the phenomena are here displayed that I have described in my account of the neighbourhood of the White Terrace (now, alas! gone) of Rotomahana (H. W., vol. xvi. p. 290). A terrific noise is

made by a steam blow-hole in the first sub-crater we come to, and bubbling mud geysers are seen in the others. Melted sulphur is exuding copiously from fissures in the sides of the great crater, and the encrustations have assumed all the colours of the rainbow by partial oxidation of the sulphur and alum cast up by the boiling geysers. Rock gypsum, alumina, silica, and ferric oxides are very abundant, but sulphur, sulphur, sulphur, is the prevailing element. One of the party remarked that it was as near a view of the infernal regions as he ever cared to take, and we all agreed with him! Certainly, Doré's pictures of the Inferno of Dante (minus the human figures) were realized with great distinctness. The intense acidity of the pools in the bottom of the craters render them unavailable for invalids as baths, and there is no house or any resident on the island. The landing is so dangerous in ordinary weather that the workmen will not stay long in Mr. Wilson's service, especially as the sulphurous fumes injuriously affect their health.

Commercially, White Island could, with large acid works of the latest type, and plenty of capital, be made to supply sulphuric acid cheaply and in sufficient quantity for the whole of Australasia. Tourists from England should not omit to visit this great natural wonder.

AUCKLAND, July 16, 1887.

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## HOMEOPATHY IN THE PRESS.

THE following letter appeared in *The Sydney Morning Herald* of June 30th, and will show the general interest that is taken in the forward movement in the Antipodes.

### PROGRESS OF HOMEOPATHY.

*To the Editor of THE HERALD.*

"SIR,—Your correspondent, Mr. F. E. S. Hewison, and the thousands of believers in homeopathy throughout New South Wales, need not fear for homeopathy, as it requires no protection; it has developed to such dimensions that it is now avowedly practised by thousands of legally qualified and registered medical practitioners throughout the civilized world. In England, as backward as she is in adopting advanced notions, there are some five hundred registered practitioners (I am daily expecting the arrival of statistics from England) practising homeopathy who have been educated as allopathists and have renounced it; and

this number includes not merely medical nobodies, but graduates from all the universities and colleges throughout the kingdom. Dr. R. E. Dudgeon clearly shows in *THE HOMEOPATHIC WORLD*, of March, 1886, that the Royal College of Physicians of London has now at last through its own chosen examiner in materia medica, Dr. Lauder Brunton, openly and publicly adopted the homeopathic treatment, as witness his lately published book, entitled *A Text Book of Pharmacology, Therapeutics, and Materia Medica*. Further, Dr. Ringer, examiner in medicine at the London University, and the teacher, either directly or indirectly, of most of the practitioners in this colony, teaches homeopathy throughout his work (*Therapeutics*), although, of course, he does not use the name. Homeopathy is the curative method of treatment, and allopathy is the palliative method, and is not opposed to but may be a legitimate and highly useful accompaniment of homeopathy. They constitute distinct orders of therapeutic means, and it behoves a wise practitioner to be fully acquainted with the rights and the boundaries of each. Any law which may be passed here ought and no doubt will be directed to the exposure and putting down of imposture and charlatanry, not to the suppression of any particular system of medicine.—I am, &c.,

“WM. GEO. WATSON, M.A., M.B., &c., &c.”

### THE LAITY, THE PROFESSION, AND HOMEOPATHY.

*THE London Figaro* having commented on the methods doctors adopt in rendering their accounts, a correspondence ensued. One of the medical writers, who signed himself “A Victimizer” (a lay correspondent, who complained of his doctor’s bill, having styled himself “A Victim”), went out of his way to make a few comments on the fairness with which that journal had always treated homeopathy. “A Victimizer” spoke from the “superior person” standpoint, rather pitying the *Figaro* for the darkness of its lay mind, which was unable to grasp abstruse professional questions. On September 3rd the following letter appeared in reply.

“Dr. John H. Clarke writes from 15, St. George’s Terrace, Gloucester Road:—‘Having only just returned from a holiday, I take the earliest opportunity of asking your leave to notice certain remarks on homeopathy which “A Victimizer” has gone out of his way to make in his letter published in your issue of August 13th. There is a prevalent notion in the medical pro-



cession that its members must know better than other people about everything that relates to medicine, whether they have studied it or not. Medical men are apt to forget that it is quite possible for an outsider to take a just view of the main features of a medical question without being conversant with all the technical details; and that it is also quite possible for an "insider" to be blinded by professional prejudice. "A Victimizer" evidently knows nothing about the essential principle of homeopathy, or he would never have confounded it with the question of dose, which is quite another affair. The principle of homeopathy is tacitly admitted by all therapeutists to be true to a greater or less extent, as their copious appropriations of remedies introduced by homeopaths testify, though they usually omit—whether from bad manners, bad memory, or some other infirmity I will not attempt to say—to mention the source of their appropriations. They are finding, too, that they cannot do better than imitate the homeopaths even in the matter of dose; though this is an inference from experience, and not an outcome of the principle of homeopathy. "A Victimizer" is probably aware that he may swallow a pound of quicksilver with impunity; but let him take a *grain* of it, and triturate that in a mortar for an hour or two along with nine grains of innocent chalk, and then let him take the resulting mixture and see what will happen. He will be lucky if it does not loosen all his teeth. It is on this plan that the attenuations of homeopathic medicines are made.'"

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## SOCIETY'S MEETINGS.

### BRITISH HOMEOPATHIC CONGRESS.

#### OPENING OF HAHNEMANN HOSPITAL.

THE Congress met at Liverpool on the 22nd ult., a date too late in the month to allow of our presenting a full report of the proceedings on this occasion.

The meeting was held in the Hahnemann Hospital, the princely gift of Mr. Tate and his family to the citizens of Liverpool, and was attended by seventy practitioners. The chair was occupied by the President, Dr. CLIFTON, of Northampton, whose practical, interesting, and striking address was warmly received by the audience, and, as it appears in our present number, will, we are sure, be read with pleasure by all.

A vote of thanks to Dr. Clifton, proposed by Dr. Pope and seconded by Dr. Ker, was very cordially responded to by the meeting.

Dr. J. DAVEY HAYWARD read a paper "On the Use of Drugs in Surgical Practice," in which he showed that while homeopathy enables us to use drugs in many cases where operations formerly constituted our only means of cure, there was still a large number of cases in which surgery must be resorted to, when time was lost to no purpose in trying the effects of medicines. Dr. Brotchie, Dr. Douglas Moir, Dr. Wolston, Mr. Knox Shaw, Dr. Cooper, Dr. Hayward, sen., Mr. Deane Butcher, Dr. Bodman took part in the discussion. After a brief reply by the author of the paper, Dr. Proctor read some practical observations on *Ammonia*. The discussion having been deferred until after luncheon, the meeting adjourned.

The members were entertained at a sumptuous luncheon by the members of the Liverpool Homeopathic Medico-Chirurgical Society, set out in one of the largest wards of the Hospital.

On resuming, a vote of thanks to the Society was proposed from the chair, and carried by acclamation.

Dr. HAYWARD then read the Report of the Hahnemann Publishing Society. Discussion on this was taken part in by Dr. Dudgeon, Dr. Drysdale, Dr. Hughes, and Dr. Pope.

The place of next meeting was next considered.

Dr. Nankivell proposed Bournemouth, and Dr. Hughes seconded; Dr. E. Williams proposed Bristol; Dr. Pope proposed Tunbridge Wells, and Dr. J. G. Blackley seconded; Dr. Hayward proposed Birmingham, Dr. Dudgeon seconded. Birmingham was chosen.

On a vote being taken for the presidency of the Congress of 1888, Dr. Dyce Brown was elected by an overwhelming majority of votes. Dr. Wynn Thomas, of Birmingham, was elected Vice-President. Dr. Hawkes, of Liverpool, was chosen Secretary.

The third Thursday in September was the date fixed on.

The discussion on Dr. Procter's paper was then resumed by Dr. Hughes, Dr. Dyce Brown, Dr. Moore, Dr. Brotchie, Dr. Pope, and Dr. Dudgeon.

Dr. Wilde having been prevented from attending the Congress, his paper was not read.

The President then drew attention to the paper on "Doctors and Chemists," read by Dr. Galley Blackley at the Norwich Congress in 1885. The discussion was taken part in by both medical men and chemists.

At the dinner in the evening one hundred members and friends sat down. The dinner was very well served, and a varied toast list was provided. The evening passed off most pleasantly.

#### THE HAHNEMANN HOSPITAL.

On the following day the Hahnemann Hospital, presented to Liverpool by Mr. Henry Tate, was formally handed over to the

city, represented by the Mayor (Sir J. Poole), and declared open. This was but the commencement of a round of festivities—luncheon, reception, and concert—with which the Committee of Trustees rightly decided to signalize this great event. There is no hospital in the kingdom better built and better appointed. than the Hahnemann Hospital, and it reflects the greatest credit on all who have had to do with its erection.

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## REVIEWS.

### ORIFICIAL SURGERY.\*

In his preface Dr. Pratt tells us that the small volume he has published with a novel title, comprises the substance of a series of lectures delivered to his class in the winter of 1886-7. "And, pray, what is Orificial Surgery?" is the first question that most readers will ask. We will let Dr. Pratt explain himself:

"Let me now call attention to the lower openings of the body. These openings are guarded by double sphincters. The upper ones are composed of involuntary muscular fibres, and consequently are supplied by the sympathetic nervous system. The lower ones consist of voluntary muscular fibres, and are supplied by the cerebro-spinal nervous system. This is true of the rectum, and it is true also of the male and female urethra. The sexual organs proper to both sexes take their nerve supply from the sympathetic nervous system. Hence whatever wastes sexual power in either sex causes a waste of sympathetic nervous power, and therefore lowers the nervous tone of the entire sympathetic system. Spasmodic conditions of the vesicæ and internal sphincter recti will produce likewise similar disastrous consequences.

"The proposition which I now desire to present will doubtless seem somewhat startling to those who hear it for the first time, because nothing but an extended experience can ever convince one that it has such a wide application as it really has. . . . The proposition is this: *In all pathological conditions, surgical or medical, which cling persistently in spite of all efforts at removal, from the delicate derangements of brain-substance that induce insanity, and the various forms of neurasthenia, to the great variety of morbid structure repeatedly found in the coarser structures of the body, there will invariably be found more or less irritation of the rectum, or the orifices of the sexual system, or of both.*"

Dr. Pratt goes on to say, "In other words, I believe that all forms of chronic diseases have one common predisposing cause,

\* *Orificial Surgery and its Application to the Treatment of Chronic Diseases.* By E. H. Pratt, A.M., M.D., LL.D., Professor of Principles and Practice of Surgery in Chicago Homeopathic Medical College, Chicago. Chicago: W. T. Keener, 1886. London: Homeopathic Publishing Company, 12, Warwick Lane, E.C., 1887.

and that cause is a man's waste occasioned by orificial irritation at the lower openings of the body." This is rather a large article of faith! But Dr. Pratt is no theorist although he is an enthusiast. In our opinion his enthusiasm carries him much too far in leading him to trace *all* cases of chronic diseases to this as a predisposing cause; but he is not without facts to support him. He instances the well-known relation that exists between the rectum and the lungs as exemplified in the frequent co-existence of phthisis and fistula. He also mentions another and less well-known fact:

"Under profound anesthesia any surgical operation, major or minor, may be performed on any part of the body (provided it does not involve the sphincters or the nerves of respiration), and the breathing of the patient will go on uninterruptedly and regularly. It will, however, be a new revelation to those who are not familiar with the phenomena, to observe the peculiar effect of rectal dilatation on an anesthetised person. Place the patient upon the side, and with two fingers of each hand introduced well into the rectum, so as to secure a good grip upon the internal sphincter, carefully separate them so as to put the sphincter well on the stretch. The respiration will invariably be more or less oppressed, often responding to the stretching so keenly as to place the ability of the patient to breathe entirely in the hands of the operator, being suspended so long as the stretching continues, and resumed so soon as it is discontinued. A similar effect often is seen in the use of sounds in sexual organs, but it is not so marked or so constant. Dilatation of the external sphincter ani alone will not produce this effect, showing the simple fact that it is entirely due to a reflex of the sympathetic system and not of the cerebro-spinal.

"These two facts—the effect upon the respiration, and the close sympathy existing between all involuntary fibres contracting and relaxing in mutual sympathy—is the only philosophical explanation which I have at present to offer why orificial work has such instantaneous and truly marvellous effects upon the entire circulation, warming at once all parts that before were abnormally cold, and cooling parts that were abnormally hot; starting as if by magic functions that have been long dormant, but subduing those that had been abnormally active; in a word, more or less completely re-establishing uniformity of circulation and function."

Such is Dr. Pratt's explanation of his innovation in the treatment of chronic disorders. In dealing with fistula and piles, Dr. Pratt is on common ground with surgeons in general. For Dr. Pratt, Professor of Surgery, has evidently a strong belief in operations; but he is entirely original in his description of a certain condition of the orifices which he has named "pockets and papillæ."

"The usual location of the pockets and papillæ is at a point about an inch from the anus, at the upper margin of the internal sphincter, where the large distended pouch of the middle portion of the rectum is abruptly puckered down to the narrow limits of the last inch.

"These pockets are curious formations, and have been almost entirely overlooked by writers upon rectal conditions, both anatomical and pathological. The facts which I gave in my first public report on this subject made nearly two years ago are as true to-day as they were at that time. I then stated that no mention of them could be found in eminent medical literature, and in but a few places in spite of the fact do they receive more than a slight notice, and nowhere have they received that attention which their importance demands. As a result of the report which I then made, hundreds of observers have been studying this rectal condition, and the profession is to-day divided in opinion as to whether these pockets belong to the anatomy of the rectum—subject at times to degenerative changes—or whether, in their entire history, they belong to the domain of pathology. . . . I have gone far enough in my researches to be able to tell you that they are by no means a constant condition, and that they have no definite and uniform location. When present they occasion spasmodic constriction of the sphincter ani, a condition which is observed in those cases which are developing some deep-seated constitutional disease. Their removal, in this class of cases, is invariably attended by more or less improvement of the patient's general circulation, while, on the other hand, the operation never appears to result in the slightest harm."

Our readers will now understand what Dr. Pratt means by official surgery. He supports his thesis by a strong array of cases. Further experience must decide how far his enthusiasm is justified. At any rate, his book is deserving the thoughtful attention of every practising physician and surgeon.

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#### SPECTACLES.\*

It is not often that we find so much useful instruction imparted in such an interesting way within the limits of a twenty-eight-page pamphlet. Professor Horner is a man of world-wide reputation, and in the front rank of the ophthalmologists of the world; and he writes with a fulness of knowledge which enables him to state in the simplest language the salient points regarding spectacles, and the peculiar conditions which call for their use. In these times, when the demands made on the eyes are so great and increasing, there is a corresponding increase in cases of defective sight. To meet this the ingenuity of man has discovered the nature of the different defects, and the means of counteracting these by glasses. For a concise history of this chapter of science and for a plain statement of the question, we commend to our readers this admirable pamphlet of Professor Horner.

\* *On Spectacles; their History and Uses.* By Professor Horner, of the University of Zurich. For the Society for the Prevention of Blindness; London: Baillière, Tindall, and Cox, 1887.

## ARTIFICIAL SLEEP.\*

There are few persons now who are prepared to doubt that in mesmerism, or animal magnetism, or, as it is now the fashion to call it, hypnotism (*i.e.*, artificial sleep), we possess a powerful means of influencing the human organism both for good and ill. That in any case it is desirable to know the possibilities of applying this agent, the laws of its action, and the limits within which its use is safe, all will probably admit. It is no longer to be put down by professional opprobrium or popular clamour.

Dr. Roth deserves the thanks of his colleagues for this attempt to set forth in brief the outlines of the subject; an attempt, we may say, which we think has proved eminently successful.

Dr. Roth tells us that when he was a student at Vienna about fifty-two years ago he caught cold, and being treated by his kind and excellent teachers of anatomy, Barres and Hyrtl, now of classic fame, in the then heroic method of bleeding, his constitution for years suffered from the effects. This led Dr. Roth to give his attention to other methods of treatment, and among these was animal magnetism. In 1839-40 he was present at Baron Dupotet's magnetic demonstration in Paris. A few years later Baron Reichenbach published his first experiments; and at the same time Dr. Roth had a somnambulist patient who illustrated naturally many of the experiments of Reichenbach. Afterwards Dr. Roth saw the work at the London Mesmeric Hospital; he made observations with Dr. Burcq on the influence of metals, and has always kept himself *au courant* with the literature of the subject.

For this reason Dr. Roth is peculiarly well fitted to treat of the subject, and all readers of this pamphlet will find it full of instructive matter; and now that ignorance of mesmerism is no longer reckoned among the virtues it should find a wide circle of readers.

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A NEW EAR-TRUMPET has been devised by an American inventor. It resembles an ordinary conversation-tube in every respect, except that a duplicate of the earpiece is carried from the one ear to the other, round the head, by means of a flat metal band. Moreover, the mouth-piece is fixed to a small cabinet containing a battery, and the wires from this connect the mouthpiece with the earpieces. In the mouth-piece there is a diaphragm which converts the instrument into a sort of microphone, and compels the speaker to speak in whispers and the listener to hear.—*Chemist and Druggist*.

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\* *The Physiological Effects of Artificial Sleep, with some Notes on its Treatment by Suggestion.* By Dr. Matthias Roth. London: Baillière, Tindall, and Cox, 1887.

## POISONINGS AND PROVINGS.

### POISONING BY SILICON FLUORIDE.

In 1882, a man employed in some artificial manure works in Dublin died after a few hours' illness. It was shown that on the morning of his death he was in good health, that immediately after going into a small chamber called "the den," in which was contained a quantity of freshly prepared superphosphate of lime, he became unwell and went to his home; that he complained of difficulty of breathing; and after much suffering died that evening. On October 26th, 1883, a young man employed at the same manure factory died after a few hours' illness. He had only entered the factory for the first time on the day of his death. It was presumed that he had unwittingly gone into this "den." He came home in the morning and said that he was smothering, he threw up froth and other matters, and constantly called out for air. A neighbour who saw him in the middle of the day said that his nose, cheeks, hands and feet were purple, his head but not his body was cold, he was gasping for air, breathed with difficulty, and insisted on having the back of his neck and chest uncovered. He died in the evening. On examination the lungs were found somewhat edematous, the pulmonary veins were greatly congested, and the pulmonary capillaries distended. The blood was very dark and the bronchi were plugged with frothy mucus. The right cavities of the heart were distended with clotted blood, whilst the left were nearly empty; there was also hemorrhagic infiltration of the cardiac muscles. Death had evidently been due to asphyxia. Sir Charles Cameron, observing that this was not a case of carbonic acid poisoning, as the man would have improved when exposed to the fresh air, came to the conclusion that he had been killed by inhaling fluoride of silicon gas, one of the products of the manufacture taking place in the so-called "den;" and, on testing the tissues of the deceased, was able to recognise both silicon and fluorine in them.—*Practitioner*.

### CASE OF POISONING BY BERRIES OF DAPHNE MEZEREON.

As instances of the above are not very common, I think the present case may be of interest to the profession.

On July 7th, at 6 P.M., I saw a child, aged 4, who had eaten several berries of yellow and red colour two hours before. She had a convulsion shortly before being brought to the surgery, but at this time there were no other symptoms. On exhibiting

an emetic the child vomited freely, and brought up two nearly whole berries and a quantity of fragments, probably representing two or three more. As the child showed no very marked symptoms she was sent home, and at 9 p.m. I again saw her. At this time the irritant poison showed itself. Swollen lips, tongue furred and swollen to about twice its normal size, and protruding beyond the lips, great difficulty in swallowing, extremities cold, pulse 130, and very weak.

I ordered small doses of brandy in milk every hour, a mixture containing chalk and mucilage, and a tea-spoonful of castor-oil; at the same time I applied glycerine to the tongue. The oil acted freely, getting rid of some half-dozen berries, and next morning the child was convalescent, and all signs of the irritant had disappeared, except that the tongue was quite raw. The child has since made a perfect recovery.

Guy and Ferrier state that "Five or six of the berries are sufficient to produce serious results." In this case the child had eaten at least a dozen. The long time elapsing between the ingestion of the berries and the appearance of alarming symptoms was no doubt due to the child having "wolfed" them as fast as she could without crushing them.—FRANK S. EAGAR, L.R.C.P. and S., Richmond, Yorkshire.—*British Medical Journal*.

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HOW TO PRESCRIBE SANTONIN.—Dr. Norderling, of Rockford, Ill., gives a very clear account of how santonin should be prescribed to obtain its full physiological effect. In order to accomplish its therapeutic object, it is necessary, first, that santonin be in a form in which its vermicial action can be exerted; and secondly, that it reach the habitat of the parasite. Santonin is insoluble in water and dilute acids, but dissolves in the saliva, and the gastric, intestinal, and pancreatic juices. Solution in the gastric juice takes place so rapidly that the maximum dose is completely absorbed in the stomach, and taken into the circulation before reaching the intestine. Consequently, in order to obtain its vermicial effect, it must be administered in such a form that it will not be acted upon by the gastric juice. It has been proved by experiment that santonin, when given in an oily solution, is not at all absorbed in the stomach, the entire quantity passing into the intestine; and Küchenmeister has shown that whilst ascarides are not affected by santonin crystals floating in water, they are killed when brought in contact with an oily solution of the drug. In such a solution, any form of oil may be used, and the best effect is obtained by three grains of santonin dissolved in two ounces of oil, to be taken in four doses. It is good practice to add one drop of wormseed oil to each dose, all volatile oils being poisonous to the lower organisms. If movement of the bowels is desired, castor-oil will be suitable, although in not too large a dose, because with strong peristalsis the santonin does not remain long enough in the intestine to produce the desired effect. About two drachms of the oil to each dose will be sufficient. (*Med. Record (New York)*, April 23, 1887, p. 465.)—*Practitioner*.



## GENERAL CORRESPONDENCE.

### AN APOLOGY.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—I have just discovered with amazement and keen regret that the Congress is over!

I have been working hard for some months in order that I might be able to bring some definite proposals before my colleagues at the meeting, for the organization of our body, and the development of our principles; and I have been in close correspondence with many who attended the meeting, and who went expecting that I should have been present to have given the results of our conferences. Only two days ago I forwarded to Dr. Dyce Brown, at the suggestion of the President, a copy of my proposals in order that they might be printed and distributed to the members before the meeting, in order to facilitate their consideration. I did so under the impression that the Congress was to be held on Thursday, September 29th, and it was only to-day that I discovered my mistake. I can offer no excuse for my blunder; I can only offer a sincere apology.

I see by the agenda paper that the time which could have been given to the discussion of my proposals would have been too brief to have furnished any practical result, and perhaps I may atone for my offence, and at the same time add to the convenience of my colleagues, by printing my paper and its proposals, and sending each one a copy; I may in this way be able to obtain a consensus of opinion, which may be valuable to us in deciding our future course in reference to these questions. Believe me, yours respectfully,

PERCY WILDE, M.D.

### EL DORADO?

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—I have only just seen the remarks in your March number under "An El Dorado of Homeopathy," and, as I have lately passed through the three largest Australian colonies and made inquiries as to medical practice in the others, send forthwith a line to press upon any who may desire to come to the "El Dorado" the necessity for seeking reliable information first. They will then know how to shape and what to expect. Whereas, if they come upon the strength of the grossly exaggerated and erroneous statements contained in the article referred to, they may look for and will find disappointment.—  
Yours truly,

VERITAS.

## HOMEOPATHY IN BENGAL.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—I have been requested to send you some information, which I will try to do now.

In 1875 I opened a homeopathic dispensary in Bethel, Santhalistan, Bengal. In 1877 I built a hospital, of which I send you a picture. It is often empty, and sometimes not sufficient in size, so that I have to use two other rooms for the accommodation of patients. As a rule sufferers from 150 villages come in one year to our dispensary to have their aches and pains sent away.

Some years ago I began instructing twelve men in diseases and medicine. Last year I sent the first to open a homeopathic dispensary twenty miles north; second, twenty miles south; third, twenty miles east; fourth, ten miles west; fifth, ten miles north; sixth, five miles south; seventh, three miles east; eighth, three miles west. They occupy a district forty miles by thirty miles, that is, over a thousand square miles. Each keeps a register. Last year they registered 155 villages that had bowed at their dispensaries, seeking relief from suffering. Some lives were saved and much misery removed.

I suppose some of your readers are aware that in India millions sacrifice to idols, bhuts and Kali, to obtain health and to preserve it from the displeasure of the bhuts. Most diseases are put down as the action of some evil spirit in the patient. A priest is sent for, and goats, sheep, cocks, &c., are sacrificed to propitiate the demons. Our medical work rather destroys this superstition.

Again, in the towns and cities in India and civil stations there are doctors, but in the country at large there are almost none. Millions have never seen a doctor. Our medical work saves many, many lives, and brings health and peace in ten thousand of sad homes.

In Santhalistan a man gets two annas or 2½d. for working from morning to night. With this 2½d. he has to clothe himself and family, and find food for them all. So all our medical labour is a labour of love. Of twenty thousand patients not one pays.

I am anxious to make our twelve medical men a present of a watch each—say I want twelve watches and twelve cases with medicine. A watch and a case will cost £4 to £5. I wish twelve homeopathic friends who have a heart for other people's woe would send me £5 each for this object. It would be a token of goodwill to these native practitioners, and no doubt they would make good use of them.

As for me I have been in India nineteen years and six months, and hope to return for nineteen years and six months more.

Should a case of snake bite and its homeopathic cure be acceptable, I shall gladly send it.

Mr. Editor do not omit to send me a copy of your HOMEOPATHIC WORLD if you insert my letter,—Yours sincerely,

A. HAEGERT.

11, King's Parade, Durdham Down, Bristol, August 29, 1887.

P.S.—Enclosed extracts of diploma and medical certificates. Should a homeopathic physician wish to come out to India and work there in connection with our Bethel Santhal Mission we will give him a hearty welcome and a station all to himself. A good many allopathic physicians go out to the mission field, why not half-a-dozen homeopaths?—A. H.

\* \* We have much pleasure in backing Mr. Haegert's very reasonable appeal, which we trust will meet with a hearty response. We shall be glad to publish the case of snake bite if Mr. Haegert is kind enough to send it us.—Ed. H. W.

### THE CONVALESCENT HOME.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—As you are already aware, some friends of the London Homeopathic Hospital, desiring to see a Convalescent Home connected with it, the Board of Management (knowing the great desirability of such an institution) decided to make an endeavour to establish one.

The friends alluded to subscribed handsomely, and a concert at Grosvenor House (originally arranged to be in aid of the new ward) was given on May 28th in support of the Convalescent Home, and was most successful. From these sources sums amounting to about £2,000 were contributed or promised, and the next step taken was to forward to every medical man practising homeopathically the following letter:—

“LONDON HOMEOPATHIC HOSPITAL,  
“GREAT ORMOND STREET, BLOOMSBURY,

“June, 1887.

“DEAR SIR,—I am desired to call your attention to the proposed Homeopathic Convalescent Home, a description of which is enclosed.

“Miss Kingsbury, of Hastings, has generously offered to make over the Convalescent Home, established by herself and Canon Kingsbury, to form the nucleus of one sufficiently important to reflect credit on that large and influential portion of the public who believe in the new system of therapeutics.

“The promoters of the Home would urgently appeal to you to use your influence amongst your patients to assist in raising the necessary sum to establish it. They would also ask your kind assistance in

getting annual subscriptions, for which full advantages will be given in the power to nominate patients. The form to be filled up, and a list of the subscriptions already promised, are added.

“Waiting your early reply,

“Very faithfully yours,

“G. A. CROSS.”

It was hoped that the medical profession would have gladly aided the scheme, and it was intended to follow the direct appeal to them by an appeal to their patients, and to the homeopathic public in general. As in earlier efforts, the Board of Management fully recognized the importance, not to say absolute necessity, of possessing the hearty concurrence and support of the members of the medical profession, who owe so much to homeopathy, and have shown their interest in its central hospital in England. Their opportunities for introducing a scheme of the kind to sympathetic patients are many, and such as are not possessed by any other body or by laymen. My personal hope has always been to induce them to regard a steady advocacy of the hospital as a voluntary duty, and to overcome any incidental delicacy in asking their patients for subscriptions. Those who do so always find their patients not only willing to contribute freely, but often grateful for the suggestion, as enabling them to devote to a homeopathic institution charitable gifts which they would otherwise send elsewhere. We have already to thank some for valued assistance in getting patronage for the concert, and in securing generous contributions to the Home, as the list you published in your July number and the following additions will show.

Still the great majority of the homeopathic practitioners not only withhold promises of support, but actually make no reply to the urgent appeal of the Board. From one or two has come advice as to the locality of the Home—a question we are hardly in a position to discuss until we have the assurance of a sufficient income to maintain one. Yet, if the medical profession would co-operate heartily with the Board and take a personal interest in this most important scheme, scarcely an effort would be necessary. If each practitioner simply secured one annual subscription of a guinea—not a great matter—it would be enough. But failing this general support, the question arises how far we are justified in incurring the serious responsibilities attendant upon a seaside branch. The Board would be sorry to abandon their hope of a Convalescent Home under homeopathic auspices, but unless the co-operation of the medical profession is forthcoming, it is doubtful whether they have any alternative, for they can hardly ask the public to support an institution to which the medical men give no ready support, and of which they may show only a lukewarm approval.



evening to the *private* door in her phaeton, and suitably attired in black silk, bringing her infant babe, who came into this world under the professional help of a well-to-do doctor; but doctors being at times expensive luxuries, the babe must be entered at the dispensary for the sum of a weekly half-penny. I pointed out the anomaly, and the *lady* was referred to her usual attendant. In course of years a great many very economical but not working people were admitted, and I suppose the doctors feeling our craft in danger got sore; but be that the reason or not a Medical Aid Society is started. I was visiting at a house this morning when one of these medical gentlemen drove up in his father's carriage and pair, for the idea of an equipage is a great thing with the poor, whether he goes in a cab at three miles an hour or has a spanking steed. These Medical Aid people have a choice of doctors, and my charwoman has had a charming variety of three to their household. They have had some of my poorer folk who could find small fees in times past, perhaps not in these hard times, and I have had many of theirs to help in a medical way. So I suppose in the long run things will be better balanced before they boycott themselves. It is well to warn them!—Yours faithfully,

H. USSHER.

#### VACCINE LYMPH—£1,000 REWARD.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—The GROCERS' COMPANY have offered a prize of £1,000, for the discovery of "A method by which the Vaccine Contagium may be cultivated apart from the animal body, in some medium, or media, not otherwise zymotic:—the method to be such that the contagium may by means of it be multiplied to an indefinite extent in successive generations, and that the product, after any number of such generations, shall prove itself of identical potency with standard Vaccine Lymph."

In my opinion the question is not an open one, the problem having already been solved by the discovery and practical application of an artificial vaccine lymph, independent of the animal body, uniform and unchangeable in its composition, capable of indefinite multiplication, identical in potency with standard vaccine lymph, and attested by experience to be as efficacious in preventing smallpox as any of the vaccine lymphs hitherto in use.

The artificial vaccine lymph to which I refer, and which I contend fulfils all the conditions laid down by the Grocers' Company, is prepared by dissolving Tartarized Antimony or Tartar Emetic in glycerine, glycerine and water, or other suitable medium.

In 1841, Dr. LICHSTENSTEIN published the fact, that persons inoculated with lymph taken from the pustules produced by Tartarized Antimony, were as effectually protected from small-pox as though they had been vaccinated with cowpox, even during an epidemic of smallpox, and although placed in contact with patients affected with that disease.

At a public meeting held at Westbourne Hall, Bayswater, in 1870, Dr. GUTTERIDGE stated, that he had known fictitious vaccine lymph prepared with Tartar Emetic and glycerine to be largely used.

Dr. JOSEPH HAMERNIK of Prague, in his "Essay on certain Medical Principles," English translation, London, 1882, writes as follows :—

"Some years ago the theory was brought forward by the celebrated HUFELAND, that Vaccination from Tartar Emetic pustules was a perfect substitute for Vaccination with cowpox, and had the same beneficial effect. With this I fully agree; and I remark further that if Tartar Emetic pustulation is produced in cows and calves, and vaccine matter is taken from them, such Vaccination is also perfectly harmless."

In the Journal of the American Medical Association, February, 1886, appears the following testimony to the value of Tartar Emetic Vaccination :—

"Dr. PROEGLER found himself on board an emigrant ship on which a fatal case of smallpox occurred. A panic ensued amongst the passengers, seven hundred in number. There was no virus on board, and recollecting having read about the identity of Tartar Emetic pustules and those of smallpox I resolved to try a few inoculations with Tartar Emetic. I inoculated myself first, and having been re-vaccinated at the age of fourteen, I could find no difference between the two. From myself I inoculated some babies, and saw that the course was nearly identical with true Vaccination, and that the pustules produced could not be distinguished from real Vaccination pustules. I inoculated all the passengers, and am convinced that by combined care and cleanliness, and the re-vaccination (or the *morale* of it) I succeeded in staying the ravages of the disease."

September 10, 1887.

WILLIAM YOUNG.

## THE GROWING OPPOSITION TO COMPULSORY VACCINATION.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—The returns lately laid before the Keighley Board of Guardians show that of 563 births at Keighley between July and December, only 19 were successfully vaccinated; and at Bingley out of 296 births, 93 were vaccinated. In Leicester, during a similar period—six months ending December 31, 1886, of 2,389 children born in the borough, 222 only were vaccinated. In the

recent debate in Parliament, the senior member for Leicester, Mr. A. McArthur, told the House that there were now in Leicester between twenty and thirty thousand vaccine defaulters, and his colleague, Mr. J. A. Picton, stated that compulsion had ceased to exist, the population being thoroughly convinced that while vaccination was powerless to prevent smallpox, it was often attended by serious evils, and he strongly advised the President of the Local Government Board to suspend prosecutions and let them alone. Mr. McArthur, in the course of an interesting speech, mentioned that he had personally known fatal cases due to vaccination, and was acquainted with medical men of high standing who were entirely opposed both to compulsion and to the practice itself. One who had had thirty years' experience in the profession said in reply to Mr. McArthur's inquiry, "If you ask my candid opinion, it is that nine-tenths of all the skin diseases that are common in our country, arise directly or indirectly from vaccination." This gentleman (said Mr. McArthur) holds an appointment as public vaccinator, but will not allow his own children to incur the perils of vaccination. It will probably surprise some of your readers to learn that amongst the sixty-eight members who opposed the recent vote of extra donations to public vaccinators from the taxpayers' pockets, four were members of the medical profession. Is it not clear that this annual appropriation of £16,500 to sustain a discredited medical dogma, cannot be much longer tolerated? An impartially constituted tribunal of investigation into the practice and results of vaccination has been proposed, but meets with fierce opposition from those who have no doubt sufficient reason to dread its results.—Yours faithfully,

Devonshire Club, St. James', London.

WILLIAM TEBB.

August 31, 1887.

## DRUGS AND APOTHECARIES.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR.—I have not noticed in your Journal any reference to the late utterance of Sir W. Gull, Bart., M.D., on the above subject, before a recent meeting of the General Medical Council, and as I consider it a most important one, coming from a man of Dr. Gull's experience and position in the medical profession, I think your readers should be put in possession of it. I therefore beg to transcribe it. He said, "It was not desirable to have a Society of Apothecaries at all, and that its existence was contrary to the interests of medicine. People did not get well by drugs. When the Prince of Wales was ill of typhoid fever how many doses of medicine did he take? Not four. The



question is, whether the profession should be set free from the trammels of the past. It was the powers of Nature that effected the cure of disease, and the duty of the medical man was not to give drugs, but to see that nature's powers were not interfered with." I herewith remit you *The Isle of Wight Advertiser* with my criticism upon this extraordinary dictum of this allopathic Colossus.

Since writing the above I have been informed that a special friend of the Prince of Wales gave the Prince homeopathic medicine when he was ill of typhoid fever. Was this why Dr. Gull only gave the Prince *four doses* of medicine?—I am, yours truly,

H. HASTINGS, M.D.

Lansdown House, Ryde, I.W., September 14, 1887.

### HOSPITAL STATISTICS AND COMPULSORY VACCINATION.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—One of the commonest defences of vaccination is derived from the statistics of small-pox hospitals. It is said that the vaccinated die at the rate of 9 per cent. only, whereas the unvaccinated die at the rate of 44 per cent. The numbers will perhaps vary in the different returns, but what I have quoted is sufficient to indicate the nature of the argument.

Upon this I would remark—

1. That these figures do not pretend to indicate that vaccination protects from an attack of small-pox; all that they profess to show is that vaccination makes the attack milder, when it comes. It would be quite as rational to infer from these figures that vaccination had induced the non-fatal attack as that vaccination had prevented the attack from being fatal.

2. The figures are taken from such a special and exceptional source that no reasonable inference can be made as to the effect of vaccination upon those subjected to it.

3. It has been frequently insisted, and I think with reason, that the figures representing the mortality of the unvaccinated are greatly in excess of those which represented a like mortality before vaccination was thought of. The mortality amongst small-pox patients in the eighteenth century did not exceed 18 per cent.; how comes it, then, that the mortality among the unvaccinated is now 44 per cent.? Who is responsible for the difference?

4. What, to my mind, is quite conclusive against attaching any value whatever to such statistics is the arbitrary way in which the medical men who make their returns classify the vaccinated and the unvaccinated. "We have, I maintain, no

right to accept a mere assertion of vaccination as conclusive. The performance of the operation, irrespective of results, is one thing; the typical character of the cicatrix is, however, the only trustworthy proof." So says Dr. Gayton, Medical Superintendent of the North-Western Hospital, &c. (*Value of Vaccination*, p. 9). So that, according to this apologist for compulsory vaccination, a medical man "has no right" to do otherwise than to make a return in defiance of the only accessible evidence, and to set down a case as unvaccinated because he is not satisfied as to "the typical character of the cicatrix" on the deceased's arm. It is necessary to insist that no definition of vaccination is given in the Acts of Parliament which we seek to repeal; and that any operation submitted to in compliance with these Acts is vaccination for all practical purposes. For the failures or mischiefs of any such operation the laws which we seek to repeal, and the legislators who maintain them, and the magistrates who execute them, are responsible.

I am, yours faithfully,

H. N. MOZLEY, M.A.

King's College, Cambridge.

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## VARIETIES.

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**COCAINE HABIT AND COCAINE ADDICTION.**— Under this title Dr. Matteson, of Brooklyn, calls attention to the severe and often fatal constitutional symptoms which have followed the use of this valuable but over-rated drug. There is little room for doubt that, consequent on the "craze" which was created in its favour, cocaine has been used with a recklessness which has produced the most untoward results. On the strength of experiments with large quantities of the drug, the activity of which may have been deficient, or to which the particular patients may have been unusually tolerant, it has been administered and injected, in doses varying from one grain to fifty, for every conceivable purpose, from procuring local anæsthesia during labour to the extraction of a tooth. If want of caution in the employment of cocaine were alone to blame for the sad mishap of which Dr. Matteson has compiled so appalling a table, the burden of responsibility might reasonably be shifted from the drug to the medical man who used it; but experience has shown that even in what are considered to be perfectly safe doses, symptoms of considerable severity are apt to be produced. At present it is difficult to say with certainty whether the striking differences which are observed with identical doses are due to variations in the quality and potency of the drug, or to individual susceptibility. The present comparatively low price of the drug may possibly act unfavourably on its quality, especially as the competition between rival houses is very severe. This point can only be elucidated by instituting careful inquiries into the source whence the drug was obtained in every case where unexpected symptoms are observed. Next to the ophthalmic surgeons, the dentists showed the greatest

enthusiasm in endeavouring to avail themselves of the valuable properties of this modern addition to therapeutical agents. The most brilliant results were reported as obtained on every hand for awhile, but lately not only has the efficacy of the drug for dental purposes been questioned, but the inconveniences and even danger which is apt to accompany or follow its use have been made public. The inevitable reaction against the extravagant pretensions advanced on behalf of this drug has already set in. The sooner its use is restricted to the cases in which it may reasonably be employed, and in doses and with precautions calculated to minimize its drawbacks, the better will it be for medical men and their patients. It should never be forgotten that cocaine is a potent alkaloid not to be trifled with. We have, so far, not had to record many cases of cocaine addiction, except on the part of medical men in the case of their patients; and it is to be hoped that any prospect of this will now be averted.

**THE COCAINE CRAZE.**—This craze, the melancholy effects of which are now daily becoming apparent both at home and abroad, has been succeeded by the inevitable reaction. After having been lauded to the skies its effects in every conceivable affection, from a preventive of sea-sickness to a cure for warts, instances are not wanting to prove that, in addition to having been immoderately and absurdly overrated, it is capable and even likely to lead to grave constitutional disturbances if due care be not shown in its administration. Dr. Matteson, of Brooklyn, has grouped together in a paper, with a very pathetic moral, a large series of cases in which its use has been followed by death or symptoms of extreme gravity. In some of these cases, which have been collected from the most varied sources, the result was attributable to the quantity of the drug employed, but this cause was by no means invariably present. In doses of a grain, and sometimes even less, alarming constitutional symptoms have occurred. In ophthalmic work very disagreeable symptoms have been known to follow the instillation of a few drops of a four per cent. solution into the eye. In dental practice, for the purposes of which larger quantities of the drug are necessary, by subcutaneous injection, the patient has narrowly escaped paying for his want of courage with his life. Indeed, the results which have been recorded only during the last month or two, are calculated to damp the enthusiasm of dental practitioners in their endeavours to make the extraction of teeth a painless instead of a painful operation. It is so palpably useless in obstetrical and most forms of gynecological work, that it would probably rapidly have fallen into disuse even if no other reason existed for discarding it from the obstetric bag. The most curious feature in the instances which have occurred, is the extreme variability of effect produced by the same dose in different people. If this be due to idiosyncrasy on the part of the patient, their individual susceptibility to this particular drug is more general than is the case with any other therapeutical agent. A far more reasonable hypothesis is that the quality of the drug is not always the same, and that its potency varies accordingly. When it was first introduced great care was used in the preparation of what was then one of the most costly drugs obtainable. Since its price has fallen to about a fiftieth of what it was, it is not impossible that less discrimination is shown in choosing and preparing it. If proper care in dosage and otherwise were sufficient to enable it to be

used with the assurance of no ill-effect following, then the outlook would be comparatively cheerful, but as a matter of fact the cases reported are due as often as not to doses of the drug hitherto considered perfectly safe but even ridiculously small.—*Medical Press*.

**OIL OF SANDAL-WOOD IN FETID BRONCHITIS.**—In a clinical lecture on a case of fetid bronchitis, simulating abscess of the lung, Professor Da Costa showed a male patient of 32, who had been admitted into the hospital about a month before for cough and profuse expectoration, sometimes bloody and offensive. He had emaciated greatly, and complained of poor appetite, diarrhea, vomiting, frontal headache, and night sweats. Upon examination, some dulness on percussion was found about the middle of the left lung posteriorly, and moist *râles* and faint pectoriloquy could at times be obtained. The man had been in the hospital three months previously in a very similar condition, and so great at that time was the amount of the expectoration, containing masses of purulent matter, that the idea of abscess of the lung was entertained. He was somewhat benefited by treatment, and went out, only to return with the same symptoms: indeed, there was no evidence that they had ceased from the time that he was in the hospital. When he returned, there was found again the cough, fetid expectoration, nummular sputa, emaciation, sweating, a slight rise of temperature (100°), and pain in the left side. The expectoration amounted to a pint and a half in twenty-four hours, and was occasionally blood-streaked. No bacilli or elastic tissue could be found in it. The patient was submitted to systematic treatment, and carefully-regulated diet. He was given carbolic acid, and subsequently terebene, by inhalation, and other agents; but none of these, tried and re-tried, gave any enduring results. Dr. Da Costa then placed him upon the oil of sandal-wood, at first five minims three times daily, and afterwards five times daily. The results were most striking. After a month's treatment the expectoration almost ceased—falling to one drachm in twenty-four hours. The dulness at the lower part of the lung was no longer to be perceived, his breathing was better, the *râles* had disappeared, and there were no physical signs other than a little harshness of breathing at the point indicated. Dr. Da Costa did not think that in this case there was really an abscess, but bronchitis with dilatation and accumulation simulating an abscess. He wished especially to insist on the value of the oil of sandal-wood as an agent acting decidedly upon the mucous membrane of the bronchial tubes. Its effects upon other mucous membranes, as in the genito-urinary tract, first led him to use it for the condition of bronchorrhea. It had afforded great relief to such cases in his hands. He might say that the present case was cured by the oil of sandal-wood. (*Philadelphia Med. Times*, April 2, 1887).—*Practitioner*.

**ANOSMIA CURED BY NITRATE OF SILVER.**—DR. ROOD, of Northampton, Mass., reports in the *New York Medical Record* a case of severe epistaxis in a man, æt. 27, who had never enjoyed the sense of smell. The hemorrhage having recurred more than once, was finally cured by very free applications of solid nitrate of silver to the mucous membrane covering pharynx and nasal cavity. Curiously, also, the anosmia was cured, smell being quite restored on recovery.—*Medical Press*.

**SMOKERS AND OTHERWISE.**—There is not much to be argued for or against tobacco from the prodigious scoring in “Smokers v. Non-Smokers.” The match between mixed teams of English and men of Victoria was played at Melbourne last week, and it did look as if the enemies of the weed had reason to rejoice. The Non-Smokers went in, and Briggs, Palmer, and Flowers were among their opponents. These are no mean bowlers. Who has forgotten how “the dense multitude was cheering Mr. Briggs” last summer, as in Leech’s days, when he overthrew the Colonists at Lord’s? Palmer is one of Australia’s most gifted children with the leather, and the Flowers of to-day is not readily “a weede awa,” like the Flowers of the Forest of old. However, the abstainers from the Indian weed made 803, with one man absent, the mighty Barnes, who perhaps would have run the score into 1,000. The thing seemed obvious; it looked as if the debilitated victims of nicotine could not stand up against the hardy abstainers. But they could, and only lost three wickets for 303. The biggest score in the match was 284 by the intrepid Shrewsbury, while Palmer made 118 for Smokers. The conclusion seems to be that smoking will neither make nor mar a batsman or bowler.—*Daily News*, December 22nd.

**ON THE STUDY OF ANATOMY.**—*Lord Herbert of Cherbury* (about 1630).—“I must no less commend the study of anatomy, which whosoever considers, I believe will never be an atheist; the frame of man’s body and coherence of his parts being so strange and paradoxical, that I hold it to be the greatest miracle of nature; though when all is done, I do not find she hath made it so much as proof against one disease, lest it should be thought to have made it no less than a prison to the soul.”

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## MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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| <p><b>Austin</b> (J. A.). <i>Ambulance Sermons: being a Series of Popular Essays on Medical and Allied Subjects.</i> Post 8vo, pp. 392. (Redway. 5s.)</p> <p><b>Browne</b> (Ed. A.). <i>How to Use the Ophthalmoscope.</i> 8rd ed. Post 8vo, pp. 122. (Trübner. 8s. 6d.)</p> <p><b>Burnett</b> (J. C.). <i>Diseases of the Spleen and their Remedies. Clinically Illustrated.</i> Foolscap folio, pp. 180. (Epps. 2s. 6d.)</p> <p><b>Butler</b> (J. S.). <i>The Curability of Insanity and the Individualised Treatment of the Insane.</i> 16mo, pp. 59. (New York. 3s.)</p> <p><b>Cantlie</b> (J.). <i>Accidental Injuries: their Relief and Immediate Treatment; How to Prevent Accidents becoming more Serious, with a Chapter on the Various Methods of Conveying the Sick and Wounded; also Exercise in use by the St. John’s Ambulance Association.</i> 12th ed. 12mo, pp. 163, sd. (Clowes. 1s. 6d.)</p> | <p><b>Doran</b> (A. H. G.). <i>Handbook of Gynecological Operations. With Illustrations.</i> 8vo, pp. 494. (Churchill. 15s.)</p> <p><b>Edgelow</b> (G.). <i>Painless and Immediate Cure of Hemorrhoids and Prolapsus.</i> (Renshaw. 1s.)</p> <p><b>Forbes</b> (L.). <i>Deafness and its Treatment. With an Analysis of Cases.</i> 5th ed. (Renshaw. 1s.)</p> <p><b>Harrison</b> (R.). <i>Lectures on the Surgical Disorders of the Urinary Organs.</i> 8rd ed., re-written and enlarged. 8vo, pp. 580. (Churchill. 12s. 6d.)</p> <p><b>Hartmann</b> (A., M.D.). <i>Diseases of the Ear and their Treatment. From the 8rd German Edition, by J. Erakine. Illustrated.</i> 8vo, pp. xiv-285. (New York. 14s.)</p> <p><b>Moore</b> (G.). <i>Nose and Throat Diseases.</i> (Epps. 1s.)</p> <p><b>Roose</b> (Dr. Robson). <i>Gout, and its Relation to Diseases of the Liver and Kidneys.</i> 4th ed. Cr. 8vo, pp. 181. (H. K. Lewis. 3s. 6d.)</p> |
|---|---|

**Roth (M.)** *Physiological Effects of Artificial Sleep; with Notes on Treatment by Suggestion, and Cures by Imagination.* (Baillière. 1s.)

**Prevention and Treatment of Spinal Deformities, especially Lateral Curvature, with Notes on their Causes.** 8vo. (Baillière. 5s.)

**Seager (H. W.)** *Light Diet: a Handbook*

*of Diet and Cookery for all Classes of Invalids.* Post 8vo, pp. 188. (Simpkin. 1s. 6d.)  
**Woakes (E.)** *Nasal Polypus; with Neuralgia, Hay Fever, and Asthma in Relation to Echinoiditis.* With Illustrations. Post 8vo, pp. 150. (Lewis. 4s. 6d.)

**Yeo (G. F.)** *A Manual of Physiology for the Use of Junior Students of Medicine.* 2nd ed. Post 8vo, pp. 688. (Churchill. 14s.)

## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, *St. George's Terrace, Gloucester Road, South Kensington, S.W.*

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We always go early to press, and would therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

### CORRESPONDENTS.

Communications received from Dr. W. G. Watson, Sydney, N.S.W.; Messrs. William Wood and Co., New York; Dr. Staley, St. Anne's-on-Sea; Dr. Murray Moore, New Zealand; Mr. A. Haegert, Bristol; Dr. Praell, Gastein; Major Vaughan Morgan, London; Mr. G. A. Cross, London; Mr. W. Young, Brixton; Dr. Hastings, Ryde; Dr. Ussher, London; Mr. William Tebb, London; Mr. Biggs, Leicester; Mr. Dudgeon, Leicester; H. N. Mozley, M.A., Cambridge.

### BOOKS AND JOURNALS RECEIVED.

New York Medical Times.—Homeopathic Review.—Journal de Médecine de Paris.—Chemist and Druggist.—Zoophilist.—Homeopathic Physician.—Hahnemannian.—Medical Advance.—Medical Counsellor.—New England Medical Gazette.—American Homeopathist.—Homeopathic Recorder.—Medical Annals.—Sydney Morning Herald.—The Clinique.—La Reforma Medica.—Homeopathic Journal of Obstetrics.—Medical Courant.—Medical Visitor.—Saratogian.—Export Journal.—Cyclopaedia of Drug Pathogenesis, Part VI.—“Cholera,” by Dr. Ghosh.—Millspaugh's American Plants.—Dynamization and Dematerialization, by Dr. Gutherland.—Medical Era.—Revue Homeopathique.—Revue le General de Homeopathique.—Allg. Hom. Zeit.—L'Art Medical.—St. Louis Medical Journal.—Clinical Review.—Monatsblätter.—Bibl. Homeopathique.—El Criterio Médico.—Hydrophobia in Relation to M. Pasteur's Methods, by Dr. A. Lutand.—Report of Dr. T. F. Churchill's Stœchiological Dispensary.—Treatment of Chronic Prevalent Inflammation of the Middle Ear.—Isle of Wight Advertiser.—New York Medical Record.—37th Annual Report of London Homeopathic Hospital.—Diseases of the Spleen, Dr. Burnett.—Pathology and Physiology of Diatetics, by Dr. Prosper Bender.

THE  
HOMEOPATHIC WORLD.

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NOVEMBER 1, 1887.

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ANTI-HOMEOPATHIC JOURNALISM.

Is there a silly season for medical journalism? To judge by certain articles which appeared in September last in *The Lancet* and *Medical Press*, we might feel disposed to answer this question in the affirmative; but further research will convince us that the silly season is perennial with medical journalists whenever they meddle with homeopathy. Probably the stir that has lately been made about the opening of the new homeopathic hospital in Liverpool last September is the proximate cause of the simultaneous outburst of silliness in these two organs of the dominant sect. However this may be, it is amusing to read the nonsense their able editors gravely commit to paper, without the least suspicion that they are rendering themselves the laughing-stocks of every one who knows anything about the subject.

*The Lancet* article is the finest specimen of ignorant dogmatism we have met with for a long time. After an elaborate eulogium of rational medicine, which, says the editor, is the only kind worthy to be called scientific, but which he carefully omits to define, so that we cannot tell whether his praise of it is justified or no, he proceeds to demolish homeopathy in the following terms :

“The attempt to set up any special hypothesis or to lay down any particular law is in itself an act of revolt against science, and stands self-condemned as irrational. Thus, if *similia similibus curantur* were not a fallacy, it would hold good throughout the whole domain of science—not in medicine only, but in every department. Its character as a proposition, in which an essential part of the theorem is sup-

pressed, is a self-evident proof of its heterodoxy. No one ever alleged that the similarity of the *similia* extended to their quantitative as well as to their qualitative properties; and as the formula did not express this limitation, it omitted to state an essential part of the truth, and so became a false statement of the worst possible kind—in short, a fallacy: the truth suppressed being that all agents act differently in different magnitudes or doses, and that, therefore, *similia* in one dose must be dissimilar in other doses; and the doses in which they were, or were alleged to be, administered, were not the doses in which they were similars.\* This, apart from all the superadded fallacies of infinitesimalism and the like, which have emphasized the grotesque absurdity of homeopathy, would also place that so-called *system* of therapy outside the pale of rational medicine, and the like is true of all other systems. Whatever and whenever a claim is set up for any method or scheme of principles as peculiar to the art of healing, the fundamental law of rational medicine, as a branch of science, is violated, and either the pretence is idle or the theory on which it is based is unsound. . . . Rational medicine is an integral part of science as a whole. . . . The practitioner of medicine must practise in conformity with methods and upon principles common to all practitioners in the several branches of science" (*Lancet*, Sept. 17, 1887).

We have not heard that a petition has been addressed to the Commissioners in Lunacy by the readers of *The Lancet* to inquire into the mental state of the editor, so we presume that the above rigmarole is accepted as sound reasoning by our anti-homeopathic friends, and we will proceed to examine it as seriously as our sense of the ridiculous will permit. Note first the antithesis implied in "setting up" a hypothesis, and "laying down" a law. But that may be regarded as merely a sham rhetorical flourish, the natural outcome of an attempt at fine writing by one ignorant of the first rules of composition; so we may pass it by and come to the propositions laid down or set up by this able editor. According to him no particular science can have any particular law or laws or any special hypothesis, and every law of every particular science must hold good throughout the whole domain of science, *i.e.*, must be common to

\* To understand this it should be remarked that *The Lancet* is a believer in the opposite action of large and small doses, the fallacy on which Dr. Sharp has founded his system of *antipraxy*. We advise Dr. Sharp to keep an eye on the editor of *The Lancet*; he may soon be able to claim him as an out and out antipraxist.



all sciences. But as particular sciences are only recognizable as such by their particular laws and hypotheses, it follows, if the editor's dogma is correct, that all particular sciences are self-condemned as irrational, and all the great scientists, whose lives have been passed in ascertaining and formulating the particular laws of the several sciences they devoted themselves to, were fools. Thus NEWTON, when he laid down the particular law of gravitation in this wise: "Every body or portion of matter attracts and is attracted directly as its quantity of matter, and inversely as the square of its distance from the attracting body," was guilty of a revolt against science, for this law evidently does not hold good throughout the whole domain of science, since we cannot apply it to optics, chemistry, botany, and the rest. DALTON, too, was guilty of a revolt against science when he set up his special atomic hypothesis to this effect: "That atoms unite either one atom with one atom, or by sums of atoms which are integral multiples of unity." Clearly this hypothesis is not applicable to mathematics, astronomy, theology, metaphysics, and the rest; so, according to *The Lancet*, it is self-condemned as irrational. But if the dictum of *The Lancet* is to be accepted as true, there can be no particular science, for as every particular science is only known by its particular laws and special hypotheses, they are all self-condemned as irrational, and as "the whole domain of science" is made up of particular sciences, with particular laws and hypotheses, there can be no such thing as science, no such people as scientists, and nothing we need concern ourselves about but—*nescience!*

How "the practitioners of medicine must practise in conformity with methods and upon principles common to all practitioners in the several branches of science," we cannot imagine. Unfortunately the editor omits to tell what are the principles common to all the sciences. This is a serious omission, for we may be unconsciously violating the "fundamental law of rational medicine" every day of our life, which would be a great grief to all who are desirous of acting legally in all things. By the way, what is this "fundamental law of rational medicine," about which the editor talks so glibly? As the science of medicine can have no particular law without being self-condemned as irrational, the fundamental law of rational medicine must be also the fundamental law of all the sciences. We beseech the editor

of *The Lancet* to tell us what it is. We sincerely trust that his assumption that there is such a law is not an "idle pretence," for that would be very disappointing. And yet if it had any existence he would surely have stated it, for with it as a touchstone, we might be able to determine whether the "system of therapy" we practise is inside or outside the pale of rational medicine.

One other bit out of this editorial article we cannot refrain from quoting, it is so deliciously absurd: "The confidence of the public in the profession and its practitioners is likely to be ultimately measured by the status in science which they attain, rather than by the successes they achieve in the struggle against disease." "Ultimately," is all too vague and indefinite, but we rather think it must indicate a pretty far distant future when the patient "public" shall prefer to place confidence in a man of science—such science as the editor of *The Lancet* here gives us a specimen of—rather than in one who achieves successes in the struggle against disease. The public who would act thus must be as complaisant and silly as that described by M. DIAFOIRUS. Says that learned doctor: "Le public est commode. Vous n'avez à répondre de vos actions à personne, et pourvu que l'on suive le courant des règles de l'art, on ne se met point en peine de tout ce qui peut arriver." "*Maladus dut-il crevare et mori de suo malo*"? What if the public should remain in their present frame of mind, and prefer to trust their health to those who achieve successes in the struggle against disease, rather than to the men of science who don't. That would be a bad job for the men of science!

But we really cannot go on longer treating this farrago of nonsense as though it were the lucubration of a man in his proper senses. The editor evidently wanted to say something against homeopathy, and not possessing the most distant idea of what science is, or having the slightest conception of logical argument, he has written himself down—well, as low as he possibly could; in short, as Uncle Remus would say, he has got to the position of the "lowdownest watsizname." Like other anti-homeopathic controversialists, a judicial blindness afflicts him when he touches on the fatal subject, and he writes the ineffable nonsense we see. He may take this consolation to himself that he sins in very good company, for most of those who have attempted to write down homeopathy have only suc-

ceeded in writing themselves down. If it is any comfort to him he may take our assurance that he has sounded, perhaps, a lower depth of absurdity than any of his predecessors, but there are some who run him very close. For instance, the editor of *The Medical Press and Circular*, who seems to have been very much exercised in his mind by the opening of the magnificent Hahnemann Hospital, in Liverpool.

"We do not," he says,\* "for a moment doubt that the poor will be well treated in Mr. Tate's new hospital, but we do strongly doubt that they will get homeopathic treatment when the diseases are serious or well pronounced. It is not so much the ability to cure as the *bona fides* of the professed homeopaths that we doubt. It goes without saying that in the new hospital, as in all their practice, active drugs will be requisitioned by the homeopaths and claimed as theirs and used in the treatment of disease. Heart disease will be treated by rest, digitalis, convallaria, coffee, or strophanthus; acute rheumatism, by salicylates in some form; skin diseases, by arsenic; phthisis, by the hypophosphites and cod-liver oil; hemoptysis, by lead and gallic acid or ergot; lead poisoning and syphilis, by iodide of potassium; and so on through the whole materia medica. It is notorious that all these drugs are non-homeopathic, and that they are in regular use amongst homeopathic practitioners; that they, in fact, cure whatever cases they do cure by non-homeopathic means, and claim the credit for their so-called 'system.' It is not honest."

We are glad to learn that this editor considers it dishonest to take the remedies of another school and pass them off as your own, for that is precisely what our opponents have been doing for some time past, as we have repeatedly shown. But it does not always do to judge others by ourselves, though it is no doubt natural for the dishonest to think all their neighbours equally unprincipled. The accusation does not affect us, for we confine ourselves in the treatment of all diseases, serious or trivial, well or ill-pronounced, to the much better remedies of our own school, except in those few cases where a palliative is required to tide over a temporary difficulty, or to alleviate the sufferings of incurable cases. But we never look on such treatment as really remedial, and we always acknowledge that this palliative treatment is not homeopathic and altogether exceptional. The editor is singularly at fault in his enumeration of the non-homeopathic medicines he imagines we employ. With the exception of digitalis and coffee in heart affections, arsenic in skin diseases, and

\* *Medical Press and Circular*, Sept. 28, 1887.

iodide of potassium in tertiary syphilis, we venture to say that not one in a hundred among the practitioners of the homeopathic school has ever employed any of the other remedies he mentions, and those we have admitted we do use are undoubtedly homeopathic to the diseases for which we employ them. So we repudiate his accusation of want of honesty and *bona fides*, and think that he would find it more applicable to those of his own school who steal our remedies, and deny that they get them from us.

But there is more in this article. After asserting that "allopath" is a nickname bestowed on his school by the "self-styled homeopaths, which we repudiate with almost as much contempt as we should repudiate its antithesis," and after showing that that they could not adopt it if they wished to do so, as the College of Physicians has forbidden its diplomates "to trade on a designation;" he bursts out as follows: "Not only do we repudiate the name, but we repudiate also the principles of allopathy; or rather, we ignore them. We do not profess to know anything of them. They have never been our principles. We have been accused by homeopaths of holding these principles, but we assure both them and the public that the accusation is false. Our only aim is to relieve suffering and prolong life, and we ask the public to believe us when we assert that in our estimation the question whether the methods we employ are allopathic or homeopathic is so far beneath us as not to be deserving of a thought." Now as the term "allopathy" is used controversially and conventionally to signify all drug treatment that is not homeopathy, the editor's repudiation of both methods is as though M. JOURDAIN had repudiated the alternative offered to him by his teacher of philosophy of writing his *billet-doux* either in prose or poetry. It is not given to many of us to attain that transcendental height that we can regard the question of what method we employ in the treatment of disease as "so far beneath us as not to be deserving of a thought." Hitherto, most of the great authorities on therapeutics have given much thought to this question; but if our editor is right, they might have saved themselves the trouble and let it alone as something altogether unworthy of any consideration. Polonius said of Hamlet's mental state, "If this be madness, yet there's method in it." Doubtless the editor would indignantly repudiate the charge of madness, but we may parody Polonius and say: "If this be sanity, yet there's no method in it."

We cannot undertake to decide which is the more enviable state—Hamlet's madness with method, or our editor's methodless sanity. He tells us that the proportion of medical men in this country who have adopted homeopathy to those who have not, is one in sixty. "The other fifty-nine educated men, at least as well educated and equally able to judge as their homeopathic brother, after fifty years' observation, see nothing in the doctrine." We might ask, have these fifty-nine educated men studied and tested the doctrine as their one "homeopathic brother" has done? for if not, their testimony on the subject would be of precisely the same value as that of the Irishman's twenty witnesses who were prepared to swear they did not see him commit the crime, against the two who swore they saw him do it. Counting noses will hardly settle a question of science unless the noses are owned by persons equally capable of judging. As a clincher the editor puts the following "plain, common-sense question:" "If an astronomer, for instance, of no particular name or note, declared that he had discovered a new star, and fifty others, some of them the most distinguished scientists of their generation, declared year after year for fifty years that they could not see it, would he, knowing nothing about astronomy himself, and being totally unversed in the science of optics and the higher mathematics, feel himself justified in gravely telling the fifty-nine that the time had at length arrived for them to reconsider their position?" We wonder what sort of astronomer that would be who knows nothing about astronomy, optics, or the higher mathematics—an astronomer who is no astronomer. But let that pass. The cases are not analogous. Those who have studied and adopted homeopathy are as highly educated as those who have not, and some of them may be ranked among "the most distinguished scientists of their generation," such as Professor HENDERSON of Edinburgh, Professor D'AMADOR of Montpellier, Professor ARNOLD of Zurich, and Professor RAPP of Tübingen, not to mention HAHNEMANN himself, whom HUFELAND declared to be "one of the most distinguished, gifted, and original physicians; who has given sufficient proof of a grand philosophical acumen, and of a rare power of observation;" whom even his opponent, Sir JOHN FORBES, allowed to be "a man of genius and a scholar, a man of indefatigable industry, of undaunted energy." So to make the cases parallel the editor's astronomer should be at least

the equal of the other fifty-nine. With this slight correction the editor's illustration will do. And lo! history records that this very thing happened. Galileo announced that he had discovered with his telescope four moons revolving in regular periods round Jupiter. All the other astronomers of Italy, we cannot say whether they were fifty or one hundred, declared year after year that they could not see these moons, and they proved by reference to Aristotle, Ptolemy, and all the philosophers and astronomers, that Jupiter could have no moons, but they steadily refused to accept Galileo's invitation to look through his telescope, when they might have seen the moons for themselves and been convinced that Galileo was right. So when Hahnemann announced his therapeutic rule, all his medical brethren declared it to be false, and scoffed and jeered at him in the way we know. "*Macht's nach!*" "try it!" he besought them. But no, only a few would do this and were convinced of its truth; the great majority refused to try it, preferring to quote Hippocrates and Galen and all the tribe of medical philosophers against the eminent reformer, and so they continue to rave against homeopathy and Hahnemann and all his works. They will not look through his telescope, and so they persist in their ignorance of the truth, and write against it the rubbish we have just been considering. As Burns, in his *Address to the Deil*, thought that fallen angel "aiblins might, I dinna ken, still hae a stake;" so our editor thinks that there is still for us a *locus pœnitentiæ*, a chance of restoration into the bosom of "legitimate medicine." "Let them," he says, "repudiate designations that tend to limit the liberty and lessen the liberty of a noble profession, and their principles and practice will not be inquired into. They will no longer occupy the low position in the estimation of their professional brethren they feel that they do now, and they will not need to blush or look another way when they meet a non-homeopathic brother."

As regards the designation of "homeopath," we must repeat that we assume no such title. We are physicians and surgeons. "Homeopath" and "allopath" are nicknames adopted by controvertialists to avoid circumlocution. Forty years before the College of Physicians passed its resolution against the assumption of "designations implying the adoption of special modes of treatment" (which by the by is disregarded by all the specialists of the pro-

fession), the British Homeopathic Society, which occupies to the homeopathic school the position the College of Physicians does to the general body of the profession, passed a rule which visits with the penalty of expulsion any member who shall announce in any public manner his special mode of treatment. The following week the editor asked, then why have we our homeopathic directory, our homeopathic hospitals, and our homeopathic periodicals? To this the answer is—the homeopathic directory is merely a tradesman's list, without any official authority whatever, and with which no society, and not even any practitioner of homeopathy, has anything to do. We have our homeopathic hospitals, societies, and periodicals, because we are diligently boycotted out of the hospitals, societies, and periodicals belonging to the Old School. As soon as we are freely admitted to the medical institutions which are at present monopolized by the dominant sect, our special institutions will be given up. Till then, we must retain them in order to give the poor and show to the public the advantages of homeopathic treatment and to discuss among ourselves the medical questions that most interest us.

It may be true that we occupy a low position in the estimation of our professional brothers, for people generally affect to despise what they do not understand. But as for blushing and looking another way when we meet a non-homeopathic brother that is a ridiculous assertion. On the contrary, we are ready and anxious to meet any medical man or any number of medical men of the Old School, and to discuss our therapeutic rule with them in public or in private, in their societies or in ours, on a neutral platform or elsewhere, and we are convinced it is not we who will first sheath our sword for lack of argument. All that we would bargain for is that our opponents will come prepared with some knowledge of the subject of discussion, for we are not without experience of such encounters, and we are bound to say that we have never met with an adversary who had even an elementary knowledge of the doctrines of homeopathy. If the Editor of *The Medical Press* will only arrange a meeting, we assure him that we will not "look another way" when he marshals his anti-homeopathic battalions—fifty-nine to one if he likes—against us. Will he accept our challenge? We warrant he will come away from the meeting a wiser if not a sadder man.

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 NOTES.
 

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## DR. DUDGEON'S HAHNEMANN ORATION.

WE have given elsewhere a brief report of Dr. Dudgeon's oration, but we hope to have the oration itself complete and in a handy form before long. It is in the author's best style, a complete and unanswerable exposure of the fallacious charges brought against homeopathy by the chiefs of the Old School, is full of brilliant hits, and cannot fail to tell on the minds of all readers, not hopelessly dull, and on the hides (not hopelessly thick) of all who come under the lash. Laughter and ridicule have their own proper place in the world, and they are perfectly legitimate, and, indeed, the only rational, weapons to bring against opponents who presume to hold a position so elevated that they are above the necessity of examining a system before they condemn it as absurd. Argument cannot touch their lofty persons, but ridicule—the genuine article we mean, which is a very different thing from vulgar abuse, though the latter is often mistaken for it—*will* touch them. It makes them feel, and others see, their real insignificance.

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## PRUNUS SPINOSA IN SHINGLES.

IN the April Number of *The Union Homeopathique* is an article on the above-named subject by Dr. Van den Berghe, of Ghent, giving the particulars of several cases of cure. We intended to translate the article, which is excellent, but must content ourselves with mentioning that the author has succeeded in removing the very troublesome neuralgic pain which often remains when the eruption of shingles has disappeared, by means of *Prunus Spinosa* 30, after many other remedies had been tried in vain. The medicine has in its pathogenesis many symptoms of a neuralgic character referred to the chest. We hope the hint of Dr. Van den Berghe will be followed, and we shall be happy to publish the experiences of others, whether favourable or unfavourable.

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## "ALLOPATHS?"

OUR friends the majority, not to give them an offensive title, object to be termed Allopaths. They hardly know



what they would like to be called, because they find such difficulty in defining any name they may take upon themselves. "Orthodox" might do, but nobody knows what orthodoxy in medicine is, unless it is the opposite, or the negation of homeopathy. "Rational medicine" has already been monopolized by Hahnemann, as Dr. Dudgeon has pointed out, and no other system but his can lay any claim to be called the child of reason. "Scientific" might please some, but most non-Hahnemannic therapists scorn the idea of science having anything to do with drug-giving. Then why won't they be content to be called "Allopaths"? We admit that it has no precise scientific or classical value, but it has a very decided popular value, nevertheless, with just a suspicion of its classic origin in its meaning. A Homeopath is a Homeopath, as everybody understands; and an Allopath is an *other-path*—from the Greek word *ἄλλος*, *other*. This is what the word has come to mean as a natural consequence of the rejection of homeopathy by the said majority; and whether they like it or not, fret as they may, they will always be known by that name by the world at large, so long as they continue to shut their eyes to the truth of the discovery of Hahnemann.

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#### FAIRNESS.

We have often noticed the exceptional fairness of tone observed by our contemporary, *The Chemist and Druggist*, towards homeopathy, and we have pleasure in reproducing the following notice given by that journal, along with other information respecting medical studies:—

#### "THE HOMEOPATHIC SYSTEM OF MEDICINE.

"It is not within the province of this article to discuss the respective merits of homeopathy and allopathy, but we feel justified in recommending each new graduate in medicine to inquire into homeopathy as scientifically practised before issuing his ukase against it. Perhaps the following of this advice will confirm the scoffer, or turn the sneer into a prayer; in either case we offer it.

"The London Homeopathic Hospital, Great Ormond Street, Bloomsbury, provides a course of lectures on homeopathic practice, intended for qualified medical men as well as students. Composition fee for the entire course, £10 10s., or subjects may be taken separately."

We wonder when *The Lancet* will have the courage to be as fair and courteous.

### MRS. GILLESPIE'S WILL.

THE following digest of the remarkable will of Mrs. Gillespie has been kindly supplied us by Mr. Cross of the London Homeopathic Hospital. It will probably give the lawyers a considerable amount of employment before it is finally administered :

"Mrs. Elizabeth Honyman Gillespie, of Torbane-hill, widow of the late William Gillespie.

"Sole executors and trustees—George Moore Gordon, Charlton (£500); Rev. Thomas Ackroyd, 22, Horbury-crescent, Notting-hill; Right Hon. Sir James Fulshaw, Bart., 15, Belgrave-crescent, Edinburgh; Daniel Eli Anderson of University College, London; James Urquhart; George Dalzell, Writer to the Signet, Edinburgh. Any three to form a quorum, any sole survivor to have full power.

"To establish, endow, or contribute to the establishment or endowment of a school of medicine in the United Kingdom, which shall be associated with the name of the William Gillespie, the sum of £30,000 specific with proportion of ultimate residue. Intention to execute a separate deed containing appointment of special trustees to fully detail the purpose with provision as to terms. But in the event of her decease without executing such separate deed she directs her trustees to apportion, lay aside, or invest the said sum of £30,000, and to apply the free income of the same or, in their discretion, the capital, or to apply the income wholly or partially along with the capital, and apply the income or capital of the accumulated amount to found or contribute to found a new school of medicine in such part of the United Kingdom as after advising with Surgeon-General Gordon, Honorary Surgeon to the Queen; Abiathan Wall, Esq., M.R.C.S., England, the trustees may think fit; and such school shall embrace as well as ordinary medical studies the teaching of homeopathy and other new and useful medical discoveries, and in which school the practice of vivisection shall be entirely prohibited.

"The trustees are empowered by the will to frame and establish the constitution of such school, and to pay the funds and accumulations over to the governing body thereon with such powers and discretions as they may think proper, consistent with the general views expressed in the will, and by the trustees consulting with the said Surgeon-General Gordon and Abiathan Wall, who possess the expressed views of the testatrix."

### "THE SNAKE FARM."

MR. FOSTER, of Scarborough, writes to us :

"In your extract from *The Daily News*, page 485 HOMEOPATHIC WORLD, the writer speaks of a firm in Philadelphia using 250 'Lachesis' (or 'Crotalus') tails per annum. The firm referred to is no doubt Messrs. Boericke and Tafel; but to qualify the account of their consumption of 'Lachesis' see note in the last number of *The Homeopathic Recorder*, page 234, wherein they say that in 1868 two Lachesis snakes were obtained, and therefore they have an ample supply of the remedy!"

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“VERY IMPROPER!”

SWEET is the innocence of some great men! Sir Dyce Duckworth in his address before the Pharmaceutical Society of Great Britain stated that he considered the sale of homeopathic remedies by allopathic chemists to be “very improper and misleading to the public,” and, we suppose, fancied that his words would have some effect. But it is not likely that any chemist who finds the sale of the remedies pays will relinquish it out of deference to Sir D. Duckworth. *The Chemist and Druggist*, commenting on this part of the address, says: “It is incorrect to say that homeopaths have not made solid contributions to the art of pharmacy. Their method of preparing tinctures is now imitated in The Pharmaceutical Conference Formulary.” We should imagine that chemists everywhere will endorse the criticisms of *The Chemist and Druggist*, which are in a bantering vein in reference to the whole address, even though the omniscient *Lancet* does say of its author, “Right well did he acquit himself.” It is a sad calamity to have the approval of *The Lancet*.

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“THE MEDICAL RECORD.”

THROUGH the courtesy of the editor and proprietors of *The Medical Record*, of New York, we are enabled to present our readers with a series of papers of interest, with the discussions thereon. Advance sheets of *The Record* have been sent to us, giving a full account of all the proceedings. We are happy to acknowledge this friendly act on the part of the leading Medical Journal of the Old School on the other side of the Atlantic.

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MAJOR VAUGHAN MORGAN'S LETTER.

We are glad to learn that the letter of Major Morgan concerning the proposed convalescent home has met with some response. We have been requested to acknowledge a donation of £1 1s. from Dr. A. Drysdale, and an annual subscription promised to Dr. Purdom. We trust that this lead will be extensively followed.

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A SUGGESTION.

MR. CATER writes to us from West Hartlepool suggesting

that our little book, *The Prescriber*, might be greatly improved in usefulness if our colleagues would make notes from their own experience, putting down clearly the differentiating symptoms indicating one drug in preference to another. We need hardly say that we shall be happy to receive and acknowledge any such assistance our colleagues may be kind enough to give us.

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## ORIGINAL COMMUNICATIONS.

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### RAPID CURE OF ECZEMA, ATTENDED BY MUCH ITCHING, BY CHLORAL HYDRATE.

BY DR. HARMAR SMITH.

MR. G.'s SON, Godalming, æt. 2½. August 10th, 1887. Diarrhea and vomiting, also eczematous eruption. To take *Ipecac* 3x one pilule every two or three hours.

16th. Diarrhea and sickness gone, but more rash and irritation of the skin. Sleepless nights. To take *Hepar. Sulph.* 3x for a few days, and afterwards *Rhus.* 1x until next report.

25th. No change. Continue *Rhus.*

Sept. 3rd. No change, except that the child has been more feverish, for which the mother has been giving *Aconite*. Itching intolerable. *Cimex. lect.* 2x every four hours.

10th. No improvement, the vesicles converted into small bloody ulcers by the violence of the scratching—these chiefly on the legs. *Chloral Hydrate* ¼ of a grain every four hours.

I have not seen the boy again, as the family live at about six miles distance, but received a letter from his mother in answer to an inquiry from me to the following effect:—“October 3rd. I am very thankful to tell you our little boy is much better, he has had no fresh rash for a fortnight, and no itching, so we hope it won't come again.”

Oct. 11th. No further report.

As some of the readers of *THE HOMEOPATHIC WORLD* may not be acquainted with the pathogenetic skin symptoms of the valuable but much-abused medicine, *Chloral Hydrate*, I will briefly refer in conclusion to the case of a lady whom

I attended several years ago at Ramsgate, which illustrates the homeopathicity of the cure of the child whose case I have detailed above.

My patient was nearly 80 years of age, who had been for many years in the habit of taking full doses of *Morphia* to procure sleep—otherwise impossible. I tried first to wean her of the pernicious morphia habit, without offering any substitute except champagne. She lay awake, however, for whole nights, and such exhaustion followed that I feared the consequences at her time of life. I then lessened the dose of *Morphia*, giving a small dose of *Chloral Hydrate* along with it. I afterwards increased the dose of *Chloral* to 15 grains, and ordered her to discontinue the *Morphia*. I found that she could not sleep with less than this dose, but never gave more than 20 grains, and that I believe only once. She thus got excellent nights for about a week, but in a few days an eczematous eruption began to develop, first on the hands, but quickly extending to other parts of the body, accompanied with such intense and constant irritation as completely to banish the sleep, which it had been given to procure. I was thus compelled to discontinue the *Chloral*. I could not, however, induce my patient to refrain from her accustomed narcotic, and I have reason to believe she never forgave me for giving her the skin disease, though it did not continue long after the discontinuance of its exciting cause. *Bromide of Potassium*, also a comparatively new and fashionable allopathic medicine, produces another skin disease—acne, and it is an interesting circumstance in connection with our much-maligned and yet much-adopted system, and at the same time a valuable corroboration of the truth of the homeopathic principle, that these drawbacks to the uses of these remedies in old school practice, become to us, under the guidance of the clue through the labyrinth of therapeutics discovered by Hahnemann, valuable additions to our resources in the sick chamber. The truth of this remark is confirmed by our experience of many other medicines recently introduced into allopathic practice.

3, Sydney Terrace, Guildford, October 11th, 1887.

CHRONIC CASES PROVING THE POWER OF  
HOMEOPATHIC TREATMENT.

BY DR. SYNTON HONAN.

ACUTE zymotic diseases, such as measles, typhus and typhoid fevers, are self-exhaustive; that is, after a definite duration, they terminate themselves without the aid of medicine. They all have their invasive stage, during which a sensation of illness is experienced; and all have a stage of development, when the fever and other symptoms attain their greatest severity. These are followed by a third—the stage of defeverence, when the temperature abates, sometimes suddenly, constituting a crisis; more often gradually, when it is called a lysis. The patient feels the disease is leaving him, and gathers strength from day to day. Now is the time for joyous congratulations of friends; and now, too, is the time for the medical adviser to plume himself, if he be so disposed. “I have pulled him through,” or, “I have scotched the snake,” he exclaims, when, unless he is ignorant, he knows the complaint has run its course. “The patient,” as Dr. Dickinson of St. George’s, in one of his admirable lectures, laconically expressed it, “has managed to survive the doctor’s medicine as well as the disease.” It is very different, however, with *chronic* complaints which have lasted for many months or years; and which have no inherent tendency to decline, but rather to get worse. When studying homeopathy it occurred to me it was by the cure of such cases its claims might be triumphantly proven; and in case of failure, they might be regarded as “not proven.” Soon after, it was my good fortune to have several cases, which enabled me to submit it to a crucial test; and the results convinced me the time, money, and labour I expended in its acquisition had furnished me with resources which, skilfully administered, might prove an immense boon to sufferers. The following, from my portfolio, arranged in anatomical order, may be cited.

## THE DIGESTIVE TRACT.

Mr. A., æt. 44, had been confined to bed for two years, pronounced by his doctor incurable. At first glance, the semiology suggested cancer. His body was emaciated, skin sallow, mucus membranes anemic, sclerotic, leaden, conjunctiva yellow, tongue yellow-white; but neither pal-

pation nor percussion confirmed my first impression; for there was no tumour; nor any pain or nodules in the liver. There had been obstinate constipation for several years—the bowels relieved once a week by pills. I diagnosed chronic jaundice. *Tinct. Sulph. fortis.*, *Tinct. Nucis*, *Vom.* 3x, in alternation, were prescribed. In three weeks the bowels acted voluntarily, and the pills were no longer required. *Tinct. Arsen. Alb.* 2 and *Phos.* 2x were afterwards administered; within three months he came in a Bath-chair to my house as a trophy of my healing skill.

Mr. B., æt. 28, was a Nonconformist clergyman. He had long suffered from constipation: seven to ten days often elapsed without action. Usually, he had to take strong purgatives. *Tinct. Opii.* 3x was first prescribed, followed by *Tinct. Sulph.* and *Hydrast* in succession. In a comparatively short period there was a normal and regular action established. The patient became an ardent homeopath, using his influence, like hundreds of clergymen, for the extension of homeopathic principles.

Mrs. C., æt. 38, had suffered from constipation and piles for four years. The veins of the legs were varicosed; the hemorrhage from the bowels profuse and dark-coloured. There was much pain and debility, but no evidence of obstruction in the liver or portal veins. *Tinct. Sulph.* was prescribed, afterwards *Tinct. Aloes* 2x, and *Tinct. Hamamelis* 2x. She was completely cured in two months, and after twelve months informed me she had no return of either complaint.

(To be continued.)

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## DR. MATTHEWS DUNCAN AND HOMEOPATHY.

In the course of his address at the opening of the session of the Leeds School of Medicine, Dr. Matthews Duncan (Lecturer on Obstetric Medicines at St. Bartholomew's Hospital) said that in the past, not experiment and induction, but theory and induction were inculcated by medical teachers:—

“Above all things they inculcate a system (which was really a flimsy hypothesis), believing it to be as essential to the practitioner's guidance as the pole star is to the mariner. The theories of Hippocrates or of Cullen, or some other system, were regarded as embodiments of medical wisdom by those best able to judge. And, though it is now recognized that all medical systems are premature and erroneous generalizations, yet such are not utterly banished from

medicine ; for we have still flourishing the sickly and puny system of Hahnemann, recognized as an embodiment of medical folly by those best able to judge."

In reference to this passage, Dr. Clarke wrote to Dr. Duncan the following letter :—

15, ST. GEORGE'S TERRACE, GLOUCESTER ROAD, S.W.

October 10th.

DEAR SIR,—As an old pupil of your own, and a not undistinguished member of your Edinburgh class, I venture to ask you a question regarding your recently-delivered address at Leeds.

One of the great lessons in life, for which I must always thank you, was a wholesome reverence for facts, and a no less wholesome suspicion of unsupported expressions of opinion. Another equally important lesson was the necessity of taking any amount of trouble to ascertain what the facts may be : this you taught me made all the difference between a real observer and one who is not an observer at all. When, therefore, I find my former teacher speaking of a certain method of using drugs as "the puny and sickly system of Hahnemann," I cannot but suppose that he has given sufficient attention to that system to acquaint himself with the actual facts ; and as I have also given it much attention, and have arrived at an opposite opinion, I cannot refrain from asking him to tell me what are the facts on which his opinion is founded.

The importance of the matter, Sir, and the weight of your opinion are sufficient excuse for my troubling you with this request. The utterances of lesser men, who pay less regard to fact before they form and speak their opinions, give me but little concern.

I am, dear sir, yours faithfully,

JOHN H. CLARKE.

Dr. J. Matthews Duncan.

Dr. Duncan replied as follows :—

71, BROOK STREET, GROSVENOR SQUARE, W.

October 11, 1887.

DEAR SIR,—I regret much that, in my haste, I have put words in my address that may be offensive. I feel that my meaning would have been quite as well expressed without the adjectives I refer to.

You observe my remarks apply to all systems.

The system of Hahnemann I have paid a deal of attention to, for you remember that in Edinburgh there was much ado in regard to it. *Homeopathy Fairly Represented*\* is a very clever book.

I am sorry I cannot satisfy your request that I should give you the reasons of my opinions on the homeopathic system. That would be to write a book ; and for this I have no time, whatever might be my inclination.

Yours truly,

J. MATTHEWS DUNCAN.

Dr. Clarke.

\* By Professor Henderson.



Dr. Clarke then sent to Dr. Duncan the following letter, which brought the correspondence to a close.

15, ST. GEORGE'S TERRACE, GLOUCESTER ROAD, S.W.

October 11th.

DEAR SIR,—You much mistake me if you suppose I have any personal feelings in regard to the passage I take exception to in your address. To me the disappointing thing is that a man of your weight and standing should have condescended to speak to students regarding a matter of importance in terms which you are not prepared to substantiate; thereby lending your influence to prejudice their minds and the minds of the larger audience who read your address, unjustly, and to close them against fair investigation. For my own part, I have learned your lessons too well to be influenced in any such way. But that is not the case with those whom you were addressing, many of them approaching their medical studies for the first time.

I do not see that the omission of the adjectives would much mend your case; for you proceed to distinguish the system of Hahnemann above all other systems as being regarded as "an embodiment of medical folly by those best able to judge." To my thinking those who have practised the system and are intimately acquainted with its working and results, are the best able to judge of its merits. These, so far as I know, have never described homeopathy as being what you say. Yet such is the impression your words must have conveyed to the minds of your hearers, ready enough, most of them, to adopt opinion at second-hand, and so to save themselves the much more arduous undertaking of preserving a fair mind and ascertaining the facts on which opinion is founded by the use of their own powers of observation.

Yours truly, JOHN H. CLARKE.

Dr. Matthews Duncan.

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## SOCIETIES' MEETINGS.

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### THE LIVERPOOL CONGRESS.

WE had only room in our last issue for a very brief notice of the Liverpool meeting with the exception of the President's admirable address, which we printed almost in full. We subjoin a more detailed account of the proceedings of Sept. 22nd, following the reading of the opening address. The following report is from *The Liverpool Daily Post* :

"Dr. JOHN DAVEY HAYWARD then read a paper upon 'The Use of Drugs in Surgical cases.' He said that many homeopaths had a repulsion to surgical proceedings, which interfered with what should be every physician's prime object, the easiest, safest, and most rapid restoration of the patient committed to his care. The abuse of

mechanical appliances, the fondness of the knife, and the gross treatment of cases where therapeutic agencies would suffice had been demonstrated to be the vice of a large part of the profession; but the tendency to run into the opposite extreme of persisting in drug treatment where surgical aid was called for was, unfortunately, too common among homeopaths. But homeopathy had effected cures in cases which formerly had been treated only by painful and tedious operations, leaving untouched the constitutional condition, which really was the cause of the evil. It was a matter of daily experience that the *materia medica* of the homeopaths enabled them to treat surgical cases constitutionally with great success, and drugs were also powerful for the prevention of return after local developments had been removed surgically. It was incumbent upon the homeopathists to keep themselves familiar with the details of surgical practice, in order that patients whom it was necessary to treat surgically should have the benefit of homeopathic treatment, instead of being obliged to go to allopathic surgeons, because of inability in the homeopaths to give the necessary surgical attention. Such circumstances only brought their system into ignominy. He thought the removal of the majority of neoplasms and malignant tumours were as yet beyond the use of drugs internally administered, though there was reason to believe that in the future still more of the ground now relegated to surgery would become the field of medical advice only. In conclusion, he strongly impressed upon the conference the necessity of studying manual and surgical treatment of patients, as neglect of such could not but be harmful to the patients and the system. Drugs were always powerful in restoring to health those for whom surgery had been employed.

“Dr. BROTCHE, Belfast, in the course of a short speech, said there were cases in which surgery must be employed, and where medicine was of no use whatever. He thought the new hospital in which they were seated would be a great field for surgical cases, and he had no doubt that young Dr. Hayward would yet be one of the best surgeons in homeopathy, even more eminent than his worthy father. (Applause.)

“Dr. MOIR, Manchester, advocated the employment of a specialist in certain cases, as he would be more able than a man who had but seldom such cases to treat.

“Dr. WOOLSTON, Edinburgh, said there were cases in which there was no adequate remedy but the knife. Referring to cancer in the breast, however, he said that in every case where surgical aid was resorted to, the patient died within two years at the very outside, and many patients passed away within twelve or six months of the date upon which the operation was performed. But where the knife was not called into requisition, there were many cases where the patient lived for ten or fifteen years, lingering on, and bearing the pain with patience. He had tried all means: he had tried homeopathy diligently, but had always failed; and he really thought it was best to leave the patients, as they would suffer less. He did believe that if they kept up their surgery homeopaths would be better practitioners, he would not say of homeopathy, but of medicine.

“Mr. KNOX-SHAW, Hastings, said he was of opinion that it was a grave error not to have appointed a surgeon to the new hospital, in whose hands all cases could have been placed; and he regretted that they had not an eminent surgeon in their ranks. In regard to mammary cancer, he had always been against handing over such cases to

a surgeon, and he had every reason to be satisfied with the results of his rule.

"Dr COOPER, London, said he knew of a case in which a lady suffered from an undoubted cancer from her thirtieth year, and as she was not operated upon, she lived to the age of seventy-four years, when she died from bronchitis. The question was whether an operation would not have caused a much earlier death. In another case a cancer had disappeared after four years' treatment.

"Dr. JOHN W. HAYWARD, Liverpool, gave his opinion that cancer was a constitutional condition which settled locally, and thence re-infected the system. When it first appeared locally, he thought it might be successfully treated surgically; but if the re-infection had set in, the knife would only hasten death. In cases where there was a large mass of cancer, it was only cruelty to the patient to make any attempt to remove it surgically.

"Mr. DEANE BUTCHER, Windsor, complained that they had no chance of keeping up their surgery, since the public followed the lead of the Government in thinking that as soon as a man became a homeopath his surgical powers were lost. They had not, perhaps, as Mr. Knox-Shaw said, any surgeon of overpowering ability among them, but they had many of large practice who were good surgeons, competent to treat such cases as came before them. But they should make a point of having a really excellent surgical man, even if they had to begin now to educate one. It was a great pity that surgery was not better kept up among them, and he would advise young practitioners never to give up a surgical case to an allopath if they could treat it themselves, as by so doing they lost an opportunity of impressing the public, and thereby did much injury to homeopathy.

"Dr. BODMAN, Clifton, also spoke, and the president made a few summing-up remarks, saying that there were extremes in both cases; some men rushed to surgery at once, while others left it too late. For himself, his best cases were surgical ones, which he had successfully treated without having resorted to the knife.

"Dr. PROCTOR, Birkenhead, then read a paper entitled, "Some Practical Observations upon Ammonia," after which the conference adjourned for lunch, provided by the local practitioners.

"Upon re-assembling, Dr. JOHN W. HAYWARD read the minutes of the Hahnemann Publishing Society, and these were unanimously adopted.

"Upon the proposition of Dr. JOHN HAYWARD, sen., seconded by Dr. DUDGEON, Birmingham was selected as the place for the annual conference of 1888.

"An election of president for next year resulted in Dr. Dyce Brown (London), at present secretary of the conference, being chosen. Dr. Hawkes was therefore appointed assistant general secretary, and Dr. Charles Huxley (Birmingham) was elected as local secretary there for next year's conference. Dr. Wynn Thomas (Birmingham) was elected vice-president, the conference being fixed for the 21st of September, 1888.

"A discussion upon Dr. Proctor's paper then took place, after which there was resumed at great length a discussion upon a paper read by Dr. Galley Blackley at the Norwich conference in 1885, entitled, 'Doctors and Chemists,' this bringing the conference to a close."

In the course of the discussion on Dr. Proctor's paper Dr. HUGHES remarked that it was a pity the writer had bracketed two such differently acting substances as the carbonate and the muriate of ammonia as "the ammonias." The muriate had a very powerful action on the liver which the carbonate had not. The latter, he thought, was principally used for its stimulant action, and had not a great place as a medicine in homeopathy.

Dr. MOORE had found the muriate of great value in treating the damaged livers of old Indians. He had also seen it do much good in cases of sciatica.

Dr. DUDGEON had used the carbonate in cases of scarletina maligna when the patients were almost in collapse, and it had apparently saved their lives. He put two grains in a tumbler of water, a teaspoonful every ten minutes. *Amon. Mur.* he had given with great benefit in the chronic intercostal neuralgia of young girls, affecting the left side.

Dr. POPE thought the carbonate should be given in small doses of the substance itself.

In the adjourned discussion on Dr. J. G. Blackley's paper, read at Norwich in 1885, the relations between doctors and chemists was freely ventilated, and the difficulties encountered by both were brought out, chemists as well as medical men taking part. If no very practical conclusion was arrived at, there was at least friendly statements of the case from both sides, and a general disposition manifested on the part of each to consider the circumstances of the other.

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### BRITISH HOMEOPATHIC SOCIETY.

THE First Ordinary Meeting of the session 1887-88 was held on Thursday, October 6th, 1887.

Dr. POPE, of Tunbridge Wells, read a paper on "The Therapeutics of Acute Bronchitis."

Before the President (Dr. Hughes, who was loudly cheered on taking his seat) called on Dr. Pope to read his paper, the Secretary announced that the paper for November would be read by Mr. Knox Shaw, on "Headache and other Neuroses in Relation to Errors of Refraction."

Dr. POPE said he chose the subject of acute bronchitis because we were sure to have a good deal of it to treat in the coming winter.

Acute bronchitis is a term which in itself implies very little. The circumstances and constitution of the patient determine its gravity. It cannot be prescribed for by name. The totality of the symptoms must be taken into account.

Dr. Pope then described the anatomical and pathological characters of acute bronchitis, catarrhal bronchitis, and croupous bronchitis. This division was sufficiently clear for pathological purposes but not for therapeutic directions.

Dr. Pope said that every medicine that could influence the respiratory mucous membrane began as an attack of acute bronchitis begins, with sneezing and irritation of nasal mucous membrane, proceeding downwards. In the first onset of bronchitis no medicine corresponds so accurately as *Aconite*. But *Aconite* is not of itself sufficient, the patient must avoid exposure to cold air. In the stage where there is swelling in the mucous membrane, as evidenced by wheezing sounds, hard cough, *Bryonia* is the remedy; and if there is fever, *Aconite* should be alternated with it. Some object to *Bryonia* in bronchitis, but that is because the wrong cases have been selected. *Belladonna* is useful where there is more swelling, sibilant râle with both inspiration and expiration, cough worse at night. Where there is much expectoration of mucus in strings, here *Kali Bichrom.* is the remedy. Where there is a neurotic element—where the bronchitis is partially asthmatic—*Ipecac* is the remedy. The *Kali Bichrom.* cough is hard; much mucous râle, free expectoration, yellowish furred tongue, depression of spirits, indicate *Mercurius*. If the patient is susceptible to cold, the indication is greater. If the patient has been already dosed with Mercury, *Hepar* is the remedy. *Hepar* has a morning cough where there is an accumulation of mucus during the night.

The tubercular diathesis influences the progress of an acute bronchitis in a very serious way. The bronchitis will not cause tuberculosis, but will light it up. Simple bronchitis is seldom circumscribed. Tubercular bronchitis is frequently so. The symptoms differ from those of acute bronchitis by the greater height of the fever.

The *Iodide of Arsenic* is indicated by the furor of the attack. *Tartar Emetic* when the brunt of it has been broken. In convalescence, *Hepar Sulph.*

In typhus fever bronchitis is an important complication. It may be present without cough or any of the ordinary symptoms of bronchitis. The remedies are *Phosphorus*, *Tartar Emetic*, and *Crotalus*. Where there is an accumulation of mucus in the smaller capillary tubes, *Tartar Emetic* is better than *Phosphorus*.

In measles, bronchitis and pneumonia are the most fatal of all complications. In scarlatina it only occurs at the height of the eruption. *Phosphorus* will usually check it at the outset. If there is much secretion, *Tartar Emetic*. In whooping-cough bronchitis is a very common complication.

Bronchitis in a gouty subject will sometimes disappear sud-

denly on the appearance of gout in a throat. *Acon.*, *Bry.*, and *Bell.* are the most likely medicines. After the acute stage, *Sulph.* is the best medicine to clear it up.

In heart-disease bronchitis is a very serious accident. *Bry.* in alternation with *Arsenic* is the most useful remedy. When the bronchitis is capillary, *Antim. Tart.*; where the heart labours much, *Cactus*; when the heart is dilated and its action intermittent, *Digitalis* alone may suffice.

In Bright's disease the most useful medicine is Mercury. In rickets the ribs cause difficulty of breathing, and here *Phos. 3x* is the only medicine likely to be effective.

Capillary bronchitis is sometimes idiopathic in children of a few weeks old, and in very old people. Expiration is laboured, inspiration short. *Aconite* is the remedy for this stage of congestion. The alternation with any other medicine is a mistake. The next stage demands *Tartar Emetic 3x* or *3*. If signs of pneumonia are present, *Phosph.*, and in convalescence *Hep. S.* In old people the choice is between *Antim. Tart.* and *Arsenic*, the latter where there is little secretion.

For plastic bronchitis, *Bry.* was recommended, on the strength of certain experiments on rabbits, and in one case a cure was reported.

Warm moist air and warm applications are generally good. In the dry stage, steam is good. Flannel next the skin is as good in acute bronchitis as in rheumatism. Stimulants are rarely called for, except in capillary bronchitis.

#### DISCUSSION.

Dr. DUDGEON said Dr. Pope had given a good account of the disease in detail, but it struck him that it illustrated Hahnemann's objection to nosological terms, for under this name there were included a vast number of affections. The paper covered so much ground that it was difficult for the mind to take it all in. It would have been better if Dr. Pope had confined himself to a more limited field. Dr. Dudgeon thought the calling of all bronchial catarrhs "bronchitis" was unfortunate, as all persons now who had a cold on the chest insisted on having their disease called "bronchitis." It was very necessary to separate the different kinds. Dr. Pope's paper, he felt, was too good—like the specimens exhibited in museums, everything in order, and exactly as it ought to be. But in real life things are not so clear. Medicines do not always act as indicated in books. As Leishmann used to say, "Sanantur in libris, moriuntur in lectis." He thought the paper excellent in its way, and likely to be of great use to students.

Dr. DYCE BROWN approved of the paper as being of great value; though it was so complete that it did not afford an opportunity for criticism.

Dr. NEATBY expressed his satisfaction with the paper, and felt it would be of great use to him in the winter. He emphasized the value of *Arsenic* in the capillary bronchitis of the aged. Lividity and profuse expectoration, the expectoration not giving relief, indicate the remedy.

Dr. HARPER said there was one medicine which had stood by him in cases of great danger, namely, *Sanguinaria*. One case was of ordinary bronchitis, running a rapid course in a lady, the smaller tubes being affected. *Acon.*, *Bry.*, and *Antim. Tart.* had done no good. Delirium set in, and Dr. Harper thought she would not live till morning. She had *Sang.* 1x, two drops every hour. He went early and expected to find the patient dead; but she was much better, and quite altered when he saw her. She was better after the second dose. When practising allopathically these cases with him invariably died. The second case was in an older woman. The disease spread rapidly; nothing arrested it among the ordinary remedies, but *Sanguinaria* did promptly. Dr. Harper did not expect recovery in this case either. Since then he has treated with the medicine acute and chronic cases with good results. He has had far better results from this than from *Antim. Tart.* Dr. Hale mentions its value in pneumonia. There was none in these cases. He could not get on without it. The expectoration became freer. *Ipecac* he had used in children with good results, as recommended by Dr. Henderson.

Dr. CARFRAE rather agreed with Dr. Dudgeon in thinking that the paper would have gained in value if it had been more limited in scope. Dr. Skinner would call this Hendersonian or pathological homeopathy. He wished there were present members of the Skinner school to give us their aspect of the case. Dr. Carfrae mentioned a case which had been treated by a member of this school, and afterwards came into his care, and was treated on Dr. Pope's plan, and with good result. But he would be glad to hear the other side.

Dr. MOIR sympathized with Dr. Dudgeon in saying that medicines failed at the bedside that were successful in books. *Kali Bichrom.* had often failed him. *Sanguinaria* in similar cases had served him better. *Nitric acid* he had found most useful, especially in chronic cases. He learned that in dispensary practice in Edinburgh.

Dr. BUTCHER agreed with Dr. Harper as to the value of *Sanguinaria*. He also praised *sulphur* in the bronchitis of old people. He made observations on the differences that exist according to the places in which the disease occurs.

Mr. KNOX-SHAW in the general treatment found that poultices were not very good, and he had discarded them in favour of hot cotton-wool. This he prefers. In the earlier stages he finds great comfort from a mustard compress used

very weak, and kept on all night. Wring out a pocket-handkerchief in a teacupful of cold water in which a teaspoonful of mustard is mixed, and spread it on the chest at night.

In naso-pharyngeal catarrh with acute secretion, *Sanguinaria* in a low dilution is his sheet anchor. He had not used it in acute bronchitis.

Dr. CLIFTON (Northampton) regretted that the paper could not have been read at one meeting and discussed at another. The paper was in one way very complete, and in one way very deficient. The different dilutions of medicines in different cases was not gone into. There were many useful medicines of which no mention at all was made—*Sang.*, *Squilla*, etc.

Dr. BLACKLEY mentioned two little points: there are cases where the catarrh does not begin in the upper part of the air passages. In Liverpool, laryngitis going on to bronchitis is very frequent. He had seen it arise from the irritation of vapours. Dr. Blackley suggested to Dr. Pope that *Gelsem.* might be thought of to advantage in aiding the getting rid of secretions such as are found in the bronchitis of typhus cases. He did not consider capillary bronchitis necessarily fatal. He approved of hot dry applications. *Aconite* and *Tartar Emetic* were his chief remedies. He did not think there was real capillary bronchitis in the aged. He thought it was edema; the temperature was low. He had only seen one case of plastic bronchitis. It was under old-school treatment and recovered. The exudation came away in large pieces, and there was an absence of all urgent symptoms. The case was sluggish. There was no high temperature.

Dr. CLARKE said that Dr. Blackley's case illustrated a remark he was about to make on Dr. Pope's observations on the use of *Bryonia* in the disease as indicated by Dr. Currie's experiments on rabbits. The patient might have got better without the *Bryonia*, as Dr. Blackley's friend did. Also he would like to ask if there were other symptoms in the case calling for *Bryonia*. He thought Dr. Pope's paper gave a clear account of the main lines of the disease and its remedies, but took no account of its finer shades. He mentioned a case of gouty bronchitis with much coryza and nasal catarrh, and very irritable skin eruption, in which *Allium Cepa* 12 was signally successful after the failure of other more ordinary remedies. He also mentioned *Pulsatilla* as one of the medicines of which no mention had been made.

The PRESIDENT commented on Dr. Moir's experiences with *Kali Bichrom.*; and said it was in the acute cases that it is of no value; here *Aconite* comes in; but in chronic cases it is excellent. (Dr. Moir said it was in acute cases that he found it disappointing.) In reference to *Sanguinaria*, he said that its most brilliant triumphs were in edematous laryngitis. He thought in Dr. Harper's cases there may have been edema. He thought



*Iodide of Arsenic* was of most value in chronic cases ; but in acute cases threatening to run into tubercle, *Iodine* was of the most service.

## APPENDIX.

Dr. POPE (had he not been obliged to leave the meeting early in the discussion would have) said, in reply, that though it was true as Dr. Dudgeon and Dr. Moir had observed, that medicines did not always act as our books and papers suggested that they would do, and that inferentially it was impossible to adapt medicines to a nosological name homeopathically with complete accuracy; he nevertheless thought that by endeavouring to point out the various phases in which a given disease manifested itself, a great deal might be done to help a practitioner in prescribing. We must remember that while there is an ideal therapeutics—the examination of each individual case by Repertory and *Materia Medica*—of which we should never lose sight, there was also a practical therapeutics with which we must be familiar as a stepping-stone to the ideal. There was meat for strong men, but also milk for babes. Dr. Harper and Mr. Butcher has referred to *Sanguinaria*—a medicine he had, so far, chiefly found useful in chronic catarrhal bronchitis with a hard, dry tickling cough and pain at the lowest part of the trachea. In some of its deeper symptoms, however, it resembled *Tartar Emetic*, and would, in individual cases, be more strictly indicated than it. Dr. Pope quite agreed with Dr. Galley Blackley in thinking that *Gelsemium* might be useful in the bronchitis of typhus when the respiring muscles seemed to be paralyzed. Dr. Clarke apparently objected to the idea of *Bryonia* having had any influence in promoting the recovery of Dr. Gibbs Blake's patient, because the key to its usefulness in such cases was derived from a rabbit. This was perhaps to be expected; but, at the same time, he thought that we should gratefully accept knowledge from every quarter, including rabbits. Of the details of Dr. Blake's case, he knew no more than he had told them. Doubtless cases of plastic bronchitis had recovered without *Bryonia*, just as pleurisies had done. But it was our duty to do the best we could for our patients; and experiments having told us that *Bryonia* was so far the most perfectly homeopathic remedy to such a condition, we ought to give our patients the benefit of such knowledge. *Bichromate of Potash* he (Dr. Pope) had found to be of great service in such acute cases as he had described, as he had also found it to be in many chronic cases.

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## THE HAHNEMANN HOSPITAL.

(FROM THE "LIVERPOOL DAILY POST," SEPT. 23, 1887.)

THANKS to the munificence of Mr. Henry Tate, the Liverpool Hahnemann Hospital, in Hope Street, will be opened to-day, under circumstances calculated to increase the reputation of our city for princely generosity and philanthropic enterprise. The new building, which has been erected at the sole cost of Mr. Tate, is not only a splendid addition to the street architecture of Liverpool, but adds another to the many fine medical institutions of which Liverpool is so justly proud. It may be said to be in every sense of the word a model modern hospital, combining the utmost comfort with all the recent adaptations for the benefit of patients which hygienic science can suggest. Although homeopathy has stood the test of over half a century's experience with ever increasing success, Mr. Tate and his friends, desiring to rigidly avoid any narrow sectarianism as to medical treatment, have named the hospital after the founder of homeopathy, rather than by the system he founded. For since Hahnemann promulgated his memorable theory, so justified by results, great advances have taken place, and are continually going on, in our knowledge of disease; indeed, it is impossible to foresee what the future may bring forth. Homeopathy has made wonderful progress in Liverpool since it established its first dispensary for the gratuitous relief of the sick poor, and nobody will gainsay the fact that it has done noble work amongst the humbler class of suffering humanity in our midst. The homeopathic dispensary, which was inaugurated here in 1841, commenced with but few patients, and laboured under certain difficulties inevitable to a new system. But the attendance rapidly increased, and at length became so pressing that it was found necessary to open a second dispensary, and this was done in 1867 at Roscommon Street. As a proof of how much the benevolent objects of the two establishments are appreciated and how popular the homeopathic treatment has grown, it may be stated that the indoor and outdoor patients in 1885 numbered 78,881, or a weekly average of 1,516. Soon after the opening of the institutions, Mr. Henry Tate took an active part on the committee of management, and was chairman for several years before leaving Liverpool for London. In view of the increasing appreciation and preference of the poor for the homeopathic system, it was always a subject of regret that there was no proper accommodation for those who required resident hospital treatment and attendance, and that in many cases they had to be handed over to other institutions where they were treated allopathically. It was thought at one time that wards might be set apart in the existing hospitals for homeopathic patients, and some years ago an offer was made to defray the whole

expenses of such wards, provided homeopathy was allowed in them. This, however, was refused, and the result led to the establishment of the London Homeopathic Hospital. Mr. Tate and the committee were most anxious to follow the example, as it seemed hopeless to look for accommodation in the Liverpool medical charities. But the difficulty was, first, to find the sum required to build and furnish a new hospital, and next, to raise the annual income necessary to sustain such an undertaking. In these straits, Mr. Tate, with a munificent liberality worthy of all praise, came to the relief of the committee. To their great joy the chairman of the dispensaries was able to announce three years ago that Mr. Tate had bought the land in Hope-street, upon which he intended to carry out a long-cherished idea of building a hospital in which the poor might be treated homeopathically, and in accordance with the most advanced principles of medical science. He was deeply impressed with the want of a suitable building in which the humbler classes might be treated with the care and skill only attainable by residence under the personal supervision of medical officers. To show the broadness of his opinions on the subject, we quote his remarks in a letter written to a friend at the time. He wrote—"I have a great wish that the poor in Liverpool should enjoy the advantage of a hospital such as is possessed by many other large towns, where they may be treated homeopathically, and also that a fair comparison may be afforded between the cases treated in this hospital, and those treated in the hospitals where the allopathic treatment is adopted. And so in this way I hope the cause of medical science may be advanced." Mr. Tate at first gave £10,000, but finding this sum not sufficient for such a hospital as was deemed desirable to contain fifty beds, he nobly doubled the donation, thus presenting to the city a splendid institution at a personal cost to him of £20,000. After this spontaneous and noble gift, the committee feel that a great responsibility rests with them and the public to sustain a magnificent hospital erected and furnished on the most complete scale and according to the most approved scientific arrangements for ventilation and warming. It is estimated that the annual income required for maintaining both the hospital and the dispensaries will be not less than £2,500, and efforts are being made to endow the new institution to the amount of at least £20,000. Not only are the homeopathic public solicited to assist in raising this fund, but an earnest appeal is made to all liberal-minded philanthropists to aid so praiseworthy an undertaking. Towards the £20,000, about £4,500 have already been promised, and amongst the donations are two of £1,000 each, this sum entitling the owner to endow a bed in perpetuity. It is suggested that help might be given by gifts for general

endowment, by sums contributed for the specific purpose of endowing a bed or beds, by annual subscriptions for a specified number of years, and by yearly subscriptions in the ordinary way. The committee point out that hitherto only attendances and medicines have been given at the dispensaries, but that in the Hahnemann Hospital, residence, food, and medical and surgical appliances are provided during the illness of the patient.

Messrs. F. and G. Holme, of Crosshall Street, Liverpool, are the architects of the hospital, which, in point of style and elegant substantiality, is a distinct ornament to the public edifices of the city. The building, which occupies a prominent site at the corner of Hope Street and Hope Place, is designed to accommodate fifty beds at present, but it is capable of being enlarged on the south and west sides so as to provide twenty or thirty more. The basement is arranged as a dispensary to take the place of the present one in Hardman Street. The hospital stands on the red sandstone rock, and is situated in what is considered to be the healthiest part of the city. The wards are arranged so as to have a southern aspect, and in the case of the three larger ones there are cross-lights and big windows at the west ends. The capacious male and female wards on the first and second floors are 69 by 24 feet, and have each a convalescent room at the east end, with a bay window. A smaller ward is provided on the first floor; and two infectious wards, completely isolated from the rest of the building, are on the second floor. There are also separation wards in their proper places, and five private wards, with convalescent rooms on the third floor, all being lofty and well lighted. Service rooms, with hot plates, sinks, dinner-lifts, &c., are placed next the wards, and nurses' rooms, with inspection openings commanding all the beds. The latrines and bathrooms at the ends of wards are completely cut off by an air space and double doors from the wards adjoining. They have a separate system of warming and ventilation; and are lined throughout with glazed tiles, and have polished cement floors. Nurses' bedrooms and dining-rooms, an operating-room with north and top light, servants' bedrooms, &c., occupy the remainder of the upper floor. The main staircase is of granolithic stone, and the whole of the corridors are of fireproof materials. On the ground floor are the kitchens, sculleries, larders, stores, servants' hall, pantry, and service room, in the south wing. The boardroom, stores, office, porter's room, boys' room, and entrance hall are to the front. The house surgeon's sitting and bed room and spare room, the matron's sitting and bed room and bath room, and large store, with hoisting doors to yard in north wing, &c., have been well considered. A hydraulic American elevator, as a patients' lift from ground to third floor, in the well-hole of stairs, has been con-

structed, and there is a coal-lift from the basement to the top of the building. A separate stair, with entrance in the yard at the back of the building, is provided for the kitchen department. With the exception of a large store-room, the wine and beer cellars, and the mortuary, the whole of the basement floor is devoted to the dispensary requirements. A large waiting hall, with latrines at the end, is a feature of the building. A porter's room overlooks it, and communicates with a spacious corridor, off which are seven well-lighted consulting-rooms. A waiting-room, with dispensing-room and exit door, complete the arrangement of this floor. Dados of glazed brick are provided in the hall and corridors. The sub-basement is devoted to the heating chamber, coal places, air shafts, and chambers of the heating and ventilating apparatus. The exterior of the main front, which presents a singularly bright appearance, is faced with red Ruabon brick. The white stone from the Stourton quarries has been effectively employed in the strings, cornices, window dressings, &c. The ridges, hips, and finials are of terra cotta, and the roofs are covered with Welsh slates. The drainage of the building has received special attention, and the soil drain-pipes will be flushed out by means of a large self-flushing tank (Messrs. Doulton's, of London, patent) placed at a point where the soil pipes from closets join the drain. The ventilation and warming are arranged on the "self-acting suction power" principle, as successfully applied by Drs. Drysdale and Hayward, of Liverpool (the former hon. consulting physician, and the latter hon. surgeon to the hospital). The system may be thus briefly described:—The foul air is extracted from all wards and rooms by flues situated near ceilings. It is carried up within the walls to a horizontal foul air chamber in the roof, communicating with a central downcast shaft near the main staircase, which is connected at the sub-basement with the great up-cast shaft that rises some distance above the ridge of roof, and is finished with an iron hood, having side openings for the escape of foul air. The centre of this shaft is occupied by an iron flue from the kitchen fireplace, and heating apparatus and boiler, and also connected with a large cockle stove for use when the boiler is not required. By this means a powerful current will be induced in the upcast and the downcast shafts and their connecting system. Regulating valves will be fixed at both the upper and lower ends of the foul air flues to admit of them being accurately adjusted. Central fireplaces of iron and earthenware are provided in the large wards, with separate air supplies, water trays, marble tops, &c. The fresh air is introduced into the various rooms and wards, &c., by means of flues in the walls, connected at their lower ends with a chamber heated by rows of hot water pipes, and running round the

whole of the building under the basement floor. A perforated wall allows the fresh air from an adjoining air chamber to pass over the hot water pipes, so as to enter the various rooms at a temperature of 60 degrees in the coldest weather. Fresh air is supplied to the air chamber by means of seven "Æolus water-spray inlet ventilators," which suck the air from some height above the ground. By means of these instruments and the regulating valves at the upper ends of fresh-air flues, the supply of heated or cold fresh air can be regulated with the greatest nicety, or shut off from wards not in use. The hospital, the contract for which amounts to over £13,000, has been erected at the sole cost of Mr. Henry Tate, of Park-hill, Streatham, and Liverpool, on the freehold site recently purchased by him from the Liverpool Corporation.

(FROM THE "LIVERPOOL DAILY POST," SEPT. 24, 1887.)

THE Hahnemann Hospital, Hope Street, Liverpool, which has been presented to the city by Mr. Henry Tate, was formally opened yesterday, by the Mayor (Sir James Poole), and the ceremony passed off with a degree of success which must be very gratifying to all interested in the institution. The hospital, a full description of which appeared in yesterday's *Daily Post*, has been erected and furnished by Mr. Tate as a place in which the homeopathic theory might be applied to practice in medicine, and yesterday's ceremony was attended by many of the leading professors of Hahnemann's theory in the kingdom, who had been in Liverpool in connection with the Homeopathic Congress held on the previous day. The proceedings commenced at noon, when the Mayor arrived, and the company were conducted round the building by the architect. After making an inspection of the various wards, the party proceeded to the upper large ward, where the opening ceremony took place.

The Mayor said that during his term of office a mayor was called upon to perform various duties. Many of them were very arduous, and were not attended with anything at all romantic or agreeable. There were others, again, which were surrounded by everything that was pleasant and charming, and the duty which he had been invited to perform that morning was one of the most delightful which a mayor could be called upon to perform. (Applause.) He thought that when he remembered the splendid buildings which were from year to year added to the city by various generous and benevolent citizens, he could not complain of a want of liberality on the part of the rich and opulent people amongst them. During his experience in Liverpool scarcely a year had passed in which some splendid building had not been erected, or in which some institution had not been started and established. On the present occasion they had met

to receive, at the hands of an honoured citizen, one of the most beautiful buildings they had in their midst. It was well that great attention should be paid to street architecture, and those improvements which were going on in Liverpool showed that they were conscious of the fact that, as they increased in wealth, and opulence, and power, they ought to pay attention to the adornment of their thoroughfares. This building, he thought, was a singularly charming one, and had produced a beautiful effect in the neighbourhood, where they had so many handsome buildings grouped. This building had been erected by Mr. Henry Tate, and had been furnished and completed at his sole expense. (Applause.) He had not begun the work and left it to be finished by others, but was determined to hand it over perfect and complete to the people of Liverpool. A more generous act could not well have been performed by any one, and it gave him especial pleasure to be present, on behalf of the citizens of Liverpool, to receive this handsome present as one of the many splendid gifts which Liverpool had received from various distinguished citizens. It was not for him to enter into the merits of the principle which that institution represented, but he was told that, in giving this hospital, Mr. Tate had not been influenced by any narrow sectarian views. That was an act which would make the gift more acceptable to the people of Liverpool, and raise Mr. Tate's name to a higher scale in their estimation. (Applause.) He was sorry Mr. Tate was not present, but, like all modest men and men of worth, he desired to be at a distance, and to give his friends in Liverpool pleasure, rather than to be present and receive the praises and adulations, justly due to him, which they could not refrain from offering in his presence, had he been there. He wished Mr. Tate long life, and hoped he might be spared to find the people of Liverpool grateful to him, and to receive their thanks for his great kindness. He would conclude by again, in the name of the people of Liverpool, acknowledging the act of very great munificence on the part of Mr. Tate, who would long be regarded as one of their most honoured citizens. (Applause.)

The Rev. Canon FERGIE having offered up prayer,

Mr. W. H. TATE, Jun., stepped forward and said that, in the absence of his father, he had to perform the pleasing duty of presenting the Mayor with the trust deed of this hospital, his free gift to the citizens of Liverpool. (Applause.)

The MAYOR said, on behalf of the citizens of Liverpool, he accepted the gift with every feeling of gratitude and respect. He would now declare the hospital open, and sincerely hoped the objects for which it was intended would be fully carried out. He had no doubt in his own mind it was a place dedicated to suffering humanity, and he was certain, after what he had seen

of the building, from the basement to the top, that nothing could possibly be wanting to add to the comfort of the poor sufferers who were likely to take advantage of it. It was only due to the architects to say that, so far as he was able to judge, he had not been able to find one single point throughout the building in regard to which one could possibly take exception. The plan had been excellently conceived and beautifully executed, and it redounded to the credit of the architects and builders that they had carried out the work in such a skilful manner. (Applause.) They all regretted that Mr. Tate was not present, but he was well represented by his son. (Applause.) He concluded by offering to Mr. Tate the grateful thanks of this great community.

Mr. THOMAS CROSFIELD said a number of Mr. Tate's friends had considered this a fit and suitable occasion to present him with some memorial expressing their admiration of his inestimable work, and they had agreed to present him with an address in the following terms:—

TO HENRY TATE, ESQ., J.P., DONOR OF THE LIVERPOOL HAHNEMANN HOSPITAL.

We, the Trustees, Committee, and Medical Board, accept with sincere gratitude your noble gift of the hospital in which the homoeopathic theory may be applied to practice in medicine. In providing for this purpose a building furnished and complete in every department, you have recognised and met a want which had long been felt in the city where the greater part of your active life has been passed. While thus appreciating your philanthropy and generosity, we must be allowed to add our testimony to the intellectual discernment and the sense of justice which have led you to aid a minority of the medical profession hitherto shut out from the hospitals here to develop and display their mode of practice, and at the same time to afford the poor an opportunity of benefiting thereby. We cannot, moreover, refrain from acknowledging the enlightenment and wisdom with which you have supported science, without interfering with the liberty essential to its progress, for while favouring a particular school of medical opinion you have not encumbered your gift with any condition prejudicial to the advance of medical knowledge and its application to practice. It seemed to us natural and appropriate that this institution should be called the Henry Tate Hospital, but, with a modesty which we cannot but admire, you have declined the proposal, and have decided that, in order to commemorate the discovery of the homeopathic principle, it should bear the name of the Hahnemann Hospital. We trust that you may long be spared in health and happiness to see the progress of this institution, and that for many generations your children's children may take a leading part in its management, and look with interest and pride upon the charitable work of which you are the founder.

Signed on behalf of the Trustees, Committee, and Medical Board,  
 J. J. DEYSDALE, M.D.,  
 JOHN MOORE, L.R.C.P., M.R.C.S.,  
 JOHN HAYWARD, M.D.,  
 THOS. CROSFIELD, Chairman of Committee.

Liverpool, 23rd Sept., 1887.



Mr. W. H. TATE replied on behalf of his father, who, although unable to be present, had sent an address which would express his feelings better than he (Mr. W. H. TATE) could do. It was in the following terms :—" I regret exceedingly my inability to be present at the opening of the hospital on Friday next, but I feel the excitement would be too much for me, and I know I should break down, so I think it wiser that I should deny myself the pleasure I have so long anticipated. In the first place, I must express my warmest thanks to the Mayor for his great kindness in giving his valuable services at the inaugural ceremony, and also to all those who have shown such a warm interest in the institution, an institution which it has long been my earnest desire to see established. At the same time I desire to record the pleasure and gratitude with which I see accomplished the great wish of my heart in being enabled to present to the inhabitants of Liverpool, without distinction of class or opinions, the Hahnemann Hospital. Though I cannot claim to be a Liverpool man by birth, a residence of over fifty years gives me some title to call myself a son of the good old town (or, as we must now call it, city). It therefore seemed to me fitting that I should testify in some substantial manner my sense of the great benefits received by my family and myself during thirty-eight years from the system of medicine first discovered by Hahnemann, and I could think of no better way of putting my grateful feelings into shape than by erecting a building where others, less fortunate than myself, might benefit by treatment similar to that which, in my own experience, I have found so successful. If the great Hahnemann had done nothing more than influence the general body of medical men in the direction of more humane treatment of their patients, the abolition of bleeding and blistering, and the reduction of nauseous doses, he would have made mankind his debtors for ever ; and, feeling this so strongly, I have insisted contrary to the wishes of a great many of my friends, that this hospital and medical school shall be called after him, and not after myself. His services to mankind richly deserve all the honours which can be heaped upon his memory ; mine only consist in the accident of being fortunate in business. The administration of the hospital will be started on the principle laid down by Hahnemann, as at present understood, and the medical staff will be chosen from the ranks of its professors. But, while holding strong, and as I conceive well founded, opinions as to the general soundness of these principles, and while feeling convinced that they are the best yet discovered, I have no desire to fetter posterity and tie it down to a strict adherence to what appear to me the great medical truths of to-day. I have, therefore, provided in the trust that, although this institute shall bear the venerated name of Hahnemann, and

will thus be unequivocally associated with the system he propounded, there shall be no restriction on the managers in the future to the present practice. The medical officers shall ever be free to adopt such measures as future scientific research may discover and develop, and if in the march of progress it shall come to pass that the Hahnemann system should be superseded by something else (which I, of course, at present find it difficult to believe), then I hope the managers of this institution will show themselves worthy of the free and open spirit which has witnessed its foundation, and be ready to apply the newest discoveries which the science of their day may bring to light. I have seen so much of the evil results of cramped and rigid conditions attending gifts to charitable institutions that I am determined not to allow those who are to manage this hospital and medical school to be hampered in their work."

The Mayor then handed the trust deed to Dr. Drysdale, as senior trustee of the hospital, and a vote of thanks having, on the motion of Mr. Crosfield, seconded by Mr. Tate, been awarded to Sir James Poole, the proceedings terminated.

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## SPECIAL CORRESPONDENCE.

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### NEW YORK.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—The thirty-sixth semi-annual meeting of the New York State Medical Society was held in this city on September 20th and 21st. Dr. H. M. Paine was President. The Society was entertained by the County Society of New York. At the collation, Drs. A. S. Ball and R. C. Moffat gave interesting histories of the introduction of homeopathy into this country and their personal reminiscences of Dr. Gram and those associated with him in those early days.

A large number of papers was presented on various subjects, the greater number being of a very practical character, which called forth full and free discussions. The annual meeting of the Society will be held at Albany, in February, 1888.

The New York County Society held its opening session after the summer interim, during the past month, under the Presidency of C. E. Beebe, M.D. The attendance was large, and indicated renewed activity and interest on the part of the membership in the interests of the Society.

On the evening of October 4th, the College opened its 28th session with an introductory address by Professor Malcolm Leal, M.D. The address was replete with much sound advice, which the speaker gave to his audience as from a "fellow

student," only a little in advance on the same road his hearers would tread.

Dr. T. F. Allen, Dean of the College, briefly referred to the College and Hospital buildings which the trustees are about to erect. The trustees have already spent \$84,000 in the purchase of the grounds, and expect to put up a College building at a minimum cost of \$130,000. The new buildings will be in a very convenient portion of the city, commanding a beautiful view of the East River, and in the midst of a large tenement population which will probably furnish unlimited clinical material. The buildings will be commenced in the coming spring.

The incoming class numbers over sixty.

Our Ward's Island Hospital has had under treatment during the nine months ending September 30th, 2,916 patients. Of this large number, the mortality has been 6.76 per cent. A number of surgical operations have also been performed; among the number being an amputation at knee, with secondary amputation at the hip; one oöphorectomy; one resection of knee; exsection of rectum, for cancerous growth; partial amputations of feet, and others of minor importance. The new College buildings will be much nearer to our Hospital, which will be of benefit to both institutions.

T. M. S.

Homeopathic Hospital, Ward's Island, N.Y.,  
October 6th, 1887.

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## THE NINTH INTERNATIONAL MEDICAL CONGRESS.

THE Ninth International Medical Congress was held at Washington, D.C., September 5, 6, 7, 8, 9, and 10, 1887.

(From advance slips supplied by "The Medical Record," of New York, from its special report.)

### TOBACCO.

In a paper on "The Deleterious Effects of Tobacco on the Throat and Nose," Dr. M. F. Coomes, of Louisville, Ky., said that he considered smoking far more injurious to these parts than chewing. The smoke came into the mouth heated, and loaded with an irritating oil that would soon coat the mucous membrane were it not washed away by the saliva. Cigarette smoking is especially injurious, because the smoke is so universally inhaled, causing pharyngitis, laryngitis, and chronic irritation in the nose, not to mention the injury it may occasion to trachea and lungs. Where the smoke is habitually expelled through the nose, we find hypertrophies, congestion, dilated vessels, and a hemorrhagic condition. The smell is impaired or destroyed. The potash salts may also have some effect in adding to the injury. Ninety-five per cent. of smokers have something abnormal or unhealthy about the

upper air-passages. In bad cases, he found chronic hypæmia and inflammation of epiglottis, with congested cords, and a hacking cough to remove the tough mucus; the voice tires easily. A peculiar form of tobacco habit is what is known in the South as dipping snuff. It is prevalent among negroes and between lower classes. They chew the end of a twig so as to form a rude brush, then they continually dip this into a small box of snuff, and rub it over gums and teeth. The gums pushed down on the teeth are red and inflamed, from tobacco lodged between them and the teeth, and the whole pharynx is inflamed.

Dr. STOCKTON thinks that as a nation we are the greatest chewers, and that chewers suffer most. He does not like potash salts used on throat or nose.

Dr. BROWNE smokes cigarettes, and considers them less harmful than any other form, if we don't inhale the smoke, and use a fresh mouth-piece. The taking of snuff is an especially baneful habit, and likely to cause polypi. Singers should not use tobacco. He excludes potash salts, except, perhaps, the bromide, in treating upper air-passages.

#### EFFECTS OF WEATHER.

Dr. E. S. CHISHOLM, of Tuscaloosa, Ala., read a paper entitled, "The Influence of Weather Changes on the Human Organism." After carefully noting the influence exerted by temperature, humidity, and electricity, the author concludes that by far the greatest power over human organism is exerted by atmospheric pressure. In support of this theory he submits two arguments. The normal atmospheric weight on man is 14.7 pounds to the square inch at the sea level. The body is sustained by an equal power of resistance, wisely provided. If the pressure be less, the surface of the body will be distended, and the superficial circulation less restrained. This change can be brought about by exposure to great altitude, as well as by natural physical causes, when the circulation will be disturbed just the same. Any undue pressure on a portion of the body may then be felt. May not this disturbance of tension on soft tissues which are fixed to the bony framework of man, or where disease has a seat in periosteal and ligamentous attachments, be liable to greater inflammation? Or when a nerve of a tooth, which in a state of health is enclosed in a bony chamber (which has no expansive liberties, nor needs them as long as health continues), becomes exposed through a small aperture: when the normal atmospheric balance is lowered, the nerve has a tendency to be drawn through the aperture and takes on inflammation, probably followed by congestion and complete devitalization. A report from the Pennsylvania Hospital, some years ago, on the observation of barometric pressure in surgical operations, shows that in 259 operations the barometer was ascending in 102, descending in 123, and standing in 34. Fifty-four of the whole number were fatal, eleven having been operated on with the barometer ascending, twenty-five when descending, and eight when standing.

#### JEQUIRITY.

Dr. E. SMITH, of Detroit, Mich., read a paper on "The Treatment of Abscesses and Ulcerations of the Cornea with Jequirity." He remarked upon the experience, common to all, of the difficulty in procuring the absorption of pus in the cornea, and noted the existence of the same tendency in all closed abscesses. The best means of

arresting suppuration and of getting rid of the pus when formed has engaged the attention of the writer, with many others, for years. A paper on the above subject, in the spring of 1883, with another published in October, 1883, gave the result of his observations up to that time. He had since had many cases of ulceration of the cornea speedily relieved, and an astonishing clearing up of the cornea after its use. He believes the remedy affects the proliferation in corneal corpuscles. After explaining his impression of the mode of action of the remedy, he proceeded to describe his manner of using it. He does not use a strong preparation, and aims not to produce a sharp inflammation, as is done in trachoma. He uses a three per cent. solution, or a very minute quantity of the powdered seed. It is applied sparingly, till a mild catarrhal inflammation is set up, characteristic of the remedy, and in some cases there may be slight membrane. The object is to avoid a high degree of reaction. The eye is kept washed out with a two per cent. solution of boric acid, and the result is almost uniformly surprisingly good. The corneal cicatrix is often hardly apparent to any one but the patient.

Dr. GALEZOWSKI, of Paris, France, did not like jequirity. In his observation it had frequently produced ulceration and destruction of the cornea and synechia anterior, and in some cases enucleation had to be made to avoid sympathetic trouble. He thought jequirity exerted a very bad action on the cornea. The modification in Dr. Smith's method is doubtless in the amount of the drug used. Dr. Galezowski thought it a dangerous method. In intermittent fever he had found ulceration of the cornea, which yielded to the administration of quinine. In another case, lasting for several months, after the extraction of a tooth, cicatrization occurred. The best treatment for corneal abscess and ulcer is the antiseptic method. He applies the powdered iodoform directly to the surface three times a day, under cocaine, and uses the steam douche two or three times a day, ten minutes at a time. When it is not doing well, cauterization with a solution of nitrate of silver, twenty-five centigrammes to ten grammes, may be done one or two times every day.

Dr. RICHEY, of Washington, D.C., wished to know whether scraping the ulcer before applying the remedy had not been found of advantage.

Dr. SMITH, in closing, said that Dr. Galezowski had used jequirity in trachoma, in the way described by De Wecker, till he obtained marked diphtheritic membrane. In these cases it was the swelling and chemosis that caused strangulation and loss of cornea. He should hesitate to use jequirity in sthenic cases.

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## HAHNEMANNIAN ORATION.

THE following brief report of the Inaugural Address at the London Homeopathic Hospital and Medical School is from *The Daily Chronicle* of October 4th:—

### LONDON HOMEOPATHIC HOSPITAL.

“Dr. Dudgeon, who was appointed to deliver the Hahnemann oration for this year at this hospital, called attention to a series

of letters to a patient written by Hahnemann between 1793 and 1805, which had recently been published. At the former period Hahnemann was engaged in the treatment of the Hanoverian Chancellor Klockenbring for insanity. The treatment of insanity universally pursued at that time was by strait-waistcoats, chains, and general cruelty, and bullying. Hahnemann adopted the non-restraint and kind treatment, and succeeded in curing Klockenbring, after he had long been fruitlessly treated on the old cruel plan. These letters showed that Hahnemann did not adopt the method of treatment known as homeopathy all at once, but very gradually, and only after long consideration and trial, so that it is incorrect to say, as is so often said, that Hahnemann sprung his system ready-made and full equipped on the profession. The speaker detailed the successive stages of Hahnemann's great reform, showing how gradually and slowly it was evolved. He next showed that many of the opponents of homeopathy had completely misunderstood and misstated the therapeutic rule enunciated by Hahnemann. The definitions of homeopathy by Andral, Sir Benjamin Brodie, Dr. C. J. B. Williams, Dr. W. T. Gairdner, and Dr. Lauder Brunton were examined and shown to differ from one another, and to be utterly unlike Hahnemann's. He said that while the authorities on physic who gave the annual introductory lectures at the various medical schools were constantly deploring the backward condition of medicine, they were unanimous in prophesying that it was about to make great strides in the near future. But they differed as to the means whereby this great improvement was to be effected. Some looked to the germ theory of disease, with its corollary of germicide medicine, as the great hope of medicine, while others, like Professor Semmola at the International Congress at Washington, denounced it as a fatal error. Others, like Dr. Brunton, looked to experiments with drugs on frogs as the surest mode of advancing therapeutics, while these experiments had been pronounced useless and illusory by such men as Dr. Wilks, Mr. Lawson Tait, and others. He pointed out that the only great advances in the healing art made by the old school were owing to the remedies they had taken without acknowledgment from the homeopathic school, and he quoted numerous instances of their appropriations from the latest work on *Materia Medica* by Dr. Mitchell Bruce. He alluded to the recent fight for liberty of opinion and practice at the Margaret Street Infirmary for Consumption, which ended in the triumph of the liberal party and the secession of seven of the medical staff who could not bear to remain connected with an institution where the members of the staff were allowed to practise according to their conscientious convictions. He said that one of the reasons why the bulk of the medical profession

were so opposed to homeopathy was that it was not a paying system, it shortened the duration of diseases, and enabled patients to treat themselves for most of the common diseases, thereby greatly diminishing the profits of the medical profession. He commented upon the growing fashion of using narcotics to an immoderate extent, which was the cause of most distressing and serious diseases. He contended that medical men were not naturally sceptical, but rather over-credulous and much too apt to adopt all sorts of wild theories and practices which did not threaten—as homeopathy did—to diminish the source of their incomes, and he pointed in proof of this assertion to their ready acceptance of the germ theory, of the antiseptic treatment of Lister, and of Pasteur's inoculations for hydrophobia, all delusions which were now nearly exploded. He said that in spite of the sneers of the dominant portion at the smallness of their numbers, homeopathy was gaining ground steadily, its last triumph was the stately hospital opened last month in Liverpool, the munificent gift to that city of Mr. Henry Tait, who was also a liberal subscriber to the London Homeopathic Hospital. This new hospital, which bore the honoured name of Hahnemann, would serve to perpetuate the fame of their great master, and to show the advantages of the homeopathic treatment in the great commercial city on the Mersey.”

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## REVIEWS.

### AMERICAN MEDICINAL PLANTS.\*

THE Sixth Fascicle completes this beautiful work of Dr. Millspaugh's, and gives us thirty additional plates and descriptions. We heartily congratulate both author and publishers on the results of their labours, and we trust that an appreciative public will give them a substantial reward for their artistic skill, industry, and enterprise, which have enriched at once the world of medicine and the world of art.

We have the same criticism to pass on the last instalment that we have made on the former, namely, that the remedies included are not all of them strictly American; but except as a departure from the plan indicated by the title, we do not regard this as a fault. In every other respect the work maintains the same excellence throughout.

\* *American Medicinal Plants; An Illustrated and Descriptive Guide, &c.* Fascicle VI. By Dr. Millspaugh. New York and Philadelphia: Boericke and Tafel. London: Homeopathic Publishing Company, 12, Warwick Lane.

## HOUSE DRAINAGE.\*

THE author of this pamphlet is a specialist in house drainage, and writes with a fulness of knowledge which complete familiarity with all the details of his specialty would lead us to expect. It is seldom that we have met with so clear a statement of the principles on which the disposal of house sewage is based, and the practical points that need attending to in carrying them out. The pamphlet, which is only sixteen pages in length, is illustrated with diagrams which materially assist the reader. Mr. Beardmore insists on one point which we feel is of the last importance: the system of drainage should be such that it is self-cleansing. We strongly commend the perusal of this pamphlet to all who wish to understand how houses ought to be and may be drained.

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GENERAL CORRESPONDENCE.

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ON PROVIDENT MEDICAL DISPENSARIES FOR THE  
WORKING CLASSES, AS A MEANS OF ADVANCING  
A KNOWLEDGE OF THE PRINCIPLES AND PRACTICE  
OF HOMEOPATHY.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—In the pages of THE HOMEOPATHIC WORLD for 1885 I tried to draw the attention of my colleagues to the above subject, and to induce some of them to make a beginning in that direction. My remarks elicited but little response, and I am only aware of one instance in which action has been taken in that way. As I am more than ever convinced of the value of such institutions in furthering our cause, I would fain return to the subject, in a somewhat different way, hoping to be more successful this time.

In this instance I shall give some details of the dispensary with which I have the honour of being connected, and show in what manner it reacts to the spreading a knowledge of the principles for which we are contending.

First, the dispensary itself. It is on a two-fold basis, the charitable and the provident. In the former department, subscribers of one guinea receive ten cards for distribution as they see fit, each card entitling the possessor to a month's medical advice and medicine at the dispensary, and three such cards to medical attendance at the home of the patient. Then

\* *House Drainage, Scientifically and Practically Considered.* By W. Lee Beardmore, A.M.I.C.E. London: Civil and Mechanical Engineers Society, 7, Westminster Chambers, S.W., 1887.



there is an intermediate department, in which persons can obtain a month's medical treatment at the institution on the payment of half a crown, and attendance at home for the same time for seven and sixpence. Next comes the provident department. To this, all persons are eligible who are not in business, or who are unable to pay for medical attendance as private patients. A man, his wife, and all his children under fourteen years of age, as a family, threepence a week is the sum paid; a widow or widower, with not more than two children, twopence a week; and single persons (all above fourteen years old) pay one penny a week. The said payments are made monthly at the dispensary, and in advance; none are considered free until they have been members for three months. This last rule is made in order to induce the people to be provident, and to be prepared for illness whenever it may come upon them.

The dispensary is open twice a day on three days in each week, and once a day on two other days, for an hour or more each time, as may be needful.

In 1886 the average attendances there per week were 205; the number of visits paid to the homes of patients was about 96 per week. The number of honorary subscribers was 52; there were 944 half-crown cards purchased, and 135 visiting cards. In the provident department, 815 cards were taken up, some for only one person and others for families of from three to eight individuals, the average number of the total being somewhere between 2,800 and 3,000.

Now an institution of this nature and size in a town like this, with a population of 56,000, or even in a larger town, must tell favourably for our cause, for its successful work is sure to become known, and the benefits resulting from homeopathic treatment be appreciated by the middle and upper classes.

Moreover, it tells in another way: there is a provident dispensary here, medically officered by five old school practitioners, and if the homeopathic dispensary were not in existence, those who are now members of it would for the most part belong to the former one; hence, the maintenance of ours is a subtraction from the old system, and a gain to us. It, moreover, acts favourably in another way: we have here, as in other towns, a number of clubs belonging to the order of "Foresters," of "Odd Fellows," and "Rechabites," &c. Twelve of these clubs are medically officered by an allopathic practitioner, and by myself; and the fact that so many women and children are members of the homeopathic dispensary, leads the head of the family (who generally is a member of one of those clubs) to choose the homeopath for his doctor, and thus a still further inroad is made on the forces of the old school.

Of course all this means a large amount of work, and it is

here shared between myself and an able and qualified assistant. He takes the greater portion of the labour, whilst mine is limited to attendance with him at the institution five days in the week. Yet, great as is the labour, and interfering as it does with what would otherwise be periods of leisure and relaxation, there is no part of my medical practice with which I am more satisfied as to the results, nor from which so much pleasure is afforded me, arising out of the gratitude of patients for benefits received.

And here comes to the forefront another beneficial element to our cause. An institution like this furnishes a valuable teaching-ground for young medical men fresh from the schools, who desire to learn what homeopathy is, and who wish to become equipped for practice on their own account; and whilst helpful in that way, it is, moreover, helpful to the principal—the resident practitioner—inasmuch as he thereby has some one to fall back on during his absence from home—for night work, for midwifery cases, and under his supervision to take the cases of private patients who are just above the dispensary class, but are unable to pay a fee of five shillings for medical attendance. Thus, whilst such institutions provide a teaching-ground, they at the same time furnish funds for the purpose, and become remunerative to the physician.

It may be objected that cultivating this branch of practice, and teaching homeopathy to other men, is risky to the resident practitioner, inasmuch as the new comer, when he has learned his art, and had an introduction more or less to the private patients of the principal, may leave his tutor and guide, and settle in the same town on his own account, and so “beggar my neighbour.” But this is a bogey which may be dismissed with the assertion that no physician who is worth his salt need be afraid of; and even should such new-comer take this course, it would be the better for the community, “the greatest good for the greatest number.”

I have, Mr. Editor, written freely on a subject which I hope many of my esteemed colleagues will seriously consider, and see their way to make a beginning in. Other things, I know, demand their time and attention, other aspects of the battle may occupy their minds, but I contend that this is one of the forces for making inroads on “old physis,” and for carrying on our cause to a successful issue.

A. C. CLIFTON, M.D., HON.

Northampton.

## COCAINE.

To the Editor of the HOMEOPATHIC WORLD.

SIR,—In reference to the remarks upon Cocaine in last month's WORLD at pp. 476-478, the following case may be of interest to your readers :

W. P., *et. 19*, consulted me on the 30th ult. regarding a swelling which had been growing for the last two years upon the right side of his lower jaw. It was about the size of half a walnut—firm, quite painless, and fixed to the jaw opposite to where the first and second molar teeth would have been had they been *in situ*. Regarding these teeth, he says they had been removed some years before, and he rather thinks one of the stumps was left in his jaw. The third molar had not erupted yet. I regarded the tumour as a simple fibrous epulis, and decided to remove it through the mouth.

On Oct. 5th I injected 15 minims of a 6 per cent. solution of Cocaine under the mucous membrane of the mouth, just over the tumour. In about a minute I commenced operations, making an incision downwards alongside the jaw, cutting the tumour away from it. I had to stop however almost immediately, for the patient complained of feeling faint and sick, and began to retch, but did not vomit. He was soon almost unconscious ; his face turned extremely pale, a cold sweat broke out upon his forehead, and his pulse became very weak, and went down to about 40 in the minute. I gave him some whiskey and water, which was nearest at hand, and laid his head low, but it was ten minutes or so before he began to revive. He gradually recovered, but for a few hours afterwards felt giddy and rather insecure upon his legs when he tried to walk. No other ill effects were observed. Of course I did not continue with the operation, but plugged the wound with a small piece of lint dipped in some Tinct. Ferri Perchloride, with the view not merely to arrest hemorrhage, but to promote suppuration in the tumour, and destroy it by that means. This appears at present likely to be successful, but should it not be so I intend to remove it under chloroform.

In the foregoing case the local anesthetic action of the Cocaine was as perfect as usual, for the patient did not feel the least pain from the knife. The Cocaine itself was, I believe, quite pure, for I used some of the same solution a week or two previously in the removal of a mole situated directly over the root of the nose. On this occasion I used the same quantity, 15 minims, that is, about  $\frac{2}{10}$  of a grain, and it answered admirably, not the slightest pain being felt, although the operation lasted a quarter of an hour, and no discomfort of any kind being experienced either at the time or afterwards. I have also used it

since with equally satisfactory results, though not in more than  $\frac{3}{4}$  grain doses. The only explanation that I can give of its ill effects in this case is that there was some peculiarity in the constitution or health of the patient rendering him specially susceptible to the influence of the drug. In future, however, I shall try and be content with a smaller dose.

Whilst writing these notes it occurred to me to take a dose of Cocaine myself. I accordingly took out my hypodermic syringe and injected 12 minims of the solution (containing as near as possible  $\frac{3}{4}$  of a grain) into the muscles on the front of my leg. Its effects began to be apparent in about three minutes. I had put away the syringe, and sat down again to write, but was obliged to stop from a feeling of intense nervous excitement which seemed to pervade the whole of the body. I felt as if I had the strength of three or four men, and should like to go through some violent muscular exercise. My mouth and throat became dry and clammy, but were relieved for a time by drinking some water. I felt myself breathing quickly, and then thought of taking note of the pulse and respiration, which were as follows :

		Five minutes after injection.	Ten minutes after.	Twenty minutes after.
In the erect posture . . . . .	{ Pulse per minute..	120	134	88
	{ Respiration ditto..	30	32	22
In the recumbent posture, head level with body	{ Pulse per minute..	72	76	70
	{ Respiration, ditto .	30	22	16

The stage of excitement subsided somewhat in about a quarter of an hour, but did not pass off altogether till about five hours afterwards. During this time there seemed to be slight nervous trembling all over the body, but especially in the hands, as if they continually wanted to grasp something, or be doing some active work. I had also a dull throbbing headache in the left forehead, attended with a neuralgic pain, passing round the left orbit, but not affecting the eye. There was but slight loss of sensation in the leg, but this was probably due to the manner in which the injection was given, as I pushed the needle at least  $\frac{3}{4}$  of an inch beyond the skin. The chief feature in the proving seemed to me to be the great increase in the number of respirations. These moreover were not superficial, but fully as deep as when breathing normally. This condition producing a great increase in the oxidation of the blood, will perhaps serve to explain the feeling of excitement and exhilaration which I experienced. The want of relation between the pulse when standing and when lying down is not of much significance. In the healthy person I have observed it to be about eight beats faster when standing than when lying, and the disproportion in

this case is probably explained by the greater variation of the blood pressure in the brain, consequent upon the nervous excitement which the Cocaine induced.—I am, sir, yours faithfully,

HENRY MASON, M.B., &c.

Leicester, October 12, 1887.

## VARIETIES.

ADMINISTRATION OF MEDICINES.—(A. Jacobelli, Professor of Anatomy, University, Naples. No. 8,488. June 28, 1886. 1s. 1d.) (Three sheets of diagrams.) This is a description of the inventor's *Atmiometer*. It is not possible to convey a correct idea of the construction of the apparatus without the drawings, which are many and complicated. The object of the "Atmiometer" is to administer medicines in the form of gas, dry powder, or smoke, in exact and regulated quantities. This is accomplished as follows:—(1) The medicine, in solution or otherwise, is heated in a chamber, the vapour passes into another chamber, from which the patient inhales it; (2) into the latter chamber only pure air is admitted; (3) there is an arrangement (the pneumometrograph) for measuring the amount of medicated vapour which the patient inhales; and (4) when a dry powder is used for medicating the air it is forced into the chamber by means of a chonio-gen—essentially an enema bag. Compressed air is used, and there are means for injecting poisonous liquids into the stomach, and withdrawing them at once, so that they "may just causticise the diseased surroundings, without poisoning the organism." The apparatus is suitable for treating all communicable cavities of the body, and the inventor remarks that "the success obtained on patients who have exhausted all other means hitherto known is the best proof of the novelty and usefulness of the invention, and legitimates the great and favourable impression the 'Atmiometer' has made upon the scientific men of the world."—*Chemist and Druggist*.

## MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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| <p><b>Ball (C. B.).</b> The Rectum and Anus, their Diseases and Treatment, with fifty-four illustrations and four coloured plates. 12mo, pp. 410. (Cassell. 9s.)</p> <p><b>Bartholow (R.).</b> Medical Electricity, a Practical Treatise on the applications of Electricity to Medicine and Surgery. 8rd ed. With 110 illustrations. 8vo, pp. 812. (Pentland, Edinburgh.) (Simpkin. 10s. 6d.)</p> <p><b>Bellew (Surgeon-Gen. H. W.).</b> A Short Practical Treatise on the Nature, Causes, and Treatment of Cholera, as a supplement to the History of Cholera in India from 1862 to 1881. 8vo, pp. 200. (Trubner. 7s. 6d.)</p> <p><b>Buist (John B.).</b> Vaccinia and Variola: A Study of their Life History. Post 8vo, pp. 224. (Churchill. 7s. 6d.)</p> <p><b>Butlin (Henry T.).</b> On the Operative Surgery of Malignant Diseases. 8vo, pp. 414. (Churchill. 14s.)</p> | <p><b>Creighton (C.).</b> The Natural History of Cow Pox and Vaccinal Syphilis. Post 8vo, pp. 154. (Cassell. 1s. 6d.)</p> <p><b>Galabin (A. L.).</b> Diseases of Women. (Student's Guide Series). 4th. ed. 12mo, pp. 470. (Churchill. 7s. 6d.)</p> <p><b>Gowers (W. R.).</b> Lectures in the Diagnosis of Diseases of the Brain, delivered at University College Hospital. 2nd ed. 8vo, pp. 250. (Churchill. 7s. 6d.)</p> <p><b>Henry (F. P., M.D.).</b> A Practical Treatise on Anæmia. 12mo, pp. 139. (Philadelphia. 4s.)</p> <p><b>Horwitz (O., M.D.).</b> Surgery Illustrated. 8rd ed., enlarged. Illustrated. 16mo, 210. (Philadelphia. 5s.)</p> <p><b>Hudson (E. D., M.D.).</b> Manual of the Physical Diagnosis of Thoracic Diseases Illustrated. 8vo, pp. 162. (New York. 7s. 6d.)</p> |
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**Keetley (C. B.).** An Index of Surgery. 4th ed. Post 8vo, pp. 690. (Smith, Elder and Co. 10s. 6d.)

**Lindsay (J. A.).** Climatic Treatment of Consumption: Including a Description of the Chief Home, Foreign and Colonial Sanatoria. Cr. 8vo. (Macmillan. 5s.)

**Liveing (R.).** A Handbook on Diseases of the Skin, with Special Reference to Diagnosis and Treatment. 5th ed. 12mo, pp. 452. (Longmans. 5s.)

**Potter (S. O. L., M.D.).** Handbook of Materia Medica, Pharmacy and Therapeutics, including the Physiological Action of Drugs, the Special Therapeutics of Disease, &c. 8vo, pp. xx-828. (Philadelphia. 15s.)

**Randall (B. A., M.D.) and Morse (H. L., M.D.).** Photographic Illustrations of the Anatomy of the Human Ear, together with Pathological Conditions of the Drum Mem-

brane, and Descriptive Text. 4to, 25 Plates in portfolio. (Philadelphia. £1 10s.)

**Schreiber (J.).** A Manual of Treatment by Massage and Methodical Muscle Exercise. Translated by W. Mendelson. 8vo, pp. 294. (Pentland, Edinburgh.) (Simpkin. 10s. 6d.)

**Simon (J.).** Public Health Report. Edited for the Sanitary Institute of Great Britain by Edward Seaton. 2 vols. 8vo, pp. 1,206. (Churchill. 36s.)

**Suzor (R.).** Hydrophobia: An Account of M. Pasteur's System, containing a Translation of all his Communications on the Subject, the Technique of his Method, and the latest Statistical Results. Illustrated. Cr. 8vo. (Chatto and Windus. 6s.)

**Waters (A. T. H.).** Contributions to Clinical and Practical Medicine. 8vo, pp. 194. (Churchill. 7s.)

## SHORT NOTES, ANSWERS TO CORRESPONDENTS, ETC.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 15, *St. George's Terrace, Gloucester Road, South Kensington, S.W.*

All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We always go early to press, and would therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

DR. PROELL leaves Gastein, and goes for the winter to practice at Meran.

DISSOLUTION OF PARTNERSHIP.—The partnership hitherto existing between Messrs. Edgar S. Wigg and H. J. Poole (Wigg and Poole), Homeopathic Chemists and Importers, of Adelaide, South Australia, was dissolved on August 13th, and the business (established in 1858) is now carried on by Mr. Edgar S. Wigg. His London agent is Mr. Herbert Bishop, of 29, Ludgate Hill, E.C.

## CORRESPONDENTS.

Communications received from Dr. Guinness, Oxford; Mr. Biggs, Leicester; Dr. Berridge, London; Dr. Clifton, Northampton; Dr. Mason, Leicester; Dr. Harmar Smith, Guildford; Dr. Wilde, Bath; Dr. Pope, Tunbridge Wells; Dr. Fisher, Austin, Texas; Dr. Hale, Chicago; Dr. T. M. Strong, Ward's Island; Mr. Tebb, London.

## BOOKS AND JOURNALS RECEIVED.

American Homeopathist.—Medical Counsellor.—Homeopathic Physician.—Homeopathic Recorder.—Monatsblätter.—Monthly Homeopathic Review.—Zoophilist.—La Reforma Medica.—Allg. Hom. Zeit.—Medical Era.—Medical Annals.—New England Medical Gazette.—Revue Augustine.—Clericias Medicas.—Californian Homeopath.—Revista General de Homeopathia.—Medical Visitor.—U.S. Investigator.—Clinique.—Rev. Homeopathique Belge.—St. Louis Medical Journal.—El Criterio Medico.—Wintering Abroad, by Dr. Alfred Drysdale.—Report on Homeopathic Hospital, Melbourne.—The Argus, Melbourne.

# THE HOMEOPATHIC WORLD.

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DECEMBER 1, 1887.

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## THE WORK OF THE LEAGUE.

It is a good sign when our foes grow irritable. Consequently we were very much gratified to come across the following the other day in *The Medical Press* :

“The ‘Homeopathic League’ are scattering broadcast their pamphlets with an aggressiveness which is rather unusual. No. 14 discusses the attitude of the Royal College of Physicians of London towards homeopaths, and strives, by means of time-worn misstatements and unwarrantable conclusions, to show that they are very hardly treated. No. 15 is a further attack on Dr. Lauder Brunton, based on his reply contained in the preface to the last edition of his work on ‘Pharmacology and Therapeutics.’ As we have discussed the subject *ad nauseam* we may well be excused from further criticism. *Vade retro!*”

After the specimen of his criticism he recently entertained us with, to which we referred in our last issue, we can well excuse the editor from trying his hand at it again. But as to his advice to “go backward,” if it is addressed to us, we have no more intention of complying with it than the sea had when King CANUTE gave it similar advice. Going backward is the precept the medical journals are always inculcating on their readers, but it is not our style. Nor do we pay any regard to the editor’s charge of making “time-worn misstatements and unwarrantable conclusions.” For he must know perfectly well that the statements are all quite true, and the conclusions incontrovertible. We merely observe that he is hard-hit, and is showing his irritation, and we rejoice that our work is telling.

But we have better evidence of the good work the League is doing than this ebullition of ruffled temper. As a result of the scattering abroad of the last two pamphlets, two medical men have written to the Secretary of the League expressing the interest with which they have read them, and their desire to know more of homeopathy. This is in itself a highly satisfactory result; but it is also an indication of the effect the tracts have had. If two have been led to make inquiries, we may be certain that many more have been interested and influenced.

The last two tracts (No. 14, which contains the letter to the President and Council of the Royal College of Physicians, which first appeared in our pages under the title of "At last!" and No. 15, which embodies the criticism of Dr. BRUNTON'S excuses, and appeared in *The Homeopathic Review*) were sent to all the fellows, members, and licentiates of the College. It sometimes happens that an unbelieving doctor has a mother who is strong in the faith. Of course a medical student in his first year knows all about everything much better than his mother; and, by the time he has got his qualification, his poor ignorant parent, who has never walked the hospitals, and has only cured him, in her amateur way, of all childish complaints with innocent pilules, is quite beneath his professional notice, and could never be admitted to an argument with him. But if that parent should become possessed of a League tract, she has a means of getting at her qualified son. The tracts are so written that they cannot be despised; and in the hands of the non-medical they are a weapon of offence and defence of which the most learned and most conceited professional person must acknowledge the power.

Such is the work the League is doing. It is surely good enough for the hearty support of every disciple of HAHNE-MANN.



## SIR DYCE DUCKWORTH ON HOMEOPATHY.

Poor Knight! What dreadful dole is here?

*Midsummer Night's Dream.*

ON the 5th October last, one of the last made medical knights, Sir DYCE DUCKWORTH (he was knighted, not for any particular medical merit, but because he happened to be Treasurer to the Royal College of Physicians on the occasion of the opening of the new Examining Hall on the Thames Embankment) gave, on invitation, a bit of his mind to the students and others of the Pharmaceutical Society of Great Britain. Being a doctor, Sir DYCE thought it necessary to give advice to the pharmacists *in esse* and *in posse* who constituted his audience. If we may judge from the editorial comments in *The Chemist and Druggist*, which reports his speech, Sir DYCE's advice gratis, as is usually the case with that sort of advice, was not at all relished by his audience. Indeed, he contrived, in the short space of an hour, to rub every individual hair of their backs the wrong way. He denounced modern chemical nomenclature—and we think he was not far wrong there—extra pharmacopeias (naturally, as he is on the Medical Council, he would like the Council's Pharmacopeia to have a monopoly of the business, but we are very glad it has not, for we could ill spare our *Squire* and some others). He inveighed against German chloral, American pharmaceutical preparations, vaunted nostrums, and homeopathic medicines, which was treading on the corns of the chemists and druggists cruelly. Then he roundly abused the druggists for advertising their wares, which would not soothe the irritated feelings of his audience. "Surely," says he, "the art of advertising has now reached its climax. Let me counsel you to have as little to do with it as possible." Now assuredly Sir DYCE DUCKWORTH must be one of the best authorities on advertising, as he is, we venture to say, one of the best advertised men in the profession. Not to mention the frequent appearance of his name in newspaper paragraphs as the medical attendant of

some noble or illustrious individual who happens to be sick—a species of advertising he shares in common with all titled medical men, for nothing delights the penny-a-liner more than to be able to say that some exalted patient is attended by Sir William A., Sir James B., Sir Oscar C., or Sir Dyce D. The very number of *The Chemist and Druggist* which gives Sir DYCE's lecture to the pharmacists, also presents us with a biographical memoir and portrait of the lecturer. That may perhaps be considered legitimate advertising, but we also find Sir DYCE's portrait gracing the pages of an advertisement of the much-bepuffed "Lactopeptine," the property of the leviathan quack-medicine proprietor and colossal advertiser, J. M. RICHARDS; and the curious thing is that the portrait in this lactopeptine advertisement and that in the respectable pages of *The Chemist and Druggist* are identically the same, not different woodcuts copied after the same photograph, but the same woodcut with the engraver's initials in the corner, and undeniably printed from the same block. Possibly the same portrait may hereafter be found adorning the advertisements of other nostrums of Mr. RICHARDS such as the *Succus Alterans*, *Perry Davis's Pain Killer*, *Mother Seigel's Syrup*, or *Mrs. Allen's Hair Restorer*. We think that the pharmacists will, in the matter of advertisements, be more apt to follow Sir DYCE's example than his advice. To sum up, the medical knight gave a most inappropriate address to a pharmaceutical audience, and it will be a long time before he is again asked to perform before them. Like Balaam, he was expected to bless, but he would only curse the manners and habits of his hosts. But we cannot acquit the Pharmaceutical Society or their Council, or whoever it was who invited Sir DYCE to lecture for them, of all blame for the *contretemps* that ensued. The interests of doctors and pharmacists are in many ways antagonistic; and though a doctor of good taste and common sense, if invited to speak before a lot of pharmacists, would take good care to avoid offending his audience, yet it is a toss-up whether the orating doctor will or will not be

a man of taste and sense. Sir DYCE evidently is not, and the pharmacists got punished for their servility in preferring a medical Knight to a pharmaceutical Squire to open their session. But the snub the pharmacists have received from their chosen orator does not concern us. We are only interested in what the orator said about

“THOSE HOMEOPATHS!

“In respect of some of the business practices which I notice are carried on by pharmacists, especially in suburbs and country towns, I may refer to the sale of homeopathic remedies. I consider this very improper, and misleading to the public, and I always regard it as no better than the display of a flag of distress on the part of those who vend such rubbish. No educated pharmacist can lend himself to the propagation of error and retain his self-respect.

“I am quite unaware that any solid contributions to the art of pharmacy have ever been made by homeopathic druggists, and I cannot believe that this Society approves of its members or associates vending their wares. Let it be remembered that such business is virtually carried on under the ægis of this Society. For my own part, I should carefully avoid any pharmacist who conducted it.”

From the serene heights of his knighthood, Sir DYCE pronounces the sale of homeopathic medicines “very improper.” But as pharmacists are merely tradesmen who sell what their customers expect them to have in their shops, it is the public Sir DYCE ought to blame for expecting the chemists to keep “such rubbish.” Calling homeopathic medicines “rubbish” would certainly not deter a chemist from keeping them. No doubt, if the question were put to him, the chemist would acknowledge that much besides homeopathic medicines his shop contains is, in his estimation, “rubbish;” but as long as he can turn an honest penny by the sale of rubbish of any sort he has no hesitation in keeping it on his shelves. Besides, the chemist is not always so uninformed on medical matters as Sir DYCE here supposes him to be, and he is perfectly aware that the textbooks of SIDNEY RINGER, LAUDER BRUNTON, and MITCHELL BRUCE, contain many medicines which are undoubtedly homeopathic, as having been introduced into medicine by

practitioners of the homeopathic school ; and as these books serve to guide many of the practitioners who prescribe from his shop, he is bound to have homeopathic medicines in stock, if he would not see his customers going elsewhere with their prescriptions. Moreover, as Sir DYCE ought to be, and no doubt is, aware, the public, when they are a bit out of sorts, do not invariably go and pay a guinea to a physician to know what medicine they are to take, but they send round to the nearest chemist for an ounce of salts, a spoonful of castor oil, a rhubarb pill, or a few pilules of nuxvomica or pulsatilla, according to their own fancy, or according to what experience or a friend has suggested to them. If chemists and druggists set their faces against humouring their customers in this way, they would soon have to "display a flag of distress," for their customers would speedily forsake them. "No educated pharmacist can lend himself to the propagation of error and retain his self-respect." This is to make the pharmacist the supreme judge of what is truth and what is error in therapeutics ; and if this sort of thing is encouraged, "we might," as the editor of *The Chemist and Druggist* remarks, "have pharmacists declining to dispense a prescription signed 'D. D.,' if they should not approve of the treatment." Apparently Sir DYCE imagines that his opinion that homeopathy is "error," is of such immense value, that the pharmacists will one and all accept his dictum ; but, strange as it may appear to him, it is within the bounds of possibility that some pharmacists might even think that DYCE DUCKWORTH'S prescriptions were all wrong, and DYCE BROWN'S all right. It would hardly do to allow either DYCE to dictate to them what medicines they shall sell or refrain from selling. As well might they settle this point by the arbitrament of quite another kind of dice. Truth in therapeutics, as in other matters, is one, but error is manifold. PILATE asked, "What is truth ?" but received no answer ; should our pharmacists inquire, "What is error ?" they would be likely to receive a great variety of different answers. The accepted truth of one generation,

we might almost say of one decade, is the error of the next. What is lauded as remedial by one authority is denounced as pernicious by another. If Sir DYCE DUCKWORTH declares homeopathy to be error, Dr. LAUDER BRUNTON, a greater authority in therapeutics, admits it to be partially true, and three hundred well-educated and legally qualified doctors in this country assert it to be wholly true. What is the puzzled pharmacist to do in this conflict of opinion? Of course he will exclaim, "A plague upon you all!" and he will sell the wares his customers ask for without troubling his head about therapeutic truth and error.

"Calces o' fossils, earths and trees,  
True sal marinum o' the seas,  
The farina o' beans and peas,  
He has't in plenty,  
Aqua fontis, what you please,  
He can content ye."

Nor will he necessarily stick to these orthodox preparations, but if there is a demand for them he will keep in stock

"Forbye some new uncommon weapons,  
Urinus spiritus o' capons,  
Wi' mite-horn shavin's, flin's, scrapin's,  
Distilled per se,  
Sal alkali o' midge-tail clippin's,  
And mony mae."

Anything, in short, on which he can earn a profit, he will sell, for he is a tradesman and not the arbiter of therapeutic methods or medical systems. We have frequently had occasion to remark that our allopathic opponents talk foolishly when they talk of homeopathy, but this limitation is not apparent in Sir DYCE DUCKWORTH'S discourse, for he talks foolishly all round.

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## NOTES.

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### THE LANDMARKS OF PROGRESS.

It is our intention to commence our next volume with an article on the above subject. The signs of the progress homeopathy has been making during recent times have been many and signal, and we intend to pass them in review for the benefit of our readers in our January issue.

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### USELESS PHARMACOLOGY.

*The Lancet* of November 12 records experiments by Dr. Pander, of Dorpat, with *Chromium*, and its result on animals. He observed various effects from his experiments, but nothing half so valuable as our provings. The conclusion of the whole matter revealed the helplessness of allopathy in a signal way; for *The Lancet* says "Dr. Pander was unable to find any indications from his experiments for the therapeutic use of the drug."

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### A CORRECTION.

DR. J. MOORE, of Liverpool, writes to us that our report of his speech in the debate on Dr. Procter's paper was not quite correct.

"At page 502 of the last *WORLD*, I am made to say that 'I found the Muriate of Ammonia of great value in "Indian Livers," and had "seen it do good in sciatica."' What I said really was that 'it had done service in enlarged Indian livers.' As for sciatica, I *never* had experience of it in *nervous* affections. *Somebody else* did say that he had found it of great service in sciatica. Always desirous of putting the right horse to the right cart, and with cordial good wishes, I am, yours sincerely,

"JOHN MOORE.

"51, Canning Street, Liverpool,  
"November 19, 1887."

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### COTTAGE HOSPITAL FOR EASTBOURNE.

THE Misses Leaf having generously offered a house for the establishment of a small Cottage Hospital in a central position in the town, it is purposed to open it for the reception of patients as soon as it can be furnished, which it is

hoped will be by the end of the year. All subscriptions and donations can be paid to the Honorary Treasurer, F. C. S. Roper, Esq., 1, Devonshire Place; or to the Bankers, Messrs. Molineux and Co., to the credit of the "Leaf Homeopathic Cottage Hospital" Fund. The medical officers will be, Dr. Walther, Hon. Consulting Physician, Dr. A. H. Croucher, Hon. Physician and Surgeon.

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#### ARTIFICIAL RABIES.

M. PEYRAUD, in a communication to the French Academy of Medicine, gives an account of his investigation on a new means of artificially producing true rabies. The essence of tansy (*tanacetum vulgare*), administered by means of punctures, produces in animals rabies of the paralytic as well as the convulsive and biting sort. Frogs and birds subject to experiments leave no doubt about the subject. In rabbits and guinea-pigs we find the stomach more or less full of foreign matters. The lesions observed *post mortem* are characteristic: sub-pleural hemorrhages, the presence of a frothy fluid in the trachea and bronchial tubes, &c. Therefore the action of the essence of tansy on the spinal bulb is precisely similar to that of the rabic virus. But the animal poisoned in this way cannot communicate rabies. Why? Because the production of these symptoms of rabies is not due to a ferment, and because contagion is occasioned by the presence and the action of the ferment in the rabic virus. The essence of tansy is not a virus, though it acts as a virus on the spinal bulb. (*Le Temps.*)

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#### A NEW ASSOCIATION OF HOMEOPATHISTS.

At the instigation of Dr. Wilde, of Bath, an Association of "practitioners who accept the homeopathic principle" has been formed for the purpose of formulating a creed and publishing a list of their names and addresses, which shall not be a homeopathic directory, and shall not give offence to allopaths. The touching regard some of us pay to the allopathic susceptibilities reminds us of the equally touching considerations the famous Bishop of Runtifoo paid to his savage flock; but we cannot say we approve of either.

If allopaths will not acknowledge Hahnemann and his work because certain of his followers have their names published in a tradesman's list, we are not going out of our way to convince them. We advise all our readers to discountenance in every way the new association; to retain their names on the old directories; and to support the old societies. If the denizens of Allopathic Runtifoo won't be converted by other means, at least, don't let us make ourselves ridiculous by adopting the antics of Mr. Gilbert's Bishop.

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#### THE LEAGUE WORK IN NEW ZEALAND.

In the letter which we publish from our esteemed New Zealand correspondent will be found fresh evidence of the silent work that is being done by the League. The public are quick to see the injustice of the treatment accorded to homeopathy by the old school when it is fairly put before them.

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#### ANOTHER LEAGUE.

*The Southern Journal of Homeopathy* proposes that the Southern States of the Union should follow the example of our country and form a Homeopathic League to make known to the laity the facts regarding our practice. We may suggest to them, in the event of the League being formed, that the tracts issued by the present League are in stereotype, and can be obtained in any quantity to order.

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#### EDITOR'S CHANGE OF ADDRESS.

We beg to give notice that after Christmas the Editor's address will be 34, HARRINGTON ROAD, S.W., and we request that all communications to the editor, journals, &c., posted so as to reach us after Christmas may be so addressed.

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## ORIGINAL COMMUNICATIONS.

## A REVIEWER REVIEWED.

By DR. DUDGEON.

*The Saturday Review* of October 8th has an article on the introductory lectures at the medical schools of London, and it notices that given at the London Homeopathic Hospital. The part it selects for criticism is my allusion to the Pasteur inoculations for hydrophobia.

“Dr. Dudgeon,” it says, “in striving to depreciate M. Pasteur’s great benefits to mankind, used this remarkable argument to prove that the Paris savant had ‘not only not cured the old hydrophobia, but had introduced a new and serious kind. The rate of mortality from the disease had been much higher during the time the experiments were in swing.’ Now any one who has received the most elementary instruction in logic must see that Dr. Dudgeon has received none. If a great epidemic of any disease arose in a city, and almost at the outset all hospitals but homeopathic hospitals were closed, and nothing but homeopathic treatment allowed, and if the mortality increased, he would undoubtedly be the first to exclaim at the injustice of the argument of attributing the increase to homeopathy. And of course the mere increase would not only be no argument, but would be independently probable, if not certain. Yet in a matter where he is prejudiced the other way, Dr. Dudgeon plunges headlong into *post hoc propter hoc* without a suspicion of its fallacy. Practically a doctor has to judge of evidence at least as much as a lawyer, and with much heavier penalties waiting on his judgment; and the art of judging is supposed to come by nature. Does it?”

*The Saturday Review* is a paper which assumes the right to make any criticism it pleases, but refuses to those it criticises the right to reply or even to correct its misstatements. So I knew there was no use sending a disclaimer to that paper, and moreover, as I did not see its criticism until a fortnight after its publication, I would not have troubled it at that late date with a reply, even had there been any chance of its acceptance.

The passage I have quoted shows the danger of criticising a speech from a newspaper report. Evidently the *Saturday Reviewer* has only seen the few lines of the report given by *The Times*, and has taken that as a fair abstract of what I said about Pasteur, which I do not admit it to be. Still, even taking *The Times* report, the words quoted do not deserve the censure of my critic. It may or may not be true that I have not received the most elementary instruction in logic, but logic has nothing to do with the statements the

Saturday Reviewer objects to. It is a mere question of facts and figures. Pasteur has not cured a single case of hydrophobia, nor has he asserted that he has done so; his allegation is that by his "vaccinations" he has prevented the outbreak of hydrophobia in persons bitten by rabid dogs. Again, the rate of mortality has been much higher in France during the year when Pasteur's inoculations were in full swing. Thus the average annual mortality in France from hydrophobia is 30, but during the year 1886, when Pasteur was busily engaged with his prophylactic inoculations, the mortality among the French patients was 39, and 26 of these fatal cases had been subjected to Pasteur's treatment. It does not require much knowledge of logic to see that if the rate of mortality was greater during the year when the inoculations were practised than during the other years when no inoculations were performed, the inoculations were without effect, or rather had a bad effect, upon the general mortality from hydrophobia. It is a simple sum in arithmetic. I cannot see any analogy between my statement and my critic's illustration of a great epidemic and a homeopathic hospital. Had I taken the mortality of all the cases subjected to Pasteur's treatment, and contrasted that mortality with the average annual mortality from hydrophobia in France, it might have had some sort of application, but as I expressly confined myself to the inoculations of French people (though that reservation does not appear in *The Times* report), the comparison with the recorded annual mortality from hydrophobia in France was perfectly legitimate, and was not a "headlong plunge into *post hoc propter hoc*," to use my critic's elegant phraseology. That Pasteur's "intensive" method was followed in numerous instances by the death of the patients from a new form of rabies, similar to that produced in the rabbits inoculated with rabic virus, is asserted by several competent observers, and is not an inference of mine from the increased mortality under Pasteur's system. Pasteur's sudden abandonment of this method, and reversion to his former gradual and innocuous method shows that he himself had been convinced that his "intensive" method was dangerous.

I have no desire to depreciate any one's "benefits to mankind," and should be only too happy to acknowledge the truth of Pasteur's alleged discovery, were it supported by sufficient evidence; but it seems to me to be of the same

character as all former specifics for hydrophobia, some of which have been purchased from their authors for immense sums by Governments, after careful investigation, approval, and recommendation by medical faculties, but which soon fell into discredit, and are now scarcely remembered and never resorted to. Pasteur's prophylactic bears a strong family likeness to these discredited plans. It was at first hailed with enthusiasm by the public and the profession. Its failures were plausibly accounted for and explained away, but as these became more numerous, the faith or credulity of its advocates rapidly waned, and now hardly a tithe of those who at first acclaimed it have a word to say in its defence, and many eminent and scientific observers have recorded their opinions of its illusory, if not dangerous, character. Able editors and scientists who have committed themselves to the acceptance of Pasteur's views will, of course, be the last to confess their mistake, but the popularity of this latest specific for hydrophobia is already on the wane, and will soon be altogether gone.

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### CEANOTHUS IN ENLARGEMENT OF THE SPLEEN.\*

BY A. J. BOND, M.D., ADAMS, MASS.

W. C., aged forty years, contracted malaria in the army, and has had attacks nearly every season since, two of which were so severe that life was despaired of by his attending physicians. He has had more or less pain and soreness, with dragging sensation in the left hypochondriac region, for years. For the past few days the left side of the abdomen, and left side of abdomen and left hypochondriac region, have been getting more sensitive, and attended with sharp pains, made worse by motion, or standing erect.

On examination the spleen is found to occupy the whole left side of the abdominal cavity below, and to the left of a line extending from the costal cartilage of the tenth rib through the umbilicus, as shown by abnormal distention, firmness and positive flatness on percussion over the whole surface, and extending one and one-half inches to the right of median line below the umbilicus. All the functions are normally performed, and there are no objective signs of

\* From *The Medical Investigator*. This case confirms the opinion of the drug expressed in Dr. Burnett's latest work.—Ed. H. W.

cachexia. Temperature normal, pulse 56. Prescribed *Bry.* 1 every two hours.

Sept. 30. More sensitive to pressure to the right of the linea alba below the umbilicus, but less sharp pain. Temperature 99.5, pulse 68. Prescribed *Ceanothus* tincture every two hours.

Oct. 1. Slight paroxysm of ague last evening at six o'clock, accompanied by sharp pain in left side. Prescribed *Ceanothus* tincture and *Bry.*, alternate every two hours.

Oct. 2. Much better. Prescribed *Ceanothus* tincture every two hours.

Oct. 4. Improving; worked half a day, but had to give up on account of sense of weight and soreness in left side. *Ceanothus* tincture continued.

Oct. 12. Works every day. *Ceanothus* tinct. 5 gtt. three t. i. d.

Oct. 24. Percussion gives normal resonance to the right of a line drawn perpendicularly through the anterior superior spine of left ilium, and dulness to the left, showing an enormous reduction in the size of the spleen. Some soreness in the left hypochondriac region yet remains, however.

I believe that *Ceanothus* was instrumental, not only in greatly reducing the size of the spleen, but in warding off an impending attack of malarial fever.

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### RAPID CURE OF A CASE OF ACUTE PLEURISY BY ACONITE.

BY DR. HARMAR SMITH.

THE following case occurred some years ago, but I have preserved the notes taken at the time.

Captain G——, Ramsgate, æt. about 50. Fine, well-built man. Plethoric habit of body. April 7th, 1880. Has been going about London for some days past, in damp weather, house hunting, and got a severe chill. I visited him at 10.30 a.m., when he was suffering from the following symptoms:—Flushed face, hot, dry skin, breathing rapid and difficult, rapid pulse, pleuritic pain in left side of chest, short, dry cough aggravating the pain in the side, headache increased by the cough. Unfortunately I did not take the temperature. *Tinct. Aconite* 6 gt. to 4 oz. of water. A dessert-spoonful to be taken every hour. Evening, 9 o'clock, I found him in a profuse perspiration, with complete relief

to the symptoms, pain in side and difficulty of breathing quite gone, but still some cough, which aggravates the headache. *Tincture of Bryonia 1x.*

April 8th. Continues free from pain, but has some dyspeptic symptoms, with a copious deposit of urates. Continue *Bryonia.*

10th. Slight bronchial symptoms, but no return of pleuritic symptoms. *Ipecac. 2x.*

13th. Discharged, cured.

Remarks : The effect of *Aconite* in this case was very rapid and well marked. In less than 12 hours all the symptoms of pleurisy were abolished by its means, and though there were afterwards some bronchial and dyspeptic symptoms, as well as debility, there was not a symptom of pleuritis. The effect of the *Aconite* in this case appears to me to be precisely *en rapport* with what I and my older colleagues will remember to have been the result of venesection in well-selected cases of pleurisy, and other acute diseases. A case that made an impression upon me that I can never forget was one of acute pericarditis. The patient was pulseless and gasping for breath, the action of heart and lungs appearing to be pretty nearly suspended. I at once took about a pint of blood, and the death-like oppression of the heart and lungs was immediately relieved, and the case eventually did well. It appears to me, from the observation of this and numerous other cases in my allopathic days, that if all our stores of *Aconite* were exhausted, and there were no means of procuring more, bleeding would have to arise phoenix-like from its ashes. That is, that the reason that we homeopaths never use the lancet, is not so much that this treatment might not be useful in certain cases, nor, that it is not a measure in accordance with the motto on our banner, as that it is unnecessary, seeing that we have in our hands an equally powerful, and also much safer therapeutic agent. As I have said this much, I should like to have another opportunity of referring to some of the evils I have seen as the result of bleeding.

3, Sydney Terrace, Guildford, Nov., 1887.

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## MEDICAL PRACTICE IN NEW SOUTH WALES.

WE have received the Report of a Select Committee appointed by the Legislature of New South Wales to inquire into the state and operation of the laws relative to medical and surgical practice in the Colony. This report reveals a very queer state of things. It seems there are no laws whatever in New South Wales regulating medical practice, or if there are any with such intention, they are altogether inefficient, for quackery flourishes triumphant there, and

Sydney itself seems the happy hunting-ground for all manner of unlicensed practitioners. To read the evidence the report lays before us, it would appear as if the chief qualification for a medical practitioner in the capital of the Colony is that he should have failed in any or every other business. We are sorry to see that the unqualified practitioners do not exclusively practise the old system, but that some of them even dare to lay their unlicensed hands on the sacred doctrines of Hahnemann, and set up as "homeopathic doctors."

The Committee examined a considerable number of practitioners of medicine, qualified and otherwise, and elicited a great deal of curious information from them. Most of them seem to have answered readily enough the rather searching questions put to them by the Committee. A certain William Nicholas Richards, who professed to possess the diploma of the Royal College of Surgeons of England, besides being a B.A. of Trinity College, Dublin, and M.A. of Oxford, which last title he says he got "by writing for it," was an exception to the general candour of the examinees, as he refused to answer any questions put to him about his practice, on the plea that answering them might render him liable to criminal proceedings. He seems to be an advertising "manly vigour" practitioner of the usual sort, carrying on his trade in conjunction with one, or perhaps two, unqualified partners.

A certain Edward Horace Trudgeon Bottrell claims to possess a diploma from the "Edinburgh University of Chicago," a bogus institution which sent its degrees to all applicants for the sum of 150 dollars. The previous career of this worthy was as "an able seaman" in her Majesty's navy. He now boasts of possessing a fortune of £100,000, but he still practises medicine, though not apparently to any very great extent, as he said he had only taken ten shillings in the last fortnight.

Benjamin Fawcett says he is "a homeopathic physician," but his only qualification is that his name appears in *The Homeopathic Directory* in London, which he "presumes is published under the approval, or with the sanction, of the Homeopathic Board of England." Of course this worthy must have sent his name to the publisher of *The Homeopathic Directory*, who inserted it without inquiry. His name still adorns the Directory published this year by Keene and Ashwell. This practitioner confessed to having

attended upwards of one thousand cases of midwifery. As a specimen of his knowledge of the subject, we may give his answers to a couple of questions. Asked about a difficult case he said he had attended, he says: "A child was born dead about three-quarters of an hour after labour commenced. Its head was split open through the mother touching the head from a fright with a horse.' 'Do you mean to say that the mother touched the head of the child when it was in her belly?'—'I believe that the head was touched, because it was parted when the child was born.'" Very mysterious, and slightly incoherent. He admitted frankly that he knew nothing about anatomy.

Another man, by name George Henry Bethel, who had formerly been a journeyman printer, was now engaged as "a homeopathic practitioner." He had had no medical education whatever, and possessed no qualification.

William Moore seems to have passed from being a groom to being a doctor at one bound. He admitted that he had never attended any recognized school of medicine or lectures, nor had he dissected, but had received all the medical instruction he possessed from association with a certain person of the name of Gordon, who had no qualification, but who had an uncle in Scotland who was qualified. This reminds one of the old joke: "Do you speak German?" "No, but I have a cousin who plays the German flute." This worthy is also a homeopathic practitioner.

N. P. Allison was asked if he had any diploma or any qualification at all. "I have my *experience*," he loftily replied. He is a diligent advertiser, and announces: "Our system of diagnosing cases by mail is quite as satisfactory as a personal consultation." We are inclined to agree with him.

Sam Hood, who described himself as a medical practitioner, and calls himself "Dr.," asked: "'Have you ever dissected?'—'No. I did not dissect—not here.' 'Anywhere?'—'Yes.' 'Where?'—'Tyrone.' 'What did you dissect?'—'I never dissected any part of a body myself.' 'You mean that you assisted at the *post-mortem* examination of a body?'—'Yes.'" He mentioned that he had brought an action against a man for £30, but had not been successful. He had treated him for "cuistplexy"—a disease quite unknown to the medical profession in this part of the world; we think it must be peculiar to Australia.

Michael Green said he was a herbalist, who treated dis-

eases of the eye—a herbal oculist, in fact. “‘When did you study medicine?’—‘About twenty-five years ago.’ ‘Under whom?’—‘My own; as it came into my own head.’ ‘You never had any teachers?’—‘No; only the Almighty. The Bible is my guide to botany, and the Almighty God promised me every herb bearing seed on earth to be my food and nourishment; and I read in my own Bible that there was a man blind for four years, and he could be cured, and I found out that case out of the Holy Scriptures. The Bible I study is my guide to botany, and Almighty God is my Physician, my Teacher, and my Guide in every shape and form.’ ‘Then your knowledge of botany has been derived out of your own head and from the Bible?’—‘Yes.’ . . . ‘Have you any knowledge of anatomy?’—‘Yes; in my own idea, not the doctors’ idea of to-day.’”

Alexander Cole is, he says, clairvoyant and medical herbalist. His medical education is shown in his answers: “‘You have never attended any recognized medical school, or had any teachers?’—‘I have attended lectures in London.’ ‘Where?’—‘In Islington.’ ‘Where in Islington?’—‘In the Islington Hospital.’ ‘Where is the Islington Hospital?’—‘At Brompton.’” We know nothing to beat this surprising display of geographical knowledge, unless it be the Frenchman who, boasting of his knowledge of London, told his friend that the Thames tunnel went from Leicester Square to Greenwich. But to go on with the examination: “‘What is the hospital for?’—‘It is a lecture-room. You cannot call it a hospital—a sick-room.’ ‘Was this a recognized hospital?’—‘No.’ ‘How many sick people were in it?’—‘I could not say.’ ‘Did you ever see any of them?’—‘None at all.’ ‘Who gave the lectures?’—‘A man named Smith.’ ‘What was he?’—‘I don’t know.’ ‘How long did you attend him?’—‘I can hardly say that.’ ‘On what subjects were they?’—‘I could not tell you.’” Evidently this gentleman has a very short memory, which is a disadvantage to a person who does not speak truth, for we are told that such persons ought to have long memories.

There are many more revelations in this report about the ongoings of these quacks, some much more amusing than those we have quoted, but not so fit for publication, referring as they do chiefly to the unclean “manly vigour” trade. But the specimens we have given show that in New South Wales it is about time some action was taken by the Legislature to restrain these harpies from preying upon



the confiding public. Particularly noticeable is the possession by some of these gentry of degrees granted by bogus colleges in America. The "Edinburgh University, Chicago," betrays its imposture by its very name. Another manufactory of imitation degrees is the "Bellevue Medical College, Boston, Mass.," which issues a most grandiloquent prospectus with an imposing list of names of professors, and dispenses its degrees—for a consideration—impartially to adherents of "allopathy, homeopathy, and eclecticism" alike. A certain Rufus King Noyes, who calls himself "M.D.," seems to constitute the whole college. The Committee engaged a young journalist to write in an assumed name to this college a letter in the following terms:

"MR. RUFUS KING NOYES, ESQ., BOSTON, MASS.

"DEAR SIR,—Will you please inform me what are the requirements and fees for graduation at your college, also how long your course of lectures is?—Yours truly,

"V. B. KELLY.

"P.S.—I have bin redin medisn about a year."

To this the following reply was received:

"BELLEVUE MEDICAL COLLEGE, BOSTON, MASS.,

"October 27, 1882.

"MR. KELLY—DEAR SIR,—Enclosed please find circular of Bellevue Medical College. For graduation it is required that you be and feel competent in diagnosis, treatment, and doctoral conduct; that you can relieve human suffering; and that you prepare an essay or a thesis and present it to the college. The circular shows the regular 5 months' course, but 5 months does not stand in the way of graduating any competent person. If you cannot meet the above requirements, you can come with us and be prepared in private in diagnosis, treatment, or any other department of study in which you may be deficient. The regular fees are as named in the circular. In certain cases, where extra attention is given, an extra small fee may be charged,—Sincerely,

"RUFUS KING NOYES, M.D."

The requirements not being of a very exacting nature, the applicant sent an ill-spelled nonsensical tirade against vaccination by way of thesis, and received a prompt reply announcing that in consideration of the accomplishments and medical knowledge he had displayed, the College had declared him a fit and proper person to receive its diploma, which was forwarded by express, and would be delivered to him at the express office on payment of 150 dollars.

An account is given in the appendix of the notorious doctor-manufactory of the swindler Buchanan. It seems that from 1859 to 1880 he turned out upwards of 600

doctors at the moderate charge of six dollars for each degree, *i.e.*, five dollars for the diploma, and one dollar to defray incidental expenses. We observe on the list of his graduates several residents in England and Scotland, but whether natives or exotics we cannot say, but probably they are doing a lively business on Buchanan's five-dollar bogus degrees. A list of the fraudulent degree-granting colleges of the United States is given in the appendix, but, as most of these seem to be extinct, we need not enumerate them.

The following names, which appear in Keene and Ashwell's Directory of Homeopathic Practitioners in New South Wales, belong to persons who have no registrable qualification whatever. *Albury*, J. Motz; *Casino*, C. E. Crommelin; *Dubbo*, E. Holland; *Maitland*, A. B. Walker; *Sydney*, A. Cathcart, W. Moore, G. H. Bethel, R. Curtis, B. Fawcett, A. H. Nash, L. F. Sachs. In the list of practitioners of homeopathy we miss the names of Mr. Boughton Kyngdon and Dr. Deck. Possibly these qualified and respectable practitioners objected to their names appearing among such a shady lot.

The Legislature of New South Wales will find it a difficult task to devise laws for restraining unqualified medical practitioners without inflicting a good deal of hardship on patients. In many parts of the Colony the population is too sparse to support a regular medical practitioner, and has been dependent on the aid of chemists and amateurs for all medical treatment. Probably the Legislature will have to wink at this sort of irregular practice just as our ruling powers in this country do; but it might at least enact some law against the fraudulent assumption of medical titles which would at all events prevent patients applying to unqualified persons under the belief that they are educated and qualified men.

## THE MODEST HOMEOPATHIST'S CREED.

IN EIGHT ARTICLES AND A SUPPLEMENT.

¶ To be said or sung at every meeting of the Association of Practitioners who accept the Homeopathic Principle.

I.

I DO believe that "like cures like"  
Is nature's law that never varies;  
But yet I will allow that some  
Diseases yield to their contraries.

II.

I du believe we should discard  
All theories about diseases ;  
But yet I think we should permit  
Each one to think just as he pleases.

III.

I du believe we should condemn  
All theories about drug-action ;  
But all are free to theorize,  
If that will give them satisfaction.

IV.

I du believe that every drug  
Upon the healthy should be tested ;  
That there are many we may use  
Without this, cannot be contested.

V.

I du believe the dose should be  
As small as ever we can make it ;  
But we may give the biggest dose,  
If any patient likes to take it.

VI.

I du believe that my belief  
Requires a frequent readjustment ;  
And that the rule of Hahnemann  
Means diff'rent now from what it first meant.

VII.

The homeopathic principle  
I du declare I have accepted ;  
But that old title "Homeopath,"  
I had it once, but have not kept it.

VIII.

I du believe to have our names  
In chemists' lists would quite disgrace us ;  
But if we publish our own list,  
Our old-school colleagues will embrace us.

SUPPLEMENT.

I du believe pathology  
Of therapeutics is the basis ;  
But this I don't put in my creed,  
It but a supplemental phase is.

## SOCIETIES' MEETINGS.

## BRITISH HOMEOPATHIC SOCIETY.

THE Second Ordinary Meeting of the Session was held on Thursday, November 3, 1887, Dr. Hughes, President, in the Chair.

The PRESIDENT announced with great regret the death of Dr. Hale, of Brighton.

Dr. DUDGEON proposed, and Dr. ROTH seconded, that the secretary should be instructed to convey the condolence of the society to Mrs. Hale.

This motion was carried unanimously.

Dr. OGDEN JONES showed for Dr. Moir specimens taken from a patient who died in the hospital with symptoms like those of malignant endocarditis. After death it was found that he had a small dissecting aneurism which had given rise to the symptoms, including paralysis.

The SECRETARY announced that at the next meeting Dr. Wolston, Dr. Donald Baynes, and Dr. Galley Blackley would read communications bearing on electrolysis.

Mr. KNOX SHAW was then called upon by the President to read his paper on "Headache and other Neuroses in their Relations to Errors of Refraction." He said: Many patients suffering from headaches due to errors of refraction presented no obvious complaint of the eyes, which was only discovered by ophthalmoscopic examination. His paper was based on observation of sixty cases. Many of the patients sturdily refused to believe there was anything wrong with their eyes. Mr. Shaw explained what great strain went on in eyes which were defective in refractive arrangements. No case of obstinate headache should be treated without an examination of refraction. The more neurotic the patient, the more liable to suffering from errors of refraction. Headache is the most frequent neurosis complained of, and frontal headache the most frequent form.

Case I.—Miss R., 20, June, 1879. Frontal headache and pain in eyes. Headache always worse after reading, and faint. She was hyperopic, and was ordered suitable glasses, and had no more headache.

Case II.—A lad of 12. Headache worse after reading, and accompanied with vomiting. Eight months after getting proper glasses had had one or two slight headaches, and without vomiting. General health greatly improved.

Case III.—Girl of 11. Relieved in the same way.

Case IV.—Miss D., 35. Frontal headache of many years, with burning in the eyes. Had used glasses of her own choosing, with some relief. Proper glasses removed the headaches entirely.

Temporal headache comes next in frequency. Case V. illustrated this. Occipital headache is more rare. A case of this (VI.) was given.

Mr. Shaw mentioned a peculiar symptom, pain and tenderness of top of head, usually localized to one spot. Case VII. illustrated this. There were no symptoms to connect this with the eye, but slight errors were discovered, and proper glasses gave almost complete relief.

Astigmatism often causes megrim. This is often got over after the climacteric period, when accommodation is less active. Case VIII. was one of this kind. The megrim was intense. There was only very slight astigmatism. From the time that this was corrected the patient, a man, steadily improved.

Cases IX. and X. presented brain symptoms and loss of mental power, with severe headache and irritability. Brainache, brain-fag, may be due to errors of refraction. This is most frequently observed in the education period. It is generally accompanied by sleeplessness and starting in sleep. Children readily discover that spectacles relieve them. Paralyzing the accommodation by *Atropine* will often temporarily relieve headache.

Mr. Shaw said that his paper was intended to draw attention to this subject, and to recommend the routine use of the ophthalmoscope by practising physicians.

#### DISCUSSION.

Dr. DYCE BROWN said he invariably used the ophthalmoscope in cases of headache, and found it of the greatest use in diagnosis and treatment. He regretted that Mr. Knox Shaw had not told of the ophthalmoscopic appearances in his cases. He had found *Santonine* 1x and 2x, one or two grains once or twice a day, of great use in headaches connected with eye symptoms. He mentioned the case of a child in whom the pain came on without obvious cause in the middle of the night, the pain being so severe that she cried out, ultimately vomiting. There was marked congestion of the retina, with some spinal symptoms. Under *Bell.*, *Sulph.*, and *Gels.* the headaches entirely disappeared.

Dr. CLIFTON, of Northampton, said he had been deeply interested in the paper. He wished Mr. Shaw had given a few more indications whereby those who have not had much special practice could discover the cases that are due to eye defects. At the same time, Dr. Clifton was not quite satisfied that drugs could not remedy both the eye affection and the headaches.

Dr. NEATBY had recently made it a practice to examine all headache cases, especially in children, with the ophthalmoscope.

One indication is the coming on of the headache when the eyes first come into use in close work, as the first going to school of children. Some came on later, as at twenty. He noticed that astigmatism was a more frequent cause than other errors. Often there was failure of general health before this came on, and this confirmed Dr. Clifton's suggestion of the value of medicines. Another indication was the fact of the attack being constant when due to eye defects. But this was not always the case. One case, in which there was feverish attack, was cured by suitable lenses. A simple guide was to be found in retinoscopy—the movement of the shadow in one way or another showed errors of refraction of some kind. A simple mirror was sufficient for this.

Dr. JAGIELSKI recollected one case of an anemic lady of sixty, who had had frequent headache with vomiting. There was hypermetropia and presbyopia differing in the two eyes. But supplying proper glasses did not produce much improvement. He advised putting the glasses aside. Gave strengthening treatment and *Belladonna* (which was indicated by the symptoms), also electricity. She got well, and then did not need glasses.

Dr. EDWARD BLAKE was himself a sufferer from headaches and astigmatism, which was now undergoing correction. Every year he was more fond of high dilutions and single remedies; and his speciality did not spoil his homeopathy as some objectors to specialism seemed to fear. He supposed that all of us had sometimes relieved eye symptoms by mistake. He thought that the presence of errors of refraction led to organic changes in the eye, and that we were not sufficiently alive to it. He thought it a prevalent mistake that using the eyes was bad, and that a good light was injurious; also that spectacles were injurious. He referred to the teeth as causes of headache; and he mentioned the case of a lady who had been to a specialist on the eyes with choroiditis. She afterwards went to Dr. Dudgeon, who sent her to a pelvic specialist. The latter removed a small growth, and this cured all the symptoms.

Dr. CLARKE said it was possible for medicine to relieve both eye symptoms and headache. Mr. Shaw had mentioned a case in which the instillation of *Atropine* had done this. It might have been by relaxing ciliary tension; but also it might have been by the specific action of the drug. Dr. Blake had said we sometimes cured eye symptoms by accident. Dr. Clarke had done this recently; *Baptis*, given for gastric symptoms, had cured eye symptoms—inability to do fine work at night.

Dr. ROTH asked Mr. Shaw (1) which are the various errors of refraction causing headaches? (2) Are the headaches of various forms? (3) Does a certain error of refraction cause a definite form of headache?

Dr. DUDGEON said, while agreeing with Mr. Shaw, that headaches were often caused by uncorrected errors of refraction; he knew that affections of the head would cause temporary errors of refraction. This was often observed in children at school. When the headache was cured the sight improved. Myopia, unless corrected by glasses, was a frequent cause of headaches, especially in school children. He would like to direct the attention of members to a little book by M. Sarcey, a translation of which had been published by the Society for the Prevention of Blindness, entitled, "Mind your Eyes!" in which excellent advice was given for the use of spectacles in myopia, which, when excessive, was dangerous as being a frequent cause of detachment of the retina and other calamities.

Dr. HUGHES thought the paper specially valuable in helping us to carry out the principle *tolle causam*. He thought it was especially in young persons where this occurs. A young man of nineteen, strong and athletic, had been complaining a short time of occipital and frontal pain. This proved to be due to a tooth, as far as the occipital pain was concerned. The frontal pain was due to errors of refraction. Dr. Hughes sympathised with those who advocated the use of remedies, and he regretted that Mr. Shaw had not used *Physostigma* to relieve ciliary tension instead of *Atropine*. He called attention to *Epiphegus* and *Onosmodium* in headaches like those of errors of refraction. In the case of an old gentleman who needed glasses but refused to use them, *Epiphegus* gave great relief. With *Onosmodium* (like *Epiphegus*, a Virginian plant), recommended in headache of asthenopia, he had no personal experience.

Dr. EDWARD BLAKE said that *Epiphegus* 1x and *Gelsem.* were the only medicines that had given his (possibly astigmatic) headaches relief.

Mr. KNOX SHAW (in reply) said he had made his paper as plain and practical as possible, as he wished to interest non-specialists. The discovery of an error of refraction is not difficult, and retinoscopy is the simplest method. The use of the ophthalmoscope is not so certain, and this is what he meant by saying the error might be "latent." *Atropine* will develop this. Retinoscopy requires a plain mirror. This should throw a light into the pupil; a dull red surface you ought to see; if you see a vessel, you may be sure there is some error of refraction. If the vessel moves with you as you move, with or against, you know which kind of error exists. By rotating the mirror, if the shadow moves against you, there is hypermetropia; if with you, myopia. You can also diagnose the amount of error in this way. In children this is the only safe way. You must dilate the pupil in their case. The absence of mention of drugs he expected to be noticed. He used drugs less

now than formerly. Sometimes when he gave medicines only the patients got better, but became bad again. Later he used to both give medicines and correct errors of refraction, and they remained well. Then he corrected errors without giving medicines, and, if they got well, gave none at all. When the headaches did not get quite well by this, he gave medicines. *Ruta*, *Gelsem.*, *Bell.*, and *Act. r.* are of great use when the headaches persist. But he did not use drugs unless the pain did persist. He found that *Physostigma* took too much longer to act than *Atropine*, and he found by using the latter patients got better sooner. In myopia he used *Physostigma* to lessen the action of the ciliary muscle. He could not see how drugs could avail where the faulty construction of the eye was at the bottom of the malady. When it lay in the action of the ciliary muscle they might be of use. The onset of headache after a certain period was easily explained. The ciliary muscle must be over-exerted in certain conditions, and then, after a time, it could act no longer, and the symptoms came when it gave way. This explained the onset of symptoms after a long illness. When once the ciliary muscle has lost its tone from overaction it never recovers, and glasses must be used. There is no doubt that errors of refraction do lead to disease of the eye, and detached retina glaucoma, and others are due to such defects. Referring to the popular errors regarding the damaging use of spectacles and good light, Mr. Shaw said the damage done by glasses is when they are too weak. In answer to Dr. Roth, he said all errors of refraction can cause headaches. He was not able to trace any certain form of error to any certain form of headache. That depended on the idiosyncrasy of the patient. He had frequently used *Santonine*. He did not rely on "congestion of the disc," as it was a very uncertain quantity, depending on what each man regarded as such.

Dr. FISCHER (late of Sydney, N.S.W.) called attention to *Doriantis*, an Australian plant, the pollen of which caused brilliant lights round the eye, blindness, neuralgia. Its primary action was on the eye. He had used it successfully in cases of headache, preceded by eye symptoms, such as illusions of bright lights and halos.



## INSTITUTIONS.

### HAHNEMANN HOSPITAL.

#### MR. TATE'S REPLY TO THE ADDRESS.

WE have much pleasure in publishing the following reply of Mr. Tate to the address presented to him by the Trustees, Committee, and Medical Board of the New Hahnemann Hospital, Liverpool:—

“To the Trustees, Committee, and Medical Board of the Hahnemann Hospital, Liverpool.

“GENTLEMEN,—It is difficult, if not impossible, for me adequately to express my thanks for the address which you so kindly presented to my son William, in my absence, at the opening of the hospital, and which I had the pleasure of receiving yesterday. Though I can but feel that the sentiments which you express towards myself are all too flattering, I am none the less proud to have this testimonial from such a body, and signed by men who deservedly stand so high in the scientific world.

“The address itself is, indeed, a work of art; and it was but fitting that your touching and generous words should have permanent record in so beautiful a form. Believe me, I shall ever prize it as a memorial of one of the most pleasing events of my life; and it will, I trust, remain in my family for generations to come.

“What has moved me more than anything in connection with the occasion is, that my desire to do some good has been so warmly recognized, and more than appreciated, by those best qualified to judge.—Believe me, yours most faithfully,

“HENRY TATE.

“21, Mincing Lane, London, E.C., October 18, 1887.”

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## SPECIAL CORRESPONDENCE.

### NEW ZEALAND.

I SEND you an excellent article on “Medical Intolerance” clipped from our leading daily morning newspaper, *The Auckland Herald*.

The article arose from my having lent Tract No. 14 of the League Series to the author, who is one of our keenest intellects here, editor of an evening paper, and is a firm adherent of our system.

Homeopathy is holding its ground here, but it is not aggressive. A general meeting of the New Zealand Medical Asso-

ciation is to be held here next year, and I intend to bring the matter of the exclusion of qualified homeopaths up through some medical friend.

J. MURRAY MOORE.

Auckland, New Zealand, Oct. 10, 1887.

### ON MEDICAL INTOLERANCE.

By COLONUS.

It is a humiliating fact that nearly all progress is effected in the teeth of resistance, and the more ignorant human nature is of anything, the more intolerant is it commonly in the assertion of infallibility. With all our advances in the knowledge of nature, science is only groping yet. The quality of the body and its ailments is really an unsolved mystery, and less still is known about the soul and its relations; and yet parsons and doctors are the most bigoted of all classes of human beings.

In both the one profession and the other, dogmas are laid down, and woe betide the man that presumes to dispute them. If any one advances a new theory in religion, he is forthwith put out of the synagogue; and if a doctor professes a weakness for infinitesimal doses, he is boycotted by the profession. Every minister of religion declares his adherence to standards of belief, and yet there is not one in twenty of them that now believes in the existence of a material hell; and though all medical men of the "orthodox school" are bound to look with abhorrence on the principles of Hahnemann, there is hardly one of them of eminence in his profession but practises homeopathy on the sly.

I am not going to speak of the parsons just now, but I wish to have a few plain words about the doctors. The subject arises out of a text-book that has been recently published by Dr. Lauder Brunton, who is Examiner in *Materia Medica* to the Royal College of Physicians in London, and who has adopted and incorporated nearly the whole pharmacopeia of the homeopaths, and without one word of acknowledgment.

This is all the more remarkable, because that distinguished institution has professed to have a "dead down" on homeopathy. The President, Sir William Jenner, has stated publicly and officially his objection "to consultations with homeopaths, because they are not for the good of the patients;" and Sir Andrew Clark, one of its most distinguished members, on a prominent occasion declared that any one of his school who held a consultation with a physician skilled in the practice of homeopathy was "guilty of an immoral act;" while all the smaller fry, down to the humblest practitioner, feel bound by a sort of anti-scientific *esprit de corps* to echo the bigotry of the great chiefs, and to declare, with an assumption of superiority that is infinitely amusing, that they can have no professional communion with a homeopathic practitioner.

A little earlier, some thirty years ago, another president of this notable institution of healers, in refusing the application of a practitioner known to be favourable to Hahnemann's system, said in this syllogistic form, that "the foundation of the Royal College of Physicians was for the purpose of guaranteeing to the public skilful and safe practitioners. The College of Physicians regard the so-called

homeopathists as neither skilful nor safe practitioners. Therefore the College cannot, without betraying a sacred trust, give its license to persons whom they regard as wholly unworthy their confidence, and with whom it is not possible to hold any communion."

These be brave, strong words, but the deep bass of them becomes a piping treble in the only resolution which the Fellows passed some five or six years ago, which was intended in a half-hearted way to uphold the old prestige and at the same time to allow the practice of homeopathy as now carried on in a surreptitious way by most of the best medical practitioners of the "Orthodox School."

After a series of speeches in which the Fellows denounced homeopathy, they resolved that, "While the College has no desire to fetter the opinions of its members in reference to any theories they may see fit to adopt in the *practice* of medicine, it nevertheless thinks it desirable to express its opinion that the assumption or acceptance by members of the profession, of *designations implying the adoption of special modes of treatment*, is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and the public. The College, therefore, expects that all its Fellows, Members, and Licentiates will uphold these principles by discountenancing those who trade upon such designations."

The meaning of this dishonest and cowardly resolution is that all its members may practise homeopathy as much as they please, but they must not confess that they do. That they may be homeopaths in conviction and practice, but they must sail under other colours, and by no manner of means admit that they are homeopathic practitioners.

It is a curious illustration at once of how hard bigoted intolerance dies, and the great advance which, in spite of unreasoning prejudice, has been made in the direction of a rational and scientific system of therapeutics; for, quite in accordance with this spiritless and dishonest resolution, it is now becoming the practice of all medical practitioners of any eminence in the "orthodox school" to dabble a little in homeopathy. But to admit it! Oh dear no; that would be *infra dignitatem* of a great and learned profession, which durst never lower its colours to contemptible pilules.

However, the whole truth will doubtless now be out, when the examiner in *materia medica* to the Royal College of Physicians of London has himself issued a text-book, in which some hundreds of the homeopathic drugs are prescribed exactly for the very diseases for which they have, since Hahnemann's time, been prescribed by the homeopaths.

Indeed in order to qualify for passing Dr. Brunton's exam. in the Royal College of Physicians in London, it would be the most prudent course, apparently, for the student to make himself thoroughly acquainted with the principles of homeopathy, in order to have the key to the relations subsisting between the various diseases and the specific homeopathic remedies prescribed by the examiner.

That in a few years under such a system as is disclosed in this text-book the diploma of the London Royal College of Physicians will be a guarantee of homeopathic skill, goes without saying, and no doubt the cowardly and dishonest cloak will be thrown off, and all the modern experts in the art of healing will boldly declare their in-

debtedness to the illustrious Hahnemann, leaving all the old fogies to maintain the ancient prestige, and, except in so far as they can surreptitiously practise the new system, to go on as in the past killing or curing by the rule of thumb.

For this, in fact, is what therapeutics have amounted to, according to the practice of the so-called "Orthodox School" of Medicine. Some of the most eminent medical men have declared in reviewing their professional lives that, so far as alleviating the sufferings of humanity went, medicine has been an utter failure; in point of fact, that it has killed as many as it cured, and the probabilities are that it has killed more.

And it stands to reason that it should be so; for there is no principle, no system, no method, running through allopathic practice. It is sheer empiricism; if one remedy won't do, try another; if that won't do try something exactly opposite. Blister him in the outside, blister him in the inside all the way down; if that won't do, and disease won't be bullied out of him, then coax it out. Soothe him in the outside, soothe him in the inside; rub him up with the right hand, rub him down with the left; or if you don't know exactly what next to do, mix up half a dozen different things to work in different directions. Some of them may chance to hit right. Or make them so to nullify each other's evil qualities that at least they may do no harm; but make them also nasty, that the man will feel he has got good worth for his money.

Fortunately, blood-letting has been discarded, for that is a serious thing. Blood being the seat of morbid humours, and communicating them to all the organs of the body, it stood to reason—allopathic reason—that if it was all taken out of the body the disease would be gone. The theory was as good as many others of the empirical school, and it holds in Italy yet, I believe. Count Cavour was cured by being bled to death, and no doubt any Italian doctor who did not—perhaps does not—believe in blood-letting was a heretic, and any physician who held a consultation with him was "guilty of an immoral act."

Happily for humanity, whether from the softening of manners, or the indirect influence of the milder practice of the homeopaths, or the mere growth of common sense, medical practice in the orthodox school has gradually been ceasing to torture the enfeebled body back to health, and the best practitioners now are considered to be those who throw physic to the dogs and build their faith on nature combating disease itself and beating it off. Nursing, dieting, and care are now the substitute for the excoriation of the mucous lining of a man's inwards, and the battering of his whole system that used to be the accepted way for driving sickness out and bringing him back to strength and health; and this virtual abandonment of medicine is pregnant with testimony to the worse than worthlessness of the empirical system of therapeutics.

What a contrast in the practice of the new system which has now for the first time been openly acknowledged in the citadel of medical orthodoxy by Dr. Lauder Brunton in his "Text-book of Pharmacology, Therapeutics, and Materia Medica" for the students of the Royal College of Physicians of London! There there is no empiricism, no chancing it, no backing and filling, but one uniform and unvarying principle running throughout the whole system, from the humblest "simple" to the most potent drug; a principle the uniformity of which enabled

Hahnemann, merely from reading of the symptoms, and before ever he saw a case of cholera, to name the drug that would combat that terrible phantom of death, and which experience has proved to be the most efficient remedy that nature has yet disclosed against the deadly grasp of that terrible and mysterious visitor from the far East.

The fact that homeopathy embodies a principle at all, places it in striking contrast to the so-called "orthodox" system of therapeutics, which has no common principle whatever; and as the laws of Nature work uniformly, homeopathy claiming that this one uniform law governs the relations of all morbid states and their remedies, is at least the assertion of a scientific basis such as allopathy does not even pretend to profess.

Whether that claim is a sound one is only determined by results, and that it is has not only been incontestably proved by the superiority of homeopathic treatment in subduing all the acute and most fatal forms of disease, but it has been even more significantly shown in the surreptitious and doubtless unwilling acceptance of its remedies by "orthodox" practitioners, and even more so still in this open acceptance of them in the Text-book of the Royal College of Physicians, while the uniform law that governs them is seemingly still ignored.

Such a reluctant surrender as this is one of the most remarkable in the history of science, and strikingly shows at once the unreasoning stubbornness of traditional and professional prejudice, and the force of scientific truth in the homeopathic principle, in contrast to the unscientific and blundering empiricism of allopathy. Doctors, don't all speak at once.

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## REVIEWS.

### KEENE AND ASHWELL'S DIARY, 1888.\*

WE have received a copy of this excellent production, which has done us such good service in years past that we regard it as one of the professional necessities. All who keep accurate notes of their cases—and that should mean every practitioner; for none of us can boast of a memory sure and retentive enough to preclude the necessity of case taking—should possess themselves of this admirable "Diary and Case Book" of Messrs. Keene and Ashwell.

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### OTIS CLAPP AND SON'S VISITING LIST.†

THIS is certainly one of the most beautiful, portable, and convenient of all the visiting lists we have seen. For each day there is a double column: the first for the visiting mark, and the second for recording the prescription. There is also space for remarks after the last column of the week. We have no doubt that this volume will be in extensive demand.

\* *The Physician's Diary and Case Book for 1888.* London: Keene and Ashwell, 74, New Bond Street.

† *Otis Clapp and Son's Visiting List and Prescription Record. Perpetual.* Boston and Providence: Otis Clapp and Son.

## WINTERING ABROAD.\*

WE have on a former occasion praised the first edition of this little book, and need do no more now than say that all who purpose leaving England for the winter would do well to give it a perusal before deciding where they will go. The recommendations are practical and to the point. They refer principally to the Riviera.

## DISEASES OF THE SPLEEN.†

DR. BURNETT has achieved a distinct reputation for brilliant clinical exposition, and also for original investigation in the by-paths of medical research. In his latest publication he fully maintains the position he has already won; and no one can lay down this most readable volume without being a wiser man, and more helpful in his professional work. The spleen is certainly a much neglected organ, and Dr. Burnett does well to point out its importance medically considered. But he does more than this, he shows how its sufferings may be remedied. We can cordially second Dr. Burnett's recommendation of *Ceanothus* as a spleen medicine. Led by his mention of it some years ago, we have employed it in a large number of cases in which the spleen appeared to be affected, and the seat of pain, and rarely have failed to cure. We advise all our professional readers to procure and digest this most suggestive treatise. It will help them in many a difficulty. As usual with Dr. Burnett, his cases are admirably reported and full of interest.

## CYCLOPÆDIA OF DRUG PATHOGENESY.‡

WITH commendable regularity the successive instalments of this great work are placed in the hands of subscribers. The first half of the second volume is now completed, bringing us down to Conium. The original plan first determined on is adhered to in the last instalment, and the volume is a mine of rich material for clinical teachers and investigators.

\* *Wintering Abroad*. By Dr. Alfred Drysdale, of Cannes. Second Edition. London: J. S. Virtue and Co. 1887.

† *Diseases of the Spleen and their Remedies Clinically Illustrated*. By J. Compton Burnett, M.D. London: James Epps and Co., 170, Piccadilly, and 48, Threadneedle Street. 1887.

‡ *A Cyclopædia of Drug Pathogenesis*. Edited by Drs. Hughes and Dake. Part VI.: Chromium—Conium. London: E. Gould and Son. New York: Boericke and Tafel. 1887.

## ST. BERNARD'S.\*

THIS is one of those very risky undertakings—a novel with a purpose; or perhaps it would be somewhat nearer the mark if we were to put it the other way, and call it a description of hospital life, with a novel. In point of fact it is a terrible impeachment of the whole hospital system as at present administered. The management is expensive; the charity is abused by patients well enough off to fee doctors; the deluded patients think they go to be cured when they only go to exhibit their “interesting” complaints, and be lectured about and experimented upon. That there is a great deal of truth in all this, few who know the state of affairs will be disposed to deny. The frequent use of the phrase “clinical material,” in the writings of medical men, shows an entirely wrong and depraved notion of the nature of their work. The experiments of Ringer and Murrell on patients with *Nitrite of Sodium*, the frequent experimentation on typhoid patients with *Kairin* and other fashionable anti-pyretics, show to what length the experimentation fever has gone; spreading, as it naturally does, from the physiological laboratory to the hospital wards. Then there is the strife after position, and the ambitious spirit we see developed among students, leading them to think first of their own acquirements and ability, and the glory or pelf that comes of it, and afterwards of the human being whose life is at stake and at their mercy. In fact the moral tone of hospital life is far from the highest.

We have no doubt that the author, who is well acquainted with the ins and outs of hospital life, and who describes with great graphic force the characters and incidents he brings into his story, writes from what he has actually seen; but we think he goes a little too far. His facts are probably true, but he does not give a true impression. There are more redeeming features than he allows for, and he paints his devils a little too black. Much of the evil which he attributes to evil intent is the fault of errors of judgment, or other faults attributable to the common imperfectness of all mankind—to carelessness and to thoughtlessness.

But the evils depicted are true enough; and it was a courageous thing on the part of the author to make this onslaught. It is right that men should be shown how their actions and motives are interpreted by others; and we trust that the book will meet with a wide circle of readers. The moral tone of the book cannot fail to command respect.

\* *St. Bernard's. The Romance of a Medical Student.* By Æsculapius Scalpel. London: Swan Sonnenschein, Lowrey, and Co. 1887.

## Obituary.

### WILLIAM H. WHEELER, M.R.C.S.E., L.R.C.P.

We deeply regret to have to record the death of Dr. W. H. Wheeler, of Reigate, who died, after a brief illness, on Sunday, October 2nd, at the early age of thirty-four. Dr. Wheeler was born at Clifton, and received his medical education at the Bristol Medical School. He became a member of the Royal College of Surgeons in 1878, and licentiate of the Royal College of Physicians in 1880. Not only was he a successful medical practitioner, but he was also an artist of distinct repute. His loss will be felt by both the professions to which he belonged and by a wide circle of friends.

### ROBERT DOUGLAS HALE.

In the death of Dr. R. D. Hale homeopathy has lost one of its oldest and most respected practitioners. For forty years Dr. Hale had practised as a homeopathist, having previously been seven years in practice as an allopath, the last five of them in King's Lynn, at which town he was converted to homeopathy. Dr. Hale was born in Dublin, on June 26, 1816, and was consequently in his 72nd year at the time of his death. He took his first medical qualification at Dublin in 1839, and in the same year became M.R.C.S. of England. In 1842 he became L.S.A., and took the M.D. of St Andrew's University in 1851.

On his conversion to homeopathy Dr. Hale disposed of his partnership with Mr. Whiting, with whom he practised at King's Lynn, and removed to Norwich where he succeeded Dr. Hilbers who was leaving Norwich for Liverpool. After four years at Brighton he moved to St. Leonards-on-Sea; and in 1868 to London where he practised till 1883. Then he returned to Brighton as his health was not good and London did not agree with him, and here he again succeeded his old friend Dr. Hilbers. Like his friend, Dr. Hale died in harness. He saw patients almost to the very end. He had suffered occasionally from hemoptysis, and he passed away after an unusually severe attack.

Dr. Hale will long be remembered for his geniality and courtesy. In his capacity of Physician to the London Homeopathic Hospital and Medical School, before the school was revived in later years, he delivered a course of lectures on diseases of the chest which were afterwards published in a



volume and established the author's reputation. At the British Homeopathic Society he was for many years one of the most prominent members. A wide circle of friends will lament the loss of Dr. Douglas Hale.

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## GENERAL CORRESPONDENCE.

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### NOT IN GOOD FAITH.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—Your article on "Anti-Homeopathic Journalism" is characterized, I may say, by one weak point—never absent in all articles bearing on this subject. The writers persist in paying the editors of allopathic journals the compliment of believing, or of assuming to believe, in their good faith and honest opposition to the homeopathic treatment of disease. I beg to repeat, what I have elsewhere frequently said, that long experience of their ways and means of opposing and of deliberately misrepresenting homeopathy, has convinced me that the editors of the allopathic journals are not true either to their consciences or to their judgment. It is just the same with writers on *Materia Medica* and therapeutics. Until, *e.g.*, Messrs. Ringer, Lauder Brunton, Batholow and Company experimentally test the merits or demerits of the homeopathic treatment of disease, and publish their experiments, I am not bound to believe in their good faith, and do not believe in it.

A constant contributor to an allopathic journal, *à propos* to nothing, wrote to me the other day, that "he had looked into homeopathy during his last visit to Paris, and found nothing in it!" To this I replied: "My dear friend, you *looked* into homeopathy while at Paris and found nothing in it. What your *looking* into it consisted in I have no sort of difficulty in surmising. Test it experimentally, and then let the world know what your experiments have taught you. This, however, you will *never* do. It is quite enough for *you* to *look* into it, find nothing in it, and conclude that all who practise homeopathy, or are treated homeopathically, all over the world, are made up of fools and knaves. Among the former you may, I think, fairly class yourself." Another allopathic physician and friend of mine, who for years has been making desperate efforts to quiet his conscience and convictions about homeopathy, wrote to me as follows: "How can you possibly get anything out of *Carbo V.* and 'dilutions'? It is an insoluble substance." My reply was: "Dear Blanc, you have seen some astounding cures accomplished by homeo-

pathic treatment, and you know that such were effected by a therapeutic law devised by Nature herself. But lacking moral courage openly to admit this, you every now and anon write to me something to the above effect. I request you not to favour me any more with your difficulties. Keep to your iodides, bromides, purgatives, and to *The Lancet*—a horrible name fraught with the memory of slaughtered thousands—and you will end your days, like the most famous and oldest among you, without any real knowledge of therapeutics.”

ARTHUR DE NOÉ WALKER.

### THE SNAKE-GOD AND HOMEOPATHY.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—I suppose many of your readers are aware that millions of people in India, when bitten by a snake, sacrifice quickly a kid to Mahadeo (the monkey-god), to save the bitten person. About 40,000 persons die every year from snake-bite in India, according to Government statistics. Permit me to say that with my own hand I have killed about 200 to 300 snakes. I dislike them, and have often gone out of the way to destroy them. Medical men consider the Karait snake to be as poisonous as the cobra, only the cobra delights in fighting, while the Karait may creep in your bed and warm herself near you, but she will not bite you, except when she gets frightened or hurt, and then her bite is fatal.

Miss Thekra, 10 years of age, was bitten by a Karait snake at 6.30 a.m.; she is the Pastor Doman's daughter, and one of our brightest school-girls. She was brought to me at once, and after washing the bite, I lanced it freely, and placed the hand in warm water to induce bleeding, tied the arm over the wrist and elbow, and gave internally *Apis* 3x, 10 drops in water every quarter and half-hour. After the third dose I changed to *Ars.* 3x, ten drops for the dose, gave it twice, washed the wound first with *Apis*, and by and by with *Ars.* Swelling of the arm set in and coma, so I appointed two men to keep her walking. The clammy perspiration, weak pulse, and the great swelling of the arm made me very anxious at 10 a.m. Her father and mother were both present, anxiously watching their darling. Would she die? Would she live? Who could tell?

After the child was bitten, the heathens surrounded the father, and said: “Now then, quick; sacrifice to Mahadeo, and save your child. If the sacrifice will do no good, it will do no harm. Your sahib (missionary) will not be able to do anything.”

The father replied: “We worship Jesus, and not Mahadeo;

He saves His people. A host of you die every year, even by sacrificing to Mahadeo." And all the heathens' urging was in vain.

In consequence of this, the heathens of two villages had a meeting, in which it was agreed that the Christians were a stupid lot, that would not even sacrifice to Mahadeo when bitten by a snake, that Miss Thekra would die, and that it served them right, and that the sahib would not be able to cure her.

Our Christians hearing all this became rather anxious, and prayed privately that God would help the sahib to save Miss Thekra.

At 5 p.m. the swelling subsided, and at 6 p.m. the child was out of all danger, for which we heartily thanked God.

On the 25th May, 1887, a young woman was saved from a cobra bite.

During the last four months patients from 108 villages bowed at our nine dispensaries to have their aches and pains sent away. Well, Sir, in Santhalistan we call it a good work, as it saves many lives, and removes much human misery.

Permit me to repeat that I am anxious to send 12 boxes with homeopathic medicines, and 12 watches to our 12 medical men. Friends wishing to have fellowship with us in this important work should write to

Yours sincerely,  
A. HAEGERT.

11, King's Parade, Durdham Down, Bristol,  
November 7, 1887.

---

### SIR DYCE DUCKWORTH AND HOMEOPATHIC CHEMISTS.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—I send for your perusal, and for the perusal of your readers, the grossly defamatory libel uttered by Sir J. Dyce Duckworth, M.D., at the sessional meeting of the Pharmaceutical Society, with a view, doubtless, of prejudicing the trade of the homeopathic chemist.

Now the homeopathic chemist is competent to take care of himself, but, as we have a Homeopathic League, let this League show its mettle by prosecuting the man who has had the astounding temerity to allow his tongue to wag so vehemently in order to traduce the character and motives of legally qualified homeopathic chemists. Our homeopathic physicians treat such men with contempt, but I trust that the homeopathic chemist will stand upon no such ceremony, but treat them to a seat in the Court of Queen's Bench for a fortnight.

For the League! Now or never! Be up and doing! If not,

I invite subscriptions from the homeopathic chemists of the United Kingdom, and all others interested. Already the matter has been submitted to counsel for opinion.

I am, Sir, your obedient servant,

October 20, 1887.

“FIAT JUSTITIA”

[We have said what we think of Sir Dyce Duckworth's address elsewhere. Actions at law scarcely come within the scope of the League's work.—Ed. H. W.]

## SMALL-POX AND VACCINATION.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—In its issue of the 8th October, *The Lancet* challenges the accuracy and fairness of my argument in reply to Dr. R. Cory, in *The Times* of October 3rd, and I venture respectfully to ask to be allowed space for a brief explanation. If the question (which, by the way, is being debated off and on in half the journals in England) were purely medical, I could not reasonably prefer such a request, but it is largely political. When attacking a system on the ground of its interference with personal and parental rights, such as slavery in America, the argument is strengthened if it can be shown that the thing itself (apart from the law which upholds it) is fundamentally cruel and indefensible. Such we believe to be the case for the Abolition of Compulsory Medicine in respect to Vaccination. If, also, it can be shown that the conditions and promises of future benefit, upon which a particular law has been enacted, have, after much experience, proved illusory, there is the strongest possible ground for demanding its immediate and unconditional repeal. The State is not only bound to see that laws are obeyed, but the duty is equally obligatory to see that the laws that are framed are just. Few unprejudiced persons would doubt that to enact a law to infect the blood of the entire human race by means of a subtle and far-reaching poison in the springtime of existence with what has been appropriately described by high medical authority as “an acute specific disease,” with the alternative of fine and imprisonment, is for a free people a very serious matter indeed (in my judgment not justified on any pretence whatever), and it would not have been possible to impose such a law except under the belief and persuasion by Parliament of perfect safety in the operation, and of absolute protection as a result. And these specific promises were held forth as a valuable consideration to the parent for the surrender of his offspring to State control in respect of Jenner's prescription.

Lord Lyttelton, who introduced the measure in 1853 under the unsuspecting title of the “Vaccination Extension Bill,” while disclaiming scientific knowledge of the subject himself, said that

the certainty of vaccination as a preventive of smallpox was a point on which the whole profession had arrived at complete unanimity. Now *The Lancet* of 15th July, 1871, quoted by me in *The Times*, shows that in England and Wales, within a period of a few months, there had been 122,000 vaccine failures! and *The Lancet's* columns have from time to time furnished unimpeachable proofs from Mr. Jonathan Hutchinson—"than whom," said the late Sir Thomas Watson, "we have not among us a more able pathologist"—and other eminent authorities, of numerous cases of the infection of syphilitic and other inoculable diseases by means of unsuspected vaccine virus.

I venture respectfully to submit that, as the most hard-hearted vaccination law in Europe has thus, by means of unfulfilled promises, been imposed upon the English people, the present generation of medical men (the successors of those who, in recommending such legislation, so seriously blundered a generation ago) should, for the public well-being, without delay, petition Parliament either to repeal the Acts or to appoint an impartially constituted tribunal of public inquiry into the whole question.—Yours faithfully,

WILLIAM TEBB.

Devonshire Club, St. James's, London.

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All advertisements and business communications to be sent to Mr. C. MILLER, 12, Warwick Lane, Paternoster Row, London, E.C.

NOTICE.—We always go early to press, and would therefore beg that all literary matter and correspondence be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

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## CORRESPONDENTS.

Communications received from Mr. Wm. Tebb, London; Dr. Simpson, Liverpool; Dr. Robert Stopford, Bolton; Dr. Sandberg, London; Dr. Harmar Smith, Guildford; Dr. Murray Moore, New Zealand; Dr. Neatby, London; Dr. Moore, Liverpool; Dr. Walther, Eastbourne; Dr. Richards Gray, Folkestone.

## BOOKS AND JOURNALS RECEIVED.

New York Medical Times.—Zoophilist.—Homeopathic Review.—El Consultor Homeopatico.—Medical Era.—Medical Advance.—Medical Advocate.—Homeopathic Journal of Obstetrics.—American Homeopathist.—L'Union Homeopathique.—Medical Counsellor.—Investigator (April, June, July).—Southern Journal of Homeopathy.—Homeopathic Physician.—Allg. Hom. Zeit.—L'Art Medical.—North American Journal of Homeopathy.—Medical Visitor.—St. Louis Medical Journal.—La Reforma Medica.—Hahnemannian Monthly.—Clinique.—Bibliothique Homeopathique.—New England Medical Gazette.—Maanedskrift fur Homeopathi.—Zum Capital der Kraukheiten der Gallen-organe, by Dr. Kafka.—Trichinology of Baldness, by G. H. Wheeler.—Annals of the British Homeopathic Society.—Clinical Materia Medica, Farrington.—The Malta Standard.—The Watch-dog, Malta.

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