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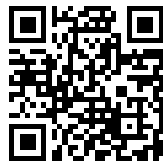
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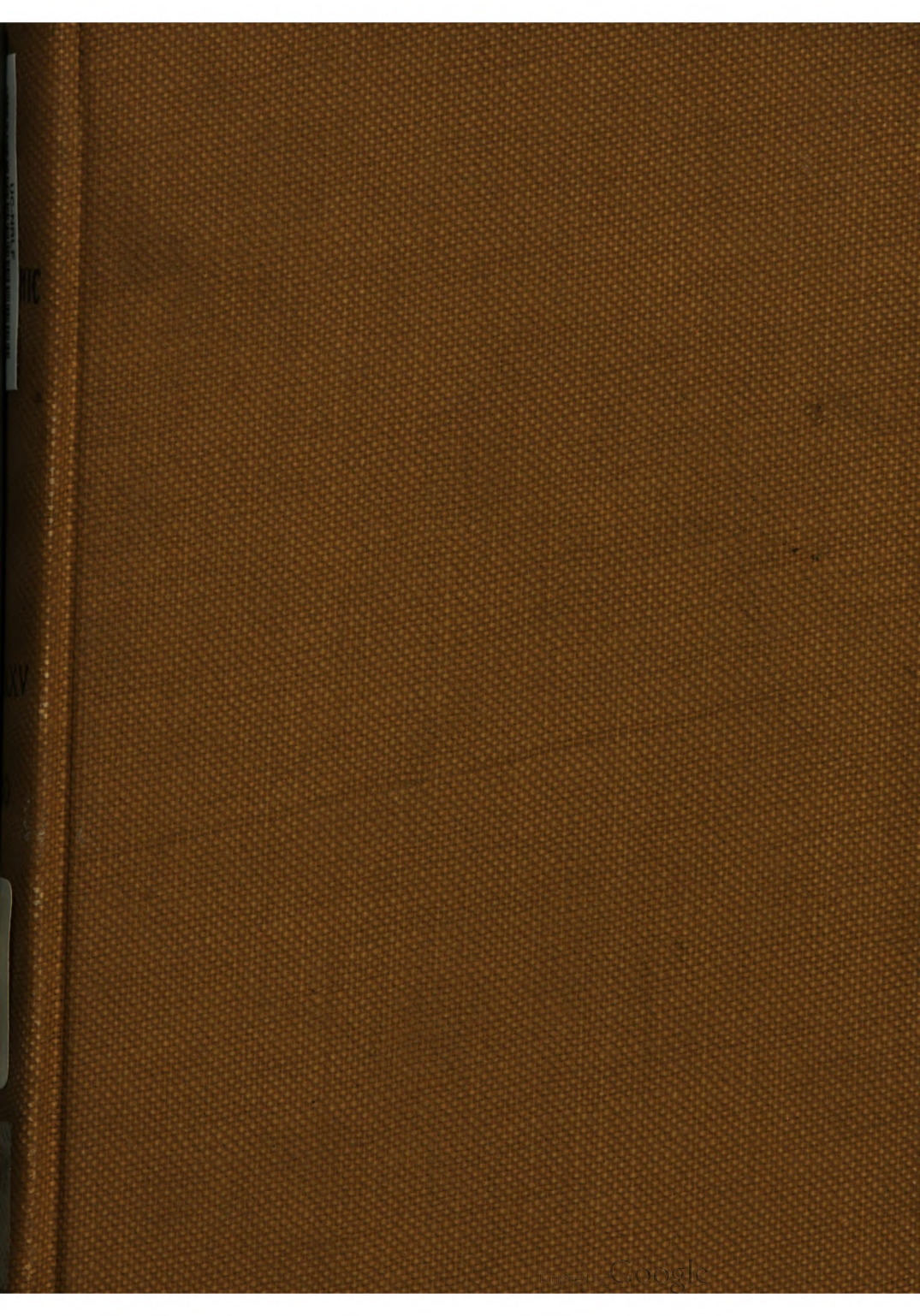
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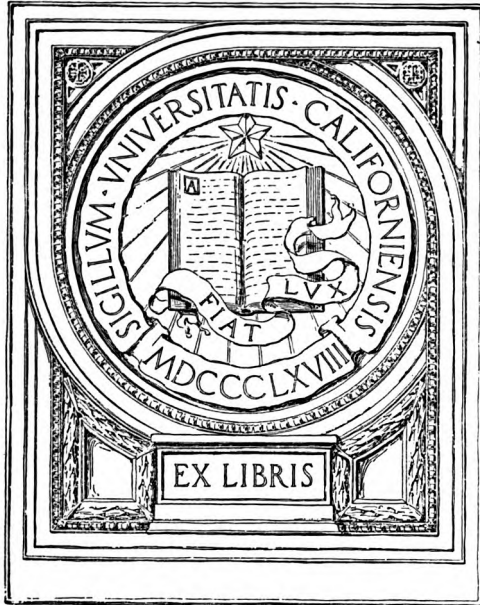
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AN ALLOPATHIC ARGUMENT FOR A
HOMEOPATHIC SCHOOL.

WE have heard in the course of our homeopathic career a great variety of reasons why the allopaths do not love us with the degree of affection due to brothers in arms, but it was only the other day that the *real* reason was disclosed to us. The source of our information being private we are unable to say more than this about it, that it comes straight from the very heart of the London professorial clique. It may appear strange to some when we say that the *Directory* has nothing whatever to do with it. Except to the journalistic few, that modest publication, indispensable as it is to homeopaths, is practically unknown in the allopathic world. It is not the word "Homeopathy" that offends; neither is it the principle of curing likes with likes; it is not even "trading on a name," or the unpardonable sin of being heretics. None of these offends the susceptibilities of the teachers of the London medical youth. The real offence is something much more grave than any of these. In the words of our informer, the difficulty is this: "The reason why we cannot tolerate homeopaths is that they come to our schools, take our degrees, and then turn round on us and attack us. If they had schools and degrees of their own, we should have nothing to say against them."

Of course this "argument" is just as absurd as all the

rest that have been brought against homeopathy; but in spite of its absurdity there is a larger residuum of common sense at the bottom of it than in any of the others that we have heard. We need hardly say that "our" schools are no more the property of the allopaths than the British Parliament is the property of the party which happens to be in power. The schools are national schools, deriving their support and authority from the nation, which contains homeopaths as well as allopaths. It is their business to teach and examine all who come to them for teaching in the ordinary way and to grant them their diplomas when fairly earned. The law of the land expressly precludes any inquisitorial prying into the candidate's medical views.

On the other hand, there is a sense in which the allopathic claim to the established schools can be made good. Thanks to homeopathic indolence, allopaths have been allowed unchallenged possession of all the posts, and throughout the schools the allopathic spirit reigns supreme. Under these circumstances it is easy to understand the feeling of irritation aroused in the breast of a professor when he sees a pupil on whom he has bestowed a good deal of paternal attention betake himself to the opposition camp. It looks very like treason, and though it is nothing of the kind, appearances and feelings go much farther than logic in mundane affairs.

For this reason we think the "real" argument against homeopaths, now, we believe, divulged for the first time, is more worthy of attention than many that have been advanced in times past. It certainly does seem to us that British homeopaths would be in a very much more dignified position if we held, as the American homeopaths hold, an independent position on the matter of teaching and granting degrees.

In another part of our present issue we print a report of the 50th Annual Meeting of the London Homeopathic Hospital. How the authorities of this institution—splendidly equipped and officered as it is, and with all the

influence that it has behind it—can be content to remain without a chartered school we fail to understand. The high grade of efficiency attained by the London Homeopathic Hospital, though in itself a very admirable thing, should be but a step towards the attainment of the indispensable goal—a complete chartered school of homeopathic medicine and surgery. When that is won we shall at last free the British Empire from the reproach that at present rests upon it—of having no qualifying school in which the art of curing is taught; and we shall relieve our allopathic brethren of their only real cause for entertaining harsh feelings against us.

NEWS AND NOTES.

DR. PETRIE HOYLE.

OUR congratulations to Dr. Petrie Hoyle, who has just obtained the M.D. of the Hahnemann Hospital College at San Francisco. Dr. Petrie Hoyle is a Britisher, we believe, and before he studied medicine was an enthusiastic lay homeopath. Owing property out West, he divided his time between managing his estate and studying medicine, filling in his spare hours with advocating the claim of his college to possess a building of its own. The success of the propaganda, in which he took an active part, culminating in the opening of the handsome college building, we chronicled some time ago. Dr. Petrie Hoyle, we understand, is shortly to visit this country, where there is plenty of room for the exercise of his missionary enthusiasm. Writing to us some time back from 2,321, Central Avenue, San Francisco, California, he says:—

“Your editorial in November WORLD strikes the right note. It is strange that for the last month or so I have been turning over in my mind how I could help, in a humble way, this great movement in England, which can only be that we rise in our might of combined and continuous attack, and *demand* the right to maintain a separate school of medicine—homeopathic—in England. No conciliation! no pleading! no ‘by your leave!’ You take the stand we do in U.S.A.—that o equal right.”

THE HAHNEMANN PERISCOPE.

THE exuberant life of homeopathy in the United States is enough to take away the breath of us old fogeys on this side of the world. Not content with a new housing, the students of the Hahnemann Hospital College have started a brand-new journal of their own, called the *Hahnemann Periscope*—well written, handsomely illustrated, and altogether a most creditable production. One very telling chapter, headed “Under the Fifth Rib,” gets in some excellent home-cuts by quoting in parallel columns the homeopathic and allopathic treatment recommended in standard works of both schools. The publishing offices are Hahnemann College, San Francisco.

PACIFIC COAST JOURNAL.

SIMULTANEOUSLY with the appearance of this vigorous youngster in journalism the *Pacific Coast Journal of Homeopathy* has enlarged its borders. It appears in a greatly enlarged and improved form. Dr. Arndt still retains the editorship-in-chief. In the second number of its new series (February, 1900) there is a reference to the controversy between the *Review* and ourselves. The note (which is headed “British Homeopaths want no College of their Own”) quotes from the *Review* a passage in which the latter speaks of “the pursuit of the *ignis fatuus* of a homeopathic college,” and concludes as follows:—

“Of course, we Americans may not be in a position to fully understand the situation in Great Britain. Most of us do know the great, great difficulty which would attend an effort to radically change the state of medical affairs in England, and to create by Act of Parliament recognised position for a homeopathic college and a new licensing board. Nevertheless we also know that the progress and the present independent standing of homeopathy in America is due to the fact that we could establish colleges of our own, and in these colleges educate the successive generations of homeopathic practitioners. Even in America the interests of homeopathy have ever been ignored—and justice and right as well—whenever we were forced to depend upon the sense of right, upon the professional conscience, of our ‘friends the enemy.’ We, the lovers and well-wishers of homeopathy in America, do not desire to intrude our opinion upon our British brethren; yet—and we cannot help it—we do wish that they *might* find a way to have a fully equipped and well-endowed homeopathic medical college in England.”

THE CURE OF GLANDERS BY ITS OWN MODIFIED VIRUS.

“ You may drive out homeopathy with a pitchfork, but it is bound to come back.” Here are the “ vets ” of Glasgow curing glanders homeopathically with the nosode of the disease in spite of themselves ! Of course they do not *call* it homeopathy, but that does not alter the fact.

“ MALLEIN IN GLANDERS.

“ A recent report issued by the Tramway Department of the Glasgow Corporation has attracted considerable attention, and is very important as demonstrating the value of *Mallein* as a diagnostic and, it may be, also as a curative in glanders. The tramway stud of horses is a large one—at present 4,439—and therefore the experience of the manager and of the veterinary surgeon in this matter is very important. During the last few years up till July, 1899, the stud enjoyed almost complete immunity from glanders, but at that date two animals destroyed after severe street accidents were found to be affected with the disease, although they had shown no clinical symptoms. All the horses from the same dépôt as these two were thereupon submitted to the *Mallein* test, and of over 700 about 10 per cent. reacted and were destroyed, although apparently in good health. In the majority of these animals the disease was found in its very early stages. The test was then applied to the animals in several of the other dépôts and revealed the unexpected fact that a large proportion of the horses reacted, although to all appearance in splendid condition. This led the authorities to adopt isolation of reacting animals instead of their destruction, and the repeated application of the *Mallein* test on these isolated animals showed the interesting fact that they gradually ceased to react. Indeed, of 278 animals that reacted on the first test with *Mallein* not one reacted on the seventh test, and these animals were all drafted back to work. The report affords one more proof that glanders may be rapidly and widely disseminated even through well-managed studs and stables without any clinical evidence of its presence. It may perhaps be taken to indicate that *Mallein* is not only a valuable diagnostic, but also has some controlling power over, if not curative action upon, the disease. The Tramway Department now test all horses as soon as possible after purchase, and thereafter every three months. Any animals that react are at once isolated, then tested monthly, and only returned to work when the last two injections of *Mallein* have failed to produce a reaction. The experience of Glasgow in this matter should be important in all centres where there are large studs of horses, and where glanders is always looked upon with dread.”—*British Medical Journal*, March 10th.

VACCINATION AND ANTI-VACCINATION.

THE *Medical Press* of March 14th contained two paragraphs which are worth printing together. The first

records two "accidents," one of them fatal, attending vaccination. The other gleefully records the defeat of certain local authorities in an attempt to protect their infantile population from the risk of similar "accidents." To unprejudiced minds it is difficult to see just where the cause for satisfaction comes in.

(1) "A FATAL CASE OF POST-VACCINATION PEMPHIGUS.

"An exceedingly rare sequelæ of vaccination has recently occurred at Derby. A recruit of the Yorkshire Light Infantry was vaccinated along with several others by the local military surgeon at Pontefract. So far as can be gathered from the newspaper reports this took place last December, and his arm being affected he was sent back to Derby, where he suddenly developed acute pemphigus. In that condition he was admitted to the Derby military hospital, where he died at the end of February. In the course of evidence it transpired that the vaccinating surgeon used glycerinated calf lymph supplied by the Army Vaccine Institute at Aldershot. Last year he vaccinated over 600 recruits, and in one case only had a bad result, when in December a soldier was attacked with acute pemphigus, from which he ultimately recovered after a severe illness. The jury found that deceased died of pneumonia, following upon vaccination. This unfortunate occurrence demands a most searching official inquiry into the methods pursued at the Aldershot vaccine station, and also the way in which the operation was performed. It is usually held that a properly prepared glycerinated lymph can hold no extraneous organism in a living condition. In both the above cases, however, the fluid appears to have conveyed a specific pathogenic organism. Pemphigus is a symptom, and often means the supervention of bullæ upon an inflammatory lesion. But in certain cases it appears to be due to a specific micro-organism, and is sometimes met with in butchers. At first sight it certainly looks as if the disease owed its origin to the calf lymph from Aldershot. A close investigation and full report would have great value from a scientific point of view, to say nothing of the necessity of safeguarding the absolute purity of Government lymph."

(2) "ANTI-VACCINATIONISM AT A DISCOUNT.

"The 'conscientious' party in the Liskeard Board of Guardians have had to give way under pressure from the English Local Government Board. They proposed to appoint an anti-vaccinationist as a vaccination officer of one of their districts, but, upon the refusal of that Board to sanction the appointment, they have been compelled to advertise for such functionary with the ignominious proviso that 'no anti-vaccinationist need apply.'"

ORIGINAL COMMUNICATIONS.

THE MEDICAL IDEALS OF MR. R. BRUDENELL CARTER.

By DR. DUDGEON.

A BOOK has been published quite lately, entitled *Unwritten Laws and Ideals of Active Careers*, containing essays written by prominent representatives of various professions. The essay on the Medical Profession is contributed by our old opponent Mr. Brudenell Carter, though why he, an oculist, should have been selected as the exponent of the unwritten laws and ideals of medicine is not very apparent, as he has not hitherto been distinguished for his conformity to the courtesies that ought to govern the conduct of members of the profession in their intercourse with one another. He commences his essay with the following excellent definition: "The unwritten laws, which regulate the conduct of medical practitioners, first towards their professional brethren, and next towards their patients and the public . . . have often been correctly summed up by the simple words 'to do unto all men as I would they should do unto me.'"

His singular way of acting up to this admirable precept was exemplified in the past by his rancorous attacks on his colleagues who have studied and who practise the therapeutics of Hahnemann, in the *Times* on the occasion of the illness of Lord Beaconsfield, and in the *Odium Medicum* controversy; in the *National Review*, and in the *Lancet*, where he charges men of intelligence, honour, and repute, as highly educated as himself—many indeed more highly—and possessed of as respectable degrees and diplomas as the profession can give, with being knaves or fools, or both combined.

Mr. Carter's colleagues do not forget—though he may—the ridiculous figure he cut at the Ophthalmological Society, when he tried to get a resolution passed forbidding members of the Society to hold any professional intercourse with medical men who practised homeopathy or held positions in any homeopathic institution. When this perverted attempt to uphold "the honour and dignity

of the profession" was almost unanimously rejected by the Society's vote, our *ensor morum* publicly accused his fellow members of being actuated in their vote by mean and sordid motives; and, probably feeling that he had made the place too hot for himself by this outrageously non-professional conduct, he sent in his resignation as member of the Society which he had sought to degrade to the level of an intolerant trades union. It is said that a poacher makes the best gamekeeper, and I suppose it is on this principle that Mr. Carter has been appointed the exponent of medical etiquette and courtesy, by reason, namely, of his incorrigible tendency to neglect these unwritten laws in his conduct towards his professional brethren.

We might have expected that when he undertook to write an essay on the unwritten laws of ethics and etiquette that should regulate the intercourse of members of the medical profession, he would have refrained from transgressing those laws and insulting professional colleagues. But it seems that Mr. Brudenell Carter is incapable of writing anything about medicine without committing the most serious breaches of professional decorum.

After his touching reference to the golden rule of doing unto others as we would they should do to us, after enjoining medical practitioners to be "absolutely fair and eminently cautious in their dealings with their brethren . . . never disparaging them by faint praise, and never blaming them by skilful innuendo," he exemplifies his compliance with this counsel of perfection in the following way: "It will every now and then happen that a practitioner is asked by a patient to meet some wholly impossible person, such, for example, as a professed homeopath, or a *quack of some other description*. . . . If a homeopath or a *quack* believe in the potency of his own nostrums, it will be better that he should have the undivided responsibility of administering them; and if, *as more often happens, he does not believe in them but only professes to do so as a means of making money, he is a scamp with whom it is unfitting that honest men should hold any description of intercourse.*" (Italics mine.)

This is Mr. Carter's idea of being "fair and eminently cautious in his dealings with his brethren." There is, of course, no "innuendo" in collocating "quack" and

“homeopath,” nor in insinuating that it more often happens that the homeopath does not believe in his own nostrums but only professes to do so as a means of making money, and is therefore a “scamp.” It is not at all likely that a homeopath or his patients would desire a consultation with an eminent specialist except for the purpose of diagnosis in an obscure and difficult case—never certainly for the medicinal treatment of a case, nor would he think of consultation with a surgeon or an oculist except as regards the expediency of an operation or its performance—and there seems no reason why it should be “wholly impossible” for an orthodox practitioner to meet the homeopath in such circumstances when there is no question of therapeutics, on which alone the two schools differ. In London there is no need for such consultation; as the homeopathic school possesses surgeons and specialists of the greatest skill, but in country towns where homeopathy is represented by only one or two general practitioners it might be desirable to have the assistance of a surgeon or specialist, and there is seldom any difficulty about obtaining this. All specialists and surgeons of the traditional school are not so bigoted and intolerant as this expounder of medical ethics and etiquette, whose practice differs so completely from his precepts that he might well adopt the saying of the poet Ovid—

“Video meliora proboque,
Deteriora sequor.”

Mr. R. B. Carter's ideals and unwritten laws of medicine, as displayed in his action, are very different from those formulated by him in this essay. His model seems to be an illustrious potentate on the other side of the equator, with whom this country has had more to do than was altogether pleasant. For R. B. C. the considerable number of his colleagues who differ from him in having studied, tested, and adopted in practice a system of therapeutics which he, without having studied or tested it, disapproves of, and whose labours have enriched the materia medica with hundreds of invaluable remedies, during the century of their existence as a school, are detested Uitlanders, quacks, dishonest scamps, whose mines of remedies may be pillaged and appropriated without scruple or acknowledgment, but who are unworthy to be admitted to the rights of citizenship in the medical

profession. He does not, because he cannot, give any reason why we, who have adopted the scientific and successful therapeutics of the learned German, should be treated as helots and pariahs by the therapeutically ignorant Boers at present in power. It is a case of: *sic volo, sic jubeo, stet pro ratione voluntas*. If Mr. Carter imagines that his merely arbitrary dictum, on a subject he does not understand and, indeed, has often shown his entire ignorance of, is of the slightest consequence to any human being, he is woefully mistaken. In fact, he only makes himself ridiculous by his unmerited abuse of men who are in every way superior to himself in therapeutic knowledge, professional courtesy, and gentlemanly conduct. And to a man with such antecedents has been assigned the task of setting forth the ideals of medicine and the rules that ought to guide the intercourse of its professors with one another! Bob Sawyer discoursing on manners!

SENECIO JACOBÆA.

By ROBERT T. COOPER, MA., M.D.

THE *Senecio Jacobæa*, or Common Ragwort, or Ragweed, is probably quite distinct in its medicinal action from *Senecio Vulgaris* or the Common Groundsel. The *Senecio Aureus*, of which we have provings, is a North American plant and differs widely in all probability from both these varieties, though it may be that a certain family resemblance in their effects, as in the coloration of their flowers, runs through the entire family of this numerous group of plants. This of course can alone be ascertained by careful provings. My object now is to point to the *Senecio Jacobæa* as possessing a distinct and definite action on the brain.

Observation I.—A lady, aged about 57, who suffered from a slight otorrhea of the left ear with complete deafness on this side, and who was in no way imaginative or sensitive to medicine, took a unit dose of *Senecio Jacobæa*. Immediately afterwards she began to feel depressed in body and mind, and it seemed as if her brain would not work, for she talked incoherently; the bowels, that before

were fairly regular, began acting in gushes, large stools occasionally, but in no way regular as the action had been before; and the bladder, which had been rather weak, became more so, the enuresis continuing day and night for several days. It seemed to her as if the effect of the dose lasted for several days.

Here, then, we have an effect exerted on the functions of the brain; it fails to work properly and the words do not flow in natural sequence, and though perfectly conscious she is unable to work her brain properly.

This opens up a vista of important possibilities.

Observation II.—A woman, aged 35, suffering from chronic deafness, took a unit dose of the *Senecio Jacobæa* and for three days she felt much exhaustion in the back of her head, but after this felt lighter and better.

The importance of these observations will be appreciated by reference to this case:—

Observation III.—A lady, æt 51, married 27 years, no children, complained (September, 1899) of great depression which she has had all her life; comes in fits; memory “and everything goes” and she cannot talk coherently to herself and dislikes conversation with others. Has a frightfully bad seizure which lasts weeks every year and minor bouts every six weeks.

No vertigo or sickness, but black spots float before sight and move with the eyes. Has lately—a year ago—been to Kissengen, where some gouty symptoms and tendency to fidgets and to hemorrhoids got much better.

Weakness with a feeling of acidity followed by a damp heat at 2 or 3 a.m., when attacks threaten, but otherwise sleeps well; also gets headache preceded by great sinking in the pit of the chest but not during the attacks; in fact during the attacks feels in *bodily* comfort; bowels are regular and appetite good.

For these symptoms I ordered *Helleborus Viridis* φA. To remain after it without medicine and then to have *Aurum Muriat.* 30, two tablets three times a day.

One month after, report came in: got on splendidly, especially mentally, till a week ago; then, after the bowels had been confined for a few days, she got a bad headache over, and in the backs of, the eyes. Ordered *Helleb. fetid.* φA. only.

I heard nothing from this patient until she wrote thus on the 1st of last February: “Have been away and

suffered agony from awful feeling of torpor of the brain, which has made it an effort to put words together, and my memory seemed to go; felt altogether miserable; and the bowels have been confined."

For these symptoms *Senecio Jacobæa* was prescribed in arborivital dose.

On March 8th the lady wrote me as follows:

"It is now time to report myself. I am very glad to say that in myself I feel as well as possible: good spirits; have pleasure in doing my daily routine duties and feel very sociable and interested in all that goes on; the greatest possible contrast to when I wrote you last.

"I have had one slight headache in this time but it wore itself out.

"I still have a slight attack of acidity, perhaps once in the night, but in a few minutes a damp heat comes on, and the feeling at once goes.

"Constipation is certainly better.

"One curious thing I have is a constant rigidity of the muscles, chiefly of the neck and shoulders—at night especially; it seems like a habit and I try to relax them but find it most difficult; it seems to come back involuntarily, so that the weight of the head is somehow held in this way, and though touching the pillow does not rest on it.

"Sometimes in the day the upper part of the legs gets a sort of ague fit of shaking.

"I merely mention these things which I have noticed, but really do not mind anything else so long as that dreadful depression is not present, and, thanks to your treatment, it is at present completely gone."

The exhaustion felt after a dose of *Senecio Jacob.* in the back of the head in Observation 2, and the cropping up as a new symptom of this strange locking rigidity of the muscles of the neck at night chiefly, together with the shaking of the legs in the daytime, points to inordinate muscular action due to deranged cerebral control.

18, Wimpole Street, W.

THE INDICATIONS FOR TABACUM IN SEA-SICKNESS.

By S. DE COURCY THOMPSON, F.Z.S.

Two articles have during the last few months appeared in your magazine on this very important subject, and different remedies have been indicated as suitable to certain cases.

There is no complaint perhaps to which suffering humanity is so commonly liable as sea-sickness, and I may say that to outward appearances at any rate it is frequently the healthiest and most robust-looking persons who suffer the worst, and therefore some notes on this subject may be helpful.

Personally I think I was almost qualified to take the lead in this most unhappy band, for I cannot say I have met anybody who has suffered more than I have from *mal-de-mer*.

In addition to numberless journeys across the different Channels I have had a fair amount of Atlantic travelling, and until recent years I was never able to sit up to a meal at table. I have by various physicians been prescribed at different times *Cocculus*, *Creasotum*, *Veratrum Nux*, and *Bryonia*, but I cannot say any of them had the slightest effect.

The symptoms were as follows:—

(a) Almost as soon as vessel starts mouth fills quickly with saliva.

(b) Flushed face, with feeling of heat followed by chilliness intermittently.

(c) Succeeded by vertigo, relieved only by lying down on side (right side most favourable) and pressing side of head firmly into pillow.

(d) Violent retching and vomiting throughout voyage.

Could not be relieved by going on deck, as I was quite unable to stand owing to vertigo, nor could I sit up in a deck chair—must be lying down and undressed. Have lain thus for eight days in state-room unable to eat, except something very cold, such as very cold jelly, or ice cream and iced drinks, iced ginger ale answering better than champagne. Have taken as much as three weeks to recover after landing.

About five years ago I consulted Dr. J. T. Kent, of Philadelphia, who prescribed *Tabacum* 70m. I sailed

from New York shortly afterwards and the passage on the whole was exceedingly good, but for three days or so there was a heavy swell though the weather was fine, and I never missed a meal from start to finish. I have always used this remedy since, and have never been sea-sick except in a perfect hurricane.

If the above symptoms apply to any of your readers, let me recommend them *Tabacum* 70m.

MATERIA MEDICA MISCELLANY.

By J. R. P. LAMBERT, M.D.

Kalmia Latifolia in Chronic Rheumatism. — The following case is reported by Dr. Blackwood in the *Clinique*. Mr. D., aged 26, six months ago was taken with severe pain in the back and hips; it was of such intensity that he was confined to bed for several weeks, and has not been able to work since. During the attack hot applications were used to the painful parts, and, while they would partially relieve the pain, it would invade another joint, so that the rheumatism gradually passed from the back and hip to the knee, then to the ankle, and then to the foot. There was palpitation of the heart and pain about the heart extending down the left arm, with numbness and tingling. The appetite was good, but there was formation of gas after meals which disturbs respiration. There was a throbbing frontal headache, and the eyes were sore and stiff on moving. His father had been a sufferer from rheumatism for many years.

A physical examination showed roughness of the mitral valve of the heart with slight hypertrophy of the left ventricle.

Kalmia Latifolia 3x was given for one week, with improvement, then continued in a higher potency at lengthened intervals, and after a period of four weeks he considered himself free from the rheumatism. *Kalmia Latifolia* was selected here from the facts that when the applications were applied the pain moved to another point, that the rheumatism passed downward from the hips to the toes, and the pain from the heart down the left arm, and was attended by numbness and tingling.

Sarsaparilla in Renal Colic and Passage of Gravel. The same physician reports the following case: Mrs. R.,

aged 33, has been afflicted for past three years with a severe pain in lumbar region which extends downwards to the hypogastric region. The pain becomes worse at intervals, and of such severity that anodynes have to be used. At the time of these attacks the urine is scanty, slimy, turbid, and there is passed with every urination an amount of small gravel, some of which are as large as a small grain of wheat. At the close of each urination there comes such a paroxysm of pain as to cause her to scream, and to dread urination. Accompanying this pain there is a sensation of chilliness that starts at urethra and spreads upward all over the body. There is present an obstinate constipation which is accompanied with violent urging to urinate.

The patient is thin, dark complexion, with wrinkled face, and appears much older than she really is. *Sarsaparilla* 6x was given, the attacks became less frequent, the gravel less, the bowels more regular. She gained in flesh and in three months was perfectly well. I saw this patient four months after her last visit and there had been no return.—*Clinique*.

Melilotus in Headache.—A tall, blonde young woman, aged 19, has, for several years, had frequent, severe, nervous, congestive headaches—from two to four per month. These attacks are so severe that she must take to her bed until relieved, a matter of twenty-four hours or so. The pain is mostly in the temples and frontal region. It is a congested, full sensation, the face is flushed, and she feels stupid and drowsy and sometimes has much nausea. Very trivial things seem to provoke the attacks. Two competent oculists each fitted spectacles, assuring her that the cause would thus be removed. A dentist thought the cause was to be found in the teeth, so he removed and replaced fillings and made repairs. Many drugs and various forms of diet were tried. More out-of-door exercise and less application to study were ordered. None of these gave relief. *Melilotus* was prescribed. It was given in the 4x dilution, and since taking this remedy, now six months, she has had but two attacks and both of these were very mild.—*Dr. C. A. Barker in the "Clinique."*

Nitric Acid in Marasmus.—A male infant weighing eight pounds was born of healthy parents. At birth, it was plump and apparently normal. At the end of two

weeks it weighed only six pounds. It cried very little, slept almost all the time and did not appear hungry. The mother's milk was rich and plentiful, but the babe grew weaker and either could not, or would not, nurse very much. It appeared old and wrinkled. The mother continued to nurse the child, but two weeks after birth, diluted cream was added as a food, in alternation with the breast milk. The child, however, continued to lose steadily, and, at the end of another two weeks, weighed but five pounds. It lay with its eyes closed, but would still swallow, and could be made to temporarily open its eyes if much disturbed.

At this time I had about given up hope, but in casting about for another remedy (*Silicea* and *Arsenicum* and some others had been tried) I decided to try *Nitric Acid*. The good effects of this remedy were noticeable in the first two days. The child gradually grew stronger and heavier, and quickly went on to a complete recovery. He is now five years old, and, I am told, is rugged and healthy. The mother continued to nurse him during the first year of his life. The cream was discontinued shortly after the *Nitric Acid* was prescribed.

My only reason for selecting this remedy was the great emaciation, and a strong suspicion I entertained of hereditary syphilis. The father denied ever having had the disease, but I remember that some weeks previous to the birth of the child he had asked me the probable effect of "blood diseases" upon offsprings. It will be interesting to observe the condition of the child's permanent set of teeth.—*Ibid.*

Verbascum in Neuralgia.—Dr. Dewey, writing on this drug in the *American Homeopathist*, says: The pathogenesis of *Verbascum* abounds in neuralgic pains, for the most part referred to the parts supplied by the auriculo-temporal branch of the inferior maxillary nerve, namely, the zygoma, the temporo-maxillary joint, and the ear, particularly on the left side. It is therefore a useful remedy for neuralgia affecting these parts, with coryza, lachrymation, and a sensation, which is characteristic, as if the parts were crushed with tongs. Talking, sneezing, and change of temperature greatly aggravate the pains. The pains seem to come in flashes, and are excited by the least movement, and by pressing the teeth together showing the involvement of the inferior dental nerve. It

occurs quite periodically, the same hour in the morning and afternoon of each day. Dr. Clotar Mueller cured a case of migraine with it on these symptoms and a drawing in the ear, and a sensation as if something had stopped the ear. The patient had suffered twenty years, and *Verbascum* radically cured it.

SNAKE-VENOM—ITS ACTION AND EFFECT.

Being a reply to arguments advanced by those favouring the Blood-poison Theory.

By FREDERICK KOPP, Greenwich, N.S.W.

XVIII.—REPLIES TO CRITICISMS AND QUERIES.

WHEN I took in hand the writing of this present paper on "Snake-venom—its Action and Effect," as a reply to the arguments advanced by those favouring the blood-poison theory, I was quite prepared to be met by the criticisms of the blood-poison theory party, and in this I have had the pleasure of not being disappointed. I hold that every man has a right to defend himself when his principles are attacked, but I should certainly have expected my opponents to base their criticism on a surer and more substantial foundation, instead of treading in the footsteps of a certain man who once built his house upon the sand, in consequence of which the building collapsed when the storm came, and great was the fall thereof. It was but natural, however, that my critics, after the severe handling they received at my hands, and the direct way in which I exposed the fallacy of their pet theory, should attempt to question certain statements made by me, and in this they have made of themselves an admirable illustration of a drowning man grasping at a straw. I have fully explained in this paper the true physiological effect of snake-venom, and have fully accounted for all blood-changes, on which my opponents appear to place their main reliance as a proof of the correctness of their theory. I have gone into detail as to the action of the venom, from the time that it is injected by the reptile into the system up to the termination of the unfortunate victim's life by death, and I have been careful to speak thereof in language so plain as not to be easily misunderstood. I have, moreover, the satisfaction of knowing

that a number of those who once believed in the blood-poison theory have, on reading this article on "Snake-venom—its Action and Effect," become converts, and are now warm advocates of the theory that snake-venom is a nerve-poison, acting on motor nerve-centres. Others also, who once were under the impression that *Strychnine* was an infallible antidote in cases of snake-bite, have had their eyes opened, and now no longer place any reliance on that drug, giving in place thereof preference to the treatment by *Ammonia*. I shall now proceed to reply to the criticisms of my opponents, which are as follows:—

THE BLOOD-CHANGE—A PROOF OF BLOOD-POISONING.

1. "You must admit that the blood-change peculiar to poisoning by snake-venom is solely due to the toxic action of the venom on the blood."

I most decidedly admit nothing of the sort. As I have stated and shown before, the heart of a person bitten by a venomous reptile in the paralysis and vaso-motor paresis is weakened by the strongly depressing action of the snake-venom on the vaso-motor centre in the medulla oblongata and the intracardial ganglia. The pulsations of the heart, although at first retarded in frequency, soon become accelerated after the introduction of the venom; the pulse-rate increases very rapidly, and the waves become smaller and more easily compressible in proportion to the frequency of the patient's pulse, which, at an early stage of the process of poisoning, mounts up to the rate of 120 to 150 per minute. Failure of the heart is also caused by its depletion, through the simultaneous accumulation of the blood-mass in the veins of the abdomen. Then, finally, there is not only anemia of the oblongata, but the very scanty supply of blood received by it is greatly vitiated by an excess of carbonic acid, which very naturally must increase in proportion to the oxyhemaglobin disappearing. This blood-change, which is the sole foundation on which my opponents base their theory of blood-poisoning, is solely and wholly due to vaso-motor derangement. Both the internal and pulmonary respiration are greatly interfered with through this derangement, and the blood thus becomes almost stagnant in the engorged veins of the abdomen, as the *vis-a-tergo* is quite inadequate to move it onwards. Thus

the blood becomes more and more of a tar-like condition, which is observed at *post-mortem* examinations of persons who have died from the effects of snake-bite. It will be easily understood that under such a powerful combination of causes, each one of which alone in itself is sufficient to cause death, and which causes are certainly much intensified as the paresis gradually deepens into paralysis, that the heart must succumb in a comparatively short time, and that death from paralysis of the heart and anemia of the nerve-centres must speedily take place after a fatal dose of snake-venom has been absorbed into the system. Another proof of the fallacy of the blood-poison theory I shall repeat here. Feoktistow has made the following experiment. A well-poisoned animal had the whole of its vascular system thoroughly washed out with warm defibrinised blood of four animals of the same species. The blood was injected into the external jugular vein, and then allowed to flow out of the crural artery. The crural artery was next closed, and blood exceeding the normal in quantity left in the poisoned animal. In spite of this the nerve affection remained unaltered. Immediately after the artificial supply of blood had ceased, the paralysed abdominal veins became again engorged with nearly the whole of the blood-mass, and the rest of the body became anemic as before. This experiment shows the strong hold the snake-venom has of the nerve-cells when once it has thoroughly paralysed them. It also shows how independent this paralysis is of the blood, it persisting even after all the snake-venom had been washed out of the animal poisoned therewith. It will thus be seen that the blood change peculiar to poisoning by snake-venom is not due to the toxic action of the venom on the blood, but that it is solely caused by vaso-motor derangement.

THE USE OF *AMMONIA* AS AN ANTIDOTE IN SNAKE-BITE.

2. "You declare snake-venom to be a *nerve-poison*, acting on motor nerve-centres, and yet you advocate the use of *Ammonia* as an infallible antidote in snake-bite, which is a drug having no action whatever on the nervous system."

The first clause of the above is correct. I do advocate the snake-venom is a depressing nerve-poison acting on

motor nerve-centres. I have, however, never advocated *Ammonia* as an *infallible* antidote in snake-bite. But I do hold this opinion, which I can support with statistics that cannot be contradicted, that *Ammonia*, notwithstanding what any may say to the contrary, and in the face of all other known antidotes, has the *lowest* death-rate of any, its death-rate being less than *one-third* that of *Strychnine* and the *Immunity Serum*, and less than *one-sixth* that of *Chloride of Lime*. If we are not to go by figures (which are plain, stubborn facts) by what are we to go? *Ammonia* is not an *infallible* antidote. If it was there would be no such a thing as a 4·1 per cent. death-rate in connection therewith. We do not possess an infallible antidote for the treatment of snake-bite, but there is no doubt whatever but that a large number of cases of snake-bite have from time to time been treated with *Ammonia*, and the comparative small percentage of deaths in connection therewith is certainly a great thing in its favour. Of this I am certain, that, should I ever have the ill-fortune to be bitten by one of our venomous reptiles, I would sooner place my trust and confidence in the *Ammonia* treatment than in any other, and I am sure that I would be quite justified in doing so. I must most emphatically deny the assertion that *Ammonia* has "no action whatever on the nervous system." It certainly is not so energetic in that direction as *Strychnine*, but that the nervous system is affected by its toxic action has been proved by past experience in the action of the drug. Dr. Otto Oesterlen, of Heidelberg, Germany, in speaking of the toxic effect of *Ammonia* says: "Sogleich treten Erstickungsanfälle und convulsivischer Husten mit einem Gefühl von heftigem Brennen und Zusammenschnüren im Schlunde ein; Unfähigkeit zum Schlingen, Würgen, Erbrechen, Stimmlosigkeit, und endlich kann Tod unter *Convulsionen* erfolgen. Tuweilen aber scheint *Ammonia* in wenigen Minuten durch Glottiskrampf zu tödten."* Dr. Orfila and Dr. Hertwig both state: "Wird *Ammonia* in eine Vene gespritzt, so kann Tod schon nach einigen

* "At the same time attacks of suffocation and convulsive cough intervene, with a feeling of intense burning and constriction in the throat; inability to swallow; a sensation of choking, vomiting, loss of speech, and, finally, death, preceded by *convulsions*, may result. Sometimes, however, *Ammonia* appears in a few minutes to cause death through spasm of the glottis."

Minuten unter *Convulsionen* und *tetanischen Streckkrämpfen* eintreten."* The symptoms peculiar to poisoning by *Ammonia* are generally pains in the throat, stomach, and bowels; vomiting and diarrhea, both often mixed with blood, the latter accompanied with tenesmus; hiccough; shivering; cold perspirations; and convulsions. It will be seen by the above that after all the nervous system is somewhat affected by the action of *Ammonia*, and it is a great pity that my critics did not first make themselves thoroughly acquainted with the toxic action of the drug before they made the statement as to *Ammonia* "having no action whatever on the nervous system." It is, however, fortunately never too late to learn, and in case they are ignorant of the German language, I have translated the above quotations into plain English, which they will find at the foot of page, so that they will have no difficulty in studying them if they so choose. I would also remind them that the only safe plan of testing the efficacy of any antidote is by its results as such, and that that is the sole reason that I have advocated the use of *Ammonia* as an antidote in snake-bite in this paper, and not because I am prejudiced against the use of any other antidote.

CHLORIDE OF LIME SUPERIOR TO AMMONIA.

3. "Are you aware that the *Chloride of Lime* antidote is superior to that of *Ammonia* in that the injections with the former are never painful and never produce sloughing?"

I believe that I have shown in another portion of this present paper how the "sloughing," of which the advocates of the "Calmette treatment" seem to stand so much in dread, can to a great extent be avoided by proper care being taken in the injections, and with the aid of *Ledum palustre*, to which I would refer my critics. I may also mention that even admitting the disadvantage as to the injections of *Ammonia* being painful and liable to cause sloughing, it must be admitted that it is far wiser to make use of the antidote having the *lowest* death-rate, with all its attendant unpleasantness, than to select one having a higher death-rate, without the other's disadvan-

* "If *Ammonia* is injected into a vein, death may ensue in a few minutes through *convulsions* and *tetanic spasms*."

tages. That difference between 4.1 and 26.66 per cent. requires little explanation, and a person bitten by one of our venomous reptiles troubles himself mightily little about "pain" or "sloughing," so long as his life is saved, and prefers it to one whose chances are an easy way to the grave. I would remind my friends on the other side that the superiority of an antidote lies in its results as an antidote, not in the fact that it is incapable of doing this or of doing that.

(To be continued.)

SOCIETY'S MEETING.

BRITISH HOMEOPATHIC SOCIETY.

THE sixth meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, London, W.C., on Thursday, March 1st, 1900, at eight o'clock p.m., Dr. Washington Epps, the President, being in the chair.

Mr. Charles William Bedford, L.S.A. (Lond.), 53, Lewisham High Road, S.E., was elected a member of the Society.

The following specimens were shown :—

1. Heart, kidney, and spleen from a case of ulcerative endocarditis, with microscopic sections from the same
Dr. J. G. Blackley and Dr. Watkins.
2. Double ovarian solid tumours (malignant), with microscopic slide .. Dr. E. A. Neatby.

Two papers were read; the first by Dr. Richard Hughes, entitled "Davos, Therapeutically Considered"; in which he gave a short account of Davos and its advantages and disadvantages as a health resort.

Several members took part in the discussion, which was not restricted to the subject of the paper.

The second paper was "A Study of *Hypericum*"; by Dr. J. R. P. Lambert (London), in which a full account of the drug in question was given and its clinical uses. The discussion on this paper was opened by Dr. Goldsbrough, who thought the drug acted on the muscular part of the nervous system. He had found it useful in lumbar pains, especially when occurring in hysterical women. He thought the tetanus cases in which it was supposed to have been curative were probably cases of neuritis with spasm. He had also found it useful for root

pains in cases of myelitis and in myelitis due to caries. He uses the mother tincture in hysterical patients, and also the 1-3x potencies.

Dr. Byres Moir mentioned the use of *Hypericum oil* in bed-sores, a preparation much in vogue in the Homeopathic Hospital.

Dr. Lestock Reid had found *Hypericum* specially useful for pains affecting the lower part of the body. For excessive backache from pelvic trouble he found it very useful, also for sciatic neuralgia.

Mr. Knox-Shaw said he had found *Hypericum* useful in two kinds of cases, viz., after removal of large masses of glands, and after amputation of the breast, in which kinds of cases there is usually a good deal of after-pain.

Mr. Dudley Wright had never seen much good from this drug.

Dr. Macnish mentioned a case of spinal injury where *Hypericum* effected a remarkably rapid cure.

One or two other members also took part in the discussion, after which Dr. Lambert replied.

INSTITUTIONS.

LONDON HOMEOPATHIC HOSPITAL.

A NEW HALF-CENTURY BEGUN.

THE annual general meeting of the governors and subscribers of the London Homeopathic Hospital was held on February 8th at the Hospital, Great Ormond Street, Earl Cawdor (treasurer) being in the chair. There were present, among others, Major-General Beynon, Captain Cundy, Mr. S. Gedge, M.P., Dr. W. Epps, Dr. Dudgeon, Dr. Ashton, Dr. D. Brown, Miss Barton, Miss I. Barton, Mr. W. H. Trapmann, Mr. A. E. Chambre, Mr. A. R. Bax, Mr. H. W. Tinne, Mr. J. P. Stilwell (chairman of the board of management), and Mr. G. A. Cross (secretary-superintendent).

The 50th annual report read by the Secretary-Superintendent stated that the in-patients and out-patients had again exceeded in number those of any previous year. The in-patients had numbered 1,128, and the out-patients 20,678, which latter included 9,883 renewals. The year's

total expenditure having been £10,126 7s., against an income of £7,026 17s. 11d., the deficit had been £3,099 9s. 1d. The deficit on the ordinary account for the four years ended 1898, £1,556 8s. 4d., had been temporarily met by loans from the bankers, £3,000, and £6,556 8s. 4d. withheld or withdrawn from the capital account under the resolution of the governors, donors, and subscribers at their special general meeting on December 11, 1896, authorising the board to withhold or withdraw capital moneys to the total of £8,000 on the understanding that the board should, if in their judgment practicable, replace the moneys so borrowed. To redeem this conditional pledge, the board in 1899 appealed to the friends of the Hospital to signalise the 50th year of the work of the Hospital by special gifts with that object. A festival dinner to celebrate the Jubilee year of the Hospital took place at the Hotel Cecil, and the result had been a net benefit to the Hospital of £7,894 14s., which had reduced the deficit to that extent. The amount thus realised for the replacement of capital was so approximate to the total of £8,000 authorised, that the board feel they have practically redeemed the voluntary pledge they offered in 1896, to make good, if possible, the amount they were permitted to appropriate from the invested funds, but the amount actually borrowed was £9,556 8s. 4d. They thus began the year 1899 with a draft on capital beyond the sum voted of £1,556 8s. 4d. The deficit on 1899 had been £3,099 9s. 1d., making a total necessarily drawn from capital to December, 1899, of £4,652 17s. 5d. The board applied for the sanction of the governors, donors, and subscribers for this draft on capital, and recognising that it was inevitable that such drafts must take place till the income should equal the expenditure, they submitted a resolution similar to that passed in 1896. The utmost care would, however, be exercised by the board to prevent the necessity of borrowing from the invested funds further than may be absolutely necessary. The annual report for 1899 of the Convalescent Home at Eastbourne showed a total of 194 persons resident during the year, including 154 women, 24 children, and 16 nurses of the Hospital, making a total of 2,136 persons who had received the benefit of residence in the Home.

FIFTY YEARS OF WORK.

The Hospital had now completed the 50th year of its work for the sick poor. Those benefits had been received by 385,676

patients. In its first year (1850) its patients numbered 156 in-patients and 1,547 out-patients, total, 1,703; in its fiftieth its patients numbered 1,128 in-patients and 20,678 out-patients, making a total of 21,806. It was founded on October 10, 1849; and in 1899 it completed its fiftieth year. The board could not but feel that the results above enumerated had proved most satisfactory, showing the increasing strength of homeopathy in England, and the unflinching interest taken by its many adherents in this, its Metropolitan Hospital. They further felt that the friends of the Hospital by this hearty support afforded conclusive evidence of their approval of the action of the board in making the Hospital complete in every essential that modern science could suggest. The board had accepted the recommendations of the medical staff in all respects, and its special departments for the diseases of women and children, for skin, eye, nose, throat, and ear, for nervous complaints, as well as for the application of the X rays to diagnosis, left nothing to be desired in its equipment as a general hospital. Once again they renewed their grateful recognition of the many proofs of the Divine favour in the past, and looked forward hopefully, and with fresh encouragement, to the work of the future.

The Chairman, in moving the adoption of the report, said he thought that generally speaking it would be considered satisfactory to the subscribers, showing, as it did, an increase in the work amongst the sick poor. Their in-patients last year numbered 1,128, as against 1,031 in 1896, while the out-patients were 20,678 last year, against 14,514 in 1896, there being thus large increases in both classes of patients, which was satisfactory proof that the Hospital was doing good amongst the sick poor. The expenditure had increased, but that must be so with increased work. They had looked forward to a deficit of about £2,000, but they had a deficit of £3,000. As they knew, £7,000 was collected up to the date of the festival dinner, and since then other subscriptions had come in, including one recent donation of £500, so that the total raised in connection with the dinner was £7,894. Last year they owed to their bankers £3,000, and they owed to their capital £6,536. They had repaid that £3,000 to the bankers, and had £4,000 waiting investment, and had invested, subject to their approval, £499 10s., and that practically redeemed the promise they made that they would replace the £8,000 borrowed from capital in 1896. The sanction of the governors should be asked later in the meeting to borrow £3,000 a year for four years from capital, but they hoped, by careful oversight over the expenditure and a gradual increase of income, not to require so much.

THE MAXIMUM OF EXPENDITURE.

He thought the expenditure on the Hospital had practically reached its maximum, because the increases of 1899 and 1898 were largely caused by the enlargement and by the accommodation given to their nursing staff. They had offered to the War Office a surgical ward of fourteen beds for soldiers requiring surgical care on their return from South Africa. Up to the present the War Office had not thought it necessary to accept the offer, but no doubt the subscribers would consider that the board had done the proper thing in placing the ward at the disposal of the War Office. (Applause.) He had said that he thought the maximum expenditure had been reached, and what they wanted to do now was by degrees to raise their income to meet their expenditure. He was sure that none of them wished to curtail the work of the Hospital in order to meet the expenditure, and the proper course to pursue was to try and increase the income to maintain the Hospital in its present efficient state, and to use all their present accommodation for the benefit of the sick poor. This could only be done by the exertions of those who had supported the Hospital, and he was sure their secretary-superintendent was untiring in that respect, and he did not suppose a day went by but what Mr. Cross tried to add a little to their income, and they were grateful to him and to others who assisted him in that way. For himself, he believed they would, within a few years, increase their income so that they would not have to draw upon their capital, but in the meantime it was inevitable that they should ask the sanction of the governors to take money from their invested funds.

CLOSING THE YEAR WITHOUT DEBT.

Mr. J. P. Stilwell (chairman of the board), in seconding the adoption of the report, said that in those days of steam they must consider themselves more in the light of a steamship going to sea with two-thirds of the coal necessary to bring her into port, and that was not altogether a pleasing position for those who had charge of the finances of the Hospital. However, he agreed with the Chairman, that year after year the supporters of the Hospital would come forward more and more energetically to their help, and that they would have sufficient for their needs. With regard to the festival dinner, that was a most pleasing function, and the sum collected was the largest ever contributed to meet the requirements of current expenditure. He thought they were fortunate in having closed the first fifty years of their work with a large reserve fund, and free from debt in every way. (Applause.)

Colonel Clifton Brown said he wished he knew where they could lay their hands upon the supply of coal which Mr. Stilwell said they required to bring the vessel to port. (Laughter.) He saw that a resolution would be proposed to give the council power to use legacies of a less amount than 100 guineas for current expenditure, and having in view the fact that they were also asking for power to use the capital of the Hospital for the next four years, he thought it was a subject which required some consideration. He was one of those who thought that, if possible, they should not draw so much in the future upon their capital. He thought the report was an admirable one, and the amount of work was most encouraging (Hear, hear.)

The Chairman said the proposed change in the rules would simply give the board the option of either investing legacies under 100 guineas or using them to meet current expenditure.

The report was adopted.

SPECIAL RESOLUTIONS.

Mr. Sydney Gedge, M.P., moved a resolution altering the laws of the Hospital, and giving the board power to use all legacies and donations below 100 guineas as current expenditure. He said he considered such an alteration a most wise one, because when a person gave 50 guineas or so he preferred to see it used to do good at once.

Mr. Tinne seconded the motion, and it was carried.

Captain Cundy moved: "That this general meeting of the governors, donors, and subscribers of the London Homeopathic Hospital, having in view the continued inadequacy of the annual income to meet the annual expenditure of the Hospital, hereby empowers and directs the board of management and trustees as follows: 1. That, for each of the years 1899, 1900, 1901, 1902, sums not exceeding £3,000 in each of those years be withheld or withdrawn from the reserve fund and be expended in the discharge of current expenditure. 2. That such sums be refunded to the reserve fund, if and when practicable in the judgment of the board of management. 3. That in the event of the available receipts of those years being found, in the judgment of the board of management, inadequate to the refunding of such sums after payment of the current expenditure of those years, then such sums as cannot be refunded shall, under the authority of this resolution and without further condition as to refunding, remain finally appropriated for the use and service of the Hospital, for the discharge of the current expenditure of those years, and all responsibility of the board of management and trustees as

to the refunding of such sums shall be hereby discharged and annulled." Referring to the Chairman's optimistic views of income balancing expenditure in the course of a few years. Capt. Cundy expressed some doubt, considering that they lived in times when everything must be up-to-date. The medical and surgical staff were rightly ambitious that the Hospital should be in the first rank of the hospitals in the country, and expansion was ever their word. They must be careful, however, not to outgrow their strength, or they might find they would have to curtail their work. In the last year they had been fortunate with legacies, but each legacy received meant a friend lost to the Hospital, and while they gratefully received the legacies their friends left they sorrowfully remembered that that was the end of their contributions. (Hear, hear.)

Mr. A. E. Chambre seconded the motion, and it was carried.

VOTES OF THANKS.

Dr. Dyce Brown proposed a hearty vote of thanks to the board of management, the house committee, the treasurer, vice treasurer, medical staff, and lady visitors. They all knew how much they were indebted to the committee of management, and the report testified to their excellent work. He knew the admirable work the medical and surgical staff did, and he could safely say that in no other hospital in London was their work better performed, and there could be no better test of that than the large increase in the number of patients. The lady visitors did their work quietly and unostentatiously, but it was none the less valuable for that. (Hear, hear.)

The motion was carried.

Mr. Stilwell, replying for the board of management and the house committee, said they tried to do their work as diligently as they could, and the result had been the success which had attended their efforts in the past year.

Dr. Byres Moir, replying on behalf of the medical staff, said he had some difficulty in replying to the vote as Captain Cundy had charged them with having been too ambitious. (Laughter.) However, they were determined to go on, because they felt that the more they advanced the more would they be supported by the public. Only the previous day he had a medical visitor from America, who said he had heard of the Homeopathic Hospital, but his expectations of the Institution had been more than realised. (Hear, hear.)

The Rev. Mr. Bedford said he had to reply for the lady visitors; but first of all, as rector of the parish, he should like to say how grateful he was on behalf of the people around for the kind way in which the Hospital opened its doors and

treated those whom the clergy recommended to the Hospital. He felt sure that the ladies must take pleasure in visiting the wards of such a Hospital, and that rather than be thanked they would feel inclined to thank those who gave them the opportunity of doing this good work for God and their suffering neighbours.

On the motion of Dr. G. F. Goldsbrough, seconded by Dr. Dyce Brown, the retiring members were re-elected to the board of management.

Mr. Alan E. Chambre, in proposing the re-election of the medical staff, said that since the Hospital was established fifty-one years ago its welfare had been, of course, in a great measure, in the hands of the medical staff, and they knew what a reputation the Institution now enjoyed. There was no doubt, with the great improvements which had been effected in the Hospital, that the medical staff were enabled to obtain much better results from their treatment, and he had no doubt they would have continued success in the ensuing year.

Major-General Beynon seconded, and the motion was agreed to.

The Secretary-Superintendent having read the report of the Convalescent Home at Eastbourne,

Colonel Clifton Brown moved, and Major-General Beynon seconded its adoption, which was agreed to.

Sir Henry Tyler moved a hearty vote of thanks to the Chairman for presiding, and said they had a model Hospital, and a model treasurer in Earl Cawdor.

The Chairman, in reply, mentioned the fact that they had received a cheque for £200 from the Francis Heathcoat trust that day. He was much obliged for the vote of thanks, and he was glad to be able to be present.

The meeting then terminated.

THE PHILLIPS MEMORIAL HOSPITAL.

ANNUAL GENERAL MEETING.

FIRST MEETING IN THE NEW BUILDING.

AN AUSPICIOUS GATHERING.

THE annual general meeting of the governors, donors, and Subscribers connected with the Bromley Phillips Memorial Homeopathic Hospital and Dispensary took place in the new Hospital in Lownds Avenue, off the White Hart Field, Bromley, on Wednesday evening, February 21st. The Hospital structure is now practically complete. The painting and distemping

have been finished, and the place is lit by electricity throughout; and the large company present on Wednesday evening spent a considerable time in inspecting the new building. The general verdict was that it is a most admirable one, and when it is fitted and furnished throughout, as it will be very shortly, it will certainly rank as one of the very best of its class in the country. At the annual meeting Sir Walter Murton, C.B., the President, was in the chair, supported by Dr. Madden (the Senior Medical Officer), Mr. J. Churchill (Chairman of the Committee), Mr. J. M. Wyborn and Mr. Sidney G. Thomas (co-Hon. Secretaries), Mr. J. G. Charles (Hon. Treasurer), and amongst the large company present were: Messrs. C. H. Aylwin, Alderman G. W. Truscott, J.P., Dr. Wynne Thomas, H. Lee (co-Hon. Treasurer), E. G. S. Hose, W. R. G. Hay, D. Avis, W. Petrie, T. D. Graty, H. Wilson, P. Stoneham, I. Gunton, &c. There was a very large attendance of ladies.

THE REPORT.

The annual report was then read by Mr. J. M. Wyborn. In it the Committee stated that they had the satisfaction of looking back on a year of exceptional activity and watchfulness in connection with the progress of the new Hospital. The completion of this handsome structure afforded evidence that many important improvements on the original designs had resulted from close study and careful consideration by the Building Committee of numerous details as the work proceeded. It would be recognised by those familiar with the subject that the most modern improvements and the latest sanitary inventions had been incorporated in the internal arrangements to the great advantage of those who may be privileged to share in the future benefits of the Institution. The report referred to the ceremony of laying the foundation stone of the new building on April 29, 1899. The donations received at the ceremony having reached a total of £592 9s., the Committee were encouraged to complete the whole building by the erection of the Children's Ward, which it had been decided previously to omit from the original scheme owing to the inadequacy of the funds at their disposal. Having taken this bold step the Committee are by no means free from anxiety with regard to the balance of nearly £2,000, which will still be required to complete the entire plan, and cover the cost of internal fittings and furniture, fencing and laying out of the grounds, together with other requirements, the necessity for which is sure to arise. The receipts on account of the Building Fund during the past year brought up the total at its close to £4,109 7s. 2d., and the actual payments in respect of the new buildings to December 31, 1899, had amounted to £4,852 16s. 7d. In view

of the liberality of their supporters in the past, the Committee could not permit themselves to believe that so promising an enterprise would be allowed to fail in completeness of execution for want of renewed and timely help, and they earnestly appeal for the addition of a further sum of £2,000 to enable them to equip the Hospital in such a manner that it will favourably compare with any cottage hospital in the kingdom, and that they may thus be enabled to open the new building absolutely free of debt. The number of in-patients treated during the year amounted to 80, of whom 59 were discharged cured, and 13 in a greater or less degree improved. The number of operations performed was 26, and the services of both Mr. C. T. Knox Shaw, honorary consulting surgeon, and Dr. George Burford, honorary gynecologist, were again rendered. Two deaths occurred, one of which resulted from the removal of a large fibroid tumour, and the other from heart disease of long standing in a patient aged 63, who gave little hope of recovery when admitted. 1,271 visits were paid to patients at their own homes. The number of attendances at the Dispensary amounted to 1,524, while 286 new patients availed themselves of this branch of the Institution. The daily average occupation of the seven beds and three cots was 5.1. The average duration of the patients' stay in the Hospital was 23 days. The cost of each in-patient per week, deduced from the estimated total ordinary expenditure incurred by the in-patients' department, including rates, repairs, renewal of furniture, fuel and lighting, salaries, printing (with Annual Report), stationery, and the maintenance of the General Staff, has been £1 16s. 6d. For provisions alone the average cost per week of each person resident (including patients) was a fraction over 7s. 7d. The total ordinary income of the year amounted to £602 14s. 6d., while the current expenditure had been £552 9s. 5d. The annual subscriptions show a total of £263 as against £258 2s. 6d. in the preceding year, the increased total having been contributed by a somewhat diminished number of subscribers. Hence new subscribers are still much needed. The donations to current account again receded to £20 5s. 6d. The receipts from patients' payments were £181 4s. 6d., as against £177 13s. in the previous year. The amount received from the Metropolitan Hospital Sunday Fund exceeded that of the previous year, being £36 9s. 2d. against £26 5s., the total amount of the Fund having been increased by upwards of 33 per cent.—*Bromley and District Times*, February 23rd.

LEAF HOMEOPATHIC COTTAGE HOSPITAL,
EASTBOURNE.

TWELFTH ANNUAL REPORT.

THE Committee of the Leaf Homeopathic Cottage Hospital in presenting their twelfth annual report to the subscribers and donors who have so kindly supported them, are glad to be able to send a satisfactory account of the last year's work. The number admitted into the Hospital was 81. The subscriptions and donations amounted to £341 5s. 1d., the subscriptions showing an increase of £3 5s., the donations a decrease of £15 7s. 5d. as compared with last year. Owing to a legacy of £100 received from the executors of the late Miss M. C. Harvey, the Committee are enabled to carry forward a balance of £61 2s., as compared with £48 18s. at the close of the preceding year. 1,453 cases have been treated at the Hospital since its opening in 1888.

The total number of patients treated at the Hospital during the year has been 135, of whom 81 occupied beds in the wards and 54 were out-patients; against 115 cases in 1898, of whom 80 occupied beds in the wards and 35 were out-patients.

Dr. A. H. Croucher and Mr. P. Swansger are the honorary physician and surgeon, and Mr. H. Turner has consented to act as honorary dental surgeon. The Committee are again indebted to Dr. Croucher for preparing a summary of the cases treated in the wards during the past year, which is attached to this report, the result being as follows:—

59	Patients cured.
13	„ relieved.
6	„ remained in the wards on Dec. 31, 1899.
3	„ died.
—	
81	

Twenty-one operations have been performed with success during the year. The average number of patients in the wards at the end of each week has been 5·1 against 5·2 in 1898. Many patients have stayed for weeks over their month.

The number of new subscribers is 17, whilst 12 have been lost by death, removal, or otherwise. The Committee again confidently appeal for further help, as at least an additional £100 per annum is urgently needed to place the Hospital in a satisfactory condition. The Hospital still has only a small share in the large official Hospital Sunday and Saturday

Collections made in the town, but the Committee wish again to express their best thanks to those Incumbents who have set apart a portion of their offertories on their behalf, the amount being £61 12s. 3d. against £45 1s. 2d. last year. The donations received for Hospital Sunday and Saturday amount to £29 6s. 4d. against £62 7s. 7d. for 1898, and the amount collected by cards, £40 6s. 5d., shows an increase of £7 7s. 5d. upon the year 1898. The Committee desire to thank all those who have so kindly contributed in this way. The Hospital boxes have produced £7 5s. 1d., against £6 17s. 9d. last year.

EXTRACTS.

TUBERCULIN SOAP.*

At the Münchener Naturforscher Versammlung Hr. P. G. Unna read a paper on this new form of soap. The strain and stress period of tuberculin had, it was to be hoped, so long passed that when the speaker proposed a new form of it, it would meet with a cool reception, but one free from prejudice. Scarcely any remedy had ever been used so lavishly, to be, in a short time, so completely neglected as tuberculin. Both the lavish use and the neglect were equally undeserved, and it appeared to him time that the experimental therapist, as well as the practitioner, should become masters of this wonderful specific, without expecting from it more than it could do.

Under the personal influence of Koch himself the administration of the drug had never ceased in the Infective Institute in Berlin, but elsewhere it was scarcely used except in veterinary medicine. This was not because physicians had not seen good effects from it; the reason probably was that people had not found the absolute radical effect that had been hoped for, and also partly that people believed that its benefits must be paid for by dangers to other organs, and to the life of the patient, and that the use of it was always to be associated with subcutaneous injections, general effects and fever.

As regarded the first prejudice, the remedy could not be allowed to fall out because Koch, in the first joys of discovery, did not at once recognise its limits. The speaker could not name a single powerful remedy, from morphia and chloroform

* Letter of Berlin Correspondent of the *Medical Press*, October 18th and 25th, 1899.

to quinine and mercury, the sphere of action of which had not at first been over-estimated.

It was the general body of the profession that expected more of tuberculin than it could do, for Koch had from the first emphasised the fact that tuberculin could not kill the tubercle bacillus. From this the practised dermatologist had taken the conclusion that neither lupus nor any other disease produced by tubercle could be cured by *tuberculin alone*. The chief reason for the neglect was, however, the danger of tuberculin. He, like many other physicians, had soon gone back to the very small doses of tuberculin, and he held gradual, cautious tuberculinisation with the smallest possible doses, when it was only one factor used along with other well-tried means, to be a comparatively safe method of treatment, at least for external tuberculosis, so long as its limits were kept in mind, and the period of time not put off in which the other remedies should be made use of. The use up to now of tuberculin injections involved a general action that, in the case of external tuberculosis, was quite unnecessary, and this could be replaced with advantage by a local tuberculin treatment. By such local use the dosage could be varied from place to place, corresponding to the degree of disease without the need, or thought for, any unnecessary or troublesome constitutional effect.

There were in general two ways by which medicaments that did not attack the skin could be made to find entrance through the cutis. They were mixed either with salicylic acid, resorcin, or other similarly active phenol in the form of ointment, or with strongly alkaline soap. In both cases the skin was so opened up by these adjuvants that the remedy could act on the changed papillary body, and even on the deeper-lying layers of the skin. The first experiments with tuberculin showed that salicylic acid caused precipitation, but an alkaline soap did not. The direction of his investigation was therefore decided, and after half a year's use on over thirty patients he had seen no reason to depart from the first selected form :—

Sapon. unguinosi, 10·0 ;
Tuberculin, 0·5—1·0—2·0 M. ft. ointment soap.

Here, as in all similar cases, the sapon unguinosus had shown itself the mildest yet the most energetic of all kinds of soap medication. The method of use was that used for all ointment soaps. A small quantity of soap (about 0.025 gm.) was used for the square centimetre rubbed in with the finger, which could be covered with a glove or protection, until its dryness prevents any further rubbing. Then the finger was wet with water, and with further rubbing it froths until it becomes dry again. Then the finger was wet again, and so on for four or

five times until the whole had found its way out of sight below the horny layer.

As the ointment soap had a decided effect on diseased surfaces it seemed proper in the first experiments to treat a symmetrically lying spot in a similar manner with simple ointment soap instead of tuberculin soap. The difference of action between the two was as marked as could have been wished. With the tuberculin soap after 6, 12, 24 hours a slight prickling began, then an inflammatory hyperemia with edema that sometimes went on to formation of thick scales and crusts, and after a few days went back, but more quickly under the use of drying material, such as zinc sulphate paste. Then the lupus surface showed paler, softer, smoother than before; a portion of the *plasmon* had disappeared, and, more striking still, a portion of the fibrous growth which reacted to tuberculin like cellular lupus tissue, and which should not be confounded with lupus cicatrix. It was just this lupus fibroma that caused the disfiguration of long-treated lupus of the face; it caused the ectropion of the eyes and lips, closure of the nose and mouth, &c.—in short, which caused the greater part of the hateful residua that so pitifully disfigured cases of half-cured lupus. If he then said, "Koch's treatment had, in the first place, a highly satisfactory cosmetic effect, and that through its specific absorbent action on lupus fibroma," he could now add that the same satisfactory cosmetic result could be obtained in a much simpler way by the application of tuberculin soap. If the remedy did no more it deserved to keep a place in the dermatological armamentarium. But tuberculin soap did more. What was to be expected of it was the removal of diffuse lupus tissue, not that of the bacilli-containing lupus centres. The number of lupus centres after treatment with tuberculin soap was greater than with tuberculin itself, the recurrences more prompt and energetic. Surgical treatment must therefore be promptly applied where a radical cure was wished for.

On the other hand the tuberculin soap treatment had two essential advantages over all other—it acted quickly and almost painlessly. The quickness depended in the first place on the thickness and dryness of the upper layer; if this was considerable, it was well to apply moist heat over the soap application, and to leave it on. It was less dependent on the mass of lupus, as the reaction was in proportion to the amount of tubercle, and in the same way on the disappearance of it, so that hypertrophied forms of lupus did not require a much longer time than the smooth and partially healed cases. More important for a rapid result was the percentage of tuberculin in the soap. In order to keep the reaction within bounds it was well to reserve the 20 per cent. strength for circumscribed cases, and

more extensive cases to treat with the weaker 10 per cent. strength. In the latter case it was well to divide the diseased areas into divisions the size of a shilling, which could be treated uninterruptedly and alternately with the soap and some drying material. This mosaic way was specially suitable for ambulatory practice. The period of treatment depended on the conditions named, and varied according to the extent and situation between two and three weeks.

Another important advantage of treatment by tuberculin soap was the painlessness, especially as contrasted with salicylic creosote gauze plaster and caustic paste. There were some very sensitive lupus patients, in whom the first parts of the treatment were, on account of their sensitiveness, very prolonged, and for whom an entirely painless application was very desirable. There were also regions of the body that in all patients were exceedingly sensitive; among these he reckoned the internal ear. In these parts the acquisition of the tuberculin soap was a true gain.

The new preparation had proved its value in those parts where, under certain circumstances, no application could be made, the mucous passages. For here gauze, plasters, caustic vapours, green salve, and caustic paste were very difficult to apply. For the auditory passages, the nasal openings, the eyelids, lips, and angles of the mouth the tuberculin soap was better than the other remedies during the first stage.

It was a natural step to extend this treatment that had answered for the mucous entrances to lupus of the mucous surfaces, first to the mucous surface over the gums, the cheek, the palate, the nasal cavities. The daily application was less painful than in the case of other remedies. If other applications were not rendered altogether unnecessary, the field for their employment was much restricted. In the mucous surfaces the resorption of remedies was much easier than in the external skin, and under the simultaneous action of the soap was still further facilitated. Here, as in the skin, the most striking results were obtained where a fibrous new growth was present, as in snout-like projections of the lips, narrowing of the mouth-opening, and the nasal entrance.

Finally, he would mention as suitable for tuberculin soap treatment those cases where healing was nigh at hand, where a small remnant of lupus remained, but which resisted treatment. These were mostly small circumscribed reddensings, with scale formation, and which diascopically did not allow any distinct lupus centres to be recognised. In many cases there was only a post-lupus eczema-like skin affection, which healed rapidly under zinc sulphate paste. In other cases these punctiform remnants were present. Here, it was more agreeable to

the patient, and instructive to the attendant, to make use of the tuberculin soap. A positive reaction, as well as a rapid healing, both pronounced in favour of the tuberculous nature of the affection. But occasionally a distinct brown lupus centre first appeared, which could be quickly needled out.

No surprising new fact was brought to light by this treatment. He had, however, gathered the impression, in seven of the cases treated, that the tuberculin soap had achieved more under certain circumstances than a simple tuberculin vehicle should achieve, and than he had expected. When following the analogy of the tuberculin injection treatment, he had expected an unusually large number of lupus centres for needling out; he was surprised to find that the number was unusually small. A case of symmetrical lupus of the nose and cheek showed this fact in a striking manner. One side was treated with green salve, the other with tuberculin soap. Should it be shown by further observation that tuberculin soap did more than tuberculin itself in the treatment of lupus, it would not be surprising, as the potash soap, forced in along with the tuberculin, doubtless had a destructive influence on the tubercle bacillus, and the more so as the tuberculin at the same time removed the reaction wall set up by it. In that case they had indeed in the combination of tuberculin and potash soap a happily selected antilupous remedy.

Although at first tuberculin soap was only intended for tuberculous affections of the skin, after its success the limits of its application were naturally extended. That it exerted a rapid and favourable action in two cases of scrofuloderma he only mentioned as something that might be expected.

It was more interesting to him to use it in various leprous affections. Up to the present he had used it in six cases of leprosy, with the noticeable result that a direct therapeutical result was obtained by subcutaneous infiltration in neuroleprous cases only (2), and not in the cutis lepromata (four cases). In the two neuroleprous cases by the due application of the tuberculin soap alone he had obtained a striking improvement, until the whole spur had gradually taken on the appearance of a thin white atrophied skin free from leprosy. In cutis-lepromata it only hastened complete resorption after previous destruction of the surface with caustic paste; but for this subordinate rôle we possessed so many other good remedies, that the tuberculin soap need not be considered. A good result was, however, obtained in the fibromata and cheloids of lepromata, that had been burned with caustics.

After lepra the behaviour of tuberculin soap in the treatment of Ulerythema Antrifugum (improperly so-called lupus erythematosus) interested him. Up to the present he only had the

opportunity of employing it in two cases. The result was not so favourable as in lupus, a severe acute inflammation took place with swelling, and to some extent profuse serous exudation, but after its disappearance the ulerythema showed itself no better.

The remarkable effect of tuberculin soap on fibrous sclerotic lupus and the healing of cauterised lepromata led the speaker to use it on the firm sclerotic patches of tertiary syphilitic origin. Here also the result corresponded to the expectation (three cases). One was a case of extensive gummatous swelling near the knee, in a woman who could not bear iodide, and on whom mercury, long continued, had no effect.

The local application of mercurial gauze plaster had a decidedly good effect, but a rapid and permanent cure was only obtained when this treatment was combined with the tuberculin soap applied twice daily. The extremely firm tissue mass melted away, or became absorbed. Particularly striking was the effect of the tuberculin soap on the firm sclerotic cords passing through the skin, and attached to the fascia and periosteum. In another case of obstinate periosteal gumma of the tibia, sudden softening and rapid absorption took place.

After these experiences he had recently tried the tuberculin soap on cicatrical cheloid (two cases; burns and surgical operations). The result was a slow, but an unmistakable improvement. First of all softening of the cords took place, and then resorption.

He had also tried it in lichen and glandular tumours, but without special result; but he had never seen any harm result, even when the 20 per cent. strength had been used for months. He could, therefore, recommend the tuberculin soap to specialists and practitioners for the dermatoses mentioned as a form of tuberculin as agreeable as it was active.

SAMBUCUS IN NIGHT COUGHS OF CHILDREN.—Paroxysmal, suffocative cough, coming on about midnight with crying or dyspnea. Hands and face turn blue.—*Medical Century*.

KALI NITRICUM IN TURBIDITY OF THE CORPUS VITREUM.—Dr. E. Karcher observed a man of 58, a painter on glass, who suddenly noticed that his vision became clouded; an eye-specialist diagnosed a turbidity or a hemorrhage into the vitreous body. Kali nitricum 3x, ter die, in three months caused the effusion wholly to be absorbed. Other remedies are arn., ham., kali iod., solanum nigr., bell., cimicifuga, mercur., phos. and sulphur.—*Leipziger Populäre Zeitschrift fuer Homœopathie*, Nos. 19-20, 1899.—Frank H. Pritchard, M.D., in "*Hahn. Monthly*."

REVIEWS.

LITERARY ANNOUNCEMENT.

“A DICTIONARY OF PRACTICAL MATERIA MEDICA.”

THE first volume of Dr. Clarke's *Dictionary of Practical Materia Medica* is now in the printer's hands. It comprises the letters A to H, inclusive, and gives, together with an introductory account of each remedy, a full schematised list of symptoms. With very few exceptions every remedy named in Allen's *Encyclopedia* is accounted for, together with a large number which have been added to the materia medica since that great work was completed in 1879. Many remedies will be found in this new work which have never appeared in a systematic treatise before. The work will be issued in the first instance to subscribers, and afterwards to the public at an enhanced price. The terms of subscription will be £2 2s. for the complete work. Vol. I. is expected to be ready some time in May. The Homeopathic Publishing Co., 12, Warwick Lane, London, E.C., are the publishers, and the Manager of the Company will be pleased to answer inquiries.

LEADING REMEDIES.*

WE are glad to announce the appearance of a second edition of Dr. Allen's work. That a new edition has been called for in such a short time after the publication of the first is a highly gratifying circumstance, and it has enabled Dr. Allen to improve his work in many ways, and notably by the addition of a number of nosodes. This is very necessary. We are only beginning to know the power and place of these agencies. Thanks to the researches of old-school practitioners in this field, the prejudice which many homeopaths have felt against using nosodes has to a large extent broken down,

* *Keynotes and Characteristics, with Comparisons of some of the Leading Remedies of the Materia Medica.* By H. C. Allen, M.D. 2nd edition. Revised and enlarged. Philadelphia and Chicago: Boericke and Tafel. London: Homeopathic Publishing Company. Cloth, 10s. net.

and the pioneers who introduced them in the face of no little scorn, have received their justification. No materia medica of any pretensions can now afford to leave them out of account.

Dr. Allen's work is admirably suited to a study of the materia medica. No one should think of practising on keynote symptoms exclusively, but a knowledge of them is essential to a proper understanding of all the rest. Dr. Allen supplies a table of the remedies, and indicates their pronunciation. *Lachesis* he gives as "Lach'esis;" but the "e" is undoubtedly long (Greek η) and should carry the accent. Again, *Dioscorea* he gives as "Dioscore'a"; but we fail to see why the "e" should be long or accented. *Dioscor'ea* is the usual pronunciation, and in our opinion not incorrect.

NEW, OLD, AND FORGOTTEN REMEDIES.*

DR. ANSHUTZ has performed a task for which many will be grateful to him. The amount of valuable materia medica that is lying idle simply on account of its inaccessibility is suspected only by those who have made some attempt to dig it out. An admirable account of some drug, forgotten or little known, appears in a journal, and even if the file of the journal is kept, there is some little trouble experienced every time a reference to it is needed. Dr. Anshutz has saved his readers the trouble of making this hunt with regard to some ninety remedies, many of which have as yet found no place in published materia medicas. Among those written of are *Crategus*, *Ecchinacea*, *Heloderma*, *Lemna*, *Lathyrus*, *Malaria officinalis*, *Onosmodium*, *Phaseolus*, *Skookum chuck*, *Viscum album*, and *Wyethia*. We will let Dr. Anshutz give his own account of his work:—

"During the many years that the compiler has had the management of the publishing department of Messrs. Boericke and Tafel—long to look back over, yet short to live—so many inquiries came in for 'literature,' or in the form, 'Where can I find something about' this, that, or the other remedy that finally I became convinced that there might be a niche in the great world's already over-crowded library for a book containing, in part at least, the information desired

* *New, Old, and Forgotten Remedies*. Papers by many writers. Collected, arranged, and edited by E. P. Anshutz. Philadelphia: Boericke and Tafel. London: Homeopathic Publishing Co., 1900. Price 10s.

by my numerous correspondents. This determined, and the great publishing house willing to back the enterprise, came the task of collecting the material. The work once begun, it was soon found that it is much easier to plan such a volume than to carry out such a plan, for it involved no inconsiderable amount of delving in dusty piles of old journals to discover the sought for matter, which, when brought to light, had to be scanned closely to determine whether it was of a nature to justify this literary resurrection. However, in the odd hours of time that could be bestowed the work was finally completed and—the result is before you, kindly reader.

“That this collection of papers has many gems is, I believe, not to be questioned; that some better papers on the remedies than those herein presented may exist is also probable; that it may contain some that are of doubtful value is not to be denied, and even some that have no right in such a book may have crept in. But what it is, it is: take the good and, in the current phrase of the hour, ‘forget’ the rest.

“The part borne by the editor, beyond delving for and selecting the remedies, will be found scattered through the book in bracketed small type, and consists simply in announcing who the writer of the paper was and where it may be found; no attempt has been made at editing any of the papers, or commenting on them, beyond a little cutting out of a little verbosity here and there, or of matter not bearing on the use of the remedy.

“The material was drawn from journals of all ‘schools’ wherever a paper could be found that seemed to contain something not to be found in medical-book literature, and to be honestly written.

“The new remedies of the laboratory have been purposely ignored because they do not come in the scheme of this book, they having a literature of their own that, not infrequently, may be had ‘free on request’ to the laboratories. Only remedies (with a few exceptions) such as Nature gives us are included in this work.”

NOTIFICATION.

PARTNERSHIP.

We have received a notice of the partnership of Drs. HUGHES and SEARSON of 36, *Sillwood Road, Brighton*. The at-home hours are 12.30 to 2.0 daily. Telephone No. 261.

APPOINTMENTS, VACANCIES, REMOVALS, ETC.

. We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees. Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

VACANCIES.

MALAGA.—A correspondent writes that there is a good opening at Malaga for any English homeopathic doctor who is so circumstanced that he could spend the winter there.

MIDDLESBOROUGH.—A correspondent writes that a homeopathic doctor is badly wanted at Middlesborough. The medical officer's report on the health of the town is anything but cheering.

Obituary.

DR. JUAN SANLLEHY.

It is with great regret that we learn of the death of Dr. Juan Sanllehy, of Barcelona. Dr. Sanllehy was the father of Spanish homeopathy, and his loss will be severely felt by his countrymen and *confrères*. Some years ago we had the pleasure of meeting Dr. Sanllehy during his visit to this country. Dr. Sanllehy was born on Sept. 6, 1821, and passed away on the 13th of February, 1900, in the 79th year of his age. The *Revista Homeopática* devotes an entire number to the memory of its former illustrious editor, giving a sketch of his career and an admirable portrait with his numerous decorations. Dr. Sanllehy was an accomplished linguist and spoke English fluently. He gave valuable assistance to the editors of the *Directory* in compiling the first list of Spanish homeopaths. At the time of his decease Dr. Sanllehy was the President of the Homeopathic Medical Society of Barcelona, of which the *Revista Homeopática* is the official organ.

DR. PIERRE ARNULPHY.

HOMEOPATHY has lost another of its veterans in Dr. Arnulphy *père*, who has recently passed away at Nice, at the age of sixty-eight. Dr. Arnulphy was one of the pioneers of homeopathy in the South of France, and especially at Nice, with which he had been identified for many years. It is largely due to him that homeopathy has maintained the flourishing position in the city that it holds at present. We recently chronicled the return to Nice of Dr. Bernard Arnulphy (*fils*), who long held an honourable position as one of the professors at the Hahnemann Hospital College of Chicago.

GENERAL CORRESPONDENCE.

ARBUTUS ANDRACHNE.

To the Editor of THE HOMEOPATHIC WORLD.

DEAR SIR,—The following extract from a letter from Dr. Pullar will be read with interest as showing the decided effect of *Arbutus Andrachne* in some forms of rheumatism. It is in cases where the large joints are principally affected that its action has been most pronounced, and where the slightest movement sets up inflammation.

Most truly yours,

ROBERT T. COOPER.

18, Wimpole Street, W.

“MY DEAR COOPER,—When you kindly sent me the arborivitals I promised to report. Miss D., æt. 25, had been suffering from rheumatic arthritis for about a year, and had lately (before coming under my care) gone through the Bath treatment with very little benefit. The left knee was considerably swollen and painful, as also the right wrist, pains worse in damp weather; the finger-joints slightly enlarged and rather tender at times. General health not satisfactory, menstruation scanty and often delayed; bowels constipated. Since giving the dose of *Arbutus*, February 2nd, there has been fairly steady improvement in every way: the knee is considerably reduced and much less painful, so that she can get about with more ease; the other joints are also better, although at times there are slight exacerbations, and I have felt rather inclined to repeat the dose. The last menstrual period was better, and the constipation is not so troublesome (I should, however, say she has been using glycerine suppositories). This question of repetition seems to be more than ever difficult.”

WANTED—A ROYAL CHARTER.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—My letter on this question in your February issue has brought me correspondence from gentlemen who consider with me we ought to have a Royal Charter. Steps are being taken to see what can be done in the matter, but the first thing necessary is to get approximately a census of the persons over the country who prefer the homeopathic form of treatment to any other. I should therefore feel greatly obliged if ladies and gentlemen favourable to homeopathy would kindly send me their names and addresses so that it may be ascertained approximately what strength we have in numbers to demand a Royal Charter.

If homeopathic practitioners and chemists would also kindly send me lists of the names and addresses of staunch supporters of our system in their districts it would greatly help the efforts now in hand.

Yours truly,

E. B. IVATTS.

54, Schubert Road, Putney, S.W.

[We think our correspondent's idea an excellent one, and we trust his request will meet with a hearty response. Organisation and concentration of influence is half the battle.—ED. H.W.]

ADVANCE, HOMEOPATHY!

To the Editor of the HOMEOPATHIC WORLD.

SIR,—I was delighted to see the word "advance" at the head of your February leader. Many years ago I ventured to predict that unless some scheme of teaching were adopted there would be a falling away of devotees. This you say has happened, as both practitioner and chemist no longer exist in good centres where both once flourished. Hitherto the chemist has been the principal disseminator of homeopathic literature, and as chemists decline, it is nobody's business to publish matter acceptable to the public.

It is an ever present fact to me that this generation do

not think homeopathically as the last did. With rare exceptions children born and brought up under homeopathy do not use it when married and left to their own devices.

I beg again to suggest that an organised effort be made to educate the public. For, after all, if the public are not in sympathy, all scientific efforts are of little avail.

I am, sir, yours faithfully,

ADVANCE.

March 20, 1900.

THE EARL OF DYSART'S GENEROUS OFFER.

To the Editor of THE HOMEOPATHIC WORLD.

DEAR SIR,—I enclose copy of a letter received from the Earl of Dysart in reference to the contemplated opening of this hospital.

Many of your readers will doubtless be interested in its contents, and some of them may, I trust, be disposed to emulate so generous an example for the good of homeopathy.

Yours faithfully,

JOHN M. WYBORN.

Shoulden, Farnaby Road, Bromley, Kent.

March 10, 1900.

HAM HOUSE, RICHMOND, SURREY,

March 7, 1900.

DEAR SIR,—As I shall not be able to be present at your opening ceremony, I wish to take this opportunity to make the following offer, viz., of £500 (five hundred pounds) towards the sum of £2,000 which I understand is required to satisfactorily complete the building, provided that the remaining sum of £1,500 be promised in writing or subscribed by Midsummer Day next, or £200 (two hundred pounds) if the sum of £1,800 be promised as above or subscribed by Christmas next.

Homeopaths have a very hard battle indeed to fight against the ignorance and apathy of the public and the prejudice, intolerance, and bigotry of orthodox medical officialism which doggedly and obstinately persists in antiquated and unscientific methods of medical treatment. Allopathic doctors are, in my humble judgment, defeating their own ends by dragging all medical treatment into disrepute among thinking people. It behoves those who believe in homeopathy to educate and agitate, without which nothing ever gets done. I would refer those who may think I am exaggerating to the correspondence

which took place in the *Times* thirteen years ago on the *Odium Medicum* and Homeopathy, which must have opened the eyes of a good many.

Were I with you I could do no more than express these opinions.

I am, Sir, yours faithfully,

DYSART.

J. M. Wyborn, Esq., Hon. Secretary, The Phillips Memorial Homeopathic Hospital and Dispensary, Shoulden, Farnaby Road, Bromley, Kent.

VARIETY.

PARADOXICAL TEMPERATURE.—M. Soullier, of Lyons, reports in the *Lyon Médical* for January 7, 1900, a case in which the temperature rose to 44° C., or over 111° F., for three successive days, without fever or rise of pulse. The patient was a young woman between 25 and 30 years of age. One morning, when in great trouble, she suddenly fell into a state of narcolepsy or sleeping fit. There was no history of any similar attack or of hysteria. The patient had had three healthy children. The sleep was very deep, the pupils contracted, the limbs quite lax, the pulse normal. The skin did not feel abnormally hot, but in the vagina the temperature registered 107.5° F., a few hours later 109° F. The patient was placed for twelve minutes in a bath at 82.4° F. Half an hour later the temperature had fallen to 103.6° F.; but a few hours later it reached 111.2° F. in the axilla as well as the vagina, M. Soullier and a sceptical colleague each using their own thermometers. The skin merely felt a little hotter than usual; the pulse was 84. The patient was placed for fifteen minutes in a bath at 82.4° F. The temperature fell to 100.2° F. On the second day there was another rise to 111.2° F., and on the third the same temperature was obtained. Not till after thirty-six hours did the patient wake up; she then seemed forgetful of the troubles which had caused the sleeping fit. She soon fell asleep again, but could henceforth be roused with ease. She never complained of feverishness, and the urine was normal. On the third day no bath was given; the last was administered on the fourth, when the temperature reached 106° F. On the fifth day the patient was well, with a subnormal temperature. The narcolepsy has never returned. M. Soullier publishes this case in relation to a valuable monograph on hysterical fever, or more properly pure hyperthermia without the other signs of fever by M. Cuzin, published in the *Lyon Médical* for December 3, 1899. One case under M. Cuzin's own observation simulated several diseases, paludal chill, pelvic peritonitis, meningitis, &c., always with a very high rise of temperature, but the beginning of the attack was a fit of hemoptysis followed for a short time by subnormal temperature.—*British Medical Journal*.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET,
BLOOMSBURY.

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MEDICAL AND SURGICAL WORKS PUBLISHED
DURING THE PAST MONTH.

- Allen (H. C.)**. Key Notes and Characteristics, with Comparisons of some of the Leading Remedies of the *Materia Medica*. 2nd ed., revised and enlarged. Crown 8vo, pp. 318. (The Homeopathic Publishing Co. Net 10s.)
- Art of Feeding the Invalid (The)**. A Series of Chapters on the Nature of Certain Prevalent Diseases and Maladies. Together with carefully selected Recipes for the Preparation of Food for Invalids. By a Medical Practitioner and a Lady Professor of Cookery. New and Popular ed. Crown 8vo, pp. viii-264. (Scientific Press. 1s. 6d.)
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- Buxton (Dudley Wilmot)**. Anesthetics: Their Uses and Administration. 3rd ed. Crown 8vo, pp. 336. (H. K. Lewis. Net, 6s.)
- Collins (Howard D.), and Rockwell (W. H.)**. Physiology. A Manual for Students and Practitioners. Illust. With 153 Engravings. 8vo, pp. 324. (H. Kimpton. Net, 7s. 6d.)
- Cowperthwaite (A. C.)**. A Text-Book of *Materia Medica* and Therapeutics, Characteristic, Analytical and Comparative. 8th ed., entirely rewritten and rev. Royal 8vo, pp. 834. (The Homeopathic Publishing Co. Net, 28s.)
- Cross (D. Kerr)**. Health in Africa: A Medical Handbook for European Travellers and Residents, Embracing a Study of Malarial Fever, as it is Found in British Central Africa. With an Introduction by Sir Harry Johnston, K.C.B. With numerous Illusts. Cr. 8vo, bds., pp. 234. (Nisbet. Net, 1s.)
- Custis (M. A.)**. The Practice of Medicine: A Condensed Manual for the Busy Practitioner. 2nd ed. Fcap 8vo, full leather, pp. 367. (The Homeopathic Publishing Co. Net, 10s.)
- Davis (A. E.)**. The Refraction of the Ear. Illust. 8vo. (Macmillan. Net, 12s. 6d.)
- De Fleury (Maurice)**. Medicine and the Mind (*La Médecine de l'Esprit*). Translated from the French by Stacy B. Collins. With 14 Figures and Diagrams. 8vo, pp. 386. (Downey. Net, 12s.)
- Duhrssen (A.)**. A Manual of Gynecological Practice. 2nd English ed. By J. W. Taylor. Cr. 8vo. (H. K. Lewis. 6s.)
- Duncan (T. C., M.D.)**. Children Acid and Alkaline. Health the Golden Mean: "The Law of Diet Selection, Contraria. The Therapeutic Law, Similia." Cr. 8vo, cloth, pp. 148. (The Homeopathic Publishing Co. Net, 4s.)
- Encyclopedia Medica**. Under the General Editorship of Chalmers Watson. Vol. 3, Diphtheria to Food. Imp. 8vo, pp. 552. (Churchill. Net, 20s.)
- Foster (M.)**. Assisted by Rivers (W. H. R.). A Text-Book of Physiology. 6th ed., rev. Part 4. The Senses. 8vo, pp. 322. (Macmillan. 10s. 6d.)
- Glover (T. A.)**. Midwifery Notes, for the Use of Students. Illust. Cr. 8vo, pp. 95. (E. and S. Livingstone, Edinburgh. Net, 2s. 6d.)
- Hartridge (Gustavus)**. The Refraction of the Eye: A Manual for Students. 10th ed. Cr. 8vo, pp. 286. (Churchill. 6s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 30, Clarges Street, W.

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisements and business communications to be sent to the "MANAGER" of the Homeopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should 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.

Mr. F. Kopp, Greenwich, N.S.W.—Dr. Dudgeon, London.—Secretary Cancer Hospital, Fulham, S.W.—Mr. Wyborn, London.—Mr. Ivatts, London.—Mr. S. de Courcy Thompson, London.—Dr. Cooper, London.

BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Library of Health.—Pub. Health Jour.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—Maanedsk. f. H.—H. Maandblad.—Calcutta Journ. of Med.—Hom. News.—La Homeopatia.—Hom. Envoy.—Hom. Physician.—Personal Rights.—Med. Times.—Med. Century.—Rev. Hom. Française.—Hahn. Advocate.—Hom. Recorder.—Wjestnik H. Med.—Amer. Med. Monthly.—Minn. Hom. Mag.—Reformador.—N. A. J. of H.—Critique.—

Clinique.—J. of Orif. Surg.—II Secolo Omiopatico.—New Eng. Med. Gaz.—L'Art Médical.—Physician and Surgeon.—Amer. Homeop.—J. of Homeopathics.—Tasmanian Hom. Journal.—H. J. of Obst.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Star Lore and Future Events.—Hahnemann Periscope.—Indian Hom. Rev. (Mar., Apr., May, Nov., and Dec., 1899).—La Thérapeutique Integrale.—Revista Homeopática.—Astrological Magazine.—Report North of Eng. Children's Sanatorium.—12th Ann. Report Leaf Homeopathic Cottage Hospital, Eastbourne.—50th Ann. Report London Homeopathic Hospital.—New, Old and Forgotten Remedies. By E. P. Anschutz, M.D.—Hahnemann Convalescent Home and Dispensaries, 21st Ann. Report.—Phillips Memorial Homeopathic Hospital and Dispensary, 11th Annual Report.

The Homeopathic World.

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THE
HOMEOPATHIC WORLD.

JUNE 1, 1900.

PHOTOPATHY.

THERE are not wanting signs that we are on the eve of a new development in therapeutics; only, like every other novelty, it is not new at all except in form. The value of light, and especially sunlight, in the treatment of the sick, has been recognised from remotest times; but never before has light-treatment taken definite shape, as it is undoubtedly doing now, in a distinct "pathy," which we may as well christen at once by its rightful name—PHOTOPATHY. There is every reason to welcome the new development; it is time the properties of light were investigated and tested in a thoroughly scientific way; and for this reason we present our readers with extracts from three different sources bearing on treatment by Light.

Some months ago Dr. JAGIELSKI described in our pages the properties and uses of the electric light bath. Two articles which appeared in the *British Medical Journal* of May 5th reveal the medicinal properties of X Rays, as distinguished for their use in surgery. An article in the *Physician and Surgeon* of April 19th dealt with the "Therapeutics of the Sunbeam and other Forms of Light"; and in the *Homeopathic Recorder* for March Dr. H. T. WELSLER, of Oakland, California, gives a striking instance of the value of sunlight as a cautery. The editor of the *Homeopathic Recorder* refers us to its own pages of March, 1873 (vol. viii. p. 463), where

an article is reproduced from the *Southern California Practitioner* by Dr. O. V. THAYER, giving his experience in the treatment by concentrated Sun-rays (Solar Cautey) of capillary aneurisms, varicose veins, indolent, chancreoid and rodent ulcers, epithelial cancers, birth-marks, Indian-ink marks and powder marks, warts, moles, and all diseases of a parasitic nature. At first sight this may seem a purely surgical affair; but it seems to us there is something more in it demanding full investigation. It is perhaps not possible to separate the *heat-action* from the *light-action* in the cases reported, but at any rate it is unreasonable to suppose that the light has no share in the results.

What relation will Photopathy bear to homeopathy? We do not anticipate that it will be possible to include all the beneficial actions attainable from Light under the like-to-like formula; but certain it is that the universal law of correspondence must apply to Light as to everything else. For that matter what are our vegetable remedies but bottled and distilled sunlight and moonlight, not forgetting starlight as well? There is no reason why the homeopathic action of Light should not be obtained direct, as well as indirectly through plant tinctures. That Röntgen Rays and Sun-rays can produce pathogenetic effects is known to every one: it must of necessity follow that their therapeutic powers are in direct correspondence. Years ago some of the more open-eyed homeopaths ventured into this field, and were laughed at for their pains. There are some homeopaths who do not venture to accept anything new in homeopathy unless it is presented to them by allopaths: these may now prescribe *Sol* with an easy conscience, for Photopathy is already respectable, and it has come to stay.

THE MENINGITIS OF PLUMBUM.—When paralysis supervenes and there are numbness and emaciation of the affected parts, as well as general coldness and obstinate constipation worse toward evening. In the chronic form when paralysis is preceded by mental impairment. Paralysis of tongue.—E. Fornias, in *Amer. Hom.*

NEWS AND NOTES.

THE COMING INTERNATIONAL CONGRESS AND THE
HOMEOPATHIC DIRECTORY.

WE may again remind our readers who may think of visiting the International Homeopathic Congress that is to meet in Paris on July 18th next, that there is a *Directory* which contains the names and addresses of European (including British) and Colonial homeopaths. It is a small work, and will occupy very little space in pocket or baggage, and no one who visits the Congress should be without it. The price is only 2s., and the publishers (The Homeopathic Publishing Company, 12, Warwick Lane, E.C.) will send to any address a copy of the *British, Colonial and Continental Homeopathic Medical Directory of 1900* on receipt of remittance of that amount.

ADRENALIN.

THE *Medical Press* of April 18th publishes an interesting note on the action of this sarcode:—

"SUPRARENAL THERAPEUTICS.

"In a recent number of the *New York Medical News* Dr. Bates publishes an interesting contribution to our knowledge of the therapeutical properties of suprarenal extract. By way of disarming criticism, he mentions that no untoward effect has ever followed the local or internal administration of the untainted gland, two pounds of fresh suprarenal capsule, in the form of an aqueous extract, having been swallowed without the production of any obvious ill-effects. When applied continuously to the healthy skin the effect is to whiten it, and if the epithelium be removed beforehand this effect is produced almost at once. Applied to an inflamed eye the redness forthwith disappears, and the conjunctiva becomes even paler than normal. This effect is only temporary, but tolerance is never induced, and it has no action on accommodation, nor does it exert anesthetic properties. The extract, moreover, has an astringent action on other tissues than skin and mucous membrane, and its ingestion is followed by a reduction of the circulation in the various tissues and viscera. It is said to increase the tone of all muscular tissue, and it raises the blood pressure in virtue of its powerfully stimulating effect on the heart. Dr. Bates lays it down that in the aqueous extract of suprarenal capsule we have the most powerful astringent and hemostatic yet known, which, in addition, possesses a really remarkable regulating and tonic effect on the cardiac muscle. Lastly, he recommends its use in congestive and inflammatory conditions of tissues and organs."

ANTI-DIABETIC DIET FOR CANCER CASES.

THE *British Medical Journal* of April 28th, in its reference of the proceedings of the British Gynecological Society, publishes an abstract of a paper by Dr. Inglis Parsons, containing a novel idea :—

"THE TREATMENT OF CANCER BASED ON THE PARASITIC THEORY.

"Dr. Inglis Parsons read a paper on this subject. The mortality of cancer in England and Wales was still over 20,000 annually. The present methods of treatment could not be considered satisfactory in the light of this fact. Sanfelice's discovery of a definite parasite opened up a possibility of treating the disease through the medium of the circulation, eradicating it entirely. The investigations of Pasteur, made more than twenty years ago, showed that the saccharomycetes could obtain everything required for their nourishment in the human body, while Schutzenberger had demonstrated that they could extract oxygen from the red corpuscles through a thin membrane. The human body, therefore, was quite a suitable habitation for these fungi, except that their main food—sugar—could only be obtained in small quantities. This served to explain the slow growth of the parasites as compared with their rapid growth in fermentation with abundance of sugar. He thought that the two methods of propagation, by budding and sporing, would explain the great variations observed in the periods of recurrence, because when spores were formed they might remain quiescent for years before commencing active growth. The rapidity of growth in cancer of the liver, and in stout persons could be explained because the liver was the storehouse for sugar, and in stout persons there was often an excess in the circulation which might even be found in the urine. They could now understand why the disease was more prevalent in the watersheds and along the course of rivers, because the saccharomycetes flourished in moisture and damp atmosphere. Judging from Pasteur's work, there was no toxin formed by the yeasts. This would account for the clinical symptoms of cancer being different from the microbic group of diseases; in fact, he considered that Sanfelice's statement explained nearly everything in connection with the disease, and was probably correct. He then indicated the lines on which treatment might be successful. Various bacilli were hostile to these fungi, and some toxin might be found which would kill them without doing harm to the cells of the body. Various drugs and salts destroyed these saccharomycetes; a selection of those that might be safely administered could be tried. As phagocytosis did not take place, further knowledge might show how to induce it. An antidiabetic diet, so as to reduce the sugar as much as possible, was worth trying.'

AMBROISE PARÉ.—SOMETHING LIKE A PRESCRIPTION.

WE take the following from the *Medical Press* of January 31st. There was some excitement in doctoring in the good old days of Ambroise Paré:—

“ One of the cures upon which Paré dwells with venial pride will have a peculiar interest for pharmacists as an example of the sixteenth-century drugging. By command of the king, Paré attended M. d'Auret, a Flemish nobleman, who was almost moribund with a suppurating gunshot wound in the thigh. Paré very naïvely remarks that when he saw that the patient was so ill he was very sorry that he had come, for his own reputation. In consultation with the staff of physicians and surgeons who had been treating d'Auret for seven months, Paré prescribed a course of treatment which is only partly indicated in the following extracts: ‘ For the bed sore . . . a fresh soft bed, with clean shirt and sheets. For the swelling and coldness of the limb hot bricks, sprinkled with a decoction of nerval herbs in wine and vinegar, and to the feet an earthenware bottle filled with the decoction. The thigh and the whole of the leg to be fomented with a decoction made of sage, thyme, lavender, flowers of chamomile and melitat, red roses boiled in white wine, with a drying powder made of oak-ashes and a little vinegar and half a handful of salt. For the bed sore a large plaster made of the desiccative red ointment and of Ung. Com-mittissae equal parts. . . . And for the strengthening of the heart a refrigerant of oil of water-lilies, ointment of roses, and a little saffron dissolved in rose-vinegar and treacle, spread on a piece of red cloth. For the syncope . . . good nourishment full of juices, as raw eggs, plums stewed in wine and vinegar, broth of the meat of the great (stock) pot, the white meat of fowls, partridges’ wings minced small, and other roast meats easy to digest, as veal, kid, pigeons, partridges, thrushes, and the like, with sauce of orange, verjuice, sorrel, sharp pomegranates; or he may have them boiled with good herbs, as lettuce, purslane, chicory, buglass, marigold, and the like. At night he can take barley-water, with juice of sorrel and of water-lilies, of each two ounces, with four or five grains of opium, and the four cold seeds crushed, of each half an ounce. . . . For the great pain in his head his hair must be cut and his head rubbed with rose vinegar just warn. . . . Also a forehead cloth of oil of roses and water-lilies and poppies, and a little opium and rose vinegar, with a little camphor all wrapped in a handkerchief, to be held some time to his nose. . . . And we must make artificial rain, pouring water from some high place into a cauldron, that he may hear the sound of it, by which means sleep shall be provoked in him. . . . For the knee, ointment of mallows and oil of lilies, and a little *eau-de-vie* and a wrapping of black wool with the grease left in it.’ ”

THE CONSTIPATION OF VERATRUM ALBUM.—In *Veratrum Album* there is a disposition to stool in upper intestinal canal, but an indisposition, sluggishness, or apparent inactivity of the rectum and lower intestine, stools hard and large (*Bry.*). In obstinate cases when *Nux Vom.* or *Opium* fail. In the constipation of infants.—E. Fornias, in *Amer. Hom.*

ORIGINAL COMMUNICATIONS.

SEPTICÆMIN IN DIARRHEA AND DYSEN-
TERY IN CAMP LIFE.

By THOMAS SKINNER, M.D., London, W.

I HAVE just received a communication from a lady patient, the mother of a brave young man who has gone to "the front" as an officer in the Volunteer Artillery, his father's old corps, one of the "C. I. V."—the City Imperial Volunteers.

Before leaving for "the front" I supplied him by way of precaution with a phial of *Septicæmin* 10 m F. C. a globule to be taken every four hours if attacked with anything like sinking or typhoid fever. I gave him enough to last him a lifetime, as I thought, but before he had been a month out, and after the relief of Kimberley, he writes home to his mother to send him as much, or more, again, which I have done.

The young man's reason for this large order is simple and very much to the point—"Mother, that *Septicæmin*, or whatever it may be called, is *like magic* in diarrhoea and *dysentery* in camp life."

As a matter of course his men have drawn largely on his *magic* resources, which were willingly given them.

The information seems to me of so vast importance to the lives of our soldiers and sailors, as well as to the whole civilised world, that it cannot be too quickly or too extensively circulated.

The world is indebted to the late Dr. Swan, of New York, for this life-saving nosode, which was made from a septic abscess. Although it is similar to *Pyrogen* and other antiseptic nosodes, it is not the same.

4A, Montagu Mansions, Portland Square, W.

May 13, 1900.

TREATMENT AND PROPHYLAXIS OF PLAGUE
BY SERUMS AND TOXINS.

IN our last issue we published extracts bearing on the treatment of Plague by means of cultures of the plague bacillus. Since this was issued the disease has definitely gained a foothold in Australia, and our corre-

spondent Dr. Lamb asks for the facts about the "vaccination" treatment. So far the experiments have been of too partial a nature to admit of drawing any definite conclusions. One fact, however, seems to be established, and that is, that the inoculations made no impression on the general plague mortality of Bombay or Oporto, where the sanitation is bad; whereas in Alexandria prompt attention to sanitary measures stopped the progress of the plague without inoculations. We subjoin a memorandum from the *British Medical Journal* of May 10th on the nature of Haffkine's vaccine, which, it must be remembered, is prophylactic *only*, and is distinctly contra-indicated if there is any suspicion of infection being already present:—

THE CONSTITUENTS OF HAFFKINE'S ANTIPLAGUE VACCINE.

I have carried out several experiments in order to find out the real immunising constituent of Haffkine's prophylactic. The prophylactic fluid was passed through a Pasteur-Chamberland filter.

1. The sediment found on the bougie consisted of bodies of dead plague bacilli. It was proteid in reaction, and protected rabbits from plague in doses of 300 mg.

2. The filtrate, a clear fluid, also gave proteid reactions, and possessed well-marked protective power even in small doses. It is possible to isolate, after Briegers's method of preparing tetanus toxin, the immunising substance from Haffkine's fluid in a more or less pure condition, and this immunising substance does not respond to any of the known proteid reactions, and possesses well-marked protective power in rabbits against plague in doses of 100 mg. This immunising substance is grey and amorphous, and is soluble in water. It might be termed extracellular, as it is found dissolved in the surrounding media. The immunising substance present in the sediment might be called intracellular, as it is found in the bodies of dead bacilli.

The extracellular immunising substance is formed in the substance of the cells (plague bacilli), and is then thrown into the surrounding media, and this substance is formed most probably when plague bacilli disintegrate.

Plague bacilli produce besides the immunising substance a proteid which produces pus, and this proteid body is found in the bodies of the dead bacilli. I have found that induration at the seat of inoculation occurs whenever Haffkine's fluid is used, especially when it is used subcutaneously, or whenever the sediment on the bougie is used; whereas these indurations never occur when the filtrate of Haffkine's fluid or extracellular immunising substance is used.

I have found also that these indurations generally contain sterile pus. From this it is clear that the pus-producing substance is in the bodies of dead bacilli. This fact also coincides with the clinical facts observed by many.

1. Suppuration never occurs in severe cases of plague, but only in

mild cases or in those cases in which the duration of the disease is long—that is, when plague bacilli are dying or disintegrating. Of course it must not be forgotten that suppuration occurs in cases of mixed infection in which plague germs enter the system with pyogenic cocci.

2. It is known that it is impossible to get a culture of plague bacilli, or even to find plague bacilli in buboes when suppuration has advanced. This, however, can be explained in two ways:—

(a) The plague bacilli are dying or disintegrating.

(b) In cases of mixed infection pyogenic cocci might overgrow or outlive plague bacilli; but I have found from my experiments that pyogenic cocci have no direct deleterious influence on plague bacilli, and also they have no prophylactic power whatever against plague. As rabbits previously inoculated with pyogenic cocci invariably die of plague when subsequently inoculated with plague.

Medical School, Hyderabad.

S. MALLANNAH, M.B.

The *Yersin Serum*, on the other hand, is claimed to be both prophylactic and curative. The *Physician and Surgeon*, on April 26th, in an article on "The Bubonic Plague," by Walter Wyman gives the following account of this and the claims that are put forward on its behalf.

SERUM THERAPY AND SERUM PROPHYLAXIS OF PLAGUE.

It is necessary to draw a sharply defined line between the serum therapy and serum prophylaxis of any disease and more particularly of plague. There is a wide difference between a preventive or prophylactic serum and an antitoxic or curative one. Nor in the case of plague does this seem to be one of degree, but one of kind. Any serum which is curative against plague is preventive, but unfortunately the reverse does not hold good. A serum perfectly prophylactic may be powerless to cure when once the disease has declared itself, and this should be borne in mind to avoid disappointment and to prevent possible discrediting of sero-therapeutic measures in general.

For the cure of plague there is at present but one accredited remedy, viz., the curative or antitoxic "antipest serum" of Yersin and Roux.

The preparation of the Yersin serum is, in brief, as follows: Horses are treated with progressively increasing doses of the toxins of plague, prepared by subjecting virulent bouillon cultures of the *B. pestis* to a degree of heat which ensures their destruction. These injections at first have a very profound effect upon the horse, and in time a certain immunity is conferred, and his blood serum is found to have a very decided effect in preventing the infection of animals when these are subjected to inoculations of cultures of the organism after the usual laboratory methods. Usually the process does not stop here, but is carried on to the production of true antipest serum, preventive and curative, whose further preparation is as follows: When reaction to the increasing doses of toxin has practically ceased, toxins of the same nature are administered intraperitoneally and intravenously, and these

are supplemented by the intravenous injection of toxins prepared with a special view to rendering soluble the toxin which is enveloped in the dead bacterial body. If necessary, this is supplemented by the intravenous injection of live bouillon cultures, and bleedings are practised and experiments made with the serum both against living, virulent cultures and against the precipitated toxins of the organism. When the serum has reached a point of strength when a dose of 1-10 c.c. will protect a mouse of 25 grams weight against living cultures and a three times mortal dose of toxin, the serum is considered to have acquired full antitoxic power, and is not only protective or prophylactic, but is also antitoxic or curative.

THE VALUE OF YERSIN'S SERUM.

The results from the treatment by the Yersin's serum are gratifying. His first experiments were at Amoy in 1896, where he treated twenty-three cases with serum with a mortality of two, and these were desperate when first brought under observation, and should really not have been included for statistical purposes.

Subsequent experiments seemed to justify the high hopes which had been built up as a result of this bold therapeutic departure, and the treatment of plague, both therapeutically and as a prophylactic measure by means of the serum has taken a firm hold in the minds of sanitarians and those whose duty it is to guard against invasions and extensions of the dreaded malady.

The results of treatment of the disease by the serum have been outlined above. Instances are not wanting which prove the prophylactic value of the agent. The following is cited as typical:—

“The Bombay manager of the local branch of the Credit Lyonnaise resided with his wife, children, and a numerous retinue of native servants in a dwelling in an infected portion of the city. His little daughter was stricken with the pest in a virulent form; was treated with serum, and made a rapid and uneventful recovery. As a precautionary measure the whole family were subjected to inoculation, and the same measure of treatment was offered to the native domestics. Some accepted and escaped infection, while six who declined on the ground of religious scruples were all stricken, and five died. It seems that a more crucial test could not have been devised or a more triumphant vindication obtained” (Lecture by Roux at Pasteur Institute, 1897).

A French commission which has recently been investigating the disease in Oporto, Portugal, has determined that from investigations made upon mice, monkeys, and human beings the value of the “serum antipesteux” (Yersin's serum) is incontestable. In cases treated with the serum the mortality was only 14 per cent., while in those not so treated it was at least 70 per cent. These cases were of the pneumonic form, but it is believed that it will be found equally efficacious in those cases where the infection has taken place through the ordinary channels of infection of the skin and mucous membranes.

PSYCHO-THERAPEUTICS.

By J. R. GREENWAY, M.D., M.S. Aberd., Tunbridge Wells.

It is only of late that the subject of Psycho-Therapeutics, or the psychological treatment of various morbid conditions or disease by the well-studied influence of mind upon mind, has assumed or attained that consideration and importance it now claims and seems destined to secure.

The studies and views thereon of Liebault and Bernheim of the Nancy School, and of Charcot at Saltpetrière in France have been much advanced upon by the great attention and development of the subject in America, as well as by the successful results from such treatment of disease; though so far it would seem to have been studied by very few in this country, or at least with the view of its more general practice.

To some extent or in some feeble way the principle involved in such study and treatment would appear to have been crudely grasped by sensational and so-called Miracle workers in the past, and even to have been foreshadowed in the claims of Ancient Philosophy and Occult Science.

It cannot be viewed in the light of a specific for all kinds of disease, but it seems capable of such wide application that it is difficult to draw the line of its limitation; for it often gains its victories over the failure of drugs in relief and cure.

The class of diseases or perverted conditions to which it seems especially applicable or is more prominently beneficial afford large scope for its beneficent influence and power, even under the more restrictive term of "Suggestive Therapeutics"; for some experts consider that the benefit derived from such treatment rests in the power of Suggestion controlling or influencing the mind of the patient prepared to receive it, when in a state buoyant with expectant hope and firm faith of relief and cure.

It may here be explained that co-operation of the patient in the thought and wish for relief and cure seems as essential in attaining the desired result as his or her faith in the treatment adopted.

In order to fully grasp the principles of such treatment, it must be borne in mind that "ideas or thoughts are

realities or states of being" to the individual, as that of pain, for instance, and if the ideas are those of suffering, and can be placed in abeyance by the brighter influence of another or stronger mind, giving correcting and health-inspiring suggestions, the morbid ideas and feelings of the sufferer are allayed and overruled for good and relief, the healthy powers of the mind and nervous system again come into their normal play, and so rule and control the thoughts, bodily functions, and feelings; so that long trying pains, disorders, or disturbances, fear and nervousness, give place to restored confidence and health; healing power triumphs over despair and suffering, relief and cure being the result—or, in other words, the morbid and depressing ideas of pain, feebleness, or suffering are replaced by those of cheerfulness and well-being, with lasting effect.

In a previous article reference was made to various avoidable morbid or perverted conditions, which from the widespread slavery in the present day to the abuse of drugs, alcoholic drinks, and loudly advertised nostrums, have a wide power in the development of various morbid acquired habits, as *Morphinism*, *Alcoholism*, *Cocainism*, *Bromidism*, and the Liquor, Tobacco, Opium, and Chloral habits, &c., which often result in a sadly deteriorating and destructive influence on Individual, Social, and National life; for which conditions drugs offer little or only temporary relief with little prospect of cure.

In such cases the principles of Psycho-Therapeutics, wisely adapted to the merits of the case, is the treatment *par excellence*, and affords in numerous instances most gratifying results and cures. The long-habituated drug or liquor must of course be withheld, though in some instances, according to the constitutional condition, is best to be gradually lessened, suitable medicines may be temporarily given if called for, but in general only the occasional helpful dose seems necessary beyond proper Dietary regulations, Hygienic attention, and Sanitary surroundings, cheerful associations and health-inspiring influence; while the patient's powers of resistance are built up by special mental training and being impressed and taught how to keep cured.

But the benefit to be derived from this system of treatment is not limited to the above class of sufferers, for it shows marvellous power for good in various mental

troubles and nervous disturbances, morbid habits of thought, in Insomnia, and various painful conditions, in those of enfeebled power or partial paralysis, in impaired energy; and various Neuroses or conditions of Neurasthenia have yielded to such treatment.

The widespread slavery to powerful drugs and nostrums so common in the present day, and the enervating results thereof, come under its power, and the Dipsomaniac, the Neurotic, and chronic sufferer have especial cause to be thankful for it, as before referred to.

It may be necessary to induce slight or deep hypnosis before giving the influence or suggestion requisite and then suitably adapted according to the aspects and needs of each case, but some experts do not consider such preliminary desirable in many instances. Pains of long standing, undesirable habits in children, unwillingness to study or learn, fretfulness, bad temper, late rising, night terrors, Stammering, &c., are also cured by such benign influence.

Its Anesthetic effect is also remarkable, as under it teeth can be extracted without pain; and the usual pains of Parturition seem to be wonderfully allayed and controlled thereby, and the stages of the event proceed otherwise naturally and more quickly, while the composure of the patient and her cheerful confidence are maintained, and her recovery most satisfactory.

Yet another important aspect has to be explained of such Psychological treatment; it leaves no ill-effects afterwards, but often tends to a brightening or freshening up of the mental as well as strengthening the physical powers.

We should never look at the mental and physical man as capable of being driven apart or in tandem fashion, but to work harmoniously as a properly matched and well-agreeing pair; which is the aim of Psycho-therapy, the result being Health and Happiness; nor regard disease always as something in itself to be expelled from the human system; but that the inherent "Vital Force" should be conserved or called forth to resist it by all the possible resources of art and mental influence, and neural tone upheld.

There is no perfect system of Medicine, which is a progressive Art and is best represented by Eclectic

Knowledge with the fruits of experience; for drugs can only play a partial part in the cure of disease.

Some with mental powers of marked ability are linked with a physical organism of feebleness or burdenable tendencies, but have cultivated their mind to full control, and have done work of which they and the world may well be proud; so in psychological therapeutics and influence: the mind is led to a higher plane of thought, will, and life above and overruling the pains and infirmities which have long held sway.

The limit of such influence seems indefinable, but sufficient has been stated to show some extent of its merits. It has been long in developing to its present position and claims; but has come to stay and to progress, to strengthen and extend the power and benefits of the Science and Art of Healing among the peoples of the world.

Another important bearing of the subject is the beneficial influence of suitably adapted thought and Auto-Suggestion in self-culture and self-control, in the mastery of undesirable habits and tendencies or want of confidence, also in self treatment for the relief of pain, chronic disorders, and Insomnia, and the personal upbuilding and restoration of health.

A PROPOSED HOMEOPATHIC "ROYAL CHARTER" LEAGUE.

By E. B. IVATTS.

CONSIDERING that there has been a previous Homeopathic League, it may be of interest to revert to it. Some of the readers of THE HOMEOPATHIC WORLD may be unacquainted with this previous League and other previous efforts to extend homeopathic medicine in the interest of humanity, while others may have forgotten all about it, and therefore a retrospect may be interesting now that a further effort is in prospect. To begin, then, with the movement of 1886.

In THE HOMEOPATHIC WORLD of April, 1886, a "Prospectus" of the Homeopathic League was printed together with a circular, the two having been issued together. The "Prospectus" set forth that homeopathy had been taught and practised for three-quarters of a century; that

it had influenced the abandonment of blood-letting, leeches, cupping, counter irritants, setons, issues, mercurial salivation, &c.; and that homeopathic medical practitioners were then what we should now call "boycotted" by their allopathic colleagues. The prospect then went on to say that "in the early days the pioneers of homeopathy addressed themselves chiefly to the public, and sought to influence the *profession* through their patients. As they (the allopathic practitioners) borrowed from homeopathy many of its remedies, the practitioners of homeopathy hoped that the medical opposition to Hahnemann's system was about to cease, and they refrained from those popular appeals to the public which were at first so successful. But when the people were no longer appealed to, and when no pains were taken to enlighten and instruct them, their interest in the subject gradually subsided, and a generation grew up which knew little or nothing about the real nature of homeopathy or the comparative merits of the two schools. Some friends of homeopathy, lay and medical, think that an endeavour should be made to enlighten the public as to the true character of the homeopathic system and the unfair manner in which it is represented and sought to be stifled by the dominant majority of the Old School."

Hence the League of 1886; and Rule 2 stated the objects to be: "(1) To make known the truth of homeopathy and the advantages to the public of homeopathic treatment. (2) To counteract the unfair policy of the Old School."

In the first annual report of this League (HOMEOPATHIC WORLD, September, 1887) we find thirteen Tracts had then been written and sold, and that the League had a total of 391 members, viz., 80 medical men, 50 chemists, and 261 laymen. The income for the year was £137 and the expenses £96, with £40 cash in hand. The income for 1889, the third year, was £123, expenditure £80, with over 500 members. The League published some thirty-eight Tracts, containing most valuable advocacy of homeopathy—in fact a compendium of homeopathy which, if a sufficient number of people could have been induced to read them, ought to have converted half the people of England to homeopathy.

I am unable through the homeopathic periodicals to

trace how long the League continued its labours, or whether it ever had more than 400 lay members; probably, however, it lasted sufficiently long for the work it was designed to accomplish being completed.

The commencement of the 1886 League now dates back sixteen years, and where now is homeopathic Medicine? Although it is impossible to measure by figures the good done by the League, we know an advance has been made, and the League is entitled to a share of the credit. Homeopathy has been lifted to a higher platform, but the force of the movement begun in 1886 has necessarily now ceased in its primary impulse and become exhausted, and we have had no movement of a like kind since.

But where are we now? What is our policy? Have we any policy, or are we simply drifting? True, some of the allopathic jeering, ridicule and mirth has abated. The homeopathic practitioner is not now, as formerly, quite so much scorned as one who had adopted heterodox quackery to make money. But is the allopathic door open, or even ajar, for the homeopathic practitioner to enter? The long-suffering homeopathic practitioner with Christian patience is waiting—yes, waiting—for professional recognition on homeopathic lines by dominant Medicine—a system he has renounced.

In the meantime, lay homeopaths scattered over the country are frequently compelled to employ allopathic practitioners for their families because no homeopathic practitioner resides near. Instances are not infrequent where the allopath's prescribed medicine is put on one side and homeopathic remedies substituted, while the allopathic doctor is retained to watch the case.

The design of the 1886 League was simply a missionary effort; it aimed, as is plainly stated, to use the public as a lever to bring the allopathic profession to extend some professional recognition to homeopathic practitioners.

It is open to question whether such recognition will ever be accorded by pusillanimously waiting. Dominant Medicine in its professional aspect is a vested interest, and vested interests rarely give up anything without a fight. Why cannot homeopathy be converted into a professional vested interest? The obtaining of a Royal Charter to constitute a Medical School and Licensing Body points the way to make homeopathic medicine a

vested interest. The expectation of public appointments within the allopathic area for the present generation of homeopathic practitioners is a dream.

Were the present race of homeopathic practitioners possessed of a Royal Charter they would become the founders of the new Medicine, and would deservedly derive all the professional advantages accruing therefrom. If some form of union subsequently occurred with allopaths, they would then come in as students to be taught, whereas, if the homeopaths are ever admitted through the allopathic portals, they will be admitted on sufferance, as poor relations and repentant sinners.

The present weak position of homeopathy results from the absence of any definite knowledge as to the total number of its adherents. What our constituency is no one knows. That it is large is ridiculed by the allopaths, who minimise it by saying only a few "cranks" believe in homeopathy. Hundreds of patients are cured at the homeopathic hospitals and dispensaries who know nothing of homeopathy as a distinct system. The homeopathic practitioner is to them simply a doctor: he cures them, the medicine is agreeable, and they inquire no further. The next time they are ill, as likely as not they go to an allopathic doctor if more convenient to their homes.

Any attempt to apply for a Royal Charter would be useless until we can show that our adherents are sufficiently numerous to warrant the legal recognition of a distinct system of new Medicine. The object of this article is to urge readers to commence to collect the names and addresses of adherents, and if these are sent on to the writer at 54, Schubert Road, Putney, S.W., he will act as registrar, and in time and with patience what will be practically a census of homeopathic adherents will be compiled. The homeopathic chemists, if they would kindly do so, could materially help us to compile this census. *It is hoped they will render their valuable aid in producing evidence as to the number of our adherents.*

MATERIA MEDICA MISCELLANY.

By J. R. P. LAMBERT, M.D.

Cedron in "Masked Malaria."—Dr. W. E. Douglas has frequently found *Cedron* to be of great value in "masked malaria," especially when taking the form of neuralgia. If you can obtain a history of marked periodicity, coupled with a history of former chills, especially if the chills have been suppressed with quinine, you may rely confidently upon *Cedron* to clear up the case and relieve the symptoms. Quite likely the first sign of improvement will be a return of the old chills. If this occur, give *Sac. Lac*.

One peculiar case was that of a little boy twelve years old, whose parents moved to the city from a malarious region. The whole family suffered from chills. This little boy had chills when nine years old, and they were "cured" (?) with quinine. Shortly after the cure he took up the habit of wetting the bed. Every third night, about one o'clock, unless taken up by his mother, he would "flood" his bedding. Careful inquiry elicited the fact that it was at this time (one o'clock a.m.) that his chills used to come on. He had been severely spanked for this habit, and taken various medicines, without benefit.

R. *Cedron* c.c., twelve powders, one to be taken each night at bedtime. This prescription cured him completely, and he had no return of the chill.

He reports also the case of a little girl of eight, who, when about two years old, was taken with chills coming on once a week at about 6 p.m. She was treated with quinine, &c., without result. A neighbour offering to cure the child gave it some secret decoction, and as result the next chill-day passed without a chill but with a spasm instead, and these spasms subsequently came regularly on the chill-day. No treatment availed till Dr. Douglas saw the child, and on account of the regularity of the attack gave *Cedron* c.c. The next spasm day the spasm failed to appear but a severe chill developed, which the mother says was just like she used to have. *Sac. Lac* was given and she had no more chills nor spasms.—*Am. Med. Monthly*.

Lobelia Purpureascens: its Characteristics.—Dr. Withe presents the following as characteristics of this remedy:

Head.—Depression and confusion like that produced by the snake-poisons; nauseating headache, with vertigo, especially over the eyebrows.

Eyes.—Cannot keep the eyes open ; almost spasmodic closure of the eyelids.

Mouth.—Viscid mucus in the mouth ; the tongue white and paralysed.

Heart.—Paralysed ; the heart-beat almost imperceptible.

Chest.—Sensation of paralysis of the lungs ; superficial respiration.

Lungs.—Paralysed, slow respiration, which almost completely ceases ; profound prostration of all the vital forces and of the nervous system ; chills without shaking. In consequence of the respiratory paralysis, the organism fills with carbonic acid, and vomiting and coma supervene. This drug, therefore, acts in serious typhoid states like *Baptisia*. It combats the nervous prostration of the grippe, and appears to destroy the poison in this disease as *Baptisia* overcomes that of typhoid.—*Revue Homœopathique Belge*. (Hahn. M.).

Natrum Sulph. in *Traumatic Epilepsy.*—Blackwood reports a case of epilepsy, the spasms resulting apparently from an injury to the head, and the affliction being of ten years' standing at the time of record. *Kali Phos.* 6x was given for one week, and overcame the complete urinary incontinence that existed. Two weeks later, having had one spasm, he was given *Natrum Sulph.* 200x, night and morning, for one week, followed by placebo. Four months have since passed ; he has had no return of the spasms, and has had perfect control of the urine. *Arnica Montana* has, on several occasions, controlled meningitis due to traumatism, but it has never been of any service to the writer in epileptiform seizures. Here *Natrum Sulph.* has permanently cured two cases undoubtedly epileptiform in character and traumatic in origin.—*Clinique*, 1899.

Kali Carbonica in *Hæmorrhoids.*—The following case is reported by Dr. M. F. Underwood. J.R.N., 27, painter, presented the following condition: Two protruding masses of hæmorrhoids, size of a fist, and pale as skin round them. Profuse yellow very offensive pus oozing from anus. The hæmorrhoids are relieved by hard pressure. He places one end of a towel round his back and the other between the thighs and pulls hard, which gives relief, so that he can sleep till they come down again. Cannot urinate without great pain and urinary tenesmus unless the piles are pressed hard. Pulse 120 to 102.

Lips pale and conjunctivæ very pale. On October 22nd given *Kali Carb.* 4500. On October 24th the piles were almost well, was improved in every way. *Sac. lac.* On October 26th discharge from anus almost well, no piles. Eating better. November 4th, feels quite well but is weak. Mucous membrane assuming its normal colour. This patient had been six weeks under a homeopathic physician previous to being seen by Dr. Underwood, and was given up as hopeless.—*Hahnemann Advocate.*

SECALE COR. IN A COMPLICATED CASE OF HEARTBURN AND ACIDITY.

By Dr. SARAT CHANDRA GHOSE.

Sex, age. Married woman. Aged 27.

Complaint. Indigestion, with acidity, was present.

Colic pains shooting from the left hypochondria to the chest and the back, chiefly on the left side. When these pains became very acute, the extremities were felt to be drawn in, and regular spasms appeared with the bending of the whole body. The spasms disappeared with the passing off of wind from the bowels or the stomach. Rheumatic pains in the body were present, greater at night and about the full moon and new moon.

History. Nearly thirteen years ago, in the seventh month of pregnancy, there was high fever, with pain rising from the left hypochondria and shooting into the chest and back. The patient was treated allopathically, but to no effect. In the ninth month measles came out and all symptoms vanished. For the next three years she was quite well. Subsequent states of pregnancy developed the same symptoms more or less, with nausea and vomiting of sour or bitter fluid, but without the fever. Spasms appeared for the first time after four years ago in the fourth month of pregnancy. Rheumatic pains came on first about two years ago. For the last three years she has borne no child.

Mind. Sad, anxious, inclined to weeping, sensitive.

Head. Often complained of throbbing and *burning at the top.* Vertigo on rising.

Eyes. *Yellowish.*

Ears. Wax dry. Sensitive to noise.

Nose. Dry. No nasal catarrh.

Face. Pale and earthy in complexion.

Mouth. Small ulcers were sometimes seen. *Bad smell from the mouth.*

Tongue. Generally clean. *Taste bitter.*

Teeth. Bleeding from the gums at the slightest touch, the blood being blackish. (The patient said that this symptom appeared since she took a dose of blue pill about four years ago.)

Throat. As if *a lump in it.* Hawking up of mucus, especially in the morning. Occasional pain in swallowing.

Desires, aversions, appetite, &c. Desire for bitter and pungent things, for iced water. Aversion to sweet things. Appetite poor, food at night always disagreeing.

Stomach. Pain after eating. *Violent burning,* especially in the morning and afternoon. *Sense of repletion* after taking the smallest quantity of food, which was soon followed by pains in the chest. Nausea, without vomiting.

Abdomen. A *hard lump below the navel*; it could be felt by the hand. *During spasms the lump swelled up into the form of a tense, hard, and thick cord.*

Bowels. *Obstinately confined*; hard stools were passed at intervals of two or three days. Stools were sometimes burning. Ascarides sometimes seen.

Urine. Generally clear. Sometimes burning.

Chest. Shooting pains appeared in the chest as stated above, especially after eating and on suddenly awaking from sleep when disturbed by any sort of noise. When the pains were very acute, spasms came on, which again disappeared with the passing off of wind. Pains appeared chiefly on the left, occasionally on the right.

Heart. Palpitation, especially on suddenly awaking from sleep.

Neck, back. Neck on both sides painful to the touch. A little below the left shoulder-blade there was *a particular spot which was always painful to the touch.* *Constant drawing pain in the muscle of the back*; could not sit up long.

Arms. Rheumatic pains and jerking pains in both. Arms felt *almost powerless in the night and in the morning, relieved by motion,* and during day. *Right arm half paralysed and often felt heavy.* Pain in the wrist-joint. Hard manual labour rendered both arms

powerless and numb. *Burning of hands*, especially at night. Yellowishness of the palms and finger-nails.

Legs. Burning of the feet, especially at night. Legs felt heavy, shortly before menses.

Skin. Felt hot during pains in the chest and spasms.

Sleep. The slightest noise at the time of falling asleep always brought on pains in the chest, palpitation, and sometimes spasms. Had dreams of thieves and started.

Body. Thin and emaciated. Rheumatic pains, aggravated at night and relieved by motion, and during day.

Menses. Natural. Much pain and burning in the head, and heaviness of legs shortly before it. At the time, diarrhea, which relieved. After menses there was general amelioration of all symptoms for some days.

Aggravation. After eating; on suddenly awaking or starting from sleep; at night; during rainy season.

Amelioration. Especially after vomiting or purging; in winter; in the open air.

I tried several remedies one after the other, but none of them could do any lasting good. At last I thought of *Secale Cor.* 3x, and employed it. The result was very rapid and satisfactory. No return of the complaints was seen since that time. The symptoms which have been underlined always hovered about the patient.

Midnapore, Bengal.

THE HEART SYMPTOMS OF SPIGELIA.—Nervous palpitation with intermittent pulse. Purring feeling over heart; wave-like motion, not synchronous with the pulse. Palpitation violent, worse bending forward or when he sits down after rising in the morning. Stitches about the heart, with anxiety and oppression (*Acon.*); at the commencement of valvular disease, endocarditis, &c. Systolic blowing at the apex. Dyspnea and suffocation when moving in bed.—E. Fornias, in *Amer. Hom.*

INDICATIONS OF SULPHUR IN RHEUMATISM.—In chronic rheumatism with erratic pains (*Puls.*), with or without swelling in the second stage of articular rheumatism, where deposits are to be removed and where the feet in particular are affected and very stiff. Ascending inflammation from lower to upper joints, with torturing pains on motion, still jerks during sleep at night making him suffer. Rheumatic pains in left shoulder as if sprained or bruised; better by heat. Dreads washing. Sensitive to open air, wind, or dampness. Numbness of affected parts. Hot head and cold feet.—E. Fornias, in *Amer. Hom.*

SOCIETY'S MEETING.

BRITISH HOMEOPATHIC SOCIETY.

THE eighth meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, London, W.C., on Thursday, May 3, 1900, at eight o'clock p.m., Dr. Washington Epps, the president, taking the chair.

Thos. Ashcroft Ellwood, M.R.C.S., L.R.C.P. Lond., D.P.H. Camb., 75, Cavendish Road, Haringay, N., was proposed for membership by Dudley D'A. Wright, F.R.C.S. Eng., London, seconded by James Johnstone, F.R.C.S. Eng., Richmond.

The following specimens (among others) were shown:—

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| 1. Heart, spleen, and kidney, from a case of infective endocarditis (under Dr. Washington Epps' care) | Dr. Frank A. Watkins. |
| 2. Microscopic section of vegetation of valve of the heart showing presence of micrococci | Dr. Frank A. Watkins. |
| 3. Cultivations from heart and spleen showing presence of staphylococcus pyogenes albus and Streptococcus pyogenes... .. | Dr. Frank A. Watkins. |
| 4. Dermoid cyst in a single girl; ovariectomy. Recovery | Dr. Burford. |
| 5. Strangulated ovarian cyst (with numerous and dense adhesions); ovariectomy. Recovery | Dr. Burford. |
| 6. Carcinoma uteri removed by vaginal hysterectomy. Recovery | Dr. Burford. |
| 7. Chronic salpingitis with occlusion and distension of both tubes. Removal | Dr. Burford. |
| 8. Multilocular cystic kidney successfully removed by lumbar operation; and calculi removed from the same case | Mr. Dudley Wright. |

Under the auspices of the section of surgery and pathology, the evening was devoted in the first place to an exhibition of clinical cases, of which the following were shown in the out-patient department:—

1. Case of large spleen, &c., Dr. Byres Moir. E. B. Case of large spleen and enlarged lymphatic glands in a coal miner, age 32. Was

in Madras for twelve months, did not suffer from ague or dysentery, returned two and a half years ago. Twelve months ago began to feel short of breath and weak, but only noticed swelling of abdomen six months ago. Spleen is now greatly enlarged, fills the abdomen, girth above the umbilicus being thirty-nine inches. Post-cervical axillary and femoral glands enlarged. Urine normal. Heart sounds clear, moist crepitus at both bases posteriorly.

2. Congenital tumour of arm in child, Mr. D. Wright.

3. Large ovarian tumour, rapidly growing in patient, age 60, nine years past the menopause, Dr. Burford.

4. Case of paralysis agitans, in an early stage, Dr. Goldsbrough. J. B., female, married, age 40, has been suffering from her present ailment for two years. It began with an inability to write so well as usual, the movements of the hand being slower, and the words formed smaller than normal. This was followed in about a year by tremor in the right upper and lower extremities, which could be forcibly controlled. This latter condition has increased and partially extends to the left side, and the tremulous movement has become coarser and almost uncontrollable at times. Patient exhibits a rather expressionless face, and a gait in which the right side appears more or less rigid. The right pupil is somewhat larger than the left. Some pain is complained of in the muscles of the neck, especially the left side. On placing the hands on the shoulders, a fine tremor can be perceived throughout the body. Loss of power is observable in both hands, dynamometer registering R. 30, L. 42 (normal = about 60 for a female of this age). There is some rigidity of the right wrist and forearm, also of the muscles of the neck. The knee jerks are both exaggerated, and there is well-marked ankle clonus. Opinions were asked as to the correctness of the diagnosis, and suggestions for treatment.

5. Epithelioma of upper lip, Mr. Johnstone. H. W., age 68, smoker, noticed crack on upper lip for six months, which has gradually developed to present condition, with glandular enlargement (sub-maxillary). Patient, thinking condition was due to a foul briar pipe, discarded the same in favour of a clay pipe. Condition was first treated as "shingles." History of chronic constipation. Position on upper lip is somewhat unusual.

6. Case of chronic superficial glossitis or leucoplakia, Mr. Johnstone. J. W., male, 53 years, had "pimples" on the tongue as a boy, the present condition having gradually come on since then. Specific history (not clear) dates from eighteen years of age. Married seventeen years, three children. There is no history of miscarriages.

7. Case of abdominal tumour, Dr. E. A. Neatby. Married woman, age 40; has had no pregnancy, menstruation scanty and dark, lasts three days. Complains of abdominal swelling for one year, with pain six months. Difficulty in holding water. Dyspepsia. Bowels constipated. Losing flesh. A tumour rises up on right side of the abdomen of longitudinal shape, the top reaching above the level of umbilicus, the bottom not descending much into pelvis. Another smaller tumour of more globular shape is occupying the pelvis in left iliac region on the left side. Between the two is a furrow in the middle line. The tumours are firm, semi-elastic, no distinct thrill can be felt. Uterus cannot be felt bimanually, but is not retroverted. Os closed.

8. Case of pseudohypertrophic paralysis, Dr. Day. In a boy aged 8. Onset insidious. Treatment, *Phos. 8x* and 3.

9. Case of empyema, Dr. Day. Empyema cured by a single aspiration and medicinal treatment. Girl, age $\frac{1}{2}$, for full report of case see *M. H. R.*, June, 1900. Physical signs at first like bronchopneumonia. Incessant cough. Abscess over left hip appeared, as a complication connected with necrosis of pelvis. Principal remedy, *Hep. S. 3*.

10. Case of congenital syphilis with rickets, Dr. Day. Congenital syphilis associated with rickets, age $\frac{1}{2}$. Patient at present in the hospital under treatment. Shows the characteristic signs of rickets, enlarged epiphyses, beaded ribs, sweating of head, which soaks the pillow. Also cranio-tabes, pathognomonic of syphilis. Treatment, *Merc. V. 2x*, and inunctions of *Ung. Hydrarg.*

11. Unusual case of diphtheria, convalescent from second attack, Dr. Day. Diphtheria, child age 2. Laryngeal: Recovered, but still has to wear the tracheotomy tube. The second attack of diphtheria within a year. Previous attack, September 14, 1899, when he was admitted to New Cross Fever Hospital. Patient has been treated with antitoxin serum and *Merc. Cor. 8x*, for the co-existing diarrhea. He is still in the hospital.

12. Tumour of neck in a woman, Dr. A. A. Beale.

This was followed by three demonstrations as follows:—

1. Dr. Blackley gave a demonstration on "Bedside and Clinical Examination of Blood as an Aid to Diagnosis."

2. Dr. Watkins gave "A short Demonstration of the Process and Apparatus in testing Blood for Widal's Reaction in Typhoid Fever."

3. Dr. Ashton demonstrated the Röntgen Ray apparatus in practical use.

A discussion on the cases exhibited in the early part of the evening closed the proceedings.

INSTITUTION.

BIRMINGHAM HOMEOPATHIC HOSPITAL.

THE annual meeting of the Birmingham and Midland Homeopathic Hospital was held at the Council House on Wednesday, May 2nd. General Phelps presided, and amongst those present were Dr. Gibbs Blake, Messrs. R. L. Impey (hon. treasurer), E. L. Tyndall, Arnold Harris, W. H. Ryland, J. Wilson, P. W. Walker (secretary), and Dr. Avent (house surgeon).

The committee, in their annual report, stated that during the year there had been 240 in-patients, as compared with 246 in 1898 and 1897. Of the total, 47 were children. In the out-

patient department 3,138 patients made 17,026 attendances, as compared with 2,652 and 14,557 in 1898 and 2,554 and 13,667 in 1897. The number of home patients was 658, and the house surgeon made 3,766 visits, as compared with 608 and 3,583 in 1898 and 402 and 2,092 in 1897. It would seem that there had been a marked expansion in the out-patient and home patient departments. The fact should be appreciated that the patients visited at their own homes were too ill to attend at the dispensary. That was the only hospital in the city which made provision for that important work, and the greatest amount of good was done with a minimum expenditure. The accounts, compared with those of the previous year, showed that the cost of maintenance had increased by £7, and of house management by £53. Of this £42 was represented by increases of salaries and wages. There was also an increase (£88) in miscellaneous expenses, furniture and repairs costing £155, against £97. The gross expenditure was therefore £149 more than that of 1898. The income side of the accounts showed a decrease in donations amounting to £38, but there had been a most satisfactory increase of £80 in receipts from paying patients, and of £121 from probationers and external nursing fees. On balance there was an excess of £4 18s. 11d. income over expenditure, which reduced the deficiency on the general account to £219 11s. 9d. During the year the balance of the cost for the building and furniture of the extension of the nurses' home—£742—had been paid. The committee, however, regretted that their appeal for further donations to the building fund had not realised their expectations. As stated in the last report, the total estimated expenditure on the reduced rebuilding designs was £6,000, and there was still a deficiency of £1,538 on that amount. They had delayed the rebuilding partly because they were unwilling to involve the hospital in heavy liabilities, and partly because they had been approached by the Birmingham University Committee as to the sale of the hospital to them. Concerning the latter long negotiations took place, but without definite result.

The Chairman moved the adoption of the report and accounts, remarking that there was a great deal that was encouraging in them. One of the most satisfactory things was the great increase in the number of home patients. For a poor man to have the visit of one of their medical officers was a great comfort. In many cases it led to the recovery of a patient who otherwise would be condemned to remain hopeless and without medical assistance at home. As to the building fund, they had had considerable trouble. If they were to again call upon the architects to diminish the proposed outlay by cutting down the scheme it would be a drawback to homeopathy for

another hundred years, and those who wished to see its usefulness extended would feel that they were falling back a little compared with what their predecessors did fifty years ago. Still, they had to recognise the fact that the war was making great demands on the generosity of their friends, and they had also to regard the rising cost of labour and materials. He was afraid, therefore, that they would have to look forward to a reduction of their projects for the future. Amongst the other troubles of the committee had been the negotiations with the university. Every member had been actuated by a feeling of benevolence with regard to the objects of the university, and had wished to do the utmost for it. At the same time, they had to consider the interests of the hospital, and their bounden duty was to see that, while they did not stand in the way of the university, they received the full amount that they considered to be the value of the site. The modification that had taken place in the university scheme had made it possible that they might not have to part with the site. He hoped that a solution of the difficulties which would be advantageous to both parties would be found.—Mr. R. L. Impey seconded the proposition, and it was adopted.—On the proposition of the Chairman, seconded by Dr. Blake, Earl Dysart was re-elected president and Mr. R. L. Impey hon. treasurer.—The committee was also re-elected, and various votes of thanks were passed.—*Birmingham Daily Post*, May 3rd.

EXTRACTS.

LIGHT IN MEDICINE.

[EXTRACTS from an article signed "W. L. B." in the
Physician and Surgeon, April 19, 1900.]

THERAPEUTICS OF THE SUNBEAM AND OTHER FORMS OF LIGHT.

Not only was sunlight employed in the treatment of diseases in past ages, but modified forms of the sunbeam. Every one remembers how John of Gaddesden treated the young Prince of Wales when he suffered from small-pox. Gaddesden lived in the early part of the fourteenth century, and was Court Physician to Edward II. In order to show his skill in inflammatory distempers, he, with a proper formality and a countenance of much importance, ordered the patient to be wrapped in scarlet, and everything about the bed to

be of the same colour. Doubtless Gaddesden's knowledge was derived from much earlier sources, and the still common domestic belief that red flannel placed round the throat is more effective in curing a cold or a quinsey than white is a traditional relic of those ancient notions. This treatment of small-pox is still popular in many parts of the world; for instance, in Roumania, where many other Old World traditions linger, small-pox patients are still covered with red flannel on those parts most liable to be affected with the pock. In Japan the same treatment is carried out, and the children are even given red toys to play with.

The chief merit of this modern revival of an old treatment belongs to Dr. Niels Finsen, of Copenhagen, who, about five years ago, published an interesting account of how he had treated several small-pox cases by this method with great success as regards the "pitting." He pointed out that sunbeams could also produce an irritation of the skin of a greater or less intensity, varying from a slight erythematous redness to the formation of vesicles, and desquamation (erythema or eczema solare). It was formerly believed that this was caused by the heat rays of the sunbeam, and the disease was termed erythema caloricum. Investigations by Charcot, Widmark, Unna, Hammer, Maklakoff, Bowles, and others, proved that the inflammation was not due to the heat rays, but to the so-called chemical rays of the sunbeam. This explains how it is that in Iceland and Greenland, and even among the glaciers of the Alps, when the temperature is below freezing-point, the skin is affected by the reflected light.

The electric light frequently produces severe inflammation of the skin and of the mucous membrane of the eye, more violent than that caused by the rays of the Oriental sun. Maklakoff suffered from it and describes the affection in these words: "All those parts of the skin which were exposed to the light became severely inflamed; the face was brick red, swollen and painful; the skin of the eyelids baggy so that it was impossible to open the eyes. After two days had elapsed the symptoms improved, and a few days later the skin peeled off in large flakes, as after the scarlet fever." We will further quote Dr. Finsen's article on the action of the chemical rays of light—a very good description of what every one must frequently have observed: "The inflammation of the skin caused by the chemical rays of light differs microscopically from that caused by heat, inasmuch as it appears from a couple of hours to half a day after the exposure, whilst, as we know, a burn appears at once.

"Microscopically, sunburn differs, as I have proved by experiments on tadpoles, from all other forms of inflammation,

inasmuch as the red blood corpuscles are much contracted. Erythema solare is most frequently observed in the spring and in fair persons—that is, when the pigment of the skin is impoverished. The pigment of the skin is, in fact, principally a defence against the inflammatory influence of the chemical rays, and we are doubtless right in supposing that this is still the principal reason for the negroes' blackness, and for the circumstance that the skin of the different races becomes darker the nearer we approach the equator.

“It is plain that the chemical rays are capable of producing an inflammation of the skin, and that Nature finds it necessary to protect even a healthy skin against these rays. When diseased, as in small-pox, the skin requires still more protection. This protection is best and most pleasantly given by excluding all chemical rays of light, and allowing the light to be filtered into the patient's room through red glass or red curtains.” This is the modern demonstration of the *rationale* of old John of Gaddesden's “Scarlet” treatment of the “Prince of Wales.”

Dr. Finsen continues: “Many of the methods employed to prevent pitting in small-pox have had the exclusion of light as a main feature, such, for example, as painting the skin with tincture of iodoform, with strong solutions of nitrate of silver, and, in particular, the covering of the face with a mask, or with compresses. The oily substance or other matter with which these compresses should be impregnated, is apparently of secondary importance, the main point being the exclusion of light. Various authors, writing on small-pox marks, have observed that scars were formed only where the mask or compress left the face uncovered, but not where the skin was entirely covered. Stokes was of opinion that this was owing to the action of air upon the skin. His observations were excellent and correct, except that he attributed to the action of air what was really attributable to light.

“*The answer to the objection that the faint light of a sick-room would not be sufficient to cause an inflammation of the skin or to increase inflammation already present, is that the skin in certain cases and under certain circumstances is remarkably sensitive to the influence of the chemical rays of the sunbeam.*” [Italics ours.—Ed. H. W.]

Another interesting circumstance mentioned by Dr. Finsen is that cattle and sheep which have eaten buckwheat get an eruption when they stand in the sunshine or ordinary light, but not when they stand in dark sheds. This is known to farmers, and has also been made the subject of scientific investigation by Virchow and Wedding. It is interesting to learn that it is only light-coloured cattle which are subject to

the inflammation, not the pigmented, and a white cow which Wedding tarred on the one side did not get the inflammation on that side, but only on the other. This is another good example of the protective qualities of pigment.

If ordinary daylight can produce an inflammation of the skin where there was none previously, it is possible that ordinary daylight may increase an inflammatory condition already existing, as is apparently the case in small-pox.

Numerous cases on this subject have been reported. Dr. J. Rudis-Jicisky reports in the *American X-Ray Journal* some favourable results of treating lupus by Röntgen "light." He thinks that the Röntgen Rays, by producing artificial inflammations, convert unhealthy ulcerations into healthy granulation tissue. His first case was one of lupus erythematosus on the left leg, characterised by the appearance of pink patches covered with yellowish adherent scales. Having tested the tube with the screen to see that it was in working order, and using an eight-inch coil, a series of short exposures were made. The healthy tissue was protected with stanoil, and the tube was placed at a distance of from fifteen to eighteen inches. At first there were traces of brownish discolouration of the skin. After the first application the infiltration began to diminish. Later, general inflammatory action was established, and the unhealthy ulcerations assumed the appearance of healthy granulations. The patient was completely cured. His second case was one of lupus vulgaris on the right side of the face, which began with the appearance of yellowish deep papules and gradually extended, forming irregular ulcerative patches. The Röntgen Rays, it is reported, were used with marked beneficial effect.

The following curious case of rodent ulcer treated by the Röntgen light is reported by Stenbeck in Stockholm: "A woman, aged 67, noticed a papule on her nose. Ulceration followed, and microscopic examination showed the disease to be rodent ulcer. After five years it had extended. Röntgen Rays were applied at a distance of 10 cm. for ten to twelve minutes daily. After four sittings reaction was evident, and on the tenth pus was present. It soon disappeared. After the thirty-fifth application improvement took place.

"The ulcer looked cleaner and less pitted, and a slight epidermal growth extended from the edges. Application for fifteen minutes daily was then ordered. It caused a new reaction, but this quickly diminished, and a layer of cells covered the surface, which became smooth and white. The edge was difficult to treat. It did not yield for a month, then the superficial layers reacted, and afterwards those underneath

followed. The patient's nose shows a slightly raised margin around, but the exact position of the ulcer presents a smooth covering, only slightly differing from the facial epidermis. The case was under treatment during September and October last. The writer can find no previous account of this use for the Röntgen Rays, and from experience of its application in 'lupus,' he does not anticipate any relapse."

It thus seems possible that these rays have not only a destroying power upon tissues to which they are applied, but in some instances, at least, have the therapeutic effect of bringing about a cure by removing the cause of the trouble.—
W. L. B.

[From the *Homeopathic Recorder*, March, 1900.]

CONCENTRATED SUNLIGHT IN EPITHELIOMA.

By H. T. WEBSTER, M.D., Oakland, Cal.

Concentrated sunlight seems to possess not only the properties of a caustic, in that it destroys morbid growths, but it also seems to impart a therapeutic influence to the part cauterised not possessed by ordinary caustics. In such malignant growths as epithelioma, for instance, while destruction of morbid development by ordinary caustics is usually futile, so far as permanent removal is concerned, since the new growth continues to develop, concentrated sunlight leaves a healthy base, from which benign granulation springs, and a permanent and desirable cicatrix is the result.

Several years ago my attention was attracted to this subject through an article by a California practitioner in a medical journal, but the subject was forgotten before opportunity arose for testing the truths of the propositions there put forward. Time passed along and the subject was recently renewed forcibly by an interesting and instructive object-lesson. We often learn valuable lessons from the success of neighbouring practitioners. Unfortunately we cannot always know what proves successful in other hands, but in this case there was no concealing from the patient the agent which did the successful work.

An elderly gentleman with whom I had business relations a few weeks ago had been annoyed for more than a year by an indolent, warty, oozy ulceration in the left malar region. This was unmistakably an epithelioma, and the patient informed me that it had been so diagnosed. His physician, a homeopathic practitioner of this city, had been treating him for the trouble for many months, but if any improvement had followed the patient had been unable to perceive it. Consequently he was

beginning to be discouraged. There had been talk of resorting to the knife, but this was a resort against which the patient had scruples of his own, and surgical interference had thus far been avoided—at least interference involving the use of cutting instruments. I thought of *Grindelia robusta*, and suggested that I believed I knew of a remedy which would cure him, provided he failed to derive benefit from his family physician. The suggestion, however, appeared to be unheeded, and as I did not see the gentleman again soon the case slipped from my mind, until a reminder recalled it vividly.

A few days ago I chanced to meet the gentleman in a street car, and was rather surprised to find that his face was healed, and that a scarcely perceptible scar marked the site of the former epithelioma. After exchanging the compliments of the season, I ventured to congratulate him upon the excellent cure which had been accomplished upon his face. He then informed me that, at the urgent request of a member of his family, he had changed physicians, and had employed a specialist in San Francisco, who had used a sunglass and burned the growth off with solar rays. Improvement had been prompt and rapid after the beginning of this treatment. Only three or four cauterisations were necessary to complete the cure, a week being necessary for the slough to separate before another application was called for. The application was continued for several minutes at each time, until the tissues burned smoked freely. He said that there was little pain from the burning, this being due, he believed, to lack of sensibility of the morbid growths. Each time the slough was allowed to separate spontaneously, and immediately afterward the surface was subjected to burning with the concentrated solar rays. This practitioner concurred in the opinion that it was a case of epithelioma.

In connection with the local application of concentrated sunlight, the use was made of osteopathic manipulation, and the doctor pretended that much of the efficacy of the treatment was due to osteopathic science. This, however, the patient doubted, and believed that this idea was advanced by the doctor in order to becloud the apparent simplicity of the cure.

From what I have before read of sun treatment for epithelioma, and from this striking object-lesson, I am disposed to believe that this means of cure for epithelioma is not to be overlooked. With our ordinary means of cure the successful management of epithelioma is not always easy. Caustics and irritating plasters often prove a delusion and a snare. Surgical measures are not always permanent in their effects, even when resorted to early. If the life-giving rays of the sun can impart

a new vitality to the tissues at the same time that they destroy the superincumbent malignant growth, it is well to make avail of them, especially since they are free to all, and so generally accessible.—*American Medical Journal*.

(A very interesting paper on this subject, by Dr. O. V. Thayer, was printed in the *Recorder* for October, 1893.—Ed. of *Hom. Recorder*.)

[The two following papers are from the *British Medical Journal* of May 5, 1900. They are important, both from the pathogenetic and the curative aspect of Light-action.]

THE THERAPEUTICAL VALUE OF THE X-RAYS IN MEDICINE.*

By EDUARD SCHIFF, M.D., Vienna.

Until two years ago scarcely anything was known respecting the influence of the X-rays on the human body. Only now and again a statement would appear in the papers respecting inflammation of the skin or falling off of hair. Yet so vague was the form of these notices that one was at a loss whether to take them seriously. About that time Dr. Freund had a remarkable case under his observation of a child whose back was covered with a thick-haired *nævus pigmentosus pilosus*. The case seemed a desperate one, for with the methods of treatment then in vogue one could do nothing. Dr. Freund, however, decided on making an experiment with the Röntgen rays. He began the irradiation by exposing the back of the little patient two hours daily to the X-rays. After twelve days the hair, to our astonishment, fell out in thick tufts, so that in a short time the irradiated place was quite hairless. That was the first instance of a genuine and scientifically regulated treatment and cure effected with the Röntgen rays. Unfortunately, in consequence of too long irradiation, an extremely violent inflammation set in subsequently on a circumscribed spot, which took a long time to heal. But this untoward circumstance proved highly instructive, seeing that it put into our hands the means of thenceforward avoiding such disagreeable drawbacks. By carefully moderating the length of the sittings all troublesome incidents could soon be avoided.

* The author of this paper, which was contributed to the Section of Pharmacology of the meeting of the British Medical Association at Portsmouth, prefaced his remarks by alluding to the general bearing of the X-rays on medical science, the development of the original apparatus, and the use of the rays in diagnosis.

The powerful efficacy of the X-rays shown in these experiments suggested to me the idea of employing them in the treatment of severe skin affections having their seat in the deeper layers of the cutis. The experiments I next instituted for lupus vulgaris yielded very favourable results. The first case of treatment and cure was that of a girl who for many years had been treated medically, surgically, and with Koch's lymph in vain. This girl I was able after a few months to present to the Vienna Dermatological Society as cured with Röntgen rays. [I wish here to take the opportunity of stating my priority in having been the first to treat and cure lupus with Röntgen rays.] The method according to which we proceed is as follows:—

The set of instruments needed for treatment with the Röntgen rays consists, as is well known, of, first, the screen of the current (obtained from the main or from accumulators with suitable resistances); secondly, a transformer (Rumkorff's induction coil); thirdly, vacuum tubes (large tubes are to be recommended); fourthly, fan remampèter and a voltmeter inserted in the primary circuit; and, fifthly, protective material (sheets of pasteboard covered with lead foil $\frac{1}{15}$ inch in thickness) for those parts of the body which are not to be exposed to the rays.

In Freund's opinion there is ground for assuming that the therapeutic effects obtainable by these means are due to electric waves arising in the case of the electric discharges in the vacuum tube under the same potential of discharge as X-rays. As far as our present knowledge goes, these electric waves appear to possess a more intense physiological action than those waves which arise in the production of d'Arsonval's high frequency currents, and by the action of the statical machines, an action which often goes a long way beyond the mark, and, far from working curatively, may operate injuriously on the organism.

For this reason it is advisable to take note of these factors, which in our practice proved deleterious. These are as follow: (a) A too great strength of the primary current ($1\frac{1}{2}$ ampère with 12 volt tension should never be exceeded); (b) a too high tension on the pole screws of the secondary coil of the transformer (induction coils of over 30 c.cm. striking distance should never be used and the mercury vessel should not be screwed too high to the interrupter); (c) too long and too frequent irradiations; (d) the too short a distance of the vacuum tube from the skin.

Obviously certain factors which, for purposes of illumination, are very useful, prove unsuitable for treatment with Röntgen rays. Such are the larger induction coils, greater

intensities of the primary and higher tensions of the secondary currents. The rapidity with which the interruptions of the primary current occur is in inverse proportion to the tension of the opening currents. For purposes of treatment 800 to 1,000 interruptions per minute were found to answer. Among the effects of the Röntgen rays, those produced on the skin were first observed, studied, and therapeutically utilised. There are certainly communications to hand according to which the X-rays exercise an intense influence on the whole organism and certain diseases affecting it, such as neuralgia, rheumatism, and tuberculosis. These facts, which are intelligible in the light of the analogous effects of the high frequency currents, and of the electric waves, which are in all probability the most operative in both procedures, require, however, still further investigation.

The influence of the X-rays on the skin consists first in a relaxing effect on the deep vessels of the corium, an effect with which is certainly associated a slight exudation into the tissues of the epidermis and cutis. This process causes a swelling of the hair papilla on hairy parts of the body, and consequently also the detachment of the hair bulbs. In cutaneous affections with inflammatory infiltration and new growth of young tissue, the cellular formative elements get altered in their molecular composition, and thus prepared for absorption. Whether the X-rays operate injuriously on the micro-organisms, or whether it is only that phagocytosis, becoming more pronounced under the inflammation, proves serviceable in parasitic affections of the skin, has not yet been determined. As indications calling for treatment with Röntgen rays are to be enumerated: Abnormal growth of hair and all cutaneous diseases caused or rather prolonged by the presence of hair, as sycosis, favus, wounds of the hairy parts of the body, and trichorrhæxis nodosa; and as furunculosis, acne, lupus vulgaris, lupus erythematodes, eczema, and elephantiasis.

The method is very simple. The Röntgen tube, at 15 cm. from the skin, is so disposed that the anticathode stands exactly opposite and parallel to the irradiated field. Sitzings are daily held, lasting at first five, later on ten to twenty minutes. The distance of the tube may also be slightly and gradually lessened. The parts not to be irradiated must be protected with pasteboard sheets coated with lead. As soon as the skin appears turgid, or shows a pale pink or brownish tint, or when at the place in question the hair becomes loose, then the irradiation of this part must be stopped. This is the case with hypertrichiosis after 17 to 25 sittings, and with sycosis and favus after 7 to 13 sittings.

In the case of a general growth of hair on the face, it is of

advantage to treat both cheeks at the same time, and after these have been depilated, to treat the chin. Occasionally there are disagreeable occurrences, such as slight conjunctivitis, pruritus, and erythema. Conjunctivitis may be avoided by the use of lead masks, and by advising the patient during the sittings to close the eyes. For the rest the usual astringent collyria proves effective. Against erythema and pruritus the 15 per cent. boracic lanolin acted in all occasions as an excellent remedy. Both these symptoms, as well as conjunctivitis, and the slight bronzing of the complexion to which many women are averse, disappear spontaneously in two or three days. In the case of lupus, the irradiation may be more intense, and one need not be afraid of the appearance of slight dermatitis. As we have already in several publications insisted, the affection proceeds by imperceptible stages towards cicatrization. The scars, moreover, are very tender, and resemble the normal skin. Quite striking, too, is the improvement that takes place under this treatment in the complexion disfigured by scars, pustules, comedones, and this may be due to the circumstance that in the uppermost layers of the skin a small exudation stretches the epidermis, and therefore removes elevations and depressions.

With this treatment, however, the cure is not yet completed. Hypertrichosis, especially, still needs for its radical removal a long after-treatment, consisting of 3 to 5 short sittings held at intervals of from four to eight weeks. Should this after-treatment be neglected, the hair at the depilated places will in by far the majority of cases begin to grow again in about two and a half months. Only in some cases did the first treatment suffice to accomplish a radical cure.

I would here call attention to the fact that the results of the ingenious Finsen method of treatment by light correspond to those obtained with Röntgen rays, as far as regards lupus. It should, however, be noted that the Finsen treatment seems suitable only for smaller lupus patches, whereas for large areas the Röntgen treatment is preferable.

When we consider what progress towards the well-being of humanity still lies in store from the discovery of the X-rays, we may congratulate our century on such an achievement, and must not refuse the meed of our admiration for the man to whom we owe it.

TREATMENT OF LUPUS BY THE X-RAYS.

By ROBERT ERNEST SCHOLEFIELD, M.A., M.B. Oxon., Blackheath, S.E.

In connection with the interesting account of phototherapy as conducted by Professor Finsen, of Copenhagen, which was given in the *British Medical Journal* of September 30th, 1899, it will be of interest to some of your readers to observe from untouched photographs what effect may be obtained in the treatment of a serious and disfiguring form of disease—namely, lupus—by the action of the X-rays. The result of surgical interference with such cases has been uniformly disappointing, not only in often intensifying the virulence of the growth but in the destruction of the parts which are the seat of the same, and, in the case of the nose—which was affected in my patient—productive of a hideous deformity, which the greatest skill in plastic operations, even if the disease has been completely removed, suffices barely to make presentable.

When the patient, from whom the photographs were taken, came under my care, the disease was so extensive that, before submitting him to any surgical interference, I decided to try the effect of the rays, of whose efficacy I had read in the annals of the Röntgen Society. With great kindness my friend, Mr. William Webster, F.C.S., who possesses a most excellent apparatus of extreme power, offered to carry out the details of the treatment, and it is also to his skill that the excellent photographs are due.

The history of the patient is as follows :—

B. H. A., aged 18, first noticed the affection of the nose in September, 1897. He then underwent various kinds of treatment, in which the nose was submitted to the action of ointments, powders, douches, &c.; and even on one occasion, in December, 1898, a slight scraping or scarification was undertaken, luckily of a very superficial kind, otherwise a great loss of tissue would, I think, have inevitably followed. For some months before I saw him he had, under the advice of a medical man, been poulticing it, but the disease had steadily advanced from the tip of the nose, where it was first noticed, till both alæ and the bridge were affected, and isolated nodules were to be noticed almost as high as both inner canthi, though they hardly show in the Skiagraph No. 1.

On June 30th he was first exposed to the rays from a Jackson high vacuum tube attached to a Newton-Apps coil giving an 18-inch spark, a hammer break of ordinary kind being employed. An important condition in the tube was aimed at—namely, the so-called "sun effect" first described by Webster in October, 1896, at his demonstration at the Royal Artillery Institute. The rays, under this condition, are capable of taking a photograph of the bones of the hand in a fraction of a second, or of penetrating a $\frac{1}{4}$ -inch steel plate in ten to fifteen minutes' exposure. The face, other than the affected area, was protected by a rubber mask of some thickness, and exposed to the

rays for ten minutes at each sitting at about 5 in. to 6 in. distance from the tube. Sittings were given every other day throughout August, and it was noticed that the exposed skin dried into a scaly condition and peeled off, the lupoid area, where thickest, forming a kind of scab, as shown in Skiagraph No. 2.

On September 1st, 1899, the patient informed us that the night-sweats, which for some months had been profuse, were much alleviated, and though no treatment was undertaken in September, by October 9th they were reported to have quite ceased and have not reappeared up to the present. There are now no signs of disease in the lungs, though I regret that I did not examine them before treatment was commenced. On October 9th hardly any trace of lupus was to be found, but as a few pinkish or brownish nodules were to be seen high up on the nose he was exposed on alternate days up to November 12th, when the final skiagraph, No. 4, was taken.

The peeling of the skin as in severe sunburn is well shown in Skiagraph No. 3, and the retraction of this hardened layer produced slight ectropion and epiphora as shown in that skiagraph also. From this he has recovered since.

These results are sufficiently startling in their similarity to those produced by Professor Finsen to make one wonder whether the rays from the tube and the ultra-violet or photo-chemical rays of the solar spectrum and the electric light may not be identical.

Still further, the most important element is the penetrative power of the X-rays, and the conclusion cannot but be drawn from this case that if dermal tuberculosis may be cured, why not pulmonary? Nay, further, may we not take the relief of profuse night-sweats as an indication of some such effect? May we not then hope to go even a step further than the fresh-air treatment towards the cure of phthisis and supplement it with either concentrated sunlight or exposure to concentrated X-rays?

POISONING BY WATER PARSNIP (*CENANTHE CROCATI*).

By EDWARD W. GRIFFIN, M.D., M.Ch.R.U.I., Assistant
Medical Officer.

J. M., without any previous warning, fell down in a fit in the dining-hall as he was finishing dinner. He was seen by the superintendent, who considered that it was epileptic. He regained consciousness soon afterwards. Whilst being removed from the dining-hall to the ward he had a second severe fit, with vomiting. On arriving in the ward his face was livid, his pupils dilated and fixed; the conjunctivæ did not respond to the touch; there was a bloody foam about the mouth and nostrils; the breathing

was stertorous, and there was complete insensibility. He had six severe fits subsequently with an interval of a few seconds between them. The convulsion, which was clonic, was general, but attained its greatest intensity in the lower extremities first; next in the upper extremities, and lastly in the facial muscles. He died before a hypodermic of apomorphine had time to act. It was impossible to use the stomach pump and give emetics by the mouth, owing to the severe and continuous convulsion. Death was due to asphyxia, and the heart continued to beat for a few seconds after respiratory movements had ceased.

On the same date T. F. was seized with a severe fit when going out to resume work on the farm after dinner, and vomited a quantity of food whilst being carried into the ward. He was seen at once, and half an ounce of ipecacuanha wine given, which induced vomiting in a few minutes; the effects of the emetic were kept up by giving the patient tepid water to drink. There was no insensibility in this case, but there was a marked change in the mental state after the convulsions. The patient was delirious and talked incessantly to himself; was drowsy and did not like being questioned. His face was pale, the pupils dilated, and the pulse weak and slower than normal. Two hours afterwards he imparted the following information:

Between 12.30 and 1 p.m., while at work in a field, he got what he described as a piece of carrot from the patient J. M. He took two bites of this and then threw it into a stream of water at the lower end of the garden. The writer, in company with the head attendant, searched this place and found what looked at first sight like a piece of parsnip in the water. It had a strong, disagreeable smell and acrid taste. The broken surface was dotted over with reddish brown spots, each the size of a pin's head. These were not present when another part of the root was broken across, and only appeared after exposure to the air for a few minutes.

The root of one of the plants which was dug up consisted of as many as twenty oblong tubercles varying in length from four to eight inches. This plant grows in great abundance in marshy places and by the banks of sluggish streams in the south of Ireland, and the country people use it for poulticing boils, carbuncles, and other

inflammatory swellings. On the following day T. F. complained of pain and a sense of heat in throat, chest, and hypogastrum, also some difficulty in swallowing. On examination the fauces and pharynx were seen to be congested. Castor oil was given the evening before, and he was given strong tea after the vomiting had ceased. This was the only medical treatment used in the case.—*British Medical Journal*, March 3rd.

REVIEWS.

REPERTORY TO *CYCLOPÆDIA OF DRUG PATHOGENESY*. PART IV.*

WITH Part IV. of this Repertory Dr. Hughes' great task is brought to a close. We have given our view of the practical aspect of the work in noticing the previous parts as they have appeared. We will now let Dr. Hughes speak his parting word.

"PREFACE.

"The Introduction, issued in 1897 with Part I. of the present work, has sufficiently stated its motive and explained its method. In now completing it, I have but a few words to say upon some features of Part IV.

"(1) The list of 'Corrigenda et Addenda' is somewhat formidable, and I must apologise for its length, which cannot altogether be explained by the numerous cross-references between square brackets necessarily left blank during the course of printing.† It is mainly due to the ready opportunities of error afforded by figures. If I had had time to test the whole series of references individually, as I have done those of the section 'Nervous System,' the errata might have been yet more numerous. I have reason, however, to think that with increasing experience in the work the slips have diminished in frequency; and can only hope it may be so.

"(2) In giving, as a second Appendix to the Introduction, an outline of the schema adopted, I said that the lists of sections would be liable to modification as the final revision of the MS. went on. The changes necessitated have proved so many that some further guide to the order has seemed necessary, and I have thought it best to supply such want by an alphabetical index to the headings of the

* *A Repertory to the "Cyclopædia of Drug Pathogenesis."* Compiled by Richard Hughes, M.D. Part IV. Respiratory Organs (continued).—Circulatory System.—Spine and Extremities.—Skin.—Generalities. Corrigenda et Addenda. Index. London: E. Gould & Son, Ltd. New York: Boericke & Tafel.

† See note to p. 7 of Introduction.

sections, which will accordingly be found at the end of the volume. I trust that, with its help, no difficulty will be experienced in striking the trail of any symptom that may be required.

"I now terminate a work which, with the *Cyclopædia* to which it refers, has occupied me, with little intermission, for the last sixteen years. In doing so, I wish once more to associate with my own name the name of my valued friend and colleague, Dr. Dudgeon, to whom I owe, besides my obligations in respect of the *Cyclopædia*, the primary allotment of the symptoms of the long list of medicines beginning with C and S. I have felt it my duty to verify nearly all his references, but I have rarely had to correct or omit any. If his benevolence has given the symptoms of these drugs a larger place in the lists than I should myself have assigned, perhaps the employers of this Repertory may be the gainers.

"Brighton, February, 1900."

The *Cyclopædia of Drug Pathogenesis*, which may be described as Dr. Hughes' *magnum opus* (for though he only figures in it as one of the editors, it is to his inception and indomitable perseverance that we owe the work), is now possessed of an index which, if not complete, is, at any rate, a very full one. There only remains—and it is a long "only"—for some one to put each of the remedies therein mentioned into Schema form, the course and sequence of the symptoms being indicated wherever any definite course has been noted. Then and then only will the work be accessible to the practitioner. At present it is an extremely valuable reference-work for the student and compiler; but, in spite of the *Repertory* now completed, we cannot help repeating our opinion that the *Cyclopædia of Drug Pathogenesis* is, for the purposes of every-day practice, a sealed book.

GOUT AND ITS CURE.*

WE congratulate Dr. Burnett on the appearance of the second edition of his excellent little work on gout. Dr. Burnett has added a second part on "Stored Gout," which is full of instruction and suggestiveness like the first. He mentions one medicine, by the way, which we have never heard of before—*Cynosbati*. Perhaps in his next edition he will kindly tell us its "other name." If there are any homeopathic practitioners who have not weighed

* *Gout and Its Cure*. By J. Compton Burnett, M.D. Second edition. Revised and enlarged. London: James Epps. Cloth, 2s. 6d.

and digested what Dr. Burnett has to say about *Urtica Urens* among remedies, they should lose no time in acquainting themselves with this important little treatise.

WHO'S WHO, 1900.*

THIS excellent publication, which has reached the fifty-second year of its issue, contains a vast amount of biographical information about the personalities of the day. It puzzles some people to understand how the newspapers are ready at a moment's notice with all the particulars about any prominent person whose name chance may have brought to the front for the moment: the pages of *Who's Who* will explain much of the mystery. The names are for the most part those of British persons, though a few distinguished foreign names are included. There are useful tables of parliamentary and official persons.

SENILE HYPERTROPHY OF THE PROSTATE.†

This 16-page pamphlet is a reprint from the *Monthly Homeopathic Review*. We are glad to see that Mr. Wright, though a surgeon, is not so overpowered by his handicraft that he cannot appreciate the power of drugs in cases usually considered outside the range of medication. The pamphlet will well repay careful reading. We note that Mr. Wright confirms Dr. Burnett in his estimate of the value of *Triticum repens*.

INDIGESTION: ITS CAUSES AND CURE.‡

AN American edition of this work, which is now in its fifth English edition, has been brought out by Messrs. Boericke & Tafel, the well-known publishers of homeopathic works in the United States.

* *Who's Who, 1900: An Annual Biographical Dictionary*. London: Adam & Charles Black, Soho Square. 1900. Price, 3s. 6d. net.

† *Senile Hypertrophy of the Prostate and its Treatment, especially from the Drug Side*. By Dudley Wright, F.R.C.S. Eng. London: E. Gould & Son, Ltd., 59, Moorgate Street, E.C.

‡ *Indigestion: Its Causes and Cure*. By John H. Clarke, M.D. American edition. Philadelphia: Boericke & Tafel.

NOTIFICATIONS.

* * * We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees. Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

VACANCIES.

MIDDLESBOROUGH.—A correspondent writes that there is very great want of a homeopathic doctor in this busy town of 100,000 inhabitants. There is at present a very fatal epidemic of pneumonia prevailing, against which the resources of allopathy make no brilliant show. The medical men of the place cannot make up their minds whether it is infectious or not, and whether or not it ought to be scheduled as "notifiable."

CAIRO.—Egypt does not possess a single homeopathic practitioner. We are informed that the want of one is often felt in Cairo by the army of American and British tourists who pass through, or reside near, Cairo throughout the winter.

ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

* * * In this department we shall be happy to reply to any inquiries relating to homeopathy or to the matter of our magazine that our correspondents may like to address to us. We cannot, of course, undertake to give medical advice in particular cases, which is the business of a medical attendant; but if our medical readers like to put queries to each other regarding points of practice or puzzling cases, we shall be happy to insert queries and replies.

MATERIA MEDICAS.

A. W., *Southport*.—We fear the exact *Materia Medica* you require does not exist. If you can obtain a secondhand copy of Curie's Edition of Jahr's *Materia Medica* that will perhaps come nearest to meeting your wants. Cheap *materia medicas* are no more to be had than cheap steam engines. The labour and cost of compilation and production is too great.

THE NERVOUS DEPRESSION OF ZINCUM.—Nervous depression of brain, spine, and ganglionic nerves. Deficient nerve power and consequent debility, emaciation, and anemia; the latter not from blood changes but from impaired nutrition. A quantitative deficiency. The system, having too little reactive power to develop pathological processes, suffers the results of suppressed diseases, the viscera then bearing the burden as when eruptions fail to come out.—E. Fornias, in *Amer. Hom.*

Obituary.

THEODORE RAINY BROTCHE, M.D.

WE greatly regret to announce that Dr. T. R. Brotchie has passed away at the comparatively early age of fifty-four. His death took place on April 22nd last at Richmond, Surrey, whence he had removed on leaving Belfast, where he had enjoyed an extensive practice for a number of years. It was the break-down of his health that compelled his retirement, and unhappily the malady proved to be more deeply seated than was at first supposed. Dr. Brotchie was M.D. of Aberdeen, having taken his M.B. and C.M. at the same university in 1871. For a long time he was associated with the homeopathic dispensaries in Liverpool, where he was in practice before he went to Belfast. His loss is keenly felt by many friends and patients in both cities.

GENERAL CORRESPONDENCE.

A CODE OF ETHICS FOR FREE PATIENTS REQUIRED.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—A colleague, firmly imbued with the necessity for adhering strictly to ethical rules, wrote me lately that a patient of mine intended consulting him and that he declined to see the patient till he heard from me. As I had treated the patient gratuitously, I could see neither sense nor charity in adding gratuitous correspondence to gratuitous physic, and declined to do more than acknowledge my friend's very polite letter.

But, sir, my difficulty only now begins and I must ask you to help me out of it. Am I right in supposing that there does not exist any code of ethics regarding free patients, and that our noble profession, in its condescension and in its charity, allows this portion of the community to consult any doctor it likes, while restricting

the freedom of those whose misfortune it is to enjoy the ease and contentment of the proverbial Biblical lily?

You belong, I believe, sir, to a society strong on points of ethics, a society that has accomplished the apparently impossible but truly humanitarian feats of founding a hospital the treatment in which is confined exclusively to itself, and inaugurating a *Directory* devoted entirely to its own members, and which is therefore peculiarly well constituted to issue a treatise upon the ethics to be observed regarding free patients.

Trusting you will see your way to make this suggestion, for I want you to suggest to this British Homeopathic Society the need of some such Treatise,

Believe me, sir,

Your obedient servant,

ROBT. T. COOPER.

18, Wimpole Street, W.

[Our correspondent has put his finger on the vital spot of "Medical Ethics." At bottom it is a question of "£ s. d." If there had been no fees involved, we doubt if Jukes de Styrap would ever have been inspired to write his famous *Code*. But it must be allowed, all the same, that the mystic phase "Medical Ethics" has a very imposing ring about it. With regard to the British Homeopathic Society's *Directory* for 1900, up to the present it is conspicuous by its non-appearance.—ED. H. W.]

SINGULAR REMEDIES FOR HEADACHE AND EPILEPSY.

To the Editor of THE HOMEOPATHIC WORLD.

DEAR SIR,—A hard-working man, who has seen about sixty-five summers, told me the other day that when a boy of fourteen he used to suffer constantly, day and night, from sick-headache, and used to look "as white as a maggot." For several months the local doctor treated him from time to time; but the medicine did him no good. A shepherd about this time told his father that he could cure him in a week. His father replied that he would give him a sovereign if he could. The shepherd brought a dry, cast-off snake-skin which he had found under a hedge, and placed it smoothly inside the boy's cap, between the cloth

of the cap and the leather lining. On replacing the cap on the boy's head, the shepherd remarked, "Now, that's going to put new life into you." He simply wore the cap when out of doors, as usual, and in three days his sick-headache was gone; and he tells me he has never had a return of real headache since, though his head sometimes feels muddled when he has a cold. He let the snake-skin remain until it was worn to shreds.

Soon afterwards the doctor called again, and remarked on the improved appearance of the boy. On being asked to what he supposed it was due, the doctor naturally attributed his improved condition to the medicine. The boy spoke up and said he was always the same after taking the medicine as before. On his father showing him the snake-skin, the doctor pronounced it "a very simple remedy, and a very funny one."

It certainly seems strange that there should be such efficacy in the dry skin of a snake, and still more so that it should take effect through the leather lining of a boy's cap.

This incident reminds me that a few years ago a married woman of middle age told me she used to be subject to epileptic fits until a few years previously, when a lady told her of a remedy which she had learnt from the widow of an Indian chief, viz., to wear a sprig of Arbor Vitæ (*Thuja occidentalis*) in each of her boots. This she did, and in the course of about two months the epileptic fits ceased, and her general health improved.

After reading the mental symptoms of *Thuja*, there seems little difficulty in believing that it might be a useful remedy in some cases of epilepsy.

Dear Sir,

Yours very respectfully,

FERRUM.

DR. HAYWARD ON DR. HUGHES' WORK.

To the Editor of THE HOMEOPATHIC WORLD.

DEAR SIR,—I have just received my copy of the fourth—the concluding—part of Dr. Hughes' Repertory.

The *Cyclopedia*, which is the best of all works for the student of drug pathogenesis, is now made also the best for the practitioner—the most reliable for daily use in practice.

For these two works alone homeopathic practitioners owe Dr. Hughes a debt they can never pay.

Please allow me, through your journal, to tender Dr. Hughes my sincere thanks.

Yours truly,

JOHN W. HAYWARD,

61, Shrewsbury Road, Birkenhead.

May 10, 1900.

[We are glad Dr. Hayward finds the *Cyclopedia* so handy. Less gifted homeopaths find yet one thing lacking, namely, the schematising of the symptoms of each remedy. Will Dr. Hayward meet the requirements of humbler persons by undertaking this task?—ED. H. W.]

VARIETIES.

THE PSORINUM CHILD.—Delicate, scrofulous, emaciated, easily startled, with a pale sickly countenance; unhealthy skin, always with a filthy smell, even after a bath, and intolerable itching; distended abdomen with colicky pains; watery, very fetid stools and otorrhea, coryza, and scrofulous ozena. Sick baby is awake day and night, and frets and cries until exhausted.—E. Fornias, in *Amer. Hom.*

CHINA IN PERIODIC HEADACHES.—Dr. Berlin was consulted by a woman of thirty years who six years previously, while nursing an infant, had been seized by periodic headaches which since then had not left her. Advised by a physician to wean the child, they decreased somewhat in severity, disappeared now and then for a time, but were sure to return and to last for weeks. During the last two years they had increased decidedly in intensity, so that for four or five weeks they would not cease. When she came under treatment she had been suffering from an attack of six weeks' duration. The patient was large and robust, and though anemic in appearance complained of none of its symptoms. Her appetite was good; her bowels and menses regular. The pain was described as stitching, boring and throbbing in the forehead, temples and vertex, as though the brain would crowd through the skull. Now and then most painful stitches would shoot across through the brain. She was extremely sensitive to noises, music, and complained of violent and paroxysmal vertigo, especially if she stooped over and then raised up. The scalp was very tender on contact, so that combing her hair was almost impossible. The headache came on promptly at nine in the forenoon, and between ten and twelve became almost intolerable, gradually to decrease from one o'clock in the afternoon, and at two it would have disappeared. China 1x was given, five drops four times a day. In three days the headache had wholly vanished. Four months afterwards she had remained free from it.—*Leipziger Populäre Zeitschrift fuer Homœopathie*, Nos. 19–20, 1899.—Such a headache would make

one think it of malarial origin, although many diseases have this strange periodicity without being malarial. They seem to have a "touch of malaria" along with the other symptoms. Osler states that this peculiarity is noted in regions where there is none of this disease. "Long-lasting headaches smell of syphilis," says Ricord.--
Frank H. Pritchard, M.D., in "Hahn. Monthly."

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET,
BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Mondays and Saturdays, 2.0; Thursdays and Fridays, at 10.0 a.m.; Diseases of Women, Tuesdays, Wednesdays, and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays and Saturdays, 2.0; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Tuesdays, 2.30; Diseases of the Nervous System, Wednesdays, 9.0 a.m.; Dental Cases, Wednesdays, 9.0 a.m.; Orthopedic Cases, Tuesdays, 2.0; Electrical Cases, Wednesdays, 9.0 a.m.

MEDICAL AND SURGICAL WORKS PUBLISHED
DURING THE PAST MONTH.

- Cheyne** (W. Watson) and **Burghard** (F. F.). A Manual of Surgical Treatment. In 6 Parts. Part 3. The Treatment of the Surgical Affections of the Bones. Amputations. Roy. 8vo, pp. 322. (Longmans. 12s.)
- Crandall** (O. H.). Diseases and their Cure. Fifty Years' Experience. Cr. 8vo, pp. 88. (Homeopathic Publishing Co. 5s. net.)
- Green** (T. Henry). An Introduction to Pathology and Morbid Anatomy. 9th ed., revised and enlarged by H. Montague Murray. With Coloured Plate and 337 Illustrs. Roy. 8vo, pp. 608. (Renshaw. 21s.)
- Grunwald** (Dr. Ludwig). A Treatise on Nasal Suppuration; or, Suppurative Diseases of the Nose and its Accessory Sinuses. Translated from the 2nd German ed. by William Lamb. With 8 Illustrs. in the Text, 2 Plates and 1 Table. 8vo, pp. 384. (Baillière, Tindal & Cox. 10s. 6d. net.)
- Knight** (W. A.). A Text Book of Materia Medica for Pharmaceutical Students. Cr. 8vo, pp. 320. (Clive. 9s. net.)
- Montenegro** (Jose Verdes). Bubonic Plague: Its Course and Symptoms, and Means of Prevention and Treatment, according to the Latest Scientific Discoveries, including Notes on Cases in Oporto. With an Appendix specially written by the Author for the English ed. Authorised Translation by W. Munro. 8vo, pp. 84. (Baillière, Tindall & Cox. 3s. 6d. net.)
- Nose and its Diseases** (The). With Remedial Treatment. By "Lennox." Cr. 8vo, ed., pp. 44. (Guildford & Hart. 1s. 6d.)
- Repertory** (A) to the Cyclopaedia of Drug Pathogenesis. Part 4. Compiled by R. Hughes. Imp. 8vo, paper cover, pp. 426. (Homeopathic Publishing Co. 6s. net.)
- Robinson** (Tom). The Diagnosis and Treatment of Eczema. 2nd ed. Cr. 8vo. (Churchill. 3s. 6d.)
- Scott** (Lindley). The Clinical Examination of Urine. With an Atlas of Urinary Deposits. 4to. (Churchill. 15s. net.)
- Smith** (Heywood). Practical Gynecology: A Handbook of the Diseases of Women. 2nd ed., revised and enlarged. Cr. 8vo, pp. 254. (H. F. Glasher. 5s. net.)
- Squire** (Peter). The Pharmacopœias of Thirty London Hospitals. 7th ed., revised by Peter Wyatt Squire. 12mo., pp. 414. (Churchill. 6s.)
- Tirard** (Nestor). A Text-book of Medical Treatment: Diseases and Symptoms. 8vo, pp. 702. (Churchill. 15s.)
- Wallace** (J. Sim). The Cause and Prevention of Decay in Teeth: An Investigation into the Causes of the Prevalence of Dental Caries: to which are Appended some Suggestions on its Prevention. 8vo, pp. 102. (Churchill. 5s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 30, *Clarges Street, W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisements and business communications to be sent to the "MANAGER" of the Homeopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should 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.

Mr. F. Kopp, Greenwich, N.S.W.—Dr. Lamb, Geelong.—Dr. Greenway, Tunbridge Wells.—Dr. S. C. Ghose, Midnapore.—Dr. Cooper, London.—Dr. Hayward, Birkenhead.—Mr. Ivatts, London.—Mr. de Vasconcelloz, Oporto.—Mr. B. Behr, Berlin.—Committee of International Congress of Medical Press, Paris.—Ferrum.—Dr. Skinner, London.—Dr. B. K. Baptist, Calcutta.—Mr. Cooper, Middlesborough.

BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Library of Health.—Pub. Health Jour.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—Maanedsk. f. H.—H. Maandblad.—Calcutta Journ. of Med.—Hom. News.—La Homeopatia.—Hom. Envoy.—Hom. Physician.—Personal Rights.—Med. Times.

—Med. Century.—Jour. Belge d'Hom.—Medical Examiner.—Jour. Brit. Hom. Soc.—Hom. Recorder.—Wjestnik H. Med.—Amer. Med. Monthly.—Minn. Hom. Mag.—Reformador.—N. A. J. of H.—Critique.—Clinique.—J. of Orif. Surg.—Thérapeutique Integrale.—New Eng. Med. Gaz.—L'Art Médical.—Physician and Surgeon.—Amer. Homeop.—J. of Homeopathics.—Tasmanian Hom. Journal.—H. J. of Obst.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Indian Hom. Rev.—Toronto Globe.—Northern Echo (May 2nd).—Gout and its Cure. 2nd edition. By Dr. Burnett.—Notes on Senile Hypertrophy of the Prostate. By Dudley Wright, F.R.C.S. (Eng.).—Indigestion: Its Causes and Cure. American edition. Dr. Clarke.

The Homeopathic World.

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THE
INTERNATIONAL CONGRESS OF HOMEOPATHS
HELD AT PARIS IN 1900

THE HOMEOPATHIC WORLD.

JULY 2, 1900.

INTERNATIONAL CONGRESS, 1900.

WE would remind our readers of the great event of this month, and of the homeopathic year, the International Congress to be held at Paris from the 18th to the 21st inst., within the Exhibition precincts. The gathering will be one of unusual significance in that an unique feature will be the inauguration of the tomb of HAHNEMANN, now recovered from the years of neglect to which a combination of circumstances had relegated it. This event will take place on the morning of Saturday, 21st. It is remarkable that in the closing year of the nineteenth century the great national monument should be dedicated in Washington, in the adopted home of HAHNEMANN'S great Reform, the United States of America; and that in Paris, almost within a month of the Washington ceremony, the remains of the master should be honoured worthily in the city which he made the home of his later years.

Our readers will like to know the order of the Congress proceedings.

The Congress will assemble within the Exhibition bounds at the Palais des Congrès, on the right bank of the Seine, near the Pont de l'Alma.

During the four days of the Congress members will have free admission to the Exhibition on presentation of their tickets of membership.

There will be six séances. On Wednesday and Friday, a séance both forenoon and afternoon; on Thursday

and Saturday afternoon séances only. The morning of Thursday will be devoted to visiting the homeopathic hospitals; that of Saturday to the inauguration of HAHNEMANN'S tomb.

The order of subjects and discussions will be as follows:—

Wednesday Morning.—Presidential address. General medicine.

Wednesday Afternoon.—Frontiers of homeopathy: Isopathy; Bacteriology; Serotherapy; Opotherapy, &c.

Thursday Afternoon.—Materia Medica and Pharmacy. Posology. Alternation of medicines. Polypharmacy.

Friday Morning.—Monographs of diseases and medicaments.

Friday Afternoon.—Specialities: Obstetrics and Gynecology; Ophthalmology; Pediatrics, &c.

Saturday Afternoon.—History of Homeopathy since the last Congress. Professional interests. Choice and date of next Congress.

Saturday Evening.—At 7.30 banquet at the Restaurant Marguery.

We trust that all who can possibly attend the Congress—the last of the nineteenth century—will not fail to put in an appearance. We are making arrangements to be represented in Paris during the Congress week, and we hope to publish an account of the proceedings in our August issue. We would again remind our readers who intend to be present to put a copy of the *Homeopathic Directory* into their valises. They will find it a necessity when they want to pay calls on their Paris *confrères*.

THE SCIATICA OF COLOCYNTHIS.—Severe darting and cutting pain of right leg that runs like lightning from hip to knee, or even to the heel; worse from the least motion and at night. Want of sensation along course of sciatic nerve when the pain ceases.—E. Fornias in *Amer. Hom.*

THE MAGNESIA CARB. CHILD.—Child rather puny, sickly; want of nutrition. Pains in stomach. Colic, forcing child to bend double. Milk is ejected. Sour stools; may be green and slimy; look like the scum of a frog pond. Aphthæ. Liver affected, enlarged.—E. Fornias in *Amer. Hom.*

NEWS AND NOTES.

HAHNEMANN'S TOMB.

IN the *Revue Homœopathique Française* for June, Dr. Cartier, the editor, announces that the blocks of Scotch granite have arrived without accident in Paris from Peterhead, shaped and polished for the tomb of Hahnemann. There only remains to set up the monument and cut the inscription. All will be finished and ready for the inauguration on July 21st. It is pleasant to think that the British Islands have supplied this portion of the material for the monument.

GIBBS BLAKE.

IN another part of our present issue we publish an obituary notice of the late Dr. Gibbs Blake, whose death we all deplore. It is not likely that the departure of such a remarkable personality will remain without some permanent memorial, and it has occurred to us that homeopathy in Birmingham might be sufficiently powerful to give it a footing in the new university established in that city. Blake was the trusted medical adviser and friend of Sir Josiah Mason, out of whose endowment the university has arisen, and he was the most influential member of the board of trustees. The university is to be in advance of older foundations in adding technical branches to its curriculum. Why not add a chair of Homeopathic Medicine? We suggest that a memorial to Blake should take the form of an endowment to be called the Gibbs Blake Chair of Homeopathy. If that could be secured, the question of obtaining a charter for the London Homeopathic Hospital and Medical School might stand over. *Apropos* of the obituary notices, we observe that the *Medical Press* devotes a column to one on Gibbs Blake, carefully suppressing all allusions to the fact of his being a homeopath, and, of course, making no mention to the black-balling incident.

PUNCH ON PHOTOPATHY.

THE *Westminster Gazette* of June 6th having published a note on our leading article of last month, the subject was naturally taken up by our lightsome contemporary *Punch*. Our readers may like to see the luminous way in which he has handled it:—

“PHOTOPATHY.

[“Never before has light-treatment taken definite shape as it is undoubtedly doing now in a distinct ‘pathy,’ which THE HOMEOPATHIC WORLD calls ‘Photopathy.’”—*Evening Paper*.]

“When dark and dismal maladies
And glowing menace of disease
Man’s shrinking spirits frighten,
’Tis very fit (if nothing new)
Science its level best should do
His sufferings to lighten.

“And while our doctors make their aim
The torch of science to enflame
Their patients, at the sight of them,
Though heavy still their sufferings be,
Will for the future cheerfully
Endeavour to make light of them.”

Punch, June 13th.

BLEPHARIS CAPENSIS.

READERS who remember the interesting articles on South African remedies by G. M. H., which appeared in our pages last year, may like to see the following, which we take from Merck’s *Annual Report* for 1899.

“HERBA ET FRUCTUS BLEPHARIS CAPENSIS.

“From *Blepharis capensis*, Pers., an Acanthacea growing in South Africa, where it is known among the Kaffirs as *ubu-Hlungu besigcawu*.

“The *Blepharis* plant is valued by South African colonists as a remedy for blood-poisoning caused by the consumption of the meat of animals affected with anthrax. It is also used as an antidote for the bite of poisonous snakes, such as the puff-adder or *Clotho* (*Viper arietans*), and of tarantulas, and also as a remedy for toothache. For treating bites the powdered drug is stirred into a paste and placed upon the wound, and at the same time a little of a decoction of the substance is taken internally. Infections of anthrax are treated by means of a decoction of 6.0 per 600.0 cc. (1 p.: 100 p.) of water, which is taken in daily doses of six to eight tablespoonfuls. The administration of *Blepharis* is always watched carefully, as the medicine

is said to have a very heroic action. It has also ascribed to it powerfully antiseptic properties, which accounts for its recommendation in toothache. In this case a paste prepared from the powdered leaves or root is applied directly to the painful spot or a tincture of these parts of the plant is applied with the brush to the tooth."

HOMEOPATHY IN SOUTH AFRICA.

WE publish elsewhere an interesting article from the *Homeopathic Recorder* on "Homeopathy in the Transvaal." It will, no doubt, be news to many that the method of Hahnemann has found such favour among South African farmers. We believe, in Dr. Ruddock's time, there was a large exportation of homeopathic books, both in Dutch and English, to the Cape. Kimberley is the only city outside Capetown (where Drs. Kitching and Fallon are in practice) which possesses a homeopathic doctor. It is pitiful to think that among the slain at Elandslaagte was one who might have done much for reformed medicine in the new colonies. We trust some one will be found to carry out worthily the work he had in contemplation. Our valued colleague and some time contributor, Dr. Theophile Van den Heuvel, after practising for fourteen years in Kimberley, is at present spending a holiday in Europe. He left Kimberley after the siege, which he passed through without accident, though very much overworked, and recently favoured us with a call. He fully confirms the popularity of homeopathy in South Africa. He says it "goes by itself." The obstructives are, of course, the medical men, and especially the Medical Committee at the head of affairs. For instance, American degrees may be accepted for registration in South Africa; but if the degrees are obtained at a homeopathic college, there is no chance of them passing the Medical Committee.

CASTANEA VESCA IN WHOOPING-COUGH.

OUR contemporary, the *Homeopathic Review* (June), quotes the following from the *Medical Times* :—

"According to F. A. Remly (*Texas Medical Journal*, September, 1899), in the treatment of whooping-cough a reliable fluid extract of chestnut leaves, or that made from the fresh leaves, will prove of great value. From twenty to sixty drops of the fluid extract of chest-

nut leaves should be given four or five times a day; the patient being allowed nothing to drink for half an hour after taking this, or tea-spoonful doses of the decoction of the leaves may be used."

The use of chestnut leaves, *i.e.*, leaves of *Castanea Vesca*, the edible chestnut, in whooping-cough is no new thing; but our contemporary falls into the curious blunder of endeavouring to claim it as homeopathic on the ground of the proving of *Æsculus Hippocastanum*, the horse-chestnut, a tree belonging to a different natural order. *Castanea Vesca* has been proved, but the only respiratory symptom is a "slight pain in centre of right lung." The observation of its use in whooping-cough is a purely clinical one, and is none the worse for that.

PINEAPPLE POISON.

WE take the following from the *Globe* of June 20th:—

"POISONED FINGER-NAILS.

"The juice of the green and growing pineapple is accredited in Java, the Philippines, and throughout the Far East generally with being a blood poison of a most deadly nature. It is said to be the substance with which the Malays poison their kreeses and daggers, and also the 'finger-nail' poison formerly in use among aboriginal Javanese women almost universally. These women, says *Science Siftings*, cultivated a nail on each hand to a long sharp point, and the least scratch from one of these was certain death."

This is interesting, if true; and as *Ananassa sativa* is cultivated in this country, there should be no difficulty in isolating the poison and in proving dilutions of it.

THE INOCULATION MANIA.

AN article we publish from a military journal gives the experiences of a volunteer regiment under typhoid inoculation. These were not very desirable in themselves, and nothing short of absolute immunity would justify them. How far this is from being the case the following cutting from the *Globe*, June 20th, will testify:—

"ANTI-TYPHOID INOCULATION.

"According to the *Medical Press and Circular*, the results of the anti-typhoid inoculations of soldiers going to the front have been

a disappointment. Indeed, the inoculated officers seem to have suffered in a somewhat larger proportion than the non-inoculated, and to have exhibited a higher case mortality, differing in this respect from the results of inoculation of the men, such of the latter as availed themselves of the operation contracting typhoid in less proportion than their fellows. When, however, they did contract the disease the same high case mortality was observed as among the officers. It is surmised that the protection is relative, and not absolute. In other words, that its value diminishes as the dose of infection increases, and disappears altogether when the dose exceeds a certain limit."

Dr. T. J. Maclagan, writing in the *British Medical Journal* (June 23rd) quotes a statement by Dr. Washbourne regarding inoculation, that so far as he could judge it does not have a marked effect in mitigating the attack: "Two of our cases who died of enteric had been inoculated." Dr. Maclagan pertinently remarks that this is just what might have been expected; for "the foundation of the treatment is a hypothesis which is inconsistent with fact." The hypothesis is that one attack of typhoid protects from a second. This, he says, is not the case. Second attacks of typhoid are quite as common as they ought to be by the ordinary doctrine of chances.

RED LIGHT AND MEASLES.

It appears from the following, which we take from the *New England Medical Gazette* of June, that red light will cure measles as well as small-pox:—

"RED LIGHT IN THE TREATMENT OF MEASLES.

"A medical authority states that red light has, in his hands, been found extremely useful in the cure of measles. In one case a child suffering with this disease was brought within red rays by means of red blinds and a photographer's lamp, and in three hours the rash had disappeared, the fever subsided, the child only complaining of the want of light. Upon the blinds being removed the eruption and fever returned in three hours; the red light again asserted its supremacy by disposing in two hours of the rash and fever. Three other children he has since treated in a similar manner with like success."—*The American Practitioner and News.*

HOMEOPATHY AT BROMLEY.

"All connected with the Bromley Phillips Memorial Homeopathic Hospital and Dispensary are to be most warmly congratulated upon having reached the stage which was attained on Saturday last, when,

in the presence of a large and influential gathering of friends—amongst whom are many who are not disciples of homeopathy—the handsome new building which has been erected on a portion of the old White Hart Field was formally opened by Sir Henry Tyler, and dedicated to the public service. Side by side with its sister and older institution, the Cottage Hospital, the Phillips Memorial Hospital has been carrying on a most useful and beneficent work in Bromley for the past twelve years. The history of the hospital is one continuous record of growth and progress. From very small beginnings it has grown to its present important dimensions, and the new building which has just been completed ranks amongst the best-equipped and most efficient in the country. The hospital has enjoyed the reputation of being one of the best managed, and there can be no doubt that in its new home and under the advantageous conditions which there prevail the good work which it has been able to effect in the past will see a very considerable increase.”

So says the *Bromley and District Times* of June 15th, and we most heartily concur.

BROMLEY JOURNALS AND HOMEOPATHY.

THERE is certainly no complaint to be made on the attitude of the public press of Bromley with regard to homeopathy. Both the *District Times* and the *Bromley Chronicle* devote a whole side of one issue to recording the doings of June 9th, with lavish illustrations of the principal actors on that auspicious occasion. In the matter of portraits the *Chronicle* is easily first, though the *Times* gives the most satisfactory view of the hospital. The *Chronicle's* portraits of Sir F. Truscott (president), Dr. Madden, Dr. Wynne Thomas, and of Miss Hyde (matron) are excellent. Sir Henry Tyler, who, with his daughter, Miss Madeline Tyler, formally opened the building, was in excellent form and made a grand fighting speech for homeopathy.

SIR HENRY TYLER ON THE “CHARTER.”

HERE is a passage from the speech :—

“Our next question is, ‘What is the remedy?’ How can we best promote what we earnestly believe to be true? It is easy to shout, ‘*Magna est veritas, et prævalebit,*’ and to fold our hands. But there is no greater fallacy than to think that truth will prevail of itself. There is nothing so difficult as to promote the cause of simple truth. We are told that we should get a ‘Charter,’ that we should have

schools of our own. Yes, admirable advice in its way; but you cannot do so without gaining a majority in the House of Commons, and on the Medical Councils. Meanwhile we must be satisfied with the moderate progress we are making, and employ all possible individual efforts to increase it."

Our correspondent, Mr. Ivatts, thinks he knows a better way of obtaining a Charter than the conversion of the House of Commons. The House of Commons is not the only source of Charters.

"BOBS" A HOMEOPATH.

DR. MADDEN, in his speech in response to a vote of thanks, brought out the fact, not known to all, that Lord Roberts is a homeopath:—

"So long as they could show results such as those he had just given they could invite the fullest investigation into their practice and principles; and so long as they could count upon the public support of such men as Sir Henry Tyler, whose able adherence they were proud to claim, and men of such universal pre-eminence as Field-Marshal Lord Roberts (loud applause) they could afford to smile at the oft-repeated taunt that homeopathy might be all very well for treating infants and hysterical women, but was quite out of place in the treatment of strong-minded, intelligent men. (Laughter and applause.)"

We believe that Lady Roberts is an excellent amateur homeopath when out of the reach of professional help. Many of Lord Robert's staff are, to our knowledge, homeopaths like himself. Is it possible that the leniency with which our generalissimo has treated his vanquished foes may be due to the fact (as mentioned above) that he finds in his "brother Boer" a "brother homeopath" as well?

IRIS TENAX.

IN response to a request by the Editor of this journal Dr. E. A. Heath has solved a botanical problem of some importance. Dr. George Wigg proved an *Iris* some years ago which he named *Iris Minor*. This name is not known in botany, and it now appears that it is a local name only. The plant is undoubtedly *Iris Tenax*, and the name should be altered accordingly. The proving is a very remarkable

one. *Iris Versicolor*, also a small plant, was in flower at Kew a week or two ago, modestly unconscious of its high importance in medicine. Dr. Heath's letter will be found in our Correspondence pages.

ORIGINAL COMMUNICATIONS.

CLINICAL CONFIRMATIONS.

By THOMAS SIMPSON, M.D.

No observant physician can fail to see that the trend of medical opinion is towards eclecticism. If no other indication existed but the enormous output of parvules, capsules, tabloids, and other modern forms of dispensing, we should be forced to the conclusion that the single-remedy and the small dose had become fashionable amid the varied and ever-increasing range of therapeutic ideas. Young and aspiring practitioners are apt to become mere empirics, and, without the testimony of experience, to lapse into scepticism, or to return to the beaten track of antiquated methods. To check the rush of feeling toward confusion we must survey the situation from the high places of duty and consistency, and so remain masters of our priceless opportunities. In the chaotic state of therapeutics we sadly need to cultivate a calm and dispassionate power of discrimination, and to rest our theories on firmer premises. We have a law of cure, and a rule of practice. Let us, then, build thereon as many confirmations as we are able to find in the experience of others, or else from our own experience. The annals of practical medicine would thereby become redolent of reliable facts confirmed and trustworthy, and these arranged in some scheme would prove invaluable to the busy practitioner. *Apropos* of this suggestion, we venture to append a few clinical confirmations of some polychrests, and trust they may prove of practical utility.

Case 1.—Vera T—r, aged 6 years, pale, strumous. Since birth unable to expel stool without artificial aid; abdomen distended; frequent colic; digestion slow; stools pale with tallow-like masses in them; tongue foul; breath

offensive; very sensitive to noise—*e.g.*, to music. Scalp perspires during sleep; child sleeps lightly, and is easily tired. *Nux Vomica* 6 prescribed to undo the mischief of previous drugging. This relieved most of the distress, and the stools became easy, diurnal, and natural. Appetite improved, and pain ceased to trouble her. *Calc. Carb.* being indicated by the general condition, she took grs. 2 of trit. 6 every night with gratifying results, which convinced sceptics that they were *propter hoc*, and now Maltine constitutes her only auxiliary.

Case 2.—M——t R——n, aged 45. Housekeeper; hard worker. Complains of bad taste, offensive breath, constipation, headache (like a nail driven into temples), scanty menses, leucorrhœa, feet are cold and damp, at corners of mouth are ulcers of long standing, very sore, hindering eating or speaking. The *Cypher Repertory* (p. 144) gives two medicines under heading, "Cracks in angles of mouth." *Antim. Cr.* and *Mer. Sol.*; the latter, taken every night in the 6th dil., was curative of this discomfort, which had troubled her two years, and the general health improved. We often find, in a short time, a drug which corresponds to uncommon symptoms by careful selection under the heading narrated in this concise and accurately defined series of comparisons.

Case 3.—Mary D——y, aged 30; disposition placid. Fond of coffee. For years has suffered from violent pains in forehead on retiring to bed and on awaking. Pains are dull, distressing, overpowering any attempt at mental or bodily exertion. Tongue foul, taste bitter, eructations; appetite poor, much flatulence; stool costive, infrequent; menses normal; had *Nux Vom.*, dil. 6, each night; to avoid coffee.

On June 5th declares she has had no return of symptoms.

Case 4.—H.——y L——e, aged 56; patient is studious, sedentary, nervous, dyspeptic. Since twelve months suffered from frequent desire to urinate, aggravated at night; urine scalds during the act. *Cantharis* 12 each evening was specific, for in four days permanent relief of discomfort (which had lasted so long) ensued.

Waterloo, Liverpool, June 13th.

EPILEPSY—ARBORIVITAL ACTION.

By ROBT. T. COOPER, M.D.

THE following extract from a correspondent's letter is interesting. He writes under date May 29, 1900 :—

“ You may be interested to hear that I have succeeded in bringing about a cessation of epileptic fits in a case of seven years' standing, the fits averaging twenty to twenty-four a day, with one dose of *Viscum Album* φA. *No fit since the end of August.* I had previously tried *Viscum* 3x and 30 in repeated and in frequent doses, but without any perceptible effect.”

THE PLAGUE.

By DR. B. K. BAPTIST.

THE above name causes a great terror in the public mind; not that it is strange, but in consequence of the great mortality that occurs in a short time where it is epidemic. Since its first appearance in Bombay, in 1898, all medical efforts have failed in the treatment of this malady. Thousands upon thousands of rupees have been spent in precautionary and curative measures, and large sums are being still spent for the safety of the people of this country, and those who are connected with it in mercantile or other business.

As regards its treatment our old-school literature says nothing. We learn from certain sources that anti-febrins do not do any good; moreover, they do harm, producing profuse perspiration and collapse thereby. Drs. Dyson and Calvert give us information that in Bombay the following courses are taken in its treatment :—

For swollen glands, *Perchloride of Mercury*. For prostration, stimulant, such as brandy, &c. For delirium, bromide and such like. For external application on the swollen glands, only Extract of *Belladonna* and *Glycerine*.

This treatment has proved a failure so far.

Now consider what is said in the new-school (homeopathic) literature. Dr. Hughes says : “ Homeopathy has no practical knowledge of its therapeutics; and, happily, none of us are likely to have any occasion to treat it. If we had, *Arsenicum* and *Lachesis* are the two medicines

on which I should feel disposed to rely" (*Manual of Therapeutics*, part i. page 92). Our most learned and experienced Doctor M. L. Sircar has gathered a good deal of information, and has published an admirable booklet on Plague. There is everything in his *Therapeutics of Plague*. He has illustrated the experience of the late Doctor J. M. Honigberger, one of the disciples of Hahnemann. As to practical experience, the new-school students of the past were very deficient.

In 1898, when Plague broke out in Calcutta, there was a great panic among the people, so in many cases they did not call for medical assistance. The people were in much fear of doctors and inoculation, &c. ; they thought that if a doctor was called he would inform the police, and the police would burn their houses and everything they possessed. I had the opportunity of seeing only three cases in that year, patients who were very confident of my treatment, and were also known to me. I gave *Bell.* 3x in repeated doses for glandular inflammation. Although there was a high fever in every case I gave no other medicine. They recovered, but a little inflammation was left in one case, which was removed by the administration of a few doses of *Merc. S.* 6. They might have been mild cases, but the efficacy of *Belladonna* on glandular swellings is wonderful according to all homeopathic doctors.

Again in this year, when the pestilence prevailed, the Government decided not to interfere in any way as regards the treatment of those affected and precautions against infection, therefore the people having full liberty called for doctors freely. So I had the opportunity of seeing twenty-six cases of real Plague. Among this number two patients came too late to me, and they expired within a few hours, although proper steps were taken immediately. One had glandular swellings, and the other had intestinal disorder. I found this latter case in the stage of collapse. I tried *Acid. Hydrocyanic.* and *Carbo Veg.*, but without effect ; the patient died after eight hours. The attack in the former case was furious. The patient's fever was as high as 107° F., and he had a swelling from the right shoulder down to the sixth rib by the side of the pectoral muscle. I gave him *Lachesis*, as he had his eyes yellow ; burning all over his body ; great prostration ; foaming at the mouth ; heaviness and

pain in the head; but after three hours he died. The third case had delirium after the second day of his fever. I gave him *Ver. Vir.* 3x first day, and then *Bell.* 6 when he was delirious. But there was not any improvement, and accordingly I gave *Hyoscyamus* 30, which also was ineffective. He had his left armpit gland swollen. This case also died. Another case I lost was a woman aged about thirty-five. Her nose bled so violently that she was just at the point of tetanus. I tried *Crotalus* 6, by which the hæmorrhage was somewhat checked. For this case I consulted our learned Principal, Dr. M. M. Bose; but all efforts proved a failure; she died after fourteen days.

So far I have illustrated the black side of my treatment, now see the bright part of it. From practical experience I have come to know that there is no better remedy for Plague than *Lachesis*, whether it be septicemic or bubonic. High fever, yellow eyes, intense burning all over, head heavy, extreme restlessness, tongue swollen, and a sort of bruised pain all over, sudden prostration, patient unable to hold anything are the chief characteristics of *Lachesis*. It did not fail except in the case I have stated, which was far more advanced. For further indications of the drug, I refer to Dr. Sircar's *Therapeutics of Plague*.

The delirium in this horrible malady is so obstinate that it hardly yields to any other remedy except *Belladonna*, and that even in the 30th centesimal attenuation. One patient was delirious for twenty-four hours, after steady and constant use of *Bell.* 30 delirium disappeared. There were four swellings on his body, not only glandular, but also muscular; they did not subside under *Belladonna*, but suppurated, and I treated them accordingly by *Hep. S.* 6. This man has been suffering more than a month, his sores have not yet healed up completely, but I expect he will be all right in a few more days.

Almost all pneumonic cases I have cured by repeated doses of *Phosphorus* 6 alone; sometimes *Ant. Tart.* is required for profuse accumulation of mucus.

In the intestinal variety of Plague, I have found a most marked effect from *Ars. Alb.* 6x. As a rule I never use *Camphor*, because, after its use, retention of urine sometimes occurs. I have never found a case suffering from retention of urine under *Ars.* If there is

collapse and pulselessness I give *Acid. Hydrocyanic.*, although some doctors prefer *Carbo Veg.* I have learnt from practical experience that *Ac. Hydro.* acts directly and instantly. For cramps and spasms, I have no better suggestion than to give *Cup. Acet.* *Aconitum* is the best remedy for griping pain in the abdomen. Doctor Ruddock gives a wonderful illustration of *Acon.* (see his small *Vade Mecum*, p. 208).

In case of the Bubonic variety, blood-letting from swollen glands gives much relief. The bleeding should be made by putting leeches on the swelling; lancing is not safe, it may cause violent hæmorrhage and death thereby. I tried leeching in one case and found a good result therefrom. *Ver. Vir.* 3x and *Bell.* 3x are to be administered alternately every hour, if the case is found in the first stage. If there is no improvement after twelve hours, then administer *Lachesis* at once. Generally I use 7th centesimal dilution of it.

I have given a very brief account, but the result, at least, is satisfactory, since I lost only four out of twenty-six cases. The death-rate under my treatment in 15·4 per cent. May I await for further light on the subject from our experienced and learned doctors of this country and abroad?

33, Serang's Lane, Calcutta.

May 3, 1900.

ABOUT MY MATERIA MEDICA.*

By DR. CLARKE.

It is not an altogether unheard-of thing for an author to review his own work; only, when it does happen, it is usually done under the convenient veil of the editorial "we." I propose to dispense with this convenience, and, descending from the editorial pedestal, to talk about my work, the first part of which will, in a few days from this date, be at the disposal of the public, *in propria persona*.

It is now many years since the Homeopathic Materia

* *A Dictionary of Practical Materia Medica.* By John Henry Clarke, M.D. In two volumes. Vol. i., A--H. London: Homeopathic Publishing Company, 12, Warwick Lane, Paternoster Row, E.C. Issued in the first instance by subscription only. Subscription price, cloth, £2 2s. Half morocco, marbled edges, £2 12s. 6d.

Medica was what I may term "codified"—by which I mean, since all its members were set forth systematically in uniform shape. Jahr did this for the homeopaths of his generation, but his generation is long since gone by; and though his work stands at this day as good as ever it was, there has been since his departure an accumulation of therapeutic wealth that has been added on to the materia medica, but not exactly absorbed and incorporated into it. Since Jahr's time Hale has come and passed away; and his *New Remedies* are now "new" no longer. Other collectors have been busy adding to our resources, and volumes have been published to contain them. Only the other day there was issued from the greatest homeopathic publishing house in the world, that of Boericke & Tafel, of Philadelphia, a volume entitled *New, Old, and Forgotten Remedies*, by E. P. Anshutz, in which the author resuscitates from their entombment in magazines, many therapeutic treasures. This is admirable work; but it has seemed to me that something more than this is wanted. In homeopathy we have a veritable *embarras de richesses*. We are overwhelmed by the abundance of the resources which we have—not exactly at our command. I have often felt, as I think most homeopaths must have felt, much sympathy with a certain Crimean general who pleaded, in excuse for his failure to support a colleague in difficulties when called upon to support him, that *he had so many men in the trenches, he couldn't get them out!* There are two ways of meeting a difficulty of this kind, one is by cutting down the numbers, and the other is by having the men, or the medicines, so efficiently drilled and equipped that they are available at any moment for any possible service that may be required of them. In homeopathy there are not wanting powerful advocates for both these methods. The cutting-down method is perhaps the one most in favour; but it meets this insuperable difficulty—nobody can trust anybody else to do the cutting-down for him. Every one has some few pets which nothing could induce him to submit to the pruning shears, and so it comes about that the pruning policy does not get the amount of practical support which the number of those in favour of it would seem to indicate that it should. I have gone in for the alternative policy; with what success time will show. I can only tell now what my aim has been and how I have set about the accomplishment of it.

It is, perhaps, a fortunate thing that when I first entered on this work, more than a dozen years ago, I had not the faintest idea where it was going to land me. The magnitude of the undertaking might possibly have frightened me off it altogether if I had foreseen its full dimensions. In those days my aims were modest, and it is purely the result of force of circumstances that I have been driven from one plan to another till the one now before the public was finally adopted. How many plans were started and rejected after good progress had been made I shall never be able to tell, because I have kept no record of them. But I may mention one fact to show how the scope of the work has grown. Three years ago I had finished the work, as I thought, down to the letter F. It was then that the idea dawned upon me that it might be advisable to publish part of the work before the whole was completed. This led to a comparison between the earliest and latest parts, and I found that even the latest-adopted plan had grown as well as the work, and this necessitated my going over the whole again. The greater part of the last three years has been spent in bringing the early parts up to the completed form of the latest, and at the same time embodying in the work every therapeutic item of importance that has come to my knowledge in the meantime.

The plan thus finally evolved will, I think, be the plan on which materia medicas in the future will be built. I am not vain enough to imagine that the manner in which I have executed the work could not be improved upon, because I know quite well that it could. I could do it myself, if I had another lifetime to do it in; but as I can only count upon one, I must be content to do what is possible in that. And the plan after all is not so very different from that of Jahr. Jahr presents the materia medica in a Schema and an introductory part, as I have done after him. One of my rejected plans was to leave readers to seek the Schema of each remedy in other works, and to write an introduction only to the remedies. The novelty introduced by me is in prefacing each Schema with a connected descriptive account of the remedy, and illustrating it with such clinical material as I find bearing on the distinctive points in its action. It seems to me that this is necessary in order to supply a sort of "handle" to the remedy. A catalogue of

symptoms in Schema form, however diversified by varieties of type, is not an attractive piece of literature, except to one who knows well how to use it. An experienced homeopath has in his mental equipment a "handle," the product of his reading and experience, to fit those blades with the use of which he is most familiar. But to those who are inexperienced the Schemas (those in Allen's *Encyclopædia*, for instance) are like so many knife-blades without handles fitted to them. This I have endeavoured to supply for each remedy in the introductory part, and particularly that section under the heading "Characteristics." In this I have sketched each remedy so that, I think, a useful, practical grip may be obtained of it.

In homeopathy there is constant demand made on the faculty of comparing. To such an extent is this the case that it is hopeless for any one who does not possess a fair development of the faculty to attempt to practise homeopathy. Cases must be compared with remedies, and remedies with each other. But in order for a successful comparison of remedies to be made it is necessary first of all to strictly individualise them. Take, for example, four great members of the Scrophulariaceæ—*Digitalis*, *Euphrasia*, *Gratiola*, and *Tabacum*. These make an admirable group for comparative study. There is no exercise more useful or more fascinating for a homeopath than to compare members of such a group as this, section by section throughout the Schema. But before this is possible, it is necessary to treat them as individuals, to give them full-length portraits as if they had no relations in the world. This I have endeavoured to do in such a way that the comparing may be readily done by the reader. In the same way I have treated every member of the great *Ferrum* group as a distinct individuality. There are many *Ferrum* symptoms running through the whole group; but to slump them together does not help the prescriber to select the most appropriate salt of the group in a given case. In my student days I once entertained a bright notion that medicine was going to be simplified by having all drugs reduced to alkaloidal principles and the science of prescribing reduced to mathematical precision. This was ruthlessly knocked out of me one day by Dr. George

Balfour, who casually remarked to a group of students in the wards, "You know, there are some cases of intermittent fever which *Quinine* won't cure, but which *Bark* will." As far as I recollect he left it to be inferred that the way to find out which were which was by making the trial. But the remark so stunned my therapeutic senses that I was incapable of taking in anything more at the time. There are some homeopaths who think it unnecessary to give an account of alkaloids independently of the drugs from which they have been obtained. I leave Dr. Balfour to answer them. Wherever alkaloids have been studied independently of the parent drugs I have endeavoured to portray them independently; and if it is possible to tell beforehand which cases of fever call for *China* and which for *Chininum Sulphuricum*, I think my pages will supply the necessary data.

Why, it may be asked, did I not wait till I had finished my work before commencing to publish? I have a number of very good reasons, and the financial reason is one among them. I need not say that the cost of producing a work of this magnitude has been very great. By offering it in the first instance to subscription I hope sufficient will be realised to cover the chief portion of the cost of the first volume, and to meet some of the requirements of the second. Those who subscribe now will thus assist me, and will have in their possession one-half of the *Materia Medica*, arranged on a uniform plan, for present use. And I think I can promise them that by the time they have mastered the contents of the first volume, the second shall be ready.

Another reason deciding me to publish now was that I might know into what compass it was possible to get the work. I have rather a passion for compression; for the smaller the space, if the order is good, the handier is the instrument as a rule. But I do not think I have sacrificed intelligibility for the sake of gaining space; and I have been gratified to find that it is possible to get the whole materia medica, done on my plan, within two volumes that are not too large to handle.

Further, having passed one-half of my work through the press, I know the requirements for the second as I could not otherwise. Already good progress has been made with Vol II., but it has necessarily been delayed by the work

of seeing Vol. I. through the press. Now that is finished my undivided attention will be given to Vol. II., and my chief ambition will be to get out of my debt to those who have honoured me with their confidence by subscribing. Those who are more cautious and like to wait and see what they are buying will also have the satisfaction of helping on the cause by paying about as much for each volume as subscribers will now pay for the two.

In many practical matters I wish to acknowledge the great assistance I have received from my publishers; and while the work of the printers will sufficiently speak for itself, I should like to say a word for the promptness with which they have set up an unusual kind of composition, and the courtesy with which they have carried out my wishes.

Another acknowledgment I should like to make here, and that is to my friend Mr. T. H. Doughty, who has very kindly assisted me in revising the chemical formulæ of the remedies.

In conclusion, I may mention that the publishers will be pleased to forward specimen pages to any one who would like to see them.

30, Clarges Street, W., July 2nd.

MATERIA MEDICA MISCELLANY.

By J. R. P. LAMBERT, M.D.

Apocynum Cannabinum in Ovarian Tumour.—Dr. Oscar Hansen reports the case of a woman, aged 26, married, who complained of weakness, loss of strength, slight appetite, great pain during menstruation, and frequent desire to urinate. The abdomen was increased in size, and more so on the left side, with shooting pains in the left leg. Slight constipation, urine normal. On examination a fluctuating tumour was found in the left parametrium. An ovarian tumour was suspected, and *Apis*, *Hepar*, and *Bryonia* were given, but as her condition gradually grew worse, she consulted a specialist, who confirmed the diagnosis and advised removal of the cyst, but she refused. As no particular symptoms were present, she was given *Apocynum* ϕ \mathfrak{M} v. t.i.d., gradually increasing it to fifteen drops. She took the remedy for

eleven months, and then it was found that the growth was almost gone. Since then she has been well, and two weeks before reporting case no trace of the cyst was to be detected. Under the remedy the amount of urine passed was about double the normal amount.—*Hom. Tidskrift (Hom. Journ. of Obstet.)*.

Satmuli.—Dr. Gangadin, of Hyderabad, India, reports that the fusiform tubers of this plant, which are innumerable, are used in medicine. It can be rightly called women's friend as its action is chiefly on the generative system of woman. The following is its action on the system of females:—

1. It produces normal quantity and quality of menstrual fluid, and so cures dysmenorrhea, vicarious menstruation, and some forms of menorrhagia.

2. It gives great tone to the generative system of women, and so indirectly cures leucorrhœa and other vaginal discharges.

3. It gives tone to the ovaries, and so they produce healthy and mature ova. Owing to this, it has often been found a curative of sterility or barrenness when the cause of which was either the disordered state of the ovaries or the production of weak and immature ova.

4. It has the power of stimulating the lacteal glands of the female breast, and so produces more milk, because it is a medicine for agalactia.

It also gives a general tone to the whole body, and so is a most useful medicine for women in renovating their systems after parturition or nursing. If given after parturition, and continued for some time, it wonderfully strengthens the system, especially the generative, and produces enough good milk for her baby. It keeps her from becoming weak from suckling or other causes producing debility at such periods.

It is a harmless medicine, and can be used for months with profit. It is taken in doses of thirty or forty grains, twice or thrice a day. It can be prepared in the form of fluid extract. It is much used in India by the native physicians. Its properties are enhanced by a little more use of butter.—*Ibid.*

Selaginella Apus, an Antidote to Snake and Spider Bites.—*Selaginella*, popularly known as snake moss, is declared by Dr. Kent to be a perfect antidote for the poison of snakes and spiders. With $\frac{1}{2}$ dram of the moss

is macerated thoroughly one fluid ounce of sweet milk. The moss is then taken out of the milk and bound on the wound, while the milk itself, containing small fragments of the moss, is swallowed by the patient. A number of cases have been successfully treated in this way by the author. One case cited is that of a boy of eleven years who was bitten on the instep of his right foot by a large copper-head moccasin. In an hour the foot was swollen to double its normal size, the pain being intense. The next morning, after treatment with the moss, he was at play, with only a scratch to remind him of his encounter with a snake.—*Am. H.*

Treatment of Whooping-cough.—Dr. Cartier thinks that though *Drosera* is the remedy most often used in pertussis, yet it is not the typical one; rather would he regard *Corallium Rubrum* as such (Teste). He follows with *Chelidonium* to complete the cure, though not until the attacks have ceased, for if used too soon it will aggravate. *Drosera* and *Corall.* may be alternated. *Passiflora Incarnata* has served him better than *Bell., Con., Hyos., &c.*, which have nightly aggravations in those cases where the attacks are worse of nights. Two drops are taken after each attack of coughing, yet not more than six to twelve during any one night.

Cuprum in violent, spasmodic coughing, where the child becomes cyanotic and the lips violet, with muscular twitchings, is of value.

Ambra Grisea in pertussis with eructations. In a case with this symptom, where no remedy appeared to help, *Ambra Grisea* 3x in twenty days cured the child. *Coccus Cacti* is indicated where the child wakes up with a violent attack of coughing. Frequently the child will have two coughing seizures, one after the other, where *Merc. Corr.* will be indicated. The third stage, with its nervous cough, requires generally *Hyos.* and *Puls.* Here a change of air does good.—*Homeopatisk Tidskrift*, No. 10, 1899 (*Hahn. M.*).

SNAKE-VENOM—ITS ACTION AND EFFECT.

Being a reply to arguments advanced by those favouring the Blood-poison Theory.

By FREDERICK KOPP, Greenwich, N.S.W.

.XX.—EXPERIMENTS WITH *STRYCHNINE* ON ANIMALS.

(8) “*Has Feoktistow ever made use of Strychnine in his experiments on animals, and, if so, what was the result?*”

He has. Feoktistow found that while *Strychnine* has been known to restore the reflexes quickly and completely in man, even intravenous injections were ineffectual on small animals. He states that in his experiments on cats and frogs he noticed an antagonism between *Strychnine* and snake-venom. He found that *Strychnine* convulsions were almost instantly arrested by injections of snake-venom, and did not take place in frogs that had received a fatal dose of the latter poison, and in the case of cats less violently. All the animals experimented on, however, died. Feoktistow, it is said, despaired of finding a physiological antidote for snake-venom, after *Strychnine* had failed him. It appears that under the warring action of the two powerful poisons, injected almost simultaneously, the motor nerve-centres of lower vertebrates give way altogether. With regard to cats, Feoktistow found that, like dogs, they were very apt to die if the quantity of *Strychnine* injected was ever so slightly in excess of the actual requirement.

SNAKE-VENOM ACTS AS A NERVE-POISON ON ANIMALS.

(9) “*Have any experiments ever been made on animals, say cats, for instance, to show that snake-venom acts on them as a depressing nerve-poison, and also lowers the blood-pressure?*”

Yes. Feoktistow found that if small intravenous injections of snake-venom were injected into a cat, the poison produced a great increase in the frequency of the respiration, and that section of the vagi immediately reduced this frequency. He thus ascertained that consequently small doses acted as a stimulant of this centre. However, when the above was repeated several times, the respirations were gradually retarded, and asphyxia set in owing to paralysis of the centre. Large doses of snake-venom produced this effect immediately without

any previous acceleration, and very large ones paralysed the heart respiration and vaso-motors almost simultaneously. The blood-pressure also fell to 0. By the kymograph, of which he made use, he found that respirations were shallower in proportion to their frequency. As the latter were reduced they were deeper at first, but became shallow again, being occasionally interrupted by spasmodic inspiration. When artificial respiration was resorted to it only prolonged life for a short time. Feoktistow, in experimenting with the venom on frogs, found that it produced asphyxial respiration, general paralysis, and death. On mammals it produced the following symptoms—symptoms which beyond a doubt point to snake-venom acting as a nerve-poison: dyspnoea, asphyxia, paresis, and paralysis of the lower extremities, which symptoms were afterwards followed by general paralysis, sometimes clonic and tonic convulsions, hemorrhages from the bladder, bowels, lungs, and nose, and finally complete paralysis of the heart and of respiration, culminating in death. Feoktistow found that even the smallest doses—.02 to .04 mllgs. of dried venom pro kilo—when injected into the vein of a cat almost instantly caused a fall in the blood-pressure, without, however, influencing either the pulse or the respiration; 2 to 4 mllgs., however, were sufficient to cause the blood-pressure to fall to 0, bringing on collapse. Infusions of blood only temporarily raised the blood-pressure. Feoktistow's experiments on animals have also shown that lethal doses of snake-venom, when injected, produce quickly a high degree of paresis of splanchnic nerve, which culminates within a few minutes in paralysis, extreme engorgement of the abdominal veins, and is followed by rapid collapse, extreme excessive weakness of the bloodless heart, anemia of the nerve centres, and death.

THE ANTERIOR COLUMNS OF THE SPINAL CORD FIRST AFFECTED BY THE ACTION OF SNAKE-VENOM.

(10) "*What portion of the human system is first affected by the action of snake-venom?*"

The anterior columns of the spinal cord are always the first of the nerve centres which are affected by the action of snake-venom. The affection commences in the lumbar

ganglia and takes an upward course. The lower extremities begin to feel unnaturally heavy, and a paretic condition of the muscles supervenes simultaneously on both sides. The walk of the person bitten becomes very unsteady and staggering, yet by a powerful effort the patient is sometimes yet able to walk for some distance. The latter is generally the case in those cases where there has been prompt ligature and excision of the part bitten, so that the absorption of the venom has been to a great degree checked. Later on, though still able to move his legs in a sitting posture, the patient is unable to rise again, and, before long, even sitting up becomes a matter of impossibility, and he collapses helplessly. Sensation at this stage is, however, still intact, and superficial reflexes by pricking the skin still take place. Even after the muscles of the neck have become paretic, and the head is held up with difficulty, or sinks to one side, the upper extremities usually retain their power of voluntary motion. In the case of birds, however, the reverse appears to be the case, as the wings are usually the first to be attacked, or else paresis comes on in the wings and the legs simultaneously.

ADVANTAGE OF BEING ACQUAINTED WITH THE NATURE OF SNAKE-VENOM.

(11) *“You advocate strongly that snake-venom is a nerve-poison, acting on motor nerve centres. What advantage or benefit is there, or what difference does it make, whether the venom is a nerve or a blood-poison so far as anyone is concerned?”*

I hold that it is absolutely necessary before a physician treats a disease, that he should be thoroughly acquainted with the action and effect of that disease, for, how can he successfully treat the disease unless he is familiar with its sphere of action? What would be thought of a physician who undertook to prescribe for a patient of the nature of whose complaint he was totally ignorant? The settling of the question, once and for all, as to whether snake-venom is a nerve-poison or a blood-poison is of the utmost importance, and I have little sympathy with those who are indifferent on this subject, or who pretend to be so, from reasons of their own, to which I have no need to refer, as they are best known to themselves. As a

representative of the party advocating the nerve-poison theory, whose numerical strength is daily increasing, I may state that we are anxious to have this question settled once and for all in a thoroughly scientific manner; and we are so confident that our claim is so well founded on actual facts, that we hold that there will be no difficulty as to the upholding of our theory as the correct one. There is nothing to be gained by this continuous wrangling over the two theories, as to whether one or the other is the correct one, and I have written this somewhat lengthy paper on "Snake-venom—its Action and Effect," with the object of simplifying matters, so as to cause it to be easily understood why we claim snake-venom to be a specific nerve-poison, acting on motor nerve-centres. We claim that those who cling to the blood-poison theory are unaware of the true action of the venom, and that that theory is contrary to the results shown both in experiments and in actual cases of snake-bite in man and animals, and, further, is not in accordance with scientific investigation. The heaping up of abuse on those who profess the nerve-poison theory is no proof that the blood-poison theory is the correct one, no more than that of calling black white actually makes it so. And this I have repeatedly pointed out. We simply rely on solid, scientific facts—on facts which can be proved, and which I have proved in these pages.

PROFESSOR HALFORD AN ADVOCATE OF THE BLOOD-
POISON THEORY.

(12) "*Are you positive that Professor Halford has ever declared himself in favour of snake-venom being a specific blood-poison, and not a nerve-poison?*"

I should imagine that it is a fact well known that Professor Halford is a staunch advocate of the blood-poison theory, and, so far as I know, he has always been so. He has also proved himself to be a warm advocate and admirer of the Pasteur Institute and of Dr. Calmette (one of the leading lights of the party professing allegiance to the blood-poison theory), and he speaks very highly of the *Chloride of Lime* antidote, even asserting that it was astonishing to him that so small an amount of free *Chlorine* should have such a powerful effect in antidoting

the action of snake-venom. By the bye, what about its antidotal powers in the case of the fifth dog, *re* Professor Davies' experiments? How was it that the "free *Chlorine*" refused to act in antidoting the snake-venom. There evidently must have been a screw loose somewhere! Professor Halford says that he had found that all experiments made hitherto had proved the venom to be indestructible, which had led him to the belief of the existence of a ferment in snake-venom. The fact of Professor Halford connecting himself as he has done with the *Chloride of Lime* antidote is proof enough that he is a blood-poison theorist, as Dr. Calmette, as I have before stated, is a staunch advocate of that theory. In THE HOMEOPATHIC WORLD of July, 1895, when writing on the supposed merits of the new snake-bite antidote, I wrote as follows: "Professor Halford, in his work, brings up again his old arguments in favour of the supposition that snake-venom is a *blood-poison*. He insists emphatically that it is so, and claims that the 'Calmette treatment,' as the new antidote is termed, is but a confirmation of his own views. I still contend, notwithstanding the arguments of Professor Halford, Mr. Willoughby, or of any one else, as I have always done, that snake-venom is not a blood-, but a *nerve-poison*. The simple fact of its having a special affinity for the motor nerve-cells, and the way in which it lowers their functional activity, and, in fatal cases, even entirely suspends it, surely go far to prove that the nerve-poison theory is the correct one. But, at the same time, I hold that it produces no structural change, but merely a purely functional derangement."

(To be continued.)

TRACHEO-BRONCHIAL ADENOPATHY.—The difficulty experienced in diagnosing the existence of ganglions along the tracheo-bronchial tract is felt by every practitioner. The rational signs, though numerous and various, are not exactly characteristic and of which one only might be considered as conclusive—dulness over the third, fourth, and fifth dorsal vertebræ—is not to be perceived at the outset, and in any case requires a very delicate sense of sound on the part of the operator. Dr. Gerlier says that there exists a very simple sign which permits the perception of the increase in volume of the ganglions. If the stethoscope is placed on any part of the vertebral column the heart beats will be distinctly heard. The cause of the phenomenon is evidently in the transmission of the sound by solid bodies (the ganglions).—*Med. Press*, Paris Letter, June 13th.

SOCIETY'S MEETING.

BRITISH HOMEOPATHIC SOCIETY.

THE ninth meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, London, W.C., on Thursday, June 7, 1900, at eight o'clock p.m., Dr. Washington Epps, the president, taking the chair.

Thos. Ashcroft Ellwood, M.R.C.S., L.R.C.P. Lond., D.P.H. Camb., 111, Stroud Green, N., proposed by Dudley D'A. Wright, F.R.C.S. Eng., London, and James Johnstone, F.R.C.S. Eng., Richmond, was elected a member of the Society.

The following specimens (among others) were shown:—

- | | |
|---|--------------------------------|
| 1. Myelosarcoma of tibia; specimen and Microscopic slide ... | Mr. Watkins and Mr. Knox-Shaw. |
| 2. Advanced calcareous degeneration of aortic cusps from a man aged 85, who died in sleep; no medical history ... | Mr. C. J. Wilkinson. |
| 3. Anencephalic fœtus (full term); the mother was suffering from severe strain at time of conception... .. | Mr. J. Johnstone. |

An exhaustive paper containing many interesting facts was then read by Dr. V. Jagielski (London), on the Therapeutics of Luminous Radiant Heat with Dowsing's electric heat apparatus, as demonstrated at the February meeting of the Society, of which the following is a synopsis:—

Mysterious electricity in its manifestations of various forces, particularly its luminous radiant heat by Dowsing's apparatus, producing 500° F. in a few minutes—Novel use for heating rooms and patients; penetrating properties; unexpected high elevations of body temperature within thirty-five minutes, producing profuse general perspiration—Physiological effects; indications for use in treatment of gout, rheumatism, low state of health and debility after acute diseases, neurasthenia, neuralgia, stiff joints, swellings and thickenings, cold extremities, low temperature, old age, contusions, sprains after accidents, &c.—Great usefulness in combination with massage, and application of dry constant and interrupted electric currents, and open-air cure of consumption—The cure of lupus (Dr. Finsen).

A short discussion followed, in which Drs. MacNish, Galley Blackley, Searson, Madden, and Epps took part. This was followed by a very good paper on the Therapeutics of Chorea, by Dr. Giles F. Goldsbrough (London).

The purpose of the paper was to invite a discussion of the treatment of chorea. Reference was made to the "London Homeopathic Reports," vol. v. 1897, p. 118. Cases under treatment in the hospital since 1896 formed the basis of the present paper; the unusual prevalence in this year was commented on, and some especially severe cases under the author's treatment were related in detail. The remainder of the paper was devoted to the treatment, recoveries, remarks on the prevention of chorea, and remedies useful, especially *Actea Racemosa* and *Hyoscyamine*.

The late hour prevented adequate discussion of Dr. Goldsbrough's excellent paper. Dr. Blackley opened the discussion. He thought hospital discipline and separation from home alone had a very beneficial effect in most cases. Dr. Day had used chiefly *Ignatia* and *Actea*, and occasionally *Agaricus* when the others were not indicated. He remarked most cases occur in spare, intelligent children. Dr. Hoyle (U.S.A.) asked if Dr. Goldsbrough had examined the clitoris in young girls suffering from chorea, he had seen cases relieved by breaking down adhesions there. Mr. Johnstone referred to a very severe case which followed acute rheumatism, which he sent into the hospital, and it made a good recovery. Dr. Lambert asked if Dr. Goldsbrough had any data to show whether the duration of an ordinary case was shorter under homeopathic than allopathic treatment. He also asked if he had used *Mygale* and *Scutellaria*. Dr. Lambert had seen *Scutellaria* do good.

Dr. Goldsbrough in reply said he thought the superiority of homeopathic treatment over the old school was proved by the cure of cases which had been unsuccessfully treated by the orthodox methods.

EXTRACTS.

TYPHOID INOCULATION: A PROVING.

THE following letter and diary is taken from the *London Scottish Regimental Gazette* of March last. It throws an unpleasant light on the typhoid inoculations which have been so largely practised. It is not very clear whether the inoculation had anything to do with the death of Colour-Sergeant Gibbons; but, as the writer says, "all" were inoculated "except Burn, Lane and Wee Wilson"—the only three who were "fit" two days later—it might be inferred that he was. It is a costly experiment at the best. "H. A. C." is, of course, the Honourable Artillery Company.

FROM THE FRONT.

The following letter has been received by Colour-Sergeant Boyd from Sergeant G. L. McDonnell, of "B" Company, who is in the Mounted Detachment of the C.I.V.

R. M. S. "BRITON,"
Sunday, 28th January, 1900.

DEAR BOYD,—I enclose you a rough diary of the voyage out. We expect to arrive and disembark to-morrow about 12 noon. The voyage has been a very pleasant one, and favoured with fine weather. We had a run ashore at Madeira, and visited the town of Funchal. We had about $3\frac{1}{2}$ hours ashore. It made a nice break in the voyage. We drill every day, of course—mostly musketry—and yesterday General Wavell, officer commanding 15th Brigade, gave £10 as a prize for a competition between sub-sections (which consist of 4 men all told). I am a leader. Well, the Scottish put in 3 complete sections from No. 4 section, No. 1 Company. They came out 1st, 4th, and 10th, out of 32 sub-sections competing, 1st McDonnell (leader), Mumford, Burn, Duncan; 4th Wilson (leader), Robertson, Airey, Murray; 10th Everall (leader), Donald, Lane, Nesham. My little lot made 165 $\frac{1}{2}$ points, the 2nd team 155, 3rd 152 $\frac{1}{2}$, and Wilson's section 152, so he only lost third place by $\frac{1}{2}$ a point—Everall's score was 146. The competition was as follows:—Sub-sections paraded on poop deck, and marched to officer who ordered volleys, they then doubled to another point on boat deck, more musketry, then to fore waist, mounting horse, fore-castle deck musketry, back to boat deck, musketry, and then to starting-point, the time being taken. We were then marched to main deck and examined on Baden-Powell's book, and then had bugle calls to answer, so you see it was a good all-round competition.

I met an old Glasgow man on board who would very much like any copies of the *Gazette* with news of our detachment in—viz., George Hunter, Downhill, Glasgow. He has been awfully good to us, and stood nine of us a jolly good dinner last night. We have all been inoculated with the exception of Burn, Lane, and Wee Wilson, and are all fit again—Colour-Sergeant Gibbons, late of Inns of Court, died on Wednesday from double pneumonia, and was buried on Thursday with full military honours. The General attended, and three volleys were fired, while the ship's engines were stopped.

I wonder if all our various detachments will meet out at the Cape. There will be a good many of us, one way and another. Must now wind up. Remember me to all friends. Tell Captain Neish that his trouble over musketry is bearing fruit. We won the competition on our musketry, getting full points.

DIARY.

Saturday, 13/1.—Left Southampton, s.s. *Briton*, 5.30.

Sunday, 14/1.—Nearly all sick crossing Bay of Biscay. No parades. Ship's run, 282 miles up to 12 noon; *reveillé* 7 a.m.

Monday, 15/1.—Passed Cape Finisterre 6.30. Men all better—quiet day—ship's run, 390.

Tuesday, 16/1.—Make a start. *Reveillé* 7 a.m. Turn out and stow hammocks. 7.30 rations, 8 breakfast. Physical drill with arms at 9.30. Dinner 12. Afternoon, kit inspection. Busy day. Ship's run, 405. Picked up land 9.30 p.m. Passed battleship going eastwards 8.45. Expect reach Madeira early in morning.

Wednesday, 17.—Arrive Madeira 1.30 a.m. Immediately started coaling. Went ashore 7 a.m.; came off 10. Funchal very pretty place; very old-fashioned. Troops came aboard laden with fruit, &c. Left Madeira 10.30. *Norham Castle* came in as we left. Dinner 12 noon. 2.30 musketry, boat deck. Ship's run, 254. H.A.C. detachment nearly left behind, we being on the move when they boarded us. Saw lunar rainbow as we dropped anchor.

Thursday, 18/1.—Passed Teneriffe 3 a.m. Teneriffe and Las Palmas beautiful sight in moonlight—just like a mountain of silver. Ship's run, 377. Photo. of Scottish Section taken. Physical drill and musketry in morning. Steak-pie supper.

Friday, 19/1.—Sail-bath started on poop deck. *Reveillé* 6 a.m. instead of 7. Instruction, mounting. Passed Castle liner. Bad fish for breakfast. Sun very hot. Parade bare feet. Called out to instruct Section in physical drill. Two furnaces shut down, burning too much coal. *H.A.C. inoculated—very bad.* Ship's run, 381. Gibbons ill, double pneumonia.

Saturday, 20/1.—Slept on deck passing Cape Verd; watched sunrise 6.10 a.m. Parade, bare feet, drill trousers. 9.30, musketry and run round. Afternoon, musketry. Fire alarm 4 p.m. Quiet evening. Getting hotter every day, and wearing fewer clothes. Ship's run, 383.

Sunday, 21/1.—*Reveillé* 7. Breakfast 8. Church parade 10.45. Very hot as we are nearing the line. Started mounting maps with Mumford for General Wavell. Ship's run, 373.

Monday, 22/1.—*Reveillé* 6 a.m.—tropical shower. Parade 6.45. Physical drill—khaki trews, felt hats, bare feet. 9.30–11.30, musketry, with boots. 11.30, bugle call. Dinner 12.30. 2.30, musketry section leaders. Concert 8.30. Muscle drill, 2.30; very stiff, about 50 times. Concert adjourned on account of Gibbons' illness, which suddenly took bad turn. Ship's run, 399. Crossed line 10.30 p.m. Picked up S.E. trade wind. Nice and cool.

Tuesday, 23/1.—*Reveillé* 6 a.m. Parade 6.45 and 10. 11.30, harness parts—sports—our section inoculated. Gibbons died 6 p.m. Turned in early—*pain in side and headache—fair night.* Ship's run, 383. *Orderly-Room Sergeant Potter went off his head after inoculation. Fell out of bunk, and ran away; found in morning in 2nd class smoking-room.*

Wednesday, 24/1.—*Reveillé* 6. Parade 6.45. Burial 9.45. Firing party, Inns of Court. *Side still bad—slight headache—lay down all day—turned in early. Section did not parade owing to inoculation.*

Thursday, 25/1.—*Reveillé* 6. Donald rather bad—Lane, Burn,

and Wilson fit—Burn and Wilson guard, leaving Lane to be orderly for 2½ mes-es. Everall and self managed to give hand. H.A.C. practising hard for the competition. Went over engine-room. Sports continued. Ship's run, 395. Concert continued in evening—poor affair.

Friday, 26/1.—*Reveillè* 6 a.m. Parade 6.45. Passed *Manchester Port*, which signalled "Ladysmith relieved." Grand dinner in evening. Pheasants provided by Lieut. Wilson. Phiz provided by ourselves. Regular Scotch night. Turned in rather hazy. Ship's run, 393.

Saturday, 27/1. *Reveillè* 6. Parade 7. Breakfast 8. Wavell Competition from 9 till 12. Dinner. Competition continued 2.30. My section last to go through, won hands down. Dinner 2nd class saloon in evening, guests of Messrs. Hunter and Noble, two Scotsmen. C.I.V. smoking concert in evening. Ship's run, 392.

Monday.—Just arrived. Hear Ladysmith not relieved. All sorry to hear it.

Just been welcomed by Caledonian Society led by Captain Gore.

HOMEOPATHY IN THE TRANSVAAL.

By A. KALT-REULEAUX, Johannesburg, Transvaal.

(Translated for the *Homeopathic Recorder* from *Leipzigiger Pop. Zeitschrift f. Hom.*, January, 1900.)

IN discussing the military situation in South Africa the state of the sanitary establishment of the Boers is frequently mooted. Even the cultivated society of Europe, which is usually so well informed as to countries and peoples, has only very inaccurate information as to the actual sanitary state obtaining either in the Dutch Republics or in the adjacent British possessions. The functions of physicians and pharmacutists in newly opened and sparsely settled districts must of necessity receive new forms, differing in many ways from our established practice. Large cities and even populous mining towns and country towns are but few in number. Rural, widely extended farm districts and ranches, where every large or small proprietor is "monarch of all he surveys," predominate, and the different farms are often twenty to thirty miles apart. In the large cities, such as Pretoria, Johannesburg, Bloemfontein, and the more considerable of the towns and cities of the Cape Colony and of Natal, there are physicians graduated from the universities; a number of the German physicians have even

had experience as assistant surgeons in the large hospitals of Germany, and there are also pharmacies with all the modern improvements and conducted with skill and conscientiousness. But only the more wealthy classes and the members of beneficent societies, such as the Odd-fellows, Druids, Foresters, &c., can enjoy the advantages of such sanitary assistance. The *miserable plebs*, to which mechanics and the coloured races belong, can only call in their aid in the most urgent necessity. The visit of a physician in the built-up portion of the city costs four dollars, a consultation in his office two dollars and a half, and surgical operations soar beyond any ordinary purse. The price of medicines in the pharmacies, which are always allopathic, move within similar bounds. Even in the land of gold the words of Mirza Shaffy are realised:—

“ A worse misfortune than the death
Of even well-beloved friends
Is dread Necessity.”

In the country towns, also, where we find physicians and pharmacies, we find a similar state of affairs, to which is added the further trouble that physicians and allopathic pharmacutists join hands in endeavouring to squeeze people's purses. There are, of course, also splendid exceptions to this rule among physicians and apothecaries, but exceptions only prove the rule. To ease their work and to be able to dispense with the services of experienced clerks, skilled in filling prescriptions, the use of English and American allopathic patent medicines is continually on the increase, and these are smilingly prescribed in large doses by the disciples of Æsculapius to their credulous patients.

The question then arises, What is the refuge of the large part of the population of towns, and of the Boers who are occupied as ranchers and farmers in case of their falling ill? and even the strongest and most hardened constitutions are subject to disease. Homeopathy here appears as a dispenser of blessings, as it shows the greatest successes in curing both acute and chronic diseases, celebrating a continually increasing series of victories over allopaths also in the large cities. Dr. Mangold, of Munich, a conscientious homeopath, who, I am sorry to say, fell at Elandslaagte, had opened a sanatorium in Johannesburg which was devoted exclu-

sively to the homeopathic and cold-water treatment of patients. This establishment was especially sought by patients suffering from climatic fever, and they seldom failed to find relief; while allopathic doctors by dosing them with *Quinine* give them what is called the black-water fever. Old settlers shun *Quinine* as they would shun poison, and most of them take their refuge in homeopathy, which shows also remarkable successes in affections of the liver and heart, so frequent in the tropics.

The Boers who live scattered over the high plateau of the republics, as also the foreign farmers, are almost without exception faithful and obedient adherents of the Hahnemannian curative method. On every farm the Boer keeps in readiness a larger or smaller collection of homeopathic domestic remedies as a refuge in cases of disease in his family. *Arnica* and preparations of *Eucalyptus* occupy a leading place in their medicine-boxes. They are seldom without a *Vade Mecum* of homeopathic practice for men and animals, written in Dutch. The general stores in the leading centres of the various districts of both the republics have of late taken to keeping homeopathic family medicine chests on hand, with 60-150 remedies in a polished wooden case, fluctuating in price from 50 to 75 dollars. These are largely of British or American make, but the quality of these preparations does not always agree with their noisy advertisements seen in all railroad depôts in excellently executed posters. The makers of these medicines save in the preparation of their remedies the large sums they waste for advertisements. The more intelligent people, therefore, buy in preference medicine boxes of responsible pharmacists.

The preachers of the Dutch Reformed Churches always have on hand such medicine chests and also separate medicines. So, when the Boers of the district gather together to celebrate the holy communion or for other festivals, frequently coming sixty miles or more on horseback or in their well-known wagons drawn by eighteen oxen, they never fail to replete their collection of homeopathic medicines. The medicines most sought after are remedies for snake-bites and for the cure of rheumatism. The leaves of *Eucalyptus Globulus* are pressed out to secure their oil, which is considered infallible in its antiseptic effects in wounds; while a powerful specific is

prepared from the fat of the *Iguana*, a gigantic lizard; this is used, *e.g.*, in rubbing the hips of parturient women.

The monastery of the Trappists, situated at Mariaum Hill, has also lent itself to the dissemination of homeopathic remedies; the Jesuit fathers in Johannesburg, as also the Marists in Rustenburg, possess extensive homeopathic medicine chests, which they dispense also to the citizens of these towns. P. Claruz, S.J., is considered one of the most learned and experienced homeopaths, although his special department is that of chemist and physicist. He has also used the fat of the iguana for years in sprains and in the fractures of limbs after the removal of the bandages. Of late he is also said to have successfully used one of the Euphorbiaceæ from Columbia in cases of leprosy.*

The commandoes of the Boers in the present campaign are also using as lazareths litters placed on mules, and carry homeopathic medicine boxes with a full supply of bandages. Their application is put into the hands of the preachers, who devote themselves to nursing the sick and wounded as soon as the Boers are commandeered. This latter measure, of course, turns out as it will, sometimes well and sometimes ill.

POISONING BY CARBOLIC ACID.—The properties of carbolic acid, it might, not unreasonably, be thought, are sufficiently well known to prohibit its use as a cure for pain; yet, according to the evidence given at an inquest held on June 4th at Hove, William Marchant (58), a laundryman of 109, Montgomery Street, Hove, took a dose of carbolic acid, kept in the house for the drains, thinking it would ease a doubtful pain with which he was troubled.—The jury returned a verdict of "Death from misadventure." At another inquest, held at Hove on the same day, it was stated that Dennis Hogan (39), a labourer, had been a teetotaler for some time past, but on Mafeking night he got drunk, and subsequently behaved so wildly that his wife was afraid to stay in the house with him. On the following Monday he took a bottle of carbolic acid, which was used for the drains, and after telling his ten-year-old daughter that he was "going to sleep for ever," went into the bedroom, where he was found later, suffering from carbolic acid poisoning and *pneumonia*, to which he succumbed on the following Friday.—The jury returned a verdict in accordance with the medical evidence, adding that the deceased had taken the carbolic acid while of unsound mind.—*Pharmaceutical Journal*, June 16th.

* This is presumably *Jatropha Gossipifolia*, which was recommended for leprosy in *Leip. Pop. Z. H.*, No. 21-22 of 1899. It belongs to the Euphorbiaceæ, and comes from Columbia.

REVIEWS.

THE SPAS OF WALES.*

WHEREVER there are mountains there are sure to be springs, and when the mountains are as highly charged with minerals as the mountains of Wales we may be certain that mineral springs will abound. It is probable that within the bounds of the principality there are mineral springs enough to meet the wants of all varieties of patients whose cases are suited for mineral waters at all. The chief springs described in this little handbook are: Builth Wells (Saline, Sulphureous, and Chalybeate); King Arthur's Well, Carnarvon (Chalybeate); Llandrindod Wells (Saline, Sulphureous, and Chalybeate); Llangammarch Wells (Barium and Calcium Chlorides); Llanwrtyd Wells (Sulphureous and Chalybeate); and Trefriw Wells (Sulphate Chalybeate). There is truly a very extensive choice here! The most distinctive of the springs, is, of course, the Barium water of Llangammarch. Only in the waters of Kreutznach does Barium play such an important part as it does in the waters of Llangammarch. Homeopaths need not be told how great is the power of Barium and Sodium chlorides over cardiac and arterial affections, as well as over scrofulous states. Llangammarch is rapidly becoming the Nordrach of Britain; and as people seem to prefer to travel long to their Spas, we may see it attract many patients from the Continent. We have in our homeopathic preparations of *Baryt. Carb.* and *Baryt. Mur.* excellent preparations for prescribing, but the water at Llangammarch is well worth considering as an alternative in cardiac affections. It would well repay a proving, and we should like to hear from the resident physician, Dr. Black Jones, of any symptoms he has observed in patients under the treatment. We have excellent observations of the *positive* effects as well as the curative effects of Carlsbad waters, constituting a valuable proving. Symptoms removed and symptoms produced are equally valuable to the homeopath.

The complete Schott system of exercise and baths is

* *The Spas of Wales: their Medicinal and Curative Properties.* London: John Hogg, 13, Paternoster Row. Stiff boards, 1s.

carried out at Llangammarch as at Nauheim, only Llangammarch has the great advantage of a mineral water specifically indicated in degenerate and weakened conditions of heart.

SEXUAL DISORDERS OF MEN.*

THE first edition of this work appeared in 1898, and contained 170 pages. The present edition has increased in size to 333 pages, and though part of the increase is due to the use of a somewhat larger type, the bulk of it consists of incorporated new matter. "The original text has been revised and many new facts incorporated. The present volume includes all anomalies, injuries, and non-venereal diseases of the genital organs of men, with the latest general and special treatment." This passage, quoted from the preface, we can fully endorse. Dr. Carleton's work is the most complete text-book on the subject that we have seen. He devotes a chapter to that very important subject, Psychopathia sexualis, and deals with it in a satisfactory and straightforward fashion. His concluding chapter on therapeutics is very full. He gives the special local indications for each remedy, leaving, for the most part, the general characters of the remedies to be sought for in the ordinary *materia medica* text-books.

PREPARATIONS.

DEVONSHIRE CYDER.

WE have received samples of the 1899 vintage of the well-known cyder of H. Whiteway & Co., of Whimble, Devon. It is an ill season that brings nobody good, and though gardeners and farmers complained of the long drought of last year, the season exactly suited the orchards of Devon. The consequence is, the 1899 vintage was remarkable for its quality, owing to the fine warm sum-

* A Practical Treatise on the Disorders of the Sexual Organs of Men. By Bukk G. Carleton, M.D. Second edition, revised and enlarged. New York: Boericke & Runyon Co. London: Homeopathic Publishing Company. 1900. Price, 12s. 6d. net.

mer, which ripened the apples to perfection. A vintage such as this should induce lovers of cyder to lay down a sufficient stock for two or even three years, as nothing improves so much as good cyder with keeping, as we can testify. It is scarcely probable that such another vintage will occur for some years.

The cyders of this firm are all pure apple, without admixture of spirit or chemicals of any kind. There are several different varieties, having degrees of sweetness and dryness to suit all tastes, the differences depending on the variety of apples from which the cyders are brewed.

ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

* * * In this department we shall be happy to reply to any inquiries relating to homeopathy or to the matter of our magazine that our correspondents may like to address to us. We cannot, of course, undertake to give medical advice in particular cases, which is the business of a medical attendant; but if our medical readers like to put queries to each other regarding points of practice or puzzling cases, we shall be happy to insert queries and replies.

“CEDRON c.c.”

A CORRESPONDENT in Portugal wishes to know the meaning of “c.c.” in “Cedron c.c.” (*H. W.*, June, p. 257). It means “centum centum,” *i.e.*, 200. *Cedron c.c.* = *Cedron 200*.

NOTIFICATIONS.

* * * We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees. Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

DR. JOHN HAMILTON, formerly of Newcastle-on-Tyne, and recently resident in Ealing, has succeeded to the practice of the late Dr. Carfrae, and has removed to 4, *Hertford Street, Mayfair, W.* His at-home hours are 9 to 10 a.m. and 12 to 2 p.m.

Obituary.

JAMES GIBBS BLAKE, B.A., M.D. LONDON.

BRITISH homeopathy has suffered many heavy blows of late in the death of prominent representatives, but the death of Gibbs Blake, of Birmingham, at the comparatively early age of sixty-seven, is the heaviest blow of all. Blake's life-work was spent in Birmingham, and a very important work it has been. More than any other man he was trusted by the founder of Mason College, and now that it is developing into a great Midland university it is particularly unfortunate that Gibbs Blake's services should have been lost to the institution.

Dr. Blake had been suffering for some time from a functional affection of the heart, for which he sought the advice of Dr. Schott, at Nauheim, in the middle of May. There he suddenly developed pneumonia, and passed away on Sunday, the 27th of May.

Dr. Blake was born at Taunton on the 13th of January, 1833, and was educated at one of the well-known colleges there. He was the son of Dr. James Dore Blake, who enjoyed an extensive practice there, and who gave to the medical profession no less than four sons, of whom two now survive.

Dr. Gibbs Blake matriculated from Taunton, going up from his school as winner of the Longridge Scholarship, to take his B.A. degree. He entered University College for his medical course, in which he greatly distinguished himself, going up with an unusually brilliant group, including Sidney Ringer and Henry Maudsley. Blake took senior honours in Botany, Chemistry, *Materia Medica*, Physiology, Surgery, Medicine, Pathology, Midwifery, and Forensic Medicine. He took also the Fellowes Gold Medal and an Exhibition of £100 in Clinical Medicine and double honours in Anatomy.

There is at University College an unfair custom of letting senior students compete with junior men. In many cases Blake took honours from men who had been working much longer than he.

He took his first M.B. degree in 1854, being at the head of his competitors in Anatomy and Botany, and

securing two gold medals. He was also placed in the honours list in *Materia Medica* and *Pharmaceutical Chemistry*. In 1856 Dr. Blake passed his second M.B. examination, winning the gold medal in *Medicine* and honours in *Surgery*. In the following year he completed his brilliant university career by obtaining the M.D. degree, and being elected a member for life of the governing body of the University. In the meantime he had acted as assistant medical officer at the *Essex County Asylum*. After acting as private secretary to Lord Mount Edgcumbe, as well as resident medical officer in the household for a short time, Dr. Blake went to Birmingham at the end of 1859, and began practice on January 1, 1860, having succeeded to the *clientèle* of Mr. Charles Parsons.

In the same year Dr. Blake was elected to the position of medical officer at the *Mason Orphanage* in succession to Dr. Fearon. He subsequently became consulting physician to that institution. In 1870 he was appointed one of the trustees of the orphanage. Dr. Blake and Mr. G. J. Johnson were the original trustees of *Mason College*, and the following gentlemen were afterwards associated with them—Dr. Heslop and Messrs. Aitkin, Bunce, and George Shaw. In the hands of these gentlemen was left the task of laying down the lines which education at the college should take. Sir Josiah Mason died in 1881. until which year he remained bailiff of the college. Dr. Blake was elected his successor in that office, which he held for nearly two years. In 1888 he was again elected by his colleagues as their president, and he held the office until February, 1890. For a number of years prior to that date he had devoted his autumn holiday to visiting foreign universities in order to see whether he could bring home any new ideas that would be of advantage to *Mason College*. With this object he studied the curricula and the systems generally of Heidelberg, Zurich, and Bonn on the continent; and of Toronto, Montreal, Boston, and Philadelphia across the Atlantic. He investigated practically the details of the student's course at each place, and obtained a thorough mastery of this work.

Dr. Blake was one of the original founders of the *Birmingham Graduates' Club*, and was subsequently its president for a year.

Blake was a man of attractive personality, genial,

tactful, and conciliatory. He was greatly esteemed and beloved by a very large circle of friends and patients. A man of many accomplishments, he was a photographer and a clever turner of wood and ivory. One of the writer's earliest memories of him was seeing him not only turn a set of billiard balls, but actually make the needed tools for the purpose. He was a gifted artist, an excellent linguist, speaking French, German, and Italian. Though he did the really laborious part of constructing the Science College, he so effaced himself that, outside Birmingham, his name is scarcely ever associated with it. A medical friend, who had known him for many years, says "how invaluable his experience would have been in constructing the new university of Birmingham!"

Dr. Blake leaves a widow to mourn his loss, and one son, the Rev. J. E. H. Blake, the Vicar of Wilnecote.

We extract the following from the *Birmingham Post* of May 28th:—

"DEATH OF DR. GIBBS BLAKE.

"We regret to announce the death of Dr. Gibbs Blake, of Harborne Road, which occurred last night at Bad Nauheim, Germany, after a short illness. Dr. Blake continued in active practice until a fortnight ago, when, suffering from an affection of the heart, he proceeded to Bad Nauheim for treatment, hoping to receive benefit from his visit to that place. He did not, however, receive the benefit he anticipated, and, an attack of bronchitis coming on, pneumonia supervened, and he passed away at half-past ten last night. During the course of his illness the deceased's son, the Rev. J. E. H. Blake, Vicar of Wilnecote, was summoned, and he arrived a few hours before death took place.

"In 1859, the year before Dr. Blake came, the number of in-patients at the hospital was only twenty-three. This number in 1862 had increased to forty, and in 1875 it reached ninety-eight. The work became too much for the staff to manage, and Dr. Wynn Thomas came from Wolverhampton to share the work of the Birmingham homeopaths. In 1866 steps were taken for enlarging the hospital, the late Sir Josiah Mason and Mr. R. L. Chance each promising £1,000 towards the erection of a new building. It was not till 1869 that a determined effort was made to raise the balance, though it was 1872 before a systematic canvass was organised. The following year the site was secured in Easy Row, and the committee proceeded with the building, which was opened on November 23, 1875, by the Earl of Denbigh, who was president at the time. Dr. Blake was elected a member of the Union Club, among those who were proposed for election at the same time being the late Mr. George Dixon, and nearly a dozen others. They were balloted for *en bloc*, and were found to have been blackballed. Several of them were put up for election separately, and all were elected except Dr. Blake, who was black-

balled. His friends, annoyed at this intrusion into social life of professional differences, resolved to prevent it for the future by keeping out all medical men proposed; and for seven years no doctor was added to the membership of the club. Then an allopathic surgeon was anxious to join, so he requested Dr. Blake to induce his friends to withdraw the embargo. When the Medical Institute was founded Dr. Blake was asked to join it. When it was opened the question as to the admission of homeopaths was raised, and an overwhelming majority voted in favour of their acceptance for membership. Dr. Blake was one of the original founders of the Birmingham Graduates' Club, and was subsequently its president for a year. He took no active part in the public affairs of Birmingham."

The *Birmingham Argus* of the same date published an obituary notice, and in an editorial article recounted the story of the blackballing at the Union Club. It says of our departed *confrère* :—

"Dr. Gibbs Blake, whose death is announced this morning, was a gallant warrior in the cause of homeopathy. His connection with the Homeopathic Hospital was long and intimate, dating back to 1860. The battles he had to fight were not always pleasant, but time, aided by the British love of fairness to men of all opinions, has smoothed over many difficulties, so that present-day homeopaths may find it hard to realise the struggles of twenty or thirty years ago."

GENERAL CORRESPONDENCE.

PHOTOPATHY.

To the Editor of the HOMEOPATHIC WORLD.

DEAR SIR,—In your leader of this month on "Photopathy" you mention me, amongst others, who acknowledge sunlight as the ideal light, which we imitate in these modern times when we attempt to cure disease by electric light and heat-rays, because sunshine is scarce in this country during the greater part of the year. Sunshine, we know, combines in itself the driest heat in existence with the most penetrating light; but somehow it also carries in itself a vivifying principle that starts seeds into plants and trees, and gives to our being the proper conditions of development for enjoyment of life. There is nothing novel in the value of sunlight as a restorer to health, and when we are oppressed and tortured by pain. You are right in saying that in the treatment of the sick

the value of sunshine has been recognised from the remotest times, when people crippled with pain were creeping hopefully into the warm rays of Sol to get the desired relief and cure.

I remember many years back to have seen in Manchester a sunshine-bath on the top of a house, where, afterwards, photographers took up their positions in want and search of as much sunlight as they needed for their calling. Such sunshine-baths consisted of hothouse-like constructions of glass, with plain couches or benches within, upon which the bathers rested themselves in a horizontal position, to enjoy in a nude state the full sun-rays, by exposing the parts most painful to their beneficial influence. The glass side and top windows could be opened to admit refreshing air, when the light-rays of the sunshine had created an unbearable heat with closed windows.

Having mentioned the treatment by concentrated sun-rays (solar cautery) of Dr. Thayer in cases of capillary aneurisms, varicose veins, birth-marks, warts, moles, and diseases of parasitic nature, and also the curative properties of the X Rays, you say: "At first sight this may seem a purely surgical affair, but it seems to us there is something more in it demanding full investigation." Quite so! And further on you say: "It is perhaps not possible to separate the *heat-action* from the *light-action* in the cases reported, but at any rate it is unreasonable to suppose that the light has no share in the results." Quite so! I was, when these your lines met my eyes on June the 3rd, just about to write my paper on "The Therapeutics of Luminous Radiant Heat" for the meeting of the British Homeopathic Society, on June the 7th, and wishing to draw attention to the above points you demanded in your leader, I inserted your suggested remarks in my paper, at the reading of which I hoped you would be present for a discussion; but as you have not been, I take the liberty of calling your kind attention to that paper when it will appear in the *Journal of the British Homeopathic Society*, re "the differentiation between *light* rays and *heat-rays* as demonstrated by Professor Tyndall's experiments." As to the penetrative power of X Rays I shall be very interested to hear of a comprehensible explanation of their possible differentiation as to light, heat, and colour.

I consider you deserve our great thanks for giving us, in your June number, the various "Extracts on Light in Medicine," and I trust you will be good enough to continue to do so.

Yours, &c.,

V. JAGIELSKI, M.D.

14, Dorset Square, N.W.

IRIS TENAX—IRIS MINOR.

To the Editor of THE HOMEOPATHIC WORLD.

DEAR SIR,—Through the kindness of Dr. G. Wigg I have received specimens of the above. Dr. Wigg informs me that *I. minor* is a local name, the proper botanical name is *Iris tenax* (strong). The proving of this plant will be found in *Medical Advance*, vol. xvii. p. 235. The specimens of flower and leaf sent me are undoubtedly those of *Iris tenax*. It is in full flower now, like most of the Irises. The Indians make of the fibre of this plant, which is very strong, deer and elk snares, sufficiently strong to take even the largest and most powerful of these animals. The women make bags and reticules exactly the same as steel chain purses, of fine workmanship; it is used also for fishing-lines.

I am, dear sir, yours very truly,

E. ALFRED HEATH, M.D.

114, Ebury Street, Eaton Square, S.W.

May 30, 1900.

ALLOPATHIC-HOMEOPATHIC PHARMACY.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—A new trituration tablet is coming into use among allopathic-homeopathic chemists in the adoption of chocolate powder as a basis for such medicines as *Mercurius*.

A friend had a prescription for *Mercurius Sol.* 6x dispensed the other day, being put up in 1-grain tablets of chocolate powder (admittedly so by the dispenser). They were sanctioned by the prescriber and are approved by other homeopathic practitioners.

Homeopathic triturations and tablets are not usually unpleasant to take, especially in the 6x attenuation; but is this departure necessary, and are homeopathic doctors encouraging homeopathic dabblers in homeopathic pharmacy in introducing new forms of sweets as homeopathic medicines?

The price charged for three dozen tablets was 1s. 3d.!

Yours very truly,

AN OLD HOMEOPATH.

VARIETIES.

THE INFLUENZA BACILLUS.—Cantani (*Rif. Med.*, April 7, 8, 9, 1900) has been studying the influenza bacillus. He has no doubt as to the specific nature of Pfeiffer's bacillus, and having examined many healthy subjects believes that it does not exist in any saprophytic form. The poison of influenza is probably contained in the bodies of the bacilli rather than in any toxin secreted by them. Two mg. of a culture of influenza in agar-blood injected into a healthy man (with his consent) caused symptoms of influenza in about two hours' time. Some cases which clinically resemble influenza are due to other bacilli, for example, pseudo-bacillus. The author tried some experiments in agglutination on the lines of the Widal test, but no very satisfactory results were obtained. The bacillus is most easily found in the saliva and expectoration of infected subjects; it may cling about the naso-pharynx, especially if there is a condition of catarrh, for many weeks.—*Brit. Med. Jour.*

RELATION OF FAT NECROSIS TO PANCREATIC DISEASE.—Wagner (*Beit. zur klin. Chir.*, vol. xxvi, Part 1, 1900) has studied the subject from cases in the Municipal Hospital, Carlsruhe. He concludes that it is pancreatic disease that is the cause of fat necrosis. Pancreatic necrosis follows wounds, hemorrhagic and purulent pancreatitis, atheroma of the vessels, and sometimes (rarely in Wagner's opinion) from ulcerative disease in the neighbouring alimentary canal. Suppuration of the organ is usually secondary to the entrance of micro-organisms from the gut into the necrotic tissue. Of all pancreatic affections necrosis of the glandular tissue is the commonest cause of fat necrosis. The discovery, in any particular case, of bacteria in an area of fat necrosis does not warrant the theory that fat necrosis is of bacillary origin. Others have shown that, as a rule, the areas of necrosis are sterile. The action of the pancreas on the adipose abdominal structures outside it is either through direct contact with its secretion, or through some at present undefined relation between diseased pancreatic and normal fatty tissues.—*Brit. Med. Jour.*

CRABS' EYES AS MEDICINE is a topic which is just now engaging the attention of the inquisitive but useful folk who rake up and solve all sorts of curious problems in the pages of *Notes and Queries*. Mr. C. F. Forshaw, of Bradford, states that 250 years ago crabs' eyes

were much in vogue for stoppage of the bowels, and were sold in London at 5s. 4d. per lb., but he does not give his authority for this very definite statement. Another correspondent well known to *C. & D.* readers, "C. C. B.," tells briefly what is known to pharmacists about this old-world remedy. They were small stones, he says, found in the ventricles of the brain, or as some say in the stomach, of the river crayfish (*Astacus fluviatilis*). They were composed chiefly of lime, and "C. C. B." adds that the name is still in use in druggists' shops, but he "understands" that prepared chalk is now generally supplied. It was in the form of Gascoign balls that crabs' eyes seem to have become popular. These articles still linger in a good many country chemists' shops, and I suppose are even now sometimes asked for. They ought to be compounds of crabs' eyes, the toes of crabs' claws (these were the black tips of the claws of sea-crabs) with powdered pearls, powdered coral, amber, oriental bezoar, ambergris, and saffron. I wonder whether they were ever made in that way, and what they originally sold at. Who makes them now, and how? I "understand" nothing, and I hate to be suspicious; but I doubt if even the Chemists' Defence Association would care to defend a charge of having sold a Gascoign ball devoid of amber, bezoar, coral, and pearl.—*Chemist and Druggist*.

COFFEE INTOXICATION.—Combemare (*Echo Méd. du Nord*, March 11, 1900) records the case of a man who was admitted under his care on account of giddiness, which came on suddenly in the street. The case was taken by the police for one of intoxication. On admission he was noticed to be extremely thin, and he suffered from vague pains in the limbs and loins, intense headache, generally worse at night, and most marked in the temporal regions, which he described as a heavy cap pressing on his head. It prevented his sleeping more than two hours or so in the night. He dreamed considerably, and stated that he always saw grotesque animals passing before him. Pressure over the calves elicited considerable pain of a muscular character. The reflexes appeared to be normal, and there was no alteration of sensibility. There was no tremor; the gait did not present any marked characters other than a slight heaviness. There was no Romberg's sign. The lungs showed slight degree of emphysema. There was no valvular lesions of the heart nor alteration of rhythm. The man was by trade a rag gatherer. This description corresponds with that given some years ago by Guelliot—namely, emaciation, paleness of the face, some tremor of the lips, muscular pains, and vertigo as occurring in cases of chronic caffeism. In this case the patient was in the habit of going from house to house where the contents of the coffee-pot were reserved for him, which he was in the habit of consuming in large quantities. The literature on this subject is not extensive; in fact, the condition has not been widely recognised; but Combemare was able to quote references to the condition, especially those of Viaud (*Tribune Médicale*, 1897). He finds that intense vertigo, which may be mistaken for Ménière's disease, and very marked bradycardia, are characteristic of chronic caffeism. There is also ringing in the ears, a sensation of falling, and other evidences of alteration in the central nervous system. Mendel is also quoted by the writer as noticing general weakness, distaste for work, mental depression, insomnia, tremor, palpitation, coldness of the extremities, symptoms of dyspepsia, obstinate constipation, as

present in this condition. The prognosis seems to be good, as, on avoiding the use of coffee, these various manifestations of intoxication rapidly disappear, though recurrence is common.—*Brit. Med. Jour.*

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE :—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Mondays and Saturdays, 2.0; Thursdays and Fridays, at 10.0 a.m.; Diseases of Women, Tuesdays, Wednesdays, and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays and Saturdays, 2.0; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Tuesdays, 2.30; Diseases of the Nervous System, Wednesdays, 9.0 a.m.; Dental Cases, Wednesdays, 9.0 a.m.; Orthopedic Cases, Tuesdays, 2.0; Electrical Cases, Wednesdays, 9.0 a.m.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Anshutz (E. V.)**. New, Old, and Forgotten Remedies. Papers by many Writers Collected, Arranged, and Edited by E. P. Anshutz. Demy 8vo, cloth, pp. 386. (Homeopathic Publishing Company. 10s. net.)
- Blake (Edward)**. Constipation and Some of its Associated Disorders. 2nd ed. Roy. 8vo, pp. 304. (H. J. Glaisher. 5s. net.)
- Butlin (Henry T.) and Spencer (Walter G.)**. Diseases of the Tongue. Illustrated with 8 Chromo-lithographs and 36 Engravings. 8vo, pp. 488. (Cassell, 21s.)
- Ehrlich (P.) and Lazarus (A.)**. History of the Blood. Normal and Pathological. Edited and Translated by W. Myers. With a Preface by G. Sims Woodhead. Cr. 8vo, pp. 30. (Cambridge University Press. 5s. net.)
- Fothergill (W. E.)**. Manual of Midwifery. For the use of Students and Practitioners. With double Coloured Plate and 76 Illusts. in the Text. 2nd ed. Cr. 8vo, pp. 524. (W. F. Clay. 9s. net.)
- Fridenberg (Percy)**. The Ophthalmic Patient. A Manual of Therapeutics and Nursing in Eye Disease. Cr. 8vo, pp. 322. (Macmillan. 6s. 6d. net.)
- Henle (A.)**. The Conservative Treatment of Tubercular Joint Disease and Cold Abscess as carried out at Breslau by Prof. J. von Mikulicz. With Preface by Prof. J. von Mikulicz. Translated from the German by Charles W. Cathcart. 8vo, pp. 110. (Livingstone, Edinburgh. 4s. net.)
- Keyes (E. L.) and Chetwood (C. H.)**. Venereal Diseases, their Complications and Sequelæ. 8vo. (Baillière. 12s. 6d. net.)
- Klein (Emil)**. On Diabetes Mellitus, and Glycosuria. 800. (Baillière. 12s. 6d. net.)
- Luytic's Essentials of Biochemistry**. Fcap. 8vo, pp. 109. (Homeopathic Publishing Company. 5s. net.)
- Nash (E. B.)**. Leaders in Typhoid Fever. Fcap. 8vo, pp. 135. (Homeopathic Publishing Company. 4s. net.)
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TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 30, Clarges Street, W.

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisements and business communications to be sent to the "MANAGER" of the Homeopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should 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.

Mr. F. Kopp, Greenwich, N.S.W.—Messrs. White & Co., London.—Mr. Chas. Stewart, Richmond.—Dr. Simpson, Liverpool.—Dr. Hamilton, London.—Dr. S. C. Ghose, Midnapore.—Dr. Cooper, London.—Dr. Hayward, Birkenhead.—Mr. Ivatts, London.—Committee of International Congress of Medical Press, Paris.

BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Library of Health.—Pub. Health Jour.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—Maanedsk. f. H.—H. Maandblad.—Calcutta Journ. of Med.—Hom. News.—La Homeopatia.—Hom. Envoy.—Hom. Physician.—Personal Rights.—Med. Times.—Med. Century.—Jour. Belge d'Hom.—Medical Examiner.—Rev. Hom. Française.—Hom.

Recorder.—Wjestnik H. Med.—Amer. Med. Monthly.—Minn. Hom. Mag.—Reformador.—N. A. J. of H.—Critique.—Clinique.—J. of Orif. Surg.—Thérapeutique Integrale.—New Eng. Med. Gaz.—L'Art Médical.—Physician and Surgeon.—Amer. Homeop.—J. of Homeopathics.—Tasmanian Hom. Journal.—H. J. of Obst.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Indian Hom. Rev.—Astrolog. Mag.—Zeit. Beit. V. H. A.—Hahn. Advocate.—Family Doctor.—Bromley and District Times.—Bromley Chronicle.—Newcastle Daily Chronicle.—London Homeopathic Hospital Reports, Vol. VII.—The Spas of Wales. Three Welsh Springs.—Where should Londoners live?—Cancer and Cancer Symptoms. 2nd edition. By Dr. R. T. Cooper.

The Homeopathic World.

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THE
HOMEOPATHIC WORLD.

AUGUST 1, 1900.

PARIS.

THERE are some things which no other city in the wide world can do except Paris alone. The marvellous outgrowth of palaces of the Arts, of Science, of Industries, and of the productions of human ingenuity of all shades and descriptions revealed on both banks of the Seine to the observer standing on the Trocadéro Hill, would not be possible in any other country but France, or any other city except Paris. When, four years ago, it was decided for once to break the five-years' sequence of the International Homeopathic Congresses, and hold the next as part of the Exhibition, it was felt by some that it would be a mistake to hold the Congress amidst such overpowering attractions as it was expected that Paris would be certain to afford. Whatever apprehensions there may have been on this head have now been most emphatically dispelled. It has been our privilege to take part in a number of these international gatherings, but we venture to say that not one of them has left behind a happier or more enduring impression (and that is saying a very great deal) than the one just concluded within the hospitable *enceinte* of the *Exposition Universelle Internationale* of 1900.

In another part of our present issue we give in brief an account of the day-to-day proceedings of the Congress over which the venerable Dr. PIERRE JOUSSET presided with astonishing vivacity and praiseworthy assiduity,

broken only by an unfortunate indisposition on the last day of the Congress, due to the great heat ; but this was happily sufficiently dispelled to enable him to preside at the banquet, which he did with the greatest success.

The three things connected with the Congress that will live most in the memory of all those who took part in it, were—the Banquet, the Great Heat, and the Unveiling of the Hahnemann Monument.

The ceremony at *Père Lachaise*, conducted in the presence of a large concourse of the members of the Congress and their friends, was in every way a brilliant success. The speeches of Dr. CARTIER (to whose unwearying efforts in the troublesome negotiations with the Boeninghausen family and with the authorities of the two cemeteries the success of the monument scheme is largely due) ; of Dr. BRASOL (who made the first move in the international effort at the Congress in London four years ago, and whose generous and untiring efforts in the matter culminated in his presenting each guest at the banquet with a photograph of the monument taken just after the unveiling) ; and of Dr. LÉON SIMON (who served with the others on the executive committee), were of great and stirring eloquence, fitted to so momentous an occasion. Among those present were Dr. J. H. McCLELLAND, of Pittsburgh, U.S.A., fresh from the scene of his triumph over the great unveiling at Washington on the 21st of June—just one month before ; and the venerable Dr. NANCY WILLIAMS, who had the largest individual share in that monument, and who came all the way from her home in Maine to be present ; Dr. FRANK KRAFT, whose absence on the early days of the Congress was the cause of anxiety to the members who expected him (an absence which proved unhappily to be due to severe indisposition), but who recovered sufficiently to be present at the ceremony, and to appear, later on, at the banquet, and though still FRANK KRAFT all over, not, we regret to say, at all in his usual health.

The great heat of the Congress days was the one topic

of thought and conversation outside the official programme. Wet skins and dry throats, and unavailing efforts to get cool and keep cool were the order of the day and night. Members from Africa and North and South America alike complained of the terrific heat, and there were several prostrated by it.

A more fitting close to the Congress than the banquet at the Restaurant Ledoyen on Saturday evening could not be imagined. With a refined and lavish hospitality, which the recipients thereof will never forget, from whatever quarter they came, the French Society of Homeopathy and the Society for the Propagation of Homeopathy joined in entertaining the visitors. Happily the venerable President, Dr. P. JOUSSET, recovered in time to preside. Toasts were proposed by the President, Drs. CARTIER, SIMON, GONNARD, ARNULPHY, and Dr. ENCAUSSE, on the part of France; and were responded to on the part of Great Britain by Dr. DUDGEON; of the United States by Dr. DILL, of Kentucky, who fairly electrified his audience with the burning eloquence of the Southern State; by Dr. OLIVÉ Y GROS, of Barcelona, who responded for Spain. A most happy and profitable time was spent, and a very pleasant incident, thanks to Dr. BRASOL's generosity, became a feature of the banquet, and the result will remain with every guest as a permanent memento. The happy idea was originated, we believe, by Dr. FRANK KRAFT, who asked his neighbour to write his autograph on the back of the photograph presented by Dr. BRASOL. The idea caught on, and soon pens and pencils were busy all round the tables executing exchanges of autographs. We have no doubt this will become in some way, quite unofficially, a permanent feature of these banquets.

We have often remarked before, and the remark will bear repetition, that the function of the festal board is one of a much higher importance than the mere gratification of the palate and appetite would suggest. In these bright moments all the little things of life disappear,

and Life itself comes into view. All "pros" and "antis"—all the parochialisms which are sometimes called patriotism, and which mean, being interpreted, the gospel of hating one's neighbour—all these disappear in the universal good-fellowship which swallows up everything that is less. To our French *confrères* all gratitude for the renewed demonstration they have given that, in spite of all apparent contradictions, the actuality of the brotherhood of man, and the possibility of the friendship of the world, are something more than abstract and unattainable ideals.

NEWS AND NOTES.

THE WASHINGTON MONUMENT.

THERE is no possibility of minimising the importance of the event which happened at Washington on the afternoon of Thursday, June 21st. In spite of our friends of the other school, who have spent the best part of the century in assuring the world that homeopathy is dead and buried; in spite of all their efforts to accomplish the wish that inspired the falsehood—here we have the most untrammelled nation of the world placing on enduring record in the highest expression that art can give, their recognition of the triumph of homeopathy's founder. It was fitting that America should add, before the century's close, this grand finial to all the mighty performances she has achieved in the cause of Reformed Medicine; and we offer, with great respect, our warmest congratulations to all our *confrères* who have taken part in bringing this about. From the letter of our correspondent who was present at the unveiling, and the extract we print from the Washington journal, our readers will be able to learn the details of the function and the national importance attached to the event. From henceforth pictures of the Washington monument will take their places alongside David's bust of Hahnemann as one of the insignia of Hahnemann's great reform.

GERANIUM A KAFFIR REMEDY FOR DYSENTERY.

GERANIUM in dysentery is not exactly news to homeopaths, but the following paragraph from the *Daily Graphic* of July 14 is interesting, nevertheless. Says the "Army Sister" who writes it: "This is the first time European doctors have resorted to it." She means, of course, old school doctors, whose ignorance of medicine is the chief source of their pride. Kaffirs and other children of nature teach them a thing or two now and then, but they very soon forget it. Here is the paragraph:—

"A PERFECT CURE FROM THE KAFFIR PHARMACOPEIA.

"Several of the army medical men have adopted the native treatment for dysentery with remarkable results, some of the most hopeless cases in our camp having recovered almost immediately when they were put on the treatment.

"The 'cure' is simple enough, consisting merely of a liquid extract of the pelargonium, or geranium root. Everybody at home is familiar with the charming flower, but it will be news to most that the root contains an antidote to the dreaded disease of dysentery.

"The effect in the cases so far has been almost magical. A new drug will be added to the British Pharmacopeia, but it was as old as the hills to South African natives. Kaffirs and Zulus have known of the geranium root cure for dysentery ever since they have known anything; but this is the first time that European doctors have resorted to it. It has been used to a slight extent by the Boers; but the Dutchman pins his faith firmly to patent mixtures.

"To cure dysentery the native simply chews the geranium root just as it is. There are upwards of 150 different kinds of wild geranium in South Africa, and each seems to possess the power of cutting short the progress of a dysenteric attack. In camp we prepare the anti-dysenteric mixture by boiling four ounces of geranium root for twenty minutes in a pint of milk. One to two tablespoons are given every two hours till all the symptoms of this campaign scourge are gone. This usually takes place in from thirty-six to forty-eight hours. So far it has not failed in one case."

THE LIMIT OF SCIENTIFIC EXPERIMENT.

THE Berlin letter of the *British Medical Journal* (July 7), contains the following:—

"Gross abuses in any profession should not be hushed up, but should rather be made public as freely as possible, so as to rouse public opinion against them and thus render their repetition or spread impossible. And therefore we have reason to thank the Social-Democrat newspaper *Vorwärts* for dragging into light the 'experiments' made by Dr. Stubell (first assistant in Professor Stinzing's clinic at Jena) on patients suffering from diabetes insipidus, and

published by him in the *Archiv für klinische Medizin*. Dr. Stubell there relates how he kept one of his patients in an attic with barred windows, the door of which he locked, putting the key in his pocket; how the patient, who was allowed only a small amount of liquid, in the torturing thirst which is a symptom of the disease, drank his washing water, so that he was then no longer allowed to wash himself; how one night, in his agony, he drank about 1,400 c.cm. of his own urine; how another night he wrenched off one of his window bars, climbed over the roof to another small window, through which he crept, thus finding his way to a water-tap, where he was captured and brought back to his prison. Dr. Stubell calmly states that his patient must have 'endured frightful tortures' one night, and gives the following account of his condition in the morning: 'The patient was quite collapsed, his face seemed dried up, eyes and cheeks deeply sunken, pulse almost imperceptible, a great deal of pain, the joints stiff.' The whole medical profession must reprobate cruelties such as these perpetrated in the name of science."

This indignation is very fine on the part of the writer, and we suppose it is endorsed by the editor of the *Journal*, but, after all, we cannot bring ourselves to make a scapegoat of Dr. Stubell in this fashion. He merely carried out to their logical ultimatum the sentiments tacitly and avowedly accepted in the profession, and this sort of thing (and there are infinite variations of it) will flourish in some shape or other until the *sentiment* is reformed and a scientific conscience evolved. We think instead of putting Dr. Stubell in the pillory he ought to be praised by his colleagues for having the courage of his logic, and by humanitarians for giving such an object lesson of the sentiments which animate the scientific side of medicine. We believe it was a British vivisector who, when asked how long it took some of his victims (last seen on a Saturday) to die, replied that he did not know, for, being a churchwarden, he did not visit his laboratory on Sundays, and they were found dead on Monday morning. It was certainly in London that a powerful poison was given to a man (a hospital patient) "suffering from a little rheumatism only," with the result that he nearly died of the dose, and when offered another declined on the ground that he had a wife and family.

THE "CATHOLICITY" OF THE *BRITISH MEDICAL JOURNAL*.

THE equanimity of our good friend, the editor of the *British Medical Journal* (July 7th), has been a little dis-

turbed by an incident in the Bavarian Chamber of Deputies. Some daring deputy, it seems, asked for the establishment of a professorial chair of homeopathy. He didn't get it (although there does exist a professorial chair of homeopathy in the University at Buda-Pesth, another capital in the Austrian Empire), so the editor of the *British Medical Journal* had no need to excite himself; but it was certain remarks made by the Cultus-Minister in refusing the request that seem to have tried the nerves of our contemporary. Here is a bit of the Cultus-Minister's speech:—

“He added that he had been informed that a *rapprochement* was taking place between scientifically-educated homeopaths and allopaths (*sic*), inasmuch as the ‘allopaths’ had learnt not to prescribe or use so much physic as formerly, which he looked upon as a blessing and a progress. He concluded by saying that it was most desirable that allopaths and homeopaths should come together.”

On this the *British Medical Journal* remarks:—

“These *obiter dicta* of the Minister have a certain psychological interest, as showing how little the ordinary lay mind, even in Germany, is open to scientific ideas. By all means let the homeopaths have such credit as may rightly belong to them for having taught the profession that the processes of disease cannot be modified by drugs to the extent that was thought possible by our predecessors. They unintentionally and unwittingly made an experiment in therapeutic nihilism which convinced men that Nature, if not encumbered by injudicious help, will often bring about a cure. But this fact in no way justifies the ways of homeopathy with its doctrine of similars and its infinitesimal doses. As for the millennial union desiderated by the Bavarian Cultus-Minister, that will be accomplished whenever the homeopaths, by dropping their sectarian badge, re-enter the true fold of catholic, not ‘allopathic’ medicine, which is one and indivisible, but also sufficiently comprehensive to include all forms of scientific thought and all methods of practice not professedly founded on ‘systems,’ which are like Bottom's dream, because they have no bottom.”

Now what we like about this is “the one and indivisible,” the “true fold of Catholic medicine.” There is a deliciously ecclesiastical ring about this; and the catholicity in the *British Medical Journal* is exactly on a par with the catholicity of the Church which persecuted Galileo, and with the catholicity of the medical trade-unionists who made it impossible for Harvey to practice after he had had the impertinence to announce that he had discovered the circulation of the blood. Good old Catholic Medicine!

HISTORY AT A DISCOUNT.

AN advertising firm of allopathic chemists in America are sending round a pamphlet on "Hydrastis and its Preparations," in which they give to their clients a great deal of valuable information well known to homeopaths. But the part that interests us the most is the first sentence to wit:—

"The literature of this drug is so extended that we do not consider *anything will be gained by entering into its history at this time.*"

Very likely nothing would be "gained" by a firm whose aim is to make money by popularising homeopathic discoveries among allopathic doctors; and in these days a "gain" to historic truth and common honesty does not count. A London medical student was once boasting to the present writer, of the liberality of his professor in things medical: "He says he does not mind using any old woman's remedy so long as it does good." "That is all very well," was the reply, "only, let him give the old woman the credit of it." But that is just where allopathic professors and allopathic speculative chemists fall short. They think "there is nothing to be gained by entering into history" and giving credit where credit is due.

THE MORTALITY OF TYPHOID FEVER.

WE do not purpose to make any comments on the hospital scandals in South Africa. After much difficulty, a commission has been appointed to "inquire" into it; and we prefer to wait until it has done its "inquiring," or stifling of inquiry, as the case may be, before passing judgment on men or systems. But there is one point that has come up incidentally in the controversy raging round the scandal on which we do feel called upon to pass comment, and that is the statement made in palliation of the state of affairs by a leader writer in the *Daily Telegraph* that "the mortality of 21 per cent. for enteric fever in the present war is actually achieved in the same class of cases under peace conditions." Perhaps; but it is not an achievement to be proud of. Statistics are not very satisfactory things to deal with as a rule, but occasionally circumstances do so happen as to permit a clear inference to be drawn

from comparative figures. We confidently say that under homeopathic treatment the typhoid patient has an immensely better chance of recovering than under that of the old school. It is not fair to compare the figures of one epidemic with those of another, or the figures of one city with those of another, but in the case of the Melbourne epidemic there was no possibility of objecting to the comparative figures on either of these grounds. There were three hospitals which were converted into typhoid hospitals to meet the emergencies of the epidemic, two allopathic and one homeopathic. The official figures are as below. The cases were not selected in any instance, and nothing differed in the treatment except the medical.

	No. of beds.	No. of typhoid cases.	Deaths.	Per centage.	
Allopathic {	Melbourne Hospital	318	431	78·	18·1
	Alfred Hospital	144	324	50·	15·4
	Homeopathic Hospital	60	305	22·	7·2

Thus the homeopathic hospital had less than half the lowest allopathic death-rate, and by virtue of more speedy recoveries it was able with its sixty beds to deal with nearly as many cases as the Alfred Hospital which has 144.

CONGRESSIONAL *ON DITS.*

THEY say that the editors of our contemporary, the *Homœopathic Review*, were so deeply engrossed in their editorial duties that not one of the cohort could be spared to visit the Congress, or assist at the unveiling of the Hahnemann monument; and that the same was also the case with the editorial staff of the *London Homœopathic Hospital Reports*.

They say that somebody told Frank Kraft that he would have to make a speech over Hahnemann's grave, and that he came prepared with a beautiful and appropriate oration in French in his head (or his pocket), that this item was somehow omitted from the official programme, and that Frank Kraft says that the next time he makes an oration in the French language he will do it *extempore*.

They say that Kentucky is the home of genuine American oratory, that Malcolm Dill, of Carlisle, Ken-

tucky, is the modern "John of the Golden-Mouth," and that, in consequence, the silverites will have no chance in the coming presidential contest.

They say that Dr. Cartier, of Paris, gave a little dinner to representatives of Russia, Southern France, U.S.A., and Great Britain, at La FERIA, under the Spanish Pavilion; that La FERIA is a proper place to dine at; that Spaniards entertain the diners with lovely music, dance and song, but kindly refrain from bull-fighting.

They say that the germinal idea of raising an American monument to Hahnemann entered J. H. McClelland's fertile brain, in the inspiring atmosphere of England, during the International Homeopathic Congress of London in 1881, that the unveiling of the monument to Harvey at his birth-place, Folkestone, was the event which begat the notion, and that the admirers of the great Harvey little knew what the remote effect of their hero-worship was going to be.

They say that among the things they did better in France than in England, was having all the papers in print before the Congress proceedings commenced, and a sufficient number of copies struck off to supply the wants of all the members.

DR. J. H. VAN DER LAAN.

WE are glad to announce that we have secured the services of Dr. Van der Laan, of Porto Alegre, Brazil, as our special correspondent for South America. Homeopathy is almost as much in favour in the States of the South American continent as in the North. Among European nations we believe that Spain has a larger proportion of homeopathic doctors than any other; so it is not surprising that the states which were once Spanish colonies should manifest the same tastes.

FACIAL NEURALGIA OF COLOCYNTHIS.—Violent, or continuous, paroxysmal pain, of a tearing, tensive, burning, or darting character, extending to nose, ears, teeth, and head, especially left side; with swelling and redness of the parts affected; worse from touch and mastication (spigelia), better from rest and external heat. Also in cases of digging and burning in the jaw-bones. Rheumatic diathesis.—E. Fornias in *Amer. Hom.*

INTERNATIONAL HOMEOPATHIC CONGRESS.

HELD AT PARIS, JULY 18 TO 21, 1900.

ON Wednesday, July 18th, at 10 a.m., the sixth of the series of International Homeopathic Congresses was opened at Paris, under the presidency of Dr. Pierre Jousset. Drs. Chancerel, Brasol, and J. H. McClelland were elected Vice-Presidents. Dr. Hughes, permanent Secretary, took his place on the platform later on, a train-delay having prevented his being there at the opening of the proceedings. Dr. Léon Simon was Secretary General, Assistant Secretaries being, Drs. Cartier, M. Jousset, Love, Nimier, Serrand. M. Ecalle, Pharmacien, was Treasurer.

Here is a list of the members of the Congress, though we do not guarantee its completeness:—

Dr. Jousset
Dr. M. Jousset
Dr. Boyer, sen.
Dr. W. Boyer
Dr. Chancerel
Dr. R. Chancerel
Dr. Gonnard
Dr. Love
Dr. L. Simon
Dr. Serrand
Dr. Parenteau
Dr. Cartier
Dr. Encausse
Dr. Herrmann
Dr. Nimier
M. Delpech (pharmacien)
M. Ecalle (pharmacien)
Dr. Krenich
Dr. Verdier
Dr. Lavislas
M. Weber
Dr. Middleton
Dr. Crépel
M. Vautier (dentist)
Dr. Piedvache
Dr. Petit
Dr. Hébert
Dr. Robillard
Dr. Gachet
Dr. Gabalda
Dr. Combes

Dr. Tessier
M. Ladislas Piotruszynski
(pharmacien)
(All of Paris.)

Dr. Conqueret (Versailles)
Dr. Arnulphy (Nice)
Dr. Boullangier (Nice)
Dr. Malapert du Peux (Lille)
Dr. Picard (Nantes)
M. Gouly (Veterinaire)
Dr. Lebouteux, Verneuil par
Migne (Vienne)
Dr. Van den Velde, 21, R.
Strasbourg, le Havre
Dr. Chas. Bernay, 5, R. d'
Archers, Lyons
Dr. Daniel (Marseilles)
Dr. Fayol (Marseilles)
Dr. Laurent Angers
Dr. Krüger (Nimes)
(These from the rest of France.)

From Spain—
Dr. Jose Grifols, Barcelona
Dr. Olive y Gros, Barcelona

From Italy—
Dr. Bonino, Turin
Dr. Baldelli, Florence

From Germany—
Dr. Gisevius, Berlin

From Russia—
Dr. von Dittmann
Dr. Brasol

From Belgium—
Dr. Mersch
Dr. Lambreghts

From Switzerland—
Dr. Anton Nebel

From Brazil—
Dr. Van den Laan

From Equador—
Dr. Ricardo Encaloz

From the United States of
America—
Dr. J. H. McClelland, Pitts-
burgh

Dr. Clara E. Gary, Boston
Dr. T. E. Roberts, Chicago
Dr. F. Titzell, Chicago
Dr. F. Kraft, Cleveland, Ohio
Dr. Reader, Ashland, Oregon
Dr. Nancy Williams, Maine
Dr. Cobb, Holton, Maine
Dr. Dills Carlisle, Kentucky
Dr. Harrel, Noblesville, Ind.

From the British Empire—
Dr. Hughes
Dr. Dudgeon
Dr. W. Epps
Dr. Nicholson (of Clifton)
Dr. James Johnstone (of
Richmond)
Dr. Bennett
Dr. Gilbert
Dr. Hawkes (of Liverpool)
Dr. Clarke (of London)
Dr. Van den Heuvel (of
Kimberley)
Dr. Fisher (of Montreal)

On Wednesday morning, at ten o'clock, Dr. PIERRE JOUSSET took the presidential chair and opened the proceedings with his presidential address, entitled *Doctrine in Therapeutics*. It was marked by the learning, thought, and eloquence, which characterise all the writings of Dr. Jousset. Papers on the following subjects were considered at the same meeting: "A Word on Homeopathic Therapeutics" and "Posology and Attenuations" by Dr. S. Ray, of Burdwan (Bengal); "Physiology and Specificism" by Dr. Krüger, of Nimes; and "Homeopathic Therapeutics" by Dr. Millie J. Chapman, of Pittsburg, U.S. The discussion of these papers occupied the rest of the morning sitting. The morning sittings were from ten to twelve, and the afternoon sittings from four to six.

On Wednesday afternoon the first paper was that by Dr. Dudgeon on "Bacteriology and Homeopathy." Dr. DUDGEON gave a *précis* of his paper which comprised the following heads: (1) The influence of bacteriology on medicine; (2) What is bacteriology? (3) The ubiquity of microbes; (4) Pathogenetic microbes; (5) Specific microbes; (6) The small number of microbial diseases, and the large number of microbists; (7) The honours

accorded to microbists; (8) The technique of bacteriology demands a special education; (9) Specific microbes bear the names of their discoverers; (10) Diverse forms of pathogenic microbes; (11) Hahnemann, in 1831, attributed the cause of cholera to a micro-organism; (12) His disciples have no prejudice against the doctrine of the microbic origin of diseases; (13) The bacillus of tuberculosis; (14) Is phthisis a contagious or an hereditary malady, or is it acquired in unhealthy surroundings? (15) Evidence against the contagious origin of phthisis; (16) The microbes of enteric fever. Dr. Dudgeon maintained that treatment of patients on the theory that microbes were the sole active cause was entirely fallacious.

Dr. PIERRE JOUSSET vacated the presidential chair to make a vigorous reply to Dr. Dudgeon. Dr. Jousset proclaimed himself a bacteriologist, and stated that he had found his bacteriology of great use in homeopathic practice, using dilutions of cultures of bacilli.

Dr. MARC JOUSSET followed with an interesting paper on "Opothrapy" or Sarcopathy, as it has been called. He referred in the first instance to *Thyroidin*, the very complete pathogenesis of which, compiled by Dr. Clarke, he had translated from the HOMEOPATHIC WORLD. He found it answer to its indications whether the cases had any goitrous tendency or not, but he considered that its action in removing the symptoms of myxœdema was physiological and not homeopathic or curative.

Dr. ANTON NEBEL, of Switzerland, said that far from rejecting the gifts of bacteriology, it ought to be cultivated because homeopathy is sure to come out victorious in the fight. As to serum-therapy and opotherapy, Hahnemann himself proclaimed Jennerian vaccination a homeopathic proceeding; it was Hering who threw out the idea of opotherapy in the Hahnemannian world at the same time as Dr. Gross. Dr. Lux in his little book *Isopathy of the Contagions*, contributed much to popularise isopathy, but his exaggerations were also the cause of its not being studied as it ought to have been. Dr. Herman in his book *The Nature of Isopathy*, first gives a clear exposition of opotherapy in 1848. We ought to concentrate our efforts on proving that isopathy and homeopathy are closely allied, that isopathy and opotherapy are but a small circle enclosed in the great circle of homeopathy. Pro-

fessor Behring, of Halle, having called homeopathy a symptomatic medication and serum-therapy, or isopathy, a casual medication, Dr. Nebel showed to Dr. Behring that if he called isopathy the true rational causal method, he ought as a natural consequence to make open adhesion to homeopathy. Our task is then to prove the truth of the clinical observations made by our *confrères* fifty years ago.

Dr. CLARKE (London) said he was very much interested in the paper of Dr. M. Jousset and in the remarks of the last speaker. Since he had published the pathogenesis of *Thyroidin* he had frequently used this sarcode (as he had ventured to term these organ remedies) in a purely homeopathic way. But he did not find it at all easy to draw the line between the physiological and the homeopathic effect. For instance, in the large dosage of the old school some very bad cases of psoriasis had been cured by *Thyroidin*. He himself had cured a case of the kind, but in his case the 30th attenuation acted better than the 3x. The case was that of a boy of cold temperament, cold clammy hands and feet, and probably in his case the homeopathicity was closer than in some others. Again, he had cured completely with *Thyroidin*, of diabetes, an elderly lady, stout and plethoric, with a tendency to eczema. In her case the 3x acted best on the whole, but the 30th at one time acted extremely well. Some years later, her husband developed diabetes. He was of an entirely opposite temperament, thin and drawn. Dr. Clarke gave *Thyroidin* 3x and 30th, but he did not anticipate much advantage from it, and, in fact, it made no impression at all. *Thyroidin* needs giving on homeopathic indications if it is to succeed. *Syzygium* and *Nat. sul.* have helped this patient at different times, but he is not cured.

THURSDAY, JULY 19TH.

The morning of this day was spent by the members in visiting the two Homeopathic Hospitals of Paris, that of St. Jacques, rue des Volontaires, and L'hôpital Hahnemann, rue de Chézy, Neuilly.

At the afternoon session of Thursday, 19th, the first two papers considered were (1) Dr. GATCHELL on "The Action of Drugs in their natural state and in dilution, with an interpretation of the theory of Hahnemann on

dynamisation"; and (2) a paper by Dr. ELDRIDGE PRICE on "Considerations on the Primary and Secondary Actions of Drugs." These papers were replied to by Dr. HUGHES, who seemed to consider the theories advanced by the two writers as mutually destructive.

The next paper was that of Dr. KRAFT, of Cleveland, Ohio, whose illness unfortunately prevented his being able to present it in person. Dr. Kraft is nothing if he is not honest. He takes strong views at times and has a picturesque way of expressing them. Calmer reflection sometimes changes his views and then there is no more peace for him until he has donned the white sheet and cried *peccavi*. Something of this kind happened in regard to the *Cyclopedia of Drug Pathogenesis*. That work having been lauded as a kind of practitioner's handbook, Dr. Kraft's first view of it was sufficient to explode this notion, and he came to the conclusion that it was no good at all. Later reflection showed that though it was indeed no good for daily practice, it was not without virtues of another kind. Hence his paper.

Dr. CLARKE said he did not altogether share the early censures of Dr. Kraft on this work, nor his later praises. He knew from the beginning that the *Cyclopedia* was a very good work. He had had a very modest share in its compilation himself. It had its limits, which were altogether artificial, and excluded many important observations like those made on Caspar Hauser (*see* Dr. Dudgeon's article in HOMEOPATHIC WORLD, October, 1897). On this sensitive subject olfactions of homeopathic remedies in the 30th attenuation produced most violent, long-lasting, and characteristic effects. Yet the Cyclopedists, by their artificial rules, were precluded from making use of these. But its limits being granted, the *Cyclopedia* had a very great value of its own. It was a mine of wealth. But a mine is not of much use for paying daily debts. It needs miners, and metal-workers, and coiners. Dr. Hughes seemed to think that it is possible to practice homeopathy with the daily records of provings, and without having the symptoms arranged in the anatomical order of the Schema. This is impossible. Without the Schema there is no homeopathic materia medica. Dr. Clarke had protested from the beginning that the *Cyclopedia* would be of no value to the practitioner until each pathogenesis was arranged in schema form, and for this the *Index* compiled by Dr. Hughes was in no way a substitute.

Dr. Clarke went on to say that Dr. Cartier had done him the honour to accept on behalf of the *Société Homœopathique Française* a copy of vol. i. of his *Dictionary of Practical Materia Medica*, just published. In compiling this work he had

found the *Cyclopedia* of the greatest service, and he instanced the medicine *Duboisinum*. He had arranged in schema from the symptoms of this medicine from the *Cyclopedia* in the day-to-day records of the provers; and he challenged a comparison between the two from the point of view of practical utility. He agreed with Dr. Kraft that the *Cyclopedia* was very interesting for study both by practitioner and student, in the same way as metallurgy was interesting to those who use metals. But for all that the *Cyclopedia* could not take the place of a materia medica with the symptoms arranged in anatomical order (that is to say, in the Schema as devised by Hahnemann) for the use of the practitioner. However interesting the *Cyclopedia* might be, the Schema was the essential of practice; and after all, though metallurgy was very interesting, it was not necessary to be a metallurgist in order to spend a halfpenny.

Dr. ARNULPHY (Nice) said: I cannot allow some of Dr. Kraft's remarks to remain unchallenged. Judging from what he says, one might be led to conclude that it is a common thing to see students in the American Colleges of Homeopathy get dissatisfied with our materia medica and go over to the old school. Now this is far from being the case. I can talk from personal experience, having been for twelve years connected with the faculty of Hahnemann Medical College, of Chicago. Well, I can assure you, gentlemen, that instances of desertion among the students are exceedingly rare. I am sorry Dr. Kraft's experience should have been less satisfactory. But, at all events, it would be altogether wrong to saddle it upon the deficiencies of our materia medica. It would be more natural, methinks, to lay it at the door of the teacher. Sure enough our materia medica is sufficiently rich and deep and beautiful to deserve an effort in view of rendering it interesting. Do you believe, gentlemen, that when Hering, or Hempel, or Dunham lectured upon materia medica, that the students deserted the lecture hall, or even were caught napping? Do you believe any such thing happened when that admirable teacher, Farrington, discoursed on materia medica? It would be easy to expatiate on such a subject, but all I desire to do, is to impart to the members of the Congress the assurance that the American Colleges are in no danger of collapse through desertion, and that our materia medica, in spite of shortcomings, finds a sufficient number of able and eloquent interpreters and teachers at this day, on the other side of the Atlantic, to insure for it abundant life, ever-growing interest, and a glorious future.

Dr. HUGHES (Brighton) expressed his pleasure at the changed attitude of Dr. Kraft in regard to the *Cyclopedia*. In

reference to the arrangement of the symptoms of the provings in the schema form (that is, separating the symptoms from their contexts and arranging them in anatomical order over "Mind," "Head," "Eyes," "Ears," &c.), Dr. Hughes contended that this was nothing short of a calamity. The *Cyclopedia* has been compiled to remedy this as far as possible, and he considered, now that the *Index* was complete, it was the proper and a sufficient *materia medica* for the practitioner's daily use. He hoped it would be made a text-book in all the colleges. With regard to Dr. Clarke's *Dictionary of Materia Medica* he feared that Dr. Clarke had followed Hering in not distinguishing between clinical symptoms and symptoms produced in the provings. Jahr had made this distinction. If his surmise turned out true he would be sorry, but he would feel compelled to condemn Dr. Clarke's work. He did not deny that clinical symptoms were often of use in effecting cures. But what he said was this: "You may cure with a clinical symptom; but if you do you are not practising homeopathy."

Two papers on homeopathic pharmacy followed, one by M. ECALLE, Pharmacien, of Paris, on "A mode of preparing alcoholic pharmaceuticals, with the dosage of the alkaloids contained in them"; the other by Dr. CARMICHAEL, of Philadelphia, "On the Utility of an International Homeopathic Pharmacopeia." In the discussion which followed an attack was made on the tinctures of Dr. Cooper.

Dr. VAN DEN HEUVEL (of Kimberley, South Africa), vigorously defended Dr. Cooper's method as being practically Hahnemann's own. He illustrated his own method of making tinctures by the case of *Calendula*, the whole fresh plant of which was taken in its vigour when flowering and macerated with alcohol. Dried plants should never be used when living plants were available, as many of their subtle properties evaporated in the process of drying.

FRIDAY, JULY 20TH.

The papers of the morning sitting on Friday included two by Dr. S. C. GHOSE (Midnapore): (1) "Diabetes Mellibus"; (2) "Plague." "A Study on Chlorosis," by Dr. JULIAN HOLMES SMITH (Chicago); "Clinical Remarks on the Action of *Naja* and *Cratægus* in Diseases of the Heart," by Dr. ARNULPHY (Nice); "*Apocynum Cannabinum*," by Dr. HANSEN (Copenhagen); "*Calc. c. 200* in Renal Colic," by WALTER SANDS MILLS (New York); "*Sticta Pulmonaria*," by Dr. W. A. DEWEY (Ann Arbor); "The use of *Bromine* in Medicine and Surgery, especially in septic states," by Dr. O. TERRY (New York); and "Homeopathic Remedies in Organic

Diseases of the Nervous System," by Dr. V. CARPENTER (Columbus, U.S.A.).

The paper of Dr. ARNULPHY gave valuable clinical illustrations of the action of the two medicines named, especially in valvular affections of the heart. One very interesting observation was made on himself when, in an attack of grippe, his heart became affected, pulse imperceptible, inability to move from the horizontal position without fainting. *Cratagus* restored him completely in a fortnight.

In the discussion which followed, Dr. JAMES JOHNSTONE (Richmond) made some remarks referring especially to the action of *Naja* in heart disease. He said that the majority of the cases cited in Dr. Arnulphy's paper were evidently those of acute myocarditis, a disease most probably due to a microbic infection of certain parts of the endocardium, particularly the cardiac valves. The disease was therefore in its origin—as well as in its clinical manifestation—of a toxic nature. In that fact lay the reason for the satisfactory use of *Naja*. For many years *Naja* and other serpent poisons has been used in Britain in this and other septic diseases—with good effect. To the British Homeopathic Society there had been frequent communication on the subject and Dr. Byres Moir, of the London Homeopathic Hospital, has recently been insisting on the superior value of serpent poisons in heart disease. Quite recently an additional proof of the value of *Naja* in microbe diseases had been forthcoming. There was no doubt of the nature of the Bubonic Plague or "La peste." It was microbic in origin and toxic in nature. Surgeon-Major Deane had been treating the plague in India, and had at the last meeting of the British Homeopathic Society reported the results of his labours. The usual mortality in plague under ordinary allopathic treatment was 70 to 80 per cent. Dr. Deane, by using *Naja* homeopathically and administering it *per oram* had obtained improved results, reducing the mortality to 50 and 60 per cent., an improvement on an average of 20 per cent. Proceeding further under the impression that the absorptive faculties of the digestive organs have become much impaired, and often entirely arrested in serious cases of plague, Dr. Deane began to administer the *Naja* subcutaneously, with the astonishing result that the mortality over a large number of cases was reduced to 30 per cent. on the average. Such results were worthy of the greatest praise. Dr. Deane also heard that the *Naja* poison might be advantageously administered in much stronger doses than had hitherto been attempted.

At the afternoon sittings the specialists had their innings. Dr. NORTON (New York) had a paper on "Homeopathy in Diseases of the Eyes"; Dr. PARENTEAU (Paris) on "Circu-

latory Diseases of the Eyes with Alterations of Vascular Tension"; Dr. WILCOX (Buffalo, U.S.A.) "Early Diagnosis of Extra-uterine Pregnancy"; Dr. SELDEN H. TALCOTT, on "The Treatment of the Insane"; Dr. HAMILTON BIGGAR (Cleveland, U.S.A.) on the "Surgery of the Brain"; Dr. EDWIN SPALDING (Boston, U.S.A.) on "Prolapse of the Rectum"; Dr. HOMER OSTROM (New York) on "The Early Diagnosis of Intestinal Obstruction, following Abdominal Operations."

SATURDAY, JULY 21ST.

Saturday was, in a sense, the culminating day of the international gathering. In the morning a great concourse assembled at Père Lachaise to witness the unveiling of Hahnemann's monument. From the far Western States of America, from Brazil, from South Africa, from Russia, Germany, Spain, Italy, Belgium, and the British Isles, disciples of Hahnemann came to do him honour. His tomb is of international interest, and it was only fitting that all nations should join in subscribing to raise a fitting memorial over his grave. At the ceremony was J. H. McClelland, fresh from the dedication of the Hahnemann monument in Washington, the capital city of the United States. There also was the venerable Dr. Nancy Williams, the most generous donor to the Washington monument, who travelled from her home in Maine, in spite of her three-score years and ten, to be present at the great Parisian event. Scarcely less praiseworthy was the presence of Dr. Hawkes, of Liverpool, who had but a few hours to spare, and who yet managed to pay his tribute at the grave. The *Figaro* of Sunday, July 22nd, thus briefly describes the ceremony:—

"The inauguration of the monument of Hahnemann at the cemetery of Père Lachaise, took place yesterday morning in the presence of a numerous assembly. Dr. Cartier, Secretary of the International Committee, opened the ceremonies by giving a detailed report of all the Committee's operations. Then the president of the International Committee, Dr. Brasol, of St. Petersburg, honoured the memory of Hahnemann in a warm and eloquent discourse, and formally handed over the monument to the keeping of Société Française d'Homœopathie."

Dr. Léon Simon accepted the care of the monument on behalf of the Society, the veil was dropped amid the applause of the assembly, and the proceedings came to an end.

The monument itself, if without high artistic merit, is, at any rate, plain and solid and good. Hahnemann speaks from it in his bust, and in the well-chosen inscription, and will speak from it to future ages. Our hero lies amid other world heroes—Racine, La Fontaine, Molière, Gall, to name only a few—and

the committee who have wrought so nobly deserve the warmest thanks and congratulations of the subscribers in whose interests they have acted. Perhaps the greatest compliment of all that we heard was a private remark by Dr. McClelland. It would not have been astonishing if he had felt some sense of the difference in scale between the Washington Monument and that of Paris. But not at all. With an emphasis which meant much, he expressed his complete satisfaction when a comparison between the two had been suggested. "Hahnemann is nobly honoured; the inscription is right; the mottoes are most fitly chosen." And if anybody knows when a Hahnemann monument is right it is J. H. McClelland.

The session of Saturday afternoon was devoted mainly to the reports of progress from different countries, which were read by Dr. Léon Simon. Then came the business of choosing the next meeting place; the voting lay between St. Petersburg and America, a large majority voting for the latter.

THE BANQUET.

At the Restaurant Ledoyen, in the Champs Elysées, upwards of eighty members dined together, the guests of the *Société Française de l'Homœopathie*, and the *Société de Propagation de l'Homœopathie*. We believe that Dr. Simon had the chief share of the arrangements, and we can say without fear of contradiction that as a banquet it was all that it should be. It was certainly the finest example of culinary art that we have experienced at any similar gathering, and the wines were perfectly matched with the viands. The toasts were eloquently given and duly honoured, and the sentiment of international good-fellowship flowed with a force and harmony which none who experienced it will ever forget.

ORIGINAL COMMUNICATIONS.

DEDICATION OF THE HAHNEMANN MONUMENT AT WASHINGTON.

LETTER FROM OUR CORRESPONDENT.

THE most glorious of days in the history of our school on this continent is now a thing of the past, and no one who was present at the dedication of our monument to Hahnemann last Thursday afternoon in the city of Washington will ever forget it. At just five o'clock the veil was dropped from the superb statue in the presence of the President of the United States, members of his cabinet, generals of the army, and some

three or four hundred members of the American Institute of Homeopathy; and a vast crowd of people gave official recognition in the capital of the nation to the memory of one who, though himself a foreigner and a sectarian practitioner of medicine, wielded an influence that will extend far beyond the appreciation of those who participated in the ceremony.

It was a great day for the American Institute, it was a greater day for homeopathy and marks an epoch in the history of our school, the influence of which will be world-wide.

In the evening the President threw open the White House and with Mrs. McKinley (who is somewhat of an invalid and is not often present on public occasions) received all the members of the Institute and their ladies. The White House was decorated with flowers as it has rarely been, members of the Cabinet, many of them accompanied by their wives, representatives from the army and navy, the Surgeon-General of the United States in his official capacity, all welcomed us most cordially.

The local committee of arrangements left no stone unturned to make the week a pleasant one and their efforts were crowned with great success. The weather was delightful, and there is no city in the world more beautiful than Washington.

Another feature which made the occasion most enjoyable was the fact that we dedicated the monument without a dollar's indebtedness. The money in cash, and pledges which were equal to cash, were all in the hands of the Treasurer before the ceremony took place. This is not often the history of such works of art. \$60,000, or a little more than £12,000 in your money, is a large sum to collect from our school even in this great country and more than half of that was contributed during the last twelve months.

Words cannot describe the beauty of the monument itself. You are familiar with the pictures and photographs, but they give a very inadequate idea of it. When I first saw it, I instinctively took off my hat, such was the impression that it made upon me. The white and beautiful granite, with its superb carvings encircling the panels, and that massive statue have been decreed by the greatest art connoisseurs in this

country to be one of the finest specimens of monumental architecture in the city of Washington, if not in the United States.

Every one who had anything to do with it was justly proud of the effect it produced, but I must not weary you with these details. Drs. McClelland and Smith, of the Monument Committee, who have devoted much of their time for the past eight years, together with those of us who have been identified with the movement more recently, felt more than paid for all the time and labour expended. It is worth a pilgrimage to America to see it. I hope it will become an additional inducement to bring our English confreres in our school over here. We run across to England with as little thought as we run out west or down south, but we see very few of our brother Englishmen here. We want to see more of you.

I send you a copy of the Washington paper which will give you the account. Please note the speech of the Attorney-General of the United States. He has never been a homeopath, but I think it is one of the strongest speeches that was ever made upon the subject.

New York, June 27, 1900.

[We subjoin extracts from the *Washington Post*, June 22nd]:—

HONOUR TO HAHNEMANN.

MONUMENT TO HOMEOPATHY'S FOUNDER DEDICATED.

ELOQUENT ADDRESS OF MR. GRIGGS.

The monument which has been erected in this city at Scott Circle by the American Institute of Homeopathy to the memory of Christian Friedrich Samuel Hahnemann, founder of the homeopathic school of medicine, was unveiled yesterday afternoon with impressive services, and formally presented to the care and custody of the government of the United States. Although Hahnemann was of German birth, and never visited or had interest in America, the exercises at the unveiling of his monument were American in every feature. The President of the United States was the guest of honour, and the decorations, the music, and the speeches were intensely patriotic.

The monument stands in the triangle at the east side of the circle, forming an alignment with the statues of Gen. Wingfield S. Scott in the centre of the circle, and of Daniel Webster, in the triangle at the west. There was a large crowd at the unveiling yesterday, and the arrangements for carrying out the programme were as nearly perfect as possible. Music was furnished by the Marine Band, which was seated on a temporary platform to the north of the monument. To the west of the monument and in front of it a floor had been laid,

upon which chairs were placed for several hundred people. The seats were reserved for members of the Institute and their invited guests, the general public finding room around the inclosure of the floored space. Those who participated in the programme and the most distinguished guests were seated upon the base of the monument.

The President was accompanied by Secretary George B. Cortelyou who was given a seat upon the monument, with Attorney-General Griggs, Gen. John A. Wilson, U.S.A.; Mr. H. B. F. Macfarland, president of the District Board of Commissioners, and Col. Theodore A. Bingham, U.S.A., superintendent of public buildings and grounds. The others occupying seats were prominent officials and workers in the institute.

INTRODUCTION BY DR. CUSTIS.

The exercises were presided over by Dr. J. B. Gregg Custis, of this city, a member of the monument committee. In calling the assembly to order, Dr. Custis said, in part :

"We are gathered together upon an occasion which in some of its aspects is solemn, in some glorious, in all momentous. Solemn, because we have assumed the responsibility of setting as an ideal for the twentieth century, a character to whom a memorial constituting the greatest testimonial ever received by any in the walks of life followed by our confrere, Samuel Hahnemann, we are now about to dedicate. Glorious, because it represents a completed work, conceived in Washington, nurtured by the American Institute of Homeopathy, and made possible by the liberality of the adherents and patrons of the school founded by him, in whose honour this grand work of art and architecture is erected. Momentous, because it places in bold relief the fact that truth, represented simply by a thought, can, in so short a time, in a country whose motto is freedom, reach its highest development. This monument is erected in the hope that from it, as a centre, truth may be spread, which will result in the lessening of suffering, and the increased usefulness of mankind."

Dr. Custis introduced Rev. B. F. Bellinger, who invoked the Divine blessing, and after a selection by the band the monument was formally presented to the American Institute of Homeopathy by Dr. J. H. McClelland, of Pittsburg, chairman of the monument committee. In making the presentation, Dr. McClelland said among other things :

"Eight years ago, at a meeting of the American Institute of Homeopathy in this city, this committee was charged with the extra professional duty of erecting a monument which should be a suitable memorial to the man whom we wish to honour and be commensurate with the dignity of the body we have the honour to represent. Your committee, after many failures, finally secured a design which it feels sure will meet the approval of our parent body and all those who love the beautiful in art as well as that which represents a great and noble idea. We are indebted for this beautiful sculpture to an American, Mr. Charles Henry Nieuhuis, and for the exquisite architectural effects to Mr. Julius F. Harder, of New York.

"Mr. President, I take pleasure in transferring to your keeping, for the time, this monument erected to the honour and glory of Samuel Hahnemann."

PRESENTED TO THE GOVERNMENT.

After the monument had been formally presented to the institute, an original ode to Hahnemann was read by Dr. William Tod Helmuth, of New York, in which the achievements of the founder of the homeopathic school of medicine was treated at length.

In presenting the monument to the government of the United States, Dr. C. E. Walton, of Cincinnati, president of the institute, made an able address, in which he paid highest tribute to the life and work of Hahnemann. He first acknowledged the good work done by the monument committee, making possible the erection and dedication of the monument free from debt.

Turning to Col. Bingham, President Walton concluded with these words: "We give into your keeping this testimonial of our recognition of one of the world's most pronounced benefactors. Take it under the national protection. Guard it as the cherished object of millions of our people."

Col. Bingham spoke very briefly in accepting the monument on behalf of the government. "This monument and statue will be the nineteenth," he said, in part, "to come under the jurisdiction of the government in the District of Columbia, making twenty-three in all within the old boundary line of the city of Washington. It is with great pleasure that I have the honour, as the government's officer in charge of public buildings and grounds in the District of Columbia, to accept this monument on behalf of the government, and I assure you that every care will be taken for its preservation."

ATTORNEY-GENERAL WAS ELOQUENT.

Col. Bingham was followed by Attorney-General Griggs, who concluded the exercises with an eloquent address which created great enthusiasm among his hearers. "There are triumphs to be won in the peaceful pursuits of life," he said, "that bear equal glory to victories on the field of war. In the centre of this park stands the statue of a great warrior, a soldier of his country in three great wars, the representative of his country in martial valor. On the other side is the statue of the great statesman and orator, the expounder and defender of the Constitution, representing constitutional law, liberty, and representative government. Here, on this side, with great appropriateness, this institute has placed this other statue, not of a man of war, not of a great Senator, but of a scientist, a reformer, a good physician. The laurels of fame grace with equal glory the brow of the warrior, the statesman, and the scientist. There is but one, and one only test of worthiness, and that is that a man shall have wrought in unselfishness, with a spirit of sacrifice and devotion, in the interest of his country, of humanity, and the world, and that merits a fame which these three possess in a triune glory.

"It was the merit of Dr. Hahnemann that he exposed fallacy, that he found the truth, and showed things not as they had been believed to be, but as they are. It was not his chief glory that by his doctrines he founded the homeopathic school, but that he uncovered errors, and disclosed secrets of nature which all the world has recognised as correct, without regard to school. He accepted no dogmatic assertions of philosophy nor any arbitrary counsel where

the secrets of science were concerned. The kingdom of Heaven, it may be, cometh not by observation, but that is true of no other thing. Hahnemann, like Darwin and all the tens of thousands of homeopathic investigators of the present day, believed that the truth was to be recognised and found by experimenting and observation, and in enunciating that belief he met with opposition and with persecution. It is not in Jerusalem alone that the prophets are stoned; and so this man for the truth's sake endured persecution.

HIS WORK WAS FOR THE WORLD.

"It is no criticism of the action of this institute or of the Federal government that they have placed or permitted to be placed here the statue of a man who never knew or saw America. It is but an added glory that the work he did, the fame that is now his, is recognised to belong, not to Germany, but to the world. I congratulate the gentlemen of the American Institute of Homeopathy on placing in the National Capital this beautiful work of art. Generations of our people to come will pause and view this statue; will look at the figure of the young student bending in thoughtfulness on his book; at the figure of the scientist making his experiments, at the figure of the wise teacher instructing his pupils, and at the grand, the noble, the benignant figure of the great man whose position here to-day, in view of the persecutions to which he was subjected, teaches us to glory in the belief that it can no longer be said that 'Right is ever on the scaffold, wrong forever on the throne,' for here sits right enthroned before the eyes of the American people, from whom forever and forever more will be contributed its just meed of immortal fame."

At the conclusion of Mr. Griggs' address, and after the applause had subsided, some one in the audience started three cheers for President McKinley, which were given with a will, and which the President acknowledged gracefully. They were followed by three cheers for Chief of Engineers John M. Wilson, who selected the site for the monument, and then after another selection by the Marine Band, the ceremonies were completed.

DESCRIPTION OF THE STATUE.

The monument is in the form of the Greek exhedra and is elliptical in plan. Four steps in front lead up to the lesser axis, at the back of which rises the superstructure. The sitting statue of Hahnemann, heroic in size, and mounted on a granite pedestal, is placed in the central portion, which is composed of four columns supporting an entablature, above which is an attica with the inscription, "Hahnemann." On the base of the pedestal is the motto, "Similia Similibus Curentur." Between the two front columns and forming the background of the statue is a niche, also elliptical in plan, terminating in a semi-circular arch above the impost. The line of the impost continues on either side, forming the top of the curved walls, which end at the extremities of the larger axis of the plan, in decorated amperses crowned with acroteria. The base courses of these walls form seats occupying the space between the central portion and the end terminations. The upper portion of the niche behind the statue is decorated in mosaic, with a design composed of the foliage and flower of the cinchona plant.

On either side of the arch are decorative emblems in bas-relief, the bowl and serpent, symbols of wisdom, and the lamp and book, typical of knowledge and instruction, the former associated with a palm branch, the latter with a wreath of laurel. As the keystone of the arch appears a lion's head, symbolic of strength and leadership. Four commemorative bronze tablets are placed in two panels on either side of the niche, upon the curved walls, representing in bas-relief the four epochs of Hahnemann's life.

EXPRESSION AND POSE.

The statue itself is the culmination of the plan of the monument. By the expression of the features and the pose of the figure it is designed to convey the characteristics of the philosopher, philanthropist, and teacher, and above all the leader of a great reformation in the medical practice of his period.

As the monument stands in an open space, approachable from all sides, it is sought to make it attractive from all points of view, and much attention has been devoted to the design of the rear. The main lines of the central portion are here repeated with a flat curtain wall divided into three panels for inscriptions, with decorated tympanum above the impost substituted for the niche. This, together with the projecting lines of the amperes, form vertical divisions for this elevation, resulting in a well-proportioned and equally balanced architectural composition. In the centre, filling the tympanum of the arch, are two figures, in bas-relief, emblematic of the science and art of medicine, above which in the attica is the date of erection in Roman numerals. Below the curtain wall is a fountain in the form of a fluted basin fed by a stream of running water issuing from a carved dolphin. On the side walls are the dates of Hahnemann's birth, "Meissen, April 11, 1755," and death, "Paris, July 2, 1843," encircled with laurel leaves. The extreme dimensions are forty-six feet broad by thirty feet deep at the base, and twenty-two feet in height.

SKETCH OF HAHNEMANN.

Following is a brief sketch of the man to whose memory the monument at Scott Circle has been erected:

Christian Samuel Friedrich Hahnemann, son of Christian Gotfried Hahnemann, a porcelain painter, was born at Meissen, Saxony, April 11, 1755. His elementary studies were made interesting under the guidance of his parents, and the foundation was early laid for more profound study. His father, however, being strongly opposed to his receiving a university education, his later studies were pursued under most discouraging conditions, but with extraordinary success. In his twelfth year he was appointed instructor in the rudiments of the Greek language; at twenty he was a thorough master of six languages—German, French, English, Italian, Latin, and Greek—and was able to support himself at the University of Leipsic by giving instruction in some of them and translating therefrom into the German. He subsequently became proficient in Arabic, Syriac, Chaldaic, and Hebrew. His medical studies were pursued at the famous centres of learning in Europe. He graduated in medicine with special honours at Erlangen in the year 1779. He was a member of various scientific societies in Leipsic and other cities, and was

highly honoured for his researches in chemistry. He was well versed even in those branches of science unconnected with medicine. Later he removed to Paris, and during the declining years of his life won great renown and general recognition as the foremost physician of his time.

THE MINERAL WATER OF LLANGAMMARCH WELLS.

By W. BLACK JONES, M.D., B.S. (Lond.) D.P.H.

IN response to a suggestion from the Editor of this Journal as to the action of the Mineral Water of Llangammarch Wells, I proceed to give an outline of some of my observations.

This water, which contains the *Chlorides of Barium, Calcium, Sodium, and Lithium*, is both taken internally and used externally in the form of baths. Usually about half a pint is prescribed three or four times a day, this gives about half a grain of *Barium Chloride* per dose. Patients take a tumbler or two before breakfast, the remainder in the forenoon and afternoon. The water is artificially heated for bathing purposes, and is given at a temperature ranging from 88° to 95° F., the duration of the bath varying from five to fifteen minutes.

The effects of the baths are varied. In some cases the patients, at the beginning of a course, feel fatigued, but after a few baths have been administered, this feeling gives place to one of exhilaration, and the patient feels much refreshed. In many cases where there are symptoms of angina pectoris, there is a distinct alleviation of the pain; dyspnoea, when present is also relieved. The effect on the pulse is to cause a slowing of its rate, which is slight at first, but often becomes more marked after an hour's rest. The volume and tension of the pulse are increased.

Patients who have suffered from repeated attacks of influenza, and who have irritable hearts with precordial pain, but without any organic disease, generally do very well. The pain is much relieved and the other nervous symptoms, such as insomnia, irritability, &c., often quite disappear.

Nearly all cases of chronic rheumatism receive more or less benefit, both the pain and the stiffness are relieved, this frequently occurring in obstinate cases of osteoarthritis.

With regard to the kidneys, the effect of drinking the water is to cause diuresis; this is frequently considerable, in one case, which I have reported elsewhere, it was over 100 per cent. There is also a marked increase in the amount of uric acid excreted during the first two or three weeks, after that period there is a decrease in the amount. In most cases the increase varies from 30 to 60 per cent., in the above case it was 165 per cent. In cases of renal calculus and gravel, there is a diminution of the lumbar pain and stiffness.

In one case, that of a gentleman with enlarged prostate, who had also gouty symptoms, considerable relief was afforded. Although more water was passed the pain and irritability in the bladder was much less.

Many of the obscure forms of gout receive benefit, especially those in which the joints are involved.

Generally the water has no action on the bowels, in some cases, however, it is slightly laxative.

I have had little experience of tubercle here, but one case deserves mention. A boy, aged 12 years, who had suppurating glands on both sides of the neck, and large sinuses in both feet, involving the metacarpophalangeal joints of the great toes, received marked benefit. After two months' treatment the feet healed up, and there was a great improvement in the neck. He gained considerably in weight.

An important part of the treatment is the out-door exercise that the patients take. There are numerous walks on the mountain slopes, where the air is very bracing, and a moderate amount of hill climbing acts as a tonic to the circulatory and respiratory organs.

Llangammarch Wells.

IRIS TENAX.

SYN. IRIS MINOR: DR. WIGG'S PROVING.

ARRANGED by DR. E. A. HEATH.

THE following proving was made by Dr. George Wigg, age about 60, of Portland, Oregon, in October, 1885, from a tincture of the lower or bulbous portion of the stems, not the rhizomes, in the proportion of one part of the plant to two of alcohol. The strong tincture was taken

in doses varying from 5 drops to 60 drops. The symptoms are arranged by Dr. Alfred Heath.

MIND.

Very gloomy and cast down; at 2 p.m. wished he had never seen Oregon; at 6 p.m. really homesick (nostalgia); became more despondent until midnight; courage all gone, could not keep from weeping.

HEAD.

Awoke at 5 a.m. with dull pain in temples, and itching in both eyes; pain in head relieved by constantly turning the pillow for the cold side (> external cold) > one hour after sunrise; awoke at 6 a.m. with itching all over scalp; burning of scalp after using stiff brush, as if tincture of *Capsicum* had been rubbed in at same time; eyes began to smart; no eruption.

EYES.

Itching in both eyes on awaking; pungent smarting of eyes after brushing scalp, as if he had been near some one scraping horse raddish; the itching and burning lasted eleven hours; no lachrymation.

TEETH.

Pain in second left upper molar, which appeared to be half an inch too long; applied chloroform without benefit; went to bed but could not sleep until 2 p.m., owing to pain in tooth; awoke at 6.15 pain still in tooth; at 10.25 a.m. pain in tooth increased, neither cold nor hot water, chloroform nor camphor relieved; thought there was an ulcer at the root; had tooth extracted which relieved pain, but there was no ulcer; tooth decayed.

MOUTH.

Burning in the mouth, which increased until it felt as if on fire; mouth dry, no saliva; > after midnight not > by cold water; burning in mouth as if full of *capsicum*; > sucking in cold air; could not stand the burning any longer; cold water gave no relief; sweet oil and camphor relieved the distress; after taking 60 drops of the Iris on an empty stomach had most fearful burning of mouth and throat.

THE HARRISMAN HOSPITAL COLLEGE
PHOTO TAKEN BY DR. ALFRED HEATH

THROAT.

Burning in throat and fauces as if on fire, not > by cold water; *fearful* burning in throat, fifteen minutes after taking 25 drops, pain and burning, desire to swallow every second or two; burning in throat as from *Capsicum*, > sucking in cold air; after taking 60 drops most fearful burnings of mouth and throat.

STOMACH.

Sinking; gone feeling in stomach on standing with vomiting of a quantity of greenish yellow slime, not bitter, > by drinking a cup of tea; feels sick all over; went to bed; pain in bowels increasing; headache in both temples; vomiting dark green bile; hot applications relieve pain in bowels, but not in head; copious action of bowels at midnight.

ABDOMEN.

Cutting pain in abdomen, most severe in the right side, pressure upon the ileo-cæcal region caused a deathly sensation in pit of stomach; courage all gone, weeping; the acute pains passed off during the night, but for fourteen days there was a painful spot over ileo-cæcal valve as if an ulcer about the size of a quarter-dollar might be on the inside; the bowels did not act normally for ten days.

STOOL.

Copious action of bowels at midnight; after the pain in abdomen (ileo-cæcal) bowels did not act normally for ten days.

URINE.

At 11 a.m. passed urine of a brown colour, and continued to do so every fifteen minutes for two hours.

NERVES.

Lost all his courage; weeps; feels sick all over; so exhausted that he cannot leave his bed.

SLEEP.

Sleepless until 1 a.m.; awoke at 5 a.m. with dull headache in the temples, could not sleep again; desire to go to bed at 8 p.m.; could not sleep, depressed till midnight; slept till 5 a.m.: awoke with headache; could

not sleep again from the pain in head; this was > by constantly turning the pillow for the cold side; itching all over scalp on waking; brushing head with a stiff brush was followed in five minutes by severe burning.

FEVER.

At 2 p.m. a hard chill came on lasting twenty minutes; could not overcome it; after the chill temperature 102° F. After the chill (? fever) a moderate perspiration appeared; the prover never had a chill before or since, now over 60 years of age.

BRAZILIAN PLANTS.

By E. B. IVATTS.

I HAVE lately been reading Mr. Jas. W. Wells' "Three Thousand Miles through Brazil," 1886, a most interesting book of travel. Mr. Wells refers to a few Brazilian plants having a reputation among the natives as useful for curing disease, and I therefore send you the following extracts. If you have readers of the WORLD in Brazil perhaps they would kindly make inquiries and favour us with some additional information as to these plants, or any other Brazilian ones having reputed curative properties.

"JURUBEBA.—The thorny pale-leaved jurubeba with blue flowers like those of the deadly nightshade (query, *Dulcamara*). This plant has a vast range all over North and Central Brazil, and has most invaluable medicinal properties, and is largely employed by Brazilians for diseases of the liver, spleen, and stomach, and in conjunction with caju (*Anacardium occidentale*) it is a specific for rheumatism" (page 144).

"MERIM.—An Indian diminutive term applied to any thing. We had spread our rugs for the morning picnic under the grateful shade of a large tree, standing alone on the green slopes of the stream, and noticing that it was a stranger to my experiences, I hacked off a piece of its very thick, hard, corrugated bark, and immediately a very volatile sap issued from the gash, and the piece in my hand appeared saturated with it, as though it had been dipped in kerosene—its odour was very similar, and in the

fire it proved equally inflammable. I took away several pieces, and some days afterwards the odour had changed to the delicate perfume of violets. This tree was anything but small, for its lower branches were about twenty feet from the ground, and its trunk nearly five feet in circumference. Its leaves were small and pinnated, and of a dull green colour. The thermometer registered 83° in the shade of this tree."

"FUNGUS PHOSPHORICUS (Flor de coco).—Amidst the surrounding darkness of the night there was noticeable a large and pale-blue light, and on going to examine what it might arise from, I found it to be a phosphorescent fungus growing upon the base of a dwarf palm."

"The *birni-fly*, a kind of buzzing 'blue bottle' was a great torment in some parts. It gives a sharp stab through clothes, and leaves a faint red spot. The natives after a time squeeze the part between two round pebbles and out comes a little white worm about a quarter of an inch long, like a piece of white cotton with a round knob at the end. These *bixos* are very dangerous, for sometimes they get crushed in the attempt to extricate them, and then there is a sore, and often mortification and death. Mr. Wells devised a stiff plaster of soap and sugar, and covered the small red spot, thereby (as he assumed) stopped the enemy's supply of air, this was found to be an excellent and unfailling remedy, for a few minutes afterwards the 'bixo' was found stuck to the plaster, having backed out to see what was the matter. Probably any plaster would do, but I remembered that soap and sugar is a well-known old woman's remedy for 'drawing.' These maggots develop to an enormous size in cattle and dogs, sometimes two inches long and a quarter in diameter, and their skin is exceedingly tough. The cattle present, sometimes, most horrible appearances, huge masses of sores. Dogs will patiently endure considerable pain in the extraction, and lick the hand of the operator. Solutions of tobacco and mercury are used as a wash or powder to destroy the pests."

In the case of the mosquito puncture producing fever and ague, Ross's discovery proves that the insect injects a parasite from its own body. Query, Does this *birni-fly* do likewise, or is the thing injected a germ to eventuate in the production of a young *birni-fly*?

Mr. Wells writes me that in the "Systema materiæ

medico vegetabilia Brasiliensis" of the naturalist Martius, he mentions all those plants which, owing to their therapeutic virtues, are applied by Brazilian and foreign physicians.

MATERIA MEDICA MISCELLANY.

By J. R. P. LAMBERT, M.D.

Oenanthe Crocata in Epilepsy.—Dr. W. B. Carpenter reports the following case: F. M., aged 29, with no untoward family tendencies. Had meningitis at three years of age. No other special disease since that, except some unusual trouble following vaccination. In 1894 was dealt a severe accidental blow on head with a sledge-hammer, on the frontal bone immediately over the nose. His first convulsive attack was in October, 1896. It came on at night during sleep, and was noticed only by his wife. It seemed to be a shuddering and stiffening of the body, with turning of the head, grinding of the teeth, and groaning. In the morning he noticed a dull heavy feeling of the head, and a sensation as if the whole body was weighted down. He had regular employment at light work. The attacks came often, always at night, and were only known by the patient in the morning by the feelings stated. They increased in severity, and after two years began to come by day. When awake the aura would come in sufficient time for him to get to a safe place. The aura was a ringing sound as of distant bells, then a buzzing, as of bees, increasing in intensity till he fell unconscious, which condition lasted from ten to sixty minutes. One strange symptom existed for months, *i.e.*, on looking upward it would seem as though a filmy shower of black rods and rings would come from above and disappear on reaching the level of his eyes. Attacks came on from one to four weeks apart. He then took bromides, and was free from seizures for seven months, when they returned in spite of continued medication. He came to Dr. Carpenter with the following additional symptoms: twitching of individual muscles during the attack with frothy mucus from the mouth; dulness in the head, haziness before the eyes, burning dryness in the throat, obstinate constipation, chilly feelings over the body, general languor and heaviness of mind and body.

Oenanthe 4x and 6x wrought a complete change in a few months, brightening the mind, energising the body, and stopping the seizures for several moons.—*Medical Century*.

Action of Arnica.—*Arnica* probably acts primarily on the blood and spinal axis, and leads to local disturbances of nutrition, hemorrhages, and especially a peculiar sensitiveness of the peripheral nerves. The sensations which it produces are very similar to those which may arise from local injuries or irritations from toxic applications to the surface. When the effects are due to the absorption of the drug the cutaneous disturbances are apt to be symmetrical, and clinically this has been found to be a very good indication for *Arnica* in eruptive affections. A very common use of this remedy for mechanical injuries and myalgic affections has probably led to its neglect as a remedy in diseases of the skin.—*Dearborn, in Chironian*.

Potassium Bromide used Homeopathically in Epilepsy. Dr. Carpenter also reports the following interesting case of a little girl eight years of age, who presented the epileptic seizures with no special individual or family history to determine the same. And, what is strange, no medication had been used in the two or three years of the existence of these seizures, because it was thought that they would "wear off." These symptoms presented: Brain heavy and sluggish, with indifference, apathy, loss of memory and absent-mindedness; loss of words and power of speech; melancholia and delusions, muscular depression and some atrophy; atonic dyspepsia; sluggish circulation and acne. The other symptoms were those of general depression and such as are recorded in every severe case. It was certainly a typical case for the use of *Kali brom.*, which was used in the 6x to the 30x, with the result that there has been no return for five years. In the majority of instances this drug will do better work in the potencies, except in those extreme cases where the number of convulsions will do more harm than the continued massive doses of the crude drug. In such cases the convulsive attacks may be limited by large doses of the *Bromide*, when it may be possible to further the relief or cure by potencies of the same or other remedies.—*Medical Century*.

Kali Carbonicum and its Therapeutic Action.—Dr. Goullon could not practice without *Kali carbonicum*; and

particularly in diseases of females is it a valuable remedy. It resembles in many ways *Sepia*. The periods recur too soon and are long-drawn out, similarly to *Acid. nitric.*, to which it is complementary. Chronic leucorrhœa in girls and women before menstruation, with distressing associated symptoms; *Kali carb.* eight days previously will usually correct them, though *Sepia* at times is better. In the "hot flashes" of the climacteric *Kali carb.* may be of greater advantage than *Sepia*. When accompanied by heart symptoms, as palpitation (nervous), so that even the bed-clothing is lifted at each beat, which of course disturbs and prevents sleep. Here it and *Sepia* are rivals. Our remedy is also to be thought of whenever the pains are stitching, or when one meets with an intermittent pulse. Three systems or organs are affected electively by *Kali carbonicum*: the uterus, heart, and lungs. In apex-catarrh one may give *Kali carb.* in alternation with *Phos*. If pleuritic symptoms are attended with the characteristic stitching pains, then it is the more indicated. In chronic laryngeal catarrh it is often of service (*Sepia*). In chronic affections of the knee-joints, with stitching pains. Only *Bryonia* and *Silica* can be compared as "knee-remedies." In stretching of the uterine ligaments in addition to *Rhus* one should not forget *Kali carb.* In hæmorrhoids, in females especially, it may be useful.—*Leipziger Populäre Zeitschrift fuer Homœopathie*, Nos. 21 and 22, 1899. Dr. G. Sieffert (l. c.) amongst other indications mentions it in pulmonary congestion (passive) of old persons with a painful spot in the chest which moves from right to left; the chest wall is painful; cough with profuse expectoration, the cough being irritating and pertussis-like. Valvular affections of the heart; the pulse is irregular or intermittent, accelerated and weak, and this weakness is a characteristic of all the diseases in which it is indicated. Lancinating pains in the region of the heart.—*Hahn. M.*

AUSTRALIAN "MARSH MALLOW," AND A
PECULIAR DISEASE IN SHEEP. "WATTLE
BARK" (ACACIA).

By ERSKINE C. WHITE.

I ENCLOSE an extract from the *Sydney Daily Telegraph*. The ordinary Australian indigenous "marsh mallow" has a small leaf and red blossom, and creeps on the ground. The leaves when chewed yield a jelly-like sap, that gives the sensation of jelly or slime in the mouth. I would be glad to send a specimen or extract of the plant.

The other day I came upon a man who was stripping Wattle Bark. The bark of this tree, the common acacia indigenous to New South Wales, is used for tanning. The man explained to me that after handling the bark, in stripping, for three months, he became perfectly giddy; suffered from congestion of blood to head; and dull crushing pain in two spots at each side of crown of head; also exactly on summit of each shoulder joint. Heavy pressing pains shoot up the fore-arms to elbow; the hands when deeply gashed refuse to bleed; the blood seems either coagulated, or to have left the veins; the bowels are constipated and the face and eyes appear almost completely jaundiced (yellow). The blossoms of this acacia are tiny puff-balls (mustard colour) arranged in clusters on the stem. The *gum* heals cuts very rapidly.

[Subjoined is the Extract referring to marsh mallow from the *Sydney Daily Telegraph*.]

PECULIAR DISEASE IN SHEEP.

REPORT OF THE GOVERNMENT VETERINARY SURGEON.

Mr. J. D. Stewart, Government Veterinary Surgeon, has submitted an interim report on a peculiar disease occurring among sheep in the Narrabri district, known as "staggers" or "shivers." The following is an extract:—

"The disease has been noticed in this district for some time. During the past two years, it has been more and more prevalent, until at the present time it may be said to be fairly common. The disease affects all sheep from four months old upwards. Sheep in prime condition appear to take the disease more readily than those in fair or low condition.

"Out of about 500 sheep inspected while they were in the fold, where they had been resting for some two or three hours, only three were picked out as other than healthy. These three sheep attracted special attention by the stiff manner in which they walked. Otherwise

they were apparently healthy. On the flock being released from the fold, every one of the sheep came out lively and apparently full of vigour. But before they had been driven 200 yards, the three sheep noticed amiss in the fold began to tail out, and walk in a peculiar stiff manner, with back arched and nose poked out. They were soon joined by other sheep, also showing these premonitory symptoms. After driving the flock for half a mile, about 2 per cent. showed evidence of being affected with the disease. On an attempt being made to further drive any one of the sheep that showed the above symptoms, the animal, after going a short distance, throws itself down in an exhausted condition. The exhaustion is not then complete, for if further urged, the sheep will rise and travel another short distance, and then go down again. If allowed to rest thoroughly after they first go down, the sheep will get up and walk a considerable distance, provided they were not interfered with. On the other hand, if the sheep are urged on, as soon as they go down, and are hustled about, the distance covered at each attempt becomes less and less, until they throw themselves on the ground, and absolutely refuse to go further until rested. If they are now put on their feet, a trembling or shivering of the muscles of the legs occurs, hence the disease is known locally as 'shivers' or 'staggers.' When the sheep are in this extreme stage the following symptoms are observed, *e.g.*, temperature high, 105 deg. to 108 deg. F.; breathing hurried, about 100 per minute, and often oral, pulse weak and rapid, 140 per minute, mucous membrane of mouth blanched—although the skin retains its pinkish hue. No pain is evinced on palpation being practised over the chest or abdomen. The legs are perfectly mobile and muscles supple. The feet carry good, sound horn, and are perfectly cool. On auscultating the chest, loud crepitus is heard, but no irregularity in the heart's action is detectable. There is no evidence of pain. Neither can the other extreme condition, paralysis, be said to exist, as the sheep, after a rest, move freely, and can jump over logs.

"The condition appears to be one of temporary prostration, attended by high temperature, weakness of the heart's action, and difficulty in breathing. With rest, these symptoms pass off. If rest is not allowed, and the sheep are further harassed, they die.

"From the clinical aspect and post-mortem appearances of this disease, it will be seen to differ from any of the diseases hitherto reported as having affected sheep in this colony, such as anthrax, black-leg, liver-rot, &c. The disease does not appear to have any serious deleterious effect on the mutton of the sheep that have recently recovered.

"A definite diagnosis cannot be arrived at until the investigation is carried further, and with a view of ascertaining whether this disease is caused by micro-organisms, cover-glass preparations were made of the blood, and of fluids from the tissues of the spleen, liver, heart, and kidneys for bacteriological examination. Culture tubes were also inoculated from the spleen and with blood of affected animals. In order to determine whether the disease is due to degeneration not visible to the unaided eye of some of the important structures or organs, portions of the brain, spinal cord, heart, lungs, liver, spleen, kidneys, and muscle were carefully preserved for histological examination.

"As marsh mallow forms the principal food of the affected sheep

arrangements have been made for Mr. Guthrie, analytical chemist to the department, to chemically examine this plant, to ascertain whether it is deficient of some of the ingredients of food essential for the building up of healthy tissue. The herb is known to contain an alkaloid, but it has not yet been ascertained whether this alkaloid is of a toxic nature."

[We shall be glad to hear further from our correspondent if the disease is definitely traced to this plant, and also the plant's botanical name. Our "Marsh Mallow" is *Malva Sylvestris*.—ED. H.W.]

Holdsworthy, Liverpool, N.S.W., June 5th.

SOCIETY'S MEETING.

BRITISH HOMEOPATHIC SOCIETY.

ANNUAL ASSEMBLY.

THE first meeting of the Annual Assembly was held at the London Homeopathic Hospital, on Wednesday, June 27, 1900, at eight o'clock p.m., Dr. Washington Epps, the president, taking the chair.

The following specimens were shown:—

1. Tubal foetation (two months) removed, after the second attack of peritoneal hæmorrhage, by abdominal section; recovery Mr. Johnstone.
2. Decidual cast of uterus from above case; passed before operation Mr. Johnstone.

Several members were announced as applicants for the fellowship.

Dr. Madden proposed that a letter of condolence should be sent to Mrs. Gibbs Blake on behalf of the Society.

A paper entitled, "Clinical Notes on Plague in India," was read for Major H. E. Deane, R.A.M.C., by Dr. Byres Moir (London), illustrated by temperature charts and sphygmographic tracings from cases treated.

The following is a synopsis of Major Deane's paper:—

Definition and symptoms of plague with typical cases—It is a general disease with primary blood and nerve poisons—Every symptom is consecutive to the blood infection—Homeopathicity of the snake poisons, and their use hypodermically—Other drugs and their indications.

The medicines which Dr. Deane thought most useful were *Crotalus*, *Hyoscyamus Apis*, *Rhus*, *Antimonium Tart.*, and *Phosphorus*, all in low potency.

A discussion followed, in which Drs. Dyce Brown, Madden, Jagielski, C. Wesselhoeft, A. C. Clifton, and Byres Moir took part.

Dr. J. Roberson Day (London) then read a paper on "Modified or Adapted Milk," of which the following is a synopsis:—

Increasing necessity at present day for artificial feeding—Cardinal rule: if you cannot employ natural means imitate them as closely as possible—Composition of human milk taken as standard subject to great variations—Average: fat 4 per cent., proteid 2 per cent., lactose 6 per cent., salts .2 per cent.—How to imitate this—Walker Gordon laboratories—Objections—Humanised milks of dairies—Objections—Dr. Gaertner's milk—Pasteurised and peptonised milks—Other factors which have to be considered—Expense—Intelligence of nurse—Climate—Travelling—Barley water and milk—Lime water and milk—Patent foods as substitutes—Dangers—Illustrative cases—Domestic modification best of all—Simple apparatus—Demonstration of its use.

This was followed by a paper on "Epidemic Diarrhea," by Dr. A. Lestock Reid (Watford), in which he discussed the subject from a bacteriological point of view mainly. He pointed out the importance of recognising the disease as a clinical entity, and showed its position as a zymotic disease. No one microbe could be regarded as the *causa causans*. Breast-fed children, he said, are exempt from it. Unfortunately he dismissed the therapeutic side of the question by the mere mention of one drug, viz., *Merc. corr.*, presuming that the drugs for the condition are well known.

These two latter papers were discussed together, after which the meeting adjourned.

The second meeting of the Annual Assembly was held in the London Homeopathic Hospital, on Thursday, June 28th, at eight o'clock p.m., and was devoted to business only. The agenda was as follows:—Report of Council, Report of Treasurer, Report of Committees, Election of Fellows, Election of President and Officers, Election of Sections, Election of Committees, &c.

Mr. Dudley Wright was elected president, and Drs. Cash Reed and Roberson Day as vice-presidents. Mr. Johnstone resigned the secretaryship of the Society; his successor has not yet been appointed.

REVIEWS.

LONDON HOMEOPATHIC HOSPITAL REPORTS. VOL. VII. *

THE Jubilee of the London Homeopathic Hospital has been celebrated in a variety of ways, but in none more worthily than in the volume of *Reports* under review. Seven is the number of perfection, and Vol. VII. of the London Homeopathic Hospital Reports comes as near perfection as possible in such publications. Here is given the record of the actual work done by this institution, the fruit of all the charitable intentions and efforts of subscribers and officials; and the editors have every reason to congratulate themselves on the fare they are able to present.

It is not possible in our limits to deal in detail with all the papers, but we are gratified to find that homeopathy is well to the fore in most of them. Some very pretty homeopathising is to be found in Dr. Goldbrough's paper on Gastric Neurasthenia; and in Dr. Lambert's paper on *Nat. mur.* in headaches associated with eye-strain. The cure Dr. Lambert relates proves beyond question (not that proof is needed by homeopaths of any experience), that the vital action of the truly similar remedy is capable of relieving many conditions which appear to depend on mechanical defects, and which are regarded by the old school as only amenable to mechanical palliatives. The wonderful record of "A Year's Medical and Surgical Work in the Gynecological Ward of the Hospital, with no mortality," by Drs. Burford and James Johnstone, may fairly be claimed as a homeopathic triumph; for most certainly some of the cases would have sunk if they had lacked the gentle assistance of homeopathy, and if to the natural morbid conditions, and the organic strain of severe and even desperate operations, there had been added the depressing effect of the routine drugging of old-school medication. The same may be said of Mr. Dudley Wright's successes in his "Operations on the

* *The London Homeopathic Hospital Reports*, Vol. VII. Being the issue of the Jubilee Year of the Hospital. Edited by George Burford, M.B., C. Knox Shaw, and Byres Moir, M.D. London: London Homeopathic Hospital, December, 1899; The Homeopathic Publishing Company, 12, Warwick Lane, E.C.; E. Gould & Son, 59, Moorgate Street, E.C. Price 6s.

Stomach and Intestines;" and of Dr. Day's cures of tuberculosis in children. Dr. Moir contributes a useful *résumé* of one hundred consecutive cases of rheumatic fever treated at the hospital; and Mr. Knox Shaw an interesting paper on "Retinitis arising from General Arterio-Sclerosis, and its relation to Albuminuria." Dr. Neatby relates cases of ascites depending on tuberculosis of the peritoneum benefited by operation; and Dr. Edith Nield gives an excellent description of a fatal case of "Diffuse suppurative gastritis."

We have left to the last the mention of cases which come first in the volume, the skin cases reported by Dr. J. G. Blackley, and also others by Dr. Epps. Dr. Blackley has two papers, "A Case of Mycosis Fungoides," and "A Hitherto Unreported Form of Circumscribed Erythema (Erythema Herpetiforme Circumscriptum)". If Dr. Blackley had not been the modest man that he is, he would certainly have clapped his own name on this affection, and called it "Blackley's Disease," after the fashion prevalent in other quarters. At any rate, he has given a complete record of a very well-defined affection, and has illustrated it with a coloured drawing, and future dermatologists will have to quote the London Homeopathic Hospital Reports when they meet with cases of the kind. Dr. Epps' paper on "Four Cases of Rare Skin Disease (Melano-Leucoderma and Mycosis Fungoides)" form an excellent companion to the paper on the same subject by Dr. Blackley; and taken together the skin papers may fairly claim the leading position as far as pathology and "Medicine" (as distinguished from therapeutics) is concerned. For unhappily we fail to find that any useful impression was made by medicines in the cases narrated. And here is where we feel disposed to make a few criticisms. We do not say that the cases were in any way amenable to homeopathy or any other medication, but we do say that the necessary data for making a homeopathic prescription are not to be found in the records. There is a strong tendency among homeopaths to look for a drug which shall correspond to the crude morbid appearance of a case. This seems to us exactly like always making "frontal attacks" on the position. Very often there is no advance to be made in that way, and one of the great advantages of homeopathy lies in just this, that it gives the prescriber a number of ways

of getting round a case, taking it on either flank or cutting its communication in the rear. In order to do this the case must be taken *more homœopathico*, all the symptoms of the *patient* (not of the disease only) in schema form, and all the diathetic symptoms, whether personal or derived from family history, noted. On these the prescription must be based when no accurate correspondence is available on other grounds. This affords the best method of palliating the symptoms in hopeless cases and of rescuing some from the hopeless class. The same tendency of speaking of the treatment of a disease as if the disease were an entity to be treated, is somewhat apparent in Dr. Moir's paper on Rheumatism. This is a prevalent and somewhat crippling habit of thought among homeopaths—a relic of allopathic teaching which it is not easy to throw off. As a corrective we would suggest as a motto for homeopathic practitioners: "Don't confine yourselves to frontal attacks."

In conclusion, we cannot refrain from saying that the perusal of this volume accentuates our wonder, previously expressed, that the authorities of such an institution as this can rest content for it to remain without official recognition in some form. The London Homeopathic Hospital, with its affiliated hospitals, ought to command recognition, and to be the centre of homeopathic instruction for the Empire.

CANCER AND CANCER SYMPTOMS.*

IN issuing a second edition of this work, Dr. Cooper has added much valuable clinical matter, demanding the careful consideration of all homeopaths. Whatever may be thought of Dr. Cooper's arborivital theories, there can be no question that he has done more than any other recent observer to supply data for elucidating the vexed question of dose. The ideal of homeopathic practice is to make a single impact of drug-force and wait for the development of its action before repeating. In acute cases this is not often practicable, and here repetition will probably remain the rule. But in many chronic cases it is different, and Dr. Cooper has shown how much may be

* *Cancer and Cancer Symptoms*. Chiefly arborivital treatment, with illustrative cases. Second edition. By Robert T. Cooper, M.A., M.D. London: C. Marten, 67, Wigmore Street, W. 1900.

effected and how much may be learned by practising with unit-impressions. One of the grand features of homeopathy is the opening it gives for workers on original lines. Dr. Cooper's arborivital practice is a development of homeopathy, and in no way antagonistic to it. Dr. Cooper works with tinctures prepared for the most part after Hahnemann's directions, and if it pleases him to call them "arborivital" we cannot see any harm in his doing so; though we must confess we do not see much sense in it either.

In his new edition Dr. Cooper publishes a note on modern medical education, which is very much to the point:—

"The curriculum of education adopted for the practitioner of medicine is more absurd than the public imagines.

"In former days the young student had some chance of familiarising himself at starting with the practical work of his profession, for he became an apprentice or assistant to an experienced practitioner and had an opportunity of seeing what were the every-day duties of a working member of the craft.

"Now this is all changed; the student is debarred by the Medical Council from doing any kind of work until he is qualified.

"In order to be qualified he has to keep studying anatomy and materia medica for two years before he is allowed to feel a pulse, look at a tongue, or give a dose of medicine.

"At the end of these two years, and before he has yet looked at a patient, he is examined in what?—in materia medica; in other words, in the actions and doses of medicine.

"Doses, did I say? yes, the doses, *i.e.*, the largest amount of *medicine* that can be given short of poisoning the patient.

"If the diligent youngster dares to suggest anything above or below this standard, he is forthwith relegated to his studies; to the enrichment of the Conjoint Board, and the abolition in himself of all sense of the fitness of things."

NOTIFICATIONS.

. We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees. Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

DR. BARROW.

DR. BARROW has removed from Clifton to 57, Hoghton Street, Southport, having succeeded to the practice of Dr. Storrar, who has taken over the practice of the late Dr. Brotchie, of Belfast.

DR. J. HERVEY BODMAN, CLIFTON.—Dr. Barrows' practice in Clifton has been taken over by Dr. J. Hervey Bodman.

GENERAL CORRESPONDENCE.

DR. CLARKE'S DICTIONARY OF MATERIA
MEDICA.

[I have received many encouraging letters from subscribers to my *Dictionary*, but I only publish the one subjoined from Dr. Proctor, as it contains a suggestion that I shall only be too happy to comply with—namely, to open the pages of the HOMEOPATHIC WORLD to criticisms upon the work. Dr. Proctor has kindly supplied me with valuable observations of his own on *Iberis* in heart affections, which will be incorporated in Vol. II.—J.H.C.]

To the Editor of THE HOMEOPATHIC WORLD.

DEAR DR. CLARKE, — The first volume of your *Dictionary* is just to hand, and, having looked over it, allow me to congratulate you on turning out a work that is more likely to be useful than I anticipated. As a mere book, the type and the paper render it pleasant to read, it is so clear and well-defined in its sections. As a work I daresay it will elicit criticism. For myself I may say I am surprised that any one man should have brought together so much of the literature pertaining to the numerous medicines included. A compendium of the kind has been wanted to incorporate the extra provings since Allen, and it is a great advantage for ready reference to have them all under one cover. As regards the arrangement of the matter, the bringing together of the Clinical hints, the Characteristics, and the Relations in association with a condensed symptomatology in so new a form summarises under the eye the important points of what we want to know with regard to each medicine, so that one gets to the scope and spirit thereof very quickly. I do not suppose you expect the *Dictionary* to take the place of the full provings in Allen, or the *Cyclopædia* (which must remain the final Court of Appeal), but as the first moulding of our symptomatology in the direction of its practical application I imagine your *Dictionary* will perform a useful function, and be found very helpful, and as such I would cordially recommend it to my colleagues.

I am, yours &c.,

P. PROCTOR.

17, Hamilton-square, Birkenhead,
July 17th.

DR. ANDREW WILSON'S HOMEOPATHY.

To the Editor of the HOMEOPATHIC WORLD.

DEAR SIR,—Please find enclosed extract from an article from "Health Notes," by Andrew Wilson, published in the *Weekly Telegraph*, June 23rd, relating to the action of arsenic upon the skin in health and also in disease.

The passage in particular which I have underlined, seems to admit the principle of cure of the homeopathic school, viz., "Likes are cured by likes." I take the liberty of sending this to you, as you may not have seen the article aforementioned, and perhaps it may be useful to you if only in the shape of news for your readers.

I am, yours &c.,

JOHN WAIT.

30, Regent Street, South Shields,
July 19, 1900.

P.S.—If your correspondent, Mr. Ivatts, is tabulating the names of supporters of the homeopathic system, would you kindly add my name to the list.—J.W.

[Subjoined is the extract, with the crucial part italicised.]

"A BEAUTIFUL SKIN.

"The fair sex is particularly interested in having a nice skin, and many are the inquiries made regarding the best means of procuring this desirable feature. I may at once say that nobody can ever hope to make the skin beautiful by the aid of powders, pastes, lotions, or cosmetics. If my opinion is worth anything, I say such things are far more likely to destroy the complexion than to preserve it, or to aid its preservation. All such applications are only meant to conceal defects, they cannot possibly cure them. I can understand an actress "making up," because the glare of the footlights necessitates toning the skin's colour, just as an actor may require to imitate pallor or the reverse. But I cannot understand any sensible woman, who is not on the stage, using skin cosmetics. If she does, she will pay for her folly by a prematurely worn-out skin, and by a faded complexion, which will demand more and more "paint" in time, to make it resemble (at a distance) the healthy skin. I say the same about so-called arsenical soaps. They don't contain arsenic at all. If they did, they would not be allowed to be sold, for arsenic is a scheduled poison, and is prohibited from public sale. Arsenic has no power to beautify the skin. Neither when taken internally nor when applied as a lotion can it make the complexion fair.

"What it will do is to raise eruptions on the skin, and to render it diseased, and the real action of arsenic in skin diseases, when prescribed by doctors, is due to its irritating effect, which, in a diseased condition, has a curative action."

“We may rest assured that arsenic has no action such as many women suppose it to possess. They certainly do not buy arsenic, whatever they purchase, when they pay an exorbitant price for arsenical “wafers,” and all such useless trash.”

VARIETIES.

LOTUS ARABICUS.—Professor W. R. Dunstan and Mr. T. A. Henry, B.Sc., communicated to the Royal Society recently the results of an investigation made as to the poison which occurs in *Lotus arabicus*. The plant, which resembles a vetch, is indigenous to Egypt and Northern Africa, and although the old plant is used as fodder the young plant is highly poisonous to horses, sheep, and goats. When the plant is moistened with water and crushed prussic acid is evolved, which originates from a yellow crystalline glucoside—lotusin. The lotusin under the influence of an enzyme (lotase) is hydrolysed into prussic acid, sugar, and a colouring-matter (lotoflavin). The only other glucoside which furnishes prussic acid is the well-known amygdalin of bitter almonds, which yields the acid under the influence of the enzyme emulsin. The dried plants of *Lotus arabicus* have the odour of new-mown hay, and are extensively used as fodder by the natives, who had learnt to garner only the old plants long before scientific investigation settled the nature of the poison contained in the young plants.—*Chemist and Druggist*.

ALLIUM SATIVUM IN PULMONARY TUBERCULOSIS.—G. Cavazzani (*Suppl. al Policlinico*, April 7th) states that he has for the last two years used garlic in the treatment of pulmonary tuberculosis in the civil hospital at Venice and in his private practice. Garlic, according to his investigations, may be given in the crude state or prepared. From four to six grams of the substance in a moderate state of desiccation may be administered daily. It should be given in divided doses, and in such a form as to remove the only possible cause of intolerance—namely, the taste. He continues the administration for a long time, but marked improvement in cases amenable to the treatment are manifested within the first month, sometimes within a few days. His own experience extends to more than one hundred cases, and, with the data supplied to him by various professional brethren, his material amounts to more than two hundred cases. Among them were examples of every stage of the disease. Leaving aside some quite exceptional cases, all were improved by the garlic. In some the amelioration was so marked as to induce hope of a cure, every morbid symptom, recognisable by the most careful examination, having disappeared. Incipient cases are, of course, the most favourable, but excellent results were frequently obtained even in cases presenting well marked symptoms of the second stage. These results were observed not only in hospital but in private practice, where the beneficial effect could not be attributed to improvement in hygienic conditions. In all Cavazzani's cases the clinical diagnosis was confirmed by the bacteriological examination of the sputum. The improvement begins with a diminution both in frequency and in

quantity of the cough and expectoration within the first days of the treatment; often the sputum from muco-purulent becomes purely mucous on the second or third day, probably by the antiseptic action of the volatile oils in the garlic. In favourable cases expectoration ceases altogether after a time. The physical signs are modified with greater or less rapidity according to the more or less advanced stage of the disease and the extent of the morbid process. The temperature often becomes normal, night sweats cease and the appetite almost invariably improves; weight is gained and sleep becomes regular. Hæmoptysis in all the cases observed by the author and his friends had ceased without the use of any other remedy. The author has not found the garlic cause any disturbance of digestion.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE :—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Mondays and Saturdays, 2.0; Thursdays and Fridays, at 10.0 a.m.; Diseases of Women, Tuesdays, Wednesdays, and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays and Saturdays, 2.0; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Tuesdays, 2.30; Diseases of the Nervous System, Wednesdays, 9.0 a.m.; Dental Cases, Wednesdays, 9.0 a.m.; Orthopedic Cases, Tuesdays, 2.0; Electrical Cases, Wednesdays, 9.0 a.m.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Carwardine (Thomas) Operative and Practical Surgery: For the use of Students and Practitioners. With 550 Illusts., most of which are Original Drawings by the Author. 8vo, pp. xx-661. (J. Wright, Bristol. Simpkin. 10s. 6d. net.)

Clarke (John H.). A Dictionary of Practical Materia Medica. Vol. I. A. to H. Imp. 8vo, pp. 951. (Homeopathic Publishing Co. By Subscription. Cloth, £2 2s.; half mor., £3 12s. 6d.)

Cowen (Richard J.). Electricity in Gynaecology. Crown 8vo, pp. 132. (Baillière. 3s. 6d. net.)

Eccles (W. McAdam). Hernia: Its Etiology, Symptoms, and Treatment. 8vo, pp. 246. (Baillière. Tindall and Cox. 7s. 6d. net.)

Fischer (A.). The Structure and Functions of Bacteria. Translated by A. C. Jones. (Clarendon Press. 8s. 6d.)

Jones (H. Lewis). Medical Electricity: A Practical Handbook for Students

and Practitioners. Being the 3rd ed. of "Medical Electricity," by W. E. Steavenson and H. Lewis Jones. With Illusts. Cr. 8vo, pp. 548. (H. K. Lewis. 10s. 6d.)

Manson (Patrick). Tropical Diseases: A Manual of the Diseases of Warm Climates. With 114 Illusts. and 2 Coloured Plates. Revised and enlarged ed. Cr. 8vo, pp. 704. (Cassell. 10s. 6d.)

Mitchell (C. Ainsworth). Flesh Foods, with Methods for their Chemical, Microscopical, and Bacteriological Examination. A Practical Handbook for Medical Men, Analysts, Inspectors, and others. With Illusts. and Coloured Plate. Cr. 8vo, pp. 352. (C. Griffin. 10s. 6d.)

— (S. Weir). Fat and Blood: An Essay on the Treatment of certain forms of Neurasthenia and Hysteria. 8th ed., edit., with additions by John K. Mitchell. Cr. 8vo, pp. 236. (Lippincott. 6s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 30, *Clarges Street, W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisements and business communications to be sent to the "MANAGER" of the Homeopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should 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.

Mr. F. Kopp, Greenwich, N.S.W.—Luyties Homeopathic Pharmacy Co., St. Louis.—Mr. Bellairs, Oxford.—Dr. Proctor, Birkenhead.—Dr. M. M. Bose, Calcutta.—Mr. Erskine White, Liverpool, N.S.W.—Dr. Shelton, New York.—Dr. Barrow, Southport.—Dr. Heath, London.—Mr. Spencer, Ashton-under-Lyne.—Dr. Cooper, London.—Mr. Ivatts, London.

BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—L'Omeopatia in Italia.—The Humane Review.—Pub. Health Jour.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—Maanedsk. f. H.—H. Maandblad.—Calcutta Journ. of Med.—Hom. News.—La Homeopatia.—Hom. Envoy.—Hom. Physician.—Personal Rights.—Med. Times.—Med.

Century.—Jour. Belge d'Hom.—Rev. Hom. Française.—Hom. Recorder.—Wjestnik H. Med.—Amer. Med. Monthly.—Minn. Hom. Mag.—Reformador.—N. A. J. of H.—Critique.—Clinique.—J. of Orif. Surg.—Thérapeutique Integrale.—New Eng. Med. Gaz.—L'Art Médical.—Physician and Surgeon.—Amer. Homeop.—J. of Homeopathics.—Tasmanian Hom. Journal.—H. J. of Obst.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Hahn. Advocate.—The Washington Post.—Westminster Gazette.—The Natal Petition.—The Subconscious Mind. By Dr. Murray Moore.—Essentials of Brochemistry.

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THE
HOMEOPATHIC WORLD.

SEPTEMBER 1, 1900.

HOMEOPATHY AT THE BRITISH MEDICAL
ASSOCIATION.

At the annual meeting of the British Medical Association at Ipswich last month, Dr. PHILIP H. PYE-SMITH, Consulting Physician to Guy's Hospital, was chosen to give the Address in Medicine. The title of his address is "Medicine as a Science, and Medicine as an Art." Of course he felt it his duty to say something about homeopathy, if only for the sake of enhancing the glories of his own school by contrasting these with the defects of HAHNEMANN'S system.

"The last of the systems of medicine founded on a dogma is homeopathy, of which the theoretical absurdity is somewhat concealed by the more obvious nonsense of infinitesimal doses. It, like the other systems which preceded it, is not a rival to rational medicine; they are not mistaken answers to a legitimate question, but attempted solutions of a problem which does not exist, attempted answers to a riddle which has none."

It is much safer to depreciate homeopathy by such a cryptic and unmeaning denunciation than to state fairly and truthfully what homeopathy is. It would never do to say that homeopathy is the general application to *all* diseases of the Hippocratic statement that *some* diseases are best treated by medicines which have the power of causing on the healthy morbid states similar to the diseases they can cure. To talk of it as a theoretical

absurdity and as a nonsensical doctrine of infinitesimal doses, is so much easier than to disprove the validity of the therapeutic rule. Homeopathy is certainly not a rival of rational medicine, for it is the only rational medicine. It is a complete and satisfactory answer to the only legitimate question with which therapeutics is concerned : What is the rule that should guide us in the selection of medicines for the cure of diseases? This is the problem which, according to Dr. PYE-SMITH, does not exist, the riddle to which he says there is no answer. The problem obviously does exist, and to solve it is the sole *raison d'être* of the physician. It is the riddle that has perplexed the medical world since medicine began. The problem was solved, the riddle was answered, by HAHNEMANN in his immortal words : " To cure mildly, rapidly, certainly, and permanently, choose in every case of disease a medicine which can itself produce an affection similar to that sought to be cured. *Similia similibus curentur!*" Upwards of one hundred years have elapsed since this therapeutic rule was enunciated, and its truth and efficacy have been proved by thousands of educated and legally qualified medical men all over the world, and by a success in the treatment of diseases which no other method of treatment has ever attained. And yet the irrational and unscientific school, which claims for itself the exclusive right to the title of rational and scientific, on the *lucus a non lucendo* principle, shuts its eyes to the truth, and actually boasts of its want of a guiding therapeutic rule.

Dr. PYE-SMITH gives us specimens of what he considers to be real scientific and rational medicine. Here they are :—

" Generally, we can appeal to the same test as that which proves astronomy or chemistry to be a true science ; we can predict, and our predictions are borne out by the event. But to take examples, the detection and treatment of plumbism, the diagnosis and cure of scabies and ringworm, the treatment of poisons by chemical antidotes,

and of specific diseases by attenuated inoculations are all instances of strictly scientific medicine."

Risum teneatis, amici! The detection and treatment of cases of poisoning, the killing of acari and fungi (presumably it was for fear of overloading his argument with illustrative instances that he omitted to mention lice and fleas), and the very doubtful practice of sero-therapy, are the best examples he can give of "strictly scientific medicine"! Of course he does not omit to mention the latest fad about gnats and malaria, which may be true or not, but it gives no hint as to the medicinal cure of malaria. The search for and indiscriminate slaughter of gnats is to be the great means of exterminating malaria. But what about the malarial fevers in parts of the world where no gnats are? And when the cause has been discovered, shall you be any nearer the medicinal remedy for the disease?

Why does the allopathic orator when he condescends to mention homeopathy invariably give such an utterly erroneous account of its doctrine and practice? The reason evidently is that he feels and knows that homeopathy has reason and truth on its side, and that he sees it is the only therapeutic rule of general application. If homeopathy were the "exploded system of treatment" Dr. PYE-SMITH says it is, he would try to give as fair and accurate an account of it as he would of the exploded systems of STAHL, CULLEN, BROWN, RASORI, and the rest. It may, however, be ignorance and not only animosity that causes the allopathic teacher to misrepresent homeopathy. A few years ago a medical guild (of St. Luke, or St. Matthew, it matters not which) invited a number of the representatives of homeopathy to a discussion on their method, and it was curious to observe that not one of the allopathic speakers seemed to have the most elementary knowledge of HAHNEMANN'S system. If it is ignorance which causes our opponents to make such ludicrous misrepresentations of homeopathy, it is about time they were inquiring into the matter thoroughly. In the absence of any rational

rule of treatment, the traditional medicine of to-day is apparently about to fall a victim to the crude theories and false practice of the sero-therapeutists, which will prove the deathblow to all sound pathology and therapeutics. The riddle of medicine, which is: What is the rule for the employment of drugs in diseases? is like the riddle of the Sphinx, if not correctly guessed it entails the penalty of death—death of patients who might be saved if only the rule were known, and death to the medical school which, by the mouth of Dr. PYE-SMITH and his like, declare that the riddle has no answer.

NEWS AND NOTES.

DR. WALTON'S ADDRESS.

By the courtesy of Dr. Kraft, of the *American Homeopathist*, we are able to give our readers a full report of Dr. Walton's speech at the dedication of the Hahnemann monument at Washington. Dr. Walton is president of the American Institute of Homeopathy for this year, and it was in that capacity that he was called upon to deliver the address. No better choice of an orator could have been made, and homeopathy may be justly proud of possessing amongst adherents an unusual proportion of practitioners who are no less gifted in speech than they are in action.

A SIGNIFICANT SUGGESTION.

WE learn from the *American Homeopathist* of August 1st that the Chicago University is proposing to adopt an "elective system of studies" by virtue of which a student will be enabled to take up homeopathy in preference to allopathic medicine if he wishes it. Of course that will entail the founding of a homeopathic professorship, for the Chicago University is an old-school institution. Whether this particular proposal comes to anything or not, the proposal itself is a sign of the times. In the University of Michigan this double arrangement

does already exist, but in this case the proposal originated, if we are not mistaken, with the homeopaths, and the position was fought for and won by them. The present move comes from within the old school itself, and herein lies its great significance. It shows that the old school is being compelled to acknowledge the advantages of homeopathy. This is victory indeed, and is due to the splendid work of American homeopaths, who have asked no favour, but have claimed their independence, fought for it, and won it, and have thus been free to develop their art and prove their superiority in an open field. Should the proposal of the Chicago University be carried out other old-school colleges and universities will not be able to lag behind, and the "catholicity" which the *British Medical Journal* contends for—the catholicity of the wolf with the lamb inside—will be substituted by a catholicity of a more desirable kind. The only catholicity possible in science exists in a general readiness to acknowledge demonstrated truth. For this it is necessary to have a "mind to let." If the old school cannot gracefully unbend to take this attitude, the law of the survival of the fittest will take care of homeopathy.

THE "BROTHERHOOD OF SCIENCE."

It appears from the *Medical Press* of August 15th that Lord Lister was honoured by a private banquet during the International Congress of Medicine in Paris, and in the course of his reply he is reported to have said: "Science knows nothing of the misunderstandings which afflicted the political world, science being a brotherhood in which nationality was unknown, and which had truth and the relief of human suffering for its badge." We do not doubt that the Right Honourable lord really believed that he meant this when he said it, just as he probably really believed that Pasteur had actually saved 12,000 people from death by hydrophobia; because he is capable of believing anything. By "science" of course he alluded to "medical" science; because pure science has nothing to do with suffering, human or other, and nothing to do with utility either. These are quite secondary considerations. But about this "brotherhood" we feel constrained to ask, How has the noble lord treated his brother medicos

who happened to be homeopaths? And what about "brother" Déclat who originated the antiseptic system? and what about Koch and Pasteur? and all the persecutions and fights, bloody and verbal, that have taken place round medical theories and reforms? We fancy the confraternity of medical science could give a very fair account of itself in the matter of squabbles alongside any "Concert of the Great Powers" that the political world has ever seen.

ADVANCE, TASMANIA!

THE rapid strides which homeopathy is making in this southern colony are most encouraging, and reflects the highest credit on all concerned. Hobart already has its homeopathic hospital, and now Launceston has one of its own. We publish elsewhere an account of the opening ceremony, taken from the Launceston *Daily Telegraph* of July 3rd. Here is an extract from another journal, giving an account of the selection of its nurses:—

"LAUNCESTON HOMEOPATHIC HOSPITAL.—A special meeting of the executive committee was held last evening, with Mr. T. W. Massey in the chair, the business being to elect a nursing staff for the hospital. Thirteen applications were received, six being from the mainland, and these being accompanied by certificates and voluminous testimonials a great portion of the evening was taken up in going through them. Eventually the ballot resulted as follows: Matron, Miss Isabel S. Harrison, of Melbourne; assistant nurse, Miss. A. Okines, Launceston; pupil nurse, Miss Amy Sargent, Launceston. Miss Harrison possesses the certificate of the Homeopathic Hospital, St. Kilda Road, Melbourne, and since qualifying there has had other valuable experience in hospital nursing, and possesses excellent testimonials as to her nursing and administrative abilities. The necessary work in order to fit the hospital for receiving patients is being pushed forward, and it is anticipated the institution will be opened in about three weeks' time."

We should not be at all surprised if Tasmania should be the first British colony to possess a qualifying homeopathic school.

"MEPHISTANOPHELES."

THE character of the mosquito, *alias* gnat, variety *anopheles*, is becoming worse and worse. The following is from the *Standard* of August 13th:—

“THE MOSQUITO AND ITS VICTIMS.

“The second Malarial Expedition of the Liverpool School of Tropical Medicine has just telegraphed home from Bonny, in Nigeria, says Reuter’s Agency, news of an important discovery, viz., that the parasite which causes elephantiasis has, like that which causes malaria, been found in the proboscis of the mosquito. Oddly enough, the same discovery has just been simultaneously made by Dr. Low, in England, in mosquitoes brought from Australia, and by Captain James, in India. Elephantiasis is a disease which causes hideous deformity in thousands of natives in tropical countries, and sometimes in European residents. It is due to a small worm which lives in the lymphatic vessels and occludes them. The fact that this worm can live also in the mosquito has long been known, but the discovery of it in the insect’s proboscis shows that it enters the human body by the bites of these pests. Europeans in the tropics are indebted to mosquitoes, not only for much discomfort, but for two dread maladies, malaria and elephantiasis, and it is high time that the authorities should begin seriously to consider Major Ross’s advice to destroy these insects, or their breeding places, wherever practicable.”

The *Liverpool Post* (quoted by the *Star*) has waxed poetic on the occasion:—

“ [The scientists who are germ-hunting in the tropics have found out that the mosquito carries a microbe in his trunk, with which he inoculates people with elephantiasis.]

“ The Microbe sat on the Elephant’s trunk,
And mused upon mortal vanity;
Of science that Microbe had deeply drunk,
And thinking, thinking, he hatched out a big, big, ‘thunk,’
Intended to stagger humanity.

.
‘ Where there’s a will there’s a way,’ chuckled he,
‘ Vaccination’s a humorous process ’—
‘ Good for you,’ the Mosquito cut in, ‘ now for me,
Let’s get up a joint stock company.
You find the lymph, and the lancet shall be
My own very patent proboscis.’

—‘ BACILLUS.’ ”

Considering the aggravated character of this insect’s crimes, the *Pall Mall Gazette* suggests that it ought to be named “ Mephistanopheles.”

PESTINUM.

ACCORDING to a correspondent of the *Daily Mail* (July 19th) the allopaths are beginning to find that “ vaccination,” or hypodermic injections of nosodes, is

unnecessary. They have made a "new discovery," that the homeopathic method of administering a modification of the virus by the mouth is much more efficacious. They will arrive at infinitesimal attenuations in due course.

"NEW PLAGUE DISCOVERY.

"SWALLOWING INSTEAD OF INJECTING THE PROPHYLACTIC.

"SYDNEY, *Wednesday, July 18th.*

"Sydney has been declared a clean port as far as the plague is concerned.

"Dr. Macdonald, of Adelaide, who has had a wide experience in the East of bubonic plague, claims to have made an important discovery.

"He states that if the prophylactic against the plague be swallowed the result is as efficacious in preventing the disease as if it had been hypodermically injected, with this additional advantage, that the fever that follows injection does not ensue after swallowing the preventative.

"After making several experiments on animals, Dr. Macdonald and a colleague swallowed a quantity of the prophylactic, with the result that they put their blood into such a splendid condition that the plague bacilli had no effect on them."

THE PLYMOUTH AND LIVERPOOL HOMEOPATHIC HOSPITALS.

OF the many changes of address which have recently taken place among homeopathic members of the profession, there are two which call for something more than a mere notification. Our well-known *confrère*, Dr. Wm. Cash Reed, who has for upwards of twenty years been in practice at Plymouth, occupying for the greater part of that time the position of Senior Honorary Physician at the Devon and Cornwall Homeopathic Hospital, has removed from 8, Queen Anne Terrace, to 15, Prince's Avenue, Liverpool. This move is the result of a special invitation from the staff of the Liverpool Hahnemann Hospital to take charge (in association with Dr. Hawkes) of the Gynecological Department of that important institution. Dr. Newbery, late of 109, Cazenove Road, Stoke Newington, a thorough homeopath who, in addition to his general practice, has devoted special attention to the Diseases of Women, and who, as Clinical Assistant in that department of the London Homeopathic Hospital over which Dr. Burford presides,

has done good and steady work for some years past, succeeds to Dr. Cash Reed's practice and hospital appointments, residing in the house lately occupied by his predecessor. We heartily congratulate Drs. Cash Reed and Newbery on the enlargement of their borders, and the two institutions on the acquisitions to their staffs. In wishing our colleagues every success we would say to them, "Don't let your specialism overcloud your homeopathy, but give homeopathy full opportunity to show the wonders it can do in specialism!"

ORIGINAL COMMUNICATIONS.

ADDRESS OF DR. C. E. WALTON, PRESIDENT
A.I.H.,

AT THE UNVEILING OF THE HAHNEMANN MONUMENT AT
WASHINGTON, D.C., JUNE 21, 1900.

FOR many years the American Institute of Homeopathy, the oldest national medical society in America, and representing the homeopathic school of medicine, has been striving through its Monument Committee to secure the erection, in a suitable location, of a fit testimonial to the worth of our illustrious founder. The result of their gigantic efforts is before us. It has been a work of love, and most nobly have they performed it. Nor time nor labour has been spared; and, behold, "the end crowns the work"!

In accepting this work of art the Institute would joyously acknowledge its debt of gratitude to this faithful committee, and to its efficient co-workers, the Finance Committee.

Their labours make it possible in this memorable year 1900, which marks on the dial the dividing point of centuries, to rear in our nation's capital this magnificent monument to commemorate at once the genius of Samuel Hahnemann and the loyalty of his followers.

Upon this pedestal sits the figure of one who loved his fellow-man. Could the spirit of the departed animate this lifeless form, illuminate those sightless eyes, and loosen that silent tongue, there would shine forth the

benignity of a reawakened love, and we should hear the sound of a new benediction.

He comes as no usurper to complete this group of memorable men. No false standard should begrudge the philosopher the right to keep his vigil in company with the statesman and the warrior. He stands for liberty of thought no less than the statesman stands for civic liberty; and both look with confidence to the warrior to maintain, if necessary, his perpetuity. Right and Might and Light form an invincible trinity, and it is fitting that their sculptured representatives should fraternise within the limits of a common circle.

I seem to hear from one end of this beautiful campus the famous words, "Liberty and Union now and forever, one and inseparable!" as they thundered forth the deliberate conclusion of the immortal Webster as to the necessary foundation of this great Republic; and from the other end I hear the philosopher's dictum, "*Similia Similibus Curentur*," proclaiming the law of cure for the relief of a suffering humanity. In the realms of thought there are no limitations of nationality. The great American and the great German each proclaimed a truth—the one for the welfare, the other for the amelioration, of mankind.

In all ages men have delighted to commemorate in enduring structure the great deeds and lofty sentiments of distinguished persons. Pyramid and obelisk and sphinx bespeak the power and worth of Egypt's mighty dead. Cathedral, tomb, and statue perpetuate the memory of Europe's illustrious leaders. Temple, shrine, and abbey hallow the memory of the world's devoutest ecclesiastics. Shaft and urn and quadriga remind us of the famous warriors, philosophers, and statesmen of the world's history.

The human mind forgets. The monument reminds. All history is a reminder, hence a monument of the ages. We need to be reminded. Death, with relentless hand, sweeps into the insatiable grave the transient form of man, and each succeeding generation would have to spell out anew a repetition of life's problems, which had long ago been solved. We need the reminders left us as a rich heritage to the race. Reputation is not progress. And forgetfulness is the grave of advancement. The main-spring of intellectual activity in the memory and com-

prehension of what has already been achieved, and all development depends upon a former evolution.

We stand before a statue of Michael Angelo, and our emotions are stirred to harmonise with those of the great sculptor. In this way we honour the doer by recognising the things done.

Music, poetry, art, science, philosophy, learning—all stimulate slow growth; and the highest good is that which promotes the surest success, the most permanent welfare, and the greatest service. We listen to a symphony, and our souls are taught to vibrate with the very being of the composer. A great poem stirs our inmost self with the lofty imagination of the poet. A marvellous painting compels our admiration of the beautiful.

Around the name of Washington clusters the sentiment of Liberty.

Around the name of Lincoln clings the idea of Emancipation.

Around the name of Luther hovers the thought of Reformation.

Around the name of Hahnemann gathers Liberty of Thought, Emancipation from Doubt, and Reformation in Medical Practice.

In building a monument to Hahnemann we honour not only him but ourselves. We seek not to deify the man, but to pay tribute to his greatness as a scholar and a philosopher. We seek to bear testimony in a substantial manner to our belief in the value of his Law of Cure. He taught the difference between a law and a coincidence, between a knowledge and a guess. He brought to a high degree of perfection the power of the thinking habit, and his attainments stand as a constant incentive to the highest mental activity. We would honour not only the doer, but the doing, and hope to perpetuate his example as an appeal to all investigators.

In subscribing to a system of philosophy and inculcating its precepts we show our esteem for the philosopher and establish a tribute more enduring than monumental brass. But symbols seem to be one of mankind's established needs. Wherever a cross is raised there stands a monument to the crucified Christ. His worshippers, thus reminded of His death, look beyond the mere emblem, strengthen their faith in its teachings, and consecrate themselves anew to the adoration of His precepts. To

adore a man or his image is idolatry; to worship that for which it stands is religion.

In applying the doctrine of symbolism to Samuel Hahnemann by rearing a monument to his name we do but recognise the universal need. He stands for a superior medical truth. We seek to stimulate the recognition of that truth. The elements of a martyr were in his personality. We strive to incite a reverence for those elements. A father in medicine, we acknowledge his paternity. A wise counsellor in practice, we acknowledge his counsellings. A past master in the proving of remedies, we subscribe our faith in his provings. A law-giver in therapeutics, we recognise this law.

The molten bronze is poured. The granite block is hewn. And here stands the stately structure that shall remind us of what has been. Beneath its deep foundation we would gladly bury all the anathemas, all the obloquy, all the antagonisms that have been hurled against the world's reformers—bury them beyond the hope of a resurrection, and signalise the burial with the proclamation, "Peace on earth, and good will towards men."

We commend that broad spirit of Congress which has furnished this eligible site, and the good judgment of our President who did not withhold his signature from the act which made it possible for us to make our contribution towards embellishing a city already known for its works of art.

In the city of Hahnemann's fatherland, which once drove him from her doors, now stands a monument to his memory. The city of his adopted country, whose enmity towards the fatherland is not yet extinguished, now shelters his remains within the sacred confines of her most celebrated cemetery. The capital city of the world's greatest Republic now receives to her protecting care this monument to his fame.

We give into your keeping this testimonial of our recognition of one of the world's most pronounced benefactors. Take it under the national protection and guard it as a cherished object of millions of our people.

We dedicate this monument to the earnest students in America. May they draw inspiration from the light of him who demonstrated that genius will assert itself, and can reach its goal even in the presence of adversity.

We dedicate it to the profession of which he was so great a leader, that they may learn the value of self-sacrifice and persistent effort.

We dedicate it to our country that she may be stimulated to perpetuate the fostering care which shall cherish the development of every truth that makes for the betterment of a nation.

A FRAGMENT OF A PATHOGENESIS OF TUBERCULINUM.

By ANTON NEBEL, M.D., of Ebnat, Switzerland.

OBJECTIONS may be made to these provings because they were not obtained by experiences on persons in good health, but on tuberculous individuals. But if we consider tuberculosis as a chronic poisoning by Tuberculinum, the objections would be of no more worth than would be objections made to provings with the 30c of a drug after the administration of the 2c of the same drug. Tuberculinum, having acted on the "fetus in utero," and caused scrofulous diathesis, and the bacillus of Koch having found a fertile ground in the scrofulous individual and having been reinforced by and by with larger doses of the virus—like little drops of water falling on a stone and hollowing it—Tuberculinum has set the cellules of the body in so irritated a condition that minute quantities of Tuberculinum are enabled to produce numerous symptoms.

The following results were obtained with the 30c. The Tuberculinum was furnished by Hausmann's Pharmacy in St. Gall. In general three doses were given every fourteen days over three weeks. I begged the provers to note all symptoms they had not felt before taking the medicine. With few exceptions the provers are simple workmen, so that the epithet of hypochondriacal homeopaths cannot be given to them. If I had questioned them the number of symptoms would be greater, but I had the intention to get an impartial impression of the action of Tuberculinum. I omit the clinical symptoms—I mean the existing symptoms cured during the administration of Tuberculin. No intercurrent medicines were given, diet and other conditions were not changed.

Mental Symptoms.—Anxiety, gloomy, melancholy humour. Is disposed to whine and complain; dejected mind, anxiety. She is very sad. Nervous irritation; aversion to labour; indifferent; forgetful; aversion to all labour, especially mental work.

Nervous System.—General fatigue in the morning; sensation of faintness; great weakness in the lower extremities, especially from the knees down to the feet. Terribly tired, so that she can scarcely walk. General excessive fatigue after a short walk, so that he must lean on his companion. Great weakness in the limbs after dinner. Sensation of fatigue and faintness in all limbs.

Hyperæsthesia.—Sensibility to music. Does not like to be disturbed by people; trembling of hands.

Paræsthesia.—Sensation of formication in the arms and legs.

Pains, rheumatic.—Aching in the forearms; vague, sticking pain. Aching like needle pricks in the back; sticking pain on the chest, especially at the apex of left lung; aching (sticking) in the region of the liver, the spleen, the ovaries, the spermatic cord, the testicles, especially left side, in the hip-joints, in the rectum.

Motility.—Convulsions from the head to the finger; clonic convulsions of the m. orbicularis inferior, acute; convulsions in the region of facialis muscle, especially the buccinator; cramping pain in the stomach. Sensation of constriction in the precordial region; in the throat.

Sleep and Dreams.—Great want of sleep; drowsiness during the day; drowsiness after dinner. Inclination to sleep in the morning. Troubled sleep; sleeplessness. Sleep disturbed from three o'clock in the morning; sleeplessness on account of constant coughing. Shivering, when beginning to sleep; cold feet in bed; sensation of heat in the evening in bed. Many dreams; disturbed sleep, interrupted by fearful dreams; gloomy dreams; dreams of shame; cries out in the dreams.

Fever.—Flush of heat from the back to the head. Sensation of heat on the head; freezing and heat alternately; flushes of heat after eating; cold and heat for moments; freezing on the back in evening; freezing during the whole day. Great heat in the head; flushes of heat after dinner; sensation of heat in the head in the evening.

Sweat.—Sweat in the night; much sweat, especially on the head in the night; profuse sweat after light exertion. A little walk and slight efforts produce sweats. Short sweats in the morning, while awaking. Profuse sweats during slight exertion.

Skin.—Great bronze patches on the forehead and the temples; bronze finger-points; finger-points as if touched by *Argentum nitricum*. Itching all over the body in the evening in bed; changing place after rubbing. Edematous condition of the upper lip. Edematous condition of the eyelids.

Bones and Joints.—Aching in the hip-joints. Sensation of luxation with severe pains in the right carpal joint; worse by effort to move it; ceasing by rest.

Head.—Vertigo, especially in the morning; heavy vertigo with obscuration of the eyes; vertigo so that she is obliged to lean on something; vertigo by bending down, especially by rising after bending down; vertigo with palpitations; vertigo with headache; vertigo with nausea; vertigo with headache in the morning; vertigo after dinner. Flushes of heat and vertigo after eating. Vertiginous sensations. Dizziness.

Headache.—Deep in the front; headache deep in the temples; headache on the vertex with sensation of heat; headache from the neck to the front; headache in the morning, passing away in afternoon; sensation of heaviness on the vertex; headache with obscuration of the sight; headache with vertigo; piercing headache; piercing pain in the front from 10 a.m. to 3 p.m.; headache in the evening; headache in the afternoon; frontal headache in the morning; headache with rushing in the eyes; headache in the morning with bleeding of the nose; headache from the neck to the front; burning, piercing.

Eyes.—Swollen eyelids; headache with swollen eyelids in the morning; dulness and heaviness of the eyes; darkness before the eyes; obscuration of the vision with vertigo.

Ear.—Rushing in the ears with heavy head; sticking pain from pharynx to the ears; headache with rushing in the ears and pressure on the vertex; great aching in the ears and in the teeth.

Nose.—Coryza. Secretion of mucus from the nose; viscid, yellow-green secretion; increased secretion of mucus, with frontal headache. Aching of the ears and

teeth with coryza in the evening, with headache. Bleed-
of the nose.

Face.—Edematous, pale face.

Mouth.—Dryness of the lips. Tongue foul, furred; vague toothache; salty taste; purulent taste; aphthæ on the tongue, and buccal mucosa; inflammation of the mucosa gingivalis, scurvy-like; on the lips, black blisters.

Pharynx.—Aching in the pharynx and larynx; scratch-
ing in the pharynx. Tickling in the throat exciting
cough; sensation of mucus in the throat; sensation of a
tumour in the throat; burning pain in the throat;
disagreeable sensation in the throat; sensation of con-
striction in the larynx; heaviness and sensation of
rattling in the throat; aching extending from the throat
to the ears.

Stomach.—Loss of appetite; loss of appetite, especially
in the morning; extreme thirst day and night; burning
thirst; thirst in the morning; eructations and sensation
of fulness over the stomach. Nausea and vomiting
nausea with efforts to vomit with colic and diarrhea;
transitory sickness and vomiting after dinner; vomiting
after every meal; nausea and sickness in the morning
with heaviness in the stomach region; pressure in the
stomach, going to the throat as if the clothes were too
tight; nausea with pains in the umbilical region with
diarrhea; nausea with racking and stirring in the
stomach and increased thirst; sickness in the stomach
and pressing; nausea in the morning; sticking pains in
the stomach region.

Abdomen.—Cramping pains in the stomach and abdo-
men; sensation of constriction in the abdomen; colic
with diarrhea and heaviness in the stomach; colic with
great thirst; fatigue and sickness in the region of
stomach and abdomen; sticking pains deep in the spleen;
severe pain in the region of the liver; pains in the region
of the appendix vermiformis.

Rectum, Anus, and Stool.—Pressure and constriction
in the rectum; pain in the rectum; itching sensation in
the anus; obstipation; stool hard, dry, with wind and
colic; diarrhea with pinching and burning pains.

Urinary Organs.—Diminished quantity of urine; is
obliged to urinate very often, especially during changes
of weather.

Generative Organs of men.—Pains in the testicles and cord of left side.

Generative Organs of women.—Severe pains in the breast in the evening at the beginning of menstruation; menstruation with pains in the lumbo-sacral and ovarian region; sticking pain in lower abdomen; pains in the lumbo-sacral region worse when walking; weakness in the genital region; weakness in the lumbo-sacral region; painful menstruation; blood lumpy; menstruation lasting more days than usual; menstruation antepones eight days; burning pains in external genitals; sharp leucorrhœa; pains in the sacral and ovarian region to the hip-joints; sensation of heat in the genitalia externa, with increased leucorrhœa; cramps in the uterine region with pains in sacral and ovarian region; burning pain in the ovarian region; menstruation returns fourteen days after the parturition.

Chest and Respiratory Organs.—Sensation of pressure on the chest; is obliged to take deep inspirations; dyspnea; cough and sputa; irritating cough, worse in the night; little cough in the night with aching in side and blood-tinged sputa; severe cough in the evening with pains below the mamma on right side; severe cough with muco-purulent secretion in the morning; the cough prevents him sleeping in the evening; cough, secretion of phlegm, especially by walking, with sticking pains on the lungs and palpitation; a sort of whooping cough; dry cough; cough with viscid mucus; dry cough in the night; after much cough sensation of mucus in pharynx, mucous secretion being easily ejected; palpitation and pains in the back with cough; pains in both sides of the chest going to the back; pains in the left side; sticking in the side; nightly pains on the chest; sticking pains in the lungs; sticking pain in the left side, pains between the scapulæ; aching in the side in the night; sticking pain in the chest, on right and left side; sticking pain in left side in the morning and afternoon; sticking pain in the lungs when laughing; pain in the axilla, especially when elevating the arm; sticking pain in the lungs with cough and palpitation; pressure in the chest, sticking pain on both sides of the chest, in the back; palpitation, caused by deep inspirations; aching in the back with pains under the ribs; pains in the subclavicular region with cough; sticking pain in the left lung; pain from

clavicles to the throat; pain in the apex pulmonis irradiating to axilla and arm; sticking pain in the chest and in the back, worse from every movement; pain in the left lung to the axilla; pain on left side going to the back; pain on the left apex and in the region of the spleen; severe pain in the back, in axilla and arms; pains in left side, must take deep inspiration; sticking pain over both scapulæ; pain in the region of the spleen; vague pains in the back and on the chest, with sensation of pressure; sticking in the back and pain like needle pricks in the back; pain in the back with palpitation.

Heart.—Palpitation early in the morning; sensation of heaviness and pressure over the heart; palpitation with cough and sticking pains in the lungs; by deep inspirations severe palpitation; aching in the heart; palpitation in the night, worse when raising himself up; palpitation with pain in the back.

Generalities.—Emaciation (lost six pounds in fourteen days, twenty pounds in five weeks).

ECZEMA—PRIMULA VERIS.

By ROBT. T. COOPER, M.A., M.D.

A WOMAN aged about 39 came April 12, 1900, with eczema, chiefly on right forearm, which she at first thought to be a burn, but which had lasted for nearly five months. Beyond some undefined pains in the back and shoulders, her health was quite good.

I gave, but without result, *Rhus Cotinoides* φA; and on her return on May 25th the wrist and part of palm of right hand was involved; whereupon I gave *Rhus Toxicodendron*, var. *Radicans*, as the botanists put it, and locally a jelly of *Calendula officin.* made with Vaseline.

June 8th.—Reports eczema to be spreading over fingers, hands, and toes on both sides, but worst on right, and skin of right wrist and palm of hand peeling off. Muscular pain in right arm. I then gave *Primula Obconca* φA and an ointment of *Lanolin* (made with Vaseline and *Lanolin*).

On June 15th reports: Arms very bad, but ointment has eased the irritation in the wrist (right), the eczema

there being fiery red and burning. I then gave *Primula Veris* ϕ A, the common cowslip, with directions to use a paste of common whitening and water to the skin.

When patient next came, on July 9th, the eczema of the arms was quite healed, as were also the toes.

It is unsatisfactory having used the whitening and water at all, but the patient's impression was that the dose had more to do with recovery than this simple local application.

MATERIA MEDICA MISCELLANY.

By J. R. P. LAMBERT, M.D.

Chronic Constipation; Iris versicolor.—Miss B., aged twenty-five, had been troubled with constipation for many years; cathartics and other heroic medicine had only served to make her worse. She is now entirely dependent upon a cathartic, and her general health has suffered very much. She complains of a throbbing headache, mostly upon the right side and in the right eye; nausea always attends it; she is bothered by a profuse flow of saliva, her mouth seems scalded, and she shows a debility from long-continued intestinal indigestion. She is very anæmic and nervous.

Iris versicolor 1x was prescribed six times daily. She was instructed to take a cup of hot water every two hours, and she was permitted to have a full diet of meat and vegetables, believing it to be necessary to give the bowel sufficient to induce a vigorous peristalsis. She has reported from week to week as much improved, and now she says she is absolutely well and the bowels move regularly each morning. The remedy is still kept up, but less frequently.

The systematic drinking of water will often overcome chronic constipation, but patients will not do this unless we state the hour they shall take it, the same as medicine. In conjunction with this I frequently give a teaspoonful of unground flaxseed in a cup of hot water at bedtime.

Iris versicolor is a remedy which really has cathartic effect if used in a low potency and continued for any length of time. I frequently use it in tincture tablets or

in ten drop doses of the tincture. It increases the secretions of the gastro-intestinal tract and the liver as well. It also stimulates the liver peristalsis as no other remedy will do. Again, it has a powerful action upon the pancreas, thus helping the digestion of fats. I am free to commend it as one of our best remedies in constipation when the characteristic symptoms are present.—Dr. Halbert in *Clinique*.

Iodium in Typhoid Fever.—Dr. Leon Simon asserts that this remedy is wholly homeopathic to typhoid fever in full development. According to Hahnemann and its pathogenesis it is homeopathic to typhoid based both on its anatomico-pathological findings and the functional disturbances. It is indicated in typhoid fever of moderate intensity of the abdominal and adynamic form though it may also be useful in the pulmonary complications of the disease; but it is not to be advised in the cerebral, ataxic, or hemorrhagic varieties.—*Journal Belge D'Homœopathie*, No. 5, 1900. *Hahn. M.*

Ceanothus in Splenic Disease.—In the *Era J. C. Fahnestock* advises the use of this remedy in enlargements of the spleen, claiming good results in every case thus far treated. In several provings of the remedy he found that the spleen was acted upon first, and later the liver and bowels. Sharp pains were felt in the spleen, worse by motion, and the patient was unable to lie on the affected side. The urine in every case contained bile, and was alkaline in reaction.—*Clinique*.

Taraxacum in Diabetes.—Hahnemann was in the habit of employing the juice of this plant as a remedy in diabetes. It is a drug which in earlier years was much employed in affections of the liver and pancreas. As of late the connection between diabetes mellitus and lesions of the pancreas has been pointed out, it might be well to remember this old remedy in treating diabetics.—*Hahn. M.*

Lobelia in vomiting of Pregnancy.—"Six years ago I was called in emergency to see a case of vomiting in pregnancy. The patient was twenty-five years old, and pregnant for the first time. She was a well-developed and previously healthy woman, living in a comfortable way in a healthy home. Vomiting had continued from the first month, and had increased in severity to the point of great exhaustion of the patient. She had been attended by one of my *confrères*, and on the day when I first saw her,

a consultation had been held to consider the necessity of inducing abortion. She had retained no food for several days, and now rejected water. The case was distressing, if not actually serious. It was decided to delay abortion twenty-four hours, and try one more remedy, though what I do not know, as I was not present. In the evening the husband came for me. The patient had grown worse since the time of consultation about noon, and the attending physician was away for the evening. I responded as a favour to the attending physician, and found the patient pale and weak, voice feeble, constant nausea, had retained no food for several days, and now vomited water. She was about ten weeks pregnant. I gave *Lobelia* 2x—twenty drops in half a tumblerful of water, with advice to give one teaspoonful every twenty minutes for one hour, and then every thirty minutes for an hour, after which it should be given once an hour. I allowed two teaspoonfuls of water to be given after one hour, and, later, a few swallows as often as desired. The next morning the husband called at my office to tell me that his wife was much better; her nausea and vomiting gradually subsided during the night, and she was now able to retain water. At his request, and after a fair understanding with the former attendant of the dominant school, I took the case, which was uneventful, till in due time our efforts were rewarded by the birth of a healthy nine-pound boy. The nausea now and then returned, but was always readily relieved by *Lobelia* 2x. Such use of this remedy may be common practice, but I have not known of it. I now depend on *Lobelia* more than any other remedy to relieve the nausea and vomiting in pregnancy.”—*Piper in Hahn. M.*

A Dioscorea Case.—The following case is graphically reported by Alice Burritt in the *American Medical Monthly*. Mr. W. had for years suffered from attacks of pain variously called by different medical men, gastralgia, neuralgia, &c. All treatment had hitherto failed to relieve, and the intervals between the attacks decreased from months to weeks. Dr. Burritt describes the attack as follows: “He would be walking in the room or sitting quietly when suddenly he dropped his head, and one hand caught involuntarily at his right side. A sharp, cutting pain under the border of the ribs seemed to arrest his breathing and stop the action of his heart and almost

deprive him of consciousness. He ate his meals regularly and kept at business for a few days perhaps, but gradually lost his appetite. His nights were sleepless and distracted with pains, which grew more severe as the power of resistance was lower." He was given first *Colocynth* low and high, *Belladonna cimicifuga*, till he was reduced to a wreck, looking haggard and aged instead of a man in the prime of life. *Kali carb.* and *Magnesia Phos.* were then given, with no effect. Next day *Diosc. vill.*, 1 dr. of the trituration in a cup of water, well stirred, and dessertspoonful given, to be repeated on each recurrence of pain. This gave complete relief, so that he could go to his office. He had no return for six months, and then *Dioscorea* 30x relieved it entirely.

A PROVING OF NATRUM MUR. 6 AND AN OBSERVATION ON IODIUM 3x.

By CHAS. S. SPENCER.

BEING very sceptical of the vaunted powers possessed by our common table salt when prepared according to Hahnemann's method of drug dynamisation, one day, some seven years ago, having read Dr. Burnett's *Fifty Reasons*, I took from the salt-cellar, as it stood upon the dinner-table, a few grains of that precious compound of *Sodium*. Said I to myself, "I will prove the virtues of this salt, which familiarity has made almost contemptible, upon my own body." I thereupon dissolved the few grains which I had taken, and after recrystallising I proceeded to make the 6th centesimal attenuation of *Natrum Muriaticum*. This accomplished, I began the proving by taking 12 drops in a tablespoonful of water on Saturday evening, November 25, 1893, and the same dose again the following day at 10.30 a.m. and 11.45 p.m., when the following symptoms were noted: Constipation, soft stool, much flatulence fetid per rectum; itching in inner canthus and on edge of left lower eyelid.

27th.—9.15 a.m. took 12 drops; an eruption of vesicles appeared on right edge of upper lip, with soreness. 5.30 p.m. 24 drops; normal stool, not much flatulence. 11.45 p.m. 12 drops; no special effects noticed.

28th.—Face assumed quite a fresh appearance, like that

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which occurs after bathing in the sea. 11.30 p.m. took 12 drops.

29th.—9 a.m. 12 drops, at 12 midnight 25 drops. No stool since 27th; a dry cold in head developed with a troublesome stuffy sensation in left nostril.

30th.—Took 15 drops. Sore throat, thick yellowish-white coated tongue, discharge of a small quantity of mucus after micturition, starts up just when going to sleep, unrefreshing sleep, sleepiness in morning, aversion to bread except it be toasted. At midnight I took a dose of 36 drops. Dry, stuffy feeling in right nostril, soreness and smarting round the edge of the soft palate.

December 1st.—8.30 a.m. 38 drops taken, and at midnight 50 drops. The stuffy feeling of right nostril better, I began to feel bodily ill, the fresh, ruddy complexion vanished, and in its place appeared a sallow, tawny, unwashed colour of the skin, so marked that on more than one occasion I washed my face again and again. Mouth cracked at commissures, finger-nails became brittle, cracked and split at sides. The hairs from my moustache, eyelashes, and left forehead began to fall out. My eyes felt tired even without having exerted them at all, and I was compelled to close them tightly and frequently; tired sensation in eyes > closing them tightly and by pressing on the eyeballs with the fingers. Diplopia or double vision, mistiness before the eyes, blurred vision so that when reading I would close one eye, but the strain felt too great and the letters would run together. I was quite languid, lacking energy, and had an indefinite sickly aching pain with pressure in left groin, which was > somewhat by belching flatulence. *Lycopodium* 6 aggravated the pain very considerably, as also did oranges, but *Lycop.* 30 gtt. acted like magic, and gave an immense impetus to my faith in high dilutions. I subsequently found a small hernia in the left inguina, protruding through the ring, and it was this that caused the sickly feeling and pain, as I have experienced similar symptoms since when the hernia has slipped downwards. The constipation was troublesome for months, and was accompanied by rumbling of flatulence and also a sensation as if the contents of the rectum had only been partially expelled. I was a long time in regaining my former state of health, and my wife often pleaded with me not to prove another medicine.

IODIUM 3x.

Miss Ethel Clark, æt. 19, of medium complexion, was given on July 5th, for a hard goitrous swelling of both lobes, Tr. *Iodi. 3x ʒss. aquæ ad ʒiiss.* A dose of 10 drops was to be taken three times a day. "After the second day," she says, "the medicine made her so sleepy that she had great difficulty in attending to her work, and was compelled to cease taking the medicine for a day or two." I have not seen recorded sleepiness or drowsiness in daytime under *Iodium*.

EXTRACTS FROM HARDWICKE'S *SCIENCE GOSSIP*, 1865-1869.

With a few Notes by Dr. COOPER, marked "R. T. C."

Lastrea filix mas.—Root of the male shield-fern. Is a powerful anthelmintic, expels tapeworms. (1865, pp. 37, 67.) Also as a preservative. (1865, pp. 94, 115.)

Dried ferns largely used for the bedding of all animals affected with entozoic diseases, the pig in particular. (1865, p. 37.)

Ulex Europæus.—Horse fed with pounded whins, yoked with one fed on hay or corn; the later becomes quite sick. (1865, p. 94.)

Anacharsis alsinastrum.—American water-weed. Produces good sanitary results, and purifies offensive ditches. (1865, p. 141.)

Narthecium ossifragum.—Bog asphodel. Poisonous properties. Cows die after severe dysentery, and some cats who drink their milk, which is bitter as gall, die also. (1865, p. 209.)

Rhus integerrima.—Horn-shaped galls produced on a species of sumach. Employed in India as an astringent. (1865, p. 286.)

Achras parensis.—Milk of massaranduba, extracted from this colossal tree in Para, Brazil. Employed internally as a pectoral and analeptic, and externally in plasters as a solvent. (1865, p. 286.)

Preserving birds with wood acid.—"Birds may be preserved entire by pouring a few drops of pyroligneous acid down their throats." (1866, p. 22.)

It was a common custom in the country, when unexpected visitors arrived, to pour vinegar down the throat of a good fat hen before killing it; this had the effect of rendering the flesh tender and toothsome, and secured

for the landlady a reputation for the excellence of her management. I refer now, of course, to bygone days when it was a source of pride to provide "entertainment for man and beast," birds not being included!—R. T. C.

Hypericum androsæmum.—Tutsan (Fr. *Toute-saine*) is called Touch and Heal in Bucks, and is said to be a capital thing to put on cuts. (1866, p. 83.)

Verbascum thapsus.—In Bucks the great mullein is vaguely said to be good for colds. (1866, p. 83.)

Potentilla anserina.—Goose-weed used in Leicestershire, the roots boiled down and rubbed on to take away marks of small-pox. (1866, p. 163.)

Leontodon taraxacum.—Dandelion flowers made into a beer in Leicestershire, supposed to purify the blood, and to cure gravel and scarlet fever. (1866, p. 163.)

Ballota nigra.—Black horehound is made into a tea in Leicestershire, and supposed to be a cure for asthma, bronchitis, and diseases of the chest in general. (1866, p. 163.)

This is interesting, as the *Marrubium vulgare*, or common horehound, has a well-established domestic reputation for coughs and chest affections. Many of the *Labiatae* are in repute for chest complaints, the *Glechoma hederacea*, or ground ivy, is one of these, so is the wood sage (*Teucrium scorodonia*), the varieties of stocks, galeopsis, scutellaria, lamium, lycopus, mentha, and calamintha are almost all chest remedies, but their action seems to be in sympathy more with concomitant gastric disturbances of poitronaires than with the direct lung involvements.

Any way, in investigating the actions of such plants as *Glechoma hederacea* (*Nepeta glechoma*) and of the sages, the lamiums, and the teucriums we shall wait till Doomsday before arriving at accurate indications if confined to systematic provings on the healthy. A little latitude must certainly be allowed, and this admits of the giving of single doses to chronic sufferers when other treatment has failed.—R. T. C.

Urtica dioica.—Nettle used by the poor in Leicestershire as a cure for cutaneous eruptions. (1866, p. 163.)

The nettle produces acute eczema of the face; the face first swells suddenly, and after a time becomes eczematous (from taking it stewed as a spinach).—R. T. C.

Than-Hmo, or worm mushroom, grows in Burmah. It is cut in slices and preserved in honey. A teaspoonful is given to a child for three mornings, and castor oil on the fourth, which is said to bring away the dead worms. (1866, p. 256; 1867, p. 137.)

Saponaria officinalis.—Common soapwort juice. Said to be an unfailing remedy against the dizziness, fever, and swelling of the eyes produced by *Rhus toxicodendron*, the poison oak, whose poisonous effects are most virulent when the plant is bursting into leaf. (1867, p. 90.)

Bean swads rubbed well into a wart are a cure for it. (1867, p. 177.)

A lady mentioned to me some very interesting cases of warts cured in this way, simply by rubbing the wart with the inner surface of the pod of the ordinary broad bean—*Phaseolus vulgaris*.—R. T. C.

Linaria elatine.—The halbert-leaved or sharp-pointed fluellin was in old days supposed to have astringent properties and to heal spreading and eating cankers and corrosive ulcers. (1867, p. 203.)

Corynocarpus laevigata ("New Zealand laurel").—Karak berries, eaten by natives after being soaked in water for forty-eight hours. Unless this precaution is taken they will, if eaten, cause a contraction of the muscles of the fingers, rendering them useless for a time. Also produce giddiness and spasmodic pains. (1868, pp. 21, 46, 70, 95.)

Pœderia fetida.—Fever plant. Produces headache and fever when smelt. (1868, p. 46.)

Holly tree leaves contain ilicine, which possesses a valuable febrifuge action, safer in some respects than quinine. (1868, p. 107; 1869, p. 14.)

Oxalis acetosella (?).—Wood sorrel. The essential salt of lemon is a form of oxalic acid prepared from its leaves. "It quenches thirst, and cooleth mightily a hot pestilential fever, especially being made in a syrup with sugar." (1868, pp. 52, 210, 280.)

Onions extract snake poison and absorb virus in the atmosphere of sick-rooms when sliced. (1868, pp. 190, 215, 239.)

Wild rosemary (*Ledum palustre*) banishes mosquitoes from a room. (1868, p. 212.)

Osmunda regalis is called bog onion in West Cumberland, and considered a specific for rickets in children. (1868, p. 271.)

This is very interesting; taken with the tæniifuge properties of the *Filix mas* and the selection of fern beds for

the entozoic diseases of cattle, it would point to a vermifuge property running through the ferns. And as a matter of fact the *osmunda* is credited with tæniifuge properties, and may also be of use in the oxyurus vermicularis of children. Now almost all favourite children's remedies are "worm curers," if I may use the term. And that a "worm curer" like *osmunda* should be selected for rickets by popular observation is worth noting.

The *Encyclopedic Medical Dictionary*, edited by Frank P. Foster, gives the *Osmunda* as having been used as an astringent, vulnerary, tæniifuge, and in scrofula, gout, colic, hepatic diseases, and rickets, allaying it surely in many ways as with our *Lycopodium clavatum*.—R. T. C.

Chelidonium majus.—Celandine possesses numerous active qualities, stimulating, &c. Cottage poultry keepers use it for chickens, to make them more lively. (1869, p. 52.)

Cochlearia officinalis.—Scurvy grass as a cure for scurvy. (1869, p. 67.)

Origanum majorana.—Sweet marjoram leaves are a tonic and stimulant. Used in country domestic medicine for spasmodic affections, whooping-cough, asthma. (1869, pp. 178, 235.)

Herb Robert, or fetid cranebill. Used in South Wales for erysipelas. (1869, p. 191.)

Salvia officinalis.—Sage wine. Good for nervous debility. (1869, p. 268.)

THE ACTION OF *BAPTISIA LEUCANTHA* ON THE STOMACH, LIVER, AND BOWELS.

By FREDERICK KOPP, Greenwich, N.S.W.

THE following symptoms, developed during a proving of *Baptisia leucantha*, a white-flowered member of the Wild Indigo tribe, of the natural order *Leguminosæ*, and indigenous to the western portions of the United States of America, where it is found growing on the prairies, show the action of that drug on the stomach, liver, and bowels:—

Strong inclination to vomit, without there being the slightest preliminary symptom of nausea. Nausea, accompanied with eructations, and vomiting of a painful

character. Nausea, with a constant desire for drinking water, and without the slightest inclination for food. Great sinking feeling at the stomach. Great distress in the stomach, accompanied with severe pains, of an oft-recurring character, in the cardiac region. Pain, of a stitching character, in the cardiac part of the stomach. In the epigastric region a dull pain every few minutes; aggravated by walking or by turning over from one side to the other. Sensation as if there were a hard substance lying in the stomach. Great distension of the abdomen, with much rumbling, and a desire to vomit, so as to obtain relief. Severe pains of a colicky nature, every few moments, in the hypochondriac and umbilical regions, accompanied with a desire for stool, and much rumbling. Great fulness in the abdomen, accompanied with diarrhea. Sharp and shooting pains in the bowels, accompanied with a continual pain in the right hypochondriac region. Soreness of the abdominal muscles, as if from the effects of a severe cold or from continuous coughing, accompanied with pain in the hypogastrium. At night, while in bed, on pressure, pain in the abdomen, with dull pain in the lumbar region, of a heavy aching character. Great soreness in the region of the liver. Dull pain in the liver. Pain in the right hypochondriac region greatly increased and aggravated on walking. Continual dull pain in the region of the gall-bladder, extending to the spine. Very offensive and dark stools, containing blood and mucus. Great rumbling in the bowels and desire for stool, followed by soft and papescent stools, containing large quantities of mucus; afterwards severe and obstinate constipation and hemorrhoidal tumours. Small, offensive, and frequent acrid stools. Diarrhea, containing dark stools, and accompanied with vomiting.

It will be seen by the above symptoms that *Baptisia leucantha* has a homeopathic relation to some of the most prominent symptoms of dysentery, and we should, therefore, expect good results from its administration in that disease. In this we have not been disappointed, as many remarkable cures have been effected through its use. It is specially useful in the following forms of dysentery, namely:—Dysentery, with very offensive discharges containing blood; dysentery, with evacuations containing large quantities of mucus and blood, accompanied with a brown coating on the tongue, tormina

(gripping pains), and a fever of a low type; autumnal dysentery, with a great tendency to typhoid fever; dysentery, coming on in women after a confinement, the stools containing little mucus, but mostly pure blood, from ten to twelve stools in an hour, and accompanied with great tenesmus and very severe colicky pains in the hypogastric region, preceding each stool. In the treatment of dysentery alone, having the above characteristic symptoms, *Baptisia leucantha* is a most valuable remedy, and well deserving of a place in our materia medica. The tendency to typhoid fever, as one of its most prominent indicative symptoms, must not be overlooked, as in such cases it is a remedy second to none, and one which could not be easily substituted by another drug.

Baptisia leucantha in large doses is a drastic cathartic, producing dark and offensive stools, often mixed with mucus and blood. In fever, in any form, assuming a low type, occurring not only in dysentery, but also in all other irritative affections of the intestines, the drug, owing to its homeopathicity to such cases, has a value which cannot be over-estimated.

In the dyspepsia which so often follows an attack of typhus fever *Baptisia leucantha* is often the remedy indicated, the characteristic symptoms being a brown tongue in the morning, with frequent fits of fainting, and a great sinking feeling at the stomach. There is always a strong inclination to vomit developed during a proving of the drug, which may be accompanied either with or without nausea. It is curative in cases of abdominal typhus in which the Peyers glands are in a state of ulceration.

During the proving the liver, beyond a doubt, becomes congested through the action of the drug. There is a soreness all over the hepatic gland, which is also accompanied with actual pain. More prominent is this the case in the region of the gall-bladder, where the pain, although of a dull character, is constant, extending even to the spine. There is also a pain in the right hypochondriac region, which is greatly aggravated by walking. It is, therefore, of great use in the congestion of the liver which sometimes occurs during typhoid fever.

Taken as a whole, *Baptisia leucantha*, in the various symptoms occurring during an attack of typhoid fever, is as valuable and trustworthy a remedy as its congener,

Baptisia tinctoria, having many symptoms common to the latter. The ϕ tincture should be made from the fresh bark with strong alcohol, and the various dilutions prepared from this.

TYPHOID FEVER: ITS DEFINITION, ETIOLOGY, SYMPTOMATOLOGY, VARIETIES, DISTINCTION, TREATMENT, PREVENTION, AND ACCESSORY MEASURES.

By Dr. S. C. GHOSE, Midnapore, Bengal.

I.—DEFINITION.

It is a continued febrile disorder, accompanied by a peculiar rash, extreme feebleness, headache, abdominal pain or sensitiveness, tympanites, and diarrhea. It is also called enteric fever.

II.—CAUSES.

Typhoid fever is noted for its worldwide prevalence. It usually spreads in an endemic form, but it sometimes plays the part of a demon of epidemy. Poverty, over-crowding, or ill-health play no special part in its causation, but it is a particular idiosyncrasy of this malady that it attacks the rich and the poor and the healthy and the sick, and falls upon its prey without any bias or prejudice. Sex does not exert any influence upon it. Infants are rarely troubled with its contaminating contact, but children and young persons are more susceptible to this fever than adults and persons of advanced age. The majority of the cases occur in persons between the ages of fifteen and twenty-five. Dr. Murchison states that typhoid fever largely prevails in the months of August, September, October, and November, but the channel of its approach is narrowed in February, March, April, and May. He also supports the general belief that an excessive heat of weather largely contributes to the augmentation of its existence or extension, and a continuous low temperature causes a marked diminution of its ravages. It has been proved beyond any doubt or contradiction that it is the fever of fecal decomposition. Only those who are exposed to the influences of bad drains, or filthy and overflowing cesspools, are seized with an attack of this fever: if the drains or cesspools be so situated as to pour forth their fetid gases into the interior of houses, or pollute water or other articles of food by their emanations, their soakage or their leakage. To prove the opposite of this theory it has been said that individuals who are employed in the sewers are never seized with this fever. That typhoid

fever is not, in the highest acceptation of the term, highly contagious, is a noteworthy fact, and this theory is upheld by most physicians. The malady is rarely or never transmitted from one individual to another by the efflux from the skin or by the breath.

It is true that attendants on the sick rarely fall victims to the malady, but it is equally true that if the persons who suffer from typhoid fever immigrate into a healthy locality, an outbreak appears there frequently. The virus appears not to hasten away with the breath or from the skin, but with feces. The feces appear to be at first entirely uninjurious, but their virulence, in the course of putrification, is highly marked, and their infectious properties find their way to the contents of cesspools, and thence to wells and other waters. It has been observed in many cases that the water of a well which has been polluted with the evacuations of an enteric fever patient or with the contact of his body-linen or bedclothes, has become the source of a serious outbreak.

It is not out of place to expose the prominent fact that in some cases it has been well marked that it appears in houses which have no communication by drain with any other dwelling. We have seen in certain instances that sewer emanations are sufficient to originate the malady, although they are not fouled and contaminated by the evacuations of enteric patients. The poison of typhoid fever is propagated by sewage when its particles reach us in the air or contaminate our drinking-water. Our water, our air, and our milk are then the vehicles of infection. It would not be uninteresting to follow the track of the evolutionary theories of all medical luminaries upon the subject. Some say that infection takes place principally by way of the alimentary tract, and that typhoid fever never springs up *de novo*, but the transmission of its germ may be made from the sick to the healthy frequently by the intestinal evacuations and also sometimes by the urine and the breath.

III.—SYMPTOMS.

These may be divided into (a) those of the incubation stage and (b) those of the three-weekly periods.

The Stage of Incubation.—This stage is known to vary from six to fourteen days. The invasion of the disease is sometimes sudden and well detected when the poison is very concentrated. But it commonly sets in with a slow and insidious march, with an undeterminable sense of malaise, or slight feverishness or loss of appetite and strength. During this period the patient suffers more or less from the following symptoms: Irregular chills and flushes of heat; he becomes languid and unwilling to exert himself; the back aches and the legs tremble; the

appetite is seen to be failing ; nausea and sickness are present ; the tongue presents a morbid redness and white coating ; the breath is offensive, and often the throat is sore ; headache or heaviness of the head exists ; the patient is drowsy by day and wakeful, restless, and dreamy by night ; the pulse is quickened and the bowels are relaxed.

First Week.—The above symptoms of the incubative stage gradually go on increasing in severity during the first week of the fever. The patient suffers from vascular excitement and nervous oppression. The skin is very hot ; thirst is present and mental faculties are obscured ; the patient cannot give a true account of his own sufferings, and complains of nothing but his head ; delirium sets in at night ; enlargement of the abdomen is detected and with resonance on percussion ; tenderness and pain are felt on firm pressure in the right iliac fossa.

Second Week.—In this stage the fever reaches its climax ; heat and dryness of the skin are generally perceived, but the skin is prone to break out in perspirations ; the pulse is more frequent, as also are the respirations ; the tongue may be found to be clean or to be enveloped with a humid fur, and it is generally liable to get dry and to present cracks, which run mostly in a cross-wise direction upon the dorsum ; the vomiting most generally disappears, but thirst and anorexia continue ; some difficulty is experienced in swallowing and speaking, and occasionally delirium appears. It is about this time that the characteristic rash begins to appear. It consists of rose-coloured spots, which are markedly elevated and sensitive to touch. The eruption makes its appearance on the sternum and epigastrium and fades into the natural colour of the skin. The spots are scarcely numerous and appear in successive crops from day to day, vanish momentarily on pressure, and continue to exist for two, three, or four days. They are occasionally seen on the neck, chest, or abdomen, and sometimes on the face and extremities even. Though the rose-coloured eruption is a sure sign of its approach and is never detected in any other malady, yet we have seen some cases of true typhoid fever in which not a single spot has been met with. Debility and prostration are very marked. The urine is scanty and heavy and full of urea. The bowels get relaxed and the patient passes three, four, or even more evacuations in twenty-four hours. The evacuations are fluid, sickly, and putrid, and are like pea-soup. A flocculent *débris* of disintegrated glands of the ileum may be marked by washing the stools. From the condition mentioned above the patient may gradually border upon recovery or pass into a typhoid condition.

Third Week.—The weakness and emaciation become very great ; the patient lies extended on his back and sinks towards

the foot of the bed ; the elevation of temperature goes on ; the eruption still appears ; the diarrhoea exists ; sordes envelop the mucous membrane of the mouth and lips ; the tongue gets dry and brown, or red or glazed, commonly rough and stiff and occasionally fissured ; complaints of headache and pain disappear ; dulness and apathy of the mind are seen ; drowsiness and violent, busy, or muttering delirium ensue ; bed-sores continue to form ; urea and uric acid are in excess passed with the urine ; and blood is, more or less, passed with the stools. If the case assume an unfavourable turn, the feces pass without control, the tendons start from irregular, feeble contractions of the muscles, the somnolence or delirium passes into coma, the patient suffers from deafness, and no longer remembers his friends or relatives, and lastly he ceases to exist.

If, on the other hand, the case be attended with favourable indications, convalescence sets in generally during the third or fourth week. The recovery manifests itself gradually. The fever diminishes, a fall in the pulse-rate is seen, the cerebral affections vanish, the tongue gets clean, the appetite is re-established, the diarrhoea disappears, and the strength comes back.

IV.—VARIETIES.

There are five principal varieties of this malady, and it is necessary that they should be dealt with.

1. *Latent Form or Typhoid Stage.*—Indefinite and slight fever is marked with the presence of all those symptoms which are already mentioned. But these symptoms are not well marked.

2. *Bilious Form.*—In this form the patient experiences bitter taste, and his mouth becomes glutinous ; the colour of the face is yellowish, vomiting and bilious evacuations are present, and the tongue is enveloped with a yellow and filthy fur.

3. *Inflammatory Form.*—In this form fever reigns supreme. Much heat is experienced, the skin is very dry, excruciating headache and insatiable thirst supervenes. The limbs are very painful, the patient loses consciousness, and the urine becomes red and scanty.

This form, like the preceding, is apt to be easily deteriorated into ataxic or adynamic typhoid.

4. *Adynamic Form.*—This form is generally introduced by one or the other of the uncomplicated forms, but the symptoms degenerate into a dangerous type. Coma sets in, delirium supervenes, total prostration takes place, fetid stools are marked, the extremities become very cold, brown or blackish fur appears on the lips or tongue, and hemorrhage from the nose or anus is seen.

5. *Ataxic or Nervous Form.*—The manifestations of cerebral

symptoms are most prominently detected in this form. Delirium appears, convulsions greatly trouble the patient, and spasmodic movements of the limbs take place.

The fatality of the disease is well known, and the disease is attended with such a variety of symptoms that I cannot rest content without dwelling shortly upon the symptoms which may puzzle a physician in arriving at a true diagnosis, and which are found to be associated with the principal organs. It is difficult—nay, impossible—to present a typical character of this fever.

The *pulse* is found to vary greatly in frequency. In some mild cases it rarely exceeds the normal standard throughout the whole course of the fever, while in other cases it goes up to 90 or 100, and sometimes to 120, 130, or even 180. The pulse beats more quickly in the evening than in the morning. This is more frequently seen in the typhoid stage than in the early stage. If the pulse be found to be rapid, it denotes a severe attack.

In the beginning of the disease the *urine* is found to be scanty, dark-coloured, and of high specific gravity, but latterly it gets pale and copious, and loses its specific gravity.

The acceleration of the respirations is marked as the case progresses. Sometimes a little cough is present. A great aggravation of the symptoms is seen when bronchitis or pneumonia appears.

The character of the *tongue* varies. It sometimes retains its usual character throughout the malady; but generally it is coated with a white or brown fur, and is associated with the symptoms which have been mentioned above.

The *throat* is congested and sore at an early stage, and the *tonsils* may be inflamed. *Nausea* and *vomiting* generally exist, and become a source of great distress to the patient. *Diarrhea* is almost always present, and it sometimes comes on at the commencement; but in the majority of cases it does not appear till the second week, or even later. As the case advances abdominal pain, tenderness, and gurgling in the right iliac fossa, tympanites, and marked enlargement of the spleen are felt.

The *skin* is liable to become moist in the morning, and copious perspirations appear during the latter part of the second or third week.

The *clinical thermometer* greatly helps us to arrive at a true diagnosis of enteric fever. In all acute specific fevers an unusual rise of the temperature is seen. In typhoid fever the temperature is gradually elevated, while in most others the elevation is abrupt. The temperature begins to rise about noon, and reaches its acme between 8 p.m. and midnight. After this

time it gradually sinks, and attains the lowest point generally between 6 and 8 a.m. in the morning.

If the temperature sinks considerably in the morning, although the evening elevation is considerable, we may give a favourable prognosis. But if the temperature during the second week be found to be continuously high, a violent and protracted attack is apprehended. In all uncomplicated instances these daily alternations are almost constantly seen. The elevation commences from the first day of seizure, and goes on increasing by daily undulation, and reaches its climax on the fourth or fifth day, or about the end of the first week. If the case be of a serious type the temperature still continues high, and the manifestations of the morning apyrexia are less and less noticeable.

In short, the fever advances and undergoes regular revolutions of exacerbations and remissions, till it eventually arrives at a perfect crisis or convalescence.

An attack of severe diarrhœa, epistaxis, or hemorrhage, brings on a declension of temperature. Ringing in the ears and deafness are not unfrequently present. Congestion of the conjunctiva is seldom seen, and dilatation of the pupils is generally met with.

Great anxiety and danger are entertained if the enteric fever be associated with the complications which come on in its progressive stage.

The most important of these are the following :—

(a) *Hemorrhage*.—It may appear from the nose, the chest, or the intestines. The discharge of blood may be so great as to cause speedy death by syncope, and the character of this blood may be fluid or clotted, black or of the natural hue. It is sometimes seen that the patient suddenly breathes his last in a fainting fit without any escape of blood from the orifice of the bowel. In such an instance a post-mortem examination proves the fact that the intestines are distended with clotted blood.

(b) *Profuse and Constant Diarrhœa* exhausts the patient and sometimes causes his death.

(c) *Perforation*.—An attack of peritonitis is one of the most common causes of death in typhoid fever. Perforation of the bowel is, irrespective of all ages, generally met with in males rather than in females. A great majority of the cases of peritonitis is caused by perforation of the bowel in the floor of one of the intestinal ulcers. Perforation may appear during the second or third week, or, more commonly, during protracted and incomplete convalescence. When its occurrence takes place a sudden pain and sensitiveness in the abdomen, with swelling, are felt; nausea and vomiting are present; the expression of

the features is altered, and death supervenes in a day or two. But sometimes life is prolonged for one or two weeks.

(d) *Congestion*.—The lungs may be congested, and thus Bronchitis, Pleurisy with effusion, or Pneumonia, appears. In short, an aptitude to congestion arises in the head, the chest, and the abdomen. Pneumonia may occur at any time, but most frequently it comes on during the third or fourth week.

(e) *Relapse*.—The patients who have recovered from the disease are still apt to meet with a relapse, which commonly proceeds from inattention to diet or from the abandonment of the recumbent position too soon.

Many other complications of minor importance are sometimes found in connection with this disease.

They are the following:—

Ulceration of the larynx or trachea; bed-sores; gangrene of the mouth, ears, vulva, cornea and feet; parotitis; acute necrosis; mania or other mental disorders; and tuberculosis.

I can say, without any fear of contradiction, that there is no other disease in the whole range of pathology in which death threatens the patient from so many different points. The channel of this malady does not flow in a uniform stream. We have heard of some cases in which death ensued without the exhibition of any characteristic symptom.

(To be continued.)

THE NASAL CATARRH OF MERC. SOL.—Catarrh excited by damp weather, sneezing, aching all through body, excoriating discharge from nose. Throat feels raw, smarts.—*E. Fornias, M.D., in Amer. Hom.*

VERBASCUM THAPSUS is a very useful remedy in catarrhal affections. In distressing and irritating cough, accompanied by hoarseness, it acts promptly. In acute cases, 1 to 2 drops of the tincture every hour, with local application to the chest of the oil of mullein, will act well.—*Zeitschrift des Berliner Vereines Homœopathischer Aertzte, Bd. xviii. Hft. vi., 1900.—Hahn. Monthly.*

SOME EARLY SYMPTOMS OF THORACIC ANEURISM.—Dr. A. Symons Eccles noticed in four cases of thoracic aneurism that the intelligent patients stated that many years before their disease had been diagnosed they had suffered from pains in the left and more frequently in the right arm, which would become worse after exertion. At the same time they would experience a feeling of weakness and giddiness on bending the head backwards, as well as an indefinite sensation of anxiety which, for example, in one, a physician, hindered him from riding in a buggy, and in another prevented him from travelling in a railway car. All of these symptoms were noticed at a time when neither the patients nor their physicians had thought of an aneurism.—*Muenchener Medicinische Wochenschrift, No. 18, 1900.—Frank H. Pritchard, M.D., in Hahn. Monthly.*

INSTITUTION.

LAUNCESTON HOMEOPATHIC HOSPITAL.

THE OPENING CEREMONY.

ON Monday, July 2nd, this institution, formerly known as Crosby Lodge, St. John Street, was officially opened in the presence of a large and representative gathering. The premises are most suitable for the purpose for which they have been secured, occupying as they do an elevated position on a gentle slope protected from the keen southerly winds. The assemblage consisted for the most part of ladies, and included the Mayoress (Mrs. E. H. Panton), and other prominent citizens. Sir Edward and Lady Braddon were received by the committee of management at the entrance gates and conducted through the building to the balcony, where the official declaration was made. Miss May Gutteridge, daughter of Dr. Gutteridge, presented Lady Braddon with a beautiful bouquet of flowers and Sir Edward Braddon with a button-hole.

The proceedings were commenced by the singing of "The Old Hundredth Psalm."

Mr. Henry Ritchie read a number of congratulatory letters and telegrams from gentlemen throughout Tasmania, all expressing sympathy with the movement and cordial wishes for its future success. Apologies were received from the Mayor, Drs. Gibson, Benjafield, and Bernard Thomas (Hobart), Mr. E. C. Nowell (president of the Southern Homeopathic Association), the matron of the Hobart Homeopathic Hospital, Messrs. Gould and Mason (Hobart), Rev. J. T. Piercey, Mr. P. Oakley Fysh, and others. The premises were well known to most of the visitors, and they had been obtained by the committee of management for a term of five years. It would, he thought, be conceded they would provide ample accommodation for the requirements of the institution, which contained ten beds for men, women, and children, and a typhoid fever hospital. They had been particularly successful in procuring the services of Miss Harrison as matron, a lady who had much experience, and had received a thorough homeopathic training. (Cheers.) They also had every confidence in the nurse and probationer. (Cheers.) The success that had attended the institution in Hobart was very marked, and the seven typhoid patients who had been admitted had all made a splendid recovery. (Cheers.) The friends of homeopathy had been very glad to be in a position to get a hospital, but the funds had not been raised

without the aid of a subsidy from the Government on the £ for £ principle, for which the homeopaths were very thankful. He introduced Sir Edward and Lady Braddon, who had been asked to officially open the institution. (Cheers.)

Sir Edward Braddon was pleased to be present. He believed his Government had come to the aid of the homeopaths. He said he believed, because other matters which he was under the impression his Administration had been instrumental in getting had been claimed by his very estimable successors. (Laughter.) He, however, could with perfect safety say his Administration had given the grant to the homeopaths, for there was an agreement entered into with them to assist the movement on the £ for £ principle. (Cheers.) It was gratifying to him to give the assistance to those who sought that aid. It was a matter of aiding those who had shown their ability to aid themselves. (Cheers.) He was not a homeopathist himself, except when he had to take medicine, and then he became one by taking it in very small doses. (Laughter.) The old simples were coming into vogue again with great advantage, and herbs and remedies which our grandparents used were brought into requisition with great effect. Homeopathy he knew was a splendid success in the treatment of fever cases, and especially gratifying results had been obtained in typhoid. (Cheers.) Any one might well feel proud in having a share in the establishment of any institution that did that great work, and he felt especially proud in having assisted. (Cheers.) He felt extreme pleasure always in aiding any Launceston undertaking because he knew how well they entered into any public concern, both in initiating and managing such movements. (Cheers.) He declared the hospital open, and hoped the endeavour might be attended with a most splendid success and to the satisfaction of the people. (Cheers.)

Rev. W. Law engaged in prayer.

Dr. Gutteridge moved a vote of thanks to Sir Edward and Lady Braddon, who were always willing to assist in any public movement. (Cheers.) He explained that the homeopathic hospital was not a Launceston institution, but did duty for the whole of the northern part of the island, as that in Hobart did for the south.

The vote of thanks was passed by acclamation.

About £7 was dropped in the donation-box.

The singing of the National Anthem concluded the ceremony, when the visitors accepted the invitation extended to them to inspect the premises, and they were entertained at afternoon tea.

Sir Edward Braddon and Lady Braddon signed the visitors' book, Sir Edward adding the following remarks: "Having attended the opening ceremony of the Launceston Homeopathic Hospital, and gone through the building, I can only express my gratification at the situation and excellently arranged accommodation of the institution. The promise of good work may be safely augured from the character of its management, and this success so foreshadowed will be appreciated and delighted in by none more than myself. Having, as Premier, given this Institution its first start by a £ for £ subsidy, I regard it as a solemn obligation on the Governments that may from time to time succeed the Braddon Administration that they support and encourage this hospital in every legitimate way."—*Launceston Daily Telegraph, July 3.*

EXTRACT.

PURIFYING AN IMPURE COMPLEXION.

By DR. GOULLON.

(Translated from the *Leipzig. Pop. Z. f. Hom.* February, 1900.)

LADIES in their climacteric period are frequently subject to affections of the facial epidermis, so-called dots, little pustules, various forms of acne, among which the *Acne rosacea* on the nose is the best known, as also the most objectionable, as it brings with it the reputation of being fond of alcoholic refreshments, which yet has nothing at all to do with their existence. In such cases the nose ought to be arraigned for false accusation. But with our female patients this is no laughing matter. Least of all is this the case when, as sometimes happens, young ladies are thus affected. With them there is usually an aggravation about the time of their monthly period.

Formerly the so-called Kummerfeldian lotion was much used, consisting essentially of a preparation of lime and sulphur; Hufeland recommended his Beauty-Lotion: 15 grammes of rosewater, as much water of orange blossoms, with 2 grammes of borax; modern dermatologists recommend friction with sand, the use of *Ichthyol* ointment, &c. But in homeopathy we have a more simple, merciful and sure refuge in the methodical

use of our homeopathic remedies. Of this I will instance a striking case :—

Mrs. J., about 40 years old, childless, and disposed to flushes and congestions, complains of occasional strokes on the heart ; otherwise she looks blooming and in good health. She is very anxious to get rid of the ugly pustules on her face, which was otherwise fair. Every one knows the spotted appearance caused by such appearances and red spots on the skin. It frequently settles on the region around the mouth, and in the country even ladies call it "a beard" ; sometimes it chiefly affects the chin or the forehead. This ailment, which in itself is by no means dangerous, may by its striking appearance embitter the life or at least cause ill humour, especially with ladies in society.

As these stages are quite chronic, I was astonished to see my patient entirely relieved in four weeks. The face had altogether changed in appearance, which the patient herself acknowledged with great satisfaction. Besides the ailment mentioned, the patient is at times exposed to severe headache, probably due to disturbance in the circulation. The head in such cases is very hot. It may also be mentioned that she is extremely sensitive to odours. She cannot bear to smell Eau de Cologne, the least smell of it makes her sick. Finally we need not be astonished to find that she is totally averse to alcoholic liquors ; as she cannot bear them, owing to the irritableness of the heart.

Now the question is, What homeopathic remedies produced her cure, and how were they taken ? for "the way in which" is with us frequently as important as the question "What ?" And I do not find the motto, "any dose," justified in practice. I may say that I do not expect a radical cure in such a case from any *one* remedy. I therefore give several which act in the same direction. I therefore poured 4 drops of the following medicines in the 12th attenuation, separately, each on a powder of sugar of milk, namely, *Causticum*, *Graphites*, *Calcarea Carb.*, *Silicea*. I willingly grant that remedies like *Arsenicum*, *Sulphur* and also *Lycopodium* may be required.

Even if the success should not always be so prompt and splendid as in this case, it will always exceed the successes attained by other means, as by the old methods

of laxatives, teas (pansy-tea, nut-leaves tea) and other well-meant "purificatories."

Of the four powders given her, the patient took about one every week, or, to be more exact, one-half of one powder one evening and the other half of the same powder three evenings later, or every three evenings one-half powder. The way in which the medicine is taken, the well-timed repetition, as also the right pause between two doses does not seem to be indifferent. Chronic diseases must get well, so to say, in a chronic manner. "Lightning Powders," as a patient recently called one of the medicines prescribed to him, are only to be found for acute diseases.—*Homeopathic Envoy*.

REVIEW.

WHERE SHOULD LONDONERS LIVE? *

MR. W. GILFORD answers the query of his title-page—which he extends thus: Where should Londoners live to enjoy the most perfect health, and yet maintain the most close and constant relations with London?—by the reply: On certain Surrey Hills of which he is in part owner, and which he is willing to dispose of for the good of the many. Mr. Gilford has collected a large amount of testimony as to the healthfulness of this district, and many useful pieces of information may be gathered from his pamphlet by intending emigrants from London's fog and grime; though we must protest that, in spite of these nuisances, London is by no means an unhealthy place to live in; and one great advantage possessed by London over the country is in the *dryness* of its atmosphere.

* *Where Should Londoners Live?* By W. Gilford, Redhill, Surrey. Croydon: Jesse W. Ward, High Street. Price 3d.

NOTIFICATIONS.

DR. NEWBERY, *Plymouth*.—Dr. Newbery has removed from Cazenove Road, Stoke Newington, N., to 8, *Queen Anne Terrace, Plymouth*. His consultation hours are: Before 10 a.m. and from 3 to 4 p.m., except Saturdays.

DR. CASH REED, *Liverpool*.—Dr. Cash Reed has removed from Queen Anne Terrace, Plymouth, to 15, *Princes Avenue, Liverpool*.

Obituary.

CHARLES WATSON KITCHING, M.B. LOND.,
M.R.C.S. ENG.

Communicated by ROBT. H. FALLON, M.D.

THE following is a copy of a cutting from the *Cape Times* of July 10th on the death of Dr. C. W. Kitching, who has been the sole representative of homeopathy here for over thirty years:—

“Many of the residents of Capetown and the Peninsula will learn with very deep regret of the sudden death of Dr. C. W. Kitching, which took place at Chislehurst, Kent, on Sunday. The deceased was in his 71st year, and the cause of death was heart disease.

“Dr. Kitching was licensed to practice in this colony in 1859. He was a member of the Royal College of Surgeons (England), 1855, Licentiate of the Society of Apothecaries (London), 1855, and an M.B. of the University of London, 1858. He retired from active practice some little time before his departure for England. He adopted the homeopathic system in the treatment of his patients, and for many years he had one of the largest practices in Capetown. He was highly respected in the profession and by the community generally. The news of his sudden death, which was communicated by cable, will come as a shock to many Capetown and Peninsula residents.”

He was elected member of the British Homeopathic Society in 1875. Having been associated with him in practice for the last two years, and now carrying on the work of which he has laid so good a foundation, I should

like to add a word or two to the meagre newspaper notice which will be of interest to your readers. In the absence of a homeopathic chemist, Dr. Kitching had to add to his busy professional work that of pharmacist. For several years after his arrival in the Colony he held the post of District Surgeon at Beaufort West, but resigned that on his homeopathic convictions being confirmed. His profession was his "hobby." He was an enthusiastic homeopath even to the veriest detail in preparing his medicines, and probably to this was largely due the great appreciation of such unsophisticated patients, a large circle, as he had among Malays and "coloured" people. They would frequently ask me when I appeared upon the scene, "But do you give the same medicine?" Most of his bottles are labelled as to special care in their preparation. Here is an example: "*Sulph.* 12. To this *Sulph.* 12 (Turner's) has been added some *Sulph.* 11, made from trituration, and Tinct. *Sulph.* ϕ ." In short, one may say that the services rendered to the cause of homeopathy in South Africa for over thirty years by this one man without any medical fellowship, no consultants, no societies, hospitals, or dispensaries, cannot be overrated.

70A, Loop Street, Capetown, July 10th.

GENERAL CORRESPONDENCE.

DR. J. H. CLARKE'S *MATERIA MEDICA*.

SIR,—I see in your last issue that Dr. Richard Hughes finds himself obliged to condemn your *Materia Medica* on the ground of its not distinguishing between cured and pathogenetic symptoms. The criticism appears at first sight just, and I feel sure is one that it was painful for Dr. Hughes to make, knowing as he did the immense amount of labour the work had cost you and the otherwise meritorious and enterprising nature of your great undertaking, for such it must certainly be considered.

But it is evident a criticism may be just, it may even be deserved, and yet may be extremely mischievous. Dr. Hughes, as I understand him, considers that however

excellent your work may be it does not represent homeopathy.

This is a kind of statement that I wish to protest against with all the energy I can muster, and all the more as it is being constantly reiterated in homeopathic circles. Dr. Hughes and his allies, the British Homeopathic Society and the *Monthly Homeopathic Review*, aim at building up a materia medica composed only of symptoms that have been produced upon the healthy. This is their object, and it appears at first sight to be a most praiseworthy one. And so it is if they confined themselves to this and to this alone.

But when they proceed to condemn all work in homeopathy other than what comes up to their own ideal they act in a manner that is most prejudicial to the advancement of scientific medicine. As matters stand, it is insisted on that homeopathy must supply the dry bones, and the dry bones alone, in the shape of pathogenetic symptoms, and that the work of making these dry bones live must be left to allopathy and to allopathy alone. That this is really the outcome of their teaching is evident from the progress of medical science during the last few years. The works of Ringer, Lauder Brunton, Phillips, and all modern writers on materia medica are seized upon with avidity, though it is well recognised that the best part of these are little but "Pictures from Provings," and without the decency of acknowledgment. These crypto-homeopathic works are read and welcomed by all homeopaths, but the moment one of their own body undertakes any similar work and openly gives credit to the sources of his information his work is at once condemned. The work of making the dry bones live must be left to the men who ignore the existence of the indispensable dry bones! Hitherto our materia medicas have given us the scantiest possible description of the composition, appearance, botanical features, and other details of the crude substances from which our remedies were taken, the idea being that it mattered not from whence the drug was taken, as dilutions only of it were to be used.

But in your *Materia Medica* the attractive feature is that every drug is rendered familiar by the special features attaching to it outside of its mere pathogenesis. It is very obvious that the more familiar we can be with

the sources and surroundings of our remedies in their natural states the better.

It is of enormous advantage to feel at home with our instruments and to be in every way interested in them. Some years ago I mentioned to a friend the difficulty I had in finding the simillimum for noises in the head and the fact that patients described their noises in accordance with their surrounding. Thus, for example, I remarked that Sir William Wilde observed that the old women in Ireland were in the habit of telling him that "all the tay-kittles in Ireland were a-bilin' in their ears"; to which my friend very aptly replied, "Yes, and if you did find the symptom it mightn't be 'tea-kettles,' and even then it mightn't be *Irish* ones, so that you would have to look further for a true simillimum." And this little anecdote illustrates largely the ridiculous position into which the modern school seeks to drive all workers in homeopathy by their hyper-criticism. First of all really healthy provers must be selected, then they must be kept under observation for weeks before the proving commences, then the proving must be made with large and continuous doses of the medicines, and only those symptoms are to be recorded that come on immediately upon the administration of the drug, thereby rendering them as unlike the symptoms of disease as can possibly be, and from these symptoms, and these symptoms alone, must our materia medica be built up.

But the sad feature of the whole business is the ill-concealed detestation manifested by these parties to any kind of work done for the promotion of scientific therapeutic procedures if such procedures be in any way to the advantage of homeopathy.

August 3, 1900.

Most truly yours,

ROBERT T. COOPER.

THE SCIATICA OF PLUMBUM.—When there is marked consecutive muscular atrophy; or, earlier, when walking causes great exhaustion. Drawing, pressive, paroxysmal pains along sciatica nerve from hips to knees, worse evening or night; walking with difficulty, either from pain or paralytic weakness of limbs. Coldness of limb and lack of perspiration. Tremor.—*E. Fornias, M.D., in Amer. Hom.*

VARIETIES.

THE MENTAL SYMPTOMS OF NATRUM CARB.—Hypochondriacal, depressed, and irritable, most marked after a meal, continues as long as digestion lasts. Vegetable diet disagrees. Averse to society. *E. Fornias, M.D., in Amer. Hom.*

THE HEPATIC SYMPTOMS OF LEPTANDRIA.—Dull, frontal headache, band across the forehead; burning distress in hepatic region; stools clay-coloured, with jaundice. Excessive secretion of bile, with black, tarry stool. After stool griping, but no straining; desponding and drowsy.—*E. Fornias, M.D., in Amer. Hom.*

MENTAL SYMPTOMS OF NATRUM MUR.—Hasty, impatient, gets angry at trifles. Religious melancholy. Sad, weeping (puls.), but consolation aggravates and enrages him and causes palpitation and intermittent pulse. Awkward in talking. Absence of mind. Memory and will weak. Tired of life.—*E. Fornias, M.D., in Amer. Hom.*

THE ABDOMINAL SENSITIVENESS OF MERC. SOL.—Epigastrium very sensitive to touch. Hepatic region swollen and hard, and painful to least contact. Soreness. Can't lie on the right side. Pains stinging, stitching or pressive pain. Enteritis, with bloody and slimy stools; or peritonitis, with purulent exudation; sweat without relief, worse at night.—*E. Fornias, M.D., in Amer. Hom.*

THE CHEST SYMPTOMS OF IPECAC.—Tears clothing from the throat from strangling. Fat, chubby children. Face turns blue, loses breath, and becomes rigid. Mucous râles in chest. Chest seems full of phlegm, but does not yield to coughing; gags and vomits, especially phlegm. Eyes watery. Suffocative attacks.—*E. Fornias, M.D., in Amer. Hom.*

FACIAL SEMEIOLOGY.—Facial semeiology, taken together with physiognomy, forms one of the most important aids to the diagnostician, and will oftentimes unravel an apparently obscure case before a question is asked. Its range is great: It tells the age of the patient, which is often a very important factor; it tells the disposition, which is often still more important; it will reveal the lovable, easily pleased individual, or the fault-finding, suspicious, crabbed, morose hypochondriac, who will make life miserable for the unfortunate physician who happens to be employed; it will separate the intelligent from the illiterate or the lunatic; it will differentiate between the honest, loyal, upright individual, who will be true to his doctor, and the practised cheat, who will defraud the good physician of his well-earned fee; it will show the glow of health, the promise of speedy convalescence, or the rapidly approaching presence of that grim monster, Death, before whom all must bow. And when you ask how this is done, we say "Through facial semeiology."—*H. P. Holmes in Med. Advance.*

[Dr. Holmes has given an interesting study, and one which it would be of profit to medical men generally to ponder upon. It has been somewhat the hobby of this editor [Kraft], and he, therefore, the more appreciates the concise manner in which Dr. Holmes has arranged his data. Our (personal) materia-medica work at Newport and at

Detroit, as the members will remember, was along this line. We went, however, a little farther than mere diagnosis, in that we attempted to show the remedy as well as the diagnosis by the shape as well as the colour of the head and body. It is truly an interesting study.—Ed.]—*Amer. Hom.*

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Mondays and Saturdays, 2.0; Thursdays and Fridays, at 10.0 a.m.; Diseases of Women, Tuesdays, Wednesdays, and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays and Saturdays, 2.0; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Tuesdays, 2.30; Diseases of the Nervous System, Wednesdays, 9.0 a.m.; Dental Cases, Wednesdays, 9.0 a.m.; Orthopedic Cases, Tuesdays, 2.0; Electrical Cases, Wednesdays, 9.0 a.m.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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| <p>Baruch (S.). <i>The Principles and Practice of Hydrotherapy. A Guide to the Application of Water to Disease.</i> 8vo. (Bailliére. 16s. net.)</p> <p>Davies (Nathaniel Edward Yorke-). <i>Health and Condition in the Active and the Sedentary. (The Dietetic Cure of Obesity, Gout, and Indigestion, etc.)</i> New revised and cheaper ed. Cr. 8vo, pp. xviii—215. (Low. 2s. 6d.)</p> <p>Dudley (E. C.). <i>Diseases of Women: A Treatise on the Principles and Practice of Gynecology for Students and Practitioners.</i> 2nd ed., revised and enlarged. With 453 Illusts., of which 47 are in colours, and 8 full-page Plates in Colours and Monochrome. Roy. 8vo, pp. 718. (H Kimpton. 21s. net.)</p> <p>Gould (G. M.). <i>An Illustrated Dictionary of Medicine, Biology, and Allied Sciences.</i> 5th ed. Roy. 8vo. (Bailliére. 40s. net.)</p> <p>Hawthorne (C. O.). <i>Rheumatism, Rheumatoid, Arthritis, and Subcutaneous Nodules.</i> 8vo. (Churchill. 2s. 6d.)</p> | <p>Keightley (Archibald). <i>The Recovery of Health. With a Chapter on the Salisbury treatment.</i> Cr. 8vo, pp. 262. (H. J. Glaisher. 5s. net.)</p> <p>Moor (Dr. W. O.). <i>The Pomegranate Treatment of Opium and Morphine Poisoning.</i> 8vo. Bailliére. 1s. 6d. net.)</p> <p>Smith (P. Horton). <i>The Goulstonian Lectures on the Typhoid Bacillus and Typhoid Fever.</i> 8vo. (Churchill. 2s. 6d.)</p> <p>Swanzy (Henry R.). <i>A Handbook of the Diseases of the Eye and their treatment.</i> 7th ed., with Illusts. Cr. 8vo, pp. 654. (H. K. Lewis. 12s. 6d.)</p> <p>Taylor (R. W.). <i>A Practical Treatise on Sexual Disorders of the Male and Female.</i> 2nd ed. 8vo, (Hirschfeld. 16s. net.)</p> <p>Thresh's Water Supply. Cr. 8vo. (Rebman. red. net, 6s.)</p> <p>White (W. Hale). <i>Materia Medica, Pharmacy, Pharmacology, and Therapeutics.</i> 5th ed. 12 mo, pp. 658. (Churchill. 7s. 6d.)</p> |
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TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 30, *Clarges Street, W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisements and business communications to be sent to the "MANAGER" of the Homeopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should 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.

Mr. F. Kopp, Greenwich, N.S.W.—Dr. Heath, London.—Dr. Dudgeon, London.—Dr. C. C. Ghosh, Lucknow.—Dr. Van der Laan, London.—Mr. D. Scott, Newport, Sydney, N.S.W.—Dr. Cooper, London.

BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—L'Omeopatia in Italia.—Pub. Health Jour.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—Zeit Berl.—Ver. Hom. Aert.—Maanedsk. f. H.—H. Maandblad.—Calcutta Journ. of Med.—Hom. News.—La Homeopatia.—Hom. Envoy.—Journ. B.H.S.—Hom. Physician.—Personal Rights.—La Therap. Integrale.—Med. Times.—Med. Century.—Il Secolo Omeopatico.—Rev. Hom. Française.—Hom. Recorder.—Wjěstnik H. Med.—

Amer. Med. Monthly.—Minn. Hom. Mag.—Reformador.—N. A. J. of H.—Critique.—Clinique.—J. of Orif. Surg.—Thérapeutique Integrale.—New Eng. Med. Gaz.—L'Art Médical.—Indian Homeopathician.—Physician and Surgeon.—Amer. Homeop.—J. of Homeopathics.—Tasmanian Hom. Journal.—H. J. of Obst.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Hahn. Advocate.—Launceston Daily Telegraph.

The Homeopathic World.

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INTERNATIONAL HOMEOPATHIC CONGRESS.

ORIGINAL COMMUNICATIONS.

Dedication of the Hahnemann Monument at Washington.
The Mineral Water of Llangammarch Wells.
Iris tenax.
Brazilian Plants.
Materia Medica Miscellany.
Australian "Marsh Mallow," and a Peculiar Disease in Sheep. "Wattle Bark" (*Acacia*).

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British Homeopathic Society.

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London Homeopathic Hospital Reports.
Cancer and Cancer Symptoms.

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Dr. Barrow—Dr. J. Hervey Bodman.

GENERAL CORRESPONDENCE.

Dr. Clarke's *Dictionary of Materia Medica*.
Dr. Andrew Wilson's Homeopathy.

VARIETIES.

Facial Neuralgia of *Colocynthis*.
Lotus Arabicus; *Allium Sativum* in Pulmonary Tuberculosis.

MEDICAL AND SURGICAL WORKS.

TO CONTRIBUTORS AND CORRESPONDENTS.

THE
HOMEOPATHIC WORLD.

OCTOBER 1, 1900.

THE PLAGUE.

A CORRESPONDENT in a populous manufacturing town in the north has suggested to us that an article dealing with the treatment of the Plague might be acceptable just now, seeing that it has undoubtedly gained a footing within our shores. This dreaded scourge of olden times has been one of the chief Sanitary Inspectors and Instructors in the past; and its present appearance in our midst is a reminder that our emergence out of primitive barbarism is not yet by any means complete. The *British Medical Journal* published photographs of the dwellings in which the plague made its appearance in Glasgow; and all that can be said about the matter is, that if the Plague didn't find out the spot it would have been very remiss in its duties. In the presence of light, air, and cleanliness the disease cannot exist; and every municipality should see that these three essentials are at any rate possible, whether they are achieved by the citizens or not.

However, it is now rather a question of what ought to be done in the presence of the disease than how to prevent it. But here again, plenty of light, air, and cleanliness are an essential of recovery.

In an article by Dr. BAPTIST, of Calcutta, published in our July issue, the favourable action of *Laches.* was well illustrated. Major DEANE, who has had excellent opportunities of studying the disease and its treatment, and

used them to great advantage, confirms this experience in so far that he finds in snake-venom the best antidote to the disease. He has used *Naja* principally, and has used it in the lower attenuations. As *Naja* is an Indian snake, and as it is the coarse action rather than the fine that is required, this is a wise proceeding. Moreover, fresh preparations can at any time be easily obtained.

Major DEANE has made the further observation that more prompt remedial action is obtained when the medicine is injected under the skin than when it is administered by the mouth.

If any of our readers should be thrown into contact with cases of Plague, we should advise all who have to do with the patients to take a tablet of *Laches.* 12 three times a day, and to give the same to all who have been exposed to the infection. If any signs of the disease actually show themselves, give or inject *Lach.* 5 two or three drops every two hours. When buboes form, *Anthracin* 6 three drops every two hours. When the typhoid state is pronounced *Pyrogen* 5 five drops every two hours. Dr. BAPTIST found *Phos.* 6 effective in pneumonic cases, and *Arsen.* 3x in intestinal cases. *Baptis. tinct.* should find a sphere of usefulness; and finally the nosode of the disease itself. We are not aware that such a preparation has been made; but as homeopaths have a method of using nosodes so much superior to that in vogue in the old school, we trust that those of our colleagues who have opportunities of treating cases of Plague will give *Pestinum* a thorough trial. It might be made from the contents of a bubo, or from cultures of the bacilli. Attenuations might be made of the most virulent toxin of the allopaths. At any rate, it seems to us that the best chance of dealing with the disease medicinally will lie in the nosodes and the serpent poisons. That is, when the disease is treated on the strength of the *genius epidemicus*. Anomalous cases will have to be more strictly individualised and prescribed for on the particular indications present.

NEWS AND NOTES.

MONSONIA OVATA IN DYSENTERY.

IN the course of an article contributed to the *Chemist and Druggist* of September 15th by Mr. MacCreath, lately Civil Compounder to one of the hospitals at the front, he mentions the Kaffir remedy for dysentery :—

“The native remedy for dysentery, from which I suffered myself, is a root which resembles very much a banana in shape; it has powerful astringent properties and is known as *Monsonia ovata*. The preparation made from it is the tincture, of a strength about 1 in 20. The root is of a dark-purple colour.

“The tincture is used in the 5th General Hospital very largely, and is usually given in ʒj. doses.”

The *Chemist and Druggist* gives a picture of the root and adds this note :—

“This root has been used by the Kaffirs for more than a century, and many Cape doctors speak highly of it. It has been recommended for inclusion in the B.P. Addendum. Externally it resembles gentian-root. It is known as wild pelargonium root. The Kaffirs simply chew it. The R.A.M.C. also prepare an antidysenteric mixture by boiling 4 ozs. of the root for twenty minutes in a pint of milk. One to two tablespoonfuls are given every two hours till all the symptoms of dysentery are gone. This usually takes place within forty-eight hours.”

Monsonia was described in our pages in October last by G. M. H., and it may be interesting to quote here his account of it :—

“MONSONIA OVATA, N. O. GERANIACEÆ. KAFIR: I-GQITA.

“This plant is overspread with a minute pubescence, besides which the stalks, sepals, and midribs of the leaves are covered with extremely fine hairs $\frac{1}{8}$ inch long. Leaves ovate, crenate, veined, $\frac{3}{4}$ inch long. Usually one flower, $1\frac{1}{2}$ inches in diameter, which opens out flat in bright sunshine, but closes up in afternoon. Comparatively [*i.e.*, compared with *Bleparis capensis* and *Clytia hirsuta*] this remedy is not of great importance, but it needs to be mentioned here. It is a leading remedy among the Hottentots for coughs and colds, and is recommended for ‘dysentery,’ a very wide term when used by the non-scientific.

“It is used in snake-bite, blood-poisoning, &c., simply as a ‘sedative.’”

NOT TOLERANT OF *HYOSCYAMUS*.

The following appeared in the *British Medical Journal* of Aug. 11th:—

“A CASE OF INTOLERANCE OF *HYOSCYAMUS*.”

“Dr. R. E. Franklyn Pearse (Jagersfontein, Orange River Colony) writes: A patient, aged 26, clerk, consulted me for bladder irritability. I prescribed *Potassium nitrate*, *Potassium bicarbonate*, *Buchu*, and tincture of *Hyoscyamus*, ʒss three times a day. The next day he noticed indistinctness of vision for near objects, giddiness, headache, and dryness of the throat. After the tenth dose he came to see me and complained of these symptoms. I at once noticed that the pupils were greatly dilated, which of course accounted for his indistinct vision. On stopping the *Hyoscyamus* all these symptoms gradually disappeared. I have frequently prescribed ʒss doses and ʒj doses three times a day, but never came across such a marked case of intolerance to this drug.”

We should think this worthy doctor must have a very “tolerant” lot of patients if they swallow doses of *Hyoscyamus* and other drugs of this magnitude without protest—moral or physical. It is to be hoped that when things settle down in South Africa homeopathic hospitals will be started in Bloemfontein and Johannesburg to assist in civilising medical practice in the new colonies and in South Africa generally.

“MAIZE FUMES.”

THE following appeared in the *Daily Graphic* of September 8th. We should be glad if any of our readers can tell us what is the gas generated by maize.

“SUFFOCATED BY MAIZE FUMES.”

“Yesterday morning a singular accident, resulting in the death of one man and the jeopardising of the lives of three others, occurred on the steamer *Collingwood* in the Victoria Docks. The *Collingwood* was completing a voyage from Buenos Ayres to London laden with maize. Several labourers were told off to discharge the cargo. They were accompanied by Mr. Woodward, a grain sampler, who led the way into the hold. On reaching the cargo he fell down in an unconscious condition. He was followed by three other men, who were immediately stupefied with the fumes given off by the maize. Medical assistance was summoned to restore animation, which was successful in the case of the three men, who were removed in a critical condition to the hospital. In the case of Woodward the efforts to resuscitate him were without avail. The cause of the fatality is attributed to the accumulation of gas in the hold.”

ACTION OF *CEANOTHUS AMERICANUS* ON THE SPLEEN.

THE *Journal of the British Homeopathic Society* for July, 1900, contains the following note in its "Summary" :—

"*Ceanothus*.—This drug has hitherto been used empirically only, but its action on the spleen seems indubitable. Dr. Fahnestock has lately substantiated this from the pathogenetic side. 'During last summer and this winter,' he writes, 'I made several provings of *Ceanothus*. To my surprise the first symptom noticed was a sticking pain in the spleen, and after the continued use of the drug there was quite an enlargement of this organ. Pain was worse on motion, but I was unable to lie on the left side.' Following this came similar symptoms in the liver. The urine had a green colour, showed the presence of bile with traces of sugar, was frothy, with alkaline reaction, and specific gravity was 1,030°.—*Med. Century*, April."

RAISING THE DEAD.

IN *Le Docteur Servans* the younger Dumas tells the story of a doctor who, by dint of much study and experiment, learned the art of bringing the dead to life again. He did not find his talent as popular as he expected; and we do not think the achievements of recent imitators are likely to make it more so. We take the following from the *Medical Press* of July 25th. It appeared in the letter of the Paris correspondent, reporting the meeting of the Académie de Médecine :—

"RAISED FROM THE DEAD.

"Two cases of momentary resurrection were communicated. One, that of a young man, æt. 24, had been operated on for appendicitis. For days after the operation, he was seized with syncope, and M. Tuffier, who had been the operator, having assured himself that the heart had ceased absolutely to beat, employed the means usual in such cases, artificial respiration, traction of the tongue, but without effect. Seeing that the case was hopeless, M. Tuffier slit up the third intercostal space, opened the pericardium, and seizing the heart in both hands he made from 60 to 80 rythmical compressions. In a short time the pulse began to beat, the dead man opened his eyes, stirred his head, and recognised even the operator. But at the end of two or three minutes the pulse became weaker and ceased for the second time. The compressions were renewed with temporary success, while a third attempt failed completely. The autopsy revealed the cause of the failure. The pulmonary artery was blocked by an embolus. M. Tuffier believed that were it not for that clot the experiment would have succeeded.

“The second case was that of a man who, in the course of an operation for intracranial abscess, succumbed, doubtless from the chloroform. Every means were naturally tried, but without effect. The spectators had quitted the theatre, but the surgeon (M. Marion) continued the operation and exposed the brain. Already more than twenty minutes had elapsed since the patient had ceased breathing. Passing the fingers into the cranial cavity, M. Marion touched, as by accident, the bulb, and immediately, to the surprise of the assistants, the dead man heaved a deep sigh. When the finger was withdrawn, the respiration ceased instantly. Repeating the operation with regularity, the surgeon had the satisfaction of seeing his patient come back to life. He re-died, however, forty-eight hours after from an abscess.”

THE INDIAN HOMEOPATHICIAN.

We have received some copies of *The Indian Homeopathician*, edited by Dr. C. C. Ghosh of Lucknow, and published by S. B. Mukerjee at the Jubilee Printing Works in that city. We are glad to find our young contemporary—it is in its second year—brightly and vigorously edited. Dr. Ghosh not only edits it but supplies by far the greater amount of the contributions. We are glad to find that India is so progressive in homeopathy.

THE FOLKESTONE HOMEOPATHIC DISPENSARY.

It seems to be part of the function of a charity to be in a chronic state of debt; but in the case of the Folkestone Dispensary the state of indebtedness has gone beyond the degree necessary for an ordinary appeal to the charitable, and we are glad to see that our Folkestone friends are going to set about remedying it. We should like to hear from Dr. Murray what excuse the authorities give for withdrawing the contribution from the Hospital Saturday Fund?

Dr. PROCTOR has kindly promised us an article on *Iberis* for next month; and an article by Dr. A. A. Beale on the Nordrach treatment, as carried out in the New Forest, is already in type for the November issue.

ORIGINAL COMMUNICATIONS.

NOISES IN THE EARS.

By ROBERT T. COOPER, M.A., M.D.

(Formerly Physician for Diseases of the Ear, London Homeopathic Hospital.)

IN the middle of last December a man of thirty years of age came to me, who looked perfectly healthy, but who complained of very distressing tidal noises in the left ear as well as left-side deafness. He had had these noises for twelve years. These last facts made me at once cut his description short—"age thirty years, ear noisy for twelve years;" the inference was obvious, and I thereupon proceeded to examine his wisdom teeth, and found, as is almost invariably the case with such a history, the left lower wisdom imperfectly irrupted and interlocked with the neighbouring molar. The diagnosis was obvious, and yet this man had been to Guy's Hospital, St. Bartholomew's, to a private specialist, and to many other doctors besides, without having had his case even diagnosed.

No doubt these men recorded very carefully the appearance of the membranes and the hearing distance of the ears, and used most learned and skilful instruments to determine how much and what he heard. They may even, with Artemus Ward, have asked him if he ever had the measles, and if so, how many. But what they did not do was to examine his teeth.

I recommended him to have the mal-irrupted tooth removed, and to take as physic two tablets of *Ferrum bromidum*, 6th dec. dil., three times a day. His hearing was then $3\frac{1}{2}$ inches in the left ear, and when seen a fortnight afterwards—the tooth having been meantime removed—the hearing had gone up to 25 inches, and the noises had changed in character from tidal to singing noises, "as of a kettle," and were much less distressing. *Anemone nemorosa* ϕA , a remedy nearly allied to *Pulsatilla pratensis*, was then given, and in a fortnight the report was that the noises went away completely for a few days, and then returned and affected the right ear as well, though again better the last few days, and the hearing normal.

It would probably have met all requirements to have left the patient without further physic, considering that the dose had acted as curative doses often do: improvement, and then a disturbance wave, and then improvement again. But a generation that dearly loves its physic has to be conciliated, and as the *Ferr. brom.* 6x had seemed to benefit him, I again gave it on the 18th of January, 1900, and on the 8th of February he returned, the hearing having kept good, but the noises being very distressing, a constant hissing, and also a thumping synchronous with the beating of the heart, worse at night.

The patient also expressed his belief in the *Anemone* having benefited him more than anything.

At this stage of the proceedings I gave him *Kali hydriod.* 30, one dose of a couple of globules, and on the 22nd of February had the satisfaction to find him practically quite well. The same evening that the *K. hyd.* was given he had felt a distinct change, and the next morning the noises had gone, and have not since returned. Here, as is very often the case, improvement did not set in at once after the removal of the offending wisdom tooth, and though complete alleviation might ultimately have come from its extraction, it is not in such cases as these a wise rule to wait for this, but rather to expedite and assure success by the scientific prescription of remedies, even though some of the prescriptions may not be as commercially prudent as the *Monthly Homeopathic Review* requires.

18, Wimpole Street, W.
August, 1900.

NOTES BY THE WAY.

By Dr. USSHER.

KEY-NOTES.

PTYALISM is a troublesome matter to deal with. In this case a jagged tooth made a sharp cut in the lower part of tongue, and just like a knife cut. The saliva was *ropy, copious, in long strings, and offensive.* Dr. Nash's companionable book led me to *Iris*, a few doses of the *30th* at bedtime, and in some days all was healed and well.

It did not matter about primary or secondary symptoms, the picture was complete and the patient well. One keynote has served me well—"little ulcers outside big ones"—and this recalls three cases: one in the palate was covered with ulcers, it was blue, the gums unhealthy, and bad pyorrhœa. When I saw the ulcers, small outside large, I gave him *Phosp.* 6, and in a few days all was changed, the ulcers healed, and artificial teeth suggested. Had the ulcers not been there I should have given *Lachesis*—see Nash's *Leaders*. A young woman using her hands in dye work, and with Bismarck's brown, got an eruption over her hands and arms. The same keynote led to *Phosp.*, and it again completed a cure, and ever since she has been my patient.

A third case worked at paraffin in a candle factory, and the same keynote and *Phosp.* 6 healed him. Dr. H. C. Allen's keynotes are splendid—a companion volume, *Repertory*, would make the work perfect; the misprints are few. One of our brethren gives high praise to *Dewey's book*, and also to the *Plea for a Simpler Life*; the book is worth reading. Dewey's plan may suit the young, but I think it a dangerous trick for the old. I tried it three months; my head was clearer, but when dinner came I neither enjoyed it nor could I stand it. I grant it that too much food is thrown into the body; and two meals *with a light breakfast* ought to be enough, remembering that what is one man's meat is another's poison. I wish I could say as much for the companion volume. *Plea* for a simpler—faith, if that is his belief at his age, I wish him a better hope.

Another keynote for *Lachesis* from Farringdon. Boring into the ear with finger does not relieve pain. The feeling that he must do it made a patient almost beside himself. *Lachesis* c.c. at once relieved it, and *Merc.* 1 established discharge from the ear. The allopathic doctors wanted to open mastoid cells, but I stopped them. If this was needful I succeeded better with *Salufer* 1x, and brought diseased bone away.

A gentleman, over seventy years of age, has a tumour as large as an orange, *left* side of chest over nipple, hard and painful, full of fluid, but he would not have it opened, and he was wise. There is a cancerous history in family, his sister died of one, and the whole left neck was a fearful sight. After some time the tumour opened,

and his nephew, my friend, an allopath, induced him to wear a rubber tube and drain it. There was *much bleeding*, long continued. This healed for a time, and the tumour again opened and deluged him with blood. The surface of the wound, *blue* as it was, suggested *Lachesis*. He had a powder of 5 globules, a week or more apart. It has dried up, leaving a ridge all round like a blood tumour on scalp, and health vastly improved. The globules of *Lachesis* are, some twenty-five years old, as good as ever.

ONE-LEGGED HOMEOPATHY.

By Dr. CLARKE.

"I do not say you cannot cure a case on clinical symptoms: what I say is, that if you do, you are not practising homeopathy."—*Dr. Hughes' Speech at the Paris Congress.**

A HOMEOPATHIC CURE?

ONE Sunday morning about a year ago an American lady brought her daughter, aged 14, to me, complaining of a severe pain in the left side. They had just arrived in London, having landed at Liverpool a day or two before, and the history of the case was this: During the voyage, as the patient lay in her berth she stretched over to reach something in the cabin, and was immediately seized with a violent stitching pain in the left side. It was thought at the time that the pain would soon go away, but it did not. And after landing, the pain persisted and grew rather worse, so that the plans of the family, which were to proceed to the Continent in a few days, were jeopardised.

As it is always well to localise exactly a pain or an ailment whenever possible, I asked the patient to undress, and I found that the pain was not in the chest wall or abdominal muscles, as the history would rather suggest it to be, but was deep in—in the spleen, in fact. Moreover, percussion showed that the spleen was quite considerably enlarged. The pain was > by lying on the painful side.

As it was Sunday and the pharmacies were likely to be closed, I put a powder of *Ceanothus* 30 on the patient's tongue there and then, and gave her a prescription for

* See Dr. Hughes' letter with my appended note under "General Correspondence."

the same medicine to be made up later on, with instructions to come and report on the Tuesday following. She came in due course, and reported that in two hours from receiving the dose the pain had gone—before the prescription was made up. I again examined the side, and the splenic dulness had gone back to normal.

Now according to my notions this was a homeopathic prescription and a homeopathic cure, and a pretty good specimen at that. But *Ceanothus* was an unproved remedy, and the symptoms I prescribed on were clinical symptoms, and therefore, according to Dr. Hughes' dictum, I was "not practising homeopathy." But since then a strange thing has happened. Dr. Fahnestock has published a proving of *Ceanothus*, and lo! *Ceanothus* produced in the proving very acute pains in the spleen. Therefore, if I had waited six months or so before giving my patient the dose, I should have made a quite correct Hughesian-homeopathic cure.

Some years ago, after I had mentioned some cases at a meeting of the British Homeopathic Society, Dr. Hughes remarked to me privately as we sat together, that the symptoms on which the cures referred to had been made were clinical. "Very likely," I replied; "but what then?" "Oh!" said Dr. Hughes, "but wouldn't you rather they had been produced in a proving?" "Not in the smallest degree," I replied, "if they are good enough to cure with they are good enough for me. I have no prejudices in the matter."

If Dr. Hughes, in his speech at Paris, which I have quoted at the head of this article, had extended the last sentence by a clause, and had said that if you cure on clinical symptoms you are not practising homeopathy "*as understood by Dr. Hughes*," I should have had no criticism to make. Every practitioner is entitled to apprehend and practise homeopathy as he likes and as he can. But Dr. Hughes did not qualify his statement thus, and there was all the air of an *ex cathedra* pronouncement in the utterance; and it is because this is liable to take in the unwary that I think it desirable to make these remarks.

LIKE CAUSES LIKE—LIKE CURES LIKE.

It must not be forgotten that the first part of Hahnemann's discovery was not that likes would cure likes, but that likes would cause likes. Hahnemann knew that

Cinchona would cure some cases of intermittent fever. The first step in his discovery was that *Cinchona* would not only cure, but would also cause symptoms of intermittent fever. With great labour he collected records of cures with many drugs from all medical literature, and comparing these with records of poisonings with the same drugs or provings made with them on himself and others, he found that they would produce the conditions and symptoms they cured. The second step was the inference that it would be possible to find out the unknown curative properties of drugs by the same process of testing on the healthy. Dr. Hughes would have us believe that the first part of Hahnemann's discovery was no part of it at all, and that whilst it is true homeopathic doctrine to infer that a drug will cure a condition it has caused, it is heresy to infer that a drug would produce a symptom that it had undoubtedly cured.

It seems to me that homeopathy would be a stupid, unpractical, one-legged affair if this were really the case. But it is nothing of the kind. Homeopathy has two legs to stand and walk upon—the clinical and the pathogenetic; and they are as well balanced and necessary one to another as is a right limb and a left. Of course, it is quite optional for any homeopath to lop off one of his therapeutic legs and progress by hopping; but it is not therefore necessary that others should believe that this is the proper method of progressing, and should cripple themselves in the same way for therapeutic self-righteousness' sake. Influenced by Dr. Hughes' writings, I was for a long time handicapped by a suspicion of Hahnemann's work on *Chronic Diseases*, because Hahnemann had included clinical symptoms therein. Experience, however, proved to me that the suspicion was groundless, and that Hahnemann was perfectly right in classing them as of equal importance and value with symptoms observed on provers. Nor is there need to apprehend that the *materia medica* will be overburdened with worthless symptoms in this way; for it is only close observers and accurate prescribers who are able to recognise and define a new symptom when they encounter it.

DR. HUGHES AS A CRITIC OF HAHNEMANN.

Perhaps one of the most valuable incidental effects of the Paris meeting was the clearness with which Dr.

Hughes' ideas of *materia medica* were brought into view, and the points he has given for putting to the test his criticisms of Hahnemann and the *materia medica*. When I stated in my speech on Dr. Kraft's paper on *The Cyclopedia of Drug Pathogenesis*, that Dr. Hughes seemed to think it possible to practice homeopathy without a schematised list of the symptoms of each remedy, I rather expected to hear him deprecate that crude way of putting the matter; though I knew that was the logical outcome of many of his utterances. I must confess that, well as I know Dr. Hughes' way of looking at things, I was not prepared to hear him say that not only did he think it possible to practice without the Schema, but that he thought it a calamity that Hahnemann had put his symptoms into Schema form at all.

And further, I understood him to say that he considered the *Cyclopedia* as a model of what the *materia medica* ought to be and to have been.

Some of the members of the Congress did not seem very well acquainted with the term *Schema*; and for the benefit of any such I may explain that it refers to the analytical arrangement of the symptoms of the provers under the headings, "Mind," "Head," "Eyes," &c. Dr. Hughes thinks Hahnemann ought not to have arranged the symptoms in this way, but to have left them in the form of the daily records of the provers. All I can say to this is, Hahnemann had a better appreciation of the necessities of practice than to do any such thing. Dr. Hughes does not stop to ask whether a complicated symptom, or series of symptoms, occurring in a proving may be used in part as well as in whole. Not at all! the idea of using them, or arranging them for use, independently is not "according to Hughes," and *therefore* is tabooed. I have a different way of looking at things. It is no matter to me whether it is a Hahnemann, a Hughes, or a Clarke who *says* a thing—an *ipse dixit* is a pure stupidity no matter who may utter it—the question that I want answered of every proposition is—DOES IT WORK? When I come to the test of all tests—the choice of a medicine for a given patient—I know where I can find most practical help; and that is in the arrangement of Hahnemann, and not in the arrangement of Hughes.

By a kind of benevolent condescension—which ought to have no place in scientific work—the compilers of the *Cyclopedia*, under Dr. Hughes' direction, refrained from touching the *Materia Medica Pura* and the *Chronic Diseases* of Hahnemann. It seems to me that Dr. Hughes ought to have had the courage of his opinions and banished the *Chronic Diseases* neck and crop from the materia medica. As it is, the benevolent accepting of these symptoms of Hahnemann's—the pious waiving of the use of the critical shears in the case of the master's work—condemns Hughes and justifies Hahnemann. The critics simply *cannot* dispense with these symptoms, and Dr. Hughes' attempt to damn them with faint praise recoils on his own head. For I must ask frankly, what right has Dr. Hughes to pose as a critic of Hahnemann or any one else, from the *practical* point of view? I do not recognise any. His criticism appears to have no reference to the *practical results* of homeopathy: it is not a question of what cures or what does not. That has nothing whatever to do with it. The question of whether it is good homeopathy or not is decided by him on quite other grounds. His method rather reminds me of the method some dealers in works of fine art are said to adopt. When the authenticity of any great picture is in question, these critics can infallibly detect a copy from a genuine old master *by examining the canvas on which the picture is painted*. The picture itself is no concern of theirs. I do not profess to be an authority on pictures, but I own I prefer to take my impressions of them from the painted side of the canvas.

With every possible desire and intention of being fair—and I do not think there ever was a fairer-minded critic than Dr. Hughes—with the canons and methods he adopts it is impossible that a fair judgment should be arrived at. And in one sense Dr. Hughes' fair intentions have led him to be most unfair to his own side. His attitude from first to last has been one of appeal to allopaths, and in his endeavour to be quite fair to the latter he has given away everything that was at all portable belonging to homeopathy.

PHARMACODYNAMICS.

It will not be denied that the basis of Dr. Hughes' reputation in homeopathy is his *Pharmacodynamics*.

In this work he gave a systematic *résumé* of homeopathic remedies such as had not previously existed ; and in spite of the pedantic flavour about its title, and the distressingly pedantic form in which it originally appeared, the work at once took a leading place in homeopathic literature. It is important to remember that the work was originally cast in the form of a series of letters to " My Dear ——," " —— " being an imaginary allopathic doctor whom the author was supposed to be trying to convert. From the tyranny of this allopathic Frankenstein of his own raising Dr. Hughes has never been able to escape. His endeavour was, and apparently still is, to put homeopathy in such a shape that no allopath can possibly cavil at it. He wants to be able to say, " this drug has caused fever, this pneumonia, this such and such a symptom, and every one of them has cured its like ;" and if " My dear —— " comes along and suggests that one of the three has not really *caused* the condition or symptom but has only *cured* it, that the drug has never been proved and that the cure was based on clinical symptoms, Dr. Hughes is ready to exclaim, " Good gracious, my dear ——, you are quite right ; the cure in that particular instance wasn't homeopathy at all!" But in spite of Dr. Hughes' anxiety to make all conceivable concessions to allopathy, his *Pharmacodynamics* (which somebody once wittily described as " Homeopathic milk for Allopathic babes") has held the field against all rivals, simply because of the excellence of the arrangement of his matter. Farrington's *Clinical Materia Medica*, a work of much greater therapeutic insight, cannot be compared with Dr. Hughes' work in point of arrangement. Farrington's medicines are so intricately mixed up with one another that a reader must search from one end of the book to the other in order to find all he has to tell about any one of them.

But after all, the *Pharmacodynamics* is *not a materia medica*. It is a most convenient and systematic arrangement of Therapeutic Bits ; but to make a *materia medica* something more is required. No one knows this better than Dr. Hughes, hence his further great undertaking, the editing of the *Cyclopedia of Drug Pathogenesis*, and the compiling of an *Index* thereto. In these two works he has given us his idea of what a practical homeopathic *materia medica* ought to be, and of such an one as no allopath can decently object to. In providing

these works Dr. Hughes has done all that can be required of any man to do; he has put his ideas into concrete, tangible shape; and this is of much more value than all the academic criticism he has expended on plans differing from his own.

Hahnemann's idea, as we have seen, was something very different. It was not enough for Hahnemann that symptoms should be recorded in the diary form of the day-books of the provers; it was necessary that the symptoms of each remedy should be analysed and cast into the form of the anatomical Schema, so that any symptom of a given remedy might be found at any moment. And it was not necessary, according to Hahnemann, that the symptom-list should be confined to caused symptoms: cured symptoms were no less deserving of a place.

PRACTICE THE ONLY TEST.

The question is essentially a *practical* one and need not be laboured further. It may possibly have an *academical* side, but I am only concerned with its bearing on practice. In *practice* I find Hahnemann's plan convenient and workable, and I find the *Cyclopedia* and its *Index* neither the one nor the other. Hence I follow Hahnemann in the work I am compiling, and I am quite content to let the practical test decide the issue. But it was desirable that the issue should be clearly put, and I am glad that the International Congress at Paris provided the opportunity. And whilst I cannot accept the one-legged homeopathy that Dr. Hughes seems to wish to provide us with, I can very heartily join in the vote of thanks accorded him for giving us the *Cyclopedia*. As a handbook for practice I do not find it of any use, but as a work of reference there is probably no one who finds it of greater utility than myself.

MATERIA MEDICA MISCELLANY.

By J. R. P. LAMBERT, M.D.

The Fever of Opium.—Dr. T. F. Allen writes: "It is interesting to note, in connection with *Aconite*, that *Opium*, not far removed botanically from the Ranunculaceæ (the natural order of plants which comprises the "*Aconites*"), shows a definite, though unexpected, thera-

peutic relationship to *Aconite*. *Opium* is frequently called for in a high grade of fever, viz., a high temperature without the development of a distinct inflammatory process. It seems like a "prodromal fever," similar to that calling for *Aconite*. The fever of *Opium* is, however, characterised by intense thirst and great sleepiness, but with no anguish nor fear and no restlessness. The fever of *Opium* is sometimes associated with distinctly periodic recurrences, and so is sometimes applicable to a fever of a remittent or intermittent type."—*Homeopathic Recorder*.

The Use of Convallaria in Heart Diseases.—According to the *Eclectic Medical Journal*, in the *Convallaria* case there is heart discomfort; there is fluttering and palpitation; a sudden stop, then a sudden start, that makes the patient faint and nauseated. The symptoms are aggravated by ascending stairs or by active exercise. There may be organic heart trouble or there may not be. The pulse is usually softer than common. In the so-called "tobacco heart" and in "bicycle heart" *Convallaria* has no equal. It is a safer and better remedy in organic heart troubles than is *Digitalis*. It is a more powerful remedy in all conditions than is *Cactus*. Its effects in mitral stenosis or insufficiency, or aortic regurgitation, are as beneficial as can reasonably be expected from any drug. Through its tonic effect upon the heart and consequent diuretic effects, it frequently dissipates a dropsy due to mitral trouble. It lessens the pulse and augments the force of contraction. In the same way a hydrothorax, a pulmonary stasis, the dyspnea, palpitation, and distress of the later stages of phthisis pulmonalis may be mitigated by *Convallaria*.—*The Critique*.

Nitric Acid and its Action on the Kidneys.—Dr. Piedvache calls attention to the strong odour of the urine when *Nitric Acid* is indicated (*Acid. benz.*). This remedy resembles *Cantharis* in action on the kidneys, for there is tenesmus vesicæ, albuminuria, violent pains in the urethra, bloody and purulent urethral discharge; whence it may be used with success in the acute stage of gonorrhœa (*Cann.*), in acute cystitis with frequent micturition, hypogastric pain, hematuria, in albuminuria and Bright's disease, when there is great distress in the region of the kidneys, the urine being scanty and the breath fetid. On the contrary, polyuria has been noticed (interstitial nephritis).—*Revue Homéopathique Française*.

Arsenic and Melanoderma.—Drs. Enriquez and Lereboullet in the wards of Brissaud, in Paris, have noted in a patient who had taken Fowler's solution for a year that he presented a generalised brownish discolouration of the skin which absolutely simulated Addison's disease. The absence of the characteristic asthenia and the somewhat speckled appearance of the colouration served to exclude this disease, and led to a diagnosis of poisoning by *Arsenic*. And, indeed, after leaving off the drug there was a marked improvement, which rendered it quite probable that this was the cause. Other cases have been published and similar, notably by Mathieu.—(*Journal Belge d'Homéopathie*) Hahn. M.

[A somewhat similar case occurred at the London Homeopathic Hospital in a patient admitted for ascites, whose skin was mottled with numerous small patches of brown discolouration which were suspected to be due to *Arsenic* which the patient had been taking.]

Xanthoxylum in Dysmenorrhea.—*Xanthoxylum* has been used with good success where the following symptoms were present: Severe throbbing headache over right eye, sometimes over the left; felt as if head being taken off; severe griping pains in abdomen—neuralgic pains, burning sensation in abdomen, a great deal of pain in ovaries, sometimes one, sometimes the other; pain extending down inside of thighs, pain so severe patient could not keep from screaming and begged for something, anything, to stop the "horrible" pain. Menses too early, flow profuse, clotted, and very dark, a sensation as if everything was being forced out. Other remedies had been tried and failed. *Xanthoxylum* 200 gave good results.—*Hom. J. of Obstetrics*.

Platinum in Ovarian Disease.—William D. Young, M.D.: *Platinum* affects the right ovary, the symptoms beginning on the right side and extending to the left. The pains of *Platinum* are sticking, burning, and cramp-like. The ovaries feel swollen and are very sensitive to touch; the characteristic sensation of numbness is often present even with the sensitiveness. There is also painful bearing down in the uterine region, sensitiveness of the vagina and external genitals. The pains are worse from touch, and, though it is often stated that the pains are worse from rest and better from motion, by close analysis of these symptoms it will be found that the pains said to be

made worse by rest are due to the pressure existing when in the resting posture. There are many symptoms of uterine prolapsus, great weight and dragging, better only by pressure upward with the hand on the vulva. Frequent micturition with scanty urine, with burning and smarting. There is some mental irritability, but most marked is a form of melancholia in which she believes herself incurable and dreads the onset of more serious illness, especially of insanity. Her difficulty of thinking and speaking with readiness increases this fear. This condition is of pelvic birth.—*Ibid.*

TYPHOID FEVER: ITS DEFINITION, ETIOLOGY, SYMPTOMATOLOGY, VARIETIES, DISTINCTION, TREATMENT, PREVENTION, AND ACCESSORY MEASURES.

By Dr. S. C. GHOSE, Midnapore, Bengal.

(Concluded from page 420.)

V.—DIAGNOSIS.

It is sometimes difficult to diagnose between a case of typhoid fever and one of typhus.

The following lines will clearly show the distinction between them :—

Typhoid Fever.

The invasion comes on with an insidious march.
The children and young persons are much more prone to its attack than adults. It seldom appears after forty or fifty.
The rich and the poor are equally subject.
The rash is of rose-coloured spots, scanty, and comes out in successive crops. Those of each crop attain their development and then vanish in the course of two or three days.
The bowels are affected. The evacuations are watery and yellow. Intestinal hemorrhage, pain and tenderness in the abdomen and tympanitis are present.
Pulse and temperature rise and sink independently of each other, with diurnal variations.

Typhus Fever.

The invasion is sudden.
It appears at any age.
The rich are exempt from it.
The rash is of a mulberry colour, abundant and originates simultaneously. It lasts till the termination of the malady.
The abdominal symptoms are generally vague.
Pulse and temperature rise steadily.

Typhoid Fever.

Relapse commonly occurs.
Convalescence is slow and associated
with long-continued weakness.
It is slightly infectious.
It is due to filthy drains and
polluted drinking-water.

Typhus Fever.

Relapse rarely occurs.
Convalescence is by crisis and rapid.
It is highly infectious.
It is due to destitution, defective
ventilation, and over-crowding.

VI.—TREATMENT.

EPITOME OF TREATMENT.—1. *Invasive Stage.*—*Bap.*, *Bry.*,
Rhus Tox.

2. *Uncomplicated Cases.*—*Bap.*, *Ars.*, *Rhus Tox.*

3. *Excessive Diarrhea.*—*Ars.*, *Ver. Alb.*, *Ipec.*, *Carbo Veg.*

4. *Intestinal Hemorrhage.*—*Ac. Nitric*, *Ac. Phos.*, *Ipec.*,
Carbo Veg., *Terebinthina.*

5. *Brain Symptoms.*—*Bell.*, *Hyos.*, *Zinc*, *Opi.*, *Rhus*, *Stram.*

6. *Chest Symptoms.*—*Bry.*, *Bov.*, *Carbo Veg.*, *Phos.*, *Iod.*,
Sulph.

7. *Deafness.*—*China*, *Phos.*, *Ac. Phos.*

8. *Debility following.*—*Ac. Phos.*, *Ign.*, *Ars.*, *Ferrum*, *China*,
Nux V.

DETAILED TREATMENT.—*Baptisia.*—As soon as we detect the invasion of typhoid fever *Baptisia* should be administered without the least possible delay. If it be given just in proper time it will, no doubt, nip the malady in the bud. Most of the famous victories of Napoleon Bonaparte were won by sublimely sudden surprisals and swift marches, before the enemy was prepared for rebuff. In like manner, the onset and progress of typhoid fever may be arrested if the prompt administration of *Bap.* be made. It is used in the first stage of enteric fever when the predominance of nervous symptoms is apparently marked; the countenance is flushed, with a besotted expression; dulness, and confusion of ideas; the patient gives slow answers or falls asleep while answering questions; extreme debility and nervous prostration exist; erethism; the patient suffers from frightful dreams, and is restless with the illusion that he is double or his second half is outside; sordes on lips and teeth; dull hearing; tongue is white, with red edges or brown with yellow stripe down centre; slight sensitiveness in right iliac fossa; yellow, putrid stools; urine, sweat, breath, and stools are offensive and fetid, and, in short, all exhalations and discharges are greatly offensive; disorganisation of blood; the patient can swallow only liquids and the least solid food gags; in whatever position the sufferer lies the parts rested upon feel sore and bruised. It may be employed with benefit when *Arsenic* has been improperly given or too often repeated.

Dose, ϕ 1x.

Belladonna.—It is used when the brain is much affected. Furious delirium, with violent efforts to get out of the bed and house, and to pick at the bed-clothes, and with a disposition to bite, spit, strike, and tear things; the patient breaks into fits of laughter and gnashes the teeth; face is seen to be bright red and pupils to be dilated; glistening and staring of the eyes are marked; the patient can hardly articulate on account of the partial paralysis of the tongue; much thirst and loss of consciousness exist.

Dose, 1x, 3x.

Arsenic. Alb.—The action of this medicine is invaluable in typhoid fever, but it must not be administered too early. If the fever persists and makes gradual progress, and the diagnosis is no longer fraught with any difficulty, it should be given. The patient is found to be very restless, with extreme prostration, and to be so weak as to be able to move only hands, feet, and head; the cheeks are burning hot and red; face is distorted; the eyes are glistening, staring, sunken or closed with sticky matter; the face is hippocratic; the lips are dry, cracked, and black; lips, gums, and teeth are covered with black sordes; excessive thirst is present; the patient drinks often, but little at a time; the temperature is greatly elevated; the pulse is intermittent or almost imperceptible or irregular; hemorrhages appear from various organs and from bed-sores; the evacuations are watery, foul, and involuntary; retention of urine is present; cough is dry and breath fetid; white miliary eruptions are seen; blood oozes from dry lips and from anus; the skin is hot, dry, and pungent, like parchment; cold, clammy perspiration is seen; odour is cadaverous; delirium, fever, and anxiety are present, which are aggravated about and after midnight; the stools may contain blood or pus or mucus; the patient slides down in bed; the sleep is disturbed and restless; the patient suffers from frightful dreams; dropping of lower jaw; the patient sees nothing and complains of nothing.

Dose, 3x, 3c, 20c.

Bryonia.—Delirium is present, especially at night; the patient desires to escape from bed and go home; stupefying headache and sensation of weight pressing on vertex are present and these symptoms are lessened in rest and from external pressure; there is a marked accumulation of frothy, soap-like saliva in the mouth and throat which sometimes chokes the patient; constipation is present; the headache is aggravated by motion; the taste is bitter and the tongue is rough and brown coated; bilious disorders are present; sudden and almost involuntary stools which are very offensive; there is a peculiar sour smell of body, with or without sweat; great lassitude and weakness set in and the patient wants to keep quiet; cannot

sit up on account of nausea and faintness; disturbed sleep exists, with groaning and moaning, and with frequent movements of mouth like chewing; shooting or jerking tearing pains in head, chest, abdomen, and limbs are present, pains worse from movement; white miliary rash; aggravation of the symptoms takes place from any motion.

Dose, 1x, 3x, 6x.

Hyoscyamus.—It is used in the advanced stages of typhoid fever; profound stupor exists, but when the patient is aroused, he answers correctly; he lives, as it were, an inward life, and full of delusions and hallucinations; indistinct and muttering delirium is seen; the delirium goes on although the patient is awake, and he sees and talks with persons who are not present; the patient jumps out of bed and tries to run away; lips appear like scorched leather; paralysis is present; cadaverous odour comes from mouth; stools are passed involuntarily; retention of urine is present, or involuntary discharge which leaves streaks of red sand on sheet; convulsive motions are seen; subsultus tendinum; sleeplessness or constant inclination to sleep; roseola on chest and abdomen; deafness; cold extremities; painless torpor and paralysis of organism. In delirium, *Hyoscyamus* holds a place midway between *Stramonium* and *Belladonna*. It wants the furious rage and maniacal delirium of the former and the constant cerebral congestion of the latter.

Dose, 1x, 3x.

Agaricus.—*Agaricus* is used when tremor and restlessness are present, with constant delirium and desire to get out of bed; twitching of eyeballs exists; every motion, every turn of body brings on pain in spine.

Dose, 1c, 3c.

Rhus Tox.—It is used whenever an acute disease assumes an enteric form. It is used in mild temperament and adapted to persons of a rheumatic diathesis. Delirium is present; talks to self or incoherently without any connection of ideas; sleep is disturbed and anxious, with frightful dreams and murmuring, snoring or picking at bed-clothes; stools are involuntary, with considerable exhaustion; tearing pain is felt down the posterior part of limbs during stool; diarrhea sets in with copious watery, sanguineous or jelly-like stools which are worse after midnight; it is employed during the second and third week when sopor and exhaustion reign, with extreme weariness; epistaxis; the patient dreams laborious dreams of unusual bodily exertion, as running; face is red and swollen, with blue circles around eyes; the ears are stopped and the patient is dull of hearing; miliary eruption prevails; low fever exists, with general soreness and tenderness; rheumatic pains in the limbs which are worse during rest and relieved by

movement; the patient is very restless, anxious and apprehensive, and cannot stay long in one position; the cases to which *Rhus* is adapted do not even take a rapid course, and we can only meet with crisis during third week; dry and teasing cough. We ought to stick fast to this medicine without any change unless and until we are authoritatively commanded to do so.

Dose, 1x, 3x, 30.

Carbo Vegetabilis.—It is our sheet-anchor in critical cases and in the last stage. Extreme collapse, sopor, cold sweat and rattling are present; the face is pale, sunken, hippocratic, greyish-yellow, greenish, or cold with cold sweat; complete torpor of all vital functions is marked; hemorrhages appear from the mouth and nose; brownish, greyish, bloody, involuntary, fetid, and cadaverous-smelling stools are passed which give rise to rapid waste or prostration; the patient suffers from internal burning, although the extremities are cold and covered with cold sweat; the breath is cold, and loud rattling breathing from the start is present; he wants more air and to be fanned uninterruptedly all the time; abdomen is distended.

Dose, 1x, 12c, 30c.

Lachesis.—It is used in cerebral typhoid. Both body and mind appear to be worn out, with relaxation of muscular system; fever and delirium are aggravated as night proceeds; stupor or muttering delirium, sunken countenance, falling of lower jaw; the tongue is dry, black, or catches on the teeth when protruding; great sensitiveness to touch; loss of consciousness; cough exists, with slimy, bloody expectoration; the throat, stomach and abdomen are sensitive to touch or pressure, even bed-clothes or night-dress cause an uneasiness, not because sore or tender, as in *Apis*. or *Bell.*; hemorrhages are present, with dark blood, and the particles look like charred straw; coldness of the extremities.

Dose 6c, 30c.

Acid Muriatric.—It is used in the first and second stage. It is also used in the third stage. The fever is of an asthenic type, accompanied by moaning, unconsciousness, fretfulness; continued delirium which stands in the way of rest and sleep; the patient is stupid, with groaning and moaning in sleep; unconsciousness and muttering delirium are present while awake; the patient constantly sinks down in bed; he becomes forgetful of the past and the present; the ears are very sensitive to the slightest possible noise; all senses become very acute; extreme nervous prostration sets in; the legs are flexed and the feet are drawn up; mouth and anus are principally affected; the tongue and sphincter ani are paralysed; stools

are involuntary while urinating; putrid sore throat. It follows well after *Bry.*, *Merc.*, *Rhus.*

Dose, 3x.

Acid Nitric.—It is administered with much benefit in the ulcerative stage, and also in the advanced stage when the predominance of abdominal symptoms is perceived. Extreme prostration; the abdomen is greatly tender; hemorrhage from the bowels is present which brings on an attack of fainting fit on the slightest movement; tenesmus or diarrhea with green, slimy, or acrid stools; the tongue is found to be white, brownish, or dry, and to be enveloped with sore spots; threatening paralysis of the lungs with rattling cough; urine is scanty, dark brown, very strong, like horse's urine; the patient is very irritable and headstrong, or hateful and vindictive. It is complementary to *Arsenic* and inimical to *Lachesis*. It is adapted to black-haired persons of rigid fibre and dark complexions.

Dose, 3x, 3c.

Opium.—The case presents a picture of complete stupor; cannot be easily roused; mild delirium, the patient is constantly talking; the patient lies speechless, with eyes half open, face pale, unconsciousness, deep coma, limbs stiff or with eyes wide open, face red, puffed; the patient sings and tries to go away, and picks at bed-clothes during sleep (while awake, *Bell.*, *Hyos.*); constipation or very offensive watery stools; the face is red, and the darker red it is the more appropriately is it indicated; the pulse is very weak and scarcely perceptible; sweat is over whole body which is burning hot; tympanitis; heavy, stupid, sleep, with stertorous breathing, red face, eyes half open; threatened paralysis of the brain from extreme congestion; great sopor exists in all complaints, and the patient complains of nothing and wants nothing.

Dose, 3x, 30.

Phosphorus.—It is used in the cases which are complicated with pneumonia and bronchitis, while some other symptoms mentioned above are present. Great weakness and prostration, with nervous debility and trembling; the patient cannot talk, as the larynx is very painful; the pains are very acute, especially in the chest, worse from slight pressure and lying on left or painful side.

Dose, 3, 6.

Stramonium.—Delirium which alternates with tetanic spasms; loss of consciousness; the delirium is furious, more furious than that of *Bell.* or *Hyos.*, and the patient attempts to bite and scratch, and uses indecent language; the mania more severe, while the congestion, though more considerable than *Hyos.*, is much less than *Bell.*; the patient feels sleepy but

cannot sleep ; no pain exists with most complaints ; imagines all sorts of things ; the eyes are wide open, prominent, brilliant, and the pupils are dilated ; loss of sight, hearing, and speech ; red eruption appears on the chest ; the face is hot and red, with cold hands and feet ; risus sardonicus ; stools smell like carrion, and are blackish ; retention of urine.

Dose, 1x, 3x.

Acid Phosphoric.—It may be used with advantage from the commencement to the termination of the malady. Delirium is quiet, not violent ; the patient can be aroused, when he answers slowly and correctly or incorrectly, and then relapses into stupor ; he is utterly unconscious of his surroundings ; it is employed in cerebral typhoid, with total indifference and stupor and intestinal hemorrhage ; abdomen is distended ; sordes appear on the teeth ; lips are crusty ; the patient bites his own tongue while asleep ; urine is albuminous or appears like milk with jelly-like, bloody pieces or is loaded with phosphates ; petechial ; epistaxis ; the patient is not exhausted by sweat or diarrhea.

Dose, 1x.

Mercurius Corrosivus.—It is used especially when there is peritonitis or peritoneal pain.

Dose, 3c, 200.

Veratrum Viride.—It is used in typhoid malarial fever. Constant talking and delirium, with open eyes ; congestion appears especially of base of brain, of chest, spine, and stomach ; the stomach is very sensitive and returns the smallest quantity of food ; violent retching and vomiting are present ; the patient bores his head into pillow and jerks it backward and forward ; picks at bed-clothes ; the tongue is white or yellow, with red streak down the centre.

Dose, 1x, 3x.

Terebinthina.—Extreme tympanites ; urine is thick, scanty, mixed with mucus, and disintegrated, blood-corpuscles are present in it and has the odour of violets ; hemorrhages from the bowels exist, with ulceration ; the tongue is smooth, glossy, as if deprived of papillae.

Dose, 1x, 3x.

Pyrogenium.—Dr. Drysdale has termed it the aconite of the typhus or typhoid quality of pyrexia. I used it in two cases of typhoid fever, and the result was, indeed, very satisfactory. I ask all other homeopathic physicians to try its value in these fevers. I gave *Pyrogenium*, No. 6 and No. 12 successively.

VII.—PREVENTION.

The principal sources of contagion are milk and drinking-water. Much care should be taken so that the polluted

atmosphere from sewers which are loaded with effluvia of decaying matter may not contaminate the persons with infection from its inhalation. The ventilation of sewers must be provided. To befoul and poison the rivers and streams by draining the sewers into them is replete with injurious consequences, and thus enteric fever becomes endemic. All excrementitious matters of the patient should be immediately burnt. No iota of this matter should be mixed with the water-courses. No body-linen or bedclothes polluted with the dejecta of typhoid patients must be permitted to accumulate and remain unwashed. All waters and dairy supplies should be frequently tested. The sewers must not only be not deficient in respect to their ventilation and cleanliness, but must also not leak and contaminate the surrounding subsoil. We might possibly entrust the work of purgation and disinfection to the natural agencies of soil and vegetation if we could return to the primitive simplicity of patriarchal existence. It cannot be expected nowadays, and we should therefore do our best to do away with the existing defects and to make air and water wholesome by vigilant inspection.

Accessory Measures.—Perfect rest should be maintained. The patient should not be disturbed on any account whatever. Milk is the ideal diet in typhoid fever. Water may be given freely, but in limited quantities at a time. The patient should be carefully nursed and served. The rooms which are large, well-ventilated, and well-lighted should be used. The linen and every bedding article of the patient should be kept scrupulously clean and be frequently changed. It is not necessary on the part of a physician to adhere rigidly to fixed rules of diet, but he may, with a little care and thought, change the diet according to the emergency of the case. It is a noteworthy fact, and there is a consensus of opinion among physicians, that the value of liberal feeding is not more fully appreciated in any disease than in typhoid fever. In this malady the patient sadly wants a number of weeks to recruit his health although he finds himself in convalescence. No solid food should be given until the temperature of the patient has remained in the same normal point in the morning and evening at least for two or three consecutive days. But it should at the same time be borne in mind that we should treat the patient rather than the disease. There are several kinds of food other than milk which can safely be given to the patient without any baneful consequence.

I write from my personal reminiscences that the atony and asthenia which hover about the patient for several months and which are regarded as the part and parcel of the malady, may be the sooner removed by a liberal, though judicious, allowance

of diet without any deleterious influence. I wish to add here a few lines from my personal observation. The urine of the patient will often help us to arrive at a true condition of the patient. The urine that is passed at night is a sure guide. If the urine is red and clear the diet should be strictly limited. If, on the other hand, it appears pale and throws down a slight sediment, nourishing diet should be given. But if an abundance of sediment is marked in this pale urine, the quantity of nourishment should be circumscribed with much care. We can entertain sure hope of a cure if the deposit becomes soapy and begins to lessen.

SNAKE-VENOM—ITS ACTION AND EFFECT.

Being a reply to arguments advanced by those favouring the Blood-poison Theory.

By FREDERICK KOPP, Greenwich, N.S.W.

XXI.—AN INDIAN DOCTOR'S THEORY.

(13) "*Your theory, as to snake-venom being a nerve-poison, is only believed in by the old Indian doctors.*"

Well, what if it is? If the Indian doctors believe in the nerve-poison theory as the right one, so much the better for the correctness of that theory. It must be borne in mind that it is estimated that fully 20,000 persons in India annually fall victims to snake-bite, and it must, therefore, be admitted that Indian doctors have exceptionally splendid opportunities of studying the physiological action and effect of snake-venom—more so, in fact, than doctors in any other portion of the globe. Such being the case, the very fact that the Indian doctors believe that the nerve-poison theory is the correct one is tremendous argument in its favour, and goes far to show that those who hold snake-venom to be a blood-poison are somewhat out in their calculations. Further, India also possesses the most venomous snakes known, viz., the cobra (*Naja tripudians*) and the krait (*Bungarus caeruleus*), whose bite is very rapidly fatal, and the Indian doctors have had every opportunity of studying the action of the venom of these two reptiles. I would sooner have faith in the opinion expressed by men who are almost daily brought into contact with cases of snake-bite, and are, therefore, familiar with every symptom in connection

therewith, than the ideas of those who, perhaps, have never, or very seldom, seen a snake, and who evidently know very little of the effect of the venom on the human system. On such an important question as this I prefer to listen to the experience of practical men, and not to the inexperience of those who are practically novices. The statement made by my critic is also very much incorrect when he declares that the nerve-poison theory "is *only* believed in by the old Indian doctors." In Australia the number is daily increasing of those who have thrown over the old blood-poison theory, and who now boldly declare their belief that snake-venom is a nerve-poison acting on motor nerve-cells, lowering their functional activity, and, in fatal cases, entirely suspending it, without altering in any way the structure of the cells, or creating, by *direct* action, changes in the blood incompatible with life. Although, at the time when I first came forward and announced my belief in the nerve-poison theory, there were but few adherents thereof, they are to be numbered to-day by thousands, and it gives me great satisfaction that I have been spared to live to see the gradual and steady growth of the inclination of the medical fraternity and others to place their faith in the theory for which I have been fighting for the last twelve years. No, my dear friends of the party advocating the blood-poison theory, it is certainly not *only* the old Indian doctors who believe in snake-venom being a nerve-poison, and it is a matter of great surprise to me that so many evidently learned men should have been led astray to place their faith in a theory which has no scientific basis, the correctness of which cannot be proved by actual facts. Perhaps, after all, with a great many of them it is a case of "none so blind as those who will not see."

THE EFFECT OF *STRYCHNINE* ON THE MORTALITY.

(14) "*You must admit that since the introduction of Strychnine as an antidote in snake-bite, the mortality has steadily decreased, and is now almost nil.*"

I should like the advocates of the *Strychnine* antidote to produce proofs as to the correctness of their above bold statement. On looking into statistics I find that the very reverse has been the case! For instance, taking the twelve years, from 1876 to 1887, before *Strychnine* came into use, the total number of lives lost through snake-bite

was 55, or an average slightly over $4\frac{1}{2}$ deaths per year. But, taking the eight years, from 1888 to 1895, since *Strychnine* has been used, the total number of deaths amounted to 44, making an average of $5\frac{1}{2}$ for each year. As the latter period is four years shorter than the former, it will be seen that the death-rate has been *almost doubled* since *Strychnine* has come into use. Another matter is the fact that, since the introduction of *Strychnine*, and comparing each yearly death-rate total for the whole twenty years (from 1876 to 1895), it will be found that the greatest yearly death-rate in any year happened since Dr. Muller's treatment of *Strychnine* as an antidote—namely, Queensland (1889), 10; New South Wales (1890), 10; and Victoria (1887), 7. It will thus be seen that the statement made that "since the introduction of *Strychnine* as an antidote in snake-bite, the mortality has steadily decreased, and is now almost nil," will not bear the light of day. It must also be remembered that there are certainly to be found among medical men as many opponents to *Strychnine* as there are to be found in its favour. I wish my opponents would pay a little more attention to the study of statistics before making such extraordinary statements as the above.

AMMONIA UNRELIABLE AS AN ANTIDOTE IN SNAKE-BITE.

(15) "*Ammonia has proved itself to be unreliable as an antidote in snake-bite.*"

The above assertion could be more probably applied to any one of the other antidotes than to *Ammonia*, as the latter has proved itself to be the one with the *lowest* death-rate, and it must, therefore, be the *most reliable* antidote we at present possess in the treatment of snake-bite. A few months ago, in another part of this present paper, when dealing with *Ammonia*, I quoted a number of cases in which the *Ammonia* antidote had been made use of, and I then showed clearly that several of the victims would have died had it not been for the injected *Ammonia*. Several medical men have also made statements that they have made use of *Ammonia*, and *have never lost a case*, which is certainly a great point in its favour. Lest any of my critics may have forgotten the table of the various antidotes, which appeared in Part III. of this article, I

here reproduce it with one addition (the Underwood antidote). It is as follows :—

Name of Antidote.	Where used.	Death-rate per cent.
<i>Underwood Antidote</i>	Human cases treated.	50
<i>Chloride of Lime</i>	Tested on animals.	26·66
<i>Immunity Serum</i>	Tested on animals.	14·28
<i>Strychnine</i>	Human cases treated.	13·2
Other treatment— <i>Ammonia, &c.</i>	Human cases treated.	4·1

It will be seen by the above table that *Ammonia* is by far the most reliable antidote we at present possess in the treatment of snake-bite, and that it is, therefore, ridiculous for any one to declare it to be *unreliable*. I judge the value of an antidote by its practical results, namely, by the work that it has done in the past, and I think my readers will agree with me that this is the safest method to go by. My opponents will thus see that I judge an antidote, not by *what it is expected to do*, but by *what it has actually done*. Of course the above assertion is a favourite and well-known expression made use of by the advocates of the *Strychnine* treatment, and I therefore take it for what it is worth.

SNAKE-VENOM SHOULD BE ANTIDOTED WITH A DRUG
HAVING A SIMILAR ACTION.

(16) “*Being a homeopath, and an exponent of the law of similars, namely, that like should be treated with like, it is inconsistent for you to make use of a drug as an antidote which has different symptoms in its action to that of snake-venom.*”

I reply that in a case of snake-bite we have to eliminate a very powerful poison from the system, and we therefore make use of what is generally known as an *antidote*. In a case of poisoning by *Strychnine*, for instance, according to the above argument, the proper drug to administer so as to avert a fatal termination would be another dose of *Strychnine* (as *Strychnine* would be the drug having the most similar action), and, in the case of *Acids*, another

Acid. We, however, would give in the above cases drugs having an antagonistic action in the endeavour to destroy that of the poison we wish to antidote. For instance, in poisoning by *Strychnine* we make use of sedatives, such as the inhalation of Chloroform, and give internally large doses of *Chloral Hydrate*, extract of *Cannabis Indica*, *Physostigma venenosum*, or *Veratrum viride*. In poisoning by *Opium*, *Belladonna*, or *Atropine* (on account of their antagonistic effects) is a successful antidote. In poisoning by the various acids, such as *Sulphuric*, *Nitric*, and *Hydrochloric*, we do not give another *Acid* to counteract their effects, but make use of *Chalk*, *Slaked Lime*, or *Magnesia*. In poisoning by *Belladonna* and its alkaloid we make use of *Opium*, as *Opium* is a direct antidote, having antagonistic effects to *Belladonna*, giving from three to five drops of the mother tincture, at the same time noting its effect on the dilated pupils. In poisoning by *Acidum carbolicum* we use a strong solution of the *Saccharine Carbonate of Lime*, prepared in the following way: Dissolve sixteen parts of white *Sugar* in forty parts of water, digest with *Lime* for three days, and then filter and evaporate. In poisoning by *Phosphorus*, after giving a speedy emetic, we give *Magnesia* in *Linseed tea*, so as to neutralise the *Phosphoric Acid* which is liable to form in the bowels. In poisoning by *Alcohol*, we use *Belladonna*, *Stramonium*, *Hyoscyamus niger*, or *Opium*. When once, however, poisons have been antidoted, we still have to deal with the after-effects thereof. For instance, in poisoning by *Mercurius*, after giving the whites and yolks of eggs beaten together, *albumen* being an antidote, we have still salivation to deal with, which we meet with *Acidum nitricum*, *Acidum sulphuricum*, or *Kali chloratum*; for the chronic mercurial eruptions, *Hepar sulphuris*; for the ulcers, *Hydrastis canadensis*; for the mercurial tremor and paralysis, *Nux vomica*; for the affections of the bowels, *Iodium* or *Arsenicum*; and, for the mercurial cachexia, disease of the bones, &c., *Aurum*. In all the above we certainly do not make use of another dose of *Mercurius*. In cases where the patient has recovered from the first effects of a poison, we make use of a drug having a similar action to the various after-effects. Thus we give *China* (*Cinchona officinalis*) for weakness, *Digitalis purpurea* for quickened and feeble action of the heart, *Belladonna* for inflammation, *Aconitum* for feverish-

ness and thirst, and so on. In other words, in cases of poisoning we are called upon to first antidote the particular poison by giving what is termed its "opposite," and then, afterwards, we attend to the after-effects of that poison by administering drugs which have been proved to be homeopathic to the various symptoms indicated. By the explanation that I have given above it will be seen that, although I am a homeopath and an exponent of the law of similars, I am not inconsistent when I make use of a drug as an antidote which has symptoms different in its action to the poison which I wish to antidote. The law of similars asserts itself when dealing with the after-effects.

(To be continued.)

DIFFICULTIES OF DRUG-ADMINISTRATION IN INDIA.

By Dr. B. K. BAPTIST.

IN India the people are accustomed to take medicine in repeated doses; they have learnt this repetition from our allopathic and ayurvedic brethren. The common people are so prejudiced that a single dose is not by any means enough for a day; and a once-a-week medicine is much less easily believed to produce any benefit at all in their opinion. In this country hepatitis, lenteria, bronchitis, asthma, phthisis pulmonalis, hemorrhoids, gonorrhoea, and leucorrhoea generally become chronic, and they are common. Higher attenuations and less frequent repetition are preferable, and are consequently employed by homeopathic practitioners in these chronic maladies; but the common belief is quite contrary to this principle, as I have stated.

1. Some people say, "Homeopathy has no efficacy in chronic diseases." What is the reason of this opinion? Because they have found that in some cases homeopathy fails. Why does homeopathy fail in some cases? Because the patients do not exactly follow the doctor's instructions as regards the dosage of medicine and its repetition; therefore the medicine, being abused, produces an aggravation which causes more harm than good. Take for an example:—

N—a B—, aged 12, complexion dark, face pale,

eyes yellow, lips blue, tongue yellow coated, liver inflamed, spleen enlarged, bowels constipated, fever every afternoon at two o'clock, apyrexia complete; suffering eight months. Prescription: *Ars. c.c.* one drop a dose, once in the morning for two days. Having this prescription, patient went to a chemist, bought a drachm of the medicine and thought that a single dose was not sufficient for his disease; so he took four doses in a day, viz.: one dose at 8 a.m., one at 11 a.m., another at 2 p.m., and the last dose at 5 p.m. A great aggravation was the result; fever rose to 106° F. in the evening. Owing to this rise in the temperature, patient was obliged to call an allopathic doctor, and consequently I lost the patient. Where there is such probability of unnecessary repetition by a patient, I generally give a dose of the appropriate medicine and a few doses of unmedicated globules in a separate package, to satisfy the patient.

2. Among the educated class there are some who think that homeopathic medicine is harmless, it is nothing but water; and some even volunteer to swallow a gallon of homeopathic medicine without any evil consequence resulting! They cannot believe that abuse or over-medication may be fatal in some cases. I give an illustration of this.

J— D—, aged 36, strong and stout, flushed face, eyes watery, tongue coated white, pulse 120 per minute, temperature 105° F. Patient very restless, having extreme thirst. Prescription: *Acon.* 3, every two hours till temperature falls. Being of opinion that homeopathic medicine was harmless, he took the medicine as often as he felt a desire to drink; thus he had *Acon.* 3 nearly every half-hour. This repetition, causing profuse perspiration, brought his temperature down to 95° F. suddenly. Then I gave him a dose of *Carbo Veg.* 6, which stopped further perspiration and fall in the temperature. I employ lowest attenuations in such acute cases that they may not produce serious ill-effects although repeatedly taken. I mean 2x to 6x by lowest attenuations.

3. It is prohibited to take any allopathic mixture which contains arsenic, strychnia, or perchloride of mercury, on an empty stomach, because of its instant action on the blood. Bearing this in mind as a standard rule, some

persons take all their medicines *after food*, and not on an empty stomach. The action of homeopathic medicines is easily interrupted; so this medicine should invariably be administered an hour before and after meals; but patients do not care to follow this rule, and wilfully interrupt the action of the medicine.

4. As regards cleanliness in the receptacles for the medicine, the common people do not pay proper attention to this; they sometimes bring greasy oil-pots in which to receive their medicine. It is not understood by these people that homeopathic medicines should be kept apart from any other substance except pure alcohol and sugar of milk. To avoid this inconvenience I give pillules or globules.

The difficulties I have stated are great obstacles in the way of a proper practice of homeopathy. Of course the experienced practitioners are aware of these difficulties, and they do their best to avoid them in every case. I hope these brief hints will be helpful to some beginners of homeopathy in India. I shall be thankful to receive any suggestion in this direction.

32-1, Serang's Lane, Calcutta.

August 2, 1900.

CAFFEINE.—Xenets has related (*Semaine Médicale*, 1899, p. 152), three cases of sudden death by arrest of the heart in systole ascribable to this drug. Combemale relates a case in which a gramme daily, taken for bronchitis with feeble heart, induced typical attacks of local asphyxia, most marked in the hands.—*L'Art Médical*, April, p. 303. (*J. B. H. S.*)

ARALIA RACEMOSA.—A man, aged 42, with pitch-black hair and brownish complexion, who had suffered for years from torpid liver and stomach disorders, which had produced a hypochondriacal disposition, has suffered for half a year from the following symptoms:—In the morning before breakfast, and again between 10 and 11 a.m. when the stomach is again empty, he has a sensation as if something warm rose from under the sternum up into the gullet and mouth; there is eructation of wind, and then sneezing, with copious flow of watery mucus from the nose, lasting some minutes. The temperature of the air has no effect, he has these attacks in the warm room as well as in the cold air, they are always connected with an empty stomach, but he observes they are always apt to occur after taking sour food. He has treated himself with arsenicum, argentum nitricum, nux vomica, natrum muriaticum, kali hydriodicum, without any relief. I prescribed tinct. araliæ 5, 10 drops in a tumbler of water, a table-spoonful three times a day. This caused a satisfactory result, but he had to avoid sour food.—*Mossa, A. h. Z.*, cxl., 135. (*J. B. H. S.*)

INSTITUTIONS.

LEICESTER HOMEOPATHIC DISPENSARY.

WE have received the report of this institution which was presented to the annual meeting held at the Dispensary, 3, Dover Street, Leicester, March 21, 1900. We make the following extract:—

“The year we have passed through shows a steady increase in work accomplished, partly due to more hours having been given to the Institution since Dr. Edmund Capper joined the medical staff. For the convenience of those who work in warehouses, factories, &c., it is intended to adopt later hours on one or two evenings in the week, and when this is done it is expected that the number of members will be still more increased. The balance sheet shows an increase in the Provident department of £17 10s. 8d., and in the Non-Provident of £12 5s. 9d. This alone speaks of the appreciation by the poor of the treatment they receive. The amount of subscriptions, your committee regret to say, shows a decrease of £7 7s. 11d. In the Provident department 274 cards were issued, representing 465 members. In the Non-Provident department 231 were sold to patients. In addition to these, cards have been given by subscribers to poor patients, who thus receive medical attention entirely gratis. The chemist's return for the past year shows that 3,751 prescriptions have been dispensed, being an increase of 307 upon the previous year.

“Last year the town of Leicester was chosen for the Annual Meeting of the British Homeopathic Congress. At the Congress dinner in the evening, which was held in the Mayor's Rooms, Museum Buildings, after a reception by the Mayor and Mayoress, the usual toasts followed. In responding to the toast of the town of Leicester, Ald. George Clifton, our honorary physician, called attention to the fact that he had received a letter from Lord Dysart urging that an endeavour be made to establish in all our large towns hospitals for the treatment of such patients who desired this form of therapeutics, and he, feeling so strongly on the subject, was prepared to guarantee one thousand pounds to a homeopathic hospital on these lines in Leicester.

“A friend mentioned this casually to a lady in Leicester, and she at once said, ‘I and my husband will give twenty-five pounds.’ The following day Dr. Clifton received ten shillings from a poor person who had received benefit from homeopathy toward the fund.

“The question of this Cottage Hospital for Leicester is now

before your committee and the public at large. Those who have received benefit from this form of treatment might help to advance such a cause. It need not at first lead to a great outlay of money. What will be wanted is a suitable house, with accommodation for matron and nurses and rooms for patients, also rooms for dispensary work. We have now in the town three or four medical men who will give their time and service to such a work, and in many cases a small charge could be made to make it self-supporting.

“It is proposed to call a meeting later in the year to consider these points.”

FOLKESTONE HOMEOPATHIC DISPENSARY.

HELP NEEDED. PROPOSED SALE OF WORK.

THE *Folkestone Express* published the following in its issue of September 15th :—

“A DESERVING LOCAL INSTITUTION IN NEED OF HELP.

“It is much to be regretted that the Folkestone Homeopathic Dispensary, formerly located on Grace Hill, and now at No. 11, The Bayle, is in sore need of help. There is perhaps no institution in Folkestone which has done such an amount of really good work, and done it on the best of all principles, that of self-help. Funds are now at such a low ebb that the usual annual report has not been printed, but we gather from a statement of the work done in the financial year from April 1, 1899, to March 31, 1900, that 482 patients were treated by the Hon. Medical Officer (400 at the Dispensary), involving 1,760 consultations, and 78 were attended at their own homes or at the Sanatorium, receiving 563 visits. The report states: ‘By the system of home-visitation (now for a long time in use at the Dispensary), those among the sick poor whose illness is of so severe a character as to prevent their leaving their homes or to make it necessary that they should be removed to the Sanatorium, can always secure the attendance of the Hon. Medical Officer either at their own homes or at the Sanatorium, as the case may be. In this way cases of scarlatina, diphtheria, and typhoid have been under treatment during the past year, the attendance necessary upon one of the latter class of cases lasting over three months; and the fact that there have been seven deaths, all these occurring after illness of a severe nature (such as cancer, pneumonia, &c.) is sufficient evidence that the institution undertakes a most important mission, relinquished by other charities chiefly owing to the expense involved. The regrettable deficit in the

funds of the institution must be charged to this head, and, in view of the difficulty of increasing the income of the institution, it becomes a question whether it may not be needful either to modify or altogether to relinquish this branch of the work.' The deficiency arose thus: The income from subscriptions and patients' payments amounted to £101 3s., and the expenses, including rent, caretaker's salary, and expenses of home visitations, £118 15s. 11d. Two years ago the Dispensary received a grant of £25 from the Hospital Saturday collection, but this year nothing has been given from that source, and hence there is a deficit of £17 12s. 11d., and there are no funds in hand to pay rent due at Michaelmas and other liabilities. It is proposed, therefore, to hold a sale of work early in December, and contributions of articles for this will be gratefully received by Mr. R. G. Wood, Tontine Street; Miss Usherwood, 91, Sandgate Road; Miss Rogers, 8, London Street; or Mrs. H. Jenner, 33, Charlotte Street. £100 is required to set the institution fairly on its legs. It is a very small sum for such an excellent organisation. It is for the sick poor who try to help themselves, and we feel that it only requires to be brought to the notice of the benevolent to ensure the forthcoming of the help which is required."

EXTRACT.

CURE OF A CUTANEOUS CARCINOMA WITH FORMALIN.

DR. RAVOGLI showed before the Academy of Medicine of Cincinnati a woman who had for 3½ years suffered from a cutaneous carcinoma. The tumour had developed on the base of a congenital nævus on the surface of the left cheek. It consisted of an indurated mass deeply ulcerated in the centre like a crater, bleeding easily.

Dr. Ravogli first had recourse to the caustics in common use, but without any result. He then applied twice a week a solution of *Formalin*, from 4 to 8 per cent., and finally 40 per cent. These applications were tolerably painful. There resulted a rapid mortification of diseased tissue with elimination of the necrosed parts and the appearance of healthy granulations. Finally there remained no trace of the tumour except a cicatrix of good appearance. Microscopic examination of the eliminated masses confirmed the diagnosis.—*Translated from L'Art Medical.*

REVIEWS.

SKIN DISEASES.*

IT is always a pleasure to come across a text-book on some special department of medicine written by an author who has a reputation in materia medica as well. We are familiar with Dr. Douglass's name in reports of therapeutic experiences; and we are consequently not disappointed in expecting a good proportion of his space devoted to the materia medica of his subject. Without losing sight of the fact that skin affections are, for the most part, *skin-manifestations* of some constitutional defect, it is nevertheless essential, in practice, to know the precise nature of the local trouble, and its probable course, whether these may be the guide to the simillimum or not. Dr. Douglass sees clearly both aspects of his subject, and the result is, he has given us a text-book which will be peculiarly acceptable to the homeopathic School.

We think Dr. Douglass would have added to the value of his work if he had included an index of the remedies as well as one of the diseases. He has not given as much prominence as they deserve to the nosodes and sarcodes. *Bacillinum* has a great sphere in ringworm and alopecia, *Thyroidin* in psoriasis, and *Adrenalin* in pigmentary abnormalities. With regard to some parasitic affections, the external measures he ordains are excellent; but there are cases in which no external measures are sufficient to cure the patient. Here the action of the internal remedy is often most brilliant. It often happens that one child of several in a family, who all live under the same hygienic conditions, is alone affected with head-lice. The others never catch them, though mixing freely with the one affected. All external measures fail to clear the patient until the right remedy is given, when the patient becomes no longer a congenial host, and the trouble disappears. We are no advocates for dispensing with external measures, but they must go hand in hand with internal homeopathic treatment.

* *Skin Diseases. Their Description, Etiology, Diagnosis and Treatment according to the Law of Similars.* By M. E. Douglass, M.D. Philadelphia: Boericke and Tafel. London: Homeopathic Publishing Co. Price 17s. 6d.

DISEASES OF THE THROAT AND EAR.*

WE regret that there has been delay in noticing this important work, but press of other matters has prevented us giving it the attention it merits at an earlier date. The authors tell us it has been their aim to "present a concise yet practical description of the diseases of the Nose, Throat, and Ear, with their appropriate treatment, bringing that subject up to the full knowledge of to-day." They justly contend that the nose, throat, and ear are so intimately associated by their anatomical connections and their formation that it is most convenient to have them all dealt with in a single volume. And a very convenient volume the joint authors have succeeded in producing. The descriptions of the anatomy, healthy and morbid, of the various regions, are accurately and concisely given, and the treatment, general and homeopathic, is fully and well described. Another point which has struck us about this work is that the illustrations really illustrate. In some works we find very elaborate drawings, which are more difficult to follow than the unilluminated text. In this work it is not so; every illustration that we have examined is printed so that all parts of it can be made out without any trouble on the part of the reader.

We heartily congratulate Drs. Vehslage and Hallett on their achievement, and have pleasure in commending their work to our readers. It is a text-book that has come to stay.

APPENDICITIS.†

THIS little pamphlet of nine pages is quite the sanest article on the subject dealt with that has come under our notice, and Dr. Biggar is amply justified in reprinting it, as he has done, from the *American Homeopathist*, in which it originally appeared. Dr. Biggar is a distinguished

* *Diseases of the Nose, Throat, and Ear.* Part I., Diseases of the Nose and Throat. By S. H. Vehslage, M.D., Assistant Surgeon in the New York Ophthalmic Hospital Throat Department. Part II., Diseases of the Ear. By George De Wayne Hallett, M.D., Assistant Surgeon to the New York Ophthalmic Hospital. New York: Boericke & Runyon Co. London: Homeopathic Publishing Co. 1900. 390 pp. Price 15s.

† *Appendicitis.* By H. F. Biggar, M.A., M.D., LL.D. Cleveland, Ohio. 1900.

surgeon, but he is a physician as well, as all surgeons ought to be; and he is not of those who would make appendectomy a compulsory rite as vaccination is in this country. The points he gives in deciding when to operate should be studied by all surgeons; and some practical hints about the relation of diet and manner of life to attacks of the disease are of the first importance.

DISEASES OF THE NERVOUS SYSTEM AND HOMEOPATHY.*

THIS thoughtful pamphlet forms a kind of inaugural lecture by the author on his induction as physician to the "Department for Disease of the Nervous System," newly formed at the London Homeopathic Hospital. Specialisation of practice is one of the inevitable tendencies of modern medicine, and it is well that the tendency should be recognised and utilised to the full. That it has its disadvantages as well as its advantages goes without saying, but if the former are kept in mind they may be avoided. We are glad to see Dr. Goldsbrough insists on taking the totality of symptoms in each case as the guide to prescribers, for the genius of Hahnemann, by insisting on this, has done more to limit the evils of specialism than all other writers and critics put together.

THE NORDRACH CURE.†

IN this little pamphlet Dr. Stopford gives a very interesting and useful account of the famous Nordrach cure and its strong-willed chief, Dr. Otto Walther. We cannot help feeling that, though the treatment is on perfectly reasonable lines, if it had not such a strong personality as that of Dr. Walther to administer it, there would be something lacking in its percentage of success.

* *Diseases of the Nervous System and Homeopathy.* By Giles F. Goldsbrough, M.D. London: E. Gould & Son, Ltd. 1900.

† *Consumption: Its Cure and Prevention, as Typified by the Nordrach Open-Air Curative System, by Dr. Otto Walther.* By R. Stopford, L.R.C.P. Comprising two articles written for the *Southport Visitor*.

ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

* * In this department we shall be happy to reply to any inquiries relating to homeopathy or to the matter of our magazine that our correspondents may like to address to us. We cannot, of course, undertake to give medical advice in particular cases, which is the business of a medical attendant; but if our medical readers like to put queries to each other regarding points of practice or puzzling cases, we shall be happy to insert queries and replies.

W. W. (*Leeds*). *Agnus. cast.* (tincture of ripe berries, quantity not stated) was proved by Hahnemann and his friends. The symptoms will be found at length in Allen's *Encyclopedia* and most other *Materia Medica*s. *Salix niger* has been used empirically for the most part in the tincture. We are not aware of any regular proving, though a few symptoms are to be found in Allen's *Appendix*.

NOTIFICATIONS.

* * We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees. Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

MR. J. SUTCLIFFE HURDALL, M.R.C.V.S., of *Sussex Villas, Kensington, W.*, has fixed his consulting hours at from 10 a.m. to 1 p.m. daily; afternoon by appointment.

Obituary.

CHARLES HARRISON BLACKLEY, M.D.

A LARGE circle of friends and patients will learn with deep regret of the death of Dr. C. H. Blackley, who so long held a leading position among the medical men of Manchester. A few years ago Dr. Blackley retired from active practice and removed to the famous Lancashire sea-bathing town, Southport, where he undertook consulting work only, handing over his Manchester practice to Dr. Arnold. Dr. Blackley never enjoyed robust health, but, unlike most people, he was able to turn his physical infirmities to the advantage of medical science. His own

experience as a sufferer from hay-fever led to the researches which are embodied in his classical works: "*Causes and Nature of Catarrhus Æstivus*"; "*New Observations on Hay-Fever, with New Experiments on the Quantity of Ozone in the Atmosphere*"; "*Hay-Fever: Its Causes, Treatment, and Effective Prevention.*" The researches of Dr. Blackley in this connection led him to make incidentally some very valuable observations on "*The Influence of Infinitesimal Quantities in Inducing Physiological Action*"; and on "*The Influence of Idiosyncrasy in Determining the Susceptibility to the Action of Drugs on the Animal Organism.*" "In substantiating his own results as to the action of infinitesimals, Dr. Blackley obtained interesting parallel support from the experiments of Darwin with *Drosera*. Dr. Blackley was the author of many articles of unusual importance in the homeopathic journals, and has also contributed to Virchow's *Archiv*. It is just ten years since he was president at the Annual Homeopathic Congress, held at Bournemouth, September 18, 1890, and the success of that gathering is still fresh in the memory of many, one of the papers being contributed by the late Dr. Drysdale. Dr. Blackley's presidential address was entitled, "Observations on the Progress and Tendency of Some of the Modern Methods of Scientific Research." Dr. Blackley has made for himself a very distinct name in the history of British homeopathy and also in general medicine. As a practitioner he was very successful, and his patients became greatly attached to him. He will be ever remembered with gratitude by many.

ACTÆA RACEMOSA.—A man, aged 40, robust, hitherto healthy with the exception of two attacks of slight articular rheumatism, was affected after the rheumatism had gone with noises in both ears. The hearing was not affected, but the noises, which were of a blowing character, had tormented him for half a year, and caused him much distress. He first got bryonia 6, and then rhus 6. These remedies were given for several weeks without result. Pulsatilla and belladonna were equally useless. Having read in some journal that actæa in low dilution or mother tincture had cured some cases of tinnitus, I gave the medicine in the 6th dilution. The result was negative, so I then gave actæa 1x, 8 drops in a tumbler of water, a spoonful of this every three hours. At the third spoonful the patient heard a sudden loud crack in both ears, and immediately afterwards amelioration of the hearing, which with the fourth spoonful was completely restored. Several months have since elapsed without any relapse.—Olivé, *Revista Homœopatica*. (J. B. H. S.)

GENERAL CORRESPONDENCE.

DR. HUGHES' PARIS SPEECH.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—In your journal for September my friend Dr. Cooper makes two statements regarding myself, one of which needs explanation, while the other is entirely unwarranted. I shall be obliged if you will allow me to substantiate these allegations.

1. Dr. Cooper writes: "I see in your last issue that Dr. Hughes feels himself obliged to condemn your *Materia Medica* on the ground of its not distinguishing between cured and pathogenetic symptoms." The reference seems to be to a report of a speech made by me at the late Paris Congress. It fairly represents the sentiments I expressed; but I must be allowed to say that I did not use the word "condemn" (if I did employ it) in any judicial sense, which would, of course, have been quite unbecoming. I did, moreover, qualify my fault-finding with a cordial acknowledgment of the good work done by the author, which the modesty of the reporter has led him to omit, and the absence of which Dr. Cooper seems to feel.

2. For the second allegation made regarding me I find not even such basis as above: "Dr. Hughes, as I understand him, considers that however excellent your (Dr. Clarke's) work may be, it does not represent homeopathy." The only thing that corresponds to such an opinion in the report is this: "He did not deny that clinical symptoms were often of use in effecting cures. But what he said was this: 'You may cure with a clinical symptom; but if you do you are not practising homeopathy.'" (It should have been, by the way, "you are not prescribing homeopathically.") Now, such a statement can only be translated into that which Dr. Cooper fathers upon me by supposing that Dr. Clarke's *Materia Medica* consists of nothing but clinical symptoms.

As Dr. Cooper does not impugn either of the positions I have taken up (when rightly understood), I need not follow him further in his letter—resting content with

having cleared myself from misapprehension in the matter.

I am, Sir,

Yours very faithfully,

RICHARD HUGHES.

Brighton, Sept. 18, 1900.

[I am glad to have from Dr. Hughes a general endorsement of the correctness of my report of the discussion on the *Cyclopedia* at the Paris Congress. As Dr. Hughes was himself reporting for the *Homeopathic Review*, I hoped he would have given a full report of it himself. In this I was disappointed, as he only sketched it very briefly. It is quite true that Dr. Hughes did not actually say, as Dr. Cooper implies in his letter, that my *Dictionary of Materia Medica* "does not represent homeopathy;" but Dr. Cooper was not without some warrant for the inference, as Dr. Hughes himself explains. Dr. Hughes' judgment on my work was based on the supposition (which is quite true) that clinical symptoms are admitted into the body of it without in all cases being distinguished. (My reasons for this are fully set forth in the Preface to the work.) Dr. Hughes is not quite sure that he used the word "condemn": neither am I; but about the effect of whatever word or phrase he used I am quite certain. The omission to distinguish clinical from pathogenetic symptoms being the charge against my book, it is impossible not to connect with it Dr. Hughes' statement about the use of clinical symptoms in prescribing not being homeopathic prescribing. Hence, I say, Dr. Cooper's inference was not without warrant.

I am not quite clear whether Dr. Hughes means by his parenthesis—"it should have been 'you are not prescribing homeopathically'"—that he ought to have said this, or that he actually did say it. My own recollection is that it was as I have reported it. Dr. Hughes' remarks were made in English, and this passage struck me as so important that I immediately took down the words as I thought I heard them. However, it does not make any difference, as far as I can see, whether we take "practising homeopathy" or "prescribing homeopathically" as the words used. There may be a difference between the two, but if there is, I confess my mental vision is not equal to the task of discerning it. But I mention this here because, in an article published in another part of this issue, I have used my note of the passage as a text. I would have altered in it "practising homeopathy" to "prescribing homeopathically," as Dr. Hughes thinks it should have been so, but that would entail a number of verbal alterations throughout

the article in no way affecting the sense. The article itself was in type before Dr. Hughes' letter reached me; and, I may add, a large part of it was written in Paris not many hours after the discussion took place.

I am very much obliged to Dr. Hughes for the kind words he said about my work in general; but it was not so much modesty that made me omit them from my report, as the fact that they had no bearing on the point in dispute.

JOHN HENRY CLARKE.]

VARIETIES.

PHYTOLACCA.—A man, aged 20, has suffered for two months from gastro-intestinal catarrh. Bowels cannot be opened without purgatives. Complains of constant pain in bowels, especially after eating, severe burning in stomach and frequent inclination to vomit. *Phytolacca 4x*. After four days the tendency to vomit disappeared; for two days two spontaneous firm stools; abdominal pains much less, but rumbling in bowels with discharge of much fetid flatus. *Carb. veg. 4* cured him in eight days.—Ladelci, *L'Omiopatia in Italia*, 36.

A man, aged 47, had suffered for eight months from intestinal catarrh. Continued constipation, difficult evacuation every seven or eight days, and violent burning in anus; the feces mixed with bloody slime; rumbling in bowels and continued pains after eating. On March 30, *phytolacca 4*. April: Stools more frequent, covered with frothy mucus. *Phytolacca 6*. April 12: Diarrhetic stools with much pain and heavy feeling in anus. *Phytolacca 30*. April 20: Stools regular, pains less, but increased borborygmus in bowels. *Carbo anim. 3rd trit.* May 5th: Violent and increasing cutting pains in abdomen. These all went off after *merc. corr. 18*, and he has now regular motions every twenty-four hours without any discomfort.—Ladelci, *L'Omiopatia in Italia*. (*J. B. H. S.*)

SUPRARENAL GLAND IN THE TREATMENT OF HAY FEVER.—Beaman Douglass (*N. Y. Med. Journ.*, May 12th) states that the first mention of the use of suprarenal gland for the relief of congestion of the erectile tissue of the nose appears to be in a paper by Cheatham published in the *New York Medical Journal* of August 15, 1898, where it is said that orthoform combined with extract of suprarenal gland had been found useful in two cases of hay fever. H. L. Swain stated in the same journal that he had seen improvement follow the use of suprarenal gland in several cases of "perennial sneezing catarrh with large white swellings in the middle turbinate." Solis-Cohen (*Phil. Med. Journ.*, 1898) states that for twenty years he had suffered from hay fever during the greater part of June and July, and had found relief by taking suprarenal gland internally. Douglass himself states as the result of his own experience in the hay fever season of 1898 that the internal administration of dried suprarenal gland was a specific for the symptoms of hay fever. It controlled the vasomotor

vessels of the nose ; there was a marked reduction in the size of the turbinate bodies, with lessening of irritation and almost complete cessation of coryza and sneezing. An improvement in the conjunctival condition can be observed in less than forty-eight and sometimes within twenty-four hours, and under its continued administration the patient remains in comparative comfort during the remainder of the attack. Further experience had led him to believe that the principal remedies used in hay fever are inferior to suprarenal gland, which has the great advantage of leaving no after-effect. It produces its effects both systematically as well as locally, and controls the symptoms for a convenient length of time, without a very frequent repetition of the dose ; the effects locally are not so harmful as those of cocaine ; it has no dangerous sequels, and no toxic action. Douglass thinks it possible, however, that suprarenal gland, used locally and internally for a long time, might result in such a constant diminution of the normal blood supply to the nasal tissues that atrophy might result from its use. This effect is seen in simple cases where the symptoms are practically those of nasal and pharyngeal inflammation, together with conjunctival involvements. In patients in whom asthma usually occurred later as a complication, he found that by an early and persistent use of the remedy it was relieved, and frequently did not develop at all. Where it had already developed suprarenal gland was not so efficacious, although it acts beneficially sometimes, even in such cases. In cases in which nasal symptoms are prominent, and where there is much congestion, benefit is also marked. It acts well in cases dependent upon gouty or rheumatic diathesis. On the other hand, it is useless where there is a loss of vascular elasticity due to an atheromatous condition or in those conditions of blood vessels resulting from interstitial nephritis. The remedy is also useless in cases presenting degeneration of the cardiac muscle. The best results had been observed in patients with neuroses coupled with nasal lesions, and in neurasthenic patients with general vasomotor disturbances. The administration of the drug is either internally through the stomach, or locally through the nasal tissue ; or, better, internal may be combined with local treatment. If the drug is used locally, it should be applied either by means of a spray or upon pledgets of cotton saturated with solutions of the drug. A solution of 6 to 12 per cent. is made by shaking up the saccharated dried extracts of the suprarenal gland with water, allowing it to stand for an hour or two, removing the clear solution from the top, and discarding the precipitate. This solution may be used in the nose by means of a spray as often as every two hours, until the symptoms are controlled, and reapplied whenever symptoms of obstruction, coryza, and sneezing return. Internally, it is most useful given in tablet form. Five grains of the saccharated, dried suprarenal gland are administered at first every two hours, day and night, until some giddiness or palpitation is observed, or until some local examination of the nasal membrane shows that the remedy is controlling the vasomotor paralysis. After this has been accomplished, the same dose may be given at longer periods—every three hours, then every six hours, and then twice daily—and the administration of two tablets a day is continued throughout the hay-fever season. If disagreeable symptoms reappear because the dose is too rapidly diminished, the

quantity may again be increased, returning to one tablet every two hours until the symptoms are controlled. Used in this way, in favourable cases, patients will remain in comparative comfort during the entire hay-fever period.—*British Medical Journal*.

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MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Bowlby** (Anthony A.) *Surgical Pathology and Morbid Anatomy*. 4th ed. Cr. 8vo, pp. 686. (Churchill. 10s. 6d.)
- Carleton** (G. Bukk.) *Uroporetic Diseases*. 2nd ed., revised and enlarged. 8vo, pp. 384. (Homeopathic Publishing Co. Net. 17s. 6d.)
- Cohen** (S. S.) *Essentials of Diagnosis*. 2nd ed. Cr. 8vo. (Hirschfeld. Net. 6s.)
- Cuff** (Herbert E.) *A Course of Lectures on Medicine to Nurses*. 8rd. ed. Cr. 8vo, pp. 284. (Churchill. 3s. 6d.)
- Douglas** (M. E.) *Skin Diseases: their Description, Etiology, Diagnosis, and Treatment according to the Law of Similars*. Cr. 8vo, pp. 467. (Homeopathic Publishing Co. Net. 17s. 6d.)
- Haig** (Alexander.) *Uric Acid as a Factor in the Causation of Disease. A Contribution to the Pathology of high blood pressure, headache, epilepsy, mental diseases, paroxysmal hæmoglobinuria and anæmia, Bright's disease, diabetes, gout, rheumatism, and other disorders*. 5th ed. With 75 Illusts. 8vo, pp. 862. (Churchill. 14s.)
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- rational basis*. 8th ed., enlarged, thoroughly revised, and largely rewritten. Illust. with 37 Engravings and 3 Coloured Plates. Roy. 8vo, pp. 798. (H. Kimpton. Net, 21s.)
- Keetley** (Charles Bell.) *Orthopædic Surgery. A Handbook*. 8vo, pp. 558. (Smith, Elder & Co. 16s.)
- Notter** (J. Lane) and **Horrocks** (W. H.) *The Theory and Practice of Hygiene*. 2nd ed. Roy. 8vo, pp. 1,104. (Churchill. 25s.)
- Simon** (C. E.) *A Manual of Clinical Diagnosis*. 3rd ed. 8vo. (Hirschfeld. Net, 18s.)
- Southall's Organic Materia Medica**; Being a Handbook treating of some of the more important of the Animal and Vegetable Drugs made use of in Medicine, including the whole of those contained in the British Pharmacopœia. Designed for the use of Teachers, Pharmaceutical and Medical Students, Chemists, Druggists, and others. 6th and enlarged ed., by John Barclay. 8vo, pp. 364. (Churchill. 7s. 6d.)
- Thompson** (William Gilman.) *A Text-Book of Practical Medicine*. Illust. with 79 Engravings. Roy. 8vo, pp. 1,012. (H. Kimpton. Net, 21s.)
- Vehslage** (S. H.) and **Hallett** (S. D.) *Diseases of the Nose, Throat, and Ear*. 2 Parts. 8vo, pp. 391. (Homeopathic Publishing Co. Net, 15s.)

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ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 30, Clarges Street, W.

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisements and business communications to be sent to the "MANAGER" of the Homeopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should 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.

Mr. F. Kopp, Greenwich, N.S.W.—Dr. Ussher, London—Dr. C. C. Ghosh, Lucknow.—Mr. J. S. Hurndall, London.—Dr. Cooper, London.—Mr. W. H. Cooper, Middlesbrough.—Dr. Hughes, Brighton.—Rev. A. L. Innes, Folkestone.—Mr. Williams, Leeds.—Dr. Proctor, Birkenhead.

BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—L'Omeopatia in Italia.—Pub. Health Jour.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—Zeit. Berl. Ver. Hom. Aert.—Maanedsk. f. H.—H. Maandblad.—Calcutta Journ. of Med.—Hom. News.—La Homeopatia.—Hom. Envoy.—Jour. Belge d'Homeopathie.—Personal Rights.—La Therap. Integrale.—Med. Times.—Med. Century.—Il Secolo Omiopatico.—Rev. Hom. Française.—Hom. Recorder.—Wjestnik H. Med.—Amer. Med. Monthly.—Minn.

Hom. Mag.—Reformador.—N. A. J. of H.—Critique.—Clinique.—J. of Crif. Surg.—Thérapeutique Integrale.—New Eng. Med. Gaz.—L'Art Médical.—Indian Homeopathician.—Amer. Homeop.—J. of Homeopathics.—Tasmanian Hom. Journal.—H. J. of Obst.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Hahn. Advocate.—Indian Review.

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NOVEMBER 1, 1900.

PATIENTS OR DISEASES?

AMONG the opening addresses at the medical schools that of Dr. CLIFFORD ALLBUTT delivered at the Middlesex Hospital was one of the most noteworthy. It was entitled "Abstractions and Facts in Medicine"; and from the passage we shall quote it will be seen that the lecturer has picked up a few notions which are axioms in HAHNEMANN'S School but which the worthy doctor seems to think are rather novel. We quote the passage as it stands. A good deal of it might have been taken from HAHNEMANN'S OWN WORKS:—

"In turning to the present state of medicine, the speaker found in it a wholesome tendency to the fall of diseases, as abstract names, and to the rise of the patient. In like manner principles of causation and therapeutics are happily falling out of fashion; and cautious—he might say 'opportunist'—use of facts and tentative methods are taking their place. The iatro-mechanical principles of medicine were followed by the iatro-chemical, by doctrines of stimulants, of anti-phlogistics, of irritability, and so forth. Even in our own day we had witnessed the vogue of such a general principle in *similia similibus curantur*. He trusted that with this healthy reform of method physicians would become even still more careful in reasoning in abstract terms. It must be remembered that every abstract term is such by virtue of more or less negation, it is in itself more or less

negative. By these negations we get a language void of much of its contents for purposes of rapidity, as one travels on business from London to Edinburgh ; but we are apt to forget that in this convenience we sacrifice nearly all knowledge of the country over which we ride. In congratulating modern physicians on the fall of disease and the rise of the patient, he congratulated them on the growing perception that there is no such thing as, say, "enteric fever" or "diphtheria"; these are not things, but abstract conceptions, the realities being large numbers of individual patients, no two of whom are alike, and many of whom are very unlike. By riding in our railway train over all these cases we lose touch with things; in speaking of the causes of enteric fever, for instance, we are tempted to forget that we speak of the causation of an abstraction, and to formulate abstract, that is more or less negative, causes. When by an effort we bring ourselves down to the causes of a particular case, or, again, to the treatment of the particular case, we realise how hollow our conceptions may become if we persist in reasoning in abstract terms only. Thus in therapeutics we persist in writing volumes of empty stuff about tonics, alteratives, and so forth, which is but pasteboard knowledge. The remedy for this easy vice is reiterated and indefatigable reference of every abstract term to its supposed content of facts, and of principles and names of disease to patients; thus each case will be treated, not according to its catalogued routine, but according to its individual needs."—*British Medical Journal*, October 6th.

It is something to find a man in Dr. ALLBUTT'S position not entirely blinded with academic lore ; but after all he has only got one eye open. He recognises that diseases do not exist but only diseased individuals ; and he seems to imagine that to have attained this much clarity of vision is a very praiseworthy achievement. He classes homeopathy with the discarded systems of the past, as one of the hindrances to the clear vision of this fact. For he seems to argue that the very existence of a general principle of treatment must be based on a claim that diseases do exist. As far as the "iatro-chemists" and "iatro-mechanics" are concerned there is some justification for this argument. Of homeopathy Dr. ALLBUTT knows less than nothing at all, or he would have known that the particular virtue of this system is that it does *not* treat "abstract diseases," nor does it

treat patients in classes but as individuals, and that it has a method of *individualising remedies* as well as patients. The lack of a means of individualising remedies on the part of the school Dr. ALLBUTT represents renders all the fine talk about individualising patients fine talk and nothing else. When you have individualised your patient what, according to Dr. ALLBUTT, are you to do with him? Having got rid of "principles of causation and therapeutics"—there is nothing like throwing your principles overboard if they refuse to work, so we do not blame the old school for this—and ignoring the teaching of homeopathy, Dr. ALLBUTT offers this practical outcome to an expectant profession:—a "cautious—he might say, 'opportunist'—use of facts and tentative methods!" How very consoling, to be sure! *Experimentum fiat in corpore vilo* is what it all comes to. Having individualised your patient, you must proceed to apply "tentative methods." That is to say, you must pour in your drugs—cautiously, no doubt—but pour them in, and then stand by and see what turns up! It seems to us that it is just as handy to treat patients by the gross—to treat their diseases, in fact—as it is to individualise them for no better purpose than this.

No, Dr. ALLBUTT, you will do better to stick to the old lines and not worry yourself or your students with ideas about "individualising" unless you are prepared to go the whole length and accept the doctrine that, "like cures like." If you will do this you will not merely individualise patients, as HAHNEMANN taught you to do; you will also individualise remedies, as he could teach you, if you were not too stupid to learn. Then your "caution" would give place to confident and enlightened practice, and your "tentative" dosings in the dark, your experimental physic, would disappear, and you would understand what scientific treatment really is.

NEWS AND NOTES.

“RATIONAL” MEDICINE.

SIR R. DOUGLAS POWELL, in his presidential address at the first meeting of the Clinical Society of London for the present session, gave a not altogether cheerful account of the present rate of medical progress on the orthodox side of the fence. He opened very well with a quotation from Sir Thomas Watson, who, by the way, does not appear to have left his mantle to any modern clinicists:—

“EMPIRICAL USE OF REMEDIES.

“Sir Thomas Watson, in his inaugural address, 1868, laid it down as the great object of the Society to attain ‘more exactness of knowledge and therefore more direct and intelligent purpose and more successful aim, in what is really the end and object of all our labours—the application of remedies for the cure and relief of disease.’”

That was thirty-two years ago. Now Sir R. D. Powell tells how these highly proper behests have been carried out by this Society. We will give a few extracts, which do not require editorial elucidation from us.

“Whilst rational therapeutics must follow in the wake of advancement in pathology and etiology, it is very remarkable how many of our remedies have preceded in their employment any adequate knowledge of the maladies for which they were used. Thus for nearly four centuries *Mercury* has been used for syphilis, and I doubt if any one could even now tell the precise method of its action.

* * * * *

“We may then be thankful for much in empiricism which is but unexplained observation, the well-attested results of which we should be as foolish to reject because unexplained as to refuse to profit by the sunshine until we knew the composition of its rays. The great object of this Society is to gain increased knowledge of practical medicine by ‘the collection of cases, especially such as bear upon undetermined questions in pathology and therapeutics,’ and by pursuing it concurrently with the advance of contributory scientific research and discovery we have vastly improved our handling of drugs often empirically found, in decision and definiteness, when to employ, how far to push, and when to withhold.

* * * * *

“A measure of success, encouraging for the future, has at least been attained in tetanus, septicemic conditions, plague, cholera, anthrax, and we hope this session to receive some valuable contributions presenting for discussion and comparison the experience of those

who have in the African war and in India watched the results of the preventive inoculations against enteric fever devised by Professor Wright. Important, however, as are these increased powers of prophylaxis and treatment, the direct fruits of recent combined laboratory and clinical labours, encouraging, too, as they are, for further work, we must yet admit disappointment that they have failed to help us in some of our more homely diseases—diseases which in so great a degree account for the discomforts and death-rates of large communities."

And then comes this climax :—

"The death-rate from pneumonia has remained unaltered for fifty years ; the influenza bacillus thwarts our best efforts and carries on its guerilla warfare year after year with a gay elusiveness worthy of a De Wet ; nor can we yet cure a common cold !"

VICTORIOUS ANALYSIS.

IN another part of this issue we quote from the *Manchester Guardian* a full report of the first part of an inquest held on a child, aged five and a half years, who died under strange circumstances at Sale. We give the report in full because it shows the amazing amount of ignorance on the subject of homeopathy that exists among persons like coroners and analysts, who are supposed to have some degree of education and intelligence. Here is the report (from a local paper) of the adjourned inquest, telling of the solemn search made in the contents of the child's stomach for the metallic arsenic derived from two pilules of *Arsen.* 3!

"At Sale, Mr. Yates held an inquest concerning the death of Erica Payne, aged five and a half years, daughter of William James Payne, cashier, Beech Road, Sale. The hearing had been adjourned in order that the contents of the child's stomach might be analysed. Dr. Riley, who made an examination of the body, having been of opinion that the child had died from inflammation of the large intestine caused by some irritant. The child had eaten of tinned rabbit, from the effects of which she became ill. The child was given some pills, the parents stating they believed in homeopathy. In his first report Dr. Carter Bell, county analyst, said he analysed the contents of the stomach, and made a special examination for arsenic, because some pills were brought by the police inspector in a bottle labelled "arsenicum." He had not been able to find a trace of mineral poison in the stomach, and in the pills he could not find a trace of arsenic. In a second report he said the pills submitted appeared to be globules of pure sugar. He examined the sample of tinned rabbit submitted and found distinct evidence of the presence of ptomaines. His opinion

was that death was caused by the presence of ptomaines in tinned rabbit.

"A verdict of death from ptomaine poisoning was returned. The Coroner observed that after the report of the analyst he should be surprised at any one being homeopaths. Of what effect were pills of pure sugar?"

Nor are medical editors any more enlightened than coroners and analysts. Here, for instance, is what the *Medical Press* of October 17th has to say about it. It will be noticed that our contemporary says the inquest was held at Liverpool, whereas it was held at Sale. But that is by the way. Our contemporary is barely within fifty miles of the truth when it has anything to say about homeopathy:—

"HOMEOPATHIC DOSES.

"In the course of an inquest held a few days since at Liverpool on a child it was elicited that the deceased had been given homeopathic pilules containing arsenic, but the county analyst reported that he had been unable to find any arsenic in the gastric contents, or indeed in the incriminated pills, whereupon the coroner wondered that, in the face of such evidence, there should any longer be homeopaths. Dr. J. W. Hayward has since taken the trouble to point out that homeopathic pilules 'would necessarily contain so little arsenic that it would escape the analyst's tests.' Now Marsh's test enables one to detect as little as a five-thousandth of a grain of arsenic, and if these homeopathic remedies contain a less quantity than this it is difficult to imagine what effects would result from their administration. We can only dismiss with a smile the suggestion that the result should be estimated by giving them, these pilules, to a patient suffering from 'enteritis from cold,' first, because enteritis from cold is a very vague morbid entity; and secondly, because recovery therefrom would not necessarily be proof of efficacy."

It is possible for two people to play at the smiling game. These learned ignoramuses simply don't possess the necessary faculty for apprehending the subtleties of physiological reaction to stimuli, which can neither be weighed nor measured. They can no more understand it than a cherub can sit down. So the only thing we can do is to smile in our turn when we see them doing their futile best to make their readers believe that they do know all about it.

A HEALTHY PROVER.

THE *Westminster Gazette* of October 22nd contained the following:—

“GERMAN POISON SWALLOWER.

“A new prodigy has arisen at Berlin in the person of Captain Vetrico, who swallows the most deadly poisons with impunity. A committee of doctors has examined him, and has determined, states a Dalziel telegram, that the test is genuine, the probable explanation of the phenomenon being a ‘freak’ constitution.”

The thing that pleases us about this paragraph is the “explanation.” “Freak constitution” is so soothing and satisfying, almost equally so with that “blessed word” Mesopotamia! It explains nothing and commits nobody to anything. Captain Vetrico ought to be tried with a few high potencies.

PLAGUE FISH.

Now that rats have had their turn as the disseminators of plague, fish are to be allowed a chance. The *Paisley Daily Express* of October 17th published the following note:—

“FISH AS POSSIBLE TRANSMITTERS OF PLAGUE.

“Not only rats, but now fish also, are said to be transmitters of plague. According to the *Journal of Tropical Medicine*, a quantity of dead fish were thrown up on the shore at Tokio after a recent flood. Some of the fish, on being eaten, caused illness, and rats fed on them are said to have quickly sickened and died with all the symptoms of plague. Examination of the fish proved them to be infected with the plague bacillus. It has been stated for some time that crabs were liable to be affected with the plague bacillus, but, if fish generally are susceptible to infection by it, such a widespread source of danger will deserve to be generally known. The authority for the connection between fish and plague is apparently not forthcoming, a paragraph in a Japanese newspaper having led to the report. It will, of course, need further confirmation before any importance can be attached to it. But even the most unsupported statement concerning such an important matter should direct the attention of scientists to its thorough investigation, in order that either a needless scare may be avoided or a possible serious danger obviated.”

TOADS IN STONES.

THE *Westminster Gazette* has lately published some recent examples of toads and other reptiles being found

embedded in stones. Here is one of them, extracted from the *Scotsman*, which appeared in the *Westminster Gazette* of October 3rd:—

“ANOTHER TOAD MYSTERY.

“The latest instance of an embedded toad comes from Scotland. A correspondent of the *Scotsman* writes:—

“At Coldstream last Monday I paid a visit to the sandstone quarry there, in order to see a toad which had been found a few weeks ago during blasting operations, and which was alive. The quarry is from forty to fifty feet deep, of solid stone, and it was at the lower and inside workings where the toad was found. The bit of stone on which it had been embedded was also there, and showed a very shallow indentation, but the upper part of the stone had been shattered to pieces. So far as I could learn the toad had been pressed very flat, and the cavity in the stone proved this. Very soon after, however, it inflated itself with the air and showed it was alive. It is not very lively, but moves about in the small box, filled with moist grass, in which the men keep it. It is probably above the normal size, and has a very warty-looking skin. The eyes are quite bright.’

“Some further particulars about the finding of the toad would be advisable before agreeing with the correspondent that it must have been embedded in the rocks for ‘thousands of years.’”

STROPHANTHUS.—A chronic dyspeptic and hypochondriac consulted Dr. Edmond Piedvache for attacks of dyspnoea, especially on ascending. He was found to be the subject of arteriosclerosis, with pronounced enlargement of heart and aorta. Glonoin 1 did them little good, but strophanthus, 5 drops of the tincture twice daily, effected a remarkable improvement, which the sphygmograph also verified.—*Revue Hom. Française*, April, p. 445. (J. B. H. S.)

POISONING BY ANILINE.—At the meeting of the Académie de Médecine M. Landouzy drew attention to the evil effects of aniline, and said that he had treated ten children who were suddenly seized with torpor, chills, and pallor of the skin, a few hours after having put on yellow shoes recently coated with a black tincture. One child of seventeen months, carried out on a very hot day, but in perfect health, was brought home in a prostrate condition, and symptoms of asphyxia; he remained in that condition until the evening in spite of injections of caffeine and ether. Six other children belonging to the same family fell ill suddenly one extremely warm day. The mother was extremely frightened to see all her children fall around her almost asphyxiated. The lips, ears and hands became blue, while the limbs were cold and bloodless. A minute inquiry resulted in incriminating the tincture which had been applied to the shoes, and which was composed of 92 per cent. of aniline. M. Blanche said that some twenty years ago he had observed a similar case of poisoning in a lady who had worn stockings dyed with aniline.—*Med. Press*, July 25th, Paris Letter.

ORIGINAL COMMUNICATIONS.

IBERIS AS A HEART MEDICINE.

By DR. PROCTOR.

IN the literature of our school there is hardly any invention of *Iberis* used therapeutically. Possibly this may be due to some doubts that were thrown on the American provings soon after they were published; but as far as I can gather the balance of evidence was in favour of their being genuine and reliable. But I am not aware that any use has been made of them in practice. Not very long ago a re-proving appeared in one of our journals by our colleague, Mr. Kopp, in which the heart symptoms that are so distinctly brought out in Hale's *New Remedies*, fourth edition, are confirmed, and the medicine is shown to have a specific action on the heart. Its sphere appears to be limited, but very well defined. It has, however, not got into general use, and believing it to be of great value, I lay the following observations before your readers:—

Hale's attention, it appears, was drawn to it by the following reference in Wood's *Practice*. "Dr. Sylvester speaks highly of *Iberis Amara* in that disease (cardiac hypertrophy). He gives the seeds rubbed to powder with cream of tartar in doses of from one to three grains. The remedy was first brought into notice by the late Dr. Williams, of London."

What Dr. Williams is here referred I do not know, but most likely the seeds were used empirically and drawn from popular medicine, but now that it is proved, *secundum artem*, we can use it with the precision that characterises homeopathy.

The active principle of *Iberis*, or Bitter Candytuft, seems to be especially located in the seeds, which yield an amber-coloured and very bitter tincture.

My experience of its action therapeutically was, in the first instance, in my own case, and being so the result made its due impression on my mind.

At the first visitation of the influenza in the early part of 1890, I was seized by the invader and took the disease in a moderate form, but after throwing off the acute attack and being subject to the usual depression for a month or so, I hoped I was out of the wood, but unhappily

cardiac weakness supervened and became a great trouble to me. For over two years almost every waking moment was attended with cardiac distress. The persistent weakness developed on the least agitation into irregular palpitation with great anxiety. Tobacco had to be discarded and alcohol taken in the smallest quantity, but half a glass of port wine occasionally had a distinctly steadying and soothing influence. This state of things went on in spite of all that I could do. *Arsen.*, *Quinine*, *Strophanthus*, *Cactus*, *Digitalis*, and many other things were tried with very little alleviation. Several sphygmograms were taken and showed want of cardiac impulse and occasional irregularity. At the end of two years of this uncomfortable state I was led to try *Iberis*, and the result was very gratifying. A drop of the mother tincture was taken dry on the tongue in powder form, two or three times a day. After continuing this for about ten days, as the sole treatment, the heart fell almost suddenly into its proper, regular, and unconscious beat and retired at once and finally from further observation.

From that time till now the asthenic symptoms vanished and have not troubled me again, even for a moment.

Such a gratifying result was not lost on me, and I have repeated the treatment with equal success in many cases, and have recommended it to my colleagues. An experience like this naturally leads one to think highly of a drug apparently so efficient, and I recommend it to the consideration of my colleagues.

The chief thing here is to use the medicine in the right cases; and I am disposed to think that the provings and my own experience point to its use in asthenic cases and not in hypertrophy, where the muscular compensation is adequate. It may not take the place of *Digitalis*, but would seem to range itself among the purely cardiac drugs having no vaso-constrictor action. Whether its action is on the muscular or the nerve elements of the heart is equally uncertain, but judging from its general effect on the system in physiological doses, it would appear to produce a condition extremely analogous to that of the influenza poison, and therefore to be homeopathically specific.

17, Hamilton Square, Birkenhead.

October 22nd.

LORD LISTER ON HIMSELF.

By R. E. DUDGEON, M.D.

THE Huxley Lecture of this year was delivered at the opening of the Winter Session of Charing Cross Hospital Medical School on the 2nd of October by Lord Lister, and the title of the lecture is "Early Researches Leading up to the Antiseptic System of Surgery." This title filled me with a lively expectation that we should now have a full account of the steps that led the noble orator to the conception and construction of the system of antiseptics in surgical work with which his name is so intimately connected, and from which his fame and honours have been derived. Now, methought, we shall have from the mouth of the protagonist of surgical antiseptics a full, true, and particular description of what led him to fix on carbolic acid as the prime agent in the destruction and exclusion from surgical wounds of those pathogenic microbes which we were told were the cause of the untoward events in the healing of wounds that had attended surgical operations. We should be informed of what credit was due to the previous teachings of Déclat relative to the efficacy of carbolic acid in the treatment of wounds. We should learn how the invention of the renowned "carbolic spray" which caused such a furore throughout the surgical world originated, and how it happened that after its almost universal adoption for many years, it was almost suddenly discarded and its author at the Medical Congress at Berlin confessed that he was ashamed of having ever proposed it as a means of destroying the microbes in the air, as it did not destroy these microbes, and the microbes of the air were, as Mr. Toots would say, "of no consequence," and the vaporised carbolic acid often poisoned the patients and occasionally the surgeons.

But my disappointment was great when I read the lecture in the *Lancet* of October 6th. It fills the enormous space of seventeen columns of small print, but from first to last there is not one word about carbolic acid antiseptics, nothing to tell us—

"From whence that tender spray did sweetly spring,"

nothing even remotely connected with the innovations in surgical technique with which the noble lecturer is credited. These many columns of the *Lancet* are occu-

pied almost exclusively with details of microscopic observations on the appearances of the blood in the capillaries in inflammation or under irritation or stimulation; the subjects of observation being chiefly the webs of frogs, once the wing of a bat, and another time the skin and cornea of a rabbit.

These observations and experiments seem to have afforded the lecturer immense satisfaction and astonishment, but I cannot see that they differ materially from the recorded observations on the same subjects familiar to every student of physiology, and which are now ancient history, having been made by eminent physiologists of the beginning of this and of the previous century. An excellent account of the observations of those predecessors of Lord Lister will be found in the *Elements of General Pathology*, by Fletcher, edited by our late colleagues, Drs. Drysdale and Russell, published in 1842. The changes in the capillaries and blood corpuscles which Lord Lister describes in great detail, and which he seems to think were first observed by himself, were long ago (before 1840) seen and described by Burdoch, C. Koch, Baumgärtner, Kaltenbrunner, Poiseuille, Wedemeyer, Gluge, Marshall Hall, J. Müller, and others, and more or less satisfactory explanations given by them of the phenomena. The only point in Lord Lister's long account of his observations that seems to me to be original is that referring to the effects of irritants on the pigmentary granules of the frog's foot, which may be of interest to the physiologist, but is of no practical value, and, like his observations of the capillary circulation, has no more connection with the subject of antiseptic surgery than Goodwin Sands have with Tenterden Church steeple.

It must have been a dreadful disappointment to Lord Lister's audience, who expected to hear from him an account of "the researches leading up to the antiseptic system of surgery," and were entertained (or may I not say bored?) with an unconscionably long discourse chiefly about his microscopical researches on the circulation in a frog's foot, with some irrelevant matter thrown in, without a word about the subject of antiseptic surgery to which those researches did not "lead up" in any appreciable manner. It would almost appear that his lordship is ashamed of the whole antiseptic business, as he declared he was of the famous "spray," and that he now wishes to

be credited with the introduction of cleanliness in the conduct of surgical operations, which Virchow, in his Huxley lecture two years ago, when Lord Lister was in the chair, said was due to the noble chairman, and for which "he will always be reckoned amongst the greatest benefactors of the human race." As Lord Lister uttered no word of protest against this unmerited praise, it would look as though he believed that he was the inventor of the modern system of "asepsis," or scrupulous cleanliness, whereas every one knows he had nothing to do with it, his fame and position having been acquired by his advocacy of "antiseptics" in surgical operations, and primarily and particularly by the "carbolic spray," which is now as dead as Queen Anne.

"ONE-LEGGED HOMEOPATHY."

By DR. HUGHES.

IN his article of October, bearing the above title, Dr. Clarke has launched so many darts against me that, had I reason to believe his strictures endorsed by any number of our colleagues, an *apologia pro opere meo* would seem called for on my part. Until, however, I have evidence to this effect, I will not burden the readers of THE HOMEOPATHIC WORLD with any general deliverance of the kind. I will content myself with a few remarks and corrections which will better enable them to judge between my friend and myself on the points he has made against me.

1. If I had ever deprecated the use of clinical symptoms as guides to the homeopathic medicine; if I had at any time urged that, before we used a reputed remedy for a morbid condition, we should first ascertain its power to produce such a state in the healthy; if the *usus in morbis* had been, in what I have written, a forbidden source, and the empirical an inadmissible method, Dr. Clarke's *Ceanothus* case and his comments thereon would have been highly pertinent. As it is, it does not touch me in the least. From the beginning I have practised, and as long as I have taught I have taught in the contrary sense to that described above. In the lecture on "Homeopathy Ideal and Actual," delivered at the London Homeopathic Hospital in 1895, and published in the *Monthly Homeo-*

pathic Review of March, 1896, I have expressly shown that there are more ways than one of arriving at the homeopathic remedy, but that, however reached, if it has certain characteristics of operation it *is* the homeopathic remedy, and benefits after a manner all its own.

2. But, in the same lecture as that referred to, and in its predecessor, I have urged that while there were several ways of obtaining this desideratum, there is one which is the more excellent. This is the method of Hahnemann, as expressed in his well-known formula, and carried out so as to include the generic, specific, and individual elements of the similarity it postulates. It is here that Dr. Clarke and I part company. He does not care, so long as he gets his remedy, whether he finds it by this method or not: I submit that he ought to care. Our master has bequeathed to us a precious instrument—an organon for the discovery of specifics, not so much for concrete diseases as for each separate case; and we are impoverishing ourselves and robbing the method of its due credit if we do not make daily use of it. We may supplement it from other sources; but it ought to be the guiding-star of our practice, the (medical) lamp to our feet and light to our path.

3. And this is why I have insisted on the distinction between "practising homeopathy" and "prescribing homeopathically." Dr. Clarke was, I doubt not, practising homeopathy when he cured his patient's splenic pain with *Ceanothus*, but he was not prescribing homeopathically. He was not giving the drug because it had caused a similar condition in the healthy subject, but because Dr. Burnett and others had removed such splenic pains and swellings by administering it to the sick. This is perfectly warrantable, and the patient is the better for our wider range of choice; but the prescription is empirical not homeopathic, its success does nothing—in our minds, or in those we wish to convince—for the method *similia similibus curentur*.

4. Dr. Clarke professes himself unable to see the (possible) difference between "practising homeopathy" and "prescribing homeopathically." He is, therefore, consistent in ignoring, in his *Dictionary*, any distinction between pathogenetic and clinical symptoms. But if the above remarks have any force, the boundary line between them is a very important one, and ought to be marked.

In such a *Materia Medica* as my esteemed colleague is issuing clinical symptoms should undoubtedly find their place. But let them be marked—with Hahnemann by a "Heilwirkung," with Jahr by a °, or with Allen by relegation to footnotes; so that we may know what we are using, and how the medicine came to have the symptoms in question. The opposite plan, as adopted by Hering and Lippe, has led to infinite illusion and endless blundering; it is, as Dr. Allen has justly styled it, an "abominable fallacy which has poisoned the fountains of our materia medica from Hahnemann to the present time." I deeply regret that Dr. Clarke should have allowed such vitiation to pervade the pages of his otherwise valuable book.

This is all I have to say at present on the main point at issue between us. I may have hereafter to ask for space in which to reply to other counts in the indictment brought against me.

"LIKES."

By DR. CLARKE.

I AM afraid my good friend Dr. Hughes is incorrigible. When I want to keep to a question of fact, he meets it by an appeal to the opinions of his colleagues and indulges in talk about "ideals." But I must remind readers that we are not concerned with a political question which has to be settled by counting heads; nor with a theological question which is a matter of Scriptures and authorities. The only question I am concerned to have answered is this: *What is the intrinsic prescribing value of a symptom observed to disappear in a patient under the influence of a certain remedy?* Dr. Hughes does deny that such a symptom, well observed and well defined, is just as valuable for curative purposes as if it had been first observed in a proving. He frequently uses such himself, but he does it under apology. It is the "actual" homeopathy he practises, but alas! it is not his "ideal." You may walk with two legs, he says, in effect, but the ideal motion, after all, is hopping; and if you will persist in using two legs you must have a different coloured trouser

on each, and a particularly dowdy one on the clinical leg, to show that it doesn't really belong to the same caste as the other. Dr. Hughes is not like the undergraduate who refused to rescue a drowning fellow-student because they had not been introduced; he would condescend to fish him out with a boat-hook, but he would give him clearly to understand, when landed, that the boat-hook did not constitute an introduction. If I have two sovereigns in my pocket and one of them was minted at the antipodes, Dr. Hughes thinks that, though the purchasing power of an Australian sovereign is admittedly the same as the purchasing power of the British one, I ought "ideally" to spend only the British sovereign, and if I use the other I ought to have a separate purse or a separate bank to take it out of. It seems to me that this is perilously near to scientific hypocrisy, and finds a very close parallel in the idiotic burdens the Scribes and Pharisees devised for stupid people's consciences.

What are "likes"? All homeopaths are agreed that "likes cure likes," but it seems there is a wonderful divergence of opinion as to what constitutes a "like." Drugs cure conditions "like" those they cause. All are agreed about that. How are we to find out what they will cause? By provings on the healthy (or quasi-healthy). Again agreed. But is this the only way? No, says Dr. Hughes, there are other ways of discovering drug effects, but these are illegitimate children of homeopathy, "foundlings" of a sort, and are on no account to be ranked with the elect. They must wear a charity suit all their lives, even if they rise to the rank and dignity of keynote symptoms. Now is homeopathy to be shut up to this? Certainly not. Provings on the quasi-healthy is one method, and the most fruitful one, of discovering the "positive effects" of drugs (as distinguished from hypothetical properties, as "tonic," "alterative," &c.). But the "positive effects" of drugs—the "likes" to be matched in the cure of the sick—are manifested in other ways just as unerringly as by provings made of set purpose. The disappearance of symptoms in provers is one way, and the disappearance of symptoms in patients is another. A drug cannot cause a symptom to disappear, unless it has the power of setting it up in a subject

sensitive to its action. No medicine has been, or can be, thoroughly proved, and every drug picture has to be filled out by clinical work; and Dr. Hughes has only his own authority for saying that a prescription based on well-observed and well-defined clinical symptoms is not a homeopathic prescription. Further, medicinal aggravation is another source of the discovery of positive drug-effects; and here, again, that *Ceanothus* case comes to my assistance. I find I had an authority for the prescription which will be peculiarly acceptable to Dr. Hughes, in that it comes from an allopathic source—a homeopathic aggravation observed by an allopathic doctor. Hale quotes from the *Atlanta Medical and Surgical Journal* a doctor (unnamed) who says, "In chronic cases where the organ (spleen) is no longer tender, under the use of the tincture [of *Cean.*], even without friction, it soon becomes painful and tender, then sinks rapidly to its normal size." Here, says Hale, very justly, we see a "true homeopathic aggravation." This is a definite symptom of *Ceanothus*, and quite as valuable for prescribing purposes as the symptoms of Dr. Fahnstock's proving. This is one source, and a very important one, of the discovery of "likes." Hahnemann early surmised this, but at first he deprecated the definite inclusion of symptoms so observed in the Schema of a remedy, as Dr. Hughes points out (*Pharmacodynamics*, 5th ed., p. 38). This precaution was abandoned later on. Evidently experience showed Hahnemann that it was unnecessary; that a well-observed homeopathic aggravation was a distinct "positive effect," and a perfectly legitimate "like" for basing a prescription on.

Dr. Hughes quotes the following as an "awful example." A patient of Ægidi's labouring under a neuralgia, starting from a nephritic complaint, and suffering from "agonising pain proceeding from the region of the left kidney, down the corresponding limb as far as the outer malleolus," took at 9 a.m. a drop of *Colocynth*. 6. In the evening the patient had, "periodically, a dreadful cutting in the abdomen, proceeding from the left renal region, spasmodically drawing the left thigh up to the body, and forcing the patient to bend herself completely forward." This "at the utmost," continues Dr. Hughes, "was a medicinal aggravation, but it appears as S. 114 of the pathogenesis of *Colocynth*. in the second edition of the *Chronischen*

Krankheiten. This suggests how many of the apparently wonderful effects of drugs which experience has proved of little activity (as *Natrum Carbonicum*) were obtained."

I leave any *practical* homeopath to say whether he is not obliged to Hahnemann for including that symptom (whether in charity livery or not) in his pathogenesis. Dr. Hughes has given the measure of his own practical acumen in his sneer at *Nat. Carb.*—a most potent remedy, as any one who has used it on its indications can tell. Once Dr. Hughes, in his airy style, wrote of that wonderful polychrest, *Natrum Muriaticum*, "I know nothing of the virtues of salt"—leaving it to be inferred that they were not worth his inquiring into. He has since seen reason to modify this. But that he was ever capable of writing it shows what an inadequate impression the *practical* side of homeopathy has made on his mind.

Dr. Hughes is a great stickler for provings on the *healthy*. Now, your perfectly healthy person is as great a rarity as your perfectly faultless one. As Dr. Cooper remarked, you have first to catch your healthy man. And having caught him, you will in all probability get no symptoms out of him. He would be like St. Paul and refuse to react even to the bite of a viper. We must be content with *relatively* healthy provers; and it is only those who have a certain instability of health who are easily acted upon by medicines either in the crude form or in attenuations. Some patients prove every dose of medicine that is given to them, no matter in what potency. Such was the case with Caspar Hauser. Dr. Hughes thinks that observations made on subjects of this class are to be rejected, or else branded with a badge of illegitimacy. I do not look at symptoms in that way. All I want to know is: Are they good to prescribe on? My experience, and that of many other practitioners, says yes. Therefore I take definite observations obtained in this way as "likes" for prescribing purposes, and in my book I have, as a rule, taken no pains to distinguish them with a badge. When there is in my estimation a doubt of the practical value of symptoms, whether proved or clinical, I have indicated it either in the introductory part or in the Schema. My book is written from a *practical* point of view, and makes no attempt to go into archæological questions or questions of ideals. When I know no difference in value between symptoms observed

in a proving and symptoms observed clinically, I have not bothered my readers by affixing badges to any of them. Drugs will cure cases manifesting symptoms "like" their own "positive effects." These "positive effects" may have been discovered in a number of different ways. But a "positive effect" is current coin in homeopathy, no matter on which side of the homeopathic sphere it may have been minted.

I have the greatest respect for the talents of my friend, Dr. Hughes, but I cannot think that even he is capable of passing judgment on a work he has not seen, and whose author's preface he has not studied. Therefore I am sorry I cannot accept his qualified praise of my work as "otherwise valuable" any more than I can his condemnation of it as "vitiating."

LINWOOD CONSUMPTION HOSPITAL.

By ARTHUR A. BEALE, M.B.

WE have all heard of the open-air treatment for consumption at Nordrach, and of the curious injunctions imposed on the patients at the hospital in the Black Forest. Some, perhaps, like myself, were curious to know how far the heroic proposal to carry out these principles of treatment in our own uncongenial climate would meet with success. It was with such sentiments that we wended our way to the hospital at Linwood in the New Forest, two miles and a half from Ringwood, with a kind and courteous permit from Dr. Smyth in our possession.

Have you been to the New Forest? and especially that most interesting spot called Picket Post, where stands one of the homes of the Hon. Auberon Herbert? If you have, you will have probably seen from the road, some mile and a half away down in the hollow, surrounded by dark patches of woodlands, with a large interval of green moorland and slopes, on which is painted a white pathway, a curious light grey building, all window-space but apparently windowless like an unfinished dwelling-house. That is the New Consumption Hospital. Follow with the eye the pathway and you will see again at some distance a group of other buildings. These are the refectory, the farm, and the electric generating station. In fact, here is a little colony of patients determined to get well.

Dr. Smyth is away on his holidays, but his representative, Dr. Macfie, is down at the refectory we are told; he is kindness and willingness themselves. We find him mending a bicycle near the refectory, and at once we start on a whole host of questions, followed by as many answers.

Yes, an attempt is made to follow the lines laid down at Nordrach. The patients are lodged for the night over yonder, and they travel three times a day in all weathers to the dining-room here for the meals which they are expected to eat. Fine days they are turned out into the fields to roam about to their heart's content, inhaling the aroma of the pinewoods.

As said before, three times a day they are supposed to meet round the table. The meals, we are told, are those usually enjoyed in England—breakfast, dinner, and supper, except that they are more substantial, with a liberal allowance of meat, fat and lean, bread, and pudding, vegetables, fruit, &c. At every meal a pint of milk is served to each—this must be taken as a matter of course. It would seem that the public notions of the stuffing process supposed to take place, on the same lines as young turkeys, is a misconception and libel.

The patients are certainly encouraged to eat liberally, and as they know how much depends on it, and that this is what they came for, they generally succeed. Sometimes the milk is substituted by malt liquors; and brandy is used for emergency purposes, but this is unusual, and temperance is the rule.

The dining-hall of course adjoins the kitchens, which are beautifully, neatly, and compactly built and fitted up; above these are a few rooms for accommodation of doctor and attendants. The little farm, which is picturesque enough, and stands out through its greater age, has the usual appearance of an English set of brick and wooden outhouses; whilst the cows and calves, the chickens and fowls enjoy the quiet outside, and carry a strong suggestion of new milk and new-laid eggs.

But time is getting on, the doctor suggests a move. Again we recross the thoroughly rustic bridge over a very dry and thirsty stream, open the wicket with a click, and again we wander up the garden path; with its line of posts, each supporting a small electric light, which carry the electric wires from the generating shed to the sleeping

apartments or hospital proper, whereby the lamps become luminous and messages are carried in accordance with the laws of telephones. But what is this? the windows are large and they are open, and open we are told they do and will remain, come wind, come snow, or fog or rain or sleet. The sun's bright glare or the moon's pale smile makes no difference. Walk inside and see the beautiful outfit. The ground-floor, for the most part, is devoted to offices, general sitting-rooms, attendants' private rooms and stores. On the first floor we enter one of the rooms, which is practically a type of all the others.

The walls are plain matchboard, pine I believe, the floors are polished, the furniture of the simplest: a wardrobe and dressing-table combined, a writing-table and washstand. The bed is simple and healthy—wire spring and mattress. In one corner, curtained off, is the spray bath, hot and cold, which the patients are encouraged to use varied under medical orders. There is an abundance of sunlight by day (these rooms all facing south or south-west, I believe), and good electric light by night, chosen for their health and stability during hurricanes that occasionally rampage through the rooms, during which the open windows persist. There was also a coil of hot-water pipes, whose assistance was only invited in *extremest* cold weather. East winds were treated with a proper healthy contempt, as the most and worst they seemed able to do were to irritate the cough in a very superficial and transitory manner. Wet weather was similarly slighted. This home could not be called allopathic or homeopathic, as for the most part drugs were ignored. As Dr. Macfie suggested, the T.B. was a bacillus that thrived only under low conditions, and by improving the tone of the body the T.B. was ousted. Consumption was a disease where there was an excessive katabolism, and this must be made up for. This is done (as is well known) in this method of treatment by a liberal supply of food and the assimilation thereof being assisted by a regulation of exercise and rest and fresh air.

The relief is felt almost immediately, and improvement continues, nine months being necessary to re-instate health. In some cases a longer period is recommended. One or two temperature charts seen were very reassuring and interesting, and, we were told,

these were a fair sample. Liberal food, fresh air, baths, regulated rest and exercise. What could be more simple and rational? and add to this a very moderate charge, there is everything to form a consumptive's heaven; nay, added to this the self-evident and self-assured improvement, the heaven easily becomes Nirvanic.

We were pleased, we had been and seen, and came away satisfied. This thing was not a dream surely. We loitered by the wayside; we drank in the view with the last peep of Linwood, refreshed the personal man with a fine repast of September blackberries, and hastened back to a more substantial meal at home, having got one good hint at least from our visit.

45, Townshend Road, Regent's Park, N.W.

HEART SYMPTOMS OF *LYCOPUS VIRGINICUS*.

By FREDERICK KOPP, Greenwich, N.S.W.

Lycopus Virginicus, on account of its analogous relation to such prominent cardiac remedies as *Digitalis purpurea*, *Acidum hydrocyanicum*, *Spigelia anthelmia*, *Cactus grandiflorus*, and *Iberis amara*, is often of great value in affections of the heart, whether organic or only functional,

The following are the most prominent cardiac symptoms developed during a recent proving of the mother tincture of the drug:—

Throbbing pain in the heart, painful stitches through the heart, tenderness around the heart, accompanied with a constrictive pain; great cardiac depression, the beating of the heart being dull and heavy; jerking pulse; quickening of the pulse at each inspiration; pain of an acute nature at the apex of the heart, accompanied with a contraction of the intercostal muscles, aggravated by lying on the right side; great cardiac distress; pulse quickened, with frequent and distinct intermissions; a peculiar painless sensation as of a pressing outward in the region of the heart; intermittent cardiac action; pulse intermittent and very irregular, quickened at each inspiration, and aggravated on lying down; palpitation on the slightest exertion; pains in the left side of the cardiac region; very laboured action of the heart on awakening out of sleep; pain of a subacute character at the apex of the heart; cardiac pains, accompanied with general

debility; pains of an acute and darting character in the heart, accompanied with frequent and complete intermissions; compressible and feeble pulse, very irregular; irregular pulse, scarcely perceptible; acute pain at the apex of the heart, accompanied with great cardiac distress, unrelieved by pressure; acute pains at the apex of the heart; cardiac depression, accompanied with faintness, especially on ascending a stairs; pulse fairly strong and less compressible, with heart's action hardly perceptible; subacute pain at the base of the heart; intermittent pulse, accompanied with cardiac depression; pulse very compressible and irregular in rhythm; the systole shortened, and the interval lengthened on lying down, accompanied with palpitation; great cardiac oppression, accompanied with quickened pulse, and preceded by cardiac depression; pulse varies greatly, both in rhythm and in force, is compressible and very irritable, and has frequent intermissions; pulse not intermittent, but very variable; sometimes almost imperceptible, and very irregular, both as to time and to force; pulse at the wrist seems to be much weaker than the cardiac pulsation; sounds of the heart very indistinct, the systolic sound passing into the diastolic; pulse slightly below normal, accompanied with oppressed cardiac action; heart symptoms accompanied with frequent yawning and sighing.

In cough, in which hemoptysis is an accompanying symptom, and also a quick, feeble, and irregular action of the heart is present, *Lycopus Virginicus* is often of great value. It palliates some of the most prominent symptoms in organic cardiac disease, lessening the suffering to a great extent, and relieving the feeling of anxiety and irritation. In cardiac hypertrophy, associated with dilatation, it relieves the palpitation, which often is of so distressing a character. The palpitation also resulting from nervous irritation, with plethora, often points to *Lycopus Virginicus*. Its use in aneurism of the large blood-vessels near the heart is often marked with very favourable results. Cardiac depression, cardiac oppression, and an irregular pulse, are very prominent and persistent symptoms in the proving of the drug. In cardiac disease these symptoms are often met with, and, in the great majority of such cases, *Lycopus Virginicus* is therefore the drug that is indicated.

In the proving the cardiac distress is very great, being most severe at the apex of the heart, at which there are acute darting pains. The primary effect of the drug on the heart is to almost immediately steady the cardiac action, but this is rapidly followed by jerking, irregular, and intermittent pulsations. The pulse at last becomes feeble, quickened, and irregular, a peculiarity being its quickening at each inspiration, and the aggravation of the symptoms on lying down. The pains at the heart are most severe at the left side. A persistent giddiness, especially while sitting down, is an additional indication for the use of the drug, as this symptom was a very prominent one throughout this proving.

Throughout the proving pains of a rheumatic-like character, down the left forearm, left wrist, and left hand, were very frequent and persistent. As these are not uncommon symptoms attending persons suffering from cardiac disease, we have in these a further indication for the use of the drug. A laboured action of the heart on first awakening is also a prominent symptom peculiar to the drug, as also are frequent intermissions. In the diarrhea of patients suffering from jaundice, associated with a weakened condition of the heart, *Lycopus Virginicus* is often very prompt and effectual in its action. In tumultuous action of the heart, accompanied with protrusion of the eyes, as in exophthalmus, resulting from cardiac disease, the drug is often indicated, and is a very useful remedy.

Lycopus Virginicus is a very mild narcotic, and may often be used as an effectual substitute for *Digitalis purpurea*, as it has many of the symptoms peculiar to the action of that drug.

MATERIA MEDICA MISCELLANY.

By J. R. P. LAMBERT, M.D.

Cicuta in Epilepsy.—Dr. Van Royen reports the following case: A young woman, aged twenty, had suffered much from menstrual colic, which was cured, but she has been subject to epilepsy for nine years. December 17, 1894.—The attacks come on every six, seven, or eight weeks. They begin with twitchings in the arms and legs. Sometimes the head is turned round, with stiffness of cervical

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muscles, occipital headache, stupidity. Feels as though she would faint; pain in back and loins. The fit terminates with yawning. *Cicuta vir.* 6, once a day. January 3, 1895.—Has had another fit. Continued *Cicuta.* 24.—No attack. Continued *Cicuta.* February 20.—Has had some drawing sensations, but no fit. From this time till June 5th no fit, but drawing occasionally. *Cicuta* once a week. July 11, 1896.—No fit since January 3, 1895; only some drawing in arms and legs, and occasional vertigo. September 26, 1899.—No fit since January, 1895. Only occasionally a feeling as though she should have a fit.—*Am. Hom.*

Thlaspi Bursa Pastoris and Tapeworm.—Dr. Johnson, of Texas, reports the case of a lady, aged forty-eight, hysterical in the extreme, who was always complaining and her symptoms always changing. The menses had always been regular till recently, when they became profuse and protracted, lasting twelve days. She had uterine cramps, profuse leucorrhœa constantly changing in appearance but always acrid, inflaming all parts with which it came in contact. Urine rather scanty, containing considerable quantities of brickdust-looking sediment. *Thlaspi* 2nd centesimal was prescribed. All symptoms seemed better after one week, but the most remarkable feature was the passage of a tapeworm more than eighty feet long (!) during the second week.—(*Hom. Recorder*).—*Hahn. M.*

Malandrinum as a Prophylactic and a Remedy in the Treatment of Small-pox.—The *Homeopathic Recorder* gives the following proving as written by Dr. Straube. The provings were made in 1881 and 1883, and with the 30th potency; and accordingly do not appear in the *Cyclopedia of Drug Pathogenesis*, nor in Allen's *Encyclopedia*.

Head, Inner.—Frontal and occipital headache. Dulness. Dizziness.

Head, Outer.—Impetigo covering head from crown to neck and extending behind the ears. Thick, greenish crusts with pale, reddish scabs, itching worse in the evening.

Eyes.—Red stripes under the eyes.

Ears.—Profuse, purulent, greenish-yellow discharge, mixed with blood.

Tongue.—Coated yellow, with red streak down the

middle (typhoid), also cracked and ulcerating down the centre. Tongue swollen.

Stomach.—Vomiting of bilious matter; nausea.

Abdomen.—Pains around the umbilicus.

Stool.—Dark, cadaverous-smelling. Yellowish, foul-smelling diarrhea.

Sexual Organs, Females.—Vagina closed with impetiginous crusts. Yellowish-greenish-brown in colour.

Back.—Pain along back, as if beaten.

Upper Limbs.—Impetiginous crusts on the extensor sides of forearms.

Lower Limbs.—Pains, especially in the left tibia, with petechiæ-like patches on anterior aspect of left leg from knee to ankle. Petechiæ on both thighs, worse on left.

All the Limbs.—Sore pains in limbs and joints. Run-arounds on the nails of hands and feet.

Time.—Worse in evening.

Skin.—*Small-pox, measles*; also as preventive. Impetigo covering back of head, extending over the back to buttock, and even into the vagina; covering the labiæ. Impetigo on extensor of forearms. Boils. Malignant pustule. Bad effects of vaccination. Small, dusky red spots on legs, not disappearing on pressure. (Typhoid fever. Petechial typhus.)—*Hahn. M.*

Sticta Pulmonaria.—Douglass of Baltimore believes the lichen is one of our very best drugs in certain conditions. Perhaps its most useful sphere lies in its catarrhal symptoms. In influenza when *Sticta* is curative we find excessive and painful dryness of mucous membrane; the secretions rapidly dry and form scabby concretions, requiring great effort to discharge them; the soft palate feels like dry leather, making deglutition painful; irritation in the chest, more in evening and night. Severe coryza with violent sneezing, intense headache, and conjunctivitis. For those distressing attacks of influenza which are epidemic in the winter and spring, where the discharge at first is nothing but hot, irritating, watery mucus; afterwards becoming thick, bloody, green, or yellow. These discharges sometimes dry up, scabs form in the nose and throat, and cause painful hawking and cough. In this stage, owing to the suppression of this discharge, rheumatic inflammation of the joints occur.

The cough of *Sticta* may be racking, incessant, and wearing, lasting hours and causing great exhaustion.

This kind of cough is often found in phthisis, laryngitis, and bronchitis. *Sticta* 1x will afford prompt relief.

The cough of *Sticta* may be loose mornings, less free during the day; pain in the left side below the scapula; tickling in the larynx and bronchia.

Sticta is one of our best remedies in hay fever, with the symptoms above noted.—*Am. Hom.*

HUMAN URINE.

By DR. R. T. COOPER.

IN connection with the correspondence that has lately been going on in the *British Medical Journal* re Human Urine, in various skin affections, it may be interesting to state that a celebrated breeder of cattle and horses confided to a friend of mine that the secret of having their skins so glossy and attractive was from his giving them urine as a medicine, about a tablespoonful of old human urine—"old lant," as it is locally termed in Lancashire—at every meal.

Rival exhibitors had often expressed wonder at the smoothness and softness of the skins of his horses and the mossy hair of his cows, and to this he attributed his success. It has also been found that the mixing of urine with milk prevents scour in calves.

[We append some of the letters referred to by Dr. Cooper. *Urea* and *Uric Acid* are pretty well established as remedies in the attenuations. Urine also contains *Natrum Muriaticum*.—ED. H. W.]

"DRINKING URINE.

"Dr. G. A. Leon (Sidmouth), writes: One reads occasionally in books of travel of individuals drinking their own urine as a remedy for various diseases, but until the other day I did not know that such a custom is still advocated in parts of England. A patient of mine last week told me that in his youth he suffered very badly from crops of boils on various parts of his body. He tried many remedies without success. He was then recommended to drink a teacupful of his own urine every morning for three days, then cease for a like time, then resume the drinking for three days and so on until cured. He followed the advice, and by the ninth day all the boils had almost disappeared never to return. Such a treatment seems so strange to me that I have thought it worth recording in the *British Medical Journal*, with a view to hear if other practitioners have come across similar instances."—*Brit. Med. Jour.*, September 8th.

"Dr. Jas. W. Gill (Liskeard, Cornwall) writes: I can add to Dr. Leon's note about urine drinking that my own coachman was telling me only a few days previously, and has since confirmed it, how he drank for three successive mornings a teacupful of his own urine for 'blackheads,' and he is quite confident that it cured him, as in a few days, I think he states about eight or nine after the commencement of treatment, the boils disappeared. He drank it warm, directly after passing, and had a handful of sugar ready to follow the disgusting draught. I have come across several cases like this.

"Dr. J. Rees Gabe (Mecklenberg Square, W.C.) writes: Dr. Leon's letter brings to my mind a case of a patient of mine some years ago who was very deaf. I requested him on his next visit to 'bring some of his water.' On his next appearance, in about a week's time, he expressed himself as very much better, and that nothing had done him so much good before. On asking for the specimen of urine, he replied that he had drunk it every day and felt a great deal better each time. Owing to his deafness he had misunderstood the word 'bring' for 'drink.' He was suffering from chronic bronchitis.

"Dr. S. Gresswell (32, Lawford Road, N.W.) writes: Drinking one's own urine is very prevalent in the fens of Lincolnshire as a remedy for ague. The writer has come across several instances.

"Dr. H. E. Belcher (Nottingham) writes: I have once or twice heard poor patients say they drank their own 'netting' as a cure for urticaria. The word 'netting' is, I think, local for urine, and its use in this manner would be a fair example of primitive (or advanced?) homeopathy; 'netting' or 'nettle' being derived from A.S. *netels* = a nettle.—*Brit. Med. Jour.*, September 15th.

"Dr. Wm. Craig (Bingley), Yorkshire, writes: The correspondence on 'drinking urine' reminds me of a common practice in this neighbourhood. It is that of wiping a baby's tongue and lips with its wet napkin in order to 'kill the thrush.'"—*Brit. Med. Jour.*, Sept. 22nd.

"Staff-Surgeon W. Eames, R.N., H.M.S. *Theseus*, Dede Agatch, Turkey, writes: In connection with the correspondence in the *British Medical Journal* of September 15th on the subject of 'urine drinking,' I learn from a brother officer in this ship that the negroes in Barbados drink their urine and apply it locally to the face for the removal of pimples and blotches, the urine used being that first passed in the morning. I am also informed indirectly that the Eskimo takes his yearly, or at least half-yearly bath in urine, which secretion is also used by them in curing the skins of animals obtained by them in hunting.

"Dr. Cordes (Geneva), writes: Dr. William Craig's note (*Journal*, 1900, ii. p. 876) reminds me of a similar practice. For ophthalmia it was customary in this country to bathe the inflamed eyes with one's own urine, the urine, when standing for some time, becoming alkaline. It may have some effect in some cases."—*Brit. Med. Jour.*, October 6th.

SOCIETY'S MEETING.

BRITISH HOMEOPATHIC SOCIETY.

SESSION 1900-1901.

THE opening meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, W.C., on Thursday, October 4th, at eight o'clock.

Report of the Committee for a new *Materia Medica* was read suggesting the abandonment of the work, and after some discussion this proposal was accepted.

The following specimens were shown:—

1. Growing myoma with embryo in cavity of uterus Dr. Neatby.
2. Large malignant ovarian tumour Dr. Neatby.

Mr. Dudley D'A. Wright, F.R.C.S., then delivered the Presidential Address on "Recent Advances in the Diagnosis and Treatment of certain Genito-Urinary Diseases." He dealt chiefly with the subject of affections of the ureters, catheterisation of these, cystoscopic examinations of the bladder, and affections of the vesiculæ seminales. His paper was full of interest and instruction, and met with a hearty reception.

CAPSICUM.—A woman, aged 34, without appreciable cause was attacked with eczema on a large portion of her body. The erythematous portions of the skin were covered with vesicles, which burst and discharged an acrid, fetid fluid. There was severe shooting and burning cutting pain with great heat. As these symptoms were characteristic of capsicum she got this medicine in the 1st dec. dilution three times a day. After eight days she noticed such great amelioration that she considered herself cured, and after taking the capsicum eight days longer she was completely cured.—Olive, *Rev. Hom. (J. B. H. S.)*

INDICANURIA.—Reale (*La Clin. Mod.*, An. v, p. 22), discussing the clinical significance of indicanuria, finds it difficult to believe it can be due to fæcal retention, as in these cases the fæces are hard and, like solid bodies, almost insoluble. Indicanuria probably indicates defective proteolysis, and is often found in conjunction with uroerythrinuria. If the uroerythrinuria is constant and unaccompanied by indicanuria, it probably indicates hepatic disease; but if indican is present, the hepatic trouble is more likely to be functional. Indican is not necessarily due to putrefactive changes in the intestine, but may result from the mere breaking up of albumen. Indicanuria may also be present from altered tissue change, and is a fairly constant symptom in arthritics.—*Brit. Med. Jour.*

INSTITUTIONS.

HAHNEMANN HOSPITAL, LIVERPOOL.

DR. HAYWARD'S LECTURES ON TROPICAL DISEASES.

DR. HAYWARD will deliver lectures on the following subjects during the winter 1900-1901, at the Hahnemann Hospital, in the Board Room, at 8 p.m. :—

November 14th (Wednesday).—1. Modern Theory of Malarial Fever; Prevention; Susceptibility; Immunity.

December 6th (Thursday).—2. Treatment of Malarial Fever; Old School Method; New School Method.

January 18th (Friday).—3. Homeopathic Treatment of Yellow Fever; Plague; Cholera; Dengue; Tropical Typhoid.

February 6th (Wednesday).—4. Homeopathic Treatment of Malarial Cachexia; Tropical Anemia; Tropical Spleen; Liver; Indigestion; Biliousness; Vomiting; Constipation; Diarrhea; Dysentery; Sprue.

March 7th (Thursday).—5. Homeopathic Treatment of Beri-beri; Epidemic Dropsy; Negro Lethargy; Sun-stroke; Prickly Heat; Catarrh; Bronchitis; Pneumonia; Pleurisy.

GEELONG HOMEOPATHIC DISPENSARY.

THE thirty-seventh annual meeting of the governors and subscribers to the Geelong Homeopathic Dispensary was held at the Dispensary in Ryrie Street on Friday evening, July 27, 1900. The chairman of the Committee, the Rev. J. Sinclair, was in the chair.

On the motion of the chairman and Mr. Hunt, the reports of Committee and medical officer and treasurer's balance-sheet were adopted and ordered to be printed and circulated. The members of the Committee were elected. A comprehensive vote of thanks was accorded Dr. Lamb for his skill and services, the chairman, treasurer, and secretary.

THE REPORT OF THE COMMITTEE.

With the close of the month of June the work of the Dispensary for the year also concludes, and the Committee have pleasure in again presenting their annual report to the subscribers and the public generally.

The Committee have to deplore the loss by the distressingly sudden death of one of their number, Mr. H. T. Howard, who, though not taking an active part of late years in the management of the Dispensary, through multifarious public duties claiming much of his time, always evinced an interest in its affairs, and was for many years a contributor to its funds.

During the year the work of affording gratuitous medical relief to the sick poor of Geelong and district has been carried on with results that must be gratifying alike to those who have sought relief and those who have generously provided the means for affording that relief. Though this year's number of patients and their attendances fall short of last year's total, the numbers are considerably above the average for many years past, and the success of the treatment is undoubtedly beyond question, as may be seen in the classified summary accompanying the report of the medical officer, Dr. Lamb, immediately following this. The number of patients admitted during the year was 220, and their attendances 1,255. Visits paid by Dr. Lamb to patients in their own homes, 197. Miss Ferguson, who, for about eighteen months, had acted as collector, tendered her resignation at the end of May on account of failing health and having to leave Geelong. The Committee desire to offer her their thanks for the interest she manifested in the affairs of the Institution and her proffered assistance in the future. The Committee are pleased to be able to report that Mrs. H. J. Hobday has accepted the position of collector, and they would again appeal for more general public support for the Dispensary, whose benefits are sought and extended to all classes of the sick poor of this district. The treasurer's balance sheet shows the receipts from all sources to have been £104 9s. 3d., and the expenditure £86 6s. 8d., and in concluding their report the Committee desire to thank all who have contributed in any way to the successful carrying on of the Dispensary.

REPORT OF THE MEDICAL OFFICER.

Having completed my second year as medical officer to the Dispensary, I have now a basis for comparison to report upon. This constitutes the thirty-seventh annual report.

The first point that strikes one is the fact that instead of an increase of cases treated this year there is a decrease. This I attribute mainly, directly and indirectly, to the withdrawal of the standing advertisement from the local newspapers, or rather, that the phenomenal increase of the previous year was greatly due to the advertisements; because I note that the gains for the two preceding years were 20 in each year, *i.e.*, in 1897, 180; in 1898, 200; whereas in 1899 there is a big jump to 283, while this year 1900 the number is 220.

The second point noticed is the difference in the number of cases of epidemic diarrhea and dysentery. This is, without doubt, owing to the difference of rainfall in the respective years, the water famine of the previous year accounting for the number of bowel cases as well as the severity of type.

Thirdly, and consequently from the latter remark, owing to the superabundance of moisture this year, there appears a great increase in all respiratory affections, *e.g.*, influenza, bronchitis, coughs, and colds.

WM. LAMB, M.B., C.M. (Edin.).

July 14, 1900.

EXTRACTS.

THE ELECTRIC LIGHT IN RHEUMATIC AFFECTIONS.

MOUBINOFF (*Vratch*, No. 6, 1900) after experiencing in his own person the favourable effect of the electric light in acute rheumatism, began in 1897 a series of clinical experiments with that agent. In the majority of cases he used the electric arc of 20 to 25 amperes and 50 to 60 volts. The light was reflected by a parabolic mirror, and the action of the heat rays was sometimes suspended. Without committing himself to a definitive judgment as to the therapeutic effect of the electric light, the author provisionally formulates the following conclusions: (1) The temperature of the light of the electric arc (20 amperes) reflected by a parabolic mirror is in direct ratio to the distance. Thus at a distance of 125 cm. from the source of the light it is of 110° C., whilst at a distance of 4 metres it is only 24·2° C. (2) The light (with or without heat rays) acts not only on the superficial layers of the integuments, but on the deep-lying tissues. (3) The pencil of light having traversed a living tissue decomposes bromide of silver on a luminous plate. (4) The action on a luminous plate coated with gelatine bromide does not belong exclusively to the blue-violet rays of the spectrum but equally to the others. (5) The light pencil having traversed a living tissue acts on the gelatine bromide plate with greater rapidity and intensity the thinner the tissue and the more concentrated the rays. (6) The brilliancy of the light pencil (in its entirety, not the so-called chemical rays alone) after traversing a living tissue is considerably less than that of a pencil which is on the point of entering a tissue—a fact which is obviously due to the thickness

and physical properties of the tissue. (7) To obtain the therapeutic effect the light pencil must be used in its entirety without exclusion of the heat rays where this is possible. (8) The light of the electric arc directed on a given portion of skin induces hyperemia of an intensity proportional to the nearness and intensity of the source of the light : in some cases hyperemia is produced even when the light rays have been suppressed. The hyperemia is produced more rapidly and is more intense when the light falls on the skin perpendicularly than when the direction of the pencil is oblique. (9) Besides hyperemia the light produces sweating at its point of action. When the temperature of the light rays is high the sweating is profuse, and if the action of the light is prolonged sweating often becomes general. (10) On whatever part of the body the pencil, with or without heat rays, is directed a modification in the pulse wave is noticed. (11) After some hours of application of the electric light general fatigue and drowsiness are observed in most cases ; less frequently there is more or less pronounced excitement. (12) As regards the therapeutic action of the light a diminution, or even disappearance, of the pain is noticed from the first. This effect persists for a period varying from a few hours to two days. If the treatment is prolonged the pain permanently ceases. (13) Under the influence of the electric rays the articular exudations which are present in rheumatic affections and in serious affections of the pleuræ disappear. The same thing takes place in the edema of gouty affections. Relapse, however, sometimes occurs. (14) The electric light has a certain influence in reducing temperature. The light of the electric arc (20 to 25 amperes and 50 to sixty volts) is sufficient to cure affections of rheumatic character and certain diseases of the skin. The author thinks that the electric light will unquestionably occupy an important place in the therapeutic arsenal. At present, however, it must be used with precaution, as it is not altogether free from danger.—A. G. Minime (*Ibid.*, March 11th, p. 23) reports several cases in which he employed a 16-candle-power incandescent light in the treatment of joint affections—such as acute articular rheumatism, acute synovitis, &c.—and also in hematmata, torticollis, and neuralgia. He uses a combination of massage and illumination of the part. Absorption of large hematmata was effected in three sittings. Small effusions of blood were absorbed after fifteen or twenty minutes' treatment. In a case of acute traumatic synovitis of the elbow, the effusion disappeared in seven sittings. Ivanoff has devised a special lamp which is a combination massage roller and electric lamp.—*Brit. Med. Jour.*

THE ACTION OF THE HEAT RAYS OF LIGHT.

DRIGALSKI (*Centralbl. f. Bakt.*, June 23, 1900) records some experiments on the bactericidal and therapeutic results obtained by the use of the incandescent electric light in the form of a "light bath." It is to Finsen that we owe the suggestion of the value of light therapeutically employed, and the bactericidal action of the blue, violet, and ultra-violet rays. In contradistinction to sunlight and the electric arc light, the incandescent light has been used by Kellogg, Winternitz, and others, and accredited with some special and somewhat mysterious property. The action of the green and yellow rays has not been thoroughly investigated; Finsen has shown that the red rays act entirely as heat rays, and that it is the chemical rays—the violet—which restrain the growth of bacteria. The red rays, the chief constituents of the incandescent light, certainly produce very rapid and extensive perspiration, but Kattenbracker has found that animals infected with the tubercle and diphtheria bacilli show increased resistance when kept in a light bath of these rays as compared with animals similarly infected and kept in the dark. Drigalski has carried out experiments with anthrax, and has obtained exactly opposite results. The light used was an incandescent lamp of 15-candle power; it induced excessive perspiration and symptoms of exhaustion, and all the animals infected with anthrax and kept in this light bath died before those kept in the dark. He concludes that these rays are worse than useless therapeutically, and should be excluded in any light bath.—*Brit. Med. Jour.*

TREATMENT OF RODENT ULCER BY X-RAYS.

STENBECK (*Hygeia*, Stockholm, 1900, p. 18) describes a case of rodent ulcer on the tip of the nose of a woman, aged 67, treated by the Röntgen rays. The rays were applied for ten minutes daily at a distance of 10 cm. Reaction occurred after four sittings, and on the tenth pus appeared. After thirty-five sittings the ulcer was more healthy, and the epidermis began to grow in from the edges. After a short interval the sittings were increased to fifteen minutes, and a second reaction took place followed by improvement. The epidermis grew over the ulcer, the edge flattened down, and in a month a smooth cicatrix was left, differing little from the facial epidermis and surrounded by a slightly raised border.—*Brit. Med. Jour.*

REVIEWS.

THE PROLONGATION OF LIFE.*

THERE is perhaps no better testimony to a life well spent than to have successfully solved the problem of "How to grow old gracefully and healthily." Age is far too often correctly described as "crabbed" and "crusty"; but there is no reason why it should not be as pleasurable and attractive as the earlier periods, if these have been made proper use of.

We do not know any one who is better entitled to discourse on old age than the author of the delightful volume before us, who is so well known to readers of this journal. And let it not be supposed that it is only the aged who can enjoy and profit by it: it is a book for all. It tells those who have reached the period when old age may be said to have begun how they can most profitably and enjoyably spend the remainder of their days; but it also tells those of younger generations in what ways they can best prepare themselves for giving pleasure to their surroundings at the end of their life instead of being superannuated nuisances.

Dr. Dudgeon quotes on his title-page this extract from Bacon's *Advancement of Learning*: "We make the third part of medicine regard the PROLONGATION OF LIFE; this is a new part and deficient, though the most noble of all." Dr. Dudgeon's work is divided into eight chapters, exclusive of a Prologue and an Epilogue. The chapters deal with the following topics: Exercise, Clothing, Bathing, Food, Drink, Tobacco, Eyes, and Beards. From this it will be seen that the book contains a fine variety in its fare, and we have no doubt on some of the topics Dr. Dudgeon's views will encounter opposition. For instance, Dr. Dudgeon is an enemy to wool used as an apparel next the skin. (Dr. Dudgeon, of course, writes for the healthy; his book is not a medical work.) Those who have invested small fortunes in Jaeger clothing and large fortunes in the washing thereof, will not like to think their expenditure worse than wasted. However, it cannot be denied that there is much truth in what Dr. Dudgeon says

* *The Prolongation of Life*, by R. E. Dudgeon, M.D. London; Chatto and Windus, 1900. Price 3s. 6d.

on this topic. As an old Serpentine bather, and the inventor of subaqueous spectacles, Dr. Dudgeon may be expected to sing the praises of bathing, and he does it with zest. But, again, there are some who think that it is possible to overdo the scrubbing and tubbing business. Dr. Dudgeon tell an amusing story of two centenarians, of whom one had been a total abstainer from alcohol all his life, and the other—hadn't. This reminds us of another centenarian, an old lady in the West of England who lived to be well over a hundred. When asked the source of her wondrous staying powers she confessed to her questioner that she attributed it to the fact that she had *never had a bath in her life!*

But we are not going to tell our readers all there is in this charming book; they will find that out much better by reading it for themselves. It is beautifully printed in type that is most pleasant to read, and is as full of good sense as it is of literary charm. As the season for Christmas presents is coming on, if anybody wants to give anybody else a book, we commend to his notice Dr. Dudgeon's "*De Senectute.*" We can promise those who get it that when once they take it up they will not want to put it down again until they have read it through.

ESSENTIALS OF BIOCHEMISTRY.*

THIS is an excellent little compendium of the Tissue Remedies. In his preface the author (who remains anonymous) says:—

"This little work is prepared as a labour-saver to the busy practitioner. Every physician must have felt the necessity of a concise and compact arrangement of the various symptoms of diseased states, as manifested by a deficiency of one or more of the inorganic cell-salts. To meet this requirement it has been my endeavour to collate all the symptoms and remedies indicated from the various works of reference on the subject of Biochemistry."

The result is an exceedingly handy volume of 112 pages, occupying very little space, and forming a very complete repertory to the Tissue Remedies. It constitutes a triple index. The first part is devoted to a

* *Essentials of Biochemistry: Being a Compend on the Application of the Inorganic Cell-Salts in the Treatment of Morbid Conditions.* Flexible morocco. St. Louis: F. August Luyties. 1899.

clinical repertory, the names of diseases being given in alphabetical order, beginning with "Abscess" and ending with "Worms." Part II. gives an index of Regional Symptomatology, also arranged for the most part in alphabetical order, and including an index on Modalities. We think it would have been better if the strictly anatomical order had been observed in this section in preference to the alphabetical. To conclude, there is a very good general index showing the page at which any disease or part dealt with may be found described.

We have pleasure in commending this work to our readers.

THE SUB-CONSCIOUS MIND.*

IN this interesting pamphlet Dr. Murray Moore gives his contribution towards the solution of a subject which no person seems to be able to solve in a way that is completely satisfactory to any one else. The pamphlet is very readable.

ABOUT MY "PRESCRIBER." †

By DR. CLARKE.

FOLLOWING my own precedent with reference to Vol. I. of my *Materia Medica*, I am going to say a few words about the new edition of my *Prescriber* under my own signature. It is over fifteen years since the first edition saw the light, and the fact that the demand for the work is now more urgent than at any previous time is sufficiently gratifying to its author. When an inquiring practitioner sees in homeopathic practice results not obtainable by himself with the means and methods of traditional medicine, he naturally wishes to be able to achieve something as good. He asks his instructor to tell him how to proceed. He is introduced perchance to Jahr's *Materia Medica* and *Repertory*; perchance to the *Cypher*

* *The Sub-conscious Mind: its Normal and Supra-Normal Powers.* By John Murray Moore, M.D., F.R.G.S., Vice-President of the Literary and Philosophical Society of Liverpool.

† *The Prescriber: A Dictionary of the New Therapeutics.* By John Henry Clarke, M.D. Sixth Edition. London: Homeopathic Publishing Co., 12, Warwick Lane, E.C. Pp. 300. Price 4s.

Repertory and other works of the Hahnemann Publishing Society. The result is that his mind is pretty completely bewildered. He has no mental stomach in which to put provender of this kind; and he must open out some entirely new chambers in his mind before he can do anything with them. But is there nothing to be done in the meantime? is his previous training entirely useless for the new practice? For the most part it is; and not only useless but a powerful hindrance; but it is not entirely so, and much of homeopathic lore and homeopathic practice may be put into a form that the ex-allopath can digest without any undue strain on his faculties. It is here that Dr. Hughes' work, entitled *Pharmacodynamics*, comes to the aid of the neophyte, who greedily devours that useful compendium; and if the superiority of this work over the materia medica text-books he is accustomed to does not blind his eyes to the fact that it does not exhaust the possibilities of homeopathic doctrine and practice, all is well.

It was to meet a similar want from another side that the *Prescriber* was originally compiled. As the allopath has all his remedies ticketed as "anti" something or other (anti-scorbutic, anti-phlogistic, anti-neurotic, &c., &c.), his mental stomach can only digest a descriptive account of remedies telling of the diseases in the treatment of which they are mostly used. On the other hand, the allopathic mind has all diseases described and ticketed with the authoritatively prescribed medicines. Generally speaking, homeopathy recognises no diseases — only patients. Consequently no list of remedies tacked on to the name of a disease can exhaust the number of them which may possibly be called for in any case. However, as before remarked, the allopathic mode of ticketing diseases and remedies is to an extent available in homeopathy, and to this extent I have sought to utilise it in the *Prescriber*. Under the names of diseases (for a description of the diseases themselves other works must be sought) arranged in alphabetical order—that is, in dictionary form—I have given the names of the remedies most likely to be called for with their differential indications and all precise information about dosage, attenuation, and frequency of repetition necessary for immediate use. In former editions I have drawn attention to the necessary limitations of such a work, but in the present edition I have done much

more than this. I have sought to instruct the beginner in the art of developing a new mental stomach for the digestion of homeopathy in its higher possibilities, and to give them an appetite for the fare. I have added a new part to the Introduction, in which, while defining the place of a clinical repertory in homeopathic practice, I have given a brief but, I think, comprehensive and comprehensible treatise on homeopathic prescribing in general. I have also dealt with Hahnemann's doctrine of Chronic Diseases; and under the heading of "CHRONIC DISEASES" in the text, I have still further elaborated this theme. So that, while utilising to the fullest extent the methods of thought which a convert brings with him to the study of homeopathy, I have done my best to induce him not to be content to remain in them, but to advance to something better.

In revising the text I have found many new headings to add, and much new matter to be added to headings already there. The work will be found to have grown to 300 pages from 247 in the fourth edition and 187 in the first. The publishers and myself were anxious not to make any addition in the price on that account, but the cost of production had made this necessary.

NOTIFICATIONS.

. We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees. Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

DR. A. A. BEALE has removed from West End Lane to "*The Vinery*," 45, *Townshend Road, Regent's Park, N.W.* He is at home Tuesday and Friday mornings from 9 to 10, Monday, Wednesday, Friday and Saturday evenings 5 to 7, and at other times by appointment.

DR. GOLDSBROUGH has removed from Welbeck Street to 82, *Weymouth Street, Portland Place, W.*, where he attends 11.30 to 1, except Wednesdays.

DR. ROUSE has removed from Upper Richmond Road to "*Garryowen*," *Putney Hill, S.W.*

DR. COLLINS, *Birmingham*.—Dr. Collins, of Leamington, has taken rooms at 85, *Cornwall Street, Birmingham*, where he may be consulted on three afternoons weekly.

VACANCY.

SWANSEA.—A correspondent writes from Swansea to say that a homeopathic practitioner is badly wanted in that flourishing town.

Obituary.

ARTHUR DE NOË WALKER, M.D.

A FAMILIAR and notable figure will be missed from South Kensington. A tall, military-looking man, with white moustache and slight imperial, of ruddy complexion, without a shadow of a stoop for all his eighty years, usually dressed in somewhat unconventional garb, Dr. Walker might be seen any day until the last few months moving about the South Kensington thoroughfares, visiting the reading-room of the Royal Institution, or attending sales at Christie's. Generally, if not always, Dr. Walker carried with him a little handbag in which was food for birds and beasts. For Dr. Walker was well known to the London sparrows as he was to unfeathered bipeds. One day as the writer was walking with him along the Brompton Road he suddenly stepped aside into the Oratory enclosure with the remark that he had "a few sparrows to feed." And the "few sparrows" evidently expected him, for a cloud of them settled down upon the food he threw for them. On another occasion he found a small loaf in the road which had either been dropped or thrown away. It was useless to the sparrows in that form, so he picked it up and broke it into little pieces and threw it into an enclosure where they could get it without interference. His other *protégés* were cats; and many is the starving cat he has taken in and cared for at his house in Carlyle Square.

Arthur Walker was born in Hampton Court Palace just eighty years ago—he was within a few years of completing his eightieth year when he died, on October 2nd. His earliest years were spent in Italy, but in due time he entered the army. It was as an amateur homeopath that he acquired his first taste for the

medical profession. It was not in his nature to settle down to the idle life of a young officer about town. On his return from the China campaign, having obtained some insight into homeopathy, he found work to do among the poor people of the locality in which his people resided. Armed with a little case of medicines in globules at the 30th potency his efforts met with such success that he determined to enter the medical profession. He told the writer that he has never done more successful work than he did at that time, working out his cases and remedies with the assistance in *Jahr*. He took the L.S.A. in 1854. When the Crimean War broke out he volunteered, this time in his medical capacity, and served throughout the campaign. On his return he completed his studies, taking the M.R.C.S. Eng. in 1858 and M.D. of St. Andrew's in 1866. His studies were pursued at Florence, Paris, and at the Middlesex Hospital, London. He commenced practice in Langham Place where he had a large *clientèle* for a number of years. Later he removed to Ovington Gardens, and last of all to Carlyle Square, Chelsea.

The following obituary notice appeared in the *Times* and other papers of October 3rd :—

“DEATH OF DR. A. DE N. WALKER.

“The death occurred in Chelsea yesterday (*i.e.*, October 2nd) of Dr. Arthur de Noë Walker, a grandson of Mrs. Walter Riddell, the friend and correspondent of Robert Burns. Born in 1820, Arthur Walker entered the Indian Army, and served in the China Expedition of 1842, when he was wounded. Retiring from the service with the rank of captain, he studied medicine; and, having volunteered his services as a surgeon during the Crimean War, was present at the capture of the Redan and other engagements. His gallantry in attending the wounded under fire was celebrated in verse by his old friend, Walter Savage Landor. Landor, shortly before he died, committed his writing-desk, with its contents, to Dr. Walker's care; thus ensuring the preservation of many interesting mementos, including a lock of Rose Aylmer's hair and a miniature portrait of Landor's 'Ianthé,' together with a number of manuscripts, some of which have recently been published. The *Times* says that Dr. Walker also inherited a collection of Burns's autographs, amongst them being several of the poet's letters to Mrs. Riddell. Dr. Walker was a devoted student of Italian art. Several of his pictures were presented by him some years ago to the Italian Government, and are now hung in the Uffizi Gallery at Florence; but there are still left on his walls a St. Sebastian, which he believed to be by Andrea del Sarto, and other valuable works. Dr. Walker's father, a naval captain, served under Nelson.”

As usual, all mention of his connection with homeopathy was carefully omitted, as it was by the *Medical Press* in the obituary notice which it published. But Walker was above all things a homeopath—and a homeopath of no common order. His delight in the science and practice of it never waned, and his abhorrence of the murderous methods of allopathic drugging never ceased to grow. It would not have served the purposes of the *Medical Press* to have alluded to this. In the days when Wakley of the *Lancet* was browbeating homeopaths and homeopathy in his well-known style, Walker published letters and pamphlets showing up that rampant vulgarian. Walker's hatred of violent methods in medical practice, combined with his love of animals, made him one of the first to protest against vivisection as a method of research. Many telling pamphlets have issued from his pen in defence of defenceless animals. Himself at one time a pupil of Claude Bernard, he wrote as one who knew about what he was writing. He was always in the front rank among thinkers, and few men preserve their open-mindedness in advanced life to the extent he did. He was always ready to assimilate new and advanced ideas, and he kept himself well abreast of all that was going on in the profession. In spite of the strong views he took on some subjects there was nothing small or narrow about him. A very decided Protestant he was the trusted adviser of some of the strictest of convents, and of a number of prominent Roman Catholic ecclesiastics. Though anything but a courtier in the ordinary sense, he had the grand courtly manner of a past generation, and was an unofficial medical adviser to more than one member of the Royal Family.

Dr. Walker has been a frequent contributor to homeopathic literature, and within recent years contributions have appeared in our own pages from his pen. He had a wonderful gift for learning languages. Italian and French were almost as much his mother tongues as English; and he was also familiar with Spanish. He also knew almost as many Eastern languages as his friend Sir Richard Burton. It almost seemed that this multiplicity of tongues interfered with the purity of his English style, but his writing was always vigorous and his meaning clear.

For some years past Dr. Walker had complained at

times of attacks of angina pectoris. Early in the present year he had a severe attack of influenza. But he recovered from this, though his strength was a good deal shaken. In June last he took to his bed. On the evening before his death he was more restless than usual, but no great change was noticed. Early in the morning of October 2nd he asked for a drink. After receiving it he fell asleep and passed peacefully away. He left directions for his remains to be cremated, and his desire was carried out. He leaves a widow and four children—two sons and two daughters. His eldest son is with the army in South Africa. His second son is in Canada.

E. R. B. REYNOLDS, M.R.C.S. ENG.

As we go to press we regret to learn that Mr. Edward Robert Bradley Reynolds, of Highcroft, Shepherd's Hill Road, Highgate, passed away on Saturday, October 20th. Mr. Reynolds has been for many years in practice in the north of London. He was a Student of University College, and became a Member of the Royal College of Surgeons in 1863. He had consulting-rooms at 8, Highbury New Park, Islington, as well as at Highgate, and his loss will be keenly felt by a large *clientèle*.

GENERAL CORRESPONDENCE.

THE DRIFT OF MEDICINE.

To the Editor of THE HOMEOPATHIC WORLD.

DEAR SIR,—Some time since a correspondent who has done much during a long life to help on homeopathy wrote me in almost these words: "Had I understood human nature as I now understand it, £10,000 would not tempt me to undertake the advocacy of homeopathy." The reason my friend wrote like this is simply from a feeling of disgust that men who call themselves scientific and truthful should be found, after all these years, persistently refusing to inquire into methods of research into the actions of remedies for no other reason than that these

methods are identified with the school of medicine known as homeopathy.

Only this morning a patient remarked to me his surprise that homeopathy was able to survive the persecutions to which it is subjected. "Why," said he, "a short time back the son of one of my labourers was exposed to heated vapour, which brought on attacks of asthma; he went to a large metropolitan hospital, where the doctors told him it was utterly impossible his lungs could recover." On hearing this, my patient mixed some *Dulcamara*, 3rd dec., in a tumbler, of which the boy took several successive doses.

On the boy going back to the hospital the physician in attendance at once noticed the change, and asked what he had been doing, and whether he had taken any other medicine.

The reply was, "Oh no; nothing whatever."

"What!" said I; "you surely did not advise the boy to tell an untruth?"

"Yes," he replied; "I most certainly did, and my reason for doing so was because of the shameful way in which another patient had been treated who was unguarded enough to confess to having had homeopathic medicine."

I do not in the slightest wish to exonerate my patient from blame in the matter, but I certainly consider it humiliating to think that scientific men who profess such lofty principles should act in a manner calculated to incite to evil.

This boy's case may, for aught we know, be cited some of these days as an example of the beneficial action of some hospital mixture that had nothing whatever to do with his recovery. Thus evil begets evil.

It surely is most contemptible that at this period of the world's history persecution should attend the mere mention of the word homeopathy. There seems to be no code of ethics in the profession for homeopathy or for free patients! But the opposition that homeopathy meets with in the profession is as nothing to the veiled antagonism of some of its own adherents. It has now become the established custom for many homeopathic practitioners to send prescriptions to the allopathic chemists.

A patient returned to me some time ago, after having

consulted a homeopathic doctor to whom I had recommended her for opinion, with the remark that the said doctor was not homeopathic. This I proceeded to contradict flatly, when she floored me altogether by stating that she was specially required to have the prescription made up at the allopathic chemist's.

Another patient complained that her doctor objected to her getting a prescription made up at a certain chemist's, as an ancestor of the chemist had expressed public approval of homeopathy!

There is a certain historical character, Mr. Editor, who was remarkable for the fact that misfortune befel all those that loved her, and certainly if homeopathy were the personification of that character her adherents could not come off any worse than some of them do!

Very truly yours,
ROBT. T. COOPER, M.D.

18, Wimpole Street, W.

POTENTILLA ANSERINA FOR TENDER FEET.

A CHAIR-MAN whom I employ came one day with cloth boots on, his feet being galled and painful. On the top of a hill here a workman asked him what the matter was, and, on being told, pointed out a wayside plant, a sprig of which I enclose, telling him to put some in his socks. He did so, was much better the next day and able to wear his leather boots, and on the second day he was as right as ever. The head gardener of the Botanical Gardens here tells me it is *Potentilla Cinquefoil*.

Yours faithfully,
H. M.

Bath, Oct. 23rd.

[The spray enclosed by our correspondent appears to be one of *Potentilla Anserina*, commonly called "Goose-grass," or "Silver-weed," a common roadside plant. *Quintefeuille* is the French name of the genus, which is a branch of the *Rosaceæ*, and closely allied to the strawberry tribe. Our correspondent's observation may prove a valuable starting-point for the study of this remedy. It is good for wayfarers to know they have a remedy for foot-soreness growing on every roadside.—
ED. H. W.]

ARE PALLIATIVES EVER NECESSARY?

To the Editor of the HOMEOPATHIC WORLD.

At the present day, with the great advances made in the healing art, such an inquiry might seem unnecessary. For it is generally conceded that in certain emergencies palliatives judiciously selected and properly administered will not only relieve intense pain but may frequently save life. However, as there are a few in our profession who style themselves "Strict Hahnemannians," who are not in accord with Hahnemann in reference to the use of palliatives in emergencies, I take this occasion to place upon record the exact words of Hahnemann upon this interesting and important subject. In Bönninghausen's *Aphorisms des Hippocrates*, page 177, we find Hahnemann quoted by him as follows:—

"Ich verkenne den grossen Nutzen der Palliative nicht. Sie sind in schnell entstehender, zu einen schnellen Ablaufe geneigten Zufaelen nicht nur oft voellig zureichend, sondern haben sogar Vorzuege, wo die Huelfe keine Stunde, kaum Minuten aufgeschoben werden darf, Hier, und *hier allein* sind sie von Nutzen."

The words italicised are in the original as written by Hahnemann.

The above translated into English is as follows:—

"I do not fail to recognise the great utility of palliatives. They are often not only quite sufficient in cases (casualties or emergencies) appearing suddenly and developing rapidly, but they have superior advantages indeed where aid cannot be postponed a single hour, or even a minute. Here, and here alone, are palliatives of real use."

Comment upon the above is quite unnecessary, as Hahnemann's advice accords with the experience of all skilled practitioners in modern medicine.

It is a satisfaction and pleasure to find this testimony from Hahnemann, and our attention has been called to it through the columns of the *California Homeopath*, in volume v. To some of our esteemed colleagues this testimony from Hahnemann may be a surprise, but it proves that Hahnemann's experience as a physician led him to conclusions not different from those held by the most advanced medical men of the present day; and that

he was a skilled physician, safe practitioner and prepared for emergencies.

T. GRISWOLD COMSTOCK, M.D.

St. Louis.

[We entirely agree with our correspondent's remarks as to the value of palliatives. But there is this to be borne in mind: Hahnemann limited their use to "casualties or emergencies," and in most cases, in ordinary practice, the best palliative is the homeopathic one, the similar remedy. A too generous appreciation of allopathic palliatives is apt to beget carelessness in homeopathic prescribing.—ED. H. W.]

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MEDICAL AND SURGICAL WORKS PUBLISHED
DURING THE PAST MONTH.

Clarke (J. H.). *The Prescriber: A Dictionary of the New Therapeutics.* 6th ed. revised. Fcap. 8vo, pp. 300. (The Homeopathic Publishing Company. 4s.)

Dudgeon (R. E.). *The Prolongation of Life.* Cloth. (Chatto and Windus. 3s. 6d.)

Freyberger (Ludwig). *The Pocket Formulary for the Treatment of Disease in Children.* 2nd revised and enlarged ed. Adapted to the New British Pharmacopœia. 12mo, pp. 256. (Rebman. Lr. Net, 7s. 6d.)

Gould (G. M.). *The Student's Medical Dictionary.* 11th ed. Roy. 16mo. (H. K. Lewis. Net, 14s.)

Hutchinson (Jonathan). *Aids to Ophthalmic Medicine and Surgery.* 3rd ed. 12mo, sd. (Bailliére. 2s.)

Keating (J. M.). *A New Pronouncing Dictionary of Medical Terms.* New Impression. 8vo. (Pentland. Net, 7s. 6d.)

May (Charles H.). *Manual of the Diseases of the Eye.* For Students and

General Practitioners. With 243 Orig. Illusts., including 12 Coloured Figures. Cr. 8vo, pp. 422. (Bailliére. Net, 8s. 6d.)

McBride (P.). *Diseases of the Throat, Nose, and Ear. A Clinical Manual for Students and Practitioners.* 3rd ed. Revised and Partly Rewritten. With Coloured Illusts. from Original Drawings. Roy. 8vo, pp. 760. (Pentland. 25s.)

Medical School Calendar (The) and Guide to Students for Scotland. 1900-1901. Cr. 8vo, limp, pp. 444. (F. & S. Livingstone, Edinburgh. Net, 2s.)

Osler (W.) and McCrea (T.). *Cancer of the Stomach. A Clinical Study.* 8vo. (H. K. Lewis. 6s.)

Rose (William) and Carless (Albert). *A Manual of Surgery. For Students and Practitioners.* 3rd ed. 8vo, pp. 1,196. (Bailliére. Net, 21s.)

Schafer (E. A.). *Text-Book of Physiology.* Vol. 2. Imp. 8vo, pp. 1,392. (Pentland. 42s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

ALL literary matter, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to the Editor, Dr. CLARKE, 30, Clarges Street, W.

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisements and business communications to be sent to the "MANAGER" of the Homeopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should 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.

Mr. F. Kopp, Greenwich, N.S.W.—Mr. J. Bury, Manchester.—Major Menars, Bath.—Dr. R. K. Baptist, Calcutta.—Dr. A. A. Beale, London.—Dr. Goldsbrough, London.—Ferrum.—Dr. Cooper, London.—Dr. Hughes, Brighton.—Dr. Proctor, Birkenhead.

BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—L'Omeopatia in Italia.—Pub. Health Journal.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—Humane Review.—Maanedsk. f. H.—H. Maandblad.—Calcutta Journ. of Med.—Hom. News.—La Homeopatia.—Hom. Envoy.—Ind. H. Review.—Personal Rights.—La Therap. Integrale.—Med. Times.—Med. Century.—Il Secolo Omiopatico.—Rev. Hom. Française.—Hom. Recorder.—Wjestnik H. Med.—Amer. Med. Monthly.—Minn. Hom. Mag.—Reformador.—N. A.

J. of H.—Critique.—Clinique.—J. of Orif. Surg.—Thérapeutique Integrale.—New Eng. Med. Gaz.—L'Art Médical.—Indian Homeopathian.—Amer. Homeop.—J. of Homeopathics.—Tasmanian Hom. Journal.—H. J. of Obst.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Hahn. Advocate.—Astrol. Mag.—Bœnninghausen's Repertory of Antipsorics. Translated by C. M. Boger, M.D.—The Prolongation of Life. By Dr. Dudgeon. Uropoetic Diseases. By Dr. B. G. Carleton.—Electro-Therapeutics and X Rays. By Charles Sinclair Elliot, M.D.

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THE
HOMEOPATHIC WORLD.

DECEMBER 1, 1900.

SYMPTOMS AND DIAGNOSIS.

WHEN a homeopathic doctor sees a patient, and especially a new patient, there goes on in his brain a double working. He must find out as near as may be the extent and kind of his ailments, and he must also find out the best means to be adopted for putting the wrong to rights. In the old school these two mental operations are in general reduced to one. Having decided on the proper name for a man's disease, the selection of the remedy is a matter of routine. In homeopathy it is nothing of the kind; for all the time the practitioner is ascertaining the history, signs, and symptoms of the patient's malady he is on the look-out for points which will need to be matched by the remedy he will eventually select. These points are more frequently than not of little or no value for the purposes of diagnosing the name of the remedy. To take an example. In a case of scirrhus of the right breast, with indrawn nipple and destruction of the whole of the proper breast tissue, the disease has been kept in check for many years, so that it has in no way interfered with the ordinary discharge of life's duties. A number of remedies have been used, but the most effective is *Oleum animale* 30. About the diagnosis of the case there was never any doubt—but the remedy? The remedies which have ameliorated or cured cases of cancer exist in the materia medica by scores, and there are plenty more in the fields and lanes, as Dr. COOPER has shown, if we only knew which to select

and how to give it. But difficulty arises if we are tied to any nosological list in which the symptoms of the individual patient do not happen to be found.

But to return to our case. One day the patient complained that she had been much troubled by stitching pains in the tumour; and she was particular to state that these stitches shot out of the breast. Now this was a point for comparison. To remedy this condition a medicine had to be found which not only had stitches in the right breast, but stitches having the direction from behind forward. The trouble with most cancer cases is that they have no symptoms of any value for the purposes of matching, and have to be treated more on general correspondences; so the occurrence of a symptom like the above delights a true homeopath. Under *Oleum animale* there were found stitches affecting both breasts, and in particular this symptom: "Darting in the mammæ, when standing, from behind forward." *Ol. anim.* was given, and at once relieved the pain and arrested further progress of the disease, though it did not remove the lump already there. The symptom in itself was of no pathological significance and would only have bored an allopath if he had had to treat the case. But to the homeopath and the patient it was of the first importance. And, moreover, whatever affection of the breast the patient might have had, if that symptom had been the chief or only symptom complained of *Ol. anim.* would have been the remedy.

In order to find that symptom of course a repertory was needed; but an exact and extensive knowledge of the most important remedies will enable a prescriber to carry on the two mental operations of nosological diagnosis and remedy selection simultaneously in a large number of cases of daily practice. And happily a *simile* will do something when urgency is a consideration and the *simillimum* cannot be found without the delay of a repertorial search.

We have been led to make the above remarks because the allopathic habit of looking to the nosological diagnosis

as the basis of the prescription clings to us very tenaciously. There are some homeopaths who expect the remedy they select to have actually caused the pathological condition they seek to remedy. They must have for a case of pneumonia remedies which have actually caused consolidation of lung tissue, and they do not think it correct homeopathy to prescribe any other. This practice is only one remove from the allopathic plan, and sometimes not even that. Pathological changes are generally the lowest order of drug effects to be matched by the remedy. It often happens that the remedy for a physical disease has its keynote indication in the mental concomitants of the case, or in the time of day at which the symptoms are better or worse. Indications for homeopathic remedies are not to be stated in terms of Quain's *Dictionary of Medicine*.

There is a freedom about homeopathic prescribing which those who come straight from allopathic training cannot comprehend; but they must set about learning it as quickly as possible, if the distinction between the two schools is to be maintained so as to be perceptible to the naked eye of the public. And the first thing to be developed is an eye for symptoms and a clear perception of their value as guides to prescribing. All those numberless apparent absurdities which patients complain of, and which are often a burden to their lives, are brushed aside by the allopath as rubbish, or pure fancies; they do not help him in the least to make his diagnosis, and hence do not help him to treat his case. To the homeopath they are often pure gold and spell out to him the means of curing his patient, whatever his diagnosis may be. And diagnosis is a very shaky art. There are swarms of "obscure" cases about; which means, in plain English, cases that cannot be diagnosed at all. Homeopathy by the aid of apparently unrelated and even ridiculous symptoms can often solve the "obscurity" by curing the case, and revealing the true pathology of it at the same time.

NEWS AND NOTES.

RECOLLECTIONS OF HAHNEMANN BY THE SON OF DAVID D'ANGERS, THE SCULPTOR.

We take the following interesting bit of reminiscence from the *Homeopathic Envoy* of November:—

“In an account (*Phila. Press*) of the ceremonies of unveiling the new memorial, placed over the grave of Hahnemann last summer in Paris, occurs the following:—

“Among the most interested spectators on the day of the unveiling was the son of the sculptor, now a venerable man of seventy years. M. D'Angers recalls Hahnemann perfectly, although he was only a child of nine years when the great medical reformer came to his father's studio.

““No one ever could forget him,” said M. D'Angers in the course of a recent conversation. “His appearance was striking to a degree. He was all head, and his eyes shone like stars. His costume was quaint and about thirty years behind the time. Everywhere he went he was accompanied by his wife, an equally grotesque figure.

““My father and Hahnemann were close friends, and the doctor frequently visited us at our home on the Rue d'Assas. In 1839, after much persuasion, he consented to sit to my father for a bust in bronze.

““At that time Hahnemann was in the zenith of his fame. He was eighty-five years of age and his hair was snow white. Born in Germany, he had achieved his greatest fame in France, and now in Paris, having fought down opposition and proved the greatness of his principles, he was rounding out his career.

““My father was quite a linguist, so was Hahnemann, and during the sittings they frequently used to turn from one language to another—French, German, English, Italian, Latin, and Greek. In addition to these Hahnemann was also proficient in Arabic, Syriac, Chaldaic, and Hebrew.

““Hahnemann died in 1843, and thirteen years later my father passed away. On his death he willed to me all his art collection, including the bust of Hahnemann. A few years later I presented the entire collection to the Louvre.

““The directors were reluctant to part with the bust of Hahnemann, but appreciated the appropriateness of its installation on the new memorial, and honoured my urgent request by giving it to the Monument Committee.”

““The bust in question was placed over the grave, and is a striking feature of the memorial.””

“IMMUNISATION” THE WISE CALL IT.

OUR *confrère*, Dr. Petrie Hoyle (whose departure from our shores his friends here are all regretting, and who

carries their best wishes with him to his home on the Pacific coast), drew our attention, before he sailed, to a neat little bit of commandeered homeopathy in the *British Medical Journal* of October 27th: to wit:—

“THE TREATMENT OF HAY FEVER BY IMMUNISATION.

“Holbrook Curtis (*New York Medical News*, July 7, 1900) conceived the idea that immunisation against hay fever and other forms of rhinitis and coryza might be attained by *hypodermic injections of weak extracts of the plants or flowers found most prone to induce attacks of hay fever*. The idea was suggested by observing that two girls who were susceptible to coryza from inhalation of *Ipecacuanha* powder could acquire a temporary tolerance for the drug by taking internally small doses of the tincture or syrup of *Ipecacuanha* for a few days. Having been consulted by a lady patient who suffered from coryza and severe sneezing whenever she passed a florist's shop, Curtis prepared aqueous extracts of flowers which he administered to her hypodermically with the hope of establishing immunity. This was first tried with an extract of roses, with the result that tolerance was acquired and immunisation established. Then various other extracts of flowers were prepared and similarly administered, until the lady acquired a complete tolerance for flowers, and could enter a florist's shop without suffering any distress or inconvenience. As hay fever was traceable in several instances to the action of ragweed, golden-rod, and lily of the valley, preparations of these flowers were made and administered hypodermically to patients who were found to have contracted hay fever from the smells and odours of these plants. In the case of ragweed gratifying results were obtained, and Curtis states his belief that many varieties of hay fever seen by him were cases of ragweed coryza-asthma, and that they were cured by the treatment adopted. He urges the importance of further work and observation in the direction of treating hay fever and other forms of rhinitis and coryza on the principles above mentioned, so that the true value of the method may be ascertained.”

What a comfort it is to get the right word for a thing! There is something to the allopathic mind invincibly repugnant in the word “homeopathy,” or even in “homeoprophylaxis”; and this is especially so when it is a matter of making acknowledgments. They don't object to the *thing* called homeopathy, but the *garb* is too low! Only dress it up in such a highly respectable and scientific term as “immunise,” and the trick is done: the *New York Medical News*, the *British Medical Journal*, and all other representative organs of allopathic intelligence clasp it to their bosoms. And if a hypodermic syringe can be introduced in any way into the business, why, the unacknowledged appropriation of its neighbour's property becomes at once raised to the height of a cardinal

professional virtue. We almost think that cures with the c.m. potencies might obtain admission to allopathic journals, if only they were administered with a hypodermic syringe!

THE *DIRECTORY*—NEW CENTURY ISSUE.

BY the time this is in print most of our medical readers will have received the circular of the *British Colonial and International Homeopathic Medical Directory*. In spite of well-intentioned but, as we think, mistaken opposition, the *Directory* has taken a definite place of unquestioned utility, and we doubt if there is one among those who originally oppose it who would not regret its disappearance if it were discontinued. We have reason to believe that the New Century issue will contain the names of all but one or two of those who signed the circular issued against it about eight years ago. Endeavours are being made to obtain the names of our South American *confrères*; so that by degrees the *Directory* will embrace homeopathic practitioners all over the world with the exception of the United States of America. There has been some talk of our American brethren issuing a *Directory* of their own. We cannot understand why that has not already been done, and we hope to see such a work whilst the twentieth century is in its early infancy. Organisation is the order of the day throughout the world—in commerce, in science, in empires, and all the rest; and if only homeopaths were knit together in a solid society they could easily obtain all they desire. The first requisite to union is to know of the existence of the units and where they may be found. If any of our medical readers should fail to receive a circular they should send a postcard to the publishers, *The Homeopathic Publishing Co.*, 12, Warwick Lane, E.C., who will be glad to forward the circular to any address.

X-RAY HOMEOPATHY.

WE have all heard of the excellent depilatory effect the X-rays possess, by reason of which they are much sought after by ladies who wish to rid their faces of superfluous hair. It now appears that these obliging rays will not

only take away hair from parts where it is not wanted, they will also make hair grow where it is wanted. The *Standard*, always ready to receive scientific light, published in its issue of November 19th this note from its Vienna correspondent:—

“NEW USE FOR RÖNTGEN RAYS.

“At Friday’s [November 16th] meeting of the Vienna Society of Physicians, Dr. Klienböck introduced a man, twenty-six years of age, whose hair had been partially restored by the application of the Röntgen rays. He had been bald for some years. The cure was effected in the following way. A round patch on the scalp was subjected six times to the influence of the rays for fifteen minutes, and during the two months the treatment lasted the man regained his old thick, dark-coloured hair on the parts exposed to action. The parts not yet treated remain as before.

“During the discussion which followed several members expressed doubts as to whether Dr. Klienböck has really found a remedy for baldness; but he was encouraged to continue his experiments and invited to report on them to the Society at a later date.”

AN X-RAY FATALITY.

THE following case taken from the *Medical Press* of November 14th is, to say the least of it, instructive. It is remarkable that medical journals can admit the possibility of mere rays of light, without heat, which can neither be weighed nor measured, having a terrible effect of this kind, and at the same time demand that the homeopathist shall make his medicines perceptible to the materialistic methods of an analytical chemist.

“ALLEGED DEATH FROM RÖNTGEN-RAY PHOTOGRAPH.

“An interesting case is being inquired into by the Hastings coroner, one, moreover, which has a good deal of practical bearing upon everyday surgical practice. It appears that in March last a lady resident of the town mentioned fell, while learning to ride a bicycle, and fractured the neck of the thigh bone. At the suggestion of Dr. Mansell, under whose care deceased was placed, a local photographer, Mr. Blomfield, was engaged to take a Röntgen photograph of the injury. A first exposure of two hours was made on April 7th, and another of two hours and ten minutes on the 27th of the same month. The latter exposure was followed by inflammation, and, so far as can be gathered from the newspaper reports, by ulceration of the abdominal wall. The mind of deceased appears to have become unhinged.”

THE SALE INQUEST.

THE report of the inquest at Sale, alluded to in our last issue, was crowded out at the last moment, so we publish it this month. Dr. Hayward replied to the comments on the case in the *Medical Press*, which mentioned his name, but that journal, very naturally, "did not see that any useful purpose" was likely to be served by inserting his letter. However, it is comforting to think that it has settled homeopathy for all time by this oracular pronouncement: "If the homeopathic principle had a scientific basis it would long since have imposed itself upon the profession, and have ousted the empirical knowledge which is the foundation of modern therapeutics." We congratulate our contemporary on the profundity of its knowledge of human nature in general and of that of "the profession" in particular!

HOW TO TEACH MATERIA MEDICA.

WE have marked for insertion next month an article on the above-named topic, published in the *American Homeopathist*, on November 1st, from the pen of Dr. E. B. Nash, of Cortland, N.Y., the author of the now famous *Leaders in Therapeutics*. Dr. Nash deals with a subject he has made his own, namely, the best way to teach the materia medica. His *Leaders* is certainly one of the most valuable of the smaller works on materia medica which have appeared for many years—valuable both on account of the wealth of practical matter contained in it, with its graphic characterisation of remedies, and also on account of its *tendency*. It leads the mind straight to the higher reaches of homeopathy. The *Leaders in Therapeutics* and H. C. Allen's *Keynotes* should be in every homeopathic library, and should be studied till they are known by heart.

HOMEOPATHY AND MALARIA.

THE *Liverpool Courier* of November 20th published a report of a lecture by Dr. J. W. Hayward delivered before the African Trade Section of the Liverpool Chamber of Commerce. The title of Dr. Hayward's lecture was:

“The new views of malaria fever and its homeopathic treatment.” To our thinking Dr. Hayward attaches more importance to the “new views”—*i.e.*, the mosquito doctrine—than any homeopath need attach to them. The “new views” magnify the mosquito to such an extent that the man almost disappears from view. His homeopathy, too, strikes us as somewhat crude; but as Mr. J. Holt, who was present, confessed himself half converted to homeopathy by the lecture, and as Mr. Alfred L. Jones, who presided, offered to send out a homeopathic doctor if Dr. Hayward would find one ready to go, we suppose we ought not to complain.

ERRATUM.

IN the second line of Dr. Proctor's paper on *Iberis* last month the word “invention” is a printer's error for “mention.” Dr. Proctor had no opportunity of revising the proof himself and the error escaped us. We hope Dr. Proctor will soon send us more of his valuable experiences.

APIS MELLIFICA CURED JEALOUSY.—Dr. J. H. S. Johnson suffered an involuntary proving of this drug, and noted prominently the apathy, the mental and physical hebetude that resulted. The symptom led to his choice of apis in the following case, reported in the *Homœopathic Recorder*, and confirmed the symptom “jealousy (in women)” found in the guiding symptoms:—

“It is written that the queen bee is the most jealous of all animals. She causes the destruction of all her husbands through jealousy.

“A girl aged about three and a half years came to the clinic (not for treatment, however). She sat quietly for some time, then became furious as her mother paid especial attention to her sick sister. The mother excused her by remarking she was almost insanely jealous. I told her we could relieve her of this, or I believed most any moral or mental disorder. (We first thought of *Lachesis*.) We noticed and learned that she was stupid and apparently indifferent to most everything except attentions to her sister and brother. She was ugly at times, vicious, wanted to kill the baby sister, wanted to tear them to pieces. When otherwise engaged, got quiet, did not want to be disturbed for any purpose whatever. She toiled not; neither did she spin. Her face was pale and slightly puffed, no other symptoms. Verily this damsel was a queen of hornets, to say nothing of bees.

“*Apis* 200th cured her in about one week, and the change was so agreeable and great that the family sang for joy.”—*Hahn. Monthly*.

ORIGINAL COMMUNICATIONS.

AURA EPILEPTICA.

CASE ILLUSTRATING ARBORIVITAL ACTION—*ONONIS*
ARVENSIS.

By ROBERT T. COOPER, M.A., M.D.

A BRICKFIELD labourer, aged forty-five, came to me on October 4, 1898, with this history:—At thirteen years of age something, he thinks it was the sun, seemed to catch the back of his head, and from this he was prostrated for a week.

At twenty-five years of age had attacks somewhat similar to his present ones, but they apparently went away. For five or six years has had influenza badly. No history of syphilis. In March of present year began having fits frequently, every day in fact, but less often at present, though increasing in frequency. An aura seems to spread over the head from the occiput, he makes frightful grimaces, but does not scream out, though he becomes unconscious, turns deathlike and blue in face and falls down. After attacks has violent headaches with giddiness and wakeful nights.

These details were all I could gather from the patient and from a friend who wrote about him. It is unnecessary to go into the details of treatment beyond saying that no striking improvement set in till, on March 3, 1899, I gave him *Ononis arvensis* Oφ for these symptoms. Had one attack on February 25th short and sharp, and has had one or two slight ones since, not becoming unconscious, sleeps four hours at night, and nerves are better.

March 23rd.—Nights better, no fit. *Nil*.

April 20th.—No fit, wakes at 2 or 3 a.m., and remains restless. Again *Ononis arvensis* Oφ.

June 17th.—No fit since; about two or three weeks ago nose bled three or four times a day, worse when washing his face, but has felt better since. *Nil*.

July 26th.—Free till last week, when had slight aura, seemed to come over head and back of neck, with dulness of comprehension. Again *Ononis arvensis* Oφ.

September 4th.—Three days ago had two, and to-day a bad attack; otherwise well. Again *Ononis arvensis* Oφ.

September 27th.—Much better, but bowels are con-

fined, and sometimes has diarrhea; these sensations since last dose. He took the dose at noon, and at four o'clock same afternoon had a feeling of burning along right side of head to the top of spine and all down the spine. No medicine since then.

December 15, 1899.—Has remained perfectly well.

May 19, 1900.—Ditto, ditto.

November 16, 1900.—Ditto, ditto.

In considering the action of this little-known remedy, the aggravation reported on September 27th ought surely to be considered, but beyond this it is too early to comment upon the suitability of this, the common "Rest Harrow," for such cases.

18, Wimpole Street, W., November 19, 1900.

VETERINARY HOMEOPATHY.

By J. SUTCLIFFE HURNDALL, M.R.C.V.S.

It is pretty generally understood by those who take an active and vital interest in the welfare and prosperity of homeopathy that no better friend exists for the furtherance of these objects than THE HOMEOPATHIC WORLD and its worthy editor. Whatever may be said about the growth and development of the principles of homeopathy as applied to the human subject in this country, it is quite certain that homeopathy as applied to veterinary patients makes no headway at all; and this is all the more remarkable when one comes to think of the large number of wealthy and influential persons who contribute handsomely year by year to the Homeopathic Hospital and kindred institutions who are owners of valuable animals of the various natural orders, equine, bovine, canine, and feline, who, so far as one can judge by their actions, never once think of applying the principles of homeopathy in the treatment of these properties. What the reason for this is I do not pretend to suggest, but by way of illustrating the unmistakable advantage of the system I propose to present a few short clinical cases, and I hope they will prove interesting, if not instructive, to your readers. Bay coach horse, brought into the stable from a ten-mile stage, which he had performed very sluggishly, although naturally an animal of very high courage; proved to be the subject of acute pleurisy; temperature

104° F., respirations 80 per minute, frequent dry cough; pulse 70 per minute, wiry and hard; anxious expression of countenance, continually turning round to look at his sides; stood with fore legs wide apart; percussion over intercostal spaces caused a grunting cough; auscultation revealed a frictional sound and the presence of some fluid in the pleural cavity, effusion had evidently commenced; the horse appeared very restless and refused all nourishment. I had him well clothed up, with an extra blanket wrapped round the ribs; warm flannel bandages were applied to the legs, and I administered *Bryonia* 3x in twenty-drop doses every half-hour until the painfully urgent respiration was relieved, after which the repetition of dosage was gradually extended. In twelve hours the horse was so far relieved that he appeared quite calm and the respirations were almost normal; in three days he was apparently convalescent, and in a week went to work again. *Bryonia* was the only remedy administered.

An extremely interesting case came under my care of a cow that was the subject of inflammation of the udder, which was generally hot, swollen, and hard. One quarter had already suppurated and become indurated, the lumen of the teat being blocked; one other quarter was suppurating and yielded nothing but pus; rumination was entirely suspended; internal temperature raised to 105° F.; pulse 52; respirations 20; all nutriment both fluid and solid was refused; the cow was hide-bound and generally the picture of misery. I ordered a local application to the udder in the form of a turnip poultice medicated with *Hydrastis*, and internally twenty drops of *Phytolacca* to a dose repeated every four hours. At the expiration of three days the most acute symptoms were alleviated. I then ordered discontinuance of poultices, and in their place frequent rubbing of the udder with a lotion of *Hydrastis* 1-6. In a fortnight the cow was not only perfectly convalescent and producing healthy, sound milk, but the indurated quarter was restored to its normal condition and yielded with the other parts of that organ good milk.

Dogs are as a rule very excellent patients, as there is not much difficulty as a rule in administering the remedies. One very interesting case, showing the special efficacy of a high attenuation, came under my care a short time back. The dog was the subject of worms, which

had exercised a very deleterious effect upon the intestinal canal and produced a condition in the animal's system which was manifesting itself externally in a very persistent eczematous rash about the body. The general health was in a very unsatisfactory, not to say precarious, state. I commenced by prescribing a remedy which seemed to cover a good many of the symptoms, namely *Cina anthelmintica* 3x. After a week's treatment there was a general turn out of long round worms, and a marked improvement in general health, including symptoms affecting the natural functions; but the skin still remained scurfy, scaly, and irritable, necessitating much scratching. In places, especially about the ears, the skin was thickened, discoloured, and sore. I then prescribed *Mercurius corrosivus* 3x, with no apparent benefit. This was extremely disappointing to me and at once drove me to the materia medica, which resulted in my prescribing *Natrum mur.* 30. One week's treatment effected marvellous improvement; the scaly condition and the irritation were cured; moreover, the hypertrophied condition of the connective tissues of the ears has since fined down to a normal condition and the skin has assumed a healthy pliability.

I will not pursue these reports further on the present occasion lest I trespass too much on your valuable space, but, by your kind permission, Mr. Editor, I will resume the subject in the first issue of the new century.

MATERIA MEDICA MISCELLANY.

By J. R. P. LAMBERT, M.D.

Methylene Blue as a Remedy.—Dr. H. V. Halbert has found this remedy useful in the neuralgias of neurasthenia. The tendency to tremor in neurasthenia and the spasticity of hysterical contractions is certainly overcome by it. He thinks it lessens the irregular innervations of exhausted nerve-cells, and is sure it corrects the trophic disturbances which appear as the result of nervous exhaustion.

He has used it with marked improvement in cases of spinal irritation.

In malarial fever he thinks we cannot find a better remedy. It destroys the plasmodia better than *Quinine*,

and the after-results are better. He also recommends it highly in typhoid, considering it a real intestinal antiseptic. He mentions an apparently hopeless case of typhoid where it acted most beneficially, and the tympanites disappeared as if by magic as soon as the remedy was used.

In cases of pus infection he thinks it cannot be equalled. It has already made a record in gonorrhoea and cystitis, and he thinks it will be useful in any condition where pus is present.

He uses the 3rd decimal potency, and has observed no unfavourable effects. Hecter claims that it may be used to test the ability of the kidneys to do their excretory work, a disappearance of the drug from the urine in thirty-six hours indicating that the kidneys are normally relieving the blood of urea, &c.; a delay in this respect would indicate a latent uremia. In the latter condition it is probable that the remedy should not be used.—*Clinique*.

Crategus in Heart Disease.—Dr. Gordon reports the following case in the *Clinique*. Mr. H., about 38 years old, had for years been afflicted with heart disease. His last physician being a prominent old school doctor of Chicago, had given up the case, informing the family that it was only a question of a few days when the final end must come.

“I found the patient confined to bed, cyanotic, his limbs enormously swollen, almost complete suppression of urine, a very rapid, intermittent, irregular, and at times almost imperceptible pulse. He was not able to raise himself in bed without immediate symptoms of collapse appearing; he spoke with great difficulty, and in fact presented a perfect picture of approaching dissolution from heart failure.

“An examination of the chest showed an enormously enlarged and dilated heart with leakage, regurgitation of the aortic and mitral valves, dilated hypertrophy following aortic and mitral insufficiency. It is in just such cases as these that I have seen *Crategus oxyacantha* exert its wonderful powers, and I administered it to this dying man, having assured the friends that although the case was seemingly hopeless, I had known it to have restored compensation in many similar cases.

“He received *Crategus* in the usual dose every three hours day and night for four days, and no other medicine

of any kind. At the expiration of that time he was sitting up in bed, dropsy having entirely disappeared, urinary secretion restored, pulse fairly good, respiration unimpeded, appetite very good, skin normal in appearance, a complete restoration of compensation and a new lease of life."

Colchicum in Rheumatism.—Dr. Mossa cites Kafka as to the value of *Colchicum* in acute articular rheumatism, especially where the patient is very sensitive, so that the slightest jar of the bed, air, or floor renders the pains unbearable. The fever and pains exacerbate during the hours of the evening and night, with copious sweats and excretion of a scanty and thick urine, together with insatiable thirst. The larger joints are intensely red and hot, while the smaller ones appear swollen and stiff, and even while they are most painful they feel as if paralysed or numb. At the same time, in consequence of the fever, the respiration is much accelerated and the heart impulse is generally augmented, so that a possible complication of endocarditis or pericarditis is to be feared. In such a case *Colchicum* (3) acts much better than *Aconite* or *Bell.*, for within twenty-four hours the most violent pains may be alleviated and the disease under control. Under such circumstances one should frequently examine the thorax, for he has not seen good results from this drug in endocarditis or pericarditis, but rather then give *Spigelia*.

Colchicum has a special affinity for fibrous tissues, including the tendons and aponeuroses of the muscles, the ligaments, and even the periosteum. The swelling caused by *Colchicum* may be dark red or even pale, and very sensitive to pressure and movement, with a great inclination to jump from one joint to the other. The evening and night aggravations are markedly pronounced. In chronic cases there is weakness from lack of sleep. Every slight external irritation, as of light, noise, or strong odours, distress them, and their pains seem to them unbearable. The patient may suffer from violent cramps of the muscles of the feet, and particularly of the soles of the feet.—*Hahn. Monthly.*

EXPERIENCES.

By DR. COOPER.

I.—A REMEDY FOR PHTHISIS.

IN Texas, at certain times of the year, the cattle in the fields contract pneumonia, it is said from eating some pernicious grass.

A gentleman connected with Southampton, who was declared by several doctors to be in an advanced stage of phthisis, and who had lost flesh considerably, determined upon a voyage to the States, and went to see a relative who had a cattle ranch in Texas. Interesting himself in the cattle, he happened to enter a cattle shed well stocked with cows, where a strong sulphurous vapour attracted his attention.

On making inquiry he found that the cattle-men were obliged to burn sulphur in the sheds at certain seasons of every year as remedial against the pneumonia with which the cattle then suffered. The conclusion in his non-pathological mind was obvious: "I am suffering from just the same sort of thing as the cattle, and for some time I shall make my bed with the beasts." Accordingly he had his hammock slung in the cowshed and breathed the same atmosphere as these faithful friends of man!

The result was that he found himself soon improving in health, and in a short time returned to England hale and hearty, and with a frame more fleshy than the average. Meeting an old acquaintance, a gentleman well known in Southampton, and who was said to be dying of consumption, he mentioned the wonderful effect of his experience with the Texas cattle. "Ah," said his friend, "this is all very well, but I cannot go to Texas." "No," replied the cured one, "but you can inhale sulphur in the same way, and you had better try it." Sulphur thus vaporised was therefore plied to the olfactory organs of patient number two, with the result that he, too, soon recovered.

The local fumigation of diphtheritic throats with the fumes given off from burning sulphur will, I have every reason for saying, do far more to expedite recovery than bucketfuls of the much belauded anti-toxin.

II.—LIBERALITY IN PRACTICE.

“Besides your medicine,” said a patient to-day, “I have been taking some pills to prevent influenza. They are tiny pills, and composed, I believe, of lime and sulphur—calcium sulphide they are called, I think; but I know that an allopathic doctor has been able to keep a large number of men free from this scourge by these pills; and that when, in the following year, some of the men neglected to take them, these men were seized with influenza while the rest remained perfectly free from it.” Of course I explained to my patient that in homeopathy *Hepar Sulph.*, which is a form of calcium sulphide, had long been used in septic and other germ diseases.

Some time since I noticed a bottle containing large pills on a homeopathic chemist's counter. “What are these?” I asked. “They are quinine pills and contain five grains in each, and are being used by a well-known homeopathic physician for influenza.” Surely, sir, this is not turning the tables to our advantage? But, then, in this age, we are all so liberal-minded!

SNAKE-VENOM—ITS ACTION AND EFFECT.

Being a reply to arguments advanced by those favouring the Blood-poison Theory.

By FREDERICK KOPP, Greenwich, N.S.W.

XXII.—SNAKE-VENOM PRODUCES FUNCTIONAL DERANGEMENT OF THE MOTOR NERVE-CELLS.

(17) “*Can you prove, by experiments made on animals, that snake-venom produces purely functional derangement of the motor nerve-cells, without structural change?*”

I can. And, as my critics have asked for the result of experiments on *animals*, I shall give two instances:—

1. Ten drops of a five per cent. solution of the venom of *Hoplocephalus curtis* were injected under the skin of a frog. It caused paresis of its hind legs in half an hour, and in forty minutes afterwards complete paralysis, the respiration becoming more and more difficult. The heart was then laid bare, and it was seen that feeble and slow contractions continued for a time after respiration had ceased, and the heart finally stood still in diastole. Pre-

parations from various parts of the nerve-centres were then carefully compared with similar ones from a healthy frog of the same size, and the microscope revealed that there was *no difference* between the nerve-cells and nerve-fibres of the poisoned and of the healthy frog.

2. Five drops of the same solution of the venom of *Hoplocephalus curtis* were injected subcutaneously in the back of a snail, after the heart had been laid bare. The action of the heart, although at first accelerated, soon became irregular, and ceased altogether in five minutes, the snail at the same time becoming quite motionless. A preparation was then made from a small ganglion of the snail, which showed both nerve-cells and fibres, and these were very carefully compared under the microscope with one from the same ganglion of a healthy snail. In this case also the microscope showed that there was *no difference* between the nerve-cells and nerve-fibres of the poisoned and of the healthy snail.

Apart from the experiments on animals, I hold that the results of treatment on man disprove structural change, there being on record a number of extreme cases of poisoning by snake-venom in which general paralysis was complete, and the respiration and the heart's action had almost ceased when the antidote was administered. In these cases structural changes, incompatible with life, of the motor nerve-cells, if they occur at all, either in the nerve tissue or even in the blood, would have made recovery a matter of impossibility. It will thus be seen that, both by experiments on animals and by the action of the poison on man, I have definitely shown that snake-venom is a depressing nerve-poison acting in the motor nerve-cells (the most important organs in the animal economy), the functional activity of which it lowers, and, in fatal cases, entirely suspends, *without in any way altering the structure of the cells, or effecting, by direct action, blood changes incompatible with life.* From observations made, and from the result of experiments by others, I have come to the conclusion that *all* snake-venom is a *nerve poison*, and acts according to one uniform principle. That such is the case I have shown over and over again in this present paper on "Snake-venom—its Action and Effect," and the proofs thereof are conclusive, having stood the test of practical experience, which is worth more than all the theories and

suppositions brought forward by my opponents to prove their own case.

STRYCHNINE AND CHLORIDE OF LIME USED IN ROTATION.

(18) "Is there any case on record in which both the Strychnine and Chloride of Lime antidotes were made use of in rotation, and, if so, with what result?"

Yes. Fortunately I have the record of such a case on hand. A boy, aged 13, named Patrick Cahill, while walking in the bush near Maroubra Bay, N.S.W., on January 2, 1899, was bitten by a snake on the lower part of the right leg. The boy, who was barefooted, was attacked by a brown snake (*Diemenia supercilliosa*). The sufferer was removed to the Coast Hospital at Little Bay, where he was attended to by Dr. Dey. Strychnine was injected, and afterwards recourse was had to the Pasteur remedy (*Chloride of Lime*). When the latter was applied the boy was regarded as serious. The boy died at the hospital about 10 o'clock on the following morning, January 3rd. It was not stated whether the case was regarded as *serious* before the Strychnine antidote was applied, but my experience of the effect of the venom of *Diemenia supercilliosa* causes me to believe that it must have been. Although no mention was made of the matter, it is improbable that in this case prompt use was made of ligatures, scarification, and the thorough sucking of the wound, which, as I have before pointed out, are all important in the treatment of snake-bite. Let me not, however, be misunderstood. I do not mention this as an excuse, or as a cloak to hide the failure of the antidotes mentioned in saving the boy's life, as I have the same opinion of them as I have always had, and that is—not much.

PROMPT LIGATURE, &C., *VERSUS* ANTIDOTES.

(19) "You lay great stress on the importance of prompt ligature, scarification of the inflicted bite, and thorough sucking of the wound, and, by doing so, one naturally comes to the conclusion that very little can be expected from any antidote, Ammonia (which you mention as having the 'lowest' death-rate) included."

By recommending, and laying great stress on, the importance of prompt ligature, scarification, and the thorough sucking of the wound, I should imagine that I

took but a common-sense view of the great question of the successful treatment of snake-bite. Are we not justified in doing everything in our power to prevent the poison from entering into the circulation? Surely my critics do not mean us to do away with ligatures, scarification, and the rest, so as to allow the venom to have full scope in the system! Why, I would ask, do they make use of the stomach-pump in cases of poisoning? Why do they not allow the poison, whatever it may be, to remain in the stomach, and merely administer the antidote suited to the case? "We make use of the stomach-pump," they reply, "to get rid of the poison." And this is the very same reason why we make use of ligatures, scarification, &c.—"to get rid of the poison." The last clause of the criticism under review states that, as so much stress is laid by me on what has just been mentioned, "very little can be expected from any antidote, *Ammonia* included." Going on the same lines, after the stomach-pump has been made use of, very little can be expected from *Belladonna* as an antidote in *Opium* poisoning. It will thus at once be seen how ridiculous this argument is, and that it presents no sensible reason why any portion of the treatment that I have recommended in the treatment of snake-bite should be either modified or omitted. The mention of *Ammonia* in the last clause of the criticism is presumably meant as "a hit" at me, and is, therefore, not deserving of notice at my hands, more especially so as enough has been said by me on this subject in an earlier part of this paper.

(To be continued.)

THE ACTION OF URINE ON THE SKIN.—IS IT A SIGNATURE?

FOR ages it has been the custom in Africa to use human urine in the preparation of skins of animals, and at the present day it is carefully collected for use in the kid glove manufactories in France, it being the only preparation that gives the beautiful elastic softness to the kid skins, so much prized by ladies of the *haut ton* both here and elsewhere. Many experiments have been made with a view to discarding the use of such an objectionable fluid, but without success.

A correspondent writes to inform me that in Lancashire it is an old-folk remedy used locally for chilblains. Did, Mr. Editor, the use of it on dead skins lead to its employment upon the living human skin, and if so, does this come under the head of your doctrine of signatures? Evidently, however, the local use of it is more general than I, at least, could have supposed. A friend to whom I mentioned it told me he had suffered very much from weak and inflamed eyes, chronic conjunctivitis apparently, and when returning by train from a watering-place, whither he had gone for benefit to his eyes, a lady travelling in the same carriage of the train whispered into his wife's ear to be sure and tell her husband to make use of this immodest fluid to his eyelids. He did so, and though a fellow of one of our great medical colleges he, for the first time, obtained real relief to his painful and inflamed eyes, which, thanks to the persevering use of this, ultimately recovered.

R. T. C.

I once had among my out-patients at the London Homeopathic Hospital a man whose hands attracted my attention before he told me anything about himself. But he said I was not to trouble about them, as it was not on their account that he had come. His work necessitated his frequently having his hands in scalding water. Hence their swollen and red appearance. But he had his own remedy for that—bathing them in urine; the recognised remedy of his craft. I may add that under the name of "netting" urine is extensively used by dyers and cleaners.

J. H. C.

MERCURY.—The *Lancet* of December 16 has a case in which 15 centigrammes of calomel were injected hypodermically in three doses for paraplegic symptoms which were attributed to syphilis. The last injection was made on July 6. On October 15 a train of mercurial symptoms began with digestive troubles. Later, itching and urticarious rash on the forehead occurred. The liver became enlarged and painful, and a measles-like rash appeared on the face; there was bloody diarrhoea and vomiting, drowsiness, and imperceptible pulse; and pyralism with swelling of gums and tongue made the diagnosis obvious. The patient died a fortnight after the first symptoms.—*Amer. Med. Monthly*, March, p. 472. (J. B. H. S.)

SOCIETY'S MEETING.

BRITISH HOMEOPATHIC SOCIETY.

THE second meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, W.C., on Thursday, November 1st, at a quarter to eight, Dr. E. A. Hawkes, of Liverpool, taking the chair in the absence of the president and vice-presidents.

William Warren, M.R.C.P.I., L.R.C.S.I., L.M., of 85, Lordship Park, Stoke Newington, N., and Collins Street, Melbourne, was proposed as a member by James Johnstone, F.R.C.S., M.B., and J. R. P. Lambert, M.D.

The following specimen was exhibited: Microscopic section of atrophied kidney from a case of hydronephrosis, removed successfully by abdominal operation, Mr. J. Johnstone.

Dr. Dyce Brown presented and summarised, with remarks, "Major Deane's Official Report on the Plague." His paper gave a condensed account, with some lengthy extracts, of Major Deane's report. A vote of thanks was accorded to Dr. Dyce Brown for bringing it before the Society.

Dr. Macnish then read a paper on "Modern Gastric Methods," in which he discussed some of the many tests employed in the analysis of the contents of the stomach in various stages of digestion. He advocated chemical examination of the gastric contents in every case of dyspepsia. Considerable discussion followed, in which Drs. Byres Moir, Day, Hawkes (Ramsgate), Johnstone, Lambert, Wilkinson, Stonham, Cox, and the chairman took part. Dr. Macnish then replied.

"MAPPED OR PATCHY TONGUE."—According to H. M. Boger, M.D., in *Med. Adv.*, it has been said that cases presenting this symptom are stubborn and protracted in their course. This was also formerly my experience, until a careful search of the materia medica revealed the following list of remedies as having it: *Ant. c.*, *Ars.*, *Cham.*, *Kali bi.*, *Lach.*, *Lyc.*, *Maland.*, *Merc.*, *Nat. m.*, *Nit. ac.*, *Ran. scel.*, *Rhus*, *Tarax.*, *Tereb.*, *Thuj.*, *Sul. ac.* *Arsen.* and *Rhus*, however, lead all the others in importance and frequency of application. Then come *Nat. m.* and *Taraxacum*. The dandelion formerly was held to have this indication paramount, but experience has shown otherwise of late. It is of frequent occurrence in certain types of infantile typhoid, dysentery, &c. Occasionally I have seen it in infantile syphilis.—*Amer. Homeop.*

EXTRACTS.

SINGULAR DEATH OF A CHILD.

Arsen. 3, OR TINNED RABBIT?

MR. H. C. YATES, district coroner, held an inquest at the Legh Arms Hotel, Sale, on Thursday afternoon, August 30th, touching the death of Erica Payne, aged 5½ years, the daughter of William James Payne, cashier, residing at 28, Beech Road, Sale.

Deceased's mother, Nellie Payne, said her daughter had been a healthy child from birth as far as she could tell. At about 10.30 on Monday morning she noticed her child was ill, complaining of a pain in her side. At 1.30 she was much worse and refused her dinner. Witness kept her at home, and in the afternoon gave her a homeopathic pilule. She did not know from whom it was purchased. Altogether she gave her two pilules at an interval of three hours, according to the directions on the box. Previous to this the child had been sick, but afterwards, although she heaved, she was not sick. At 7.30 witness put her daughter in a warm bath, and after that she seemed brighter. Then she went to bed. During the night she frequently tried to vomit, but was generally very drowsy, and did not make any remarks. Witness gave her some milk late at night, and this steadied her stomach. Sometime about midnight she gave her a homeopathic medicine called *Gelsemium* for diarrhea. This she gave alternately with *Arsenicum*.

The Coroner: Can you give it a child's dose?

Witness: Yes, a child's pilule.

Then you stopped the other pilule?—Yes, because I thought the diarrhea had set in.

It was not sufficient at all events?—We did not think so.

Witness, continuing, said after that they did not give her anything more. She stayed with the child all night, and at about 6.30 on Tuesday morning got up. They did not think she was any better or any worse—about the same. The diarrhea appeared to be better. Deceased had very little breakfast. At nine o'clock she became very cold, and at about one o'clock witness became alarmed and sent for Dr. Sheldon Withers. He did not come immediately, and then she sent her husband for him. Witness afterwards went for Dr. Riley, and the child died in the meantime.

The Coroner: Are you a believer in doctors?

Witness: Not altogether. Well, we have never had to have

a doctor. I am a believer in doctors, but I think there are times when a doctor is not necessary.

The Coroner: That is a very serious thing. Did you say, Mrs. Payne, the illness was going on, and you were not alarmed?—Oh no, because I have seen her with a bilious attack before.

But how could you diagnose it was a bilious attack? It was all very well for a grown-up person, but not for a child.—Of course, I was not alarmed until the finish.

Then I may take it you are a homeopath?—Yes, I am, and I believe in homeopathy. I have used it myself.

I hope I may take it that it was no wish to shorten your child's life that you did not call in a doctor?—No. If I thought it was serious I should have gone at once.

In reply to the jury, witness said her husband was not at all alarmed. She slept in the child's bedroom because the child was restless. She had some of the medicine left of the same sort as she gave the child.

The Coroner: It is all right; we have got the medicine.

The next witness called was William James Payne, father of the deceased, who said he was cashier to a firm of Manchester grey cloth agents.

The Coroner: Are you a homeopath? Do you believe in it?—Yes, I believe in it to some extent.

Witness said when he went to business on Monday morning the child was all right. At 1.30 he went to dinner, and found that she was ill and would not eat any dinner. He went back to business thinking the case was not a serious one, and that it was something of the sort of a bilious attack. Upon returning at 6.30 the child, who lay on the sofa, seemed to be no better. She went to bed, and his wife slept in the same room with her. He was not disturbed during the night, and next saw the child between six and seven o'clock. He thought she was rather worse as she had been sick.

The Coroner: Do you think it was desirable when you saw that to have called in a medical man?

Witness: No. She has been worse many a time.

Your wife doctored her herself?—Well, I have seen her far worse, and she has always got better.

Witness added that he went to Manchester with a clear conscience that a doctor was not required. He returned at 1.30, and saw the child was worse. His boy was sent for Dr. Withers, but as he did not come witness went for him himself. He did not then think there was any urgency.

The Coroner: The next thing is that Dr. Riley is sent for. Do not you think now there was a hurry?

Witness: I suppose there was.

Don't you think it is sad?—Yes.

You see there is a life gone without aid brought to it.—I expected the doctor would have been there.

The Coroner: Indeed, sir, I do not think if a doctor had come by express speed he could have saved life, because it was evident the child was dying.

Witness: It has turned out, sir, to be so. But she has been worse many a time than she appeared then.

The Coroner: But I understand you have no objection to doctors?

Witness: Oh, no, not necessarily.

The Coroner: If you seriously and conscientiously thought the child was seriously ill you would have called in a doctor earlier?

Witness: Yes, I would have called in twenty doctors. Most certainly I would have called in a doctor.

The Coroner: Well, I may put it down had you had the slightest idea the child was seriously ill you would have called in a doctor?

Witness: Yes, and any one who knows me would have said so too.

A Juror: What age might be your boy you sent for the doctor?

Witness: Between ten and eleven years.

Dr. Francis Riley said he was called to the deceased child on Monday at 2.25 p.m. When he arrived she was dead. At the Coroner's request he made a post-mortem examination of the body. Externally there was no marks of violence.

The Coroner: Have you come to the conclusion as to the cause of death?

Witness: I think she died from the very severe inflammation of the large intestine, caused probably by some irritant, but I cannot say what it may be.

Dr. Riley added that the pilules contained *Arsenic*, but he did not say that it would cause what he had found. It could cause it, but he would not say it did cause it.

The Coroner, producing bottles of homeopathic medicine, asked Dr. Riley if he had any knowledge of them.

Dr. Riley: I would not give *Gelsemium* to a child. I do not say it would necessarily injure a child, but still it is a dangerous drug in excess. The *Arsenicum* and *Gelsemium* are both dangerous drugs for children, and are such as should not be given except under medical advice.

The Coroner: Then the other homeopathic drug, do you know anything about it?

Witness: No.

The Coroner: Did you hear the mother when she said that she thought the child was suffering from biliousness?

Witness: Yes.

Was there any symptom of it?—Nothing excepting vomiting.

Could they not have seen this child was seriously ill, and ought to have had a medical man before?—I should have thought so. It must have been apparent to anybody—to an ordinary observer.

Having regard to the fact that the child died before you got there at 2.30, some hours before that it would have been apparent that the child was *in extremis*?—The child would have before appeared ill, I should have thought.

On Tuesday morning it would be apparent that the child was seriously ill?—About nine o'clock that morning the child had apparently had an attack of heart failure, and she put it in a hot bath and it got better. That was evidently an attack of heart failure.

When a medical man should have been called in?—I should have thought so.

The Coroner: Have you sealed up the contents of the stomach for your purposes?—Yes. In jars.

A Juror: Do you think it died from the effect of some of these pilules?

The Coroner: The doctor clearly says that.

Dr. Riley said he knew nothing about the dose, but he had written to the manufacturers to get to know what they were made of, and would have a reply in a few days. There were no outward symptoms of arsenical poisoning. The stomach was not as he would have expected to have found it. He did not think, from the number given to the child, it could have died from the poison in these pilules.

The Coroner: These may be stronger than you anticipate?

Dr. Riley: That is so.

The Coroner: Should I take it you are satisfied in your own mind that it is some of this medicine that has caused the irritation in the stomach?

Dr. Riley: I cannot say. It is quite possible that poisonous food may have been taken. The appearances at the *post-mortem* was quite as characteristic of poisoning by food as by the drugs. As regards food, I found the child partook of black puddings on Saturday morning, but I do not think it would be due to that. On Sunday it partook of tinned rabbit.

The Coroner said the doctor seemed to have taken a great deal of trouble. What one must then consider was whether they would go a step further and adjourn the inquiry, and in the meantime, if it was their wish, he would send what the doctor had emptied in the jars to the County Analyst. It was a matter that would probably take a month. It was a

very slow process—and they would have to adjourn the inquiry *sine die*. At present the doctor's evidence was satisfactory so far, but they wanted to know how the cause had been produced. It was only fair to get to know whether it was the homeopathic dose or the ptomaine poisoning from the tinned rabbit. If it was the latter, it was very right the public should know what had caused it, because a great many people ate it, and they should have a warning. It would be unsatisfactory to close the inquiry.

The jury agreed that the contents of the stomach should be analysed.

Dr. Riley: Mrs. Payne was ill on Saturday as the result of eating the black pudding, but there have been no complaints from other people.

The Coroner recalled Mrs. Payne, who said the child had a little black pudding for breakfast on Saturday, but was not at all ill afterwards.

The Coroner: You partook of some and were ill?

Mrs. Payne: I was poorly.

The Coroner: On Sunday she had tinned rabbit?

Witness: Yes.

The Coroner: Did she complain of any pain?

Witness: No.

Witness said she had some of it, and felt no ill effects. The deceased child did not have any rabbit on Monday. Witness cooked the rabbit before eating it.

The inquiry then closed.—*Manchester Guardian, Sept. 1st.*

MALARIA AND PETROLEUM WORKS.

MR. ALFRED JONES, the Chairman of the Liverpool School of Tropical Medicine, has received interesting communications from Mr. C. W. McIntosh, of Liverpool, with reference to a statement that kerosene is destructive of the larvæ of mosquitos, a statement which is reproduced. "I could never understand until I read the *Report of the Malaria Expedition to West Africa* why it was that, during my fourteen months' residence in the petroleum field in Apolonia, West Africa, not one of the five white men under me, who had never been in Africa before, working from morning till night amongst stagnant swamps, ever got a touch of the old familiar fever. But I understand it now. Every drop of water upon and below the surface in that district is impregnated with petroleum, and, in the case of still pools full of decomposed vegetable matter, a film of the oil floats on the surface. This accounts for the remarkable fact

that mosquitos are non-existent in the locality. . . . During my expedition to Lake Chad some years ago, whither I was sent to enter into a commercial treaty with the Sultan of Borneo, we Europeans attached to the expedition found that after crossing the summit of the watershed dividing the Chad basin from the Niger and its tributaries, we were no longer annoyed by mosquitos. Now it is a curious coincidence that all the water in that vast region, the Chad basin, is what we termed, for want of a better word, 'brackish,' and very disagreeable to drink until one becomes, of necessity, used to it. It contains in solution the alkali well known in the Southern Soudan as 'lubi,' which forms a considerable staple trade amongst the Mohammedan population of the Soudan, Fulanis, Haussas, and, in fact, all who, from time immemorial, have had no access to salt. It is collected periodically from the surface of the sun-baked ground after the annual subsidence of the waters during the dry season. The source of the alkali itself no doubt is in deposits below the surface. I have been wondering if the fact that the water of that region contains this alkali in solution accounts for mosquitos not being present, for certainly they are not, although the natives suffer from the usual diseases of the country—for example, yaws (frambesia), small-pox, and a sort of leprosy, but not elephantiasis. We did not find during our three months' residence in the populous town of Kuka a single instance of 'fever' among the Turks, Algerians, Moors, Arabs, and others from more northerly temperate climates. If this scientific theory is correct, and the mosquito is alone to blame for the prevalence of malarial fever, it occurs to me to be another most curious example of the poison and its antidote existing, so to speak, side by side, although, of course, neither the alkali from Lake Chad basin nor the crude petroleum from the Gold Coast could be within commercial bounds available for use over the vast infected territories of West Africa, but for the purposes set forth in *Instructions for the Prevention of Malarial Fever* I should say that kerosene from America, a by-product of crude petroleum as it exists on the Gold Coast, would prove most useful. Crude petroleum, if dropped into water, remains floating as an intact bleb, whereas a drop of kerosene disperses itself over a large surface of water." Mr. McIntosh's observations in Apollonia are direct evidence in favour of the view that petroleum products may be of use to exterminate the larvæ of *Anopheles*, while his experience both there and in the Lake Chad region gives strong indirect support to the theory that the mosquito is the true disseminator of malarial infection.—*Brit. Med. Jour.*, March 31st.

REVIEWS.

ENLARGED TONSILS.*

It is a remarkable fact that, in spite of the supposed crime of homeopathy in disregarding pathology, a number of expert pathologists, four or five of them professors of pathology in allopathic schools and universities, have joined the ranks of the homeopaths. Indeed, it is only homeopaths who have any chance of understanding real live pathology at all. Morbid anatomy, it is true, may be investigated successfully by allopaths, but that is as dead as their therapeutics. It performs the same function in regard to living pathology that the undertaker does to the doctor. The natural history of bacteria may be studied by allopaths, and a very important study it is. But it is only homeopaths who can fully appreciate the bearings of the study and turn it to the best account; and it is not all homeopaths who can do this. Those of us who come "trailing clouds" of anything but therapeutic glory from our allopathic training schools have to divest our minds of these clouds before we can see anything as it really *is*; we only see through the fog of academic teaching, and everything we look at is coloured with the opinions of others. It is the natural tendency of human minds to seek authorities and companions, and most of the time when we think we are original and thinking our own thoughts, the thoughts are those of other people.

But when a mind is free enough to strike out a new thought and strong enough to successfully plant it, there is an attractiveness about the thought and the thinker that cannot be withstood, though all the academies in the world combine against them. It is so with Hahnemann and the homeopathic idea. And it is the perfect emancipation from the academic notions of pathology and therapeutics that give all Dr. Burnett's writings such a freshness and charm. His newest work on *Enlarged Tonsils* is as full of interest and of pathological and therapeutic insight as any of its predecessors. Enlarged tonsils, says Burnett, are not ill of themselves, but only vicariously, and it is the patient who needs

* *Enlarged Tonsils Cured by Medicines.* By J. Compton Burnett, M.D. London: Homeopathic Publishing Company, 12, Warwick Lane, E.C. Cloth, pp. 100. Price 2s.

curing, and not the tonsils lopping off. The method of some homeopaths, says Dr. Burnett, when confronted with a case of enlarged tonsils, is to give *Baryt. carb.* for a week or two, and if they are not nearly gone by that time to conclude that "medicine having been tried and failed" the case is one for operation. But *Baryt. carb.* is no panacea for enlarged tonsils: it will only cure its own cases. And in any event constitutions are not usually cured in three weeks or three months. Dr. Burnett very aptly compares the physician's functions to those of the gardener. Both bear the same attitude towards natural forces. We commend the entire work, and this passage (p. 18) in particular, to the careful attention of homeopaths. Dr. Burnett has done the editor of this journal the honour of appropriating (with full acknowledgment) a chapter out of a work of his own on a kindred topic (*Diseases of the Glands and Bones*). We have taken so many invaluable "leaves" out of Dr. Burnett's "book" that he is fully entitled to help himself to anything we have published. There is one thing quite certain, the adopted chapter is in no way a loser by its new setting.

BÖNNINGHAUSEN'S REPERTORY OF ANTIPSORICS.*

WE think it would be correct to say that it is to Bönninghausen that we owe the invention of the Homeopathic Repertory; and it is eloquent testimony to the sterling character both of his work in indexing and of the material indexed that new editions of his repertories are still called for some seventy years after their first appearance. The present volume is really an index to Hahnemann's *Chronic Diseases*. Some modern exponents of homeopathy, who fancy Hahnemann was not able to distinguish a drug effect from a disease effect, have attempted to discredit the *Chronic Diseases* because it includes the fruits of clinical experience. One of the best prescribers we know once remarked to us that if he found a symptom in the *Chronic Diseases* he was quite content, as he had never known the medicine credited

* *A Systematic, Alphabetic Repertory of Homeopathic Remedies. Part I., embracing the Antipsoric, Antisyphilitic, and Antisyctic Remedies.* By Dr. C. von Bönninghausen. Translated from the second German edition by C. M. Boger, M.D. Philadelphia: Boericke & Tafel. London: Homeopathic Publishing Co. 1890. Half-morocco, 15s.

with the symptom fail to answer to its indications. The vitality of Bönninghausen's *Repertory of the Antipsoric Remedies* is an even more eloquent confirmation of Hahnemann's judgment. Besides the *Repertory* there is the preface to the first and second editions, both full of practical directions of the greatest importance; a *Review of the Antipsoric Remedies*, giving the authorities, number of symptoms, duration of action, and antidotes of each; a very valuable list of "Intercurrent Remedies" which may be used for a variety of conditions arising in the course of the antipsoric cure without imperilling the action of the constitutional remedy. But besides these chapters from Bönninghausen's pen there is an *Introduction* written specially for the work by Hahnemann himself, *On the Repetition of the Homeopathic Remedy*, which is worth a great deal more than the most of what has been written on the same topic since his day.

In the arrangement of the *Repertory* there is little left to be desired. The matter is divided into the sections of the Schema. Under each section the symptoms are given in alphabetical order, and under each heading the remedies which have those symptoms. Following these lists are separately arranged, so that they can be immediately found, the Aggravations, Ameliorations, and Concomitants.

If, as in the case of "Head," there are different *regions* to be considered, these are dealt with under the heading of the symptoms in question in subsidiary headings. The sides of the head (right and left) are also separately indicated. It will be best to give an example taken from this section. The following abbreviations are used:—

F. means "Forehead"; T., "Temples"; S., "Sides"; V., "Vertex"; O., "Occiput"; R., "Right"; L., "Left." The Antisyphilitic Merc. and Antisyctic Thuj. (which are also included in the *Repertory*) are separated off from the Antipsorics in the medicine lists by a "—."

Dull Pain, in general: Agar, alum., Anac., bov., calc. c., caust., con., hep., mang., nat. c., nat. m., Nit.-ac., phos., phos.-ac., plat., rhod., sars., Seneg., sul., sul.-ac.—Merc., thuj.

F. Agar., calc. c., carb. v., coloc., Dulc., euphorb., nat. m., phos.-ac., Plat., znc.

L. Dulc., sars.

T. Agar., phos.-ac.

R. Agar., stront.

S. L. Znc.

V. Mez.

O. Alum., calc. c., Carb. v., nat. c., Rhod., stront.—Thuj.

The property of and must not be taken from THE HAHNEMANN HOUSE, PHILADELPHIA

There are four kinds of emphasis in the text intended to mark different degrees of characteristicity of the remedies. And here we have our only quarrel with the translator, Dr. Boger, whom we have to thank for the work. Dr. Boger leaves without comment Bönninghausen's preface, in which he tells how he had indicated the degrees in *his* text—*i.e.*, by (1) ordinary type, (2) spaced ordinary type, (3) italics, (4) spaced italics. Dr. Boger uses (1) ordinary type, (2) black letter, (3) italics, (4) capitals and sometimes spaced capitals. And he has given us no clue as to which he has substituted for which. Not having the original at hand we are unable to supply the clue, but we hope the publishers will lose no time in supplying it. Our impression is that the black letter expresses the first degree of emphasis, italics the second, and capitals the highest, but we cannot be certain. For the rest we have to thank Dr. Boger and his publishers for giving us this handsome volume and model Repertory, which ought to find a handy place on the shelves of every homeopath.

NOTIFICATION.

* * We shall be happy to insert notices of appointments if gentlemen will be good enough to forward them to us, and also of posts vacant and likely to be vacant, on receiving information from secretaries or committees. Under this heading also, we shall mention good openings for homeopathic practitioners and chemists.

Mr. W. LEE BEARDMORE, A.M.I.C.E., has removed from Cliffe-at-Hoo to "Woodbine," Blue Bell Hill, Rochester. His telegraphic address is "Woodbine," Aylesford.

PHOS. AC., APIS, AND SILICEA IN TOOTHACHE.—*Phosphoric acid* is suitable for bleeding and swollen gums; tearing pains which are worse when warm in bed, and also from heat and from cold, burning in the front teeth during the night; pains from hollow teeth, extending into the head.

Apium virus for the most violent pains in the gums, also for jerks and throbbing in the molars, with involuntary sudden biting together of the teeth, headache, and bleeding of the gums.

Silicea for tedious, boring, tearing pains day and night, worse during the night, spreading over the whole cheek, also into the bones of the face; discharge of offensive matter from openings near the roots of the teeth, or from the gums; swelling of the jaw.—*Amer. Homoeop.*

GENERAL CORRESPONDENCE.

ONE-LEGGED HOMEOPATHY.

To the Editor of THE HOMEOPATHIC WORLD.

DEAR SIR,—I could wish that in this discussion your name and that of Dr. Hughes did not appear; it takes from the freedom of expression that would otherwise be allowable.

As I understand the matter, there is in homeopathy a party, to a large extent led by Dr. Hughes, who act as though possessed of an infallible dogma which must be subscribed to by all who aspire to practise homeopathy, or even that prescribe homeopathically, the difference between the two being great. One of the first requirements of this party is that in prescribing we must confine ourselves to the symptoms that have been brought to light by provings upon the healthy, and only upon the healthy.

This would be all very well if they confined their own prescriptions to any such standard; but it is a notorious fact that not alone do they fail in this respect but that they make use largely of unproved symptoms, more especially when these happen to appear in an allopathic work.

More than this: it is well known that this symptom-prescribing practice requires a repertory. But does this party use a repertory? Not alone do they not use a Repertory, but if an unfortunate repertorian appears within the walls of the British Homeopathic Society, his experience will be on a par with that of the youthful swain who went holiday-making to Brighton. He will come away declaring that "he'll never go there any more." Lucky will it be for him if he is not twitted with having with him a special volume for the Four-mile Postal District!

The first aim of the homeopathic physician, as of every other physician, ought to be, as Hahnemann very properly says, to "restore the sick to health, to cure, as it is termed"; and it certainly will not do to crib, cabin, and confine him in this endeavour. Dr. Hughes is perfectly right when he says we ought to have our symptoms as pure as possible, as much the expression of

the action of the remedy upon the healthy as we can. But a real working *Materia Medica* ought to consist of something besides a mere catalogue of symptoms; and, moreover, when Dr. Hughes undertakes to eliminate symptoms for no better reason than that they have been produced by high dilutions, he manifestly stands condemned by all those who have used the high dilutions.

As showing how careful we ought to be in expunging symptoms, some years ago I attended a meeting of the British Homeopathic Society, where the symptomatology of *Calcarea Phosphorica* in Schema form was brought forward. Among the symptoms read out was that of "Clucking at the os coccygis," at which a titter went round the room. Strangely enough, the very next day a lady came to me using almost the same expression. She had, she averred, been suffering for four or five years with a clucking or clutching at the os coccyx. I at once gave *Calc. Phos.*, and made a splendid cure of her coccygodynia. At the meeting the symptom was condemned as being ridiculous; but what grounds had they for condemning it as such? Whether this symptom has since been admitted I know not, nor have I the curiosity to inquire; I introduce the matter simply to point a moral.

A *Materia Medica* author ought, in the first place, to keep in mind the requirements of the beginner, and to do this he ought to aim at familiarising his reader with each remedy. This has been the great drawback of our *Materia Medicas* up to the present. In your work you, sir, give us the folk-lore, so to speak, of the remedy, and you give the salient points by which one remedy can be distinguished from another.

Hitherto the great difficulty has been to remember anything about the remedy for any length of time after studying it; the dry catalogue of symptoms has acted as a terrible deterrent to the youthful aspirant to a knowledge of homeopathy. Now, however, the difficulty will be to forget it; to forget, that is, valuable knowledge in connection with it.

This, I contend, is the first requirement of a *Materia Medica*; and so long as the symptoms that are given fairly represent the features of the drug, I care not whether they be the *verba ipsissima* of the proverbs or not. These latter ought most certainly to be collected together, but I do not consider that the place for them is a *Materia*

Medica that aims at being suitable for the requirements of the average working practitioner.

Whatever we do, do not let us deter men from joining homeopathy, and let us encourage any willing workers who happen to join.

This ought to be the object of the British Homeopathic Society and of our editors, but it is notorious that the very reverse is the case.

I will be taken to task for my statement as to an infallible dogma, and may probably be asked, What is this dogma? I can only answer with the naughty little boy, when questioned as to his probable future environment, "I don't know, and you don't know, and nobody knows." But this to me at least is evident, the dogma represents a something that will be extremely acceptable to allopathic doctors when, hat in hand, the British Homeopathic Society chooses to present it. It is a something that has nothing whatever to do with single doses of remedies, a something that insists upon impossible provings, a something that excludes all provings made with high dilutions, a something that discountenances all reference to the duration of action of remedies, a something that ignores altogether the hated word "homeopathy" as being most unacceptable to allopathic ears, and not in strict accord with the ethics of the profession, and a something that endeavours to crush Hahnemann and all his works out of existence. It is the adoption of this unexpressed but presumably infallible dogma that, openly and covertly, has done so much to hinder and in every way obstruct the progress of homeopathy. So much is this the case that we see to-day a well-established School of Homeopathy in Calcutta recognised by Government, while there is not even a dream of any such desideratum in London.

The Mutual Admiration Society, as the late Dr. Bayes called the British Homeopathic Society, has done its work effectually—the work of hindering the progress of scientific medicine. That it ought to be thoroughly ashamed of itself the very existence of this Calcutta school abundantly testifies.

Either homeopathy is worthy of support, or it is not; if worthy of support, the practice of condemning the work of every honest and willing supporter of the cause is utterly unworthy of a society the members of which

pride themselves upon being pioneers in the cause of advanced medicine.

The practice of the editors of the *Monthly Homeopathic Review*, which, to a large extent, is the exponent of the British Homeopathic Society, is to indite letters on the *odium medicum* to the *Times*, and then to turn round and expel their own contributors for no better reason than that they follow Hahnemann's injunctions, and allow a remedy to act till it has completed its effects. At any rate, this is how they served me, and I am delighted to accord them a very friendly goodbye, merely remarking that they might find some better occupation for their time in future.

Yours, &c.,

ROBERT T. COOPER, M.D.

18, Wimpole Street, W.

DR. CLARKE'S *MATERIA MEDICA*.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—It has been my privilege, by favour of Messrs. Headland & Co., to look through this most valuable and important addition to homeopathic literature. What I have noted from a somewhat cursory examination has so far whetted my appetite for this description of medical pabulum that I hope ere long to become possessed of the work for constant reference. Already it has opened up vistas of truth connected with subjects that had previously appeared somewhat blurred to my mental vision: I refer chiefly to the differences of opinion as to the strict application of the homeopathic law of drug selection exemplified in the correspondence which has recently appeared between the author and Dr. Hughes. For a long time I was strictly in accord with the views held by Dr. Hughes, but experience among my own patients continually brought me face to face with difficulties that rendered it well-nigh impossible to act exclusively upon principles based on provings on the healthy; at the same time I thought that to depart from that principle was an exhibition of rank heterodoxy and faithlessness to the great founder of homeopathy. Dr.

Clarke has helped me to see a little further, and my own experience teaches me to accept his theory and to recognise it as a great acquisition to my medical armamentarium.

If the author will not consider me too presumptuous I should like to suggest a somewhat different description under the heading "Names and Preparation" of the remedy called "*Hippozeninum*." Glanders and farcy are designations employed to describe one and the same disease, essentially identical though dissimilar in external manifestation. The term "glanders" is used when the disease involves the nasal and respiratory mucous membranes, the adjacent lymphatic glands, the intermaxillary glands, lungs, and other internal organs; the term "farcy" is adopted to describe the disease when it manifests itself in the skin and subcutaneous tissues, especially on the inner aspect of the hind legs, in the form of ulcerating buds or chancres connected by cord-like enlargements, which follow the courses of the lymphatic vessels and glands. The disease, though peculiar to equines, is readily transmitted to other animals and to the human subject.

I am, Sir, yours faithfully,

J. SUTCLIFFE HURNDALL, M.R.C.V.S.

Sussex Villas, Kensington.

November, 1900.

[The passage in the *Materia Medica* referred to by Mr. Hurndall is the following:—

"HIPPOZÆNINUM.—Synonyms—Mallein, Glanderin, Farcin. The nosode of glanders or farcy. (The disease is called 'Glanders' when the catarrhal symptoms are pronounced; 'Farcy' when these are not noticeable, the skin being chiefly affected with deposits in the lungs. Homeopathic preparations of both have been made. Those made from Farcy are distinguished by the letter 'F'). Triturations of sugar of milk saturated with the virus."

From this it will be seen that the identity of Farcy and Glanders is fully recognised in this work; but I am none the less obliged to Mr. Hurndall for pointing out that "deposits in the lungs" are not a common feature when the disease takes the form of Farcy. I am unable to trace my authority, but Hering gives as one of the

indications for *Farcin* "lung disease of cattle." That may well be the case, as *Bacillinum* (or *Tuberculum*) *Testium* is often of service in pulmonary phthisis.—J. H. C.]

VOX POPULI.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—It is only by mere chance I came across THE HOMEOPATHIC WORLD, and should have been glad to have taken it before had I known it existed.

I think homeopaths in this country are not aggressive enough. Look at America; how it spreads there! Depend upon it we must *fight* the old system. It is no use allowing the truth to suffer because we do not like to hurt the feelings of the enemy. We must *educate* the people, fight for the truth, even as our forefathers fought for religious freedom.

By the way, I trust you will excuse me, but is not the title of the WORLD spelt wrong? Ought it not to be "*Homœopathic*" instead of "*Homeopathic*"?

Yours sincerely,

A WORKING-MAN ADHERENT OF THE
"DOCTRINE OF SIMILARS."

162, Military Road, Colchester,
Nov. 13, 1900.

["Homœopathic" and "Homeopathic" are both right. We prefer the latter form, as it is the more completely anglicised of the two.—ED. H.W.]

APIS FOR OVARIAN TUMOUR.—Dr. Wm. J. Guernsey, in the *Medical Century*, relates the case of a girl of 19 who had become a physical wreck with a tumour of the right ovary. In May, 1891, she had not menstruated for four months, was enormously swollen about the right ovary, which was sensitive to touch, with considerable undefined pain there; yellowish leucorrhœa; headache about the eyes; despondency; terrible prostration, and marked drowsiness. Dr. Guernsey gave her apis about every three hours, varying the potency from the 30th to the 40th m., mainly the latter. In one month's time she was gaining in weight; the tumour was disappearing, and she was improving wonderfully in general health. By the latter part of August she was the picture of health, and the tumour had entirely disappeared. *Zanthoxylum* then promptly relieved the dysmenorrhœa. She has been well ever since. The presence of the tumour was fully authenticated.—*Hahn. Monthly*.

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