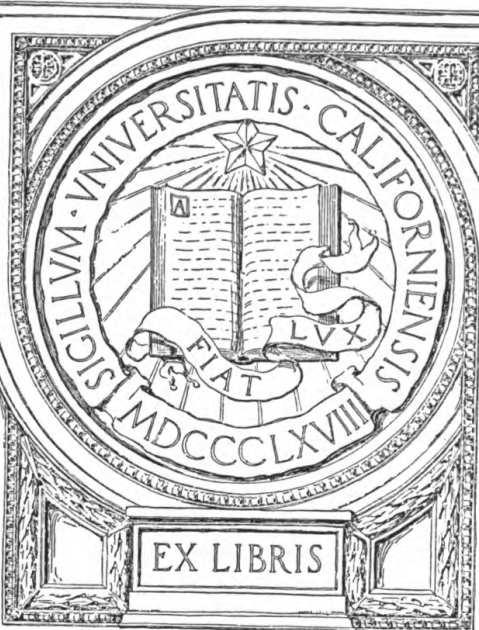
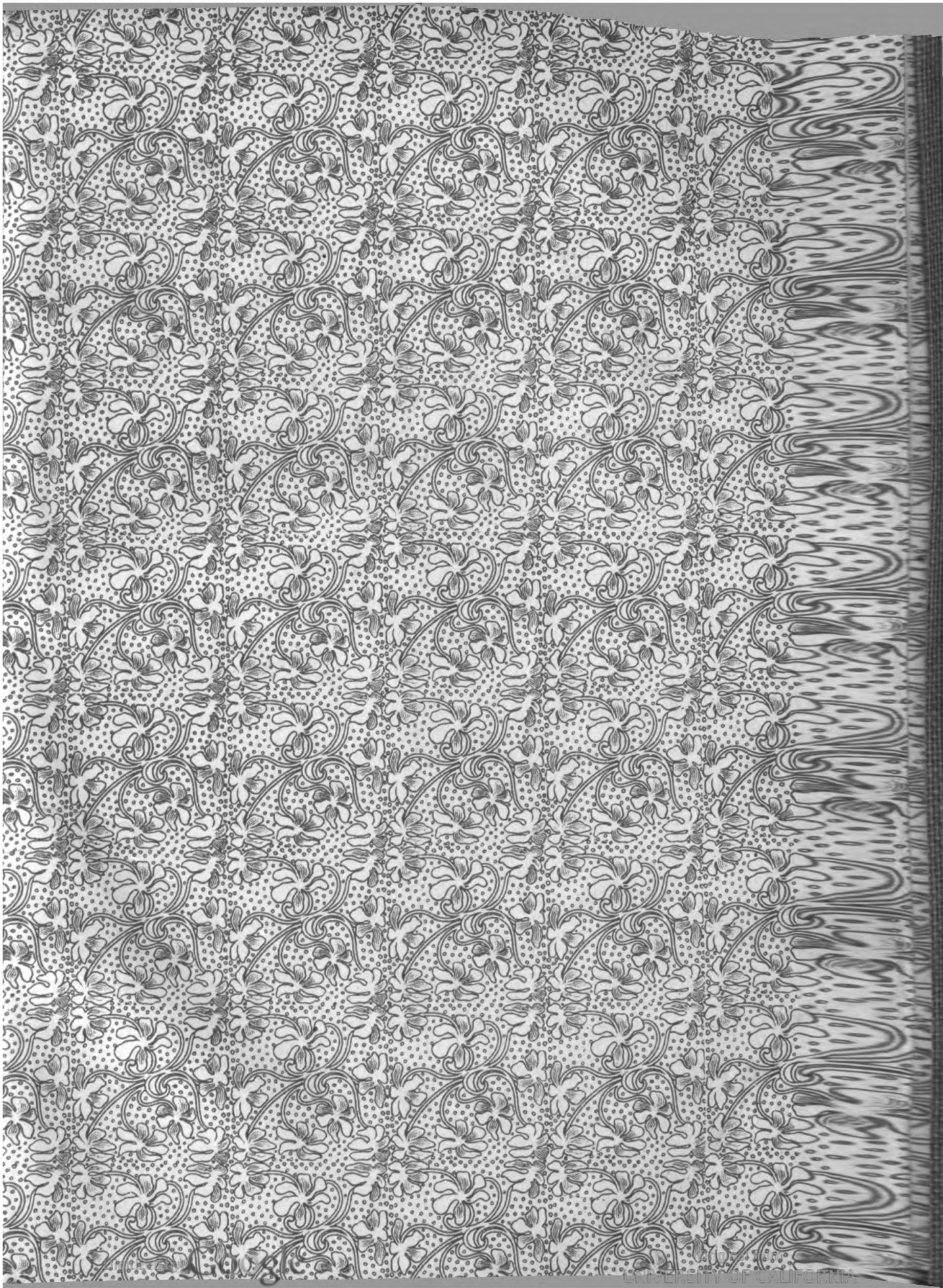


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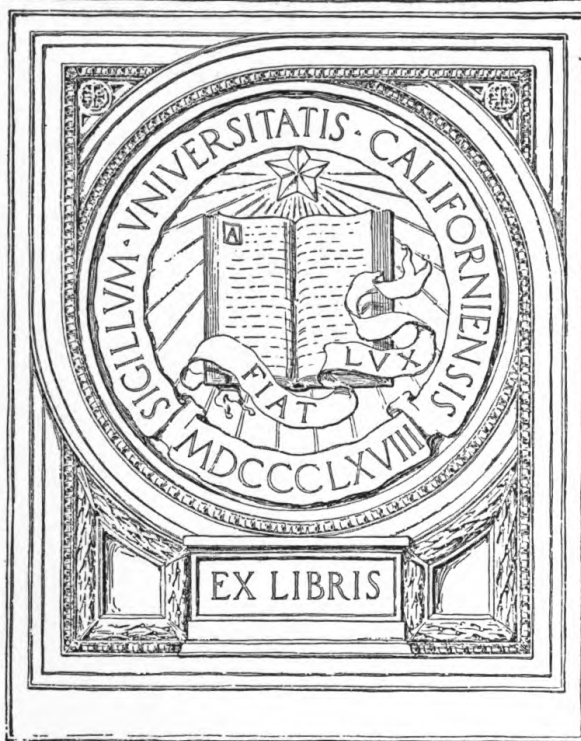


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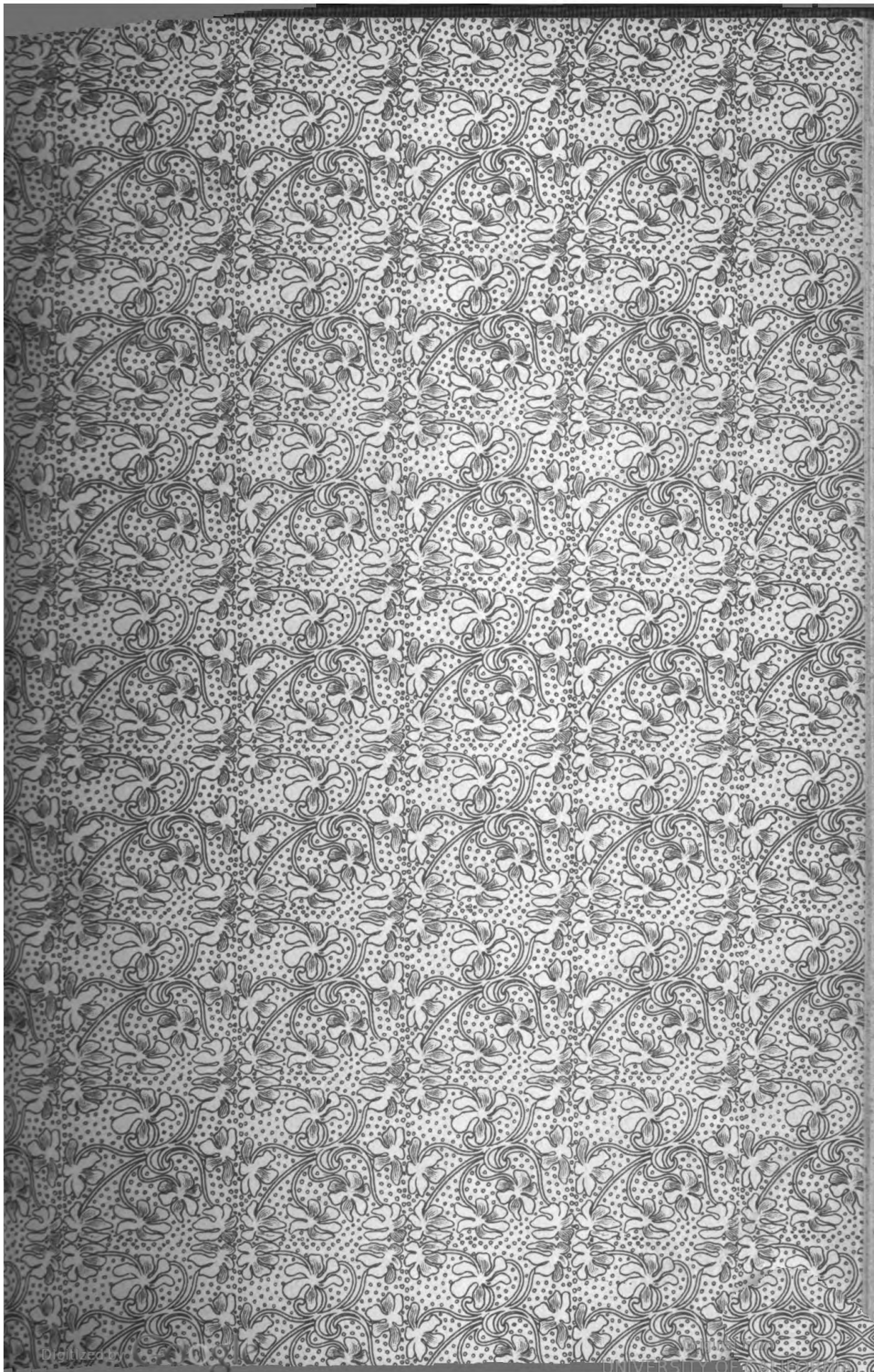
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THE
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THE HOMŒOPATHIC WORLD.

JANUARY 1, 1921.

1921.

GREY breaks the year upon a troubled world,
Too full of pain, too full of doubt and fear,
Of memories of accusations hurled
That seemed so just yet all so barren were.
Our hearts are cold and hungered, all our faith
Is wasted, and our hopes grow very faint ;
How can life bloom beneath the Shade of Death,
Or Love break through the bonds of Hate's restraint ?
Will the sky never clear ? Can never now
Courage and Comradeship from fear escape ?
How gladly 'fore the magic arts we'd bow,
That such a longed-for miracle could shape.—
—Search thine own heart, and find thy courage there !
Or dream not thou canst find it anywhere.

NEWS AND NOTES.

A POST-GRADUATE COURSE.

ON five successive Wednesdays, beginning on January 15th, there will be given a course of Instruction in the Principles and Practice of Homœopathy at the London Homœopathic Hospital. The lecturer will be Dr. Douglas Borland, and he will deal with the

General Guiding Principles, and the Method of Consideration for both Acute and Chronic Diseases. All further details can be obtained from the Secretary of the Hospital.

THE HOMŒOPATHIC HOSPITAL AT TUNBRIDGE WELLS.

A SALE of Work was held at the Homœopathic Hospital on Wednesday afternoon, in aid of the "Frank Smart" Wing Equipment Fund. The new wing, which has been commenced, was the outcome of £10,000 left to the Hospital by the late Dr. Frank Smart, who took a great interest in the institution. The work which had to be held over until after the war, will accommodate, at least, twelve beds, and it is hoped it will be finished in March or April of this year. The plans were made by Messrs. Greenaway and Newberry, of Westminster, S.W., and the work is being carried out by Messrs. J. Jarvis, Ltd. Mr. Henry Edmunds, J.P., presided at the opening ceremony, which was performed by Constance, Lady Coote.

AN ESSAY FROM FRANCE.

WE have received a pamphlet from France, "L'Homœopathie Victorieuse," by Dr. Charles Flasschoen. It is a full argument on the validity of the Homœopathic doctrines, set forth at some length and with much eloquence. We think many readers may like to be made acquainted with it. It is printed by A. Pradier, 12, Rue des Bourdonnais, Paris.

HERB GROWING AS A PROFESSION.

HERB GROWING is a modern profession which is healthy and interesting and often successful. There is an opportunity of instruction in it for Resident Pupils, or by Correspondence on application to G., The Whins, Chalfont St. Peter, and we are glad to call attention to it.

ORIGINAL COMMUNICATIONS.

THE IDEALISM OF HOMŒOPATHY.

THE PRESIDENTIAL ADDRESS AT THE MEETING OF THE
INTERNATIONAL HOMŒOPATHIC COUNCIL AT THE
HAGUE, AUGUST 27TH, 1920.

By JOHN P. SUTHERLAND, M.D., Boston, Mass., U.S.A.

(Continued from page 459.)

HAS HOMŒOPATHY FULFILLED ITS MISSION ?

What is to be our answer to this question ? Consideration of the idealism of homœopathy and of the chart before us will assist in framing a reply. Undoubtedly many even among those rated as homœopathists might agree with the critics who claim that homœopathy has served its purpose ; that it has fulfilled its mission ; that there is no longer necessity for its separate existence ; that the two schools are drawing closer together ; that there is less difference between the two than formerly ; that homœopathy has already had its negative influence in reducing dosage and modifying former harsh methods. These claims of course seem absurd to those who are acquainted with the history of medicine and who know what homœopathy is. True, there is less evident persecution of homœopathists than formerly ; there is less aggressive intolerance on the part of the dominant school—but hospital doors and university halls still remain closed to the investigation, demonstration, and teaching of the principles and practice of homœopathy.

In the light of history, in view of the nature of homœopathy, one is justified in claiming that as to its mission :—

(1) Homœopathy is more than a protest against traditional, crude, and irrational drugging.

Its purpose is more than the removal of pernicious medication which even in 1920 is too much in vogue.

(2) Homœopathy offers a definitely CURATIVE THERAPY. It is not primarily and solely palliative.

(3) Homœopathy treats the sick person as a whole, the totality of symptoms, and does not select one, or the most prominent symptom, for treatment.

(4) Homœopathy, in that it gently reinforces Nature's reaction against a disease influence, WORKS WITH, AND NOT IN OPPOSITION TO NATURE, and therefore does not add to the burden Nature is already carrying. It is to this extent the exact opposite of the heteropathic method.

(5) Homœopathy teaches that drugs are essentially sick-making agents and therefore must be used with extreme care and intelligence.

(6) Homœopathy to-day and always has acknowledged freely the unspeakable importance of preventive medicine; the inestimable value of surgery; the necessity of a rational diet; the usefulness of hygiene, of psycho-therapeutics, and does not hesitate to call to its aid any benign influence that will assist in its curative efforts.

(7) THE MISSION OF HOMŒOPATHY CANNOT END WHILE DRUGS ARE USED THERAPEUTICALLY.

HAHNEMANN THE ORIGINATOR OF A CURATIVE PHARMACO-THERAPEUTICS.

It is not going too far to claim that humanity is in debt to Hahnemann, and has neglected thus far to discharge its simple obligation to him. This obligation is to claim for him his real position among the influences to which the evolution of the Art of Healing to date is due. A brief survey of the history of medicine will furnish the data upon which such a claim may be made.

All students of history agree that the first great figure in medicine was that of *Hippocrates* (460 B.C.). Prior to his day, in Greece and Egypt, medicine had been struggling to free itself from the bonds of superstition and ignorance, and had been gathering together its traditions and experiences, but it was Hippocrates who laid the foundations upon which the temple of medical science and art was to be erected. His powers of accurate observation, his graphic and faithful descriptions of disease (the facies Hippocratica for instance), his clinical notes, his humoral theory and doctrine of critical

days, and above all his unexcelled and unapproached ethics as exhibited in the "Oath," all contributed to place his name first among the heroes and immortals of medicine. Nevertheless he did not leave posterity a curative pharmaco-therapeutics.

Of the famous Alexandrian School only two names have persisted to our day: Erisistratus, a clinician, and Herophilus, an anatomist (Torcular Herophili). They gave nothing lasting to therapeutics.

Other names, such as *Aristotle*, *Theophrastus* and *Celsus*, might be mentioned, but though their life work has influenced human thought and knowledge even to our own day, it did not materially contribute to pharmaco-therapeutics.

Centuries elapsed after the days of Hippocrates till in the second century of the Christian era a personality came upon the scene that was destined to mould and control medicine for a period of approximately thirteen centuries: *Claudius Galen* (A.D. 131-201), the apostle of "contraria contrariis," the co-ordinator of medical knowledge and practice, the precocious student, the encyclopædic writer, with his substitution of "hot, cold, moist, and dry" for the humoral theory of Hippocrates, is a figure that stands out even to-day in the annals of medicine. But his therapeutic system was one of palliation not of cure.

Rhazes (A.D. 850-923), who differentiated small-pox and measles, and who just missed discovering the "germ theory" in his selecting as a site for a hospital in Baghdad that part of the city where exposed meat was the slowest to undergo decomposition—and his successor *Avicenna* (born A.D. 980), the philosopher, like Galen, a precocious youth, an encyclopædic writer who saved much of the lore which came from the Far East (India) concerning drugs—were unquestionably men whose names we do well to remember; but what was their contribution to curative pharmaco-therapeutics?

Another lapse of centuries and shortly after the discovery of America with all that that meant for humanity there dawned on the medical horizon the figure of a man who was destined to break the bonds of tradition which enslaved medicine, and breathe into the medical

atmosphere a spirit of independent thought and inquiry. *Paracelsus* (1493-1541), the "Luther of Medicine," whatever his shortcomings, gave by his iconoclastic, revolutionary independence an impetus to medical thought which amounted to a renaissance. His doctrines that "Nature was sufficient to cure" and that the body was controlled by the spirit of "archæus" were offset by the mischief done by his introduction of laudanum and antimony.

In that same famous century (the 16th) the names of *Leonardo da Vinci* (1452-1519), *Vesalius* (1514-1564), *Fallopianus* (1523-1562), *Eustachius* (1524-1574), and *Sylvius* (1478-1555) stand out most prominently, followed in the next century by *Willis* (1621-1675), and *Malpighi* (1628-1694), names honoured to the point of veneration by all anatomists.

Franciscus Sylvius (1614-1672), chemist and great clinical teacher, influenced and influences medicine by his theory of "acridities"—the acid and alkaline properties of the body.

Willis (1622-1675) an unusually close observer, a great clinician, also a chemist and anatomist, gave us a description of diabetes and applied chemistry to the examination of the secretions of the body.

Bennett, in 1654, gave a classical description of consumption—but where in this famous list is the *pharmaco-therapeutist*?

It was during that century that the world began to move rapidly. In it we notice the name of the brilliant *Harvey* (1578-1657), who, by calm original investigation, completed the discovery of the circulation of the blood, started the science of embryology and was the founder of laboratory research methods. We are tempted to linger over his name, but we must not, for there looms before us the immortal von *Leeuwenhoek* (1632-1723), who though not a physician made in his discovery of microbes and in his search for "germicides" the most life-saving discovery of the ages. True he was a century and a half ahead of his time, for his work did not bear fruit till the middle of the nineteenth century.

We must hurry by *Sydenham* (1624-1689), the "English Hippocrates," who lauded venesection, was

a notable empiricist, a searcher for "specifics," and approved of "Observation" and the "study of the natural history of disease," to mention the notables of the next century.

In the eighteenth century we note the names of *Boerhaave* (1668-1738), *Hoffmann* (1660-1742), *Stahl* (1660-1734) (all mentioned by Hahnemann), clinical teachers of wide reputation, who formulated systems of practice *but along the old lines of therapeutics*.

Special mention is to be made of the "great and immortal *Albrecht Von Haller*" (1708-1777) as Hahnemann called him (note 84 to paragraph 108 of the "Organon"), who advocated the proving of drugs on human beings but only incidentally to his studies in physiology. Known to posterity as the Father of Physiology, his influence on therapeutics was indirect.

Morgagni (1682-1771) brings us near the end of our list, but as the Father of Pathology based on morbid anatomy and post-mortem findings he was a pioneer in the study of the end results of disease, not in curative therapeutics.

Jenner (1749-1823) added certainly one shining jewel to medicine's crown when he advocated the prevention of small-pox by inoculations with cow-pox; and he did more (as is frequently the case with discoverers) than at the time he was conscious of, for his discovery gave rise to modern immunology with all its blessings and possibilities to mankind.

A few names have been intentionally omitted and surgeons have not been included in this résumé for evident reasons.

We have now to refer to *Cullen* (1712-1790), who as a professor of therapeutics was fortunate enough to have written a book, the translation and criticism of which led directly to the discovery by Hahnemann of a natural law of cure which when applied to pharmaco-therapeutics resulted in the formula "similia similibus curentur" (let likes be treated by likes).

Samuel Hahnemann (1755-1843) as a precocious student, eventually a ripe scholar; industrious, common-sensed, a close observer, an independent thinker and investigator, possessed of great initiative,

a logical reasoner, a powerful reformer. He developed a system of practice that has withstood the fierce tests of a century and a quarter, and humanity owes a debt to him as the *Father of Curative Pharmacotherapeutics*.

This rapid glance over twenty-three centuries of historic medicine furnishes ground for the claim (which is Hahnemann's just due) that the great quartette of medical names, in so far as pharmaco-therapeutics is concerned, up to and well into the nineteenth century, should include Hippocrates, Galen, Paracelsus and Hahnemann.

In closing there is one thought to be presented and this has to do with the—

PERPETUATION AND FUTURE GROWTH OF HOMŒOPATHY.

Four means are to be considered as effective agents in accomplishing that, as long as drugs are used therapeutically, seems to be this most desirable end. These means are :—

(1) A faithful adherence by homœopathic physicians to the few simple rules of practice we are familiar with ; the practice which, in the profession, has claimed its thousands of converts and, among the laity, its tens of thousands.

The great triumphs of old school therapy enumerated are :—

The use of cathartics to keep the bowels open The use of hypnotics to induce sleep The use of analgesics to soothe pain The use of alkalies to neutralize " acidity " The universal use of proprietary medicines, aspirin, for instance The production of drug diseases and drug addiction, etc.	}	Homœopathy finds it unnecessary habitually to resort to any of these means of palliation, and does not produce drug diseases or drug addiction, but makes use instead of curative methods.
---	---	--

(2) Publicity work and education of the laity by literature, public lectures, and other means made use of to-day in spreading broadcast a knowledge of any subject of wide interest and importance. Societies composed of the laity are effective agents in publicity work.

Homœopathy is still willing and anxious to stand any fair and open public test of its methods—methods which even to-day are convincing to those who try them faithfully,

(3) The further development of what is called our "Materia Medica" and the introduction into existing University Medical Schools of courses in drug pathogenesis and homœopathic therapeutics.

The time may come when this scheme will be adopted, but the present outlook is not encouraging. Humanity is still a very prejudiced family, and while able glibly to talk the "open mind" and "fair play" has not developed to the point of practising these virtues in things medical.

(4) The establishment of *post-graduate schools* devoted to the teaching of homœopathic principles and practice.

I am familiar with the status of medical education on both continents and am conscious of the difficulties such a plan as this entails; but difficulties perhaps are given us to be overcome. The establishment of a few such schools, at least one in each country in which medicine is taught, would seem to be a necessity if the truths of homœopathy are to be preserved to posterity. The truth will not perpetuate itself. It requires means for so doing.

A general scheme sufficient for a two years' curriculum for such a post-graduate school is herewith presented (previously presented to the Trustees of the American Institute of Homœopathy).

SUGGESTIONS ON A POST-GRADUATE SCHOOL OF HOMŒOPATHY.

A "Post-Graduate School of Homœopathy" should have facilities for teaching "Drug Pathogenesis" and for demonstrating "Homœopathic Therapeutics." The curriculum of such a school must include courses in the following subjects:—

A.—*Scientific.*

- I.—*Toxicology*—chiefly didactic and review work—a foundation course.
- II.—*Drug Pathogenesis.*
 - (a) Effects from overdosing. Effects of drugs short of the *poisoning*. The ordinary knowledge of drug action on healthy or diseased humans and animals. The so-called "physiological action," etc.

(b) The pathogenesies or symptomatologies developed by provings on healthy humans. Introduced by Hahnemann and improved as to methods by his followers.

III.—*Pharmacological Experimentation in the Laboratory* with as much “*research work*,” including “*provings*” as possible.

B.—*Theoretical.*

The History and Principles of Homœopathy as taught by Hahnemann himself in his “*Organon*,” the “*Lesser Writings*,” and “*Chronic Diseases*.”

Similia Similibus Curentur	} Expounded.
Proving of Drugs	
Totality of Symptoms	
Single Remedy	
The Minimum Dose	

The limitations of *Homœopathic and all other forms of Pharmacotherapeutics*.

C.—*Practice of Homœopathy.*

Clinical Lectures and Demonstrations in Hospital and Out-patient Department.

The treatment of *acute cases*—Intern.

The treatment of *chronic cases*—Out-practice.

The Taking of the Case.

The Selection of the Remedy.

Homœopathic prescribing in *Surgery, Obstetrics, and the Specialties*.

As to the future I see no cause for dismay or pessimism. Quite the contrary : the future is bright with the forecast of good things coming. Humanity has made progress during the past twenty-five hundred years ; it is making very rapid progress in the mastery over natural forces, in the accumulation of knowledge, in general culture, and in the growth of brotherly love at the present time ; and it requires but little knowledge or faith to prophesy that it will go far, very far, in the development of all good things in the future.

The poet has the gift of condensing much philosophy and sound doctrine into a few graceful and attractive and convincing lines. One such, W. C. Rodman, of Philadelphia, has sung :—

WHAT TIME IS IT ?

What time is it by the Almighty's clock,
Whose pendulum, with sweep deliberate,
Links age to age ?

Is midnight on its way,
Or morning ? How impenetrably deep
The darkness !

Time is reckoned from the hour
When Chaos crystalised. Creation's count
Commenced with evening. It may be that man's
Long-lasting day began at twilight's fall
And never yet saw sunrise.

Legend says
There was a golden age, with all the world
Contentedly at peace ; when lust of rule
And carnage were unknown : was that full day
Or was it moonlit evening ?

Faith persuades
That all the years oblivion has engulfed
Were only Time's beginning hours ; that this
Dense darkness is not that of deepening night,
But shrouds the hour that beckons to the dawn.

How long must night enduring baffle hope ?
What time is it ? Heaven speed the break of Day.

HERB GROWING.

By A. R. HORWOOD. F.L.S.
(Leicester Museum.)

HERBS, THEIR USE AND MISUSE.—Ever since the middle ages, the term herb has been surrounded with ignorance, not to say superstition. Primarily it was used as a taxonomic term to distinguish plants, other groups, trees and shrubs, being purely crude physiological terms. It had also a general sense and was synonymous with the term plant. But later, herb was a term used in mediæval botany, and books on plants were called herbals, being a mixture of botany and pharmacological ideas, both of a fantastic type. By a doctrine known as "The doctrine of signatures" herbs were applied as remedies in all manner of complaints, even those to-day demanding the use of the knife, as in tumours, on the principle that if a wild

plant exhibited something resembling a symptom of the complaint it was a cure for it. Thus the barberry because it had a yellow juice was a cure for jaundice, a symptom of that being a yellowness of the skin. People were occasionally cured by the concoctions recommended for the simple reason that many plants are medicinal and their application is good in many maladies. But the real reason was never known, and ignorance prevailed for centuries. Indeed, it survives to-day in the teachings of Culpepper whose herbal is actually followed in this enlightened age. In spite of all this ignorance herbs are invaluable for all sorts of ills. There is a right use for all plants. Much research is proceeding to discover the principle of each plant and for what use medicinal or other, it is suited. There is indeed a new science, herb culture.

NEED FOR THE REVIVAL OF HERB CULTURE.—Although the British Pharmacopœia contains to-day very few British plants, there are, and have been, for many years a great many plants beside, henbane, belladonna, aconite and other drug plants that are used extensively. The commerce in drugs and herbs is considerable. In pre-war days much, indeed most, of the supply came from abroad, especially from Germany and Austria, and it needed the war to show what neglect there had been in this country to be self-supporting in this matter. A great deal was done during the war to make up for the shortage, and the result has been that interest has been aroused in herb culture, and organisations have been formed to promote it. There were few or no professional herb farms. Interest in herb gardens was purely personal, and limited. Experiment during the war showed what could be done by growing, drying, and collecting herbs in a wild state. Herb cultivation was promoted on a wider base. Still supplies were, and are, inadequate.

THE OPPORTUNITY OF TO-DAY.—Interest was aroused. It was of course, necessary to promote British herb cultivation, but now the compulsion is removed by the raising of the blockade, there is a great residuum of interest. Moreover, people have had their eyes opened to the great possibilities of herb culture.

It is an attractive pursuit. It makes an especial appeal to women. Already women have shown their aptitude for gardening. It is a step further to engage in herb culture. There is more of interest in it than in gardening. Besides there is a higher purpose served by the encouragement of it. For it is a matter of national importance and welfare. This in itself is sufficient incentive for the large body of patriotic people of both sexes in this country. It is moreover a suitable occupation for those who are disabled, who must have an opportunity, and there are so many to-day. It is a means of livelihood also for persons of delicate constitution unable to take up more arduous work. It is a new profession. The science of herb culture is, moreover, replete with possibilities. It is being pursued on up-to-date, modern, and scientific lines. The chemistry of plants is being studied. Cultural methods are being improved and elaborated. It is thus a fascinating pursuit. The public at large only needs to be acquainted with the great opportunity afforded by this great branch of science to take it up on a big scale. Unfortunately there are as yet few centres for instruction. The best I know is that at the Whins Herb Farm, Chalfont St. Peter, presided over by Mrs. Grieve, who has made a deep study of the whole subject, and added much to our knowledge of herb culture. She is training the first recruits in this new branch of learning, this new profession. From what I know of the undertaking it is fraught with great results, and it will be interesting to watch the growth of this new industry, and to appraise the value of its influence as time goes on.

HERBS FOR THE GARDEN.—In olden times every house with a garden had its herb garden, its herb border. A few years ago, however, it was difficult to discover any of the extent of those of our ancestors. In many of our old gardens there lingered relics of these oldtime herb gardens, strange plants whose origin and use were unknown, treated as curiosities, whilst elsewhere, they were turned out and were relegated to the rubbish heap or the kitchen midden. Hence the curious distribution of some of our native plants, or

plants of long history, probably introduced from abroad, such as alkanet, motherwort, balm, or such varieties as tarragon, costmary, mercury, or even so common a plant as fennel. It must be remembered our garden vegetables now used on every table were introduced at various dates. So, later, new types were tried, but became obsolete or were discarded, as salsify, and the like. So with the strict herbs as lavender, rosemary, lavender cotton, basil, savourie, marigold, cicely, smallage, alexanders, clary, hyssop.

HERBS FOR HEALTH.—Our forefathers, too, had a collection of herbs for "simple," or household remedies. To-day, this custom has largely passed into disuse. Rarely one may find chamomile. But the true chamomile, a wild plant has now become very rare, save where it is cultivated, on a commercial basis in fields. There is an absence of such old herbal plants as dill, caraway, mallow, elecampane, rue (herb of grace), monk's rhubarb. Where these survive as they do locally, it is generally outside the garden from which they have been turned out.

The writer will be glad to supply further information to those desirous of taking up herb culture as a profession, or as a hobby. A year's training is enough, capital needed moderate, and the demand for home-grown herbs is unlimited.

PERIODIC DRUG DISORDERS.

BY THE LATE LEOPOLD SALZER, M.D.

(Continued from page 465.)

EVENING HEAT.

ESPECIALLY in the evening, feverish as after taking cold, with heat in the face, tongue and mouth feel burnt and dry, without thirst, drinks only a small quantity of water; restlessness in all the limbs so that he cannot hold them still; the next day the tongue is coated: Ceba.

In the evening after dinner she has a slight feverish attack ; she is cold and hot ; she becomes nervous ; pain in the throat as if there were something there to bring up, and when hawking she feels a smarting and afterwards a sweet taste : Raphanus.

Dry heat and thirst for several evenings, followed by pain in the abdomen and head : Silic.

Towards six o'clock fever as yesterday, with want of appetite followed by increased pain in the abdomen : Antim. tart.

Febrile paroxysm every evening, burning heat, drinks very frequently but little, with frequent urging to stool and at night frequent emission of scanty brown urine : Lycopod.

In the evening sudden flushes of heat : Nat sulph.

At 7 p.m., fever ; little chill, considerable heat sweat more or less : Elaps.

In the evening disagreeable warmth over the whole body (another prover describes a similar feeling as agreeable) with perspiration : Laches.

From 6 to 12 p.m., fever with redness of the face : Lachnan.

In the evening (for the first five days) the patient had a moderate but regular elevation of temperature : Phosph.

In the evening dry heat of the body with distended veins and burning hands that seek out cold places : Puls.

In the evening flushes of heat, then itching : Sepia.

From 4 to 5 a.m. and from 5 to 6 p.m., anxious heat : Sepia.

At 11 a.m. for several days, chill ; in the evening at 6, heat : Carb veg.

In the evening, heat with anxiety : Hyperic.

Daily, in the evening, febrile paroxysm, first heat then chilliness : Lycopod.

At 6, heat ; must lie down till 10 ; then sweat and after the sweat thirst for four days (this has been preceded by coldness immediately after eating) : Borax.

In the evening and at night, the heat increases with tendency to sweat : Berberis.

EVENING SWEAT.

From evening till morning, profuse general sweat :
Sepia.

For several evenings, a glutinous annoying perspiration, with itching here and there : Fluor ac.

Every second or fourth evening, profuse perspiration on the head and back lasting three-quarters of an hour :
Mur a c.

PERIODIC NIGHT DRUG-FEVER.

(Some of the drug-fevers occurring late in the night will be found under the rubric of " morning.")

CHILL.

Before midnight, quotidian fever : Arund maurit.

At 10 o'clock in the evening, violent internal chilliness for a quarter of an hour : Petrol.

Every night after an hours' sleep, was awakened by chilliness over the whole body, with drawing in the limbs without subsequent heat : Phosph ac.

Every night on going to bed, creeping chills down the back, for a month : Lil tig.

Every morning about 3 o'clock, great chilliness accompanied by languor, headache and great dyspnoea, followed by great heat and thirst and terminated by profuse perspiration : Nat mur.

At 3 a.m., violent chill, then profuse sweat all over, except the head, which is warm only : Thuja.

Chilliness at night ; he cannot get warm least of all his feet, nor can he fall asleep : Ammon carb.

At night in bed, the upper parts of the body were hot, the limbs were cold and only gradually became warm towards morning : Carb an.

At night in bed especially, chill repeatedly down the spine and all over : Cachelago.

At night in bed especially, shivers down the back :
Allium cepa.

In the night, the testes feel cold (to others, not subjectively) : Agnus cast.

Chilliness at night in bed, especially in the abdomen :
Sulph.

Chilliness in his sleep ; on awaking he is immediately warm again : Ammon carb.

As often as she awakes in the night, chilliness : Caust. (without thirst) : Ammon mur.

Extreme restlessness and frequent awaking with chilliness : Kali iod., Sillic (with inability to collect his senses) : Staphisag.

At night chilliness preventing him from sleep : Ambra gris., Canthar.

Febrile chilliness at night, during which the skin was moist but cold : Thuja.

At night on lying down, shuddering : Acon.

At night, obstinate coldness : Bufo, Calc carb., Carbo. veg., Sepia, Sulph.

Through the night, chilliness ; in the morning chilliness with nausea on the least motion : Eupat. perf. (?)

For several nights violent shaking chills with looseness of the bowels, followed by great heat and perspiration all over : Phosph.

At night, much thirst (often awaking him from sleep) restlessness, chilliness and heat : Acon.

Alternation of warmth with chilliness, during the night : Augustura, Baryt carb.

At night febrile chill, succeeded quickly by heat of the body, with frequent micturition and lassitude of the limbs ; on the following night, two attacks of the same kind, with vertigo and thirst : Bellad.

At the night of the proving a rigor, followed by an excessively copious perspiration, sleeplessness ; the following night, another rigor, followed by dry hot skin and perspiration : Acon.

At night, she (being generally chilly) suffers excessively from rigors followed by heat and profuse perspiration ; as the rigors come on, and during their continuance, her languor is excessive and the headache and dyspnœa almost indescribable : Nat mur.

Nightly febrile attack ; before the chill intolerable drawing pains through the thighs and legs that obliged him to alternately draw them up and stretch them out : Nux vom.

Intense chilliness at night, followed by heat and profuse sweat : Carboneum sulph.

During the nightly fever, especially during the chill, increase of pain : Hep. sulph.

BEFORE MIDNIGHT HEAT.

Before midnight, fever : Cadm sulph, Verat alb.

Before midnight, heat, anxiety (in one case merely heat of the feet) after midnight, sweat : Magnes mur.

Heat increased till about midnight ; skin dry, pulse frequent, without thirst after midnight, the skin became gradually moist until sweat broke out on the chest, abdomen and head ; after 2 o'clock sleep with confused dreams. On the next morning, tongue coated, face pale, head dull and always on rising there is a stitch extending through the head from below upwards : Plumb.

Anxiety and heat do not permit him to fall asleep before midnight for many days : Ars alb.

MIDNIGHT HEAT.

About midnight, dry heat : Elaps.

The intermittent fever of Silicea has little sweat (nor severe rigors either) usually occurring from 10 a.m. to 8 p.m., or from midnight to 8 a.m.

AFTER MIDNIGHT HEAT.

At 2 o'clock at night, fever, increased warmth over the whole body, sweat in the face and on the feet and tension in hypochondria and hypogastrium producing colicky pains and feeling of anxiety : Ars alb.

After midnight, feeling of heat and anxiety with inclination to uncover herself : Ars alb.

At 2 a.m., heat without thirst, disappears in the morning, worse again after breakfast : Cæpa.

Sometimes from 2 to 3 a.m., vascular excitement : Gastein.

He wakes after midnight, with heat over the whole body and violent thirst ; the pulse is full, soft accelerated ; afterwards sweat over the whole body, especially on the forehead : Ranunculus sceler.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE Third Meeting of the Society was held at the L.H.H. on December 2nd. Dr. Neatby, and afterwards Dr. Granville Hey in the chair.

Dr. J. F. Peart was elected a member, and Drs. Benjamin, Julian and Pearson proposed for membership.

Mr. J. Eadie, F.R.C.S., read a paper on "Atony of the Stomach," and Dr. Hall Smith opened the discussion. The paper proved of great interest and Drs. Stonham, Day, Miller Neatby, Goldsbrough, A. Neatby, Weir, Ellwood, Fergie Woods, Pearson and Hey, spoke on the subject. Mr. Eadie and Dr. Hall Smith replied. The Dinner Club met at the Holborn after the meeting.

BELLIS PERENNIS.—Here we have the bright-eyed daisy, a pleasure to look upon in grassy fields, but a pest to the farmer nevertheless. Sensations of bruised soreness are characteristic of this remedy, strongly resembling those of Arnica, but when coupled with passive congestion of organs, demanding Bellis. A woman who believed that she had taken cold, complained of a bruised soreness in the lower abdomen, also of a delay in the menstrual flow, a slight spasmodic show of blood only, had taken place. The temperature was raised a degree. Bellis perennis 30th, a few doses, restored the menses and relieved all soreness.—*Hom. Recorder.*

SCUTELLARIA LATERIFOLIA.—This plant, commonly known as the skull-cap or mad dog skull-cap, furnishes us with a remedy said to be useful in certain nervous and reflex disturbances. A proving of the drug is to be found in Allen's Encyclopædia, also a study by Dr. George Royal, in the transactions of the American Institute of Homœopathy for 1897. Its sphere of usefulness appears to be limited to cases of brain-fag from overwork with dull or throbbing occipital and frontal headache, cardiac irritability, sleeplessness and weakness, as well as of cases of cerebral irritation in teething children who exhibit twitching of the facial muscles and of the extremities. In the latter class of cases the irritability and the fever of Chamomilla are lacking. In two such cases with grinding of the teeth during sleep, the 30th potency has been of benefit. Night-terrors are an additional indication.—*Hom. Recorder.*

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH NOV. TO 15TH DEC., 1920.

GENERAL FUND.

				<i>Subscriptions.</i>	£	s.	d.
Miss Cargill		10	0
Miss Prichard	2	2	0
Dr. S. Morgan		10	6
T. Priestman, Esq.	1	1	0
Lady Dawson	1	1	0
Dr. Margaret L. Tyler	1	1	0
Dr. John McLachlan	1	1	0
Miss Holland	1	1	0
Mrs. Ball		10	6
Dr. Compston		15	0
Mrs. Spensley	2	0	0
The Rev. Lewis Innes.		2	6
Dr. W. Clowes Pritchard	3	3	0
Dr. H. A. Eaton	1	1	0
Dr. Edgar Cullen	1	1	0
Dr. W. A. Davidson	1	1	0
Dr. P. Hall-Smith	1	1	0
The Rev. Canon R. Upcher	1	1	0
Mrs. A. Balfour Williamson	5	5	0
Miss T. Gosse		10	6
Mr. and Mrs. Harris		10	6
Mrs. Laing	1	1	0
Dr. T. Miller Neatby	1	1	0
Dr. John Weir	5	5	0
Mrs. Alder	1	1	0

A Meeting of the Executive Committee was held at Chalmers House on Wednesday, the 15th December, at 4.30 p.m.

Mr. E. Handfield Morton's resignation, owing to ill-health, of the office of Vice-Chairman of the Council and Executive Committee of the Association, was very regretfully accepted by the Committee, at its above meeting, and Mr. E. Ford Duncanson, of Bromley, Kent, was unanimously elected his successor.

EXTRACT.

SOME EXPERIENCES WITH HOMŒOPATHIC REMEDIES IN SURGICAL CASES.*

By FREDERIC MCN. E. HOWELL, M.D., READING, PA.

(Read before the Homœopathic Medical Society of
Pennsylvania, September 17th, 1919.)

THIS is not a technical paper, nor is it intended to be a discussion of the various remedies applicable to surgical conditions, but rather it is an attempt to do homage to homœopathy by a mere statement of facts—a simple testimony to the efficiency of the homœopathic remedy in situations where, I am perfectly satisfied I would have lost my patient without its aid.

CASE NO. I.—Mrs. E., aged 46, married, mother of two children, younger aged 18. Mrs. E. apparently healthy, robust, accustomed to doing her own housework; medium height and of very dark complexion; had had no serious illness until three months prior to the time I saw her, at which time she had an attack of pain in the right side which was relieved by hot applications, but returned the next day, and bothered her a great deal during the following week or so, when she was compelled to go to bed. She called in an old school physician who attended her for several weeks. Her condition grew steadily worse. She had a temperature of 100 degrees, chills and sweats, anorexia and nausea, and became greatly emaciated. A surgeon was called in consultation and a diagnosis of abscess or Addison's disease was made, the latter, no doubt, because of her dark skin and the presence of two black spots on her upper lip, which she said had been there as long as she could remember. She was treated with opiates and antiphlogistine, and finally given up. The day I was called in; her physician had left with the statement that her death could be momentarily expected. On examination, I found a tumour in the

* Extracted from the Hahn Monthly, with grateful acknowledgments.

right loin, hard and smooth, and extremely sensitive to pressure. The patient was completely prostrated, with weak and irregular pulse. The patient constantly asked for water, which was taken only in sips. Legs were cold, and patient listless and exhausted. She had been having the worst pains in the morning, and for the past several days the pain had been so severe at that time that she needed a hypo for relief. Because of a periodic pain, right-sided, water in small quantities, I prescribed Arsenic 3x every half hour, and said I would call in the morning, when the pain was at its height. Calling the next morning I found the patient showing improvement. She had slept six hours, had no pain until just before my arrival, and a hot application had already relieved her. The tumor was still the same and very sensitive. She again slept all that night, and the next day asked for food. The pain was now of a dull character, and easily borne, the tumour seemed softer but still sensitive. In four days, it was barely possible to distinguish it, pain entirely gone, and in two more days, both had entirely disappeared. The patient went on to rapid and complete recovery, being downstairs and at her housework in three weeks. There was never a return of these symptoms, nor any sign of the evacuation of an abscess. The urine at no time showed pus. Patient remained in perfect health for a year, when I was called to attend her for cardiac asthma, following her house-cleaning; and twice afterward, at intervals of several months, for the same condition. Arsenic relieved promptly on each occasion. I saw little of her after that but she had practically no symptoms except slight asthmatic attacks, until her death five years after the first illness, from dilatation of the heart.

CASE NO. 2.—Mrs. D., aged 51. Mother of four children, had been treated by an old school physician for metrorrhagia and prolapsus uteri. She was sent to the hospital by a chiropractor, whom she had called in to treat her. He realised, as he said, "that it was't anything for him to monkey with." Examination revealed a large vaginal tumour filling the pelvis with the cervix posterior. It was impossible to determine

whether the tumour was attached to the cervix or incorporated in the body of the uterus. Excision of a plug, however, proved it to be a fibroid. The patient was extremely weak from the loss of blood, and begged to be treated for a day or two for the weakness, saying she would do anything I wished if she could just get a little stronger, as she tearfully said: "I know I'll die if I have to go through it now." She was pallid, weak, and her pulse rapid, weak, but regular. Legs swollen to the hips to twice their normal size. She had several thrombotic piles which gave her constant pain. Rest in bed, with legs elevated, astringent douches, ipecac, calc. carb. for the metrorrhagia and bry. apocy. and dig. for the œdema. The metrorrhagia was controlled somewhat, but though she felt slightly stronger, no perceptible change could be noted in the legs. The patient wept continually, and one had but to look at her to start the flow of tears in increased volume. She was gentle and submissive, but "just could not stop the tears." This symptom, though she was a pronounced brunette, with the venous stasis, suggested pulsatilla, a drug I never had a satisfactory result with before; but I gave it in the "1-x," every hour. The tears were controlled in a few hours. I discontinued all remedies except puls. In twenty-four hours a perceptible change was noticeable in both legs. At the end of a week the legs were normal, hemorrhoids had disappeared and metrorrhagia, fears and piles and the tears greatly decreased in amount. In two weeks the patient was eating three good meals a day, sitting up in bed, while all bleeding had stopped. I then suggested that the time had come for an operation, when the patient exhibited anything but a puls. disposition, saying most emphatically, "NO operation. If medicine can do this, it can fix me all right." She could not be induced to change her mind and in a week's time went home, where she was soon at her wash tubs. I examined her six months later, and found the tumour apparently the same but no engorgement of the tissues. She had not been troubled by it in any way, except a feeling of pain in the rectum, and constipation at times. Several times after this I gave her pulsatilla for a

slight bloody discharge and swelling of the ankles. The medicine relieved these symptoms. I heard nothing of her for some time after this, but learned that she had done fairly well for about two years, after which severe rectal trouble developed. She tried various treatments, still refusing operation, and died at the end of another year, of cancer of the rectum.

CASE No. 3.—Miss F., aged twenty-eight, sent to one of the Wernersville Sanitariums by a Philadelphia physician. I was asked to treat her for rheumatism and gave her phylacogens. By the end of two weeks her joint pains were improved, though she was very weak; heart action irregular, and temperature, which had been showing a slight daily rise, was normal. After a few days, patient had a slight bloody vaginal discharge, with a foul odour, and abdominal distress. I sent her to the hospital with the intention of doing a curettage. Soon after her arrival there, her abdominal pain became severe, her temperature shot up to 104 degrees. She complained of oppression over the heart and a distinct murmur could be heard over the mitral region. She was given hot bichloride douches and enteroclysis. The cervix was enlarged and soggy, and pain centred over the appendix and right ovary, both of which were extremely sensitive to pressure. The temperature zig-zagged between 97 degrees and 103 degrees. I was asked to consult with a Philadelphia surgeon before operating. By the time he arrived the patient was showing signs of peritonitis; frequent vomiting, pinched face and some distension. His remark, after looking over her was: "She is septic all through. You can do a coeliotomy if you want to satisfy yourself, but I wouldn't touch her; she'll die on the table." He further expressed himself satisfied that there was nothing more to be done for her, and left the matter for any further treatment to me without any suggestion.

I prescribed *Crotalus 6x* every half hour for six doses, then every two hours. Improvement was evident in a few hours. The patient went on to recovery without any sign to indicate whether or not we had had an ovarian abscess. The heart gradually improved and in four or five weeks patient was discharged and sent to

Atlantic City. This was two years ago. I have been told by one of our prominent medical men here who has treated her since, that she was in good condition and had no evidence of any former symptoms except a heart condition which readily responded to treatment.

CASE NO. 4.—Mrs. L., aged 68, had an attack which was diagnosed as gall stones by an old school physician; who took her to Philadelphia for operation. An X-ray by a prominent Philadelphia Roentgenologist revealed no gall stones but a "tumour of the pancreas." This patient returned to her home without undergoing operation, and was confined to bed for eleven weeks, before I saw her. She had then been given up, the physician stating that she had cancer. She was emaciated (had been very stout, weighing 190 pounds). She was deeply jaundiced from head to foot, which condition had existed from the first week of her illness. Constant nausea, vomiting and occasional diarrhœic stools with pain in the abdomen, was the train of symptoms exhibited when I was called in to do something, if I could, to relieve her distress, "though, of course, they knew she couldn't live."

I prescribed colocynth, with not a great deal of expectation, and making no promises, nor giving encouragement. The patient recovered, to the surprise of all, under this treatment, no other remedy being given except chin. ars. and nux. several weeks later. Patient was in fine condition after her recovery, going about in perfect health for five years, and regaining her former weight, good colour and vitality.

Several months ago she called to see me for abdominal distress. A glance told the story. While she still looked well, a recent and greater gain in weight coupled with an appearance of scrawniness, and loss of flesh around the neck and chest, made a typical picture of abdominal tumour. Inspection soon demonstrated the presence of fluid. She finally followed my advice to have it removed while she was still in good condition, and three weeks ago the cyst was evacuated and six gallons of fluid removed. She is now up and about, showing evidence of returning to an active life at seventy-four years of age.

I have been in a way pessimistic regarding death-bed reactions as a result of medication, but after retrospective meditation I have decided to be more optimistic in this line and believe it my duty, after bathing in the glory of these remarkable recoveries to testify to the efficiency of the indicated remedy in such cases.

One reason for the selection of these particular cases is the fact that others beside myself, quite capable of judging, reached the same conclusion in regard to their status. In three instances those who had had their turn first with other remedies announced their failures. I also wish to call attention to the fact that where a definite surgical lesion was proven to exist, it was also proven that surgery at a propitious time would have made the cure complete; and that a cure cannot be claimed until all such conditions are removed.

The remedies of precision are few. Stimulants and other remedies used for the short boost, remedies with a "kick" in them are satisfactory to the minds of many for a brief, forcible reaction; but for continued action they are often as uncertain as the flavour of an uncut canteloupe. When all others fail—use HOMŒOPATHY! "Best in the long run!"

LICHEN PLANUS IN PRIVATE PRACTICE.—Charles J. White, after a clinical study of sixty-four cases, submits the following findings: Lichen planus is a subacute and at times an acute disease. The educated classes and especially those whose immediate past has been troubled seem to be the most susceptible. Sometimes it follows an injury. It seems to occur more often in women than in men. It appears largely in the fourth and fifth decades of life. It varies greatly in duration—some cases come and go in a few weeks; many last months; some may persist for years. The flexor surface of the wrists may be the site of predilection of the initial lesions, but they may and do appear on almost any part of the body, and even on the mucous membranes where the characteristic violet coloration becomes silvery white. The final distribution of the eruption may be universal. White describes the typical objective lesion as an almost pathognomonic papule, but many variations occur. The disease is always pruritic, and the suffering is at times almost unbearable. Treatment is palliative and a cure seems to depend largely on natural evolution.—*Journ. Cutan. Dis.*

REVIEW.

AN AUTHORISED TEXT-BOOK FOR BEGINNERS.*

THIS volume has been designed especially for the use of enquirers into Homœopathy. It has, we believe, been written by various (unnamed) authors, each taking one or more chapters, and the general (and admirable) editor is Dr. R. F. Rabe, almost as well known to his European as to his American colleagues. Further, on completion, the volume has been authorised by the A.I.H., and therefore comes to us with all the weight and the importance that such an editor and such an institution can confer.

The book is extraordinarily compact. There are 280 pages in all, and each page contains but some two hundred words, for the book is of small size quite convenient for the pocket. This compression has compelled the writers to be very succinct and terse. This is no disadvantage (on the contrary), although we are inclined to think that the enquirer might feel sometimes that he was being just a little "hustled." On the other hand, the book is intended as a primer of Homœopathy; if the attention is caught it is easy to supplement it and perhaps it is true that a short and concise statement is more likely to catch the attention of a busy man than a longer exposition.

The Preface states briefly the conceptions, primary and secondary, of Homœopathy, and adds enough argument to counter the first objections of prejudice. The first chapter is on Homœopathic Pharmacy, then follows one on dosage, and then at once we attack actual remedies so that the practical tests can be made early. We think a little more detail on the subject of the choice of the remedy would have been space well spent. It is true that the principles that guide us

* *Medical Therapeutics for Daily Reference.* Edited by R. F. Rabe M.D., Authorised by The American Institute of Homœopathy. Price, \$1.25 net (postage extra) 280 pages. Boericke and Tafel, 1011 Arch Street, Phila. Pa.; or Homœo. Publishing Co., 12 Warwick Lane, E.C.4. 6s. (post extra).

are stated, but hardly enough stress is laid on the relative values of symptoms in given cases. Perhaps as the book is a primer it is not hoped that the enquirer will seek to apply the method at once to chronic and complex cases; yet it seems to us that often it is precisely in such cases that a physician most desires help and is likely to seek it. But he would be fortunate if he selected and administered his remedy to best advantage from the instructions given. They are admirably clear, but in our judgment over-concise.

After these preliminaries a number of drug studies are given, forty-two in all. They include the majority of the most valuable remedies of our *Materia Medica*, and to each description is appended a list of characteristic symptoms. Considering the short space available for each drug study, the authors are to be congratulated on their power for selecting the salient points and we have little doubt that these pages will be of much help to many. Yet even here we cannot help feeling that their chief value will be as a reminder to those who already know something of Homœopathy rather than an assistance to those who know nothing. No beginner will find it very easy to know which symptoms are of primary and which of secondary importance. Of course, it is absolutely true that no text-book, however elaborate and detailed, is of any avail without goodwill on the part of the investigator, and given goodwill there is ample material here as a guide to experiment, and probably that is everything that should be asked of a first introduction. We are full of admiration for the authors and offer them not only heartiest goodwishes, but heartiest congratulations. For ourselves, in steering between the Scylla of a text book so elaborate as to repel the enquirer (unless very determined) and the Charybdis of a text-book so concise as to make experiment difficult, we should run the former risk rather than the latter. But this is a personal opinion and there is much to be said for the other course. Probably the best method of all is to have a variety of books and endeavour "to fit the remedy to the case," here as elsewhere, whenever an enquirer can be persuaded to investigate our beliefs.

CORRESPONDENCE.

THE LAYMAN'S PAGE.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

DEAR SIR,—The third decade of the present century is perhaps not an inopportune moment to inaugurate the new feature in the "HOMŒOPATHIC WORLD," of providing a little space for the Layman to give expression to views which may incidentally become of great interest and perhaps advantage to the professional practitioner. It is of course a *sine-qua-non* that the Editor will delete anything which is not, (a) interesting and useful to the Layman and also (b) sufficiently interesting to be tolerated by the profession.

I accordingly suggest that occasional "cases" may be reported provided they afford sound proof of the "H" Rule as distinctly tending to advance the "H" cause and to honour the immortal founder. I may add that in the many successful cases I have treated I *never* fail to point out that if such be the results of The System in the hands of a novice, what may we not expect from that "System" under the care of an expert professional? Permit me then to open the Layman's page with Case 1. "In 1906, I received a letter from a former 'domestic'—then acting as monthly nurse in a 'case' at Leighton Buzzard.

"Patient in bed with second child doing well excepting that No. 1, aged three-and-a-half, was threatened by nursemaid (15) on 'not going to sleep instantly' with 'imprisonment in that cupboard,' 'there's bears in there,' and 'bogies,'—'they'll have you!' etc, etc. Result, screaming and yet more screaming on nursemaid going away with the light, etc.—further result,—mother (a prisoner) fretted, the young babe also fretted, being 'nursed' by mother. Each screaming fit increased the anxiety and disturbed the mother more and more—(whether the screams came from No. 1 or No. 2) and the monthly nurse asks me if 'H' can do anything?—knowing of the pleasant successes she had witnessed when living (under H.) in my family and confessing that the Dr., a young, but capable

and attentive man had admitted he was completely nonplussed by the circumstances and symptoms. I replied at once, sending 'pil opium 30' with instruction to give it (graded) to all three, and had a most gratifying letter in a week announcing the trouble was passed."

I venture to hope that this "case" is not unworthy of record considering I never saw either patient and I am wondering whether the "treatment" was ever revealed to "the Dr. in charge" and what he thinks of "Samuel Hahnemann."

My next proposal is to originate a correspondence upon "POISONING BY CONTAMINATION"—an enquiry into the various plants, blossoms and foliage now in frequent use in Commercial circles—amongst Nurserymen, florists, etc. I think, perhaps, the various properties are sometimes wrongly attributed—to the plant or foliage when it should be debited to the chemicals used thereon as Insecticides, etc; I know that the use of such is constantly being widely advertised—presumably successfully—and that the increasing use of them is probably attended by a corresponding growth of effects and it is worthy of deep study by the profession in order to keep pace with this ever increasing use of poisonous substances.

Many florists dread using the Safrano Roses from the Riviera, not because of the thorns, but of the sulphate of copper which lingers around the stems, etc., after repeated sprayings. The chrysanthemum is now becoming widely recognised as being an enemy to those predisposed to its influence (or the spraying mixture employed) and the symptoms are both alarming and unpleasant—included a bloated puffy face and hands, more or less intense irritation, etc.—in some persons to an intense degree. I have just met one florist (male fifty?) who was introduced by his Dr. to a Club in Harley Street, where he was overhauled by about eighteen medical men, put under treatment after this heavy consultation, and *still suffers* acutely at each recurring chrysanthemum season (for some few years).

The numerous instances I meet of eczematous eruption of greater or lesser intensity, from Prim.

obconica, Chrysanthemum, Lily of the Valley, Berberis Thunbergii, Croton Tig., etc., etc., induces me to think that much valuable and interesting information will be forthcoming from Laymen as soon as it becomes known, that a Layman's page—with a generous latitude for our ignorance—is available regularly, and I trust that the innovation will prove of the greatest utility to all concerned.

My principal wish is to extend "H" practice and to honour its founder—the finest product of Germany!

I am, Sir,

Yours faithfully,

ERNEST L. VINDEN.

HOMŒOPATHIC MEDICAL BENEVOLENT
SOCIETY.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

SIR,—The above Society ceased its activities in 1916, but no notification of its demise was made public at the time.

The papers concerning its origin, work and termination having come into my hand, as surviving Trustee, a meeting was called at which all the Committee members were present. The subjoined statement was drawn up for publication, and I shall feel obliged if you can find space for it in an early issue of "THE WORLD."

Yours faithfully,

STATEMENT.

EDWIN A. NEATBY.

Copy.

82, Wimpole Street, W.1.

December 3rd, 1920.

The Homœopathic Medical Benevolent Society was established in 1875, a preliminary meeting being held at the house of Dr. Yeldham, 10, Taviton Street, W.C. This was followed by a general meeting, summoned by circular and held at the London Homœopathic Hospital, on June 24th, 1875. The original trustees were Drs. Yeldham, Drury and Bayes.

The object of the Society was "to provide pecuniary relief for qualified homœopathic practitioners, their

widows and families when in temporary difficulties and distress."

A sum of money (about £150 ?) appears to have been collected and annual subscriptions were paid to the Treasurers of the Society. Annual meetings were held at first, but as subscriptions fell off, through death and defections, no effort seems to have been made to replace them. No great publicity was given to the work or needs of the Society.

The funds became exhausted by a final payment made to the Treasurer of £18 15s. 4d. for the relief of an applicant, as shown by the Pass Book of the Union of London and Smith's Bank, Argyll Place, December 21st, 1916.

(Signed)

C. KNOX-SHAW.
EDWIN A. NEATBY.
C. E. WHEELER.
JAMES EADIE.

VACCINOSIS AND A C₃ POPULATION.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

SIR,—Not the least of the many services rendered to his generation by the late COMPTON BURNETT, was his research into Vaccinosis. In that term he included, besides vaccinia or the febrile reaction which occurs in an organism after vaccination, the "profound and after long-lasting morbid constitutional state engendered by the vaccine virus." (*Vaccinosis*, p. 3.) Burnett held the nature of the vaccine taint to be very deep seated, its range extensive. Unfortunately, Burnett's work, on this line, has not attracted the attention which its importance deserves. We are moved to recall his labours by the publication of the Annual Report, for the year 1919, of the chief medical officer of the Board of Education. This blue book is sorry reading. Like so many of the Reports that have preceded it, it declares that the inspections of the School Medical Service, present the same high percentage of *preventible* defects, to wit, uncleanness, *visual failings* and *dental troubles*. Dirt, in some form or other, is the common factor in every disease and

concerns our present purpose little. But what of bad sight and carious teeth, in direct connection with vaccinosis. In his latest work *Facts and Comments*, published in 1902, Herbert Spencer devoted a chapter to the effects of vaccination. His words are worth recalling :

“ It is a familiar biological truth that the organs of sense and the teeth arise out of the dermal layer of the embryo. Hence abnormalities affect all of them ; blue-eyed cats are deaf and hairless dogs have imperfect teeth. (*Origin of Species*, chapter I.) The like holds of constitutional abnormalities caused by disease. Syphilis in its earlier stages, is a skin-disease. . When it is inherited the effects are malformation of teeth, and in later years, iritis. Kindred relations hold with other skin-diseases : instance the fact that scarlet fever is often accompanied by loosening of the teeth, and the fact that with measles often go disorders, sometimes temporary, sometimes permanent, of both eyes and ears. May it not be thus with another skin-disease—that which vaccination gives ? If so we have an explanation of the frightful degeneracy of teeth among young people in recent times ; and we need not wonder at the prevalence of weak and defective eyes among them.”

Spencer held the assumption, that vaccination changes the constitution in relation to small pox, and does not otherwise change it, to be “ sheer folly ” ; and supported his view by the high authority of Sir James Paget. (Lectures fourth edition, p. 39) :

“ After the vaccine and other infectious or inoculable diseases, it is, most probably not the tissues alone, but the blood as much or more than they, in which the altered state is maintained ; and in many cases it would seem that, whatever materials are added to the blood, the stamp once impressed by one of these specific diseases is retained.”

Here is a distinct admission or rather assertion that the constitution is changed. Is it changed for the better ? If not, says Spencer, who does not seem to have been aware of the work of Compton Burnett, it must be changed for the worse ; otherwise a healthy

person would become more healthy by having a succession of diseases. There is indeed, as he shows, cogent evidence, of a *general relative debility*. "Measles is a severer disease than it used to be, and deaths from it are very numerous. Influenza yields proof. Sixty years ago, when at long intervals an epidemic occurred, it seized but few, was not severe and left no serious *sequelæ*; now it is permanently established, effects multitudes in extreme forms and often leaves damaged constitutions. The disease is the same but there is less ability to withstand it."

One has only to collate with this striking passage, the observations of Burnett upon vaccinosis and *habitual* influenza, and to recall the tragic mortality of the latest epidemic of that disease (89 per 1,000!), to realise the importance of fullest inquiry into the vaccination-history of a patient when taking down notes of his case. Incidentally we may observe that here is an opportunity for those possessed of leisure and the necessary qualifications to carry on and amplify the work of Burnett in this field.

Yours faithfully,

W. H. KNIGHT.

VARIETIES.

PLEURAL EFFUSION WITH DEPRESSION OF THE DIAPHRAGM PRODUCING AN ABDOMINAL TUMOUR.—In the *American Journal of the Medical Sciences* for March, Dr. David Riesman has described a very rare result of pleural effusion—depression of the diaphragm producing an abdominal tumour. He first encountered this condition at a necropsy. On opening the abdomen he found in the left upper quadrant a large, smooth, sense tumour, which proved to be a bag made by the diaphragm turned inside out and filled with pleural fluid. Subsequently he has seen the condition twice, in both cases clinically.

In one case the patient, a widow, aged seventy-seven years, came under observation in April, 1918. For years she had suffered from diabetes mellitus and chronic nephritis with moderate hypertension. There were diabetic cataract and *retinal hæmorrhages*. The heart was slightly enlarged, there was a soft systolic murmur, and the legs were somewhat oedematous. The urine contained sugar up to 3.2 per cent., and albumin from traces up to 2.8 g. per litre. The quantity was usually about 1,500 c.cm. and the sp. gr. varied from 1,007 to 1,013. Unlike most cases of coexisting nephritis and diabetes,

the sugar did not vary in inverse proportion to the albumin. Under treatment she improved. In June, 1919, she was seized with acute indigestion, characterised by abdominal pain radiating to the back, nausea, vomiting, and slight diarrhoea. Within a few days she began to suffer from dyspnoea. On examination, the lips were somewhat cyanosed and the pulse rapid, but there was no fever. The upper left half of the abdomen was occupied by a tense rounded, slightly uneven, somewhat tender mass; it extended forward to the mid-clavicular line and downwards to the level of the umbilicus. The left chest was visibly distended and enlarged. The percussion note was flat over the whole left chest. No heart sounds could be heard there; the apex beat was just within the right nipple line in the fifth interspace. Bronchial breathing and bronchophony were heard over the left chest. Dr. Riesman concluded that the abdominal tumour was the inverted diaphragm containing pleural fluid; this was confirmed by paracentesis. After slowly drawing off five pints of fluid, the tumour could no longer be felt. Fearing pulmonary oedema, Dr. Riesman remained with the patient. In the first half hour she was comfortable and greatly relieved. Then suddenly the lungs filled with fluid, loud bubbling râles could be heard everywhere, and the breathing became rattling and terribly laboured. A violent cough, which brought up little fluid, added to the distress. The face became purple, the skin cold and clammy, and death seemed imminent. A hypodermic injection of morphine and atropine had no effect. Dry cups were applied to the back and, as if by magic, every râle disappeared. After a proper interval the cups were removed and the oedema immediately returned, but it was slight and caused little distress. From that time improvement was rapid. When seen again in the latter part of July a considerable accumulation of fluid had taken place, but the abdominal tumour was smaller than before. Paracentesis was again performed, and the tumour vanished. She was in good condition at the time of the report.

In most of the text-books depression of the diaphragm as a result of pleural effusion is not mentioned. However, Wilson Fox, in his monumental work says, : "When the effusion is large the diaphragm may pass below the ribs, and may there in some cases be felt as a tumour." The condition is a mechanical result of great intra-pleural pressure. The tumour is important in the differential diagnosis of abdominal masses. If the chest condition be overlooked or not correlated with the tumour error may arise. The tumour has a peculiar bulky feel, is tender, does not move with respiration, has the shape neither of the spleen nor kidney, and appears to have a deep attachment. Apart from paracentesis, X-ray examination is probably the best means of diagnosis. The albuminous expectoration following paracentesis Dr. Riesman has ascribed to "congestion by recoil." It is very alarming and sometimes fatal. He has usually found that a hypodermic injection of morphine and atropine gives

speedy relief, but, as in the case related, it may fail. The remarkable results of dry cupping must be due to some reflex nervous influence. Dr. Riesman believes dry cupping to be a good measure in all forms of acute pulmonary œdema, whether due to tapping or other causes.

CEREBRAL SOFTENING SIMULATING LETHARGIC ENCEPHALITIS.

—In his exhaustive article on lethargic encephalitis, based upon two clinical lectures delivered at the University of Edinburgh, Dr. Edwin Bramwell deals with the protean symptomatology of the disease which may, at the outset, suggest cerebral hæmorrhage or embolism or, at the other extreme, functional disease with emotional disturbance. It is not yet sufficiently recognised that all the symptoms of lethargic encephalitis may be due to other cerebral diseases. At a recent meeting of the Société Médicale des Hopitaux of Paris, MM. E. Gaudoin and P. Lantuéjoul reported a case in which cerebral softening simulated lethargic encophalitis.

A woman, aged fifty-seven years, was attacked on February 3rd, 1920, with slight headache, and on the 4th vomited. On the 5th, when she came under observation, she responded well to questions, and said that the headache was less. Examination revealed only old hemiplegia and slight convergent strabismus of the left eye. On the 6th she was in a state of somnolence, which increased on the 7th, when she was admitted into hospital, with a temperature of 101.8°F. On the 8th she lay in a somnolent condition on her back. She answered questions correctly but with difficulty, and without raising her eyelids. It was necessary to repeat the question in a loud voice, and even to shake her in order to obtain an answer. She declared that she did not suffer and no longer had headache. The temperature was 100.7°, the pulse 76, unequal and irregular. The respiration was twenty and regular. She could not completely raise her eyelids, and they had to be forced apart in order to examine the pupils. These were unequal, the left being the smaller and not reacting to light; the right was irregular and reacted feebly. The eyeballs could be directed only to the right. There was slight rigidity of the neck, but Kernig's sign was absent. Lumbar puncture yielded clear fluid under normal tension containing 256 leucocytes to the cubic millimetre. The clot of centrifugation was composed almost entirely of intact polynuclears, with a few lymphocytes and red corpuscles and without microbes to direct examination. Culture-tubes of gelose and ascitic fluid remained sterile after inoculation. As there was incontinence of urine the patient was catheterised every six hours, and 750 g. of slightly albuminous urine were obtained. Death occurred on February 10th. At the necropsy, no meningeal lesions were found. The right cerebral hemisphere was the seat of softening, cortical and deep and almost total. The lesion was so extensive and marked that it was impossible to distinguish old from recent softening. Thus softening which came on insidiously produced the triad of

symptoms of lethargic encephalitis—persistent somnolence, ocular troubles, and fever. However, the abundance of the leucocytosis and the polynucleosis of the cerebro-spinal fluid threw doubt on this diagnosis.

Babinski and other French writers have called attention to this leucocytosis as symptomatic of extensive cerebral softening. In one case the hyperalbuminous cerebro-spinal fluid contained forty leucocytes to the cubic millimetre, with marked polynucleosis, and in another 450 leucocytes almost entirely intact polynuclears. These leucocyte reactions are abundant in the early days of the lesion, and consist at first of intact polynuclears, then of lymphocytes. They may disappear rapidly.—*Lancet*.

ANTISCORBUTIC ORANGE-JUICE POWDER.—We have more than once pointed out how convenient it would be if the vegetable and fruit juices containing antiscorbutic substances could be reduced to a powdered form without impairing their activity. In our issue of May 22nd, Surgeon-Captain P. W. Bassett-Smith described an investigation, recently carried out at Greenwich, into the antiscorbutic potency of lozenges made from lemon-juice concentrated in vacuo without heat. In guinea-pig experiments their potency was very high. According to a paper on "The Antiscorbutic Properties of Concentrated Fruit Juices," by Arthur Harden and Robert Robison, published in the April number of the *Biochemical Journal*, the drying of fruit-juice has been successfully carried still further. The technical procedure has followed the lines of milk-powder production by the spray process, which avoids a temperature likely to reduce, if not to kill the potency of the antiscorbutic agent. From the results obtained it is reported that highly active dried orange-juice can readily be prepared on a commercial scale which will keep after prolonged storage under suitable conditions. The orange-juice, mixed with corn syrup, was forced as a fine spray into a chamber where it met a current of air heated to 75°-80°C. The drying was almost instantaneous, and the product when tested on guinea-pigs was found to afford complete protection from scurvy. As the authors point out, the peculiar value of such a substance lies in its adaptability for infant feeding and for the use of expeditions of long duration, where fresh fruit and vegetables are unobtainable and when transport must be reduced to a minimum. It would appear that orange-juice is decidedly superior to vegetable juices in regard to keeping its activity when exposed to relatively high temperatures. In spite of this observation the investigation of the effects of storage on dried orange-juice at tropical temperatures remains to be determined. We have already drawn attention to the fact that in the preparation on the large scale of citric acid from lemon-juice by separating the acid in the form of precipitated calcium citrate the antiscorbutic material escapes unimpaired in the filtrate. Surely, it is worth while to deal with this filtrate by the method suggested herein, and so to conserve a valuable accessory food factor.—*Lancet*.

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.1*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

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| <p>Bailliere's Nurses' Complete Medical Dictionary. Edited by Constance M. Douthwaite. 18mo. pp. 206. n. 3s.</p> <p>Ballance (Sir Charles A.) The Bradshaw Lecture on the Surgery of the Heart, delivered before the Royal College of Surgeons, December 11, 1919. 8vo. pp. 154. n. 10s. 6d.</p> <p>Clayton (E. Bellis). Medical Gymnastics in Medicine and Surgery. Cr. 8vo. n. 5s.</p> <p>Fothergill (W. E.) A Handbook for Midwives and Maternity Nurses. 8vo. pp. 288. n. 20s.</p> | <p>Ker (Claude Buchanan). Infectious Diseases. A Practical Text-Book. Royal 8vo. pp. 639. n. 42s.</p> <p>Leblanc (R.) Venereal Disease and its Prevention. Cr. 8vo. pp. 158. n. 7s. 6d.</p> <p>Martindale (W. Harrison) and Westcott (W. Wynn). The Extra Pharmacopœia. 17th edition. In 2 vols. Vol. I. 18mo. pp. 1,154. n. 27s. 6d.</p> <p>Todd (Alan H.) Lectures on Surgery to Nurses. Cr. 8vo. n. 7s. 6d.</p> <p>Woodwark (A. S.) Manual of Medicine. Cr. 8vo. pp. 500. n. 16s.</p> |
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By **CHARLES E. WHEELER, M.D., B.S., B.Sc. (Lond.),**
Editor of the Homœopathic World.

THE HOMŒOPATHIC PUBLISHING COMPANY, 12, WARWICK LANE, E.C.4.

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ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 71, Harley Street, W.1.

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

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

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.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Mr. Knight, Ilchester—Dr. E. A. Neatby, London—Dr. Flasschoen, Paris—A. W. Walburn, Esq., Manchester—E. L. Vinden, London—Dr. Goldsbrough, London—Dr. J. Ward, San Francisco.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homœopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Revista Homœopatica Practica—Annaes de Medicina Homœopathica—Journal A. I. H. — Homœo Recorder.—L'Homœopathie Victorieuse, Flasschoen—Pacific Coast Journal.

The Homœopathic World.

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Periodic Drug Disorders.

SOCIETY'S MEETING:

British Homœopathic Society.

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HOMŒOPATHY AND HAPPINESS.

Daily Graphic photograph.

Lady Perks distributing the gifts from the Christmas trees at the London Homœopathic Hospital, Bloomsbury. Note the fascinated baby on the left.

THE
HOMŒOPATHIC WORLD.

FEBRUARY 1, 1921.

THE STUDY OF MATERIA MEDICA.

It is a curious and rather disquieting paradox that while the ranks of Homœopathy are receiving an unusual number of recruits (mostly young men), and while in such centres as London, Bristol, Glasgow, there is great and promising activity in Homœopathic circles, yet from time to time there reach us laments from older, well-tried comrades, that they cannot find in Homœopathic methods the success for which they had hoped and are driven more and more to empirical and experimental methods.

Now we are all physicians before we are Homœopaths. Although we believe (some of us, the more earnestly the greater our experience grows) that ours is incomparably the best way to make use of drugs, yet drug therapy is not the whole of the art of medicine, and we should hold that man both foolish and reprehensible who held back from his patients any possible contribution to their welfare, whether or no it could be brought within the four corners of the Hahnemannian doctrine. But while conceding, nay claiming, every latitude in the choice of weapons to every physician, we admit that we do regret even a partial abandonment of Homœopathic therapeutics for the excellent reason that we ourselves find them so increasingly valuable.

Wherein lies the root of this difference in opinion and the differing experiences which account for it?

We suggest, in all humility but very earnestly, that as with so many other departments of knowledge, a man gets value out of the Homœopathic Materia Medica precisely in proportion to the study he puts into it. We know how necessary it is to keep abreast of the ever increasing flood of new knowledge (not to speak of new theorising). We know that men are often overworked, and weary and that the Materia Medica is not the lightest and most easy of subjects. How natural to envy the non-homœopathist who is at least spared this laborious study, how easy the descent from a distaste for it to a depreciation of its value, how facile the passage from careless application of Homœopathic principles to disappointing results, which in their turn seem to justify the neglect which largely accounts for them!

The remedy lies in an effort on the part of those who hold that our Materia Medica is a source of power to revive the fainting enthusiasm of the disappointed. A small beginning is to be made by prefacing the monthly meetings of the British Homœopathic Society, to which even the busiest of our colleagues sometimes turn, by a short lecture or address on some practical aspect of the Materia Medica. The promoters of this scheme are more than willing to address even one or two of their colleagues, but naturally they will be encouraged by the presence of numbers. On their side they will endeavour to give value for the patience and attention which they request. The next address will be on February 3rd, at the Hospital, at 3.45, and we hope that a few of the disappointed ones will give their countenance to this attempt to mitigate their disappointment.

NEWS AND NOTES.

DR. ANN SINCLAIR.

By an unfortunate mistake the announcement of the death of Dr. Sinclair did not appear last month as it should have done. It is our sorrowful duty to record it now. Dr. Sinclair's modesty and her retiring nature kept her largely a stranger to many of her colleagues, but she was valued in proportion to acquaintance with her skill, her devotion, her patience and kindness. She will be greatly missed, for no one who had the honour of her friendship but must feel a sense of loss to think that he will never again find help from her abilities or draw courage from her example.

Honour to her memory!

DEATH OF DR. S. MORGAN.

THE announcement of the death of Dr. Samuel Morgan, of 15, Oakfield Road, Clifton, was read with regret yesterday by numerous friends. Dr. Morgan, who was 88 years of age, was one of the most genial and successful of medical men in Bristol, as he was one of the most popular. It was after practising for short periods at Salisbury and Bath, that he came to Bristol, where, as a specialist in Homœopathy he was soon in wide request. He built up a considerable practice, which he carried on for something like half a century. His health broke down about two years ago, when he practically retired from professional work, retaining only a few patients, who, as an admiring friend put it, "would not let him go." He was the senior Homœopathic doctor in Bristol, and his fame was widespread in this district owing to his remarkable success in unusually difficult cases. He was one of the founders of the Bristol Homœopathic Hospital, Brunswick Square, since removed to Cotham House, in connection with the gift of Mr. Melville Wills in memory of his son, Captain Bruce Wills. Dr. Morgan was closely associated

with that institution, and worked for it unremittingly, being, until a few years ago, chairman of the Board of Management. A member of the Congregational body, the doctor was actively identified with Pembroke Church, Clifton, where he filled the office of senior deacon, and he also served as chairman of the Bristol Congregational Union.—*Western Daily Press*, December 22nd, 1920.

CLINIC DAY.

One of the most successful ideas of the A. I. H., has been the establishment in the United States of an Annual Clinic Day; when every Homœopathic Institution shall hold a special meeting and by precept and example give as much publicity as is possible to the claims and the credit of Homœopathy. We have received from Dr. James Ward a stirring account of Clinic Day in San Francisco, and we must heartily congratulate our American colleagues on the splendid show they have made. We foresee great benefit to our cause from this effort.

A COMPLAINT.

A CORRESPONDENT in Stafford writes to voice once more the great difficulties in which those are placed who wish for Homœopathic treatment, yet are so far from any Homœopathic physician that the expense of consultation is prohibitive. We all realise and regret this difficulty. The only lasting remedy is so to spread our faith that ultimately there will be enough Homœopathic physicians to supply the country's needs. But pending that consummation, our correspondent suggests that special consideration in the way of fees should be given to those who are faithful to our principles in spite of all difficulties. Here we think our colleagues would be willing to show every possible consideration. In chronic diseases, if a patient can be thoroughly overhauled and a good case history taken, he or she speedily learns to send such detailed reports as enable much of the later

supervision to be done by correspondence. Perhaps a systematic application of some such method might meet these difficult emergencies fairly well.

HOMŒOPATHY AT BOMBAY.

WE have received the Seventh Annual Report of the Homœopathic Charitable Dispensary of Parel, Bombay. Dr. Rayaker is mainly responsible for the work and it seems to be very successful. During the year nearly 3,000 patients were treated, with excellent results. Financially also the Institution is sound, and we offer congratulations for the past and best wishes for the future.

IBERIS AMARA.

THE bitter candytuft, is clinically related to hypertrophy and dilation of the heart with palpitation and tachycardia. Among the symptoms produced in its pathogenesis are palpitation and dyspnœa from ascending stairs, rapid pulse, numbness and tingling in the fingers, pains in the left arm and aggravation from lying on the left side. Sharp pains in the heart region are present. In a case of myocarditis with the usual symptoms of failing compensation, the œdema of the legs has been improved, dyspnœa lessened and the pulse and heart action strengthened by this remedy, given in the third centesimal potency. A rapid pulse was the indication which led to its employment. A recent experience with *Gettysburg Springs* in the sixth decimal trituration will be of interest. These springs contain sodium, magnesium and calcium in the form of carbonates, chlorides and sulphates, also lithium chloride as well as as other salts. For some years the patient, a woman of forty-seven, had suffered from more or less constant rheumatic pains in the muscles of the neck, trunk and limbs. The pains in the back were especially annoying. Originally the difficulty had been caused by living in a damp country house. The joints had never been affected. Rhus tox. and other remedies had given

partial relief only. Radium bromide 30x and 60x had not helped. *Gettysburg* 6x trituration, night and morning brought immediate and thus far, lasting benefit, although the case is not regarded as a cured one. The symptoms on which the remedy was chosen are as follows: Stiffness or rigidity, especially mornings on commencing to move, but *not felt when at rest*. General amelioration from motion and from heat. Aggravation from cold or wet or from drafts of cold air. The negative symptom or modality, "not felt when at rest," seems to be the differentiating and characteristic one and distinguishes *Gettysburg* from *Rhus tox.*—*Hom. Recorder*.

A CONCERT AT HAMPSTEAD.

ON Wednesday, February 16th, at 8, there will be given a concert at the Hampstead Town Hall, in aid of the London Homœopathic Hospital. The list of artists is a notable one, headed by Miss Myra Hess, one of the finest pianists in Europe, and our readers may be sure of enjoyment as well as of the chance of helping our cause.

GASTRIC SECRETIONS IN NEUROCIRCULATORY ASTHENIA.—Musser said of this subject, based upon observations in the United States Service: "In patients suffering with neurocirculatory asthenia there is a very definite increase in the total acidity and free hydrochloric acid as compared with controls. These figures do not represent abnormal hyperacidity. As Rehfuss has shown that the usual conception of hyperacidity is erroneous, an apparently normal acidity of over 100 is common. They do show, however, that almost uniformly soldiers suffering with neurocirculatory asthenia as contrasted with apparently normal soldiers, both eating the same food, under identical routine and under the same condition of living, show a higher gastric acidity. This a diagnostic point which may be of value in differentiating the disorder in questionable cases. It surely seems to add further evidence to that already accumulated that these soldiers are suffering from a *nerosis* with which is probably associated hyperirritable *vagus.*"—*American Journal of the Medical Sciences*, May, 1920.

ORIGINAL COMMUNICATIONS.

THE PROMULGATION OF HOMŒOPATHY.

REFLECTIONS PRESENTED TO THE INTERNATIONAL
HOMŒOPATHIC COUNCIL, AT THE HAGUE,
AUGUST 26TH, 1920.

BY EDWIN A. NEATBY M.D.

GENTLEMEN AND COLLEAGUES,

It is my first duty and high privilege to convey to this representative gathering the cordial greetings and good wishes of the British Homœopathic Society. British Homœopathy has done what lay in its power to contribute to the success of this International Conference by sending some of its most active and influential representatives.

If I rightly understand the object of these meetings it is that a direct interchange of thought and experience such as cannot take place by correspondence, may leave each of us as an individual, and each national organisation represented, richer and stronger for items of information gleaned one from another. One of our strongest Britishers, the late Admiral Lord Fisher wrote, "The printed word can never convey the virtue of the soul. The *aroma* is not there—it evaporates when printed" (*Memories*, p. 23). For this reason through I have unfortunately only a day at my disposal I have come to supplement whatever aroma my thoughts may have by a personal presentation of them. My subject is the propagation of Homœopathy.

Let us start by the enunciation of one fact on which we can all agree. We may differ in the length and the depth of our experience, and in detail as to its application, but we one and all believe Homœopathy to be a therapeutic truth of high value in the medicinal treatment of disease—not the only truth, but **THE ONE** which it is our mission, our privilege, and **OUR DUTY** to practice and **TO PROMULGATE**. Other branches of the science and art of medicine have

enthusiastic workers and supporters. We from our various countries and societies, while welcoming and utilising all that science, general and medical can teach us, WE are the advocates and devotees of Homœopathy.

That is my first postulate. My second is, that we are none of us satisfied with the progress that it has made during the last twenty or thirty years. It is to be assumed that representatives present are acquainted with the facts and figures concerning the development of Homœopathy in their own country. From what I know of Great Britain and of some other countries, I think it is a safe and moderate statement that we are not satisfied. When I speak of the Homœopathic cause I want to be understood to refer to a branch of scientific therapeutics, to a method based on scientific fact, as an addendum to all generally received medical knowledge, and not to a small sectarian body adopting Hahnemann's teachings as a cult.

At this stage I should like to remind you very briefly, that the scientific evidence in favour of Homœopathy is stronger to-day than at any period of its history. In the pages of allopathic journals or in general scientific literature, I am constantly finding the unquestioned acceptance of the principle of Arudt's law as enunciated by Dr. C. E. Wheeler, of the London Homœopathic Hospital. The law is, that an agent which in large doses will diminish or abrogate the functions of protoplasm will stimulate them in small doses. What constitutes large or small, varies with the stimulus and to a lesser degree with the sensitiveness of the tissues stimulated. The law applied therapeutically was years ago described by orthodox medicine as "the dual action of drugs"; still further back it was described by Samuel Hahnemann as Homœopathy—*similia similibus curentur*.—The very latest acceptance of the principle I noticed in the columns of the *Morning Post*, a London newspaper. In its issue of July 28th, that journal comments on the works of an Indian scientist, Sir Jagadis Bose, whose life has been written by Prof. Patrick

Geddes. After stating that Bose believed that plants react to influences—*e.g.*: wireless electrical stimulation—not felt by the most sensitive human beings, he adds and “stranger still, he *has proved* (italics mine) that even metals are stimulated by small doses of poison, large doses abolishing the response.” Here is our cardinal principle extended to the in-organic world. It is of course acknowledged everywhere in vaccine therapy.

One more instance and I pass on. In the *Lancet*, of February last, an annotation states that there is urgent need to stir “the mystery surrounding” *the fact* that the same agent can set up an ugly pathological process and be used to stop the progress of such a process—meaning a similiar—not an identical process. The *Lancet* apparently has never heard of Arndt’s and Hahnemann’s law!

Then clinically too Homœopathy is claiming successes in late years which are above and beyond the ordinary run of cases in which drug therapeutics are usually supposed to be effective, even by our own school. I need only instance cases of rheumatoid arthritis, enlarged thyroid and diabetes.

Summing up then, we believe that Homœopathy is a principle of drug selection, the application of which is of vital importance in the interests of suffering humanity at large; and that this conviction is supported by strong scientific and clinical evidence. In view of this strong position let us next consider what are the best means of securing the spread of Homœopathy and of overcoming the prejudices which have so unreasonably accumulated against it.

In a large and young country like the United States of America, it has been possible to establish fully equipped Medical Schools under Homœopathic auspices, and the Schools have degree-granting powers. Their courses of Education have been recognised by various of the States as rendering the graduates of such Schools eligible for the State examinations for a license to practise. In a country where education and medical institutions were in

the making this has been comparatively easy of accomplishment. Whether it has been good policy to maintain separate institutions for the sake of a speciality involving less than one-tenth of the curriculum, where the remaining nine-tenths were common to the rival teaching bodies, some of those here present, who represent those few educational centres, will perhaps tell us. It may at least be questioned whether the skill, energy and money might not be better spent in securing a strong representation of the speciality. It is, however, probably the case that it was easier to start independent Schools than to secure adequate representation in an orthodox medical school. For to be satisfactory, attendance on the lectures and clinics of the speciality in therapeutics would need to be compulsory. In this way universal diffusion of the truth would eventually be secured.

If attendance were not compulsory, then a very strong and effective body of teachers would be called for to uphold the speciality and demonstrate its superiority to other systems of drug treatment. I have said lectures and clinics—for an equal opportunity for clinical teaching would be essential.

In some European Universities, I believe such as Buda-Pesth, and at Leyden, or Utrecht, a chair of Homœopathic medicine was in existence without corresponding or adequate clinical facilities, but I am not aware that these chairs are now in being. Had such International Conferences as the present existed earlier, assistance might have been given to the weaker causes and guidance to the strong. Perhaps it is not too late to accomplish something even yet.

These two Institutions—the complete Medical School and the chair of Homœopathy in a University with adequate clinical facilities are the most powerful means of diffusing Homœopathy. Unfortunately for the most part we can rarely attain to such great and praiseworthy Institutions.

Of agencies not attached to a complete School of Medicine or University, there are several of value

which have been at work for some years in Great Britain.

(a) To the energy and effort of my friend and colleague, Dr. Burford, we owe a very active propagandist body started by him nearly twenty years ago, the British Homœopathic Association. It is composed of professional and lay Homœopaths united to safeguard and develop all Homœopathic interests.

This body is able to conduct propagandist and defensive work, which would be outside the sphere of a purely professional scientific body like the British Homœopathic Society.

(b) One of the accomplishments of the Association, enthused by Dr. Burford, and seconded by Dr. Roberson Day, was to secure a sum of money to defray the cost of an annual course of lectures on Homœopathy, and the Homœopathic Materia Medica. Twice a week throughout the Autumn and Winter Dr. Wheeler gives these post-graduate lectures. This has been going on for many years and until recently, Dr. Goldsbrough conducted the clinical side of these lectures.

(c) Another course of lectures, also given in the Winter is on the Homœopathic Philosophy and includes a very thorough and practical exposition of Homœopathy from the purely Hahnemannian points of view. These are given by my friend, Dr. John Weir, the able Secretary of the British Homœopathic Society. It is proving itself to be one of the most attractive and fruitful of our departments and has already brought in quite a number of ardent recruits.

(d) Through the generosity of Dr. Margaret Tyler, who has instituted a number of Scholarships named after her late father, Sir Henry Tyler, funds are supplied to help medical men, established Homœopaths and new enquirers to come to London to attend these lectures of a post-graduate character.

In the past we have also been able to send young doctors to America to study Homœopathy. I am hoping that our own organisations are now so well

established that we shall attract young medicos for post-graduate Homœopathy from European countries :

The author of this short paper has not the hardihood to set up to teach representatives of other countries what is the best method for them to follow in the effort which is obviously necessary if Hahnemann's teachings and subsequent developments therefrom are to receive, as they deserve, early general recognition. Nevertheless, I should like to express my judgment, and to put it before you, in such a manner as will secure the mental acquiescence and the active kinetic support of every one present. To do this it must be of the nature of general principles, rather than the advocacy of a specific method.

May I put it to you in this way : that every country, every State, every city, every society and institution and—most important of all—every INDIVIDUAL OF US, should see to it, first of all, that the work we are doing and the propaganda (if any) that we are carrying on should be of the very best possible quality, for its size and stage of development.

Those countries, states and cities which are so favoured as to possess degree-granting medical Schools, should see to it that both their general teaching and their Homœopathic training should be of the greatest thoroughness and of the highest quality. For a work of such magnitude, elaborate organisation and ample resources are required—for general equipment and to secure the adherence of teachers with the genius and enthusiasm in their own subjects, especially of course for the Homœopathic speciality, which is the *raison d'être* of the School. Similarly, where a department in a general School or a lectureship in a University exists, those having the management of the department or the selection of the lecturer should see that merit is the basis of selection—success the proof of the suitability of the choice. Ruthless "scrapping" should await want of success, provided sufficient means and time have been allowed for results to appear. This would not be a punitive measure for any individual, but a protective one for the teaching body.

Similarly, the Society or hospital where Homœopathy is a recognised or dominant feature should be careful that all its work, Homœopathic and non-Homœopathic, is modern and of high quality. This is not only of advantage for the members of the Society and the patients of the hospital, but it is absolutely essential for the non-Homœopathic on-looker and learner, who can only form a judgment of the Homœopathic teaching, which he does not, as yet, understand, by the quality of the non-Homœopathic work which he does understand. So much for Schools and lectureships.

Now gentlemen we come to the rock-bottom of the matter—THE FUTURE OF HOMŒOPATHY depends upon the quality of our own Homœopathic work as individuals, and upon the sincerity, earnestness and enthusiasm with which we, EACH ONE, seek to spread a knowledge of the truths of which we are at once convinced and proud. All collective work is the sum of multiplied individual effort.

I have of late years begun to realise that though the practice of our body has been of excellent quality and productiveness, our efforts at promulgation have been totally inadequate. I am convinced that the knowledge, of which we are not only the custodians but the trustees, is so great and so good that it must be presented to and even forced upon the majority who are ignorant of it and opposed to us. It is more than doubtful whether we have been utterly faithful in the administration of the legacy of truth and knowledge committed to us by "the Master." We have lost the missionary spirit which characterised his early disciples.

For the publication of literature and the delivery of lectures to which our allopathic colleagues may be invited, our societies and our leaders are responsible, but there is a form of individual propagandism which each one of us can undertake provided we are really enthusiastic believers in Homœopathy ourselves.

When it became known that something must be done to save the cause of Homœopathy in Britain, I ventured to place my views before the members of the British Homœopathic Society.

I proposed that each one of us should undertake to endeavour to secure during the current year, one new medical adherent to Homœopathy.

After the facts and arguments had been placed before our meeting (in February last) all the members present rose to their feet in support of the proposal, and then and there the Covenant of Extension was formed. I asked for a body of fifty convinced and determined men to give this pledge and during the Session, more than the fifty were secured. Some have already fulfilled their undertaking and have introduced new members to the Society.

Coupled with the Covenant of Extension, the members of the Society raised a reconstruction Fund, so that our Journal which, during the war had fallen to only sixteen pages, one sheet, is now enlarged to seventy-six pages, and the membership of the Society has increased by a larger number than the annual average even of pre-war years. This has only been possible by the co-operation of members of every shade of Homœopathic belief and practice—the pathological and the symptomatic prescribers and the users of high and low dilutions; general practitioners, physicians, surgeons and specialists.

There is not only room for us all but urgent need for the energy and strength which each can supply.

The work of promulgation in England was very much facilitated by the issue last year of a work by Dr. C. E. Wheeler, "An Introduction to the Principles and Practice of Homœopathy," written in a modern spirit to meet the wants of honest inquirers. This is a book we can with confidence present to any allopath willing to read, and it has already appealed to many and has won very high encomiums from some of my friends of the orthodox majority.

A work of this kind is required in 'all civilised languages, where one does not exist.

One of the first results of this Conference should be either the production of such a work or the translation of Dr. Wheeler's book.

Another result of this meeting should be a Covenant of Extension entered into by ourselves, here and now,

first of all. Subsequently it should be extended to as many of our Homœopathic colleagues all the world over as can be persuaded to subscribe it.

It is desirable that members of such a league and covenant should meet twice a year to stimulate each other and to report on their various methods and successes.

A copy of the wording of the British Covenant is presented herewith.

These things require effort on the part of some few of us, but they do not require elaborate machinery or serious expenditure of money. If the latter is deficient in our Society, as it was in the British Homœopathic Society, non-medical friends would willingly contribute to so definite and promising an object.

In the formation of an International League or Covenant, some organisation will of course be called for, but I recommend that the machinery be as simple as possible.

I also advise that, although members of such a League should have common objects and that some of these could be forwarded by identical measures, yet that scope should be left for the free development of its ideas and ideals by each nation in accordance with its own needs and prospects.

Above all let us avoid starting, with a great flourish of trumpets, some complicated scheme which it is impossible to build up because of its possessing no solid foundation. Let us do that which next us lies, lay a substantial foundation and building up, brick by brick, and course by course. Sure work even if slow, will answer our purpose better than a magnificent enterprise, existing only on paper and ignominiously disappearing in a year or two.

All this may mean much or little according to the genuineness of our CAUSE and our DEVOTION to it.

Let us ask ourselves NOW gentlemen, "Is the cause of Homœopathy worth a big and persistent effort?"

I say IT IS WORTH IT: Do you agree with me? I ask you to reply.

In my own view THE CAUSE is so good and so GREAT that it would be nothing less than a CRIME—

A CRIME and A BLUNDER to allow it to suffer. It would be TREASON against truth and humanity.

Moreover, the cause is not only WORTHY of being saved and developed but it is CAPABLE of salvation and development.

But it requires prompt and self-denying action—action on the part of our whole fraternity. A few days ago our British late Chief of Staff, Sir Wm. Robertson, said that many people were asking what won the war: was it tanks, or the navy or unified command in the army, or what? He said it was the devotion and self-sacrifice of the officers and men. Similarly, in our cause, plans and machinery, though they may be required, MUST BE VITALISED by the spirit and effort of ourselves—of our whole manhood and womanhood.

A CASE OF MALARIA.

BY DR. GOLDSBROUGH.

“ONE swallow does not make a Summer,” nor does one case treated Homœopathically prove that all cases so treated would respond with like result. Indeed one case is of little value except as an illustration of what may have happened in many other instances at the hands of different practitioners. But *that* the writer regards as the value of the following case. Malaria is not often met with in this country, which is not its natural habitat. Cases are seen now more frequently than before military expeditions were sent abroad in connection with the late war, but they are not recent cases, and when seen in this country have usually been subjected to orthodox energetic Quinine treatment. Also they usually recover eventually naturally if blood and other organism changes are not too profound, so that it is difficult to say what influence treatment has had in a given case, or whether natural recovery has not been wholly responsible for the cure. In the case which follows the change of treatment seemed to have a most decided effect on the patient, and he got well

forthwith by a gradual cessation of his attacks. Hence the case may be safely cited as a good illustration of a Homœopathic cure.

J. F. C., male, aged 22. Jewellers apprentice, came to see the writer privately, on February 26th of this year. He was in the army in Palestine in 1918, when he fell ill with malaria. Was in hospital at Damascus, Beyrout and Alexandria. He got rid of his first series of attacks which had been recurring every other day, and subsequently at intervals of four or five days. Then in a few months they returned and they have been recurring at intervals since. He came home in 1919. In November of that year he had another series, and again in four weeks, and a week before his visit. Has been dosed regularly with Quinine all through. The attacks last a day, shivering, heat to a temperature of 105°F. and sweat, aching in the splenic region, but no headache, except after the Quinine. He is weak for two or three days after an attack. Has lost a good deal of weight. Was twelve stone before his illness, now 10st. 7 lb. The attacks will come on in a sharp change of weather more especially from dry to wet, more often in the afternoon, and cold drinks seem to excite them. The man appears healthy in every other way. His heart, liver and spleen were normal on examination.

The choice of medicine appeared to the writer to rest between Quinine and Arsenicum, but as the patient had had so much Quinine it was thought he might not benefit from its continuance, or by giving it in an attenuated form. On the other hand, the only indication for Arsenicum were the periodicity, aggravation from cold drinks, the loss of weight and weakness after the attacks. Quinine appeared thus to be really the medicine. Thus at first a waiting attitude was adopted as regards its administration and dosage. A prescription was given for Quinine-sulphate 3x (Chininum sulphuricum) to be taken once a week, and with a view to helping the patient during his attack Gelsemium 3x hourly at that time. The patient was asked to report progress in a few days. He was living at Colchester.

On February 29th, his father wrote that the attacks had recurred every other day to date. At the time of writing, the temperature had just dropped from 104° to 99°.

During the whole of the next week, the patient went on much the same except that the attacks grew more severe, and on two occasions the temperature reached 105°F.

After two weekly doses of Chin. Sulph. with the Gelsemium there was no improvement and the patient with his friends were getting anxious. I was treating the case by correspondence and wrote that the medicine was to be changed by giving Chin. Sulph. 30, two hourly *during an attack*, the first dose to be given when the shivering began and discontinued as soon as the temperature began to decline. No medicine was to be given in the intervals.

On March 14th, I received a note from the father to say that the last attack was on the 11th, and much less severe; the temperature not rising above 104°F. In the words of the father, "the regular recurrence every other day seems for the first time to be broken. The effect of the new medicine on the last attack was very marked. It seemed to allay the shivering almost instantly." Subsequent reports from that date indicated that the intervals of attack gradually lengthened, and by April 22nd, he had none for fifteen days, and he was allowed then to resume work.

Some controversy between the Pension doctor and the patient had taken place on the question of his treatment by correspondence, but later on satisfaction was expressed by that authority with the issue of the case. The present writer sent a report to the Pension doctor of the treatment that had been advised and the reasons therefor. A few weeks later the young man paid a visit to the writer and again in January of this year reported he had had no return of his attacks. Needless to say he had taken no more Quinine.

PERIODIC DRUG DISORDERS.

BY THE LATE LEOPOLD SALZER, M.D.

(Continued from page 18.)

NIGHT HEAT.

HEAT at night : Agar musc., Aurant am., Bry., Carb. sulph., Colch., Graph., Ignat., Laches., Spiran.

The whole night, heat, restlessness, pulsation in head hindering sleep : Ars alb.

The whole night, dry heat, with sleeplessness, anxiety and restlessness, and whenever she puts her hand out of bed, coldness, chilliness and thirst : Baryt carb.

Much orgasm of blood, with many dreams and restless sleep (especially during menstruation) : Calc. carb., Oleum jec as.

At night, internal heat especially in the hands and feet, with dry tongue in the morning without thirst, with external heat in the head : Calc carb.

At night, excessive orgasm of blood ; he imagines the blood will burst his veins and heart : Ammon carb. (with throbbing in all the vessels) : Silic. (with prevention of sleep) : Sepia.

At night, great internal heat so that he could scarcely remain in bed, with great dread of the slightest exposure : Magnes carb.

Especially at night, febrile attacks : Merc sol.

Night heat, without thirst and sweat : Ars alb.

Sensation of heat at night, without thirst : Pulsat.

At night, heat (without thirst), with frequent awaking : Phosph. (With hot breath from the mouth, though there was no dryness of the mouth) : Coff crud. Intolerable sensation of heat, at night, without perspiration, causing restless tossing about inability to to sleep : Pulsat.

At night, heat and thirst without severe chill and without being followed by sweat : Carb an.

At night, excessive heat with thirst : Arun maur.

Febrile heat at night, with violent thirst and rattling respiration : Silic.

Only in the night, heat in the morning after rising more internally ; the hands are always dry and rough,

the mouth is dry and sticky ; moderate thirst, a desire for succulent food ; no sweat. Every day for two weeks : Sabad.

Night and morning, febrile paroxysm : Kali bi.

At night, internal heat with thirst and frequent awaking : Magnes mur.

At night, febrile heat and sweat, with ravenous hunger that could not be appeased, followed by chilliness, with chattering of the teeth and external coldness ; after the chill internal heat, especially in the hands, with constant external coldness : Phosph.

At night, in bed, the head and upper part of the body were hot, but the limbs were cold and only gradually became warm towards morning : Carb an.

At night, warmth in the head, genitals and legs : Mephitis.

At night, the blood seems hot, especially in the hands : Nitr ac.

Every night, heat in the palms of the hands : Ol jec as.

At night, feeling of heat in the whole body, especially in the palms of the hands : Sulph.

Heat of the feet, with burning sensation in the evening in bed, so that she was obliged to uncover them for several hours, followed by uneasiness, itching and crawling in them, so that he was obliged to rub them : Sulph.

Cold feet became warm at night : Silic.

Heat over the whole body, frequently woke her at night ; no perspiration ; excessive thirst caused by dryness low down in the throat : Nitr ac.

Frequent wakings during the night, during some of which there were flushes of heat and desire to throw off the bed-clothes when the thermometer was below zero Act rac.

At night, sensation of heat, with restless sleep : Laches.

NIGHT-SWEAT.

Sweat, at night : Act rac., Amb gris., Angust, Anthrakok., Ars alb., Borax, Bellad., Bryon., Cupr., Helleb nig., Iod., Kali carb., Magnes carb., Merc iod

rub., Merc sol., Nat carb., Nat mur., Ol jec as., Phosph., Saracen., Silic., Sulph.

As soon as he gets warm in bed, sweat accompanied by chilliness : Argent nit.

Evening in bed, immediately after lying down, sweat : Asar europ.

Night sweat, especially before midnight, with cold limbs : Calc carb. (Calc carb. also produces : sweat frequently breaking out during the day on the slightest motion of the prover.)

So soon as he closes his eyes, he breaks out into an excessive sweat : Carb an. (Even during the day while dozing : Conium.)

So soon as he falls asleep at night, an agreeable warm perspiration broke out on all parts that were covered, which disappeared on waking. This was frequently repeated at night : Thuja.

TUBERCULOSIS.

By DR. J. N. VOORHOEVE.

(Director of the Homœopathic Hospital, Utrecht.)

WHEN I now ask your attention, for a moment, to the subject I have named, it goes without saying that I shall confine my remarks especially to the Homœopathic treatment of this disease, which is rightly designated a widespread malady. Again and again already it has been suggested to me by colleagues—Homœopaths above suspicion—that after all, we, with our Homœopathic remedies, could really effect little or nothing to lead the tuberculous process as it should go. It was indeed admitted that in many cases we, with our Homœopathic remedies, could produce favourable results as regards certain obnoxious phenomena, especially as regards cough, sweating, insomnia, and the like, and that we therefore, perhaps, could exercise some beneficial influence on the course of the disease.

In our Homœopathic manuals and text-books, however, quite a different opinion is expressed. There, on the contrary, it is generally taught that, especially

in the early stages of pulmonary tuberculosis, very good results may be, and very often have been reached. In this connection I am particularly reminded of the enthusiastic article by the late French Dr. Jousset, and also of that by Dr. Gisevius in his "Handbuch der Homœopathie." On closer inspection, however, these contrasted convictions, too, appear very strongly to rest upon personal impressions, and on a few striking cases of beautiful cures after the establishment of an Homœopathic therapy. At all events, I do not find there anything like elaborate statistics; and, moreover, no convincing statistics from an Homœopathic quarter are known to me. The only statistics I have seen are those from the sanatorium at Rutland, U.S.A., but you will agree with me that the latter, with their pronounced yearly oscillations, cannot be regarded as final; so that the demand for more definite figures remains urgent. But the whole literature of the subject—especially the American—is by no means accessible to me; I trust accordingly before long to be better informed by some of you, who have come together from so many different countries. I look especially to you, my American colleagues, who have come to us, as it were, from the Promised Land of Homœopathy; for in your country various Homœopathic sanatoria, exclusively for tuberculous patients, have already long existed.

I personally have received a very strong impression that, both as regards pulmonary and other forms of tuberculosis, most certainly far better results are attainable by our methods, since I have adopted them, than formerly alone with rest, fresh air, sun, and a few palliatives. But I feel at the same time how dangerous it is, especially in such a disease as tuberculosis, which may take such a capricious course, to rely solely upon such impressions. I feel very strongly, moreover, the weight of the above-mentioned objection, that an improvement in troublesome symptoms—for which too, of course, we ought to do our best, in our patients' interest, and for the alleviation of their sufferings—may so easily take on the appearance of a real improvement, especially when such an improvement has been

attained, not by means of narcotics (morphine, codeine, opium, etc.), but by an Homœopathically indicated remedy. To illustrate my meaning, I will mention one or two striking examples, taken from my own practice.

A young man, twenty-one years of age, was received into the Homœopathic Hospital, with an extensive affection of the whole right lung and of the left upper lobe. He had been discharged from a sanatorium, after a six-months' stay there, because the case is considered hopeless. The patient has high fever, is very short of breath, slightly cyanotic, has a rapid pulse, etc. Although a great deal of rattling noises are audible everywhere, he brings up very little sputum; he has violent fits of coughing tendency to vomit, etc. The whole impression strongly indicated Tart emeticus, which indeed gave him much relief in a very short time. To begin with he brought up far more sputum; afterwards became less short of breath; the cough soon diminished considerably; the fever subsided, the pulse improved, appetite returned, etc. There appeared, in short, a very perceptible improvement, which was also (at least seemingly) confirmed by the objective examination; as the rattling noises, especially on the right lower side, disappeared almost entirely. Nevertheless, about three months after his reception, the patient died, without any symptoms having appeared that might indicate a renewed aggravation or a sudden extension of the process. During the operation of Tart. Emet., a great accumulation of mucus and pus in the bronchial tubes had been cleared out; but the tuberculous process itself had, in the meantime, continued its deadly work undisturbed.

Another example is that of a young woman, with tuberculosis of both upper lobes, which was carefully verified by means of the X-rays. In this case, Arsenate of Iodine seemed most clearly indicated. The slight fever disappeared, the cough too, to all intents and purposes, the sputum greatly diminished, the patient began to feel perfectly well, so that she even wanted to go back to work again. But a further X-ray examination clearly indicates a perceptible extension of the

process. The patient, nevertheless, goes home and back to work. I afterwards learned that about a year after her discharge from the hospital she died. Here, accordingly, there was to all appearance, clinically speaking, an almost perfect cure, but in reality an advance in the pulmonary process.

These are the most conspicuous examples ; but, to a less degree, we have similar experiences, particularly as regards pulmonary tuberculosis, almost daily. It is not my intention to enter much more deeply into this question, interesting as it otherwise undoubtedly is. I will merely add, that in my opinion we have to seek the explanation thereof more especially in the difference between the operation of the tuberculosis-bacillus itself, and that of bacteria causing secondary infections.

All these considerations have led me to deal with the results, which have been attained in the Homœopathic Hospital, from its establishment until now, as regards tuberculosis, in a statistical form. Although the numbers concerned are still very small, the results obtained are nevertheless in my opinion so striking, that I cannot help communicating them here to you. And moreover I entertained the hope, that my communication might perhaps be a slight stimulant, so that, by general co-operation, the results of our therapy should be more systematically tabulated in a statistical form.

Before I proceed to the communication of my figures I would like to preface a few more theoretical observations. Tuberculosis is an infectious disease, of comparatively benignant character. Severe, acute, quickly fatal cases are, after all, comparatively rare. The general power of resistance in the human organism, although varying from one individual to another, is thus fairly great. Our task is now (in addition, of course, to prophylactic measures, which I do not here propose to discuss) to increase there action of the body. Now, in the case of tuberculosis-infection, this reaction is especially a local tissue-action ; particularly of connective tissue and of blood-cells. At all events, the general phenomena must frequently be explained as the result of a secondary infection. But, moreover,

in this disease more than in any other infection, it proves that a particular constitution plays an important part; I would recall especially the degenerate, the asthenic and the lymphatic constitution.

And now it is after all undeniable that we possess, among our Homœopathic remedies, excellent tissue-curatives, particularly those serving as stimulants for connective tissue and white corpuscles of the blood. And in no less degree has Homœopathy won its spurs, wherever it is a question, if not of actually curing anomalies of constitution, then of freeing the same, at all events, of their most prominent characteristics. Why, then, should this mode of treatment suddenly fail in a disease, in which both factors appear so conspicuously?—presuming, of course, that the remedies are applied accordingly to clear indications, and not schematically. Indeed, if such were the case, it would richly deserve a special study, in order to discover to what this must be attributed.

One single remark more, as to the therapy applied by me. It stands to reason that, as regards general measures, I place the patients under the most favourable conditions which our hospital (not having been specially built as a sanatorium) will admit. Absolute rest in the more serious cases; accurately graded bodily exercise in the lighter forms. Substantial, strengthening food, avoiding, however, the mistake of a regular fattening-cure. Abundance of fresh air, according to the susceptibility of the patient, either in the ward, on the veranda, or out-of-doors. Treatment by sunlight, both by the natural sun, if available, and also a cautious application of artificial sunlight (quartz-lamp). And “last, not least,” the chemical therapy, according to the “simile” principle. Among the Homœopathic remedies to be applied we can then further distinguish two groups, namely: (1) the more symptomatic, and (2) the more general constitutional remedies.

(To be continued).

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE British Homœopathic Society met on January 6th, at the Hospital, the President, Dr. E. A. Neatby, in the Chair. After the preliminary business, Dr. Burford made a statement on a matter which is discussed in the leader for this month. The sudden death of Dr. Cronin was announced and greeted with the reverent sympathy befitting so great a loss. Three new members were elected and four were proposed for election.

Thereafter, Dr. Borland read a detailed and careful comparative study of three remedies, Calcurea, Lycopodium and Silicea. It was a most valuable paper and heard with close attention. Dr. C. H. Eccles opened the discussion which was continued by Dr. Day, Dr. Hey, Dr. C. E. Wheeler, Dr. Goldsbrough, Dr. Fergie Woods, Dr. Hall Smith and the President.

The Dinner Club met subsequently at the Holborn Restaurant.

LOSS OF HAIR DUE TO LIGHTNING.—According to T. Ashby, during a thunderstorm in October, 1918, a house was struck by lightning and badly damaged. Three children, a girl of nine years and two boys, aged seven and five years, were in the same bed on the first floor. According to the statement made by the mother, the children were all lying with their heads up at the same end of the bed, and all were asleep on their right side, in accordance with their usual custom. The children were naturally frightened by the thunder and lightning, but were not harmed when the bolt struck the dwelling. About two weeks later the hair on the left side of their heads from the middle line downward began to come out, and in a few days the scalp on the left side of their heads was quite denuded of hair. The right side of their heads was protected from the lightning by the pillow. After a period of three months, the hair was found to be slowly growing again, and each of the children was in good health. The lightning seems to have had a direct effect on the hair follicles similar to that of the X-rays.—*British Medical Journal*.

BRITISH HOMŒOPATHIC ASSOCIATION
 (INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH DEC., 1920, TO 15TH JAN.,
 1921.

GENERAL FUND.

Subscriptions.

	£	s.	d.
W. A. Martisus, Esq.	1	1	0
Messrs. Foster and Son	1	1	0
Mrs. Waley	1	1	0
J. S. Thomson, Esq.	1	1	0
R. Clarke Edwards, Esq.	1	1	0
W. Hugh Knight, Esq.	1	1	0
Miss K. A. Disney		10	6
Miss F. M. Dowsett		2	6
Dr. C. Gordon		10	0
E. J. Frost, Esq.		2	0
Luther T. Carman, Esq.	1	1	0
Miss Noble Taylor	2	2	0
G. B. Puttock, Esq.	1	1	0
E. Clifton Brown, Esq., J.P.	5	5	0
A. D. Waley, Esq.	1	1	0
Mrs. A. J. Luard	1	1	0
Dr. C. Osmond Bodman	1	1	0

Donations.

Miss E. F. Mould	3	0
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The usual Quarterly Meeting of the Council of the Association was held at Chalmers House on Tuesday, 11th January, at 4.30 p.m. A report from the Executive Committee for the past three months was received, and new Members of the Association were elected. A new Member of the Council was unanimously elected, viz., John Churchill, Esq., as representative of the Bromley Homœopathic Hospital.

The research on "The Ultra-Violet Absorption Spectra of Blood Sera," conducted by Dr. S. Judd Lewis under the auspices of the Beit Research Fund of the Association, and for which a grant of £800 has been expended, has now reached completion, and a report on the work has been submitted to the Committee.

It is hoped, within the next few weeks, to communicate a Paper on the research in question, to the Royal, or other, Society.

The essays, received in competition for the Association's offer of a Ten Guinea prize for the best short essay on the Principles of Homœopathy, are at present in the hands of the Adjudicating Committee, and an announcement of the result of the competition will be made in due course.

A suggestion, brought before the Executive Committee at its meeting in November, that, as homœopaths, they had arrived at a stage in the position of Homœopathy when something should be done, by propagandism on a large scale, to cover the main difficulties which *medical* men experience when Homœopathy is first brought to their notice, has been adopted, and, to that end, the Association is shortly issuing a pamphlet, which it is hoped will be of assistance to those who are willing to test and discover the truth of Homœopathy.

The position of Homœopathic Hospitals in England under the Ministry of Health has again been engaging the attention of the Executive Committee of the Association, and the Chairman. Mr. W. Lee Mathews, has undertaken to bring the matter to the notice of the right authority at the Health Ministry.

A meeting of the Executive Committee was held at Chalmers House on Wednesday, 19th January, at 4.30 p.m. A brief report on the deliberations of the Committee at this meeting will appear in the next issue of the "WORLD."

NOTIFICATIONS.

. Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. STEPHENSON.

DR. R. S. STEPHENSON has removed to St. Clair, Dunedin, New Zealand.

DR. EATON.

DR. H. A. EATON has commenced practice at Southsea. Address: *Elmsleigh, 1, Yarborough Road, Southsea.*

EXTRACT.

A HOSPITAL'S MAGIC TREE.

FUN AT THE HOMŒOPATHIC.

THOSE friends and supporters of the London Homœopathic Hospital, in Great Ormond Street, whose zeal for the good work being accomplished in the institution surmounted the discomforts of the vile weather, were well rewarded for their trouble. The conditions within the hospital were in striking contrast to those without. The bright, cheery wards, so clean and spacious, had been made even more attractive than usual, for loving hands had woven tasteful decorations all through the building, the effect being enhanced by the scores of vari-coloured fairy lamps illuminating the wards. The occasion was the annual Christmas tree distribution of gifts to patients and nurses, and, as usual, many supporters of the hospital paid a visit of inspection, and took tea in the women's ward, to the accompaniment of pleasing music provided by other friends. The patients were infected by the joyousness of the event, for all were agog with interest in the surrounding animation, while the children were unable to dissemble their excitement as they gazed wide-eyed on the wonderful collection of things hung on the big Christmas tree which was placed in their ward.

When the time came for the distribution of the good things loading the tree, all the visitors and the nursing and medical staffs gathered in the children's ward, and one of the doctors, in traditional guise, acted as Father Christmas. For the elder patients there were different articles of wearing apparel, and for the children many kinds of toys, etc., all given to the hospital. Nor were the nurses forgotten, for they participated in the "fruit" of the magic tree. So far as staff and visitors were concerned, the greatest fun began with the distribution of the annual good-humoured "jokes," which the members play on each other by way of limericks, couplets, and verses, and other means, in which the eccentricities and foibles of the recipients are jokingly

dealt with. The reading of these " gifts " was accompanied by great merriment, in which the " victims " themselves had to join.

In common with most such institutions, the Homœopathic Hospital is in great need of funds. Unhappily, during the past two years particularly, the subscriptions and donations, while maintaining the average of the past, have failed to keep pace with the ever-rising costs of food and other hospital necessities, so that to-day the hospital is in debt to its bankers to the extent of £11,000. When it is realised that, whereas in pre-war days the cost per bed worked out at about 38s., the figure is now over £3 12s., and that there are 172 beds, the task before the management in keeping the good going is easily seen to be trying and difficult. Generally speaking, the patients are from the poorer classes, and can afford only small contributions towards the expenses attaching to their care and treatment, and, moreover, there is a busy out-patient department which is largely attended. Consequently, the hospital is almost entirely dependent on voluntary help, which must be increased to enable the genial and hard-working medical and nursing staffs to continue the success they have achieved in the past.

Reprinted from the *Daily Graphic* with acknowledgments.

FREQUENCY OF SEBORRHŒA AND ABSENCE OF ALOPECIA IN ALGIERS.—Seborrhœa of the scalp has long been recognised as a cause of alopecia of the vertex. Montpellier has made a careful study of the scalps of Algerian natives and has found that seborrhœa of the scalp is quite frequent, in fact, as frequently encountered as it is among Europeans. The natives are very uncleanly, and, moreover, they wear the heavy head-dress peculiar to Algerians, and it would seem that if seborrhœa and hats are a cause of baldness, one should encounter alopecia very frequently among the Algerians, but on the contrary, baldness is extremely rare among the natives.—*Bull. Soc. franc. de dermat. et de syph.*

BOOK REVIEW.

“THE LIFE OF PETER STUART.”*

THIS book will be of profound interest to all who care for Homœopathy. It not only records the work, and energy of a man who was one of the most influential early supporters of our cause, but incidentally it includes much material of historical value to any account of Homœopathy in England and in the world.

But Peter Stuart was much more than a Homœopathist. He was a distinguished citizen of whom his country was deservedly proud. His characteristic greatness lay in his fearless generous courage, in the clear sighted recognition of the right in causes struggling for justice and in the devotion with which he supported them. For all these qualities we do honour to his memory and in so doing exalt ourselves.

The book is illustrated with photographic reproductions, many of them of great interest. Our only complaint is that it is written a little dryly, rather as a chronicle than as a biography, and the method adopted of treating Peter Stuart's main interests in “water-tight compartments” makes for lack of central interest. But through the pages comes clearly out the portrait of a great man and that alone would give value to the book.

* “The Life of Peter Stuart,” the “Ditton Doctor,” Pub. Books, Ltd., 1920.

LICHEN PLANUS IN TWO BROTHERS.—The occurrence of two cases of lichen planus in one family is a rare thing and worthy of note. Montgomery and Culver report having observed two brothers, one of whom was forty and the other thirty years of age, with lichen planus. The disease appeared first in the elder brother, ran a characteristic course and finally yielded to treatment. About two years later the younger brother presented himself for treatment. Both men were found to have marked disturbances of the gastro-intestinal tract. The older brother was a rancher, and the younger a druggist. They lived in widely separated communities.

OBITUARY.

EUGENE F. CRONIN, M.D.

To write a brief appreciation of the late Dr. Cronin is a difficult task, especially when such a memento is contributed to the pages of a medical journal. For, though Dr. Cronin was a physician (even forty years ago he was described as "the well-known Homœopathic physician at Clapham") and to many truly a "beloved physician," he was very much beside.

In him, though achievement was not lacking, character counted for more, and it coloured all his achievement. An incident of his early years revealed a trait of unselfishness and considerateness for others which was manifest throughout his life. A gun accident deprived him of the sight of one of his eyes, leaving him handicapped for life. Though realising what it meant, and while still suffering physical pain, his great concern was not for himself, but that his friend, the unfortunate cause of the injury, should not be blamed or allowed to blame himself.

His enthusiasm toward every interest he took up was another feature. To the end he was a very regular attendant at the meetings of our Society, even well on into his eighty-second year, and at the monthly Committee meetings of the Missionary School of Medicine, of which he was for several years Chairman, though this often involved a journey to town in winter evenings, he was seldom absent.

In all the departments of his life he displayed a similar stability and perseverance—an interest taken up he seldom dropped. His spiritual and religious beliefs and activities, some of which might be considered inherited—for his father, the late Dr. Edward Cronin was a medical missionary in the East before settling down to practise in London—though added to and amplified as time went on, were maintained with life-long devotion. To this same stability may be due the fact that the whole of his professional career was carried on at the same house, where he resided nearly sixty years. At this home there centred, and from it there radiated many of those beneficent influences which blessed the neighbourhood. Dr. Cronin's

sympathy and lovable disposition made him a friend and almost a father to many of his patients, especially to those in need of protection or help.

One who knew him well wrote: "Truly he was a 'minister's friend.' . . . The saints on earth have lost a Mr. Great-Heart. The tried and sorrowing have lost a true Barnabas. The poor and needy have lost a munificent benefactor." Though a man of saintly life, a student of Scripture and of prophecy, with a "sure and certain hope of everlasting life," he was thoroughly human; he had a great sense of humour, and his hearty enjoyment of a joke is a pleasure to remember. He was a keen cyclist, golfer and sculler, and when these exercises even became too strenuous he continued to swim and fish on the East Coast, bathing in such boisterous weather that he was said to "have the North Sea to himself."

If one were to enumerate the various channels in which his philanthropic and Christian sympathies sought an outlet, such institutions as the Salvation Army, Y.M.C.A., the London City Mission, the Railway Mission (of which he was one of the founders), Barnado's Homes, the Industrial Aid Mission, and various foreign Missionary Societies, and many others would require mention. He did not know what fear meant, and a love of great adventure and even risk were features noticeable by those who knew him best.

His professional career was in a high sense a most successful one. One well able to judge of this writes: "His great love of children and young people, his special skill in dealing successfully with the diseases of children, and a certain intuitive diagnostic insight in many difficult cases, always impressed me. His large sympathy and knowledge of people endeared him to all, while his love for and keen practice of sports kept him young, and maintained that energy which he infused by example into others. . . . He was always a man of few words, but many thoughts, which made his utterances all the more valuable."

Merely to glance round his library was an education.

We have lost in Eugene Cronin a friend, a brother and a loyal colleague.

E.A.N.

CORRESPONDENCE.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

DEAR SIR,—To fill a corner on "The Layman's Page," I send you the following:—

"Towards the close of the war, after being fifteen months in hospitals, a soldier was discharged incurable. A bullet had gone through his right thigh, and an abscess had followed. Probing, cutting, X-Rays, and treatment had all failed, not only to heal, but even to reveal the cause of the running abscess.

"Seeing nothing but a lingering illness and an early death before him the soldier came to me for help. He told me that the inguinal glands and the knee were full of pus, which was discharging through a wound on the inner part of the thigh. Out of pity for the poor fellow I gave him some Silica 2 trit., with instructions to go to the local hospital to have his wound dressed daily. In a fortnight, after sending for some more Silica, the patient was attracted to some feminine magnet, 100 miles away; and on his return in another fortnight he came to see me.

"Then I saw the wound for the first and only time. The groin and knee were now normal; and the six inch wound quite healed, but looking ugly red. I then learned that the man had not been once to the local hospital; for, said he, 'I had learned to dress my leg as well as any nurse.' I also learned that after the taking of the Silica for a few days, two small pieces of khaki cloth made their appearance in the discharging pus. After that the whole thigh healed rapidly. In a few weeks the man was at work, earning probably more money than the writer.

"For a quarter of a century I have been appealing for a Homœopathic physician for Swansea. How much longer?"

W. T. GRIFFITHS,

Morrison,
Swansea.

Presbyterian Minister.

VARIETIES.

THE EFFECT OF FEEDING WITH THYROID, PITUITARY AND PROSTATE.—We have already given some of the recent results of thyroid feeding. E. R. and M. M. Hopkins, *Endocrinology*, April, 1920, find that feeding of normal frog tadpoles with tablets made from the anterior lobe of the hypophysis and sugar of milk accelerates the metamorphosis. If at the beginning of the experiments the tadpoles are very small, the frogs after the metamorphosis are never so large as the control animals, and they are feebler. If tadpoles deprived of their thyroids, and hence, as far as we know, unlikely to undergo metamorphosis, are fed with the tablets metamorphosis begins within twenty-four hours, and advances rather slower than in normal animals, but a complete metamorphosis is not arrived at. It would thus appear that both the thyroid and pituitary glands are related to metamorphosis. It is highly doubtful if the results depends on traces of iodine. Other tissues containing iodine have not the same effect. The two glands stand physiologically in intimate relation the one to the other and can to a certain extent replace one another. The action of the two glands on tadpoles may be stated thus. The removal of the thyroids accelerates growth, leads to hyperplasia of the pituitary, but delays metamorphosis. Removal of the hypophysis slows growth of the animal and the development of the thyroid, retards metamorphosis, and delays the development of the cutaneous pigment. Feeding normal tadpoles with thyroid or pituitary substance accelerates metamorphosis. Feeding similar substances in thyroidless larvæ discharges, as it were, the missing metamorphosis. If hypophysis is fed to larvæ without their hypophysis growth is excited, but metamorphosis does not take place. Iodine seems to be able to discharge metamorphosis in larvæ deprived of either of these glands. D. I. Macht has studied the effects of prostate feeding on the growth and development of tadpoles of certain species of rana, bufo, and amblyostoma. Feeding was begun at an early stage—three weeks and continued for several weeks; pig's liver was also given, the controls getting only the latter in some cases with the addition of parotid and ovary. Prostate tissue was obtained from rams, bulls, and oxen, and sometimes human gland was obtainable. In all cases prostate feeding accelerated growth and metamorphosis. This may be due to an internal secretion of the prostate. In any case the prostate of the bull exerted a greater effect on tadpoles than that of the ox.—*Lancet*.

DENTAL SEPSIS.—The importance of dental sepsis in lowering the standard of national health is becoming generally realised. The subject was discussed at the Section of Odontology of the Royal Society of Medicine on January 26th, when Mr. F. St. J. Steadman read a paper on Dental Sepsis in Children: Its Consequences and Treatment, which we give in full in another part of our present issue. Dentists, as a body, know the danger of

an unclean mouth, but they feel, and say, that the family practitioner often does not take the matter with sufficient seriousness. The practitioner is probably aware of the dental condition of his patients, but does not make opportunity to study the problems. As a result of recruiting, however, figures are available which must carry conviction to all. The Departmental Committee on the Dentists Act obtained information on the state of the teeth of recruits joining the army during the war. In the Scottish command it was stated that "recruits from industrial areas and of the artisan and labouring class show little or no evidence of having had any attention paid to their teeth previous to enlistment, and almost every man required dental treatment." It was estimated that 44 per cent. of the men were dentally unfit in a military sense—*i.e.*, they lacked the minimum of dental efficiency which would ensure effective mastication of food. In the Aldershot Command, out of 35,645 men examined, 72.2 per cent. required dental treatment, of whom 10.9 per cent. wanted extensive treatment and dentures. There were needed 37,483 extractions, 42,974 fillings, and 4,985 dentures. In the London Command about 70 per cent. required dental treatment; of these, 40 per cent. required extensive treatment extending over several visits, whilst 38 per cent. required treatment for a month or more, with many extractions and provision of dentures. In the Eastern Command 83 per cent. of recruits of 18 and 19 years of age required treatment, and 93 per cent. of those between the ages of 19 and 44. In the Eastern Command 97 per cent. exhibited dental defects, 75 per cent. of whom were in urgent need of treatment. So much for the condition of the male population. With regard to the women, it is said that:—

"The evidence submitted to the Committee indicated that the condition of the teeth of the women of the nation is worse than that of the men. Having regard to the direct connection between defective dentition and ill-health, a greater amount of sickness would naturally be expected in respect of women than of men. The results revealed by the working of the National Insurance Act are in accordance with this expectation."

There is no need to enumerate the various affections which result from dental sepsis, either directly or indirectly, but as an instance of the prevalence of disease attributable to defective teeth we may recall the report which was submitted to the Army Council by the Southern Command. Of 304 medical cases examined 160 were suffering from troubles directly attributed to defective teeth, and from 60 to 70 from troubles indirectly so attributed. As is very forcibly pointed out in Mr. Steadman's paper and in the discussion which followed, there are not nearly sufficient dentists to carry out the work which should be done, but the provision made for the adult among the poorer classes is even less than that made for the school child. It is very unfortunate that what is not only desirable but absolutely necessary is rendered impracticable by the dearth of registered dentists.—*Lancet.*

THE BLOOD PRESSURE IN PULMONARY TUBERCULOSIS.—It is a curious fact that in spite of numerous investigations into the blood pressure in pulmonary tuberculosis, and the unanimity of most observers, the diagnostic and prognostic significance of a low blood pressure in doubtful cases of tuberculosis is commonly overlooked. French and American writers attach great importance to this sign, and both Papillon and Regnault have found it a useful guide at a stage when the physical examination of the chest is negative. German writers are, on the whole, less impressed by the diagnostic value of this sign. In a recent publication, Reinhold Naucière has combined a review of the literature of this subject with a long series of original investigations. These showed that though considerable individual variations of the blood pressure might be found in groups of cases classified according to Turban, yet the average pressure sank uniformly with the extent and severity of the disease. And even in the matter of individual cases the highest pressures were observed in Turban's stage I., the lowest in moribund cases. Both diastolic and systolic pressures were lowered by the disease, but the diastolic was less affected than the systolic pressure. It was also noted that the fall of the pressure depended rather on the malignity of the disease than on its anatomical distribution; in some cases characterised by considerable malaise, but by few and insignificant chest signs, the pressure was extraordinarily low. Measurements of the blood pressure in the same individual over a long period, sometimes showed that a comparatively high pressure might come down with a run if the disease was rapidly progressive, whereas in other cases an originally low pressure might fall only a trifle during the further course of the disease. A comparison of the blood pressure with the weight curve showed that the average pressure was higher among those who gained weight than with those whose weight was stationary, and in those again it was higher than who lost weight. There was also a definite parallelism with regard to the blood pressure and hæmoptysis. Not only was hæmoptysis comparatively frequent among subjects the of a high blood pressure, but the severity of the hæmoptysis also corresponded with the weight of the blood pressure. Naucière contrasts these findings with those of Professor Bang and others, who have argued that the pressures in the systemic and the pulmonary circulations are independent of each other. It may be, as Naucière suggests, that the coincidence of a high systemic blood pressure and hæmoptysis is not direct, and that both may be due to a third common factor. As to the value of the blood pressure in the early diagnosis of tuberculosis, it is disappointing to find that though it was subnormal in 60 per cent. of Naucière's patients in the first stage, both in this and in the second stage perfectly normal pressures occurred frequently. It would therefore seem that a low pressure is very suggestive of tuberculosis in doubtful cases, but a normal pressure must not be interpreted as excluding tuberculosis.—*Lancet*.

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By **CHARLES E. WHEELER, M.D. B.S., B.Sc. (Lond.),**
Editor of the Homœopathic World.

THE HOMŒOPATHIC PUBLISHING COMPANY, 12, WARWICK LANE, E.C.4.

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BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homœopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Revista Homœopatica Practica—Annaes de Medicina Homœopathica—Journal A. I. H. — Homœo Recorder.—The Life of Peter Stuart—Pacific Coast Journal.

The Homœopathic World.

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THE
HOMŒOPATHIC WORLD.

MARCH 1, 1921.

A NEW HOSPITAL FOR GLASGOW.

OUR readers will find elsewhere full details of the new Homœopathic Hospital to be opened in Glasgow in the Spring. Here we desire to offer our heartiest congratulations and every wish for great and continued success. It is indeed noteworthy how Glasgow seems to be swept with a wave of enthusiasm for Homœopathy and the fact must set us wondering as to the causes of such a happening. It is at any rate significant that the success has been won by no shirking of the full content of the Homœopathic doctrine and is another illustration of the truth that Courage so often pays better than Compromise. We note with interest that the surgeons attached are among Glasgow's most distinguished men, willing nevertheless to serve on the staff of a heterodox institution. It remains, having achieved a promising start, to complete the good work financially. Naturally the main support for an institution comes, and must come, from its own locality. But in Homœopathy more than in most things, each part should be very alert to the needs of the whole, and the whole to the emergencies of each part. We daresay many of our readers may like to help this enterprise, and refer them confidently to Mr. Hugh MacMillan, M.A., 163, Hope Street, Glasgow.

NEWS AND NOTES.

In connection with the Missionary School of Medicine the following lectures will be delivered at the London Homœopathic Hospital, and members are cordially invited to be present :

“Sanitation of the Tropics,” by W. T. Prout, Esq., C.M.G., M.B., C.M.Edin., Adviser to the Colonial Office, late Professor Liverpool School of Tropical Medicine, on Tuesdays and Fridays at 5 p.m., March 4th to 22nd, 1921, inclusive.

Dr. Prout is a distinguished authority on his subject, and we hope he will have a good audience.

AN APOLOGY.

The editor owes his readers an apology for sundry misprints in the last issue. He takes all the blame for them and his only explanation is that the proof reading coincided with a time of great pressure of work.

A QUERY—RATS AND CANCER ?

A correspondent sends us the following extract :—

“The rat, already perhaps the most unpopular of all living creatures, earns fresh odium from the discovery that it may be responsible for the spread of cancer. Of the rats brought from a certain sugar refinery to the laboratory of Professor Fibiger, of Copenhagen, many were found to have cancer of the stomach, and investigation has tended to show that this resulted from eating the cockroaches with which the refinery is infested. A nematode worm was discovered as a parasite of the cockroaches, the female

being $1\frac{1}{2}$ to 2 inches long and 1-250 inch in diameter, while the male is only half as large. A number of rats fed on these cockroaches and on the eggs of the parasite developed inflammations and cancer of the stomach. Of rats fed on the eggs, 116 which developed gastric affections included fourteen that died in thirty to forty days without developing cancer, and fifty-four that eventually died from quite typical cancer of the stomach. The tumours all continued to increase in size as long as life lasted.

THE SPAHLINGER TREATMENT FOR TUBERCULOSIS.

There has been a good deal of public comment on this method of treating Tuberculosis. It has been tested now for eight years and the results have impressed a number of physicians here and abroad very favourably. The details of the method are not available to us yet ; it appears to have as its basis the use of a combination of " antigens " with certain " ferments " and there is both a direct and an " adjuvant " agent. At present the materials are not available for the profession, though it is hoped soon to put them at the disposal of physicians, and when this can be done we shall return to the subject.

A LECTURE ON HOMŒOPATHY.

Our readers will be interested to hear that our colleague, Dr. Boyd, of Glasgow, recently lectured by invitation to the Medical Club of the Queen Margaret College (the Women's Medical College). There were close on forty students present and the lecturer was listened to with deep interest. That a University Medical Society should put a lecture on Homœopathy in its programme is indeed a sign of the times.

ORIGINAL COMMUNICATIONS.

STELLARIA MEDIA.*

W. A. YINGLING, M.D., EMPORIA, KANSAS.

STELLARIA MEDIA, the common chickweed, has been before the profession since 1893, as stated by Clarke in his Dictionary. The *Homœopathic Recorder*, vol. xix., page 399, has a short article on the remedy. The rheumatic symptoms are prominent and pronounced and should be of great use. It acts prominently on the liver. Shifting pains may be a keynote according to Bellairs; Kopp confirms this.

Some eighteen years ago a merchant who had been the rounds of many physicians and pronounced incurable by a Chicago specialist on nervous diseases, stating that "nothing under the heavens could cure him," and charging twenty-five dollars for the encouraging diagnosis, came to me finally. He was a nervous wreck, neurasthenia or brain-fag, especially worse from mental work, fatigue and hard application, such as buying goods. He had pains in occiput, vertex, > pressure; > in open air, < in close air; neck close to head felt heavy, > pressure. Had the itch when a boy. When tired, knees felt as if they would give way; pain and weakness in knees. General health fairly good; bowels regular; digestion good usually. Nervous chill or jerk at night on waking. Cold feet. Very poor sleep. Pain in upper part of sacrum, which is the first indication of having worked too hard. Flushing of face. Weakness in small of back. Stomach at time deranged with slight pain. Eyes were defective and we had a hard time to get properly fitting glasses. Very tired and weary, depression marked, a kind of fearful feeling. Rheumatoid feeling here and there. Etc.

My first prescription was Psorinum 14m (Y) which gave him so much relief that he slept eight hours the first night and said the next morning he felt very much better, and so encouraged him he was willing to continue treatment for nearly two years, with ups and downs

* From the *Homœopathic Recorder* with grateful acknowledgments.

and a change of remedies as symptoms changed. Remedies required were Psorinum, Picric acid, Actea race., and a few others. Though much better he kept relapsing when overworking. Finally he complained so much of his knees paining, being stiff with rheumatoid pains, that I gave him Stellaria at various times as needed, clearing up the whole case with very marked and prompt action. Potencies used were from the 900 (Y) to the 4m (Y). He has had no return of the trouble in more than fifteen years and is in robust health, working hard, and, incidentally, has been able to make several hundred thousand dollars.

Mind.—Gloomy, depressed, discouraged.

VERTIGO.—Dizziness on awaking in the morning ; < turning head. Vertigo.

HEAD.—*Headache*, > a drink of cold water ; with nausea, > cool room ; confusing frontal headache, < smoking with great sleepiness and lassitude ; from sudden jar or motion ; throbbing, < stooping over ; dull frontal, < l. side, < in morning, < motion, < warmth, passing off towards evening ; dull headache from eyes upward ; throbbing in temples and occiput, with nausea ; dull, > pressure ; violent all over ; dull pulling pain as from a tight rubber cap ; dull, extending upward from the eyes to the temples and back of head ; cutting pain from temples through frontal eminences ; dull supra-orbital, < over r. eye, with faintness ; ache with nausea and perspiration, > by going into cool room ; pain in neck with stiffness of muscles with headache, < by motion.

Rheumatic pains over r. side of head, especially at back ; sore to the touch. Rheumatic pains darting through whole head, < r. side ; through l. half of forehead, over eyes ; sore to touch.

EYES.—Pain with nausea. Smarting and burning. Sensation as if eyes protrude. Lids feel swollen and hot, and eyes strained. Heavy sensation in lids. Swimming before eyes. Burning of vision. Dry feeling in eyes. R. ball sore to touch. Flushes of heat below r. lid. Darting pains in r. eye. Vision dim.

NOSE.—Dryness of nostrils.

FACE.—Neuralgic pains r. side of face. Burning on lower lip.

MOUTH.—*Dry*. Thirsty for small drinks often. Drink of cold water relieves headache and nausea. Bad taste on waking. Numbness of lower gums and tip of tongue. Sensation as if incisors were set on edge.

THROAT.—Numbness and dryness in throat, followed later by sharp stitching in l. tonsil.

STOMACH.—Nausea without vomit. Nausea almost constant, < in morning with drowsiness and lassitude. Loss of appetite. Smell of food nauseates. "Good dinners not palatable." Flatulence and belching of gas. Stomach sensitive to pressure. Irritable stomach. Slight nausea with frequent eructations, tasting of the drug.

ABDOMEN.—Stomach and bowels sore, < touch. Navel sore to touch. Soreness and dragging pains in lower bowels. Wandering pains around navel, settling between navel and liver. Sensation as if liver was too large for body. Burning pains all over liver. Liver sore to touch. Burning pressure in region of liver. Bilious feeling. Pains in r. groin. Flatulence. *Liver engorged, swollen, pains, stitching, tender, sore to pressure, < lying on r. side.* Flatulent distension with griping pains in transverse colon. Pain in l. hypochondriac region. Pain in epigastrium. Griping pains in small intestines.

RECTUM.—Stools loose, dark brown, attended with slight pain. *Constipation, or alternating with diarrhœa*; from inactivity, sluggishness. Violent pain in rectum after stool. Large, hard, dry, stool with much flatus, anus sore and burning.

URINARY ORGANS.—Region of kidneys sore to touch.

RESPIRATORY ORGANS.—Short cough from tickling in upper chest, < deep inspiration. Hawking of viscid, saltish mucus.

CHEST.—Tickling in upper part; constricted; oppression; heat. Severe pain in l. side of chest. Stitching pain, especially l. side.

BACK.—Rheumatic pains across small of back, < bending. Loins stiff and sore. Dull pain under r. scapula. Sharp pain in small of back, over kidneys,

coming suddenly, reaching maximum and stops suddenly. Dull pain from waist to shoulders, l. side. Sharp stitching pains in l. side of back in region of the spleen, severe and intermitting. Lancinating pains in small of back, both sides. Stiffness and soreness of neck.

EXTREMITIES.—Joints stiff. *Wandering and shifting pains.* Pain in both shoulders. Rheumatoid pains in different parts of the body. Pains in gluteal region extending down thigh into calf and ankle. Shooting pains in hip, ankle and knee. Dull ache in l. arm and shoulder, < rest and warmth. Rheumatoid pains whole length of l. arm. Intermitting pains in both shoulders, upper arm and neck, l. side. Sharp, shooting pains in r. knee, > motion. Rheumatoid pains in joints of fingers of l. hand. Dull pain in elbow and arm. Intermitting pain in l. elbow joint, > motion. Crampy pains in muscles of r. forearm. Lameness in r. shoulder as if from rheumatism. Pain in biceps and extensors of arms. Rheumatoid pain in r. foot and leg. Pain in r. shoulder and upper arm, < after going to bed. Pain in scapular region, < moving arm. Sharp shooting pain in l. knee extending to ankle joint. Rheumatic pain in r. shoulder, < lying on r. side. coldness of extremities. Hands warm, feet cold. Darting, rheumatic pains down r. arm, and in middle of index finger of l. hand. Rheumatic pains in r. hip; l. foot; ankle; l. knee; r. knee, < motion; below r. knee cap; in calves which are sensitive.

SKIN.—Psoriasis of twenty years standing (cured).

SLEEP.—Sleeps well, but unrefreshed on waking. *Constant sleepiness.*

FEVER.—Pulse slightly raised, but temperature normal. Chilliness.

GENERALITIES.—*Lassitude, indisposed to work.* General feeling of malaise. Tired, sore, strained feeling as from overexertion. General irritability.

MODALITIES.—Pains < motion; parts sore to touch; < morning; < from warmth, tobacco, at rest.

Better in evening; from motion; fresh, cool air pressure (headache); eating; drink of cold water (headache, nausea).

CONCERT IN AID OF
THE LONDON HOMŒOPATHIC HOSPITAL.

ON Wednesday evening, February 16th, a concert was held at Hampstead Town Hall, in aid of the funds of the London Homœopathic Hospital. The concert had been well advertised for some weeks beforehand, in the local press, and by posters in tube stations and on hoardings, as well as by the posting of hundreds of leaflets to local supporters of Homœopathy.

The issue was most satisfactory, both as regards numbers present (the large hall was almost full) and as regards the evident satisfaction given to a very appreciative audience.

The artists, who had all very kindly given their services free, comprised Miss Myra Hess, Miss Eva Sparks (contralto), Miss Janet Eccles (recitations), Mr. Thomas Fussell (violin), Mr. Owen Bryngwyn (baritone) and at the piano, Miss Barbara Thornley (Mrs. Fergie Woods).

Miss Myra Hess was in her most inspired mood in her rendering of two Intermezzi and a Rhapsodie of Brahms, and in her playing of "La Cathedrale Engloutie" and "Jardins sous la Pluie" of Debussy. As encores, she gave a waltz of Brahms, and "Minstrels" of Debussy. Those of the audience who came specially to hear Miss Hess were certainly well rewarded.

But the performance of all the artists was of the highest class. Miss Eva Sparkes has a rich contralto voice of unusual tone and timbre, and showed it to the best advantage in Brahms' song "Immer leise wird mein Schlummer." She also sang with power and feeling an air from "Samson and Delilah" and Dvorak's "Songs my Mother taught me."

Miss Janet Eccles had an enthusiastic reception, and won the hearts of all present by her charming recitations first, "High Tide on the Coast of Lincolnshire," by Jean Ingelow, and secondly, "The Courtin'," by James Russell Lowell.

This occasion was the first public appearance of Mr. Thomas Fussell, since his severe illness (rheumatic fever with relapses, and serious heart trouble), and his

old friends were delighted to find that his power and execution with the fiddle are as good as ever. He started with Air and Variations, Tartini-Kreisler, and later, in collaboration with Miss Barbara Thornby, rendered the new "Celtic Suite" for Violin and Piano, of Ernest Farrar.

In the second half of the programme he had very bad luck with his strings, one of these snapping at each of two attempts to play "Admiral's Gaillard," an old traditional air arranged by Alfred Moffat. He pluckily came on a third time and played the piece through with great verve.

Mr. Owen Bryngwyn, a Welsh baritone, was one of the surprises of the evening to those who had not previously heard him. He has a voice of a wide range and a remarkable purity, and the songs he sang gave a good impression of his unusual gifts.

In the first half he presented three child songs,— "The City Child," by Villiers Stanford, "Hushing Song," by Barbara Thornley, and "When Childher plays," by Walford Davis. As a contrast, in the second half he sang the Prologue to "Pagliacci" with great feeling and power, and later gave "Silk o' the Kine," by Barbara Thornley, and the "Border Ballad," of Cowen; the last-named being in the opinion of many Mr. Bryngwyn's most effective song.

Miss Barbara Thornley had a strenuous evening, and faultlessly accompanied each singer and the violinist. The concert ended at 10.15, and the audience and artists departed with mutual feelings of satisfaction.

Grateful recognition is due to the artists for giving their valuable services, to Mrs. Fergie Woods and Miss Janet Eccles, who arranged the programme; to Mr. Chas. Eccles, who thoughtfully supplied the artists' and stewards' "inner man" (and woman) during the evening; to Mr. John Jones and Miss Jones for printing of tickets and programmes; to Miss Eva Sparkes and friends for printing of several hundred handbills, to Messrs. Chappell, for the use of their magnificent concert grand piano; to Messrs. Keith Prowse, for kindly selling tickets without commission; to a lady who was responsible for the decoration of the

platform with palms and plants ; to one or two friends who guaranteed expenses, in order to avoid payment of entertainment tax ; and to stewards and programme-sellers and all others who worked with a will to make the concert the success it was.

Detailed accounts are not yet to hand, but it may be said now that the sum to be handed to the hospital will run into three figures. F.W.

TUBERCULOSIS.

By DR. J. N. VOORHOEVE.

(continued.)

In the choice of the first group, we are chiefly guided by one or more prominent troublesome symptoms, although it goes without saying that we, on homœopathic principles, also take into consideration the other symptoms present, as far as possible. In this way, for example, a special form of a most distressing night-cough reacts very well to *Rumex crispus*, much better, for example, than to a morphine-powder. Other forms of cough are more amenable to *Drosera*, or *Ipecacuanha*, according to their character. In this way, one can really often discover, at the same time, the remedy indicated generally, and this is, of course, most desirable. But this, however, at least in my experience, is by no means always the case. It is nevertheless my opinion that in many cases a remedy selected from this group will be, temporarily, preferable. If, for example, *Calcarea Phosphor.* is most clearly indicated as general remedy, the patient may nevertheless have a most distressing cough which will disappear, say, after a few days' treatment with *Bryonia*.

Among the more general, constitutional remedies, I name, *Calc. Phosph.*, *Ars. Iod.*, *Sulphur*, *Phosphorus*, *Calc. Iod.*, and *Aur. Iod.*, at the head of the list, as well as many others. Their corresponding constitutional indications are, of course, perfectly well known to you.

Now, my personal standpoint is this : Give, in the first place, the most clearly indicated constitutional remedy, in higher diluted form. If certain highly

unpleasant symptoms do not quickly react, I then administer for some time, a remedy which acts more quickly—of course in a less diluted condition—such as *Rumex crispus* $D\frac{3}{4}$, *Spongia* $D\frac{4}{8}$, *Drosera*, $D\frac{3}{8}$, *Bryonia* $D\frac{3}{8}$, *Ipecacuanha*, $D\frac{3}{8}$, etc., etc.

Although I have so far confined myself to example of pulmonary tuberculosis, the same applies to all other forms of tuberculosis; in particular, I have had analogous experiences in the case of tuberculosis of the peritoneum.

And then, finally, a few practical remarks as to the statistical arrangement itself.

As I have already said, my numbers are still very small. Our hospital contains only forty beds; and, although we get a good many tuberculous patients, these fortunately, do not yet form the majority of cases for reception. In my statistics I have included all cases which, since the opening of the hospital in March, 1914, until 1st July, 1920, thus in a period of more than six years, were discharged from the hospital or died there, so far as tuberculosis could be ascertained with certainty. Of that time, the hospital has been nearly five years under my direction; the great majority of the cases, therefore, were treated and verified by myself. All cases in any way doubtful, as well as the cases of so-called "præ-tuberculosis," I have eliminated. In this way, there remained to me 194 cases; in 146, the process was located exclusively or chiefly in the lungs; in seven cases, in the urogenital apparatus; there were twenty-seven cases of tuberculosis peritonei, and fourteen cases of so-called "surgical" tuberculosis.

Among the genital and other surgical cases I did not reckon those in which any important surgical operation had been effected (such as kidney-extirpation, amputation, etc.).

Of the urogenital cases, not one was cured; one became worse, one remained unchanged, five became perceptibly better. Of the other surgical cases, five were cured, eight became quite distinctly better, one remained unchanged. These numbers are not taken into further consideration for statistical treatment.

As regards cases of peritoneal tuberculosis, a clear distinction must be made between the exudative and the adhesive forms. The former are, as is well known, far more serious, have higher fever, and much more unfavourable prognosis. The only case of this kind which was received, died quite soon afterwards.

The adhesive form, that is thus *peritonitis sicca*, occurs much more frequently, especially, it seems, in women. The diagnosis is very difficult; some years ago already, I discussed this complaint in our Society (the article appeared in our periodical), so that I shall not go further into the matter at present. It naturally follows from this, that it is very difficult to speak with certainty of a cure, or even to be sure that an improvement has taken place. In the following statement, I have called all cases which did not show a very clear improvement, "*unchanged.*" Only those which, at least a year after discharge, still failed to show a single symptom, have I reckoned as "*cured.*" The remaining cases, which were discharged as clinically cured (in which, therefore, the cure was not permanent, or which I could not follow up for a sufficiently long period) are entered as "*very much improved.*" Thus we have:—

<i>Died</i>	..	..	..	Nil	=	0	%	
<i>Became worse</i>	..	..	..	„	=	0	%	
<i>Unchanged</i>	..	..	..	5	=	19.2	%	
<i>Improved</i>	..	..	..	6	=	23.1	%	} = 80.8%
<i>Very much improved</i>	..	..	..	10	=	38.5	%	
<i>Cured</i>	..	..	..	5	=	19.2	%	
				26		100	%	

It is clear that, by my arrangement, I have done anything but improve these figures; so that, on an average, we may count on a more favourable proportion. So regarded, these figures are at all events very remarkable, and among other things, much better than the once so highly-praised results of simple laparotomy.

And with this, we have arrived at pulmonary tuberculosis, which is represented by 146 cases.

For the sake of comparison, especially with existing statistics in our own country, I have kept to the well-known division into three stages. As you are aware, we include under the

First stage, only the cases of pulmonary catarrh, confined to one apex; and dry (catarrhus siccus).

Second stage, as soon as the affection spreads to the rest of the lung, possibly also attacks the other side, and moist rattlings occur. In this stage, the sputum is muco-purulent.

Third stage, the cases with cavitation, while the sputum becomes exclusively purulent.

Among the cases of the first stage I have included—contrary to the opinion of many others—two cases of pure tuberculosis of the bronchial glands, with fever. Both cases were diagnosed by means of the X-rays. When no clearly-marked fever (at least 38°) occurs in tuberculosis of the bronchial glands, I still include the case under “*præ-tuberculosis*,” which has no place in my statistics. When doubtful as to arrangement, I have always taken the more favourable stage. For the last two years, all cases, suitable for the purpose, have been investigated by X-rays; before that time, this was not possible for me, owing to the low powers of the then existing apparatus. In all cases where sputum was thrown up, this was periodically examined; a negative diagnosis was only made after repeated examination. In the following statement, the cases are divided, according to presence or absence of tuberculosis-bacilli in the sputum. To the second group belong all those which brought up no sputum, and a few (before my time) as to whom I found nothing noted about sputum-examination. The patients are placed, of course, in that group to which they belonged on being admitted.

As regards the qualification of the results, I would like to add this remark: As “*cured*” are mentioned only those first-stage cases which proved, on a clinical and Röntgen examination, to be perfectly healthy, and capable of completely filling their places as members of society. As “*very much improved*” are counted all those who were discharged clinically cured, but either

still showed slight percussion-variations, or did not prove to be quite sound under the Röntgen examination. "*Improved*" we call only those, who showed an objective improvement.

To this first stage, accordingly, there belong sixty-five cases, to be arranged as follows :—

WITH bacilli in the sputum :

<i>Died</i>	..	..	..	I
<i>Became worse</i>	..	..	..	2
<i>Unchanged</i>	..	..	..	I
<i>Improved</i>	..	..	..	I
<i>Very much improved</i>	..	..	..	5
<i>Cured</i>	..	..	..	14

WITHOUT tuberculous bacilli :

<i>Died</i>	..	..	..	0
<i>Became worse</i>	..	..	..	0
<i>Unchanged</i>	..	..	..	I
<i>Improved</i>	..	..	..	I
<i>Very much improved</i>	..	..	..	10
<i>Cured</i>	..	..	..	29

Thus together :

<i>Died</i>	..	..	..	I	=	1.5%
<i>Became worse</i>	..	..	..	2	=	3.1%
<i>Unchanged</i>	..	..	..	2	=	3.1%
<i>Improved</i>	..	..	..	2	=	3.1%
<i>Very much improved</i>	..	..	..	15	=	23.1%
<i>Cured</i>	..	..	..	43	=	66.1%
				65		100%

} = 92.3%

For the second stage the qualification was less strict. "*Cured*" are those who had no subjective complaints, and objectively, showed nothing more than slight differences of tone under percussion, and under Röntgen examination, at the most a diffuse shadow, without definite outline, in the place of the former process. "*Very much improved*" I called, in this stage, all those who, while showing clearly discernable anatomical variations, no longer displayed clinical symptoms in the restricted sense. The other qualifications require no further explanation.

To this stage there belonged fifty-four cases, namely :

WITH bacilli in the sputum :

<i>Died</i>	..	..	..	II
<i>Became worse</i>	..	..	..	8
<i>Unchanged</i>	..	..	..	8
<i>Improved</i>	..	..	..	9
<i>Very much improved</i>	..	..	..	II
<i>Cured</i>	..	..	..	3

WITHOUT bacilli :

<i>Improved</i>	..	..	..	I
<i>Very much improved</i>	..	..	..	2
<i>Cured</i>	..	..	..	I

Thus together :

<i>Died</i>	II	=	20.4%	} = 50%
<i>Became worse</i>	..	..	..	8	=	14.8%
<i>Unchanged</i>	..	..	..	8	=	14.8%
<i>Improved</i>	..	..	..	10	=	18.5%
<i>Very much improved</i>	..	..	..	13	=	24.1%
<i>Cured</i>	..	..	..	4	=	7.4%
				54		100%	

Of the cases in the third stage, I could not consider a single one as cured ; as " very much improved " I qualified three cases, in which a shrivelling process occurred, with secondary emphysema on the other side, the temperature became normal, and the sputum entirely lost its purulent character. To this stage there belonged twenty-seven cases, all originally having tuberculosis bacilli in the sputum. Of these :

<i>Died</i>	13	=	48.2%	} = 18.5%
<i>Became worse</i>	..	..	..	5	=	18.5%
<i>Unchanged</i>	..	..	..	4	=	14.8%
<i>Improved</i>	..	..	..	2	=	7.4%
<i>Very much improved</i>	..	..	..	3	=	11.1%
				27		100%	

In conclusion, I have added together all the cases of pulmonary tuberculosis ; of which, accordingly, 27 were in the third, 54 in the second, and 65 in the first stage ; a mutual proportion which compares unfavourably

with that in the ordinary sanatoria, with which statistics these figures will eventually have to be compared. Of these cases, so divided, then, the results are :

<i>Died</i>	25	=	17.1%	} = 63%
<i>Became worse</i>	.. ..	15	=	10.3%
<i>Unchanged</i>	.. ..	14	=	9.6%
<i>Improved</i>	.. ..	14	=	9.6%
<i>Very much improved</i>	.. ..	31	=	21.2%
<i>Cured</i>	47	=	32.2%	

Last of all, I have added up all the cases of tuberculosis, although the figures so obtained have again less value for a comparative statistic :

<i>Died</i>	.. ..	26	=	13.4%
<i>Became worse</i>	.. ..	16	=	8.2%
<i>Unchanged</i>	.. ..	21	=	10.8%
<i>Improved</i>	.. ..	28	=	14.5%
<i>Very much improved</i>	.. ..	46	=	23.7%
<i>Cured</i>	.. ..	57	=	29.4%
		<hr/>		<hr/>
		194		100%

You will agree with me that all these figures make a very favourable impression, and can triumphantly stand comparison with other statistics, even with those originating from great sanatoria. And nevertheless, our institution is by no means wholly to be compared with a sanatorium. For we get, in fact, especially those patients who are too ill for a sanatorium, sent us by the municipality of Utrecht; and, moreover, very frequently patients who are sent away from a sanatorium because there is thought to be no further chance of a cure. If we should eliminate all these factors, then, of course, the figures would be still considerably more favourable; but then, again, we should get far smaller figures.

As I have already said, the numbers although in themselves most encouraging, are nevertheless still too small to serve as a means of conviction for the outer world. Our institute will first have to exist a good many years more, before we shall be able of giving figures that are great enough to be striking.

VITAMINES AND HORMONES.*

AT no time in the history of the study of metabolism has there been a more interesting situation than there is at present. We are apparently on the threshold of far-reaching discoveries that promise to revolutionise not only our ideas of food values but also our conception of what constitutes endogenous and exogenous factors in the metabolic disorders.

Not so long ago, the dietician was concerned only with his proteids, fats and carbohydrates and, incidentally, the calory. Then, somewhat belated came the recognition of the inorganic nutrients. Still more slowly it was appreciated that even then these food constituents fail to supply a normal sustenance for the human and it was not until about eight years ago that in the course of investigations into the cause of beri beri, it was found that the disease appeared mostly in localities where polished rice was used. This led to the assumption that there was some element in the husk of the rice that inhibited the development of the disease. Casimir Funk named this element "vitamine." It is now known that there are at least three of these vitamins, each serving some particular function in nutrition. One of them is soluble in fat and the other two in water. Rickets in children is associated with the fat-soluble vitamine, while scurvy and beri beri are caused by deficiency of the water-soluble substances.

For some years previous to the recognition of the vitamins, the importance of the principles contained in the so-called glands of internal secretion had come to be recognised as factors of the first importance in the maintenance of a normal physiology. Following this recognition, preparations made from these glands were used therapeutically with varying degrees of success in the treatment of disorders of metabolism. While organotherapy is appreciated as a necessary method of treating these disorders, it is recognised that, for the most part, it still rests on an empirical foundation. Despite this it is accepted as a legitimate method of treatment.

* From the *Journal of Organotherapy* with full acknowledgments.

It has lately been pointed out that there is a close analogy between the so-called vitamines and the products of internal secretion. This analogy lies chiefly in the fact that while they may not be actual building material in the processes of nutrition, it is at least certain that they are absolutely necessary to the utilisation of this building material. Professor Gowland Hopkins has suggested a useful simile to enable us to understand this process. He compares the building of the body to the building of a house. The essential bricks or stones of which the house is composed would be of comparatively little value unless mortar was also supplied to unite these components together. He compares the cementing material to the vitamines and so it may be said of the part played by the products of the glands of internal secretion.

Vitamines and hormones have many points in common. The functions of the vitamines seem in some way to be concerned with the stimulation of the internal secretory glands. Like hormones they are stimulators of action, and the question naturally arises: are the hormones synthesised by the animal body under the stimulating influence of the vitamines from the vegetable kingdom? Here attention is called to a very interesting contributing which McCarrison has made in the *Indian Journal of Medical Research*, in which he discusses the origin of diseases attributed to a deficiency of certain accessory food factors. He calls attention to the scantiness of our knowledge respecting the influence of vitamine deficiency on the suprarenal glands, pancreas, liver, spleen, thyroid, pituitary gland and the gonads. McCarrison certainly adds to our knowledge of the subject. He, in common with others, expresses the opinion that vitamine deficiency is the essential etiological factor in beri beri. He acknowledges that such deficiency is rarely so complete as to be the sole agency responsible for it. He points out that toxic products of intestinal bacteria or intestinal parasites may assume a rôle of high importance in the genesis of morbid states which are, no doubt, initiated by the dietetic defect. The organisms are not the cause of the malady nor can they be expected to produce it in

inoculation experiments. "They are weeds that flourish in a soil made ready for it by dietetic deficiency."

After numerous experiments and observations Colonel McCarrison arrives at the conclusion that the absence of certain accessory food factors from the dietary leads not only to functional and degenerative changes in the central nervous system but to similar changes in every organ and tissue of the body. The symptom complex resulting from the absence of these substances is due (*a*) to chronic inanition; (*b*) to derangement of function of the organs of digestion and assimilation; (*c*) to disordered endocrine function; (*d*) to malnutrition of the nervous system; (*e*) to an excess of adrenalin in the blood.

Certain organs undergo hypertrophy; others atrophy. Those which hypertrophy are the adrenals. Those which atrophy, and in the order of severity named, are the thymus, the testicles, the spleen, the ovary, the pancreas, the heart, the liver, the kidneys, the stomach, the thyroid, and the brain. The pituitary gland showed in adult birds a slight tendency to enlargement in males only.

The enlargement of the adrenals is a true hypertrophy in so far as it is associated with a proportionate increase of the glands' adrenalin content. The quantity and quality of adrenalin in the hypertrophied organ is, area for area, approximately the same as that found in the adrenals in health. The hypertrophy is equally well marked in both sexes.

Œdema has invariably been associated with great hypertrophy of the adrenal glands, while 85 per cent. of all cases having great hypertrophy of these organs had œdema in some form. The amount of adrenalin, as determined by physiological methods, in such cases has been considerably in excess of that found in normal adrenals.

Gastric, intestinal, biliary and pancreatic insufficiency are important consequences of a dietary too rich in starch and too poor in "vitamines" and other essential constituents of the food. It is suggested that some of the obscure metabolic disorders of childhood be

examined from this viewpoint as well as from that of endocrine starvation, for McCarrison's experience leads him to believe that there are many minor maladies associated with the incomplete provision of these substances in the food of children especially, or with their incomplete assimilation. Be this as it may, his laboratory experience gained in the prosecution of his researches has afforded him no small assistance in dealing with cases of "bilious vomiting," acidosis, mucous disease and other metabolic disorders of childhood. He therefore calls the attention of physicians connected with children's hospitals to the effects of vitamine deficiency on the digestive organs and many of the glands of internal secretion.

Not the least important of the phenomena observed by McCarrison was the effect of vitamine deficiency on the reproductive organs. It led to the cessation of the function of spermatogenesis and in the human subject such a degree of atrophy would result in sterility in males and in amenorrhea and sterility in females. This finding is held to account in great measure for the occurrence of "war amenorrhea." It is also thought that, because of their atrophy out of all proportion to other tissues, the thymus, the testicles, the ovary and the spleen provide a reserve of accessory food factors for use on occasions of metabolic stress. This reserve, however, is rapidly exhausted.

It is curious to note that inanition gives rise not only to a state of adrenal hypertrophy and to a state of atrophy of other organs (the brain excepted) but that a state of acidosis also results from an insufficiency of vitamines in the food.

If it be assumed that animals cannot synthesise vitamines and that they must obtain them from plants, this would indicate that vitamines not only stimulate the glands of internal secretion but that they furnish these glands the necessary nutritive material not only for their own efficiency, but for the welfare of the body as a whole. This is borne out by the fact that Dutcher has produced apparently definite relief in certain acute cases of polyneuritis in birds by the administration of dessiccated thyroid, thyroxin and tethelin. However,

in none of the cases Dutcher describes did he obtain the almost immediate response that is usually observed when vegetable vitamine preparations are fed. Again Eddy and Roper found that the addition of pancreatic vitamine to a diet of condensed milk and cereal influenced growth in rats. The use of pancreatic vitamine seemed to promise definite hope of success as an agent for stimulating the growth of marasmic children. Such experiments as these would indicate that under the influence of vegetable vitamins the glands of internal secretion are either able to synthesise, at least to some degree, a vitamine of their own, or that they must assimilate to some extent at least, the vegetable vitamins necessary for their own well-being.

Another curious point of similarity between the products of the glands of internal secretion and the vitamins is to be found in the experiments of Stepp. This observer found that mice invariably died when fed on food from which the substances soluble in alcohol or ether had been removed. Restoring the alcohol or ether extracts to the food rendered it wholesome again for the mice. Addition of fat did not answer the purpose. Stepp's experiments point anew to the lipoids as representing the vitamins. The same phenomenon is witnessed in handling the glands of internal secretion for therapeutic purposes. It is a well-known fact that when corpus luteum is degreased that it loses its therapeutic efficacy to a very great extent. The vital principles of the glands of internal secretion seem to be bound up intimately with the lipoids and if Stepp's observations are correct they offer additional evidence of the close relationship of internal secretions and vitamins.

Another point of similarity arises. While it cannot be said that the products of the glands of internal secretion and vitamins are absolutely destroyed by heat—witness the activity of the vitamins of cooked whole rice—yet it is undoubtedly true that prolonged heating or boiling lowers their activity. This would indicate that food should be eaten raw wherever possible and that glands of internal secretion when being prepared for the therapeutic market should be subjected to

as low a temperature as is necessary to reduce them to a desiccated condition.

It is also pertinent to suggest that if vitamins can be taken into the stomach along with the food that contains them and survive the action of the gastric juice, there is no reason why the same should not apply to the ingestion of a desiccated gland product. It has often been insinuated that gland products are not efficacious unless they are directly introduced into the tissues or blood vessels. Thyroid medication, successful as it is, in the graver forms of thyroid insufficiency, such as myxedema, and in minor forms of hypothyroidism as well, should be enough to brand such statements as without good foundation. The vast majority of the products of the glands of internal secretion may be taken by mouth with the greatest benefit to the patient. Sajous has said that his favourite form of administration of these gland products is by the oral route.

The apparent connection between the vitamins and internal secretions may be fraught with consequences of vast social and economic importance. When it is considered that millions of children of school age suffer from malnutrition, not only in countries where food is scarce and difficult to get but also in lands where it is plentiful, the subject is one of transcendent importance. If the functional activity of the glands of internal secretion depends upon the vitamin contents of the diet, then surely it is time that experts be placed in all our schools to detect these glandular insufficiencies and correct the food defects that are responsible for them. The time to treat a human being for constitutional defects is in his childhood, not when adolescence or manhood has confirmed his physiology in its bad habits. The formative period of a man's life determines the rest of his existence, and his chances for success are materially enhanced by the treatment he receives while young.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE fifth meeting of the session was held at the London Homœopathic Hospital on February 3rd, Dr. Neatby in the chair. Dr. Duthie, Dr. Rorke and Dr. Rosair were elected members of the Society. The Chairman referred to the death of Dr. Corbett, of Doncaster, and a vote of sympathy was passed with his family. Dr. C. E. Wheeler read a paper on "Potencies and Possibilities," reviewing the present state of our knowledge and suggesting experimental work and theoretical conclusions. Dr. Miller Neatby opened the discussion, which was continued by Dr. Borland, Dr. Alexander, Dr. Fergie Woods, Mr. Ellwood, Dr. Noel Bardswell, Professor Leiper (present as visitors), Mr. Peart, Dr. Tyler, Dr. Weir, Dr. Hey and the President. Dr. Wheeler replied. A very successful meeting of the Dinner Club was held subsequently at the Holborn Restaurant.

SOME PECULIAR ASPECTS OF HERPES ZOSTER.—While herpes zoster does not as a rule recur, Stern claims that in certain rare cases it does recur periodically, and such cases are often associated with facial paralysis and paralysis of other motor nerves, as the expression of a general infectious disease. He describes a typical case of the kind. In some cases the general symptoms, swelling of glands and paralysis of motor nerves, occur without the characteristic skin eruption of herpes zoster.—*Deutsche Medizinische Wochenschrift*.

PROTEIN SENSITIZATION IN ECZEMA.—Seventy-eight cases were tested with proteins by Ramirez, thirty-eight of which gave positive skin tests. Like asthma, anaphylactic eczema occurs more frequently under the age of thirty. Eczema associated with asthma or hay-fever is usually anaphylactic. Only a small percentage of eczema cases are anaphylactic, but Ramirez claims it is important that patients be tested thoroughly in order that they may be classified properly and treated correctly.—*Journ. American Medical Association*.

HOSPITALS AND INSTITUTIONS.

THE SCOTTISH HOMŒOPATHIC HOSPITAL FOR CHILDREN.

SEVEN months ago the house known as "Oakpark," Mount Vernon, was gifted to a Committee of well-known citizens of Glasgow, to be converted into a Homœopathic Hospital for the treatment of the non-infectious diseases of children. Since then, the work of transforming a dwelling-house into an institution capable of accommodating forty children and the necessary staff has been undertaken, and in spite of most discouraging labour difficulties, this task is nearing completion. In addition to minor alterations, a thoroughly up-to-date system of central heating has been installed by the generosity of a member of Committee; an operating theatre has been constructed, the cost being met by a few special donations; and three new bathrooms have been made.

Miss L. A. Gostling, late sister in The London Hospital, has been appointed Matron, and is now in Glasgow collaborating with the House Committee in the final details of equipment and furnishing.

The Committee has now had ample opportunity of examining the Hospital. The house stands high, is built on sandy soil and has a southern exposure. The wards are large and airy and have wide windows facing due south. The grounds are in excellent order, having fully stocked fruit and vegetable gardens, and large poultry houses and runs. The Committee considers itself fortunate in having, within easy access of the city, premises so eminently well suited for the reception and care of children.

The opening of the Scottish Homœopathic Hospital for Children, being now in sight, the Committee is about to open that indispensable adjunct of a children's hospital, viz., a Dispensary for Children.

A large double shop has just been secured at 258, Garscube Road, the main thoroughfare of one of the most congested districts in Glasgow, and will be opened at an early date, as the Scottish Homœopathic

Dispensary for Children. From it, children requiring special treatment, nourishment, fresh air and sunshine, will be drafted to the hospital.

The life of the child has always been precious to the lover of children, but with the appalling death roll of the War behind us, and the fear of a declining birth-rate ahead, every healthy child has become a national asset. The Committee of the Scottish Homœopathic Hospital for Children appeals very strongly, therefore, not only to the Homœopathic Public, but to all interested in modern developments in connection with Child Welfare, to support this effort to bring within reach of the Children requiring it, an exact medical science, which is daily proving itself to have a unique power over the diseases of children.

Our Hospital will be supported solely by voluntary contributions.

You can help therefore :—(i.) by giving a donation towards the furnishing and equipment of the hospital and dispensary ; (ii.) by promising an annual subscription towards the upkeep of hospital and dispensary ; (iii.) by undertaking to become a collector in your district from those who promise an annual subscription ; (iv.) by remembering, when considering your contributions, that £1 has only the purchasing power of 7s. 6d.

Subscriptions may be sent to :—Mrs. Andrew Eadie, 62, Aytoun Road, Pollokshields ; Mrs. William Fyfe, 15, Winton Drive, Kelvinside ; or to the Treasurer : Mr. Hugh Macmillan, C.A., 163, Hope Street.

THE WASSERMANN REACTION.—A negative Wassermann reaction is merely presumptive evidence of the absence of syphilis. It does not in any sense constitute proof. The blood may at times be negative, with the spinal fluid positive. A negative Wassermann may occur in the presence of tertiary skin or visceral lesions. After the Wassermann has become negative, intravenous treatments may be suspended (in the absence of visceral or neuro-syphilis) and mercury be used to complete the cure.—Jay F. Schamberg, *Urologic and Cutaneous Review*, Vol. xxiv., No. 11.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH JAN. TO 15TH FEB., 1921.

GENERAL FUND.

						<i>Subscriptions.</i>	£	s.	d.
Dr. H. J. W. Barlee	..	..	..	..	..	2	2	0
Miss A. P. Fowler	..	..	..	..	..	1	1	0
Miss L. M. Fowler	..	..	..	..	..	1	1	0
Mrs. Fuller	..	..	..	..	..	1	1	0
Dr. W. F. H. Newbery	..	..	..	..	..	10	6	
C. W. A. Stewart, Esq.	..	..	..	..	..	10	6	
Chas. Charter, Esq.	..	..	..	..	..	1	1	0
Dr. J. A. Parkes	..	..	..	..	..	1	5	0
Dr. W. N. Barker	..	..	..	..	..	1	1	0
Miss F. L. Matthews	..	..	..	..	..	1	1	0
Mrs. George Smith	..	..	..	..	..	1	1	0
Dudley, d'A. Wright, Esq., F.R.C.S.	..	..	..	..	..	5	5	0
W. Melville Wills, Esq.	..	..	..	..	..	5	5	0
C. A. Russell, Esq., K.C.	..	..	..	..	..	1	1	0
Mrs. H. S. Gladstone	..	..	..	..	..	1	1	0
J. P. Stilwell, Esq., J.P.	..	..	..	..	..	2	2	0
J. B. L. Stilwell, Esq.	..	..	..	..	..	1	1	0
W. B. Stilwell, Esq.	..	..	..	..	..	1	1	0
G. K. Smith, Esq.	..	..	..	..	..	1	1	0
D. Griffiths, Esq.	..	..	..	..	..	10	6	
Dr. John Murray	..	..	..	..	..	1	1	0
Dr. E. Capper	..	..	..	..	..	10	6	
Mrs. A. S. Chavasse	..	..	..	..	..	1	11	6
W. Hood, Esq.	..	..	..	..	..	1	1	0
John Churchill, Esq.	..	..	..	..	..	1	1	0
Dr. J. P. Cavenagh	..	..	..	..	..	1	1	0
W. Lewis, Esq.	..	..	..	..	..	10	6	
C. T. Knox-Shaw, Esq., M.R.C.S.	..	..	..	..	..	2	2	0
Dr. D. M. Borland	..	..	..	..	..	1	1	0
W. Lee Mathews, Esq.	..	..	..	..	..	5	5	0
Miss A. T. Laird	..	..	..	..	..	1	1	0
Dr. C. E. Wheeler	..	..	..	..	..	5	5	0
F. Barnett, Esq.	..	..	..	..	..	1	1	0
E. S. Holmes, Esq.	..	..	..	..	..	10	6	
Mrs. Duncan	..	..	..	..	..	1	1	0
Dr. Percy Wilde	..	..	..	..	..	1	1	0
A. D. Snow, Esq.	..	..	..	..	..	1	1	0
Mr. M. I. Cobb	..	..	..	..	..	1	1	0
Dr. C. J. Wilkinson	..	..	..	..	..	1	1	0
Mrs. Strafford	..	..	..	..	..	1	1	0
W. Michael, Esq.	..	..	..	..	..	1	1	0

	£	s.	d.
Miss Walters	1	1	0
Miss Rogers	1	1	0
The Misses E. B. and F. Williams	2	2	0
<i>Donation.</i>			
Alex Runcie, Esq.	1	0	0
MAINTENANCE AND ADMINISTRATION FUND.			
<i>Donation.</i>			
C. W. A. Stewart, Esq.	2	0	0

The usual Monthly Meeting of the Executive Committee was held at Chalmers House, on Wednesday, 16th February, at 4.30 p.m.

The Annual Report of the Association for presentation in May, 1921, was considered, and preparations for its production were made.

The Committee received a letter from the Director-General of "The Homœopathic League of Western Canada," in which, as outlining a forward movement for the spreading of the knowledge of Homœopathy abroad, readers of the "WORLD" may be interested, and a reprint of the letter is therefore given elsewhere in this issue.

An application for a Lecturer, under the B.H.A.'s Lectures Scheme, was received by the Committee from the "Scottish Homœopathic Hospital for Children," Glasgow, and it is hoped that arrangements may be made to provide one.

The Beit Research Fund Committee held a meeting, following the Executive Committee Meeting before mentioned, and Reports to date upon the Investigations, at present being conducted under the auspices of the Beit Research Fund, were received and approved.

Mr. E. Ford Duncanson, recently elected Vice-Chairman of the B.H.A., was unanimously elected a Member of the Beit Research Fund Committee.

It was with much reluctance and very great regret that this Committee accepted the resignation, from their body, of Dr. Edwin A. Neatby, owing to pressure of his professional duties. A Resolution was unanimously carried inviting Dr. Percy Hall-Smith to fill the vacancy, and it is greatly hoped he may see his way to accept.

EXTRACT.

THE LATE MR. PETER STUART.

A TRIBUTE FROM DR. T. SIMPSON, J.P.

DR. SIMPSON, who was intimately acquainted with the late Mr. Stuart, writes :—Believing that many of your readers would be interested to know some details of the life of this philanthropic and unique personality, I undertook to write a sketch of his career so far as I was able to gather from observation and casual acquaintance with his methods of assisting the sick poor, in whom he always took a deep and sympathetic interest. As philanthropist, patriot, humanitarian, he was always labouring for the good of others. This was, with him, a passion. The task of improving the health of his suffering fellows led him to study physiology, phrenology, and kindred sciences. He early learned what has since become a recognised condition of good health, the value of pure air, warm clothing, and moderation in diet and regimen, the lack of which so often lays the foundation for depraved health. Medical treatment was not easily obtained in his day, which appealed to serious students of public health. Mr. Stuart sought to relieve suffering, and to restore health and strength by the simple, safe, and natural methods discovered and elaborated by Samuel Hahnemann, and his co-adjutors one hundred years ago. He found that task of preventible, expectant treatment of the many morbid states involved much study, and his indomitable patience did not go unrewarded. It was neither a thankless nor a profitless quest. After his removal from Ditton to Seaforth, hundreds of grateful convalescents who had received benefit from his wise counsel and prescriptions might be seen in his grounds around Elm House waiting their turn for consultation. He had a genius for accurate diagnosis, and laid down rules for patients to observe rigidly, avoiding drastic purgatives and crude drugs; and all his dependents learned to approve his methods and follow his advice. “ His wise, rare smile was sweet with certainties, and

seemed in all his patients to compel such love and trust that failures could not quell." His personality was a study. A leonine physiognomy, resembling Garibaldi's. A capacious brain, and an invincible determination to find out the best and safest way of treating human ailments, following closely the guidance and teachings of the great reformer, whose genius had attracted his deep study. He refused to deviate a hairsbreadth from the teachings of Hahnemann. "The single remedy, the infrequent repetition, and insistence on the minute dose," were his watchwords, and the happy results seem to have fully justified the means, so that an ever-increasing number of applicants flocked to his home of refuge, and there they found safety, refreshment, and healing. He left a fragrant memory of a life full of good works.

CORRESPONDENCE.

THE HOMŒOPATHIC LEAGUE OF WESTERN CANADA.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

DEAR SIR,—I beg to notify you that "The Homœopathic League of Western Canada" was recently formed by a band of ardent Professional and Lay Homœopaths, for the purpose of the dissemination of the knowledge and practice of Homœopathy: by correspondence, lectures, formation of local societies, publication or distribution of tracts and books on Homœopathy, introduction of Homœopathic Physicians to communities needing them, and the opening of Homœopathic Dispensaries and Hospitals, and to protect the interests of Homœopathy generally.

As the operations of the League will extend over a stretch of some 2,000 miles of territory, special regulations were framed to enable it to carry on its transactions by correspondence, and by the formation of local branches in districts where a few homœopaths live close enough together.

A local branch for the city of Vancouver was subsequently formed, and it has already had one or two very successful meetings.

We shall be pleased to receive from sympathisers with our cause items of interest suitable for propaganda work, tracts, books, donations, etc., and also the names of persons desirous of joining the League or helping in any way.

Believe me, dear Sir,

Yours faithfully,

A. WHITING,

Director-General.

[We hope our readers will regard this appeal with sympathy and do what they can to help.—ED. H.W.]

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

DEAR SIR,—One of the things which is keeping Homœopathy from becoming more popular with the masses is, I think, the non-existence of Homœopathic Chemists in large centres of population. Take as an instance Newcastle-on-Tyne, so far as I know there is not a real Homœopathic Chemist in the City. True, there are many who sell Homœopathic medicines, but they only keep those more generally asked for and those are only to be had in one strength. I may be mistaken, but I should think it would be worth while if some of the popular Homœopathic Chemists would consider the advisability of commencing a branch in a place like Newcastle. A catchy window display such as is to be seen at Messrs. Thompson & Cappers, Liverpool, would be sure to take the public eye and create a greater interest in Homœopathy. Then, of course, there are many side lines which help to make the business pay, such as Photographic apparatus, etc. It is a waste of time to have to send to London or some other centre where Homœopathic medicines may be had, and no doubt many persons won't be at the trouble. If the public interest can be stimulated then would come the demand for more medical men who practice this system.

Although it may not be considered good Homœopathy to take medicines for the names of ailments yet some Homœopathy is better than no Homœopathy at all, and the thoughtful person would soon begin to dig deeper.

I am, yours truly,

“NON-PROFESSIONAL.”

[TO THE EDITOR OF “THE HOMŒOPATHIC WORLD.”]

DEAR SIR,—In your February issue there are two references to lack of Homœopathic medical enterprise. On page 44 there is a complaint from Stafford, and on page 74, a Swansea Presbyterian minister's twenty-five years' appeal for that region to be provided for. Other pages disclose the serious desire on part of the President of the British Homœopathic Society for a definite Homœopathic propaganda, and until such can be effectively organised, permit a layman to submit that an introductory effort in the direction desired may be attained by securing perambulatory visitations, to selected centres (now unrepresented by any Homœopathic practitioners) of such London and Liverpool physicians as can work in a week quarterly, or in alternate months, to be in attendance at any hotel or pharmacy selected, and advertised in advance, so that patients may compass journeys to consult them from any radius points adjoining: so going on from day to day to pre-arranged centres to cover the objective desired.

The foregoing suggestion promptly appealed to me on reading the February issue, from a vivid remembrance of a journeying incident of some years ago, when travelling from Vienna to Budapesth. The seat opposite to me was occupied by a well-dressed gentleman, who at the start of the train actively conversed with other passengers of diverse nationalities, over an apprehended disaster from an overhead bandbox on the rack extending beyond safety limits, which the lady it belonged to objected to be otherwise placed. Protests by those nearest brought German, French,

Magyar and Slav tongues into play, while the gentleman referred to skilfully joined in and appeased the troubled minds, so that when we reached the first calling station the trouble was over. As I had been a silent observer of the incident, this gave the gentleman an opening to address me in excellent English, as to where I was bound for and what Hotel I would stay at. On learning Budapesth was my first destination and Hotel Hungaria the location, he promptly claimed my acquaintance for the visit. As his linguistic proficiency was so evident I wondered if he was a Professor of languages and complimented him on his effective handling of the initial part of the journey. I had counted five languages used and he then said he had eight languages and about twelve patois of Balkan peoples to comprehend. It then came out he was a Carlsbad physician and so language proficiency was imperative, as people from every country came there mostly with only one native tongue to explain ailments when consulting the physician. I further learned he was following regular off-season plans of periodic visits of two or three days each to wide apart centres. His former patients had been circularised of dates and places of meeting, so that they could be spared the full journey and expense of further consultation at Carlsbad. [While at the Hotel Hungaria I was met on the staircase on third-day by the doctor who informed me that he had had eight or more cases from as many divergent Balkan territories and had been able to suitably prescribe for them and so put them on for perhaps another year.]. The Hotel people informed me other medicos periodically attended and the Hotel staff were put to it to comprehend some of the languages, just as my Carlsbad companion had already explained.

Here there cannot be a language impediment of similar nature, and the idea may possibly be grasped and tentative experiment made by competent physicians disposed to help the cause as well as the patients by such a scheme having a trial.

Yours faithfully,

N.S.

VARIETIES.

RURAL WATER SUPPLIES.—An instance of some of the difficulties besetting the provision of a rural water supply is afforded by a recent number of the *Municipal Engineering and Sanitary Record*, in which is given an account of the present deadlock in the arrangements for providing a particular rural parish with a wholesome supply of water. It appears that the present supply, which is derived from a number of surface wells subject to pollution, has been condemned by the medical officer of health. The rural district council is prepared to take steps to provide a satisfactory public supply, but the project is opposed by the principal ratepayers of the parish, who carried the day at a parish meeting summoned to consider the question. It seems likely that the resolution there passed, however unanimous, may not adequately express the opinion of the poorer inhabitants largely concerned, who may be unwilling to take sides against their more important neighbours. The poorer inhabitants are, therefore, to be compelled to continue in the use of their polluted water-supplies owing to the lack of public spirit of the richer members of the community, who can probably manage either to safeguard their personal supplies of water or to replace them by some pleasant substitute. This is far from being an isolated example of the many problems which confront those responsible for the provision of water supplies in rural districts; these problems are largely the product of inertia and of selfishness in combination. In such a case as the above, the rural district council ought to overrule the opinion of the parish, and should apply its powers under Section 51 of the Public Health Act, 1875, to provide a public water-supply. But the councils of rural districts are cautious and conservative to the last degree and they, know that the Act in question, while conferring the power, does not impose the duty of providing such a supply. There is more than one weak link in the legal machinery in this respect. For example, Section 3 of the Public Health (Water) Act, 1878, refers to the "duty imposed on them [rural authorities] by the Public Health Act, 1875, of providing their district or any contributory place . . . with a supply of water, where danger arises to the health of the inhabitants from the insufficiency or unwholesomeness of the existing supply," etc.; yet the most diligent search fails to trace in the 1875 Act the statement of any such obligation as distinct from the grant of such powers. To the non-legal mind, intent upon public good, it appears that the law on the subject needs overhauling, with special reference to the substitution of obligatory for permissive clauses.

The officers of rural authorities may find useful leverage to hand in the new housing schemes. Under Section 6 of the Public Health (Water) Act, 1878, every house erected after March 25th, 1879, must have a sufficient and wholesome supply of water for consumption and for domestic purposes, and the

house cannot be occupied until a certificate to that effect is given by the sanitary authority on the report of its inspector of nuisances or medical officer of health. In the past houses have crept into existence where that certificate has been obtained, almost as by stealth, in cases where the water-supply was not really above suspicion, and where the only excuse was that the house, like the baby in the old story, was "only a little one." But a new attitude is needed with the more serious question of the erection of houses in numbers previously never dreamt of. The officers in question may now not feel justified in approving water-supplies in bulk where before they approved, with some qualms at times, supplies to individual houses erected at infrequent intervals. If their reports do in effect prove adverse, the district council will be faced with two alternatives—to drop the housing scheme, which will be likely to lead to trouble with the Ministry of Health, or to screw up its courage to the provision of a proper water-supply. It is to be hoped that that latter alternative will commend itself even before pressure of public opinion and of the Ministry compels its adoption.—*Lancet*.

A FUNCTION OF THE GREAT OMENTUM.—The question of intraperitoneal absorption of microscopic particles, alive or dead, is one of considerable clinical importance, and the respective parts played by the diaphragm and great omentum have not infrequently been the subject of experimental and pathological investigation. Several years ago the younger Heger of Brussels, showed that the omentum was a vigorous absorber of fine inorganic particles—of China ink—in fact, a kind of "sweeper" of the peritoneal cavity. Finely granular particulate substances, such as carmine, China ink, starch grains, lycopodium powder, are known for the most part to pass into the lymphatics of the diaphragm, whence they reach, via the lymph stream, the liver, lungs, and spleen, where they are stored up. The question remains, however, how they reach the lymphatics, directly or by phagocytic leucocytes. The classical experiment of Ludwig showed that through the central tendon of the diaphragm and its stomata coloured fluids—*e.g.*, soluble Brücke's blue—rapidly passed into the lymphatics, even in the dead rabbit, when the movements of the diaphragm were imitated by artificial respirations. This was proved by a really beautiful display of the blue injected lymphatics. Granular particles are absorbed by the same surface, although this obviously must depend on the size of the stomata. By coating the under surface of the central tendon with collodion in animals, Clairmont, Haberer, and Peiser showed that the absorption of fluids from the peritoneal cavity was considerably diminished. E. Seifert, of Würzburg,* adds considerably to our knowledge of the function of the great omentum and the channels and means of absorption of finely divided particles present in or introduced into the peritoneal cavity. The experiments were

* Brun's Beiträge z. klin. Chirurgie, vol. cxix., 1920.

made on guinea-pigs, and by way of identifying the specific forms of leucocytes that might be concerned in the process, the method of vital colouration or staining by means of a 1 per cent. solution of isamin-blue was used, the fluid being injected (6-10 times) at certain intervals under the abdominal wall. The omentum was fixed in formalin, stained, and studied, when it was found that the migratory leucocytes, the fibroblasts of the connective tissue, and the cells covering the serous membrane were coloured in the chief degree, and very faintly the epithelium of the convoluted tubes of the kidney. The groups of cells—visible to the unaided eye in the omentum, and long ago described by Ranvier as "tâches laiteuses" (milk spots)—were coloured blue, and the leucocytes of which they principally consist had blue-coloured granules in their protoplasm. With a view to a further study of foreign granular particles in relation to the omentum, animals previously injected with isamin-blue had 3 c.cm. of a 10 per cent. emulsion of China ink in warm normal saline injected into the abdominal cavity, and were then killed at varying intervals. A certain proportion of the black particles rapidly disappeared from the cavity via the lymphatic vessels of the diaphragm, and were carried by the blood stream and stored in the star-shaped kupfer cells of the liver, and in the lungs and spleen. The remaining particles were "phagocytised" by the microphages, and from the second day onwards there was a great increase of the cells of the milk spots, the spots themselves becoming larger and new ones being developed. The wandering cells laden with ink particles returned to the omentum and formed "spots." These cells died slowly, the spots themselves became surrounded by concentric layers of fine connective tissue, the capillaries degenerated and the spots passed into a permanently passive state. There are no lymphatics present in the great omentum. After the injection of a virulent emulsion of bacteria, phenomena similar to those of injection of China ink are observed. Some of the tubercle bacilli pass via the lymphatics of the central tendon of the diaphragm to the retrosternal gland and there excite tuberculous inflammation. The bacteria also pass to the liver, spleen, and lungs, where again specific tuberculous change is set up. The remaining bacilli are taken up by the leucocytes originating in the omentum, which return laden with bacilli to the omentum, causing excessive growth of milk spots in which the omental tubercles develop. In the case of China ink particles a state of repose or subsidence of action is set up in the milk spots, but in the tubercle invasion the phagocytes composing the spots are not able to overcome the infective pathological attack. The phagocytes themselves disintegrate, as shown by their inability to undergo vital staining, and there results an aggregation of tubercles. In spite of its marked absorptive and protective functions the omentum is not able to ward off the invasion of infective processes from the other surfaces of the peritoneal cavity.

TUBERCULOSIS OF THE STOMACH. According to Dr. Wilhelm Baetzner,* assistant at Professor Bier's surgical clinic in Berlin who records an illustrative case, tuberculosis of the stomach is very rarely found at autopsy. The statistics of the Kiel Pathological Institute show that among 2000 cases of tuberculosis there were only eight examples of the kind, and Eisenhardt, among 6000 cases of tuberculosis, which included 600 of intestinal involvement, found only one case of tuberculosis of the stomach. Clinical cases are naturally rarer still, according to Albu only about two dozen genuine examples being on record. Tuberculosis of the stomach is usually secondary to pulmonary or miliary tuberculosis. Infection may take place by the blood and lymph stream, but is usually produced directly by the swallowing of infected sputum. The rarity of gastric infection is due to the physiological action of the gastric juice and the active movements of the stomach and also to the anatomical structure of the organ with its scarcity of follicles. The lesion usually found is an ulcer, which is situated most frequently at the pylorus and is liable to all the complications of ordinary gastric ulcer, such as hæmorrhage, perforation, and fistula. The symptoms are the same as those present in ordinary gastric ulcer or carcinoma—*viz.*, dyspepsia, motor and chemical disturbances, and stenosis—when the pylorus is affected. Dr. Baetzner's patient was a woman, aged 38, who sought advice for a feeling of hunger and severe pain half-an-hour after food. Nothing could be detected on palpation. Gastric analysis showed an absence of free hydrochloric acid and the presence of lactic acid, and the X-Ray examination indicated an ulcer on the greater curvature. On operation, at which Dr. Baetzner performed transverse resection, the ulcer was found to involve the mucous membrane only. Its floor was studded with nodules and the stomach showed a well-marked inflammatory infiltration. On microscopical examination typical miliary nodules were found in the mucosa and submucosa, but no bacilli were seen. The patient remained free from symptoms for three months and then had a recurrence of nausea and vomiting, with loss of weight. A second laparotomy was performed and posterior gastro-enterostomy carried out. Recovery was delayed owing to the development of active disease in the lung. At the time of publication there was distinct improvement, but the outlook was doubtful owing to the possibility of a recurrence of the gastric process.

ALUMEN.—This remedy is to be thought of in patients of a catarrhal tendency, who are very sensitive to weather charges, especially cold. Since alum is astringent in its nature, sensations of constriction, burning or contraction are characteristic. Relaxation of mucus membranes is strongly suggestive of this remedy, hence in acute or subacute catarrhal inflammation of the pharynx in which sensations of constriction, burning and dryness are

* Berliner klinische Wochenschrift, Dec. 27th, 1920.

pronounced the remedy will be required. On examination in such cases the uvula is found to be relaxed and the mucous membrane of the faucial pillars appears flabby and swollen, almost succulent. A dry, tickling, annoying cough, often preventing or greatly hindering speech, adds a distressing element to the symptomatic picture. In typhoid fever *Alumen* may be needed when hæmorrhage is present and dark livery clots are passed. It is difficult however, to speak of the positive value of this or of any other remedy in such an emergency, since hæmorrhage in typhoid with the danger of perforation into the abdominal cavity, is likely to require prompt surgical interference as the only chance to save life. Palpitation of the heart when lying upon the right side is a curious symptom credited to *Alumen* and has been verified. A medical student, after severe athletic indulgence, was found with cardiac hypertrophy. The student complained of a constant feeling of exhaustion and this was easily aggravated by any exertion, which also increased the palpitation. The latter always occurred when lying on the right side. There was an occasional sensation of slight fulness in the cardiac region. Pulse usually from sixty to sixty-five during palpitation was increased to seventy-five. There was also a sensation of pounding or throbbing in the chest and head. A history of an acute though mild attack of rheumatic fever of four days' duration, eight years before, was present.

One dose of *Alumen* 45 m F. brought improvement and removed the entire train of symptoms.—*Hom. Recorder*.

SURGICAL TREATMENT OF CHRONIC MAXILLARY SINUSITIS OF ORAL ORIGIN.—Dunning believes that the percentage of antral infections of nasal origin and those of oral origin would be about 50-50; that in many cases of low grade antral infections, of dental origin, remain undiscovered for long periods of time and uncovered by the removal of a tooth, the root of which had penetrated the antrum. Furthermore, many antra are opened through extraction and hence open to ascending infection from the oral cavity. When, by force of circumstances, the antrum is opened through the oral cavity, if it is diseased, this should be cured as quickly as possible and the opening between the antrum and the mouth should be closed at an early date. This author strongly emphasises the dangers of ascending infection and his method is to separate the mouth and the antral opening by means of a "saddle plate" made of rubber covering the labial and palatal surfaces and held in position by means of clasps. This is worn until suppuration has subsided, when he closes the alveolar opening by means of a flap of mucosa which he elevates from the palate and tucks it under a labial flap. It will be seen that this method of dealing with antral suppurations, of dental origin, is directly opposed to the old Cowper's method.—*Journal of the American Medical Association*, November, 1920.

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Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.1*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

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Editor of the Homœopathic World.

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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.

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CORRESPONDENTS.

Mr. Knight, Ilchester—Canon Upcher, Diss—Dr. Burford, London—Dr. Dearburn, New York.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homœopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Revista Homœopatica Practica—Annaes de Medicina Homœopathica—Journal A. I. H.—Homœo Recorder.—Text Book Mat. Med.—Royal Directory of Homœo Physicians in U.S.A.—Pacific Coast Journal.

The Homœopathic World.

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H.R.H. THE DUKE OF YORK.

THE HOMŒOPATHIC WORLD.

APRIL 1, 1921.

PERIODICITY.

IN this month's issue we bring to a close the late Dr. Salzer's papers upon *Periodic Drug Disorders*, taking the occasion to publish the general introduction to the subject, that he wrote. We commend it to the careful study of our readers. His criticisms upon the time-rubrics of our repertories are, we fear, almost as timely to-day, as when Salzer penned them nearly forty years ago. But apart from this, periodicity as a philosophical principle stands in no need of apologists. The whole life of nature is governed by the existence of periodic events; our bodily life is essentially periodic. The pre-supposition of the principle is indeed fundamental to our very conception of life. The first step in natural science was the determination of the broad general consistency of the more important periodicities; while in power to express the essential periodicity of things by means of the mathematical conceptions known as periodic functions is the quality that renders mathematics a fit instrument of investigation.

Homœopaths, in especial, have peculiar reason for interest in periodicity; if only because in it may be discerned some of the philosophical justifications of the law of similars. To exhibit the *rationale* of that law, to

make its theory gear in with the general scheme of things is difficult. Had it been easy, the history of the healing art in Europe for the last century might have been different. But if we resort to that instance of dynamical law, known as the principle of "Resonance," a phenomenon which arises when two sets of connected circumstances have the same periodicities, we discover an analogy to help us. It is accepted that the small vibrations of all bodies when left to themselves take place in definite times characteristic of the body. If we excite the vibrations of a body by a cause which is itself periodic ; then if the period of the cause is very nearly that of one of the periods of the body, that mode of vibration of the body is violently excited ; even though the magnitude of the exciting cause be small. A common instance of this phenomenon is the pushing of a rocking stone in tune with its oscillations if we wish to upset it. But "Resonance" as a principle extends far beyond the region of sound from which it draws its name. "Upon it depend," writes Professor Whitehead, a high authority, "the laws of absorption and emission of light, the 'tuning' of receivers for wireless telegraphy, the comparative importance of the influences of planets on each others motion, the danger to a suspension bridge as troops march over it in step, and the excessive vibrations of some ships under the rhythmical beat of their machinery at certain speeds."

Truly a formidable and far-reaching principle !

W.H.K.

NEWS AND NOTES.

THE DUKE OF YORK AND THE L.H.H.

OUR readers will note with great interest and pleasure that H.R.H. the Duke of York, has consented to become a patron of the London Homœopathic Hospital.

CONCERT FOR THE L.H.H.

IT may interest our readers to know that the concert given at Hampstead in February, resulted in the sum of £106 2s. 6d. being handed to the London Homœopathic Hospital. This represented the total proceeds from tickets and programmes. The expenses, thanks to so much generously given, amounted to only £10 1s. 6d., and this amount was previously guaranteed, so is not deducted from the proceeds.

B.H.S. COVENANT OF EXTENSION.

ARRANGEMENTS are being made to hold the first meeting of those who signed the Covenant on Thursday, 21st April, at 5.30 p.m., when reports will be received and the future of the movement discussed. Dinner will follow at 7.30 p.m.

BRISTOL HOMŒOPATHY.

DR. C. O. BODMAN writes :—" You will be interested to hear something of the Hospital. A commencement has been made with the new buildings, and we hope to have the foundation stone laid this Spring. We have recently been making an effort to raise £1,500 for the extinction of debt upon the working of the Hospital. Our President, Mr. Melville Wills, kindly promised to give £1,000 if the Board could raise the remainder by the end of January. This we have been able to do—£550 has been collected, and Mr. Wills has made good his generous promise."

PRIMULA.

It is well-known that contact with the Primula Obconica has a most disastrous effect on the skins of susceptible people. A correspondent writes that she has now been poisoned by being in the neighbourhood of other Primulas. Not less than three separate varieties have thus affected her.

ELEMENTARY PSYCHOTHERAPY.

A COURSE of ten lectures on "Elementary Psychotherapy," will be given by H. Crichton Miller, M.A., M.D., on Fridays, beginning May 6th, at 5.15 p.m., at Tavistock Clinic for Functional Nerve Cases, 51, Tavistock Square, W.C.1. Syllabus:—May 6th, Organic and Functional: Toxins, Endocrines, and Emotions; May 13th, Suggestibility and Authority: Phantasy and Reality; May 20th, Conscious Mental Methods: Persuasion: Suggestion: Hypnosis: Faith-healing: Quackery; May 27th, The Unconscious Motive: The centre of Analytical Psychology; June 3rd, Emotional Development: The Child and the Adult: Sex Characteristics: Adaptation; June 10th, Mental Mechanisms: Conflict: Regression: Repression: Complex Formation: Transference: Compensation; June 17th, Analytical Methods: Reassociation and Readjustment: Word Association: Hypnoidal Analysis; June 24th, Dream Interpretation (1): Myths, Legends, Obsessions; July 1st, Dream Interpretation (2); July 8th, Herd Instinct and Herd Ideal: Mob Hysteria: Rumour. Fee for each Course: Medical Practitioners, £2 2s.; Medical Students, £1 1s. NOTE.—Owing to limited accommodation it is particularly requested that tickets for the Course be taken *in advance* from the Hon. Lecture Secretary at the Clinic. Medical Students are requested to state their college and year of entry when making application for tickets.

ORIGINAL COMMUNICATIONS.

LONDON HOMŒOPATHIC HOSPITAL.

REPORT OF THE SEVENTY-FIRST ANNUAL GENERAL MEETING

OF THE GOVERNORS, SUBSCRIBERS AND DONORS,
In the Board Room of the Hospital, on Tuesday,
March 15th, 1921.

MAJ.-GEN. LORD CHEYLESMORE, K.C.M.G., K.C.V.O.
(President of the Hospital) in the Chair.

THE Seventy-first Annual Meeting of the Governors, Subscribers, and Donors of the Hospital was held in the Board Room of the Hospital on Tuesday, March 15th, under the chairmanship of the President of the Hospital, Major-General Lord Cheylesmore, K.C.M.G., K.C.V.O. Among those present were:—Mr. J. J. Badeley, C.B.E., Mr. Edward Clifton Brown, J.P., Miss Emily Brown, Dr. George Burford, Miss Burney, Miss Marjorie Burney, Mr. R. H. Caird, J.P. (Chairman of the Board of Management), Miss Cameron, Dr. Cunningham, Right Hon. the Earl of Donoughmore, K.P., P.C., Mr. James Eadie, F.R.C.S., Dr. Giles Goldsbrough, Dr. Hall-Smith, Dr. and Mrs. Granville Hey, Mrs. Holman, Mrs. Kimber, Mrs. Kingchurch, Mr. and Mrs. Lee-Matthews, the Misses Macfarren, Dr. and Mrs. E. A. Neatby, Miss Noble-Taylor, Mr. and Miss Owst, Mr. and Mrs. Poate, Dr. J. C. Powell, Miss E. Robinson, R.R.C. (Matron), Sir Arthur Lyulph Stanley, K.C.M.G., Rev. H. Stork, Mr. J. S. Trotter, Sir George Wyatt Truscott, Bart., Col. J. C. Tyler, Dr. John Weir, Dr. C. E. Wheeler, Mrs. Wicks, Mrs. A. Balfour Williamson, the Clerk, and a number of Subscribers and Donors. Letters of regret at non-attendance were received by the Secretary from the Countess of Donoughmore, Lady Durning Lawrence, Lord Dysart, Mr. J. P. Stilwell, J.P., and others. Lord Dysart wrote:—

“ I very much regret that I shall not be able to be present at the Seventy-first Annual General Meeting on

the 15th inst., to support the President and Treasurer in connection with the Annual Report. I have reason to believe that this report should give general satisfaction, and in view of the very difficult circumstances maintaining since the war, I should like to congratulate all who have been actively concerned in bringing this about. Following immediately upon the war period, when every effort was strained to meet the urgent necessities of the time, and when the staff and the administration combined to do their utmost in connection with the Naval wounded, it is the more creditable to all concerned that the affairs of the Hospital should have been conducted through the immediate past in a manner deserving of congratulation. I trust it may become generally known that the Hospital, which for many years has been the rallying point of Homœopathy in the country has also proved capable of the best results in the management of those problems which are the common lot of all hospitals equally.

Mr. John Pakenham Stilwell said :—

“ I have your notice of the Annual Meeting of the Governors and Subscribers of the Homœopathic Hospital, on Tuesday next ; many thanks for it. I am full of regret that old age and consequent blindness will prevent my being present to meet many old friends with whom I have so many years been associated in the life and work of the Hospital. At the same time I am filled with hope for the signs of future progress in Homœopathy when I read the number of names who will rally round our Chairman on that occasion. May this meeting be a leaping-off place for further progress, and may a blessing descend on the meeting and on all who take part therein. My kind remembrances and good wishes to all old friends and to yourself.”

The meeting was opened by prayer by the Rev. Harry Stork, Chaplain to the Hospital.

The Clerk read the notice convening the meeting, and the minutes of the previous Annual General Meeting on Monday, March 22nd, 1920, which, having been confirmed, the Clerk submitted the Seventy-first Annual Report of the Board of Management, which was taken as read.

The Chairman, in opening the proceedings, said he had to make an announcement which he was sure would be received with great pleasure. Last year

H.R.H. THE DUKE OF YORK

paid a visit to the Hospital and expressed himself very gratified with what he saw. He (Lord Cheylesmore) was asked to approach His Royal Highness and ask him if he would become a patron of the Hospital, and he was very glad to say that he had received a letter from Wing Commander Louis Greig, as follows :

“ I am desired by His Royal Highness the Duke of York to say that it will give him very much pleasure to become a patron of the London Homœopathic Hospital. His Royal Highness is much interested in what to him is a new aspect of Therapeutics.”

(Applause.)

The Earl of Donoughmore, K.P., P.C., Treasurer of the Hospital, said that as Treasurer of the Institution it was his privilege to propose the adoption of the Annual Report, but before doing so, he would like to say how glad his colleagues all were to see the Chairman of the Hospital (Mr. R. H. Caird, J.P.) back amongst them. Mr. Caird very much resembled the character of “ Poo Bah ” in Gilbert and Sullivan’s opera, “ The Mikado,” who was Lord High Executioner and a lot of other things rolled into one, because Mr. Caird, although he was by no means an executioner, was chairman of several committees, and was also representing the Hospital on the London Regional Committee of the British Hospitals Association, which was dealing with hospital matters generally. He was sure they would all welcome Mr. Caird back to the Hospital most warmly. At the same time, he was more than sorry to notice the absence of the Secretary, Major E. A. Attwood, who was unfortunately prevented from attending the meeting on account of ill-health: he expressed the hope that he would make a speedy recovery. He referred with regret to the deaths of Mrs. Cundy and Miss Anna Barton. The Board regretted extremely that death had removed their kindly faces from amongst the supporters of the Hospital, and

offered their sincere condolences to their relatives. The Chairman had just made an interesting announcement, and he hoped that the good news would result in benefit to their Hospital. His Royal Highness came and inspected the Hospital, and they might judge, from the fact that he had consented to become a patron, that he approved of the Institution and its management. He certainly made a very thorough inspection indeed, and went all over the Hospital accompanied by his equerry, who was a medical man, and some very searching questions were asked, and, he gathered, very satisfactorily answered. It was the sort of inspection that they liked, because there was nothing done in the Hospital that would not bear the fullest investigation, and therefore, the most searching inspection could be made by anyone interested, and the Board were always very pleased to welcome such examinations. Consequently, they might congratulate themselves, in more ways than one, on the result of His Royal Highness's inspection. He had to repeat what he had said in previous years and urge upon his hearers the

IMPORTANCE OF THE FINANCIAL NECESSITIES

in which the Hospital found itself. In this they were not peculiar, because all Hospitals were anxious about their financial future, and they were at the present time, as they had been in the past, to the forefront in facing the difficulties before them. In order partly to overcome those difficulties, it had been necessary to ask those patients who were able to do so, to make some contribution towards their maintenance. He knew that a great many people who were seriously interested in Hospital questions were anxious about this departure from the fashions of old times, and he had heard it put in this way: "How can you maintain that you are under a voluntary system when you expect any payment?" He was prepared to argue that out at great length with anyone, but not at that moment. He understood that the actual cost of an in-patient in 1920 was £3 8s. 8d. per week, and he claimed without hesitation that the Hospital did not in any way

DEPART FROM THEIR VOLUNTARY SYSTEM

if they asked for a contribution of, say, £1 per week from the patient, that £1 did not affect the medical or nursing treatment; it was merely a contribution towards the cost of the food, laundry, and ordinary expenditure of life which would necessarily be met by patients in their own homes. He did not think he could use a better illustration than by mentioning a horse. If you wanted to buy a horse for £100, and you could only pay £30 for it, and somebody came along, like a good Samaritan, and gave you £70 with which to complete the purchase, you could not say that you had adopted the full commercial responsibility of buying the horse, and he thought that was an answer to those who criticised this question of a contribution to the funds of the Hospital. A great many of those who, before the war, received free Hospital treatment, were now in a position to make some contribution, and the system of patients contributing some portion of their cost, if it was fairly done, seemed a very obvious way in which the Hospital should meet its difficulties. They were not in a position to announce the full results of the year's working on that day, but he hoped that when the accounts were made up, they would be able to show a very satisfactory financial addition to the Hospital's funds, derived without in any way injuring their voluntary status. He also wanted very briefly to call attention to the figures which were fully set out in the report, and which plainly showed the state of their financial position. There was a deficiency of £8,885 for the year 1920, the income being £16,473, and the expenditure £25,358. To this they had to add a deficiency of preceding years of £8,817, which brought the

TOTAL DEFICIENCY TO OVER £17,000

to the end of the year. That was a large sum—the facts could not be disguised—but they could comfort themselves by repeating their confidence that the

FRIENDS OF THE HOSPITAL WOULD NOT FORGET THEM

Above all, they wanted annual subscriptions, which, it seemed to him, were by far the most important branch

of their general requirements, and he was glad to notice that there was an improvement in this respect during the last few years. In 1917 the annual subscriptions were £1,858, and they were now up to £2,198, which was a substantial increase, but he hoped next year to announce a still larger increase in that respect, and he asked all their friends to use their best efforts to get new subscribers ; he also thought that it was not unfair for them to appeal, not only to their friends, but to all their medical friends in the country. There were homœopathic institutions in many parts of the country whose difficulties were not so marked, but while they did not want to take away any support from those institutions, he hoped that the medical practitioners would not forget the Homœopathic Hospital in London, which was the centre of Homœopathy in the United Kingdom, and therefore

DESERVED THE SUPPORT OF EVERYONE.

He referred to the value to the Hospital of large sums of money, and said that one of the great lessons of the war in the way of collecting money was, that while large sums were valuable, a large number of small sums were equally so, and the

VALUE OF SMALL SUMS

was fully appreciated by the management of the Hospital. Thus, as the result of a concert which was held at Hampstead Town Hall by the generous efforts of Dr. and Mrs. Fergie Woods, they received £106, and at the same time it was fair to mention a sum of £7 6s. 3d., which was also received, and which had been collected by children of Maidman Street Sunday School, in the East End of London ; this was a very great effort on the part of those who could not do a great deal. In regard to the appeal for £7,690 last year, this amount, in spite of many and urgent appeals, was not all obtained. They gained £5,813, which left £1,877 to complete the appeal. Lord Dysart, with his usual generosity, had promised the last £500 if the amount was raised by that day, and Mr. Clifton Brown had given them 150 guineas ; the Vice-Chairman, Mr. W. H

Poate, £100; Mr. John Scrimgeour had collected £110 5s., and they had that day received a further sum of £50 from Lady Durning Lawrence, so that they only required £747 to complete the sum. He was glad to announce that Lord Dysart had extended his offer to July 31st, to enable the required balance to be raised, and hoped they would wipe off this debt. The annual grants from the Three Funds and National Relief Fund had greatly helped them. Every penny they gave was wisely spent, and subscribers could be assured that the money would not be wasted. In regard to the work of the surgery and dispensary, the increase of only 3d. in the cost of drugs was very gratifying, and was the result of extraordinarily good management. He must continue to grumble at the rating authorities, because the demand grew greater and greater, and they had to pay no less than £1,400 for rates, when in reality they relieved the rating authorities of a tremendous cost which would fall on them if institutions like theirs were to close their doors. This was a matter which required great pressure to be brought upon the government in order to get them to assist the hospitals to overcome their difficulties. He did not wish to anticipate anything which the authorities, now enquiring into these matters, considered the right course to pursue, but he certainly felt that in the matter of being excused from rates, hospitals had a claim which was quite reasonable if only those lines were followed which had been adopted in other countries, but which Great Britain never seemed able to make up its mind to follow. His sincere thanks were due to the Ladies' Guild, and he need do no more than mention their work, for which the Governors were extremely grateful. They welcomed several new members of the Board, and during the past year they had had the benefit of the assistance of Dr. Neatby and Dr. John Weir on the Board, and he was sure his colleagues would wish him to say how very much they appreciated the help those two gentlemen had been to the Board during that time. Dr. Neatby was now retiring, and they welcomed Dr. Hall Smith to a seat on the Board, in his place. They would notice an interesting paragraph in the report about contributing

patients. Since June last, wards had been reserved for such patients, who paid £4 4s. a week ; these wards had been appreciated, and he hoped would continue to be appreciated. Finally, he desired to refer in a few words to the fact that Dr. Neatby was retiring from the Nursing Committee after a service of sixteen years, and that Dr. Wheeler had been appointed to succeed him. They thanked Dr. Neatby for what he had done, and they knew that he would remain a friend of the Hospital, and would be ever ready to advise them. They welcomed Dr. Wheeler most warmly. If there was a special job to do, he was always ready to do it, and although he was a very busy man, he did a great deal for the Hospital, and what he did was not only in the way of doctoring, for he had given some very interesting lectures to the nursing staff which had been very much appreciated by all. These were the main points to which he desired to draw attention. He was extremely grateful to everyone who assisted the Board in the maintenance of the Hospital, and above all, to the staff on the medical and surgical side. There is nothing easier in the world than going round finding patients ; but to find an adequate supply of doctors and assistants, was a much more difficult thing. They were very grateful indeed to the doctors who came along and identified themselves with the Homœopathic work. The Board were very grateful for all they had done, and he felt sure the work of the Hospital would progress in the future in the same way that it had done for many years past. (Applause.)

Mr. R. H. Caird, J.P. (the Chairman of the Hospital) said he had great pleasure in seconding the motion. He thanked the Earl of Donoughmore for his kindly references to him personally, and said that he had always felt great pleasure in working for the Hospital. He had worked for it now for a great many years, and hoped to go on for a few more. He found it a little difficult to work so constantly as he used to, but would do all he could so long as he was enabled. On the subject of payments for treatment, they had now got an officer who made enquiries into the position of patients, with the object of ascertaining what sums they could

conveniently pay towards their cost. This officer had other duties to perform, which it was expected would be enlarged in the future. These duties comprised the following up of the treatment and thus helping the medical man by seeing that the treatment was continued in the homes of the patients. It was too much to expect a great deal from this at first, but he hoped that good results would follow in the future, and that this officer would keep in touch with those societies which were able to help these people in various ways ; so, although they had appointed an officer to get money in aid of the funds of the Hospital, he hoped that this officer would also be enabled to help the patients very much in the way of completing the cure. He quite endorsed what Lord Donoughmore had said about Annual Subscriptions. These were most important to the Hospital. The increases had been fairly good, but he would like to see a much larger income derived from them. The payment which should be made by the societies working under the Insurance Act was a burning question, and one which was being considered by a committee of the British Hospitals Associations, and he hoped that something might eventuate from that. Regarding the help the ladies gave them on the Board, Mrs. A. Balfour Williamson had been most constantly in evidence on the House Committee, and the Board thought it was a splendid idea to have asked the

LADIES TO JOIN THE BOARD,

and one which he had never regretted for one moment. (Applause.)

The Chairman (Lord Cheylesmore) remarked that they had listened with the greatest interest to the remarks of the mover and seconder in dealing with the position of the Hospital. He thought they must take it that the Report was a very satisfactory one, and the great factor of improvement was the amount of the Annual Subscriptions. It was very satisfactory to notice that these had increased steadily, even if not to as great an extent as they could desire ; but at any rate, since 1917, the increase had been a large one. One question in which he was in entire agreement with Lord

Donoughmore, and he spoke as a member of a big city borough, was with regard to the rates.

RATES WERE A GREAT STRAIN

on the resources of a Hospital, and on every possible occasion he had advocated that some remission should be given to Hospitals in regard to rates and taxes, and he hoped that some day this might be obtained. The increase last year amounted to £400, which was a great sum for a hospital. The report of the Hospital was a very satisfactory one, and he had pleasure in putting its adoption to the meeting.

The motion was carried unanimously.

Dr. George Burford proposed a vote of thanks to the Board of Management and House Committee, Nursing Committee, Treasurer, Vice-Treasurer, and Lady Visitors. He remarked that it was evidently no sine-cure to undertake the management of a voluntary hospital. The relations of voluntary hospitals to the State were very interesting now, as compared with pre-war days, and it was most unlikely that the *status quo ante* would ever return. In fact, it was absolutely necessary that voluntary hospitals should be advised to adjust themselves to the changed conditions which now existed. The position at the present time was a peculiar one, and while some hospitals threatened to close down, and then only give treatment to people who paid, others protested against the insurance societies who did not subscribe, and threatened to decline to admit the members of the societies to treatment, except in cases of emergency. There was no doubt about it, however, that the British nation did not take kindly to threats of that description. Another method of procedure was to sit down and face the music with cool determination, and with the intention to make the best of things, and do the most good that could be done in the Hospital, and of such was the Board of Management of the London Homœopathic Hospital whose members might well be termed right trusty and well-beloved. The management was admirably controlled by the Treasurer and the Vice-Treasurer, and they had no anti-waste campaign in

that Hospital, because they had no waste and there were no dumps of surplus material, because they had no surplus material ; but they had in their Treasurer and Vice-Treasurer, men in whom they had every confidence as far as the conduct of the affairs of their Treasury was concerned, because both these gentlemen had a life-long experience and practice which they had acquired in public affairs. To the House Committee and the Nursing Committee, and to the House Committee in particular, they owed an enormous debt, and there was also a very great debt owing to the Red Cross—in fact it would be impossible to say anything which was too high in praise of the Red Cross. They also owed a very great deal to the Lady Visitors. They represented something quite unique in enthusiasm, in humanity, and in hospital work, and they were a link between the outside world and suffering humanity in the Institution. (Applause.)

Mr. J. F. Baddeley, C.B.E., seconded the motion, and said he was struck by the homely spirit that pervaded the wards, which was a credit to the skill and the work of those to whom it was proposed to present the thanks of the meeting. He trusted there would be

NO EXTINCTION OF THE VOLUNTARY SYSTEM.

There was an infinity of trouble on the question of the general principle, and an infinity of detail which had to be taken into consideration in connection with any hospital, and those who could rely as thoroughly upon a board of management as they could in connection with the Board of Management of that Hospital, were in a lucky position.

The motion was put to the meeting, and carried unanimously.

Sir George Wyatt Truscott, in responding, said he was the only one on the Board who had not attended any meetings during the past year, and had done nothing to deserve the compliments which had just been paid them. He could therefore accept, with grateful thanks on behalf of his colleagues, the vote and the kind things which had been said about them, which they thoroughly deserved. They were very much obliged

to the seconder for the kind things to which he had given expression about the Hospital, and he thought he was perfectly right when he said that the Hospital was very much liked. As to Lord Donoughmore, they were very grateful indeed to him for acting in the position of Treasurer, and to Mr. John Mews, LL.D., the Vice-Treasurer. It was very important that these gentlemen should have

SOMETHING TO TREASURE,

and he hoped that during the present year they would have so much to treasure that at the end of it, instead of having a large deficit, there might be a surplus. These were anxious times for those who had the management of hospitals, but though they might not be in particularly happy circumstances he himself felt particularly happy as one who had been a patient of Homœopathy for many years past. The special school of medicine in which they had faith had been under a cloud for some years, but he saw a glorious dawn coming, and considered that the circumstances were most encouraging. There was a great opportunity for Homœopathy at the present time but that could only be carried to success by a large accession to the motive power, and he hoped that Homœopathy would take great strides forward, and that those associated with it would take advantage of the present moment, and *support it to the very best of their ability*. They had waited long, but he believed the time had come when Homœopathy would be recognised by all the professions, so that there would be no longer any bar to its practice. He agreed that one of the great difficulties was, that they had not a sufficient supply of medicos under homœopathic principles, but he maintained that the time was coming when Homœopathy would take its proper place in the medical world. He thanked them for the kind way in which they had received this resolution, and he trusted that when they met next year, they would record with great satisfaction the results of the meeting that day. (Applause.)

Mr. Lee-Matthews proposed a vote of thanks to the Ladies' Guild of the Hospital. He remarked that the Guild had very nearly reached its twenty-first birthday.

and had a membership of 156, with great possibilities of still further progress. He said it was only too obvious how greatly Lady Perks, as president of the Council (who was unfortunately unable to be present on account of absence from England), Mrs. Holman as hon. secretary of the Council, and the respective presidents and secretaries of the branches, had contributed to the success of their efforts. The subscriptions through the Guild again exceeded £100, and 498 garments had been sent to the Hospital last year for the use of the patients. Since the Guild was started, £7,000 had been raised for the Hospital, and 10,000 garments made for the patients. For the fifth year in succession, "Pound Day," was again organised by the ladies of the Guild, and it proved a very successful function inasmuch as a sum of £191 had been raised which, together with the balance of £34 brought forward from the previous year, enabled the Council to make the following allocation :—

- £125 towards the appeal of the Hospital ;
- £60 to defray the cost of the Hospital linen ;
- £15 towards the Christmas Turkey Fund.

It was most gratifying to note that the Hospital's funds had benefited to the extent of £585 from these Pound Days since the date of their inception in 1916. In addition to the monetary contributions given on those occasions, he was exceedingly pleased to announce that over 800 lb. in goods had also been received last year, which was a most welcome and valuable gift to the Housekeeping Department, in view of the abnormal cost of all necessities. They could not be too thankful to the Chairman for having invited ladies to seats on the Board, and they were delighted with the innovation, which had done a very great deal of good to the Institution.

Dr. Neatby, in seconding the motion, thanked Lord Donoughmore for the kind remarks respecting himself, and said that at the present moment the Hospital had turned the corner in respect of its position in medical science, and within the next few days several of the members of the staff would be present at the Royal Society of Medicine to hear an address on "The

Importance of the Infinitely Little." They hoped that one of the results of these discussions would be the removal of a stumbling block in Homœopathy. He recalled the origin of the Ladies' Guild, and very cordially seconded the vote of thanks.

Mrs. A. Balfour-Williamson (president of the Bloomsbury Branch), in responding, referred to the absence of Lady Perks, who was away on a much deserved holiday for the benefit of her health, and acknowledged the vote of thanks with much gratitude. She said the members of the Guild were proud of their work, and the only trouble was that they wanted to increase its membership so that they might still do better in the future. She gave a cordial invitation to any lady desirous of joining the Guild, for in view of the difficulty which they experienced in enlarging their circle, they would be most grateful of further support.

Dr. Giles F. Goldsbrough moved the re-election of the retiring members of the Board of Management :—Mrs. A. Balfour-Williamson, The Countess of Donoughmore, Lady Perks, Mr. John Mews, LL.D., (Vice-Treasurer), Mr. H. W. Prescott, Mr. W. H. Poate (Vice-Chairman), Mr. C. Knox Shaw, Mr. Edwin Tate, J.P., and Dr. John Weir, and the election of Dr. Hall-Smith to a seat on the Board. He referred to what the Hospital stood for in relation to the medical world, and remarked that the Hospital stood as the living representative of the fact that the truly philosophical principle of medicine was not dead, but living. He dwelt on the fundamental principles of Homœopathy as applied to the relief of suffering humanity.

Mr. J. Eadie seconded the motion, which was carried unanimously

Dr. Hall-Smith briefly responded and expressed himself as highly privileged by his election to a seat on the Board, and said that they were greatly indebted to the members of the Board of Management for the manner in which they served the best interests of the Hospital.

The Hon. Sir Arthur Lyulph Stanley, K.C.M.G., moved the re-election of the honorary medical staff, the re-election of Drs. Neatby, Goldsbrough, and Margaret

Tyler, who, having passed the limit of service, had kindly consented to serve for another year, the confirmation of the appointments of Mr. Victor Ellwood, assistant surgeon; Mr. Granville Hey, assistant physician for diseases of women; Dr. Margaret Tyler physician for mentally defective children; Mr. J. C. Powell, surgeon for diseases of the eye; Mr. Thomas Pearson assistant surgeon for diseases of the eye; Dr. William A. Rorke, assistant physician; and a vote of thanks to the medical staff. He remarked that they were all grateful to the honorary staff for the attention they paid to the Hospital patients, and also to Hospital administration. As an old member of the House Committee, he could say that the laymen welcomed the advent of the professional members. This resolution was carried, not only at the annual meeting of the supporters of the Hospital, but also in the wards by every man, woman and child, who benefited by the loving care of the medical staff.

Col. Tyler seconded the motion, which was unanimously carried.

Dr. C. E. Wheeler responded and thanked the meeting on behalf both of the Medical and the Nursing Staff, and welcomed the new members elected that day. He promised them that they would get argument without any temper, and that they could differ without any undue rancour. The interests of the Hospital were paramount over those of any individual, and in that respect they had a very fine tradition which had been handed down to them, which they were proud to inherit. Reflecting on the work accomplished in the direction of Homœopathy in the last hundred years, he said there still remained much to be done.

On the motion of Mr. John Mews, LL.D., the reelection of the auditors was seconded by Mr. W. H. Poate, and carried unanimously.

THE HOMŒOPATHIC CONVALESCENT HOME.

The Clerk submitted the Thirty-second Annual Report of the Homœopathic Convalescent Home, Eastbourne, which was taken as read.

Mr. Edward Clifton Brown, J.P., in proposing its adoption remarked that it seemed to him that the relation of the Home to the Hospital was something like that of a dog to its tail, and upon reflection the simile was not so inapt either, because when the dog was pleased he wagged his tail, and the use of their little Convalescent Home was to make the patients smile and feel they were completely cured ; and he could assure them it did that admirably. Those present who happened to hear his few remarks last year will remember that he referred to the finances of the Home, and remarked that a man was a millionaire so long as he lived within his means. He was very glad to report that this year, instead of a deficit, they had a small credit balance—(applause)—but he had none of the feelings of the millionaire, because he was afraid that this was rather a fortunate coincidence inasmuch as they were extremely fortunate in having additional grants from the Hospital Saturday and Hospital Sunday Funds ; so instead of a debit balance of £123, they had a small credit balance of £30. They would all remember that after considerable hesitation they decided, last year, to raise the charge from 14s. to £1 1s. a week. That had proved quite successful. The patients had been glad to pay the additional amount, which even then did not cover the complete cost, and furthermore the fact that they had a

RECORD NUMBER OF IN-PATIENTS

amounting to 233, as compared with 216 or 217 previously, testified to the wisdom of the Board in this connection. A number of the patients were nurses, and it was very satisfactory to be able to use the Home in this manner for the purpose of restoring to health those nurses who had fallen sick whilst nursing others. They had, however, more outside patients this year than at any time previously. It was a matter of regret to the Committee that they could not enlarge the Home in order to admit male patients, and he would be particularly glad to hear of anyone anxious to dispose of property suitable for the required purpose. Building at the present time was out of the question, but if the

Home were larger, it would supply a long-felt need. He visited the Home last Sunday and was immensely pleased and gratified with the work which was being done by the matron, Sister Alicia. The devotion which she displayed in her work was remarkable. There were fourteen inmates, and owing to the difficulties of getting servants, Sister Alicia and the cook were alone. He went into the kitchen and would certainly have thought from its appearance that there were two housemaids and a regular staff there. He thought the

WORK THAT WAS BEING DONE WAS EXCELLENT,

and he had pleasure in proposing the adoption of the Report.

Dr. John Weir seconded the motion, which was carried unanimously.

On the motion of Mr. R. H. Caird, a vote of thanks to Lord Cheylesmore was carried with acclamation, and the proceedings terminated with his Lordship's brief acknowledgment of the compliment.

PERIODIC DRUG-DISORDERS.

BY THE LATE LEOPOLD SALZER, M.D.

INTRODUCTION.

A COLLECTION of periodic morbid disturbances, caused in healthy persons by the use of drugs, should interest any student of the medical art; despite the fact that such a collection would be of little use in the practice of the majority of physicians to-day. Even the medical jurisperit would scarce find the facts here recorded of service; since nine-tenths of the drug-symptoms set down are by no means absolute consequences of drug-action. They are, rather, contingent in their manifestation, having been produced in certain persons, while others who might have been provers of the same drugs, might not have developed either the same, or any similar, symptoms. The greater number, then, of the drug-disorders described

in the following pages are by no means pharmacognomic, that is referable exclusively to one single drug and no other as the cause of the disorder.

Fortunately, however, the Homœopathic School of Medicine knows how to draw advantage from the administration of drugs, proved to have produced contingent symptoms, to patients exhibiting a train of similar symptoms, and to the practitioners of that School the facts here presented should be of value. Even to the homœopath the question whether a drug-symptom be contingent or pharmacognomic, is by no means immaterial.

In the section devoted to Periodic Drug-Fevers two drugs figure, Quinine and Morphine, both of which produce attacks of periodic fever. While the pathogenesis of the former is contingent, so far as fever is concerned, the pathogenesis of the latter is, in this respect, characteristic; inasmuch as it has been observed in a large number of men, of various ages and constitutions, living under different conditions, who have contracted the habit of morphine-intoxication. Of Quinine, Phillips writes:* "A person, formerly aguish, may very easily reproduce the paroxysm, with greater or less severity, by the untimely and improper use of Quinine." In the same sense, Fayrer, no mean authority, declares:† "It is worthy of note, that some persons say that after taking Quinine for some time, the drug itself produces similar symptoms" (of malarial poison with its periodic agues). And again: "I have heard intelligent natives ask not to have quinine given to them, as they did not wish to make the fever worse." The morphine period of fever, on the other hand, constitutes, according to the observations recorded by Lowenstein in his monograph on Morphinism, and part of a series of morbid phenomena that in their aggregate are known as *Morphinism*. Morphine-fever is thus more than a mere contingent drug-effect, being, to a large extent, an essential element, of the Morphine-pathogenesis, as affecting men otherwise in perfect health. Lowenstein thus

* *Materia Medica*, p. 448.

† *Climate and Fevers of India*, pp. 77 and 111.

describes the association of Morphinism with periodicity—recording his observations of those who have left off the habitual use of the drug, he says: “After the severe symptoms of the period of abstinence have disappeared and the patients seem to be convalescent, the whole of the symptoms suddenly break out again; this renewed outbreak has, however, no further influence on the course of the case and generally lasts only one or two days.” In a later study of the subject* he writes: “The intervals between the paroxysms show a pure apyrexia, the spleen is generally enlarged even to the size of a splenic tumour, after severe malarial intermittent. Alike to the latter we also find in the morphine-fever a *febris erratica*, and, from time to time, in perfectly irregular types, we meet chills with high temperature, heat and sweat. Sometimes Morphine-intermittent appears in high-graded states of excitation and severe deliria.”

Of a second form of Morphine-fever, he says: “The patients complain nearly daily, especially in the afternoon and evening, of chilliness, increased sensation of heat with only a moderate rise of temperature and excessive thirst, lasting sometimes a few hours, sometimes even as long as twelve hours.”

While Morphine thus bids fair to prove one of our homœopathic remedies in intermittent fever, it also suggests another point of great interest in connection with the subject under discussion. By the researches KLEB'S TOMASSI-CRUDELLI, and many others, it has been ascertained, almost beyond further question, that the occurrence of malarial fever is closely connected with the existence of lower organisms—spores or germs—in the blood of malarial patients†—Now it is well-known that both Quinine and Morphine have the power of poisoning protozoa and infusoria. RINGER

* Published in the *Berliner Klinische Wochenschrift*.

† This was written before 1885. The rest of the tale is not modern “discovery” but ancient history. “Sir H. A. Blake, late Governor of Ceylon, stated at a recent meeting of the Asiatic Society that Singalese medical books of the *sixth century described sixty-seven varieties of mosquitoes and 424 kinds of fevers, malarial and other, caused by them.*” (Scientific corroborations: Dr. A. Marques. Revised edition, p. 52.—EDITOR).

opens his article on "Cinchona and its Alkaloid" with these words: "Salts of quinia are protoplasmic poisons, arresting amoeboid and the allied movements of the white corpuscles; even weak solutions are highly poisonous to protozoa and infusoria (Binz), more so even than salts of strychnia and morphia." Many, indeed, hold that any good Quinine may do in malarial fevers is due to its power of destroying malarial germs. Of all the drugs, then, capable of producing paroxysms of intermittent fevers or similar disorders, one would have thought Quinine and Morphine to be the last. Yet these are the indisputable facts confronting us that Quinine is a potent agent to re-awake the latent germs of malaria and that Morphine is able to produce paroxysms of intermittent fever in the healthy. Arsenic is another drug known to be a protoplasmic poison; and yet, a glance at the section dealing with Periodic Drug-Fevers, will show how active this drug is in producing periodic febrile attacks. These facts should interest the physiologists even more, it may be, than the homœopath. Are the Quinine and Morphine intermittents, when produced in non-malarial climates, also characterised by the existence of *malarial organisms*, or not? The true answer to this question might throw light upon points concerning the etiology of malarial fevers which are still obscure. It is, for instance, still matter of debate whether the *organism* be the cause or the effect of malarial fevers. The Morphine-intermittent, occurring in a healthy man living in a non-malarial region, that is to say, where the *organism* is not found in the air, if properly studied, might resolve the doubt.

In a former work* I drew attention to the fact that there seems to be an antagonism between the chemical and dynamical effects of certain medicinal substances. Acids, for instance, check the acid secretion of the gastric juice, while the alkalis promote it. Cases are on record in which the stomach of cadavers victimised by arsenic-poisoning has withstood decomposition for a long time, although the destructive affinity of arsenic to the living tissue of the stomach is well ascertained.

* *Homœopathy an Inductive Method of Cure* p. 163.

OZANON, of Paris, has observed that the pseudo-membrane of croup is best solved by bromine; and allopaths use the drug in croupy exudations of the larynx. Our provings on the healthy, made long before OZANON'S observation, show that bromine is apt to produce an inflammation of the laryngeal mucous membrane, ending with exudation of coagulable lymph, similar to that of croup. Indeed, the use of that drug in our School, in cases of croup, is based upon these physiological provings. It would appear then that Quinine and Morphine represent two more examples of that strange pharmacodynamic antagonism in one and the same drug.

LOWENSTEIN'S monograph further states that Morphine can produce "intermittent neuralgia in various nerve-areas, supraorbital, intercostal and cardiac pains." Our colleagues of the old school have then, in employing Morphia-injections for such cases, often proceeded homœopathically without knowing it. This conduct is nowadays so common that it would be scarce worth a reference, but for the fact that in this particular instance their ignorance seems to have been shared by the homœopaths. We have steadily remonstrated against the allopaths for doing what we should not have left so long undone. I must not here, of course, be taken too literally. Knowing what we now know of the pathogenetic effect of Morphine, the use of it as an anodyne in cases of idiopathic neuralgic affections is indefensible; since the drug can only have the tendency to aggravate the evil ultimately. Hitherto we have rejected it, as unable to cure and a palliative at best. Now we know better and reject it emphatically because it palliates temporarily but tends to aggravate permanently. Here again the words of HAHNEMANN concerning Opium, ring with a new meaning, "Nothing has caused more possible evil after apparent good." But beyond the physiological dose, there is the homœopathic, curative dose. If we thus employ the drug we may often convert a deceptive agent of harmful palliation into a remedy that gives permanent relief.

Concerning the value of a collection of drugs linked

to the symptoms which they induce, considered with reference to their time and period manifestations, few of those at least who practise the homœopathic art of healing are like to differ. No lengthy experience though closer observation than the allopathic school commonly bestows upon its patients, is required to teach them that there are many ailments whose characteristic is that they appear, disappear and re-appear, as it were of their own accord. To them it is equally common knowledge that many drugs have established a definite claim to be regarded as periodic or paroxysmal, by reason of their exhibiting, in one or many probers, at certain intervals, pathogenetic symptoms of drug-disorders. Indeed a proposal to arrange diseases in two main classes, periodic and non-periodic would not lack a show of reason. The former class would include all disorders characterised either by regular or irregular recurrence ; so that periodic and paroxysmal diseases would fall under one general heading. If we collected under it all those diseases which exhibit, during their course, regular or irregular aggravations or ameliorations ; and also added all those that are marked by intercurrent symptoms of a periodic or paroxysmal kind, the category would be complete. Nevertheless, such a classification would be from a strictly pathological point of view, hardly defensible. For, to take a single instance, it would result in ranging together intermittent fevers and syphilis ; because of the syphilitic bone-pains which are regularly aggravated at night. On the other hand periodic disorders wherever met, howsoever manifesting, have undeniably something in common. So that if it be not permissible to classify them under one pathological heading, they should at least be considered and studied together and as a whole. Some may here object that what we call periodicity is merely a symptom that accompanies a certain diseased state ; by no means a disorder in itself, but simply the rhythmical expression of the manner in which a certain disease manifests itself. This is true, but not the whole truth, for it is undeniable that periodicity often characterises certain diseases so strongly as to seem interwoven with their very nature. If

periodicity be no more than a symptom it is unquestionably so characteristic in many cases as to deserve, especially from the standpoint of therapeutics, close study and attention. Indeed there is warrant for holding that all disorders characterised by periodicity of any kind display more or less a chronic tendency; for no man can say how often the cycle of appearance and disappearance may recur. Our literature is full of melancholy instances showing how many chronic diseases exhibit, if left to run their course, all sorts of periodic and paroxysmal fluctuations. While if we consult our *Materia Medica*, the pregnant fact confronts us that those drugs which Hahnemann considered especially suitable for the treatment of chronic diseases, are, so far as their pathogenesis is concerned, the richest in periodic symptoms. Little as we know about the pathology of periodic diseases, yet this at least seems probable that, in common with all other diseases, they start from certain physiological laws governing the human organism. The temperature of our body is subject to a rhythmical oscillation every twenty-four hours; and a similar oscillation has been observed corresponding to the seasons of the year. But a rise and fall of temperature means a rise and fall of the life-stream. Thus, the first conditions of periodicity are physiologically engrafted upon our economy.

Hahnemann insisted, from the very beginning of his provings, that the *time* at which a symptom repeatedly appeared should be noted by the prover. He thus showed us the way to approach periodic disorders. In our provings since his day we have followed his directions and to that extent have pursued a scientific method. But when we attempt to read aright the lessons deducible from the facts thus accumulated we find both unmanageable and unintelligible. Our repertories are full to overflowing with treasures of information concerning periodicity; yet the stores remain unavailable for therapeutic use. The explanation is that the rubrics concerning time, in our repertories, are faulty. An instance will make my meaning clear. Let us suppose a prover, who has never had a toothache

in his life, to have felt, while taking *Chamomilla*, a toothache between four or five o'clock in the evening. What may we properly infer from that fact? That *Chamomilla* is capable of causing toothache in the healthy. But is it equally reasonable to infer that *Chamomilla* causes or is like to cause toothache *between four and five o'clock in the evening*? Assuredly not. The toothache, after all, must appear at some time or other be it at four or five o'clock or at some other hour. Is then the record by the prover of the time at which the toothache occurred, useless? By no means. He should persist in recording the exact time; and if the same symptom appear on the next or any succeeding day, between four and five o'clock in the evening, his first record, fortified by those that follow at the same time, would tend to show a periodic trend in the symptom. If his own case show no repetition, but a fellow-prover exhibit the same symptom at the same hour, the coincidence would similarly strengthen the inference of periodicity at a certain time. But whenever the toothache is an isolated phenomenon, then it has a pathogenetic value *as a symptom*, but no value whatever as to the time at which it occurred. This consideration is simple and evident enough when thus set down; yet it is wholly disregarded by our repertories. These compilations slavishly transfer times and seasons from the *Materia Medica* without attempt to discriminate them. Most of the drugs enumerated under the headings of time have no pretension to periodicity. They appear in the time-rubric on the strength of one single occurrence in one single prover, at a certain stated time. Naturally, under such circumstances they do more harm than good; they mislead and embarrass the researches of the conscientious practitioner. The desire to remedy this mischief, to open a wide and important area to exploration and use has impelled me to compile this volume.

There remains something to be said in connection with our subject, concerning alternating symptoms. A patient commonly seems to suffer from two diseases which, from the point of view of organopathy and pathology in general, are different. For a time he

suffers from an illness which we will call A. Hardly is he rid of it before another disorder, B, of quite another pathological character, appears in another organ. A and B alternate, to the despair of the patient and his physician alike. In such cases we are tempted to employ two sets of remedies, corresponding to disorders A and B respectively ; and to alternate them as the symptoms vary. This is mere therapeutic patchwork ; though it does, sometimes, benefit the patient. If close study of the case unearth a drug which " covers " both groups of the symptoms of A and B, its administration would, without doubt, offer a fairer chance of success than the employment of a double set.

Yet even if we find such a remedy we often fail to cure. For what, after all, is the meaning of the statement that a certain drug " covers both groups of symptoms " ? It means that our drug has produced in some prover or provers, the symptoms A, in others, the symptoms B. But to bring to bear a compilation of symptoms, derived from different provers, upon a given pathological case, in order to establish the required similarity between drug action and disease, is simple therapeutic patchwork over again. We may succeed but we must not marvel if we fail. Could we discover a drug which had produced both disorders A and B, *in the same prover* we should have more hope ; and closer yet to our need would be a drug which has produced in one and the same prover, the symptoms A and B *in alternation*. But the rubric of alternation is as yet only slightly treated, even in our best repertories.

To remove such difficulties as these, which have, I believe greatly marred the success of the homœopathic treatment of periodic or malarial diseases, I have prepared the collection of periodic drug-disorders which the following pages offer to the student.

[At the close of his introduction, as originally written, Dr. Salzer acknowledges his obligations to ALLEN'S *Encyclopædia of Pure Materia Medica*, the source of most of the symptoms ; he thanks the late Dr. BUTCHER, of Windsor, for aid freely given " often

at the sacrifice of a night's rest"; and concludes by dismissing as groundless the suggestions, then being made (1885) in homœopathic circles that symptoms derived from provings of drugs attenuated beyond the 12th decimal, should be regarded as doubtful. It only remains to add that the introduction, though slightly rearranged in parts, and altered verbally in some places, is practically and substantially the text of Dr. Salzer.—EDITOR.]

(Continued from page 61.)

NIGHT SWEAT.

Always slight sweat before going to bed: *Sepia*. (*Sepia* has also, sweat of lower limbs *during the day*.)

Every evening, an hour and a half after lying down, perspiration: *Merc Sol*.

After lying in bed for one or two hours in evening, there is first cold perspiration of the feet before they become warm: *Mur ac*.

Before midnight, perspiration with dry cough: *Mur ac*.

At night, commencing at midnight, sweat; afterwards chilliness in bed and after rising every morning: *Hep Sul*.

About midnight, sweat, especially on the back: *Hep sul*.

About midnight, frequent perspiration during slumber: *Ferr*.

About midnight, profuse perspiration, commencing at the head and most profuse on the chest: *Phosph ac*.

Sweat of the odour of bad eggs, toward midnight: *Staphisag*.

Perspiration, after midnight, for several nights: *Staphisag*.

Sometimes towards midnight, some sweat: *Bry*.

After midnight, sweat and thirst: *Magens mur*.

Sweat, every night after midnight, mostly on the chest: *Lycopod*.

After midnight, general perspiration: *Amb gris*, *Baryt carb*.

During sleep after midnight, perspiration lasting till morning: *Phosph*.

Sweat, after midnight : Nux vom.

After midnight, profuse sweat, awaking her : Berber.

After 3 a.m., profuse night sweat : Bry.

From 3 a.m. till towards morning, perspiration over the whole body : Mercur.

Much sweat during sleep, especially on the head : Sepia.

The patient sweats profusely, especially on the back and neck, when he sleeps : China (cf thuja.)

During the night-sleep, restless, with much perspiration : Opium. Sulph.

Sweat all over, on waking from sleep : (Dry heat while asleep) : Sambuc nig.

Every time after sleeping (even in the day) very tormenting, pouring sweat, followed by great exhaustion : Antim ox.

At night, during sleep, sweat disappearing on waking : Euphras (Thuja).

No perspiration during sleep at night ; otherwise constant perspiration, even during the midday nap : Nat mur.

At night, profuse sweat with frequent waking, on waking the sweat ceases and returns on falling asleep : Cham.

Awakened in the night by sweat on some parts of the body : Calc phos.

Profuse sweat at night without feeling weak afterwards : Bellad. Sambuc nig. (And without thirst) : Nat sulph.

Nocturnal sweats with weariness : Ferr.

Every night profuse sweat with want of appetite and debility as if he were threatened with consumption : Silic.

Exhausting night sweats : Baryt carb. merc. (The perspirations consequent upon *Mercury* are prevalent at night, though there is a disposition to sweat day and night.)

For several nights, copious, general warm sweats ; exhaustion towards morning, followed on several succeeding mornings by perspiration only on the breast on the side not lain upon and in the axilla : Benzin.

Every night and early in the morning) sweats and is then quite hot : Ammon carb.

Slow fever with night sweat : Acet ac.

Night sweat, all night, with heat ; cannot bear uncovering : Zinc.

Night sweat, profuse, offensive : Carb an. (and sour-smelling) : Graph.

Profuse, sour-smelling night sweat : Caust., Hep sul., Nux vom., Sepia, Thuja.

Profuse night sweats, staining the clothes yellow, as if saturated with oil : Thuja.

At night, fatty, oily perspiration, making the linen stiff : Merc sol.

Cold and bloody sweat, especially at night : Curare (Honat's Provings).

Night sweat, cold, on chest, back and thighs : Sepia.

Profuse perspiration at night, with coldness on the forehead and neck : Lycopod.

In the night, sweat, only on the face : Droser.

Night sweat, especially about the neck : Rhus tox.

Night sweat, especially on the trunk : Silic.

Night sweat, especially in the region of the loins : Silic.

Sweat at night, only on the trunk and not on the limbs : Lycopod.

Sweat, only on the limbs, at night : Conium (?)

Night sweat, from above downwards to middle of calf : Sepia.

Nightly sweat of the genital organs : Bellad.

Nightly sweat of the scrotum : Silic.

During the night, copious sweat, especially about the legs : Agar musc.

During the night profuse sweat about lower limbs, especially about knees : Ars alb.

Sweating about the knee, at night : Sulph.

Night sweat, mostly on the feet : Nitr ac.

Night sweat, over the lower body, especially lower extremities : Zinc.

Sweat, every other night : Nitr ac, Sepia.

At night, perspiration with catarrh and cough : Laches.

In nightly paroxysms, perspiration with vomiting of bile : Laches.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE sixth meeting of the Session was held on March 3rd. at the L.H.H. Dr. E. A. Neatby in the Chair. Dr. C. Y. Eccles and Dr. T. P. Grant were proposed for membership.

Dr. H. Fergie Woods read a paper on "Children" which proved to be full of wisdom and practical suggestions. Dr. R. Day opened the discussion which was continued by Dr. Hall-Smith, Dr. T. M. Neatby, Dr. Goldsbrough, Dr. Borland, Dr. Wheeler, Dr. Green, Dr. Hey, Dr. Magrath (visitor), Dr. E. A. Neatby and Dr. Tyler. Dr. Woods replied.

In the course of the evening, Dr. Day made an appeal for support for the Children's Homœopathic Dispensary at Shepherd's Bush, which needs more medical officers. It is significant that the Health Centre for Hammer-smith extends full recognition to this Institution.

The Dinner Club met at the Holborn as usual.

ORAL AUSCULTATION IN ARTIFICIAL PNEUMOTHORAX.—Borelli (*Il Policlinico, Sez. Prat.*, July 26th, 1920) emphasised the importance of oral auscultation, which was introduced by Galvani in 1875, in determining the condition of artificial pneumothorax. The object of oral auscultation, which is performed by approximating the ear or the chest-piece of a binaural stethoscope to the patient's mouth, is to detect the sounds produced in the lung while he breathes exclusively through the mouth. The importance of oral auscultation lies in the fact that râles are sometimes heard by this method when examination of the chest is almost entirely negative. Most authors are agreed that oral auscultation is peculiarly useful in pulmonary tuberculosis, especially in the period of cavity formation, and that oral râles are less commonly heard in other diseases of the chest, such as pneumonia and capillary bronchitis. The value of oral auscultation in artificial pneumothorax consists in the fact that during the treatment the râles may appear or disappear, according as the pneumothorax is or is not complete and the lung is or is not in a state of absolute respiratory inactivity. On the appearance of the first signs of resumption of activity in the lung under treatment an immediate "refill" is indicated.—*The British Medical Journal*, Dec. 4th, 1920.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH FEBRUARY TO
15TH MARCH, 1921.

GENERAL FUND.

					<i>Subscriptions.</i>		
					£	s.	d.
Walter Baxter, Esq.	..	..	..	..	2	2	0
Mrs. M. Baxter	..	..	..	..	10	6	
Miss Agnes M. Baxter	..	..	..	..	10	6	
Messrs. Clarke and Wheeler	..	..	..	..	2	2	0
Mrs. Everard	..	..	..	..	10	6	
Mrs. Collins	..	..	..	..	5	0	
Miss Spriggs	..	..	..	..	10	6	
R. H. Caird, Esq., J.P.	..	..	..	..	5	5	0
Mrs. Paynter	..	..	..	..	10	6	
Dr. Agnes Bernfeld	..	..	..	..	10	6	
H. F. Fermor, Esq.	..	..	..	..	5	0	
F. Essex Lewis, Esq.	..	..	..	..	1	1	0
Dr. W. E. Boyd	..	..	..	..	1	1	0
Mrs. H. E. Gresham	..	..	..	..	1	1	0
Adrian Boulton, Esq.	..	..	..	..	1	1	0
Dr. W. R. Barrow	..	..	..	..	1	1	0
					<i>Donations.</i>		
Mrs. Whiskin	..	..	..	..	1	1	0
Miss M. Thomson	..	..	..	..	10	6	
Mrs. Swain	..	..	..	..	1	1	0
Mrs. L. Martin-Leake	..	..	..	..	10	6	
J. McKinley, Esq.	..	..	..	..	10	6	
The Rev. T. Wolseley Lewis	..	..	..	..	1	0	0
Messrs. Wood, Ormerod & Co.	..	..	..	..	1	1	0

NATIONAL HOMŒOPATHIC FUND.

					<i>Subscriptions.</i>		
					£	s.	d.
Mrs. Oliver	..	..	..	..	2	2	0
J. C. Weston, Esq.	..	..	..	..	1	1	0
Mrs. Eugene White	..	..	..	..	1	1	0

The usual Monthly Meeting of the Executive Committee was held at Chalmers House, on Wednesday 16th March, at 4.30 p.m. The Committee were pleased to come to an arrangement with the Scottish Homœo-

pathic Hospital for Children, Glasgow, by which Dr. C. E. Wheeler will lecture for that Institution, under the auspices of the Association's Lectures Scheme at the large hall of the Central Halls, 25, Bath Street, Glasgow, on Friday, the 29th April, 1921.

The Beit Research Fund Committee held an Emergency Meeting at Chalmers House on, Wednesday, 16th March, at 5.30 p.m. when a grant for research was made to Dr. J. D. Kenyon of the London Homœopathic Hospital. The Committee received, with much gratification, Dr. P. Hall-Smith's acceptance of their invitation to become a member of their body.

NOTIFICATIONS.

. Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. ROBerson DAY AND DR. FERGIE WOODS.

Dr. Roberson Day has retired from practice and Dr. Fergie Woods, of 31, Wimpole Street, W.1., who for some time has followed the former's special work, will be prepared to arrange appointments with any of Dr. Roberson Day's patients.

DR. A. MACGOWAN.

Dr. A. MacGowan has commenced practice at 14, Endsleigh Street, Tavistock Square, W.C.1. Hours, 2.30 to 4.30. Other times by appointment. Tel. : Museum 4195.

THE FAILURE OF ANTIBODY FORMATION IN LEUKEMIA.—Howell (*Arch. Inter. Med.*, December, 1920, p. 706), reviews the observations of others that bacterial antibodies, particularly those against typhoid, are either not formed or lessened in the leukemias. The failure to produce agglutinins was observed in leukemics injected with typhoid vaccines. This failure of antibody formation may explain the occurrence of terminal infections in those ill with leukemia, because the tissues of such patients have lost the property of antibody formation in general. This loss is probably the result of the marked alteration of the hematopoietic tissues.

CORRESPONDENCE.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

SIR,—In the March issue of "THE WORLD" two correspondents give their views on the causes retarding the spread of homœopathy. One refers to lack of enterprise and I certainly think he is justified in doing so. Like St. Paul of old I am a citizen of no mean city where there is a considerable body favourably disposed to homœopathy. We have at least ten doctors of that persuasion, but unfortunately they are all located in what one might term the "Harley Street" district of the city. There are none in the other parts or in the suburbs, and it seems impossible to get the young men to spread out. The result is that many people consult and attend a homœopath for the more or less chronic disorders, but in acute troubles—especially in the case of children—they call in the nearest allopath. Now it is obvious that homœopathy does not get a fair chance and cannot progress under these conditions, and one would like to see more missionary zeal on the part of the medical men. At the present moment there is a greater readiness than ever before among laymen to test homœopathic principles. Let the opportunity be seized to the full!

Yours, etc.,

"GRATEFUL CONVERT."

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

DEAR SIR,—May I, through your columns say good-bye to my many friends whom I cannot hope to see in person before I leave.

Your readers will be interested to know that the Children's Homœopathic Dispensary is most flourishing. The week ending March 12th was the best on record :

15 new patients.

34 renewed patients, and a total attendance of 106 children.

This seven-year-old Institution has thus far fully justified the hopes of those who launched the undertaking just before the war broke out.

The recent appeal for more doctors has been well responded to—and three new men have come forward determined to carry on such a much-needed work in this great metropolis.

Scotland has already set us an example by opening the only Children's Homœopathic Hospital in Great Britain! Surely we must not lag behind in such a work.

This is the Children's day! never has more attention been devoted to saving their lives and providing for their welfare. Homœopathy has always done most for children. Let all those who know its value, and have seen what it has done in their own homes, remember the Children's Dispensary at Shepherd's Bush, and rally round this stalwart seven-year-old child and see that it lacks nothing in its future, when the full blown Children's Homœopathic Hospital evolves.

Yours faithfully,

J. ROBERSON DAY.

ANGINA PECTORIS IN DIABETES.—According to Dr. Max Kahn, physician to the Beth Israel Hospital, New York, comparatively little attention has been given to the cardio-vascular changes present in diabetes, angina pectoris especially being overlooked. Unless granular changes in the kidney are also present, the diabetic patient usually has a normal or low blood pressure. Attacks of angina pectoris may nevertheless be the chief complaint of a middle-aged diabetic patient. Although the pain may not be excruciating, it may be sufficiently severe to stop whatever work the patient is doing. A remarkable feature of the attacks is that they do not occur when the sugar tolerance is not exceeded. A high blood-sugar with glycosuria will frequently cause recurrence of the attacks. Dr. Kahn suggests that the pathological changes in the myocardium responsible for the angina result from a lowering of the glycogen storage in the fibres of the bundle of His, which are normally richer in glycogen than the ordinary cardiac fibres. Electro-cardiograph tracings of diabetic patients with angina pectoris show an inversion of the T-wave in one or more of the three leads, which, as Willus has recently pointed out, is usually due to some pathological change of the myocardium. Of three cases of diabetes reported by Dr. Kahn two had a low blood pressure and attacks of angina pectoris while in the third there were high blood pressure and albuminuria, but the patient did not complain of any cardiac oppression.—*Lancet*.

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SHADOWS.

CLOUDS gather o'er our heads, our well-loved land
Reels as a ship that hardly having 'scaped
Tempest and lightning, even while on board
Thanksgivings rise and joy stirs in all hearts,
Is swept to sudden whirlpools, and again
With darkest danger threatened. Comes our Fate
Upon us in the hour when victory-crowned
We looked for solace? What foul witches' spell
Is laid on heart and mind, on hope and faith,
On love and comradeship, courage and pride?
Best is it that we seek within ourselves
The causes of our shame and loss: at least
Blame we no outward foes until we know,
By serious thought and strenuous toil of mind
That we are clear, throughout our hearts, of blame.
No country mean is this of ours—therefore
From privilege springs duty, honour grows
From opportunity. If others fail
Let us but strive the harder, and our day,
Though dark with doubt, may lighten ere the end,
And all the shadows vanish 'fore the sun.

NEWS AND NOTES.

DELICATE PHYSICAL TESTS.

Two couples of zinc or magnesium and platinum immersed in two vessels of distilled water if so opposed to each other through a very delicate galvanometer as to balance each other are without deflection. But if to the water of one couple be added a proportion of hydrochloric acid equal to one in twenty-three million a deflection is caused, while with chlorine one part to seventeen billion and six hundred and twelve million (17,612,000,000), the equilibrium will be disturbed. Which leads to the question, Why may not the human equilibrium be upset, or restored, by quantities quite as infinitesimal if well directed? Is infinitesimalism to be inapplicable only in medicine?—*Journal of the A.I.H.*

B.H.S. GOLF TOURNAMENT, 1921.

1	J. C. Lee	}	—	}	—	}	—
2	J. Weir						
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14	J. Powell						
15	W. C. Pritchard	}	—	}	—	}	—
16	E. Capper						

First round to be played by May 31st.

Second round must be played by June 30th.

Third round must be played by July 31st.

Final must be played by September 30th.

H.W.T.

A PRESENTATION.

SISTER MARY, of Hahnemann Ward of the London Homœopathic Hospital, is known and honoured by all who know the Institution. She has just terminated her long career there, wherein she has shown such skill and devotion, such loyalty and care as have earned her the respect and love of patients and staff alike. On April 8th, advantage was taken of the occasion of the dance, (given by the Hospital Staff and one or two members of the Board, to the nurses), to make to Sister Mary a presentation, the result of an appeal to all present and past physicians who have known her work at the Hospital. The gift was a cheque for over £100 and a supplementary sum from the Board was given at the same time. The nurses had previously given Sister Mary some charming and appropriate gifts which were on view during the evening. The occasion was felt to be one of some sorrow at the parting of old friends, but sorrow more than conquered by the pride and joy of all who know Sister Mary in honouring such gallant and whole-hearted service.

BROMISM THROUGH MATERNAL MILK.

A CURIOUS case of bromism is reported from the pediatric department of the diagnostic clinic of the State Department of Health at Carthage, New York. A breast-fed infant of six months presented an apparently painful papulo-pustular eruption. There was a history of a general "white" rash at birth, followed by the appearance of this papulo-pustular eruption at the age of six weeks. The diagnosis of bromism was made and was confirmed by the discovery of bromine in the mother's milk. The origin was of the bromine not far to seek. The mother, a nervous individual, had been taking for two years a proprietary remedy called Miles' Restorative Nervine, shown by the American Medical Association to contain bromides of ammonium, potassium, and sodium, along with chloride and benzoate of sodium. No record has been found in the literature of bromism acquired in this way, though it is noted that some American authors have observed

the secretion of bromides in human milk. This is mentioned also in Hale White's "Materia Medica," but we have found no allusion in accessible medical literature to the danger of producing bromism in the infant from administering bromides to the nursing mother.—*Lancet*.

AN OPPORTUNITY.

MANY of our readers know, or at least know of, Mrs. Pincott, wife of Dr. Pincott, a colleague who died in tragic circumstances some time ago. Mrs. Pincott desires to take charge of one or two small children (Anglo-Indians or others), and we cannot imagine better surroundings or care than that they would receive from her. The address is Upper Birchetts, Langton Green, Tunbridge Wells. It is in beautiful country—high and healthy, and the house has a good garden. All details as to terms, etc., can be obtained from Mrs. Pincott. It should be added that Mrs. Pincott has had much to do with children (her own and others), and anyone anxious to find a temporary home for a child can hardly do better than apply to her.

TEA INTOXICATION.

DR. M. ALLEN STARR, of New York, remarks that, though acute cases of tea poisoning are extremely rare, subacute and chronic cases are not uncommon and are liable to escape recognition. He reports the case of three members of a college football team who were brought to him by their captain on the suspicion of poisoning by strychnine in a tonic ordered by the medical man, who belonged to a rival college—the same being a cheery view of the results of athletic rivalry. The rapid pulse, increased knee-jerks, and excessive irritation of the nervous system, rendered the idea of strychnine poisoning plausible, but this supposition was negated by inspection of the prescription of the tonic, which contained only 1.60 gr. of strychnine, as well as by the high character of the physician. Further investigation showed that the trainer had been in the

habit of giving the team large doses of tea, each member drinking at least two quarts a day. The three men in question had apparently been less tolerant than the rest, but all their symptoms disappeared when the tea was withdrawn. Dr. Starr also relates a case of chronic tea poisoning in a tea taster from Japan, who had been in the habit of tasting about a hundred samples of tea a day. The patient gradually developed a condition of extreme restlessness, nervousness, mental depression, and insomnia, with tremor of the hands, attacks of headache, vertigo, and palpitation. It was not until he had had three months' rest and hydrotherapeutic treatment that he finally recovered. Dr. Starr further alludes to the prevalence of chronic tea intoxication described by James Wood in 1912 among Irish servant girls in Brooklyn, in many of whom the diagnosis of the cause had been overlooked and the treatment had been directed to indigestion or general nervousness without result.—*Lancet*.

CHRONIC GASTRITIS.—In the course of a summary of his studies concerning chronic gastritis, Rehfuss divides cases of the so-called disease into the following types: "A. Gastritis due to dietary indiscretion: Ingestion of irritants, excessive ingestion of food, irregular eating, unbalanced dietary. B. Gastritis due to medicaments: Purges, (salines and drastic) salicylates, iodides, mercury, opiates, iron, copaiba, sandal wood oil, etc. C. Gastritis due to organic disease elsewhere: (a) Cardiac decompensation. (b) Pulmonary, t.b., bronchitis, bronchiectasis. (c) Nephritis, nitrogen and salt retention. (d) Hepatic cirrhosis with portal hypertension. (e) Intestinal infections, reversed peristalsis, inflammation. (f) Blood anemias, chlorosis, systemic disease. D. Gastritis due to direct infection of the stomach wall: (a) Direct infection. (b) Hematogenous. E. Gastritis due to specific irritants: Alcohol, tobacco. F. Gastritis due to or accompanying organic disease of the stomach: (a) Cancer, syphilis.

Under rubric 14, he furthermore says: "It is absurd to expect an inflammation of the stomach due to the swallowing of ingested muco-pus and bacteria to clear up under a bland diet; it is equally absurd to expect the chronic gastritis associated with cardiorenal disease to clear up under local treatment, and finally it is likewise absurd to expect gastric treatment to produce results in the presence of manifest focal infection elsewhere in the body."
 —*The Pennsylvania Medical Journal*, January, 1921.

ORIGINAL COMMUNICATIONS.

THE HIGHER DIMENSIONAL HYPOTHESIS:
A POSSIBLE EXPLANATION OF THE ACTION
OF INFINITESIMALS.*BY BENJAMIN C. WOODBURY, M.D., Boston, Mass.,
U.S.A.

INTRODUCTORY NOTE : *Modern Medical Science is on the verge of great discoveries. Indications are multiplying to substantiate the statement that we are in a fair way of enlarging the scope of our intellectual and scientific vision, with a corresponding widening of the field of consciousness ; consciousness of the minute, the unseen ; consciousness of the inner and deeper meaning of life. We are on the threshold of a higher awakening, and with it is dawning a sense of increasing powers. These forces are just at present taking the form of highly developed mechanical inventions, many of which have been conceived solely for the purposes of human destruction. We have harnessed and brought down the forces of the air, and we are beginning to skirt the edges of the great ocean of the interstellar spaces. We have unearthed the latent powers of gases and minerals, and are at the present moment peeping into the hidden mysteries of the imponderables.†*

ALONG with our study of radium, ultraviolet rays, wireless telegraphy and modern telephony, we have even ventured a little way into that unknown region we designate as the ether. Hitherto unknown and mysterious powers of the human organism are being investigated. Thought forces are being recognised ; and the range of intermolecular interatomic, and electronic vision is being widely increased. In short, a deepening interest is being manifested in the powers of the human mind.

* Chairman's address, last annual meeting of the Society of Homœopaths, Chicago, October, 1916.

† "There is a strong tendency to depend upon what is gleaned by the senses, but the realm of immaterial or simple substance must be recognised by the reason. To educate the mind (inclined to receive only that which can be received through the avenues of the senses) so as to cause it to think interiorly, requires considerable care and study."—*Trans. Society of Homœopaths, 1910.*

Over and above all this, there is a vast residuum, upon the borderland of the intangible and the unknown. This residuum may be the locus of that little explored realm now coming to be spoken of as the higher dimensions. Such a limbus, while it may, in the minds of many, be open to question, is none the less deserving of scientific investigation.

In the year 1911, Dr. Edmund L. Compston presented to the British Homœopathic Society, an interesting and scholarly paper entitled: "Modern Science and Homœopathy," in which we are reminded that in Homœopathy, "We have a cause worth all we can give to it. Wonderful as our results may be, we must all feel how much better they might be with more certain knowledge. Homœopathy leads to the development of the highest and best qualities in human nature, because it gives a great faith in the Unseen. And it is faith in the unseen side of life that is alone the source of all noble qualities."

If Homœopathy means anything to us at the present time, and fulfils the brilliant hopes held up to its faithful followers, no one can fail to be convinced that its field of usefulness must be along the lines suggested by this scholarly essay, and upon such a purely dynamical basis as its author so openly defends. It is gratifying as we study the history of homœopathy, to note that its most faithful defenders were ready to accept certain of its principles which did not offer ready explanation in terms of abstract science, upon faith alone. It would therefore seem almost, if not quite sufficient for us to-day, with all the support science is giving us of the power and potency of the physically minute, to revive in a large measure a modicum of that faith which so characteristically guided the early followers of Hahnemann.

Surely the older more materialistic theories of general medicine have little by little given way before the advent of the mysterious element radium with all its interesting and startling revelations in the realm of infinitesimals, and the use of attenuated preparations of pathological substances (long known in Homœopathy under the name of nosodes) is steadily convincing the

scientific world of the reasonableness of homœopathic theories and of the efficacy of homœopathic practice. The striking results obtained by the use of infinitesimals in medicine, and the subtle and still little understood reactions to psychotherapeutic measures have likewise convinced them of the efficacy of the healing power of nature.

They have thus been able, in spite of the fact that from the overthrow of the Galenic era in medicine, there has avowedly been no recognised law in therapeutics, to formulate anew this ancient theory under the modern term immunity. Careful study of this theory would suggest that it takes its origin in the older terms of vitalism, long advocated in medicine by Hippocrates, Stahl, and Hahnemann. In fact, some of the most noted advocates of the use of serums and vaccines openly regard it as exemplifying the principle of similarity propounded by Hahnemann.

In medicine as well as in science there have long existed two schools of thought, the vitalistic or spiritualistic and the materialistic or mechanistic. This essay is not a polemic on vitalism ; it assumes at the outset that most faithful investigators of Hahnemann's philosophy must not only have recognised but embraced this conception of life. That Hahnemann and his immediate and remote predecessors were vitalists we cannot doubt, as reference is made by Hippocrates to such a principle, for he speaks of " The existence of a spiritual restoring essence or principle, the *vis medicatrix naturae*, in the management of which the art of the physician consisted."*

The "archaeus" of Paracelsus, the "anima" of Stahl, the "dynamis" of Hahnemann, are all expressive of this self-same vital principle—the *principia*, or that which is first. Likewise it has been variously spoken of by writers in all ages as, "a vital principle," "a nervous fluid," "dynamic influence," "prana," "the subconscious or subliminal mind," the "Divine mind," "the inate intelligence," "nature," "the vital or vivific energy," "trophic principle," and "psychoid"

* Nature, Hippocrates called it, thus referring to the healing principle.

or "entelechy," all of which terms refer to the governing inherent vital force.

In the consideration of our subject we shall make reference to what we have chosen to designate as the *Dynamic Plane*—meaning an intermediate realm between matter and spirit, in which the whole range of actions and reactions take place; in other words—the field of vital force.

We shall undertake to show that the basis of the curative action of the homœopathic remedy lies within the mechanics of that hitherto little known region now coming to be recognised by scientists and mathematicians under the general term the *fourth dimension*.

In a paper presented at the Thirty-Fifth Annual Meeting of the International Hahnemannian Association ("The Dynamics of Homœopathy; A possible Explanation of the Action of Infinitesimals upon the Hypothesis of the Fourth Dimension"*), the writer has endeavoured to show that the dynamic properties in medicines are dependent upon two factors which are interrelated, namely: the physical or mechanical action of the drug substance and the vital reaction of the organism. This combined action and reaction constitute *dynamic* action. Such action is not chemical, physical, or mechanical alone, but the action of drug and reaction of vital force together enter into that complex action spoken of in Homœopathy as *dynamism*. In accordance with this doctrine large doses may act in the organism purely by virtue of their physical or chemical properties (mass), whereas small and the smallest (infinitesimal) doses act through their inherent power (*dynamis*) in arousing the vital reaction of the organism.

In order to make clear the substance of the present paper, it will be necessary to assume at the outset the hypothetical existence at any rate of a *Fourth Dimension* of space; and it will then be necessary to follow the writer a short distance within the borders of that fascinating region now coming to be designated as higher space.

* Trans., I.H.A. 1914, pp. 180-189.

Aside from the various contentions over "Hyper-space," "Non-Euclidean Geometry," "Pan Geometry or Pseudo-Geometry," with which theorists have been concerned, there still remain a vast number of mathematicians who no longer deny but assume the possible existence of space of more than three dimensions.

And while, as a writer in "The Monist" (Vol. XVIII No. 3, p. 471) expresses it: "The several conceptions of space of more than three dimensions are of a purely abstract nature, yet they are by no means vague, but definitely determined by the conditions of their construction. Therefore we can determine their abstract thought and the very details with perfect exactness and formulate in abstract thought the laws of four, five, six, and N -dimensional space."

Lines can be conceived of as being the extension of points moving in one dimensional direction; surfaces as the extension in two dimensions of lines moving at right angles to themselves; solids as the extension on three dimensions of surfaces extended at right angles to themselves; and finally hypothetical figures, coming to be designated as hypersolids, as the extension of solids at right angles to themselves in an unknown direction—the Fourth Dimension.

The above writer reasons that as three-dimensional space only can be represented in our world of three dimensions by lines drawn on a plane surface (as a cube drawn on paper); by analogy he constructs with the aid of reflected mirror images the corresponding indication of space of the fourth dimension.

"The realm of thought is wide," he says, "and so nothing will prevent us from making any imaginary construction of four-dimensional bodies, and the strange thing about it is that though we cannot picture it as a sense-perceptible form, we can determine the laws of four-dimensional bodies with absolute exactness." Nor is it difficult for the author to conceive of "a whole labyrinth of spaces that exist within each other without interfering with one another. Thus the power of the mind to raise any number to its second, third, fourth, or N th power; or to construct imaginary or actual figures (cubes), representing their equivalents.

(*Vide* Correspondence in the *Forum*, for August, 1914, on the Fourth Dimension.)

And finally he concludes: "If we were four-dimensional beings we would be possessed of the mirror eye which in every direction could look straightway into every corner of the third dimension. This seems incredible, but it cannot be denied that tridimensional space lies open to an inspection from the domain of the fourth dimension, just as every point of a Euclidean plane is open to inspection from above to tridimensional vision."

If the use of the term *Fourth Dimension* seems awkward, confusing and obscure in mathematics, or more particularly as applied to the dynamics of Homœopathy, is it any less vague and inadequate than the term infinitesimal so long used to indicate the almost incalculable quantity of drug substance used in homœopathic attenuations? Is not this term itself analogous to the "vanishing point" of mathematics, which fades or diminishes to zero; but not to zero absolute?

By definition that which is infinitesimal is said to be infinitely or indefinitely small; less than any assignable quantity. In mathematics the term is applied to "a fictitious quantity, so small that by successive additions to itself no sensible quantity could ever be generated."

Thus we see that, even when applied to the Homœopathic attenuations this definition is not wholly without fault.

"It is assumed that all the mathematical operations can be performed on these quantities—any infinitesimal may be assumed as a base or standard with which the magnitudes of the others are estimated. Every power of an infinitesimal is infinitely smaller than any inferior power of the same infinitesimal. The base itself is said to be of the first order, its square of the second order, its cube of the third order, etc."

It should likewise be noted that by processes of mathematics we readily pass from the third order to the fourth, and so on, just as we may imagine ourselves to pass from the third dimension to the fourth; from

the fourth to the fifth, and so on, *ad infinitum* amid the perplexing maze of the above mentioned author's "labyrinth of spaces." Thus, if we "square" 2 we get 4, if we raise it to the third power, or "cube" it we get 8; the fourth power would accordingly be $2 \times 2 \times 2 \times 2 = 16$.

The above reasoning would naturally lead us to infer that such processes, which are logically postulated by the human mind, may depend for their real existence upon the very power of the mind itself. Granting that this is true the reality of the fourth dimension or of higher space is not invalidated, for what is more real than the powers of the mind?

Let us inquire a little more fully into the meaning of the Fourth Dimension. The late G. H. Hinton has told us in his volume on the "Fourth Dimension," that if we proceed in the direction of the fine and finest subdivisions of matter, we shall come finally to a form of matter possessing freedom of motion in four dimensions.

"This form of matter," he tells us he would speak of as "Fourth Dimension ether," and attribute to it properties approximating to those of a perfect liquid"

". . . . Thus on the hypothesis of a fourth dimension, the rotation of the fluid ether would give the phenomena of an electric current. We must suppose the ether to be full of movement, for the more we examine into the conditions which prevail in the obscurity of the minute, the more we find that an unceasing and perpetual motion reigns. Thus we may say that the conception of the Fourth Dimension means that there must be a phenomenon which represents the characteristics of electricity. These processes, which really lie at the base of all phenomena of matter escape our observation by their minuteness, but reveal to our intellect an amplitude of motion surpassing any that we can see."

Among the examples of supposed four-dimensional motion are generally mentioned: right and left symmetry, double rotation, changes from right-handed polarisation to left-hand polarisation of light,

and *vice versa*. Again the principle known in chemistry as Isomerism, of which Hinton states (Harper's Magazine, July, 1904, p. 232) :

"If it became necessary to assume the existence of five atoms at equal distances from one another in a molecule, there would be evidence of a fourth dimension."

"It is suggested," writes Prof. H. P. Manning, in his volume, entitled, "The Fourth Dimension Simply Explained," in speaking of the changes in rotation of the beam of polarised light in passing through starches and sugars, like dextrose and levulose, chemical substances in which chemical constitution are exactly the same, "That their contracted properties are due to right and left reversal of their atoms, a (four) dimensional movement in the minute particles of which they are built up."

He likewise tells us that :

"Certain snails, exactly alike in all other characters, have a like difference ; some are coiled to the right, others to the left. It is remarkable that their juices have a corresponding property of rotating a polarised beam to right or left. This suggests that their external form in an expression of internal difference, a right or left twist of their atoms, by a four-dimensional force."

The philosophic mind is ever pondering over the problem of just what in primary nature and what is secondary or consequential.

Dr. Hering, whose theory of primary and secondary actions, and whose views upon the polarity of medicines is comparatively well known in Homœopathy, states in his essay on "The Rule of Sides" (Vol. I., *Hahnemannian Monthly*) that at a meeting of natural philosophers of Germany, in Dresden, in 1826, a paper was read from a traveller in Brazil, regarding the turning of some plants in a spiral to the right or to the left. Whereupon Prof. Oken, the founder of the society, was called upon to explain the matter, and said :

"Gentlemen, right and left in nature is one of the greatest mysteries. I know nothing about it."

Dr. Hering then goes on to state his discovery during his explorations in South America, that :

“ All lightning moves not in zig-zag line, but always in a spiral ; and not only that, but also in a spiral *which turns to the right.*”

From this he reasoned that the motion of all positive electricity was in this direction, and this would explain the turning to the right of the embryo of the snail swimming free in the egg ; it being a positive body, because it receives the negative oxygen in breathing. He also supposed that this might lead to the finding of a reason why all the planets turn to the right.

His theory regarding medicines was that of the action of *alkalies from above downward and acids from below upward*, and that alkalies move from right to left (being positive), and acids in the opposite direction (being negative). He agrees with Hahnemann as to the proper direction of symptoms during cure, but urges that in addition to Hahnemann's Three Rules, there be added another regarding the direction of symptoms and the effects of medicines from right to left, from left to right, and those which are found to act in both directions.*

This survey of right and left twists is brought forward to emphasise the fact that apparently simple phenomena in nature are often but little understood. The principle of right and left sides manifests itself throughout nature. For instance, certain children supposedly due to definite factors of environment, are found to be left-handed, others right-handed, and still others ambidextrous. How shall we account for this fact fully ? Physiologists tell us that in the case of left-handed persons, the cells of the Rolandic area of the *right side* are found to be more particularly developed. In the case of complete aphasia, with destruction of the cells of Broca's convolution, which is situated normally in the left brain, upon recovery, a new speech-centre, as it were, is found to be developed in a corresponding part of the *right brain*. (For further study of this interesting subject, *vide* Thomson, “ Brain and

* Study also Grauvogl's classification of Remedies for the Bodily Constitutions (*Text Book of Homœopathy*, Part II., 308, pp. 281-287).

Personality.”)* Among some of the most interesting phenomena suggested by this rule of sides may be mentioned the supposed alternation of sides in ovulation; variations in foetal attachment in utero; likewise intra-uterine position and obstetric presentation. The various dynamic and static problems of obstetrics and general medicine; the reasons why certain disorders attack certain parts of the organism, and not others; why certain remedies act only on right or left sides of the body; why pre-natal and hereditary influences are transmitted with such seeming uniformity from one generation to another; the powerful influence of the material mind in its effect upon the body of the unborn offspring; all these and many more such intricate and delicate problems present themselves to the enquiring mind as representing the operations of the dynamic forces of the organism. Are not many of these subtle problems dependent upon the existence of a motion or force, at all events an immaterial something—a nonentity—manifesting itself in an extra-special direction? How explain these phenomena upon the basis of known three-dimensional motion, except there be some intermediary plane upon which the higher powers of mind and soul can act and ultimate themselves?

Would not such a realm represent the extension of three-dimensional movements, in a direction added to length, breadth and thickness?

In postulating a vitalistic theory as the basis of homœopathy, we must first of all recognise the spiritual origin of all life, and assume the laws of nature exist

* Abrams states (*New Concepts in Diagnosis and Treatment*, pp. 233-234 (Psilopolis Press, San Francisco, Cal., 1916): “With the brain at rest energy is discharged (to evoke a visceral reflex) from the left psychomotor area in the male and from the right psychomotor area in the female. In the average thinker while engaged in increased mental activity, there is only an increased potentiality of energy. . . . In the great thinker, there is an energy discharged of great potentiality from both psychomotor regions.”

This “Bicerebration,” to use the terminology of Abrams, is suggested to confirm the hypothesis of Herbert Spencer “that in good thinkers the two sides of the brain were probably together much more than in ordinary people. This, as his commentator affirms, may be proved to be true not only in regard to thinking, but in understanding” (*Ibid*, p. 233).

and continue to exist from that which has come before. In other words, we must assume that the ever sentient condition we call life was brought into existence or created by some antecedent Principle. To this principle may be given a variety of different names ; yet, however we designate it, we shall be face to face with the fact that back of our life forces, there is an overruling, self-governing, controlling principle or force that has set in motion world, planet, star, constellation, sphere, molecule, atom, ion, electron ; from the greatest to the smallest, from the non-sentient to the sentient, from the inanimate to the animate ; from matter to mind, from soul to spirit throughout the universe. That is to say, all animate or inanimate objects possessing form and the attributes of life (whether manifesting itself as growth by accretion, locomotion, or simply motion of atomic or molecular substance, or interatomic motion) ; all is life—a manifestation of some form of force or motion which can for present purposes be called the vital principle.

To the vitalistic of dynamic philosophy of Hahnemann, this force seems the controlling and governing principle in the human organism, dwelling within and animating each atom, each cell, each organ ; guarding it in sickness and preserving it in health,

So well grounded was this belief in the all-pervading *Dynamis* or vital force, that it permeates all of Hahnemann's writings, and was the inspiration for the development of the theory and practice of Homœopathy. Taking, therefore, this hypothesis of the vital force, together with the older belief in the healing power of nature (*vis Medicatrix*), we shall endeavour to reconcile this vitalistic teaching with the theories of modern vitalism, and for this purpose, we are to assume the existence of a supreme higher space, and we shall conceive of it as the realm of the all-pervading Spirit, which interpenetrates matter in all its forms and manifestations. The intelligent homœopath is, we assume, at the outset, well versed in Hahnemann's conception of the vital force. •

Secs. 9-16 of the *Organon* make clear the manner in which disease expresses itself to the intelligent mind of

the physician, by subjective and objective signs and symptoms. He furthermore emphasises the unity of the material organism and the vital force which animates it, and states that disease can originate only through disturbances in this vital force, and that the curative agents to be employed must likewise be dynamical (Sec. 21).

It is only upon the plane of the vital force that dynamical agents can act, and it is only by the process of attenuation or potentisation that these dynamical qualities can be released for therapeutic purposes.

This dynamic plane, then, must represent a field or force, of high or low vibration (and all matter is now coming to be regarded as different rates or modes of motion). Call it material force, or immaterial force, it can but indicate an infinity of vibration from the coarsest to the finest, from the lowest to the highest.

If we take the view that force or energy is the result of, or a property of matter, we must concede that this conception is rather materialistic ; whereas, if we look upon matter as a state of force, probably of low enough vibration to allow solidification, density, adhesion, etc. (known properties of matter), have we not a saner hypothesis upon which to account for the universe ? Does the apparent interchangeableness of the electric current indicate a freedom of motion in more than three dimensions ? Hinton tells us that :

“ On the assumption of a fourth-dimensional movement in the region of the minute particles of matter, we should expect to find a motion analogous to electricity.” . . . “ Electricity does not flow through wire. It effects travel both ways from the starting point along the wire The spark which shows its passing midway in its circuit, is later than that which occurs at points near its starting point on either side of it. Moreover it is known that the action of the current is not in the wire. It is in the region enclosed by the wire ; this is the field of force : the locus of the exhibition of the effects of the current. . . .”

“ If matter in its small particles is fourth-dimensional we should expect this double rotation to be a universal characteristic of the atoms and molecules. . . .”

We have in the corpuscles of matter a whole world of movement, which we can never study directly, but only by means of inference."

The comprehension of the unknown must first of all be acquired by the power of reasoning from the known. Thus we shall be able to arrive at the threshold of a consciousness that, instead of merely three-dimensional space cognisant to the physical senses, we are penetrated and interpenetrated by many invisible spaces and dimensions. We may assume then, that man is not one-dimensional, two-dimensional, or three-dimensional alone, but poly-dimensional. Becoming conscious of this many-dimensional space, he perceives in the great Over-space, or space of higher dimensions, the realm of the all-pervading Spirit, which interpenetrates all the kingdoms of Nature.

Hinton further tells us that - "As we study matter closer and closer, we shall find that we need more and more dimensions. And the molecular forces in one kind of space will be the physical forces of the next higher.

That is to say, when in our space we have explained all that we can explain by the supposition of particles moving in our space, we shall find that there is a residuum and this residuum will be explained by the four-dimensional movements of the finest particles. The large movements are simply movements in three dimensional space, but to explain the residual phenomena a higher kind of space will be requisite."

In consideration of our subject we have quoted only such facts as have to do with the *Fourth Dimension*, from the standpoint of the physicist, and the chemist. In order to make clear our standpoint that it is in this great field of extra-mechanical or extra-spatial motion that the homœopathically attenuated remedy acts—that is in the realm of the minute or infinitesimal. In other words, the realm of the infinitely divisible, or fourth-dimensional force, which by inference we may assume is the field of the vital force. All matter then must be subject to the same law, namely that the finer it is divided and subdivided, higher and more subtle forces are released through the process of

potentisation. It is not that the crude drug does not contain these forces, but they exist only in the potential. until the crude coarser envelopes are destroyed, and the inner, finer essences are released. In short the drug substance is raised by successive steps in the scale of potentiation, to a state of vibration whereby it may become a more potent factor in the establishment of a vital equilibrium when administered in disease. It hardly becomes necessary to repeat that the most recent research in the realm of the indivisible, only substantiates the theory of infinite divisibility of matter propounded by Hahnemann a century ago. These facts regarding Hahnemann's original discovery of the method of potentiating medicines should become more widely known and be granted the scientific recognition which they deserve.

We might find it not only of interest but of profit to study this subject from its mathematical, geometric, and possibly from its metaphysical aspects, yet for the present we must content ourselves with this brief introduction to its bearing upon the theory of infinitesimals.

Homœopathy stands to-day at a point in its history where the trend of all the physical sciences seems to be advancing along similar ways. It looks backward to its dim beginnings in the past to a future bright with promise. Its ultimate triumph is assured, for its philosophy is founded upon indisputable facts, its art upon unalterable law.

A NEW PROFESSION FOR WOMEN--HERB FARMING.

BY A. R. HORWOOD, F.L.S.* (Leicester Museum).

RISE OF HERB CULTURE TO-DAY.

WITHOUT doubt herb culture is the coming science. One of the most arresting facts in the domain of

* Contributor to *Sphere*, *Graphic*, *Queen*, *Ladies' Field*, *Lady*, *Delineator*, *Car*, *Land and Water*, *Sporting and Dramatic*, *Badminton*, *Country Life*, *Baily's Magazine*, *Shooting Times*, *Scot's Pictorial*, *Scottish Field*, *Field*, *Sportsman*, and leading provincial and London newspapers, etc.

medicine to-day is the progress made in pharmacy. This is equal in degree to the strides made in surgery, and due to the same cause, the necessities and stimulus of the Great War. I know this from practical experience from having organised herb exhibits before I saw service myself ; and I saw how gratified and astonished people were to know that wild plants of any countryside yielded true remedies for common complaints. Herbs, from having been used *ad lib.* in mediæval times, and prescribed by "doctrine of signatures," fell into disrepute because that doctrine was so absurd, and in modern times herbal remedies, apart from drugs used in the *British Pharmacopeia* which could be numbered on the fingers of one hand, were tabooed, save by the enlightened few, who, studying the *chemistry* of plants, knew the actual value of each plant, its active principle, and for what particular malady it was a real remedy. The war fostered the cause of the new pharmacy based on experiment, and exact methods. For before the war our supply of drugs and medicinal plants came from abroad, and chiefly from Germany and Austria, £2,000,000 going out of the country in this way. We had to supply ourselves when at war, and we did. Now it is realised that what could be done in war-time can be done in peace-time ; and it is possible by the growth of herb culture gradually to turn what was an import into an export, and so add to our national revenue. That in itself is an object to aim at a part of reconstruction and economy. But what is at the moment equally important is to assist those who are returned from the war to earn a livelihood. For many as I hope to show, especially women, herb-farming is the solution.

SUITABLE WORK FOR WOMEN.

Herb-farming is really a new branch of horticulture. In pre-war days, owing to the excess of the female population over the male new outlets for women's activity and desire to take her place in the field of labour, skilled or unskilled, had to be found. One of these actually was horticulture. Those who have big estates or gardens realised that women were

specially cut out for gardening, or the organising, laying out, and general management of gardens. Their naturally aesthetic tastes gave them a great advantage over men, who lacked that intuitive genius possessed by women, which prompts them to seize upon exactly the right thing at the right moment. So women gardeners from the first were a success. Herb-farming as a profession specially suited for women naturally follows. It is an interesting and intellectual pursuit if one likes and so suits all classes of women.

ADVANTAGE OF OPEN-AIR WORK.

Emancipated woman has found her vocation in life by the exploitation of all forms of outdoor work, and so we have the modern landswoman, a fine type of healthy and enlightened womanhood. It is obvious that women's powers cannot be so fully developed if she be condemned to a continual indoor existence, as in the past. Her vigour and energy, just as in the case of man, indeed, are only fully shown when engaged in outdoor pursuits. And to whatever she has turned her hand, whether in the field of horticulture, farming, sport, or anything else out of doors, she has excelled. The open-air feature of herb-farming has, therefore, an additional means of attraction, for to-day women are revelling in the charm of the open, and if their livelihood be made there, as by herb-culture it can be, life then has a further attraction for them.

AN IDEAL PROFESSION FOR DEMOBBED LANDSWOMEN.

Moreover, I can conceive nothing that could make a greater appeal to the demobbed landswoman than herb-farming. She comes to the work with an expert knowledge of farming principles. All she needs is a short course of special training, that concluded, with a very small capital she can at once set up a herb-farm herself, and make a profitable living out of it right away. Some landswomen entered the war to help for the time being, with no intention of entering the field of work after. But their experience has given them a liking for work, and they do not wish to throw it away. For them the solution is herb-farming,

without a doubt. They were patriots whilst in khaki, they will be still patriotic in engaging in herb-farming. For by so doing they are adding to national revenue. Others donned khaki and became landswomen from the same motive, but left other work, and on being demobbed found in too many cases their places filled by others. For them then herb-farming is the solution in a great many cases, as it carries on the same kind of work done in the army, and there is ample scope for new recruits in this field.

FACILITIES FOR TRAINING.

I come now to the facilities for training of women in herb-farming. Before the war there were numerous herb-farms run on commercial lines by firms of manufacturing chemists. But there were no schools for the training of the amateur. Since the war, however, a School and herb-farm has been started at Chalfont St. Peter, Buckinghamshire, by Mrs. M. Grieve, F.R.H.S., who is principal. It affords facilities for training and all the practical methods of the herb cultivator. The herb-farm is an extensive one. All the principles of cultivation, collecting, drying, preparing and marketing are taught by an efficient staff. There are also excellent facilities for research and experiment. Those who wish to specialise in any particular plant or plants are taught all there is to know about them. Mrs. Grieve is really the pioneer of herb-culture in this country, and the nation owes her a debt of gratitude for her work. She is the author of a vast amount of literature on all classes of herbs used for a variety of purposes. Besides tuition at the school, there are opportunities for tuition by correspondence. The farm is close to Gerrard's Cross Station. I would recommend anyone interested to write to Mrs. Grieve for full information. A year's course of four terms is sufficient to obtain efficiency.

CARAVANNING IT.

Though there are facilities in the neighbourhood for board and lodging to attend the classes at The Whins Farm, an-ideal method of doing so recommended

by Mrs. Grieve is for several students to club together and live in a caravan. These can be hired at moderate rates, and a note to Mrs. Grieve will enable those who like the idea of such an *al fresco* existence to get into touch with a firm that lets out caravans. Landswomen will certainly be eager to adopt this idea, for in the Great War they lived in many cases under much the same conditions ; if not quite such pleasant ones.

MEDICINAL HERBS.

Of course one of the main objects of herb-farming is to cultivate plants of medicinal value. Besides the drug plants in general use, such as belladonna, henbane, foxglove, aconite, datura, and so on, nowadays a vast number of herbs whose real value is known, are used in medicine, including such common plants as dandelion couch grass, red poppy, colchicum, barberry, chamomile dill, fennel, blessed thistle, valerian and male fern ; and besides these balm, comfrey, feverfern, greater celandine, wood sage, marshmallow, mugwort, pennyroyal, rue, southernwood, tansy, wormwood, and yarrow are of value and in demand. There is thus infinite scope for the herb-farmer.

CULINARY HERBS.

Years ago there was in every garden of any size a herb border or herb garden. To-day few gardens contain much beyond mint, thyme, sage, and one or two others. There is, however, an attempt to reconstruct the sort of herb garden every house-wife of a hundred years ago possessed, namely a long border where she could go and gather her "simples," or cull those numerous pot-herbs, whose use to-day is overlooked, forgotten, or unknown, such as tarragon, costmary, basil, rampion, or a hundred more. Herb-farming supplies a means of re-stocking our gardens with these old-time garnishing plants, salads, etc. And there is a demand for them, but few people know where to procure them. The market is indeed unlimited.

OTHER BRANCHES OF HERB-CULTURE.

Besides the two branches of herb-farming named, there are many others. There are large numbers of bee-farmers or bee-lovers in this country. For these a knowledge of bee or honey plants is essential. A plot should be grown close to the hives. But it is not done. Herb-farming supplies the deficiency. So too rabbit food and its supply comes into herb-culture, and this concerns in particular the small-holder, who is becoming so important a factor in the produce world. Besides these there are many other branches of herb-farming, each of which is lucrative and full of interest.

THE STUDY OF MALIGNANT DISEASES.

By DR. COMPSTON.

It has been my privilege, through a breakdown in health, to spend some time in Switzerland, and combine the enjoying of the glories of that country with work, chiefly devoted to the above most necessary subject.

I had the great advantage of spending considerable time with Dr. A. Nebel, of Lausanne, who most kindly placed the results of his prolonged and earnest researches into the nature and treatment of Malignant Diseases at my disposal.

For a number of years he has had a farm, which he has maintained at his own expense, where he has kept horses, cows, goats, sheep, rabbits, and guinea pigs, for the investigation of the effects of inoculation of malignant disease cultures (particularly Carcinoma and Sarcoma) upon them; and in order to prepare from such animals sera for treatment of human beings affected with the dread diseases. I desire here to say that Dr. Nebel's methods are attended with as little suffering to the animals as possible, as growths resulting from inoculations do not spread to other parts of the body, but remain localised at the seat of inoculation; and further the animals show little evidence of suffering—certainly much less than human beings so affected.

I state the above as I have always had a strong objection to using animals for such purposes ; but, after what I saw, although I believe we shall ultimately do without such aid, I realised the utility of the investigations, and the great saving of suffering *in toto* they can bring about. For there is no doubt that, used in the method Dr. Nebel does, these sera are very valuable in the treatment of these diseases, which is often so discouraging.

Further, he has a laboratory in which he has spent a great amount of time upon the study of organisms associated with malignant growths. I urged him to publish his results, which throw great light upon the bacterial side of the subject, and which have cleared some of the difficulties. His investigations have enabled him to bring forth important new facts, which may yet bear much fruit.

But it was the clinical side of his work which impressed me most. I have for some years made Malignant Diseases a special part of my work, and I therefore greatly appreciated the help I so freely received.

I not only had the advantage of much private conversation, but the doctor allowed me to see his clinical work and results. His treatment is based on the following principles. He makes careful investigation of the symptoms of the patient, using every available sign, including a close surface inspection of what the face, lips, and skin generally reveal ; upon which to found his treatment. It was a revelation to me as to how many indications for remedies we often overlook.

Then, as to remedies : they are from three sources :—

- (1) The sera above described ;
- (2) An attenuation (different potencies are used) of preparations obtained from cases of human cancer, and consisting of a serum which is generated in growths where the resistance of the patient is fairly good. This serum is formed where the growth is tending to diminish, due to good re-active power, and apparently contains that which has the power of inducing a similar resistance in cases where it is suitable.
- (3) Homœopathic remedies as ordinarily used.

The above three methods are used singly or in combination, depending upon the indications.

Now, as to the most important thing, viz., *results*.

These are certainly better than anything I have seen thus far. I saw cases of undoubted Carcinoma and one or two of Sarcoma, where the growth and symptoms had disappeared; others in which improvement was manifest; and others in which the disease was held in abeyance. There is no question that there is here an added help of a most valuable kind in the treatment of these disastrous cases.

Of course, much remains yet to be done; and I have purposely not entered into details until I have had the opportunity in practice, of confirming for myself that which is of most value. I further wish to avoid the risk of misleading by any misstatements I might make, until I have proved for myself. Perhaps in the future I may give my results. But I have strongly urged upon Dr. Nebel the importance of putting the results of his work in print, so that much valuable research and practice may not be lost.

During my convalescing period, I have studied other branches of diagnosis and treatment, including iris diagnosis, and osteopathic treatment. I have been astonished at the fields here open before us; but I wish to confirm here, also, results, by experience, before stating them publicly. I wish to avoid the dangers always present during the first flush of enthusiasm for comparatively new fields which promise so much in the amelioration of human suffering; and which fields require cultivation and study before their best fruits can be garnered.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE seventh meeting of the Session was held on April 7th, the President in the chair. Dr. C. Y. Eccles and Dr. T. P. Grant were elected members.

Dr. G. Burford read a long and comprehensive paper on "The Infectious Diseases of the Fallopian Tubes." It was at once a summary of existing knowledge, and a record of great experience and of original research and thought. It was illustrated by lantern slides, and listened to with deep attention by a good gathering of members and friends. Dr. G. Hey, Dr. Bach, Mr. Johnstone, Mr. Ellwood, Mr. Peart, Dr. Oliver (of the Soho Hospital, a guest), Dr. Wynne Thomas and the President, Dr. E. A. Neatby, spoke, and Dr. Burford replied.

There was a good meeting of the Dinner Club subsequently, and the draw for the Dudgeon Cup was made. Details will be found under "News and Notes."

METABOLISM IN TUBERCULOSIS.—Calorimetric studies of the metabolism of tuberculosis were made by McCann and Barr (*Arch. Inter., Med.*, December, 1920, p. 663), with results that may, to a degree, revolutionise our attitude toward phthisis. The authors summarise as follows: "The basal metabolism of tuberculosis patients may be normal or very slightly above that of normal men of the same size." "Further increases in metabolism occur with a rise of body temperature. These increases are not large." "The basal heat production in tuberculosis may be less than normal for the same patient when in health; in other words, the loss in weight may be accompanied by reduction in metabolism which more than compensates for the tendency to increase caused by the disease." "Limited data regarding the nitrogen excretion show that, while a toxic destruction of protein does exist in tuberculosis, it is not large." The investigators conclude that "In view of the fact that the food requirements of tuberculosis patients are not large, either as regards total energy value or nitrogen content, forced feeding is unnecessary and is probably harmful in the active stages of pulmonary disease. Since protein increases the respiratory exchange in tuberculosis as normally, it may be well to limit the protein intake during periods of inactivity (of the disease) in order to put the lungs at rest."

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH MARCH TO 15TH APRIL,
1921.

GENERAL FUND.

				<i>Subscriptions.</i>	£	s.	d.
Dr. A. Speirs Alexander	1	1	0
Mrs. C. V. Butler	10	6	
H. G. Crosfield, Esq.	1	1	0
Messrs. Gilbert & Hall	1	1	0
Mrs. Bromley	2	6	
S. W. Russell, Esq.	10	6	
Dr. B. W. Nankivell	1	1	0
Dr. C. H. Eccles	1	1	0
Mrs. E. M. White	2	6	
E. J. Frost, Esq.	2	0	
F. H. Shaw, Esq., M.R.C.S.	1	1	0

NATIONAL HOMŒOPATHIC FUND.

				<i>Subscriptions.</i>	£	s.	d.
Messrs. Keene & Ashwell, Ltd.	1	1	0
Miss Maude Hook	1	1	0
Miss Kate Simpson	1	1	0

The usual quarterly meeting of the Council was held at Chalmers House on Tuesday, 12th April, at 4.30 p.m., when the Report of the Executive Committee, for the past three months, was received, adopted and ordered to be filed. Dr. W. N. Barker, of New Southgate, and F. Essex Lewis, Esq., of Redland, Bristol, were unanimously elected Members of the Association under the 6a. qualification; and Dr. Ethel W. Lee and Dr. B. W. Nankivell were unanimously elected Members of the Council of the Association representing, respectively, the Buchanan Hospital, St. Leonards, and the Hahnemann Convalescent Home, Bournemouth.

The usual monthly meeting of the Executive Committee was held at Chalmers House on Wednesday, 20th April, at 4.30 p.m.

The Annual Meeting of the Association will be held this year at Chalmers House on Monday, 30th May, at 3.30 p.m. Sir George Wyatt Truscott, Bt., the President of the Association, will take the Chair.

The Annual Report of the Association for 1920-21 is now in the printer's hands, and will be circulated among members, subscribers, donors, and others interested in the work of the Association, prior to the Annual Meeting.

EXTRACT.

HYPERTHYROIDISM AND HOMŒOPATHY.

By M. B. MCAULAY, M.D., San Francisco.

(The Editor of the *WORLD* gratefully acknowledges his debt to the *Journal of the Institute*.)

PROBABLY the most interesting and intriguing study before the medical profession to-day is that of the ductless glands. The newness and mystery of the subject, the fact that each one of us, the least with the greatest, is his own investigator, his own explorer into this uncharted country, mining his own quartz, separating the grains of knowledge from the matrix of conjecture, learning for himself little by little, case by case to pan out, weigh and label his nuggets, gives to this new field a fascination all its own.

Nevertheless, having collected our specimens we must take them to the assay office for examination and comparison that the combined experience and disinterested study of others may pick the gold of fact from the dross of enthusiasm. So I bring my six samples that you may help me estimate their value, keeping for your pay whatever share of value will be of use to you in your own prospecting.

Varieties.—No doubt the best understood, though as yet more or less mysterious, of the endocrine glands is the thyroid. Its affections are divided into two large groups: toxic and non-toxic. Toxic goitres are of two kinds, cystic and hyperplastic. The pathology of the two classes is quite distinct. The cystic variety is an encapsulated adenoma surrounded by healthy thyroid tissue, from which it can be shelled out at operation, this being the form that is usually subjected

to surgical treatment and is said not to be accompanied by exophthalmos.

The hyperplastic variety shows round cell infiltration and connective tissue growth resembling under the microscope a true inflammatory process. This is the form in which we have exophthalmos and is best treated by the X-ray. The hyperplastic goitre, if allowed to go untreated may become cystic; and non-toxic, cystic goitres may, following shock or nervous strain, become toxic. There is a class of cases giving all the symptoms of toxic goitre excepting the exophthalmos, but showing no glandular enlargement, though I think if we are on guard and look for it we will usually find some thickening of the isthmus in most of these cases. These often go unrecognised and are shouldered aside as nervous, neurasthenic or hypochondriac. It is because of these cases without demonstrable goitre that I like the term "Hyperthyroidism," as it covers the whole group, describing the disease in all of its manifestations

Etiology.—The etiology is not definitely known, though prolonged nervous strain or sudden shock seems to be the immediate cause in a large proportion of cases. Auto-intoxication, infection, the contagious diseases and focal infections have all been ascribed as causes. Certainly heredity seems to be a large factor.

GENERAL COURSE.

Symptoms.—These are manifold. All of them or any combination may be found in any given case, or they may take turns coming and going without rhyme or reason. The most important, because most constant is tachycardia. An otherwise unexplained persistent tachycardia should always put us on our guard for the development of the other symptoms of hyperthyroidism: Palpitation and shortness of breath, the most complained of symptoms on the part of a patient; tremor; muscular weakness; distressing giving way of the knees when walking; rapid emaciation even though the appetite be good; unaccountable diarrhœas; distressing skin symptoms; flushing, sweating and dermagraphia; menstrual irregularities

of all varieties, flow being too soon or too late, profuse or scanty, the same patient being affected differently at different periods; rapid respiration, elevated temperature, all are caused by the abnormally increased metabolism that is characteristic of this disease.

The eye symptoms used to be considered essential to diagnosis, but as we study these cases we realise that probably only a small percentage of hyperthyroids show exophthalmos or the various other eye-muscle and eye-lid symptoms.

Subjective Symptoms.—Lastly and most important of all are the subjective symptoms. The mental and nervous condition of these patients is quite characteristic: Irritability, moodiness, restlessness, anxiety emotionality, instability. Trousseau says, "Some Basedow patients live in a state of perpetual rage. Love turns to hate. They are egotistical and quarrelsome. They are restless and irritable, loquacious and superficial; jumping from one subject to another, they have a sort of cerebral diarrhœa. With the mental activity is a corresponding physical activity, constantly moving from place to place and changing position. These fits of over activity sometimes alternate with depression, intellectual laziness, poor memory, lack of concentration, mental and physical fatigue."

Another curious and interesting symptom, we call it a modality when discussing remedies, is the morning aggravation of all its symptoms. Grotti says, "No careful observer can fail to be impressed by this singular phenomenon. I have looked for this symptom in all cases of goitre which have come under my care, and I must say that in the great majority of cases, no matter if they were true Graves disease or simple goitres complicated with some thyro-toxic symptoms, this symptom was nearly always present. This morning aggravation is very peculiar and almost characteristic of the disease."

Diagnosis.—The diagnosis is made on the clinical symptoms—tachycardia, tremor, loss of weight, palpitation, muscular weakness, together with goitre and exophthalmos when they are present. Lately much stress is being laid on measurement of the basal

metabolism. Given the clinical symptoms plus a high rate of metabolism, this proves the thyroid over functioning; but these same symptoms with a normal or low rate exonerates the thyroid as the causative factor. However, it is not so long ago that we hailed the Wassermann reaction as the one sure aid to diagnosis of syphilis. To-day we do not put out trust too surely on the laboratory findings, especially when they disagree with the clinical picture. Wassermann and Noguchi tests do very well for confirmatory evidence when positive, but a negative report does not change our diagnosis if the clinical picture is clear. So while we welcome every scientific aid to diagnosis the clinical picture is of paramount importance, especially to the homœopathic prescriber, who does not necessarily have to choose carefully between the knife and the X-ray.

USUAL MANAGEMENT.

Treatment.—All authors agree that rest in bed is the great essential in the treatment of hyperthyroidism. Yet none of my cases would go to bed, but kept on with their sometimes strenuous occupations in spite of my plea for rest. In fact, I think the restless, irritable state these patients are in makes rest in bed a great trial, and I wonder sometimes if it does not do them more harm than good.

Old school authors give various remedies for the various symptoms, as digitalis to control the runaway heart, bromides to control the runaway nerves, opium to control the runaway bowels, ergot to control the vasomotor symptoms, and so on. But all wind up with the caution that if under treatment the patient does not improve within a reasonable time, variously estimated as two to four months, no further time should be lost, but recourse should be had to either surgery or the X-ray, with the warning that the latter must be very cautiously used lest the patient be more harmed than helped.

HOMŒOPATHIC MEDICATION.

The Homœopathic Remedy.—If there is such a thing as a specific in Homœopathy, which we do not usually

admit, it is the remedy for hyperthyroidism, or rather for the patient afflicted with hyperthyroidism. All have been thinking as I mentioned the symptoms of this disease of Nux Vomica, Ignatia, Pulsatilla, China, perhaps some others: Now please recall what was said about the patient's general condition—loss of weight, skin symptoms, irregular menstruation, palpitation, and so on, but especially the mental state, and give heed to this:—

Kent's *Materia Medica*: "A wonderful prostration of a peculiar kind. Emaciation, weakness, nervous prostration, nervous irritability. Consolation aggravates the state of mind. The melancholy brings on anger. Appears to bid for sympathy and is mad when it is given. This remedy belongs to hysterical girls, when Ignatia temporarily benefits but does not cure. Extremely emotional. The whole nervous economy is in a state of fret and irritation. Face sickly looking, skin greasy, sallow, yellow, often chlorotic. Great emaciation. A general nervous trembling pervades the body. Great variety of menstrual complaints: Menses too scanty, too free, too late, too soon."

Cowperthwaite: "Great emaciation, trembling of the whole body, easily fatigued, mental and physical exhaustion, great prostration, pulsation in the whole body even during rest."

Farrington: "The patient is emaciated. This emaciation is very marked. The skin is harsh and dry and of a yellowish hue. The patient feels greatly exhausted from any little exertion of mind or body."

These descriptions are not of a diseased state but of a drug proving.

Case Reports.—I wish I could bring before everybody my six cases of hyperthyroidism. Four of them cured by the homœopathic single remedy, one improving steadily under its action, without rest in bed, X-ray, surgery, digitalis, hypnotics, or other adjuvants; one whom I failed to cure because I did not see deep enough and prescribed on a single set of symptoms instead of for my patient as a whole.

In this group are three typical cases with large goitre and marked exophthalmos; one non-toxic cystic

goitre of long standing, becoming toxic following shock; one case caught in its incipiency with small goitre but no exophthalmos, and a case now under treatment of undoubted hyperthyroidism, without goitre, but with a slight thickening of the isthmus and no exophthalmos.

ILLUSTRATIVE CASES.

Case I.—Miss A. Age 31. School teacher, sang in the choir, secretary of the Eastern Star, treasurer of the Sunday School, had been given new and difficult work in her school department, and spent her spare moments helping a friend re-write a diary of her trip around the world. Weight, 103 pounds. Her normal weight up to the beginning of her illness was 111 pounds. The goitre had appeared suddenly toward the end of a school term; about two months before consulting me, had grown so rapidly that she had watched its development from day to day. Development of the other symptoms was keeping pace with the glandular enlargement. The right lobe of the thyroid was larger, reaching from the mastoid bone to the median line in front and to the clavicle below. The left lobe somewhat smaller, the isthmus about the size of half an apricot. All the eye symptoms were present, the patient presenting an uncanny appearance when asleep with eyes half open. Exophthalmos was marked. Tremor so great that she used both hands to lift her tea cup and usually spilled some of the contents before it reached her lips. Her neighbour had to hold her song book for her in choir. She had to stop every few blocks to rest and catch her breath on the way to and from school, and was exhausted when her day's work was done.

Like most of these patients she came complaining of but one symptom, "the wheezes," as she expressed this shortness of breath. The pulse was running from 114 to 120, there was the weakness of the knees, sweating, irregular menses, gastro-intestinal symptoms; in short she was a typical and pathetic picture of exophthalmic goitre, with yellow skin and sclera suggesting some liver disorder. In spite of her really serious

condition I could not persuade her to give up one iota of her work, the intense nervous energy and irritability fairly driving her from one task to another. I had been out of college but a year. This was the first case of goitre I had seen, so I set to work looking up remedies for goitre. I tried everything, I think, that came under that heading, including some compound goitre tablets I found on the shelves of the physician whose practice I was taking. My patient "got no better very fast." She had a bad family history for tuberculosis, and her friends and relatives gave her just six months to go as her sisters and cousins had, when it occurred to me that it might be a good plan to forget the goitre and prescribe for the patient.

Now it seems characteristic of these patients that they complain only of the one symptom which at the time is causing the most distress. You can hardly drag from them anything like a totality. It makes them angry to be asked about themselves. As like as not they will tell you testily that there is nothing the matter with them. So it was in this case. I got no help from my patient and this, if I had only known it, was the best indication of her remedy. However, one day I noticed her thin, scrawny neck, behind the goitre, and then all her symptoms, both subjective and objective, fell into line. I prescribed the remedy in the 200th potency, and got no result—in the 6th, no result. But so sure now was I that I had the right remedy that I tried again and gave the 30x. In two weeks' time Miss A.'s collars were so much too large for her—she was wearing 14's, though she weighed only 103 pounds—that she had to procure a smaller size. From then on improvement in all symptoms was marked. In six months she considered herself cured, but I had to keep on with the remedy until every vestige of her trouble had disappeared; goitre, exophthalmos included, and the patient weighed 140 pounds, was rosy, sweet tempered, wearing a number 12 collar, and, as she was fond of saying, "Vulgarly healthy." It took about three years to achieve this perfect result, though the patient and her friends considered her cured in a much shorter time.

Case II.—Mrs. K., as pathetic a sight as Case I., in about the same condition, had married a widower with four children and was finding it too much for her. Another physician had told her to go to bed, but to prepare for death, as there was no hope for her. Six months later a very plump, rosy woman came to my office and had to introduce herself to me as Mrs. K. I had been sending her medicine by mail, and had not seen her in the meantime. She was now three months pregnant and in perfect health subjectively, though the goitre was enlarging with the pregnancy. She went through a normal pregnancy and labour, but though she never had any return of subjective symptom the goitre and exophthalmos did not entirely disappear, no doubt because her husband could not see the necessity of her taking medicine when she felt so well.

(To be continued).

VARIETIES.

BENCE-JONES PROTEINURIA.—Dr. Waltman Walters, Fellow in Medicine of the Mayo Foundation, who reports* three cases, states that this condition was first described by Bence-Jones in 1847, who found a peculiar form of protein in the urine in a case of osteomalacia. Only two other cases were recorded between 1847 and 1889, by Kühne and Kahler respectively, but Rosenbloom collected 205 examples from the literature between 1889 and 1917, the great majority being in cases of multiple myeloma. The other diseases in which Bence-Jones proteinuria have been found are lymphatic leukæmia, myeloid leukæmia, myxœdema, exophthalmic goitre, carcinomatosis, nephritis, hypertension, and experimental poisoning by pyrocin. Of Dr. Walters's cases one had generalised carcinomatosis, one multiple myeloma, and in one the diagnosis was obscure. The most characteristic reactions of Bence-Jones protein are its precipitation from acid urine at temperatures of from 55° to 60° C., its disappearance at the boiling point with the formation of a clear solution, and its reappearance as the solution cools. When concentrated nitric acid or hydrochloric acid is added to urine containing Bence-Jones protein the latter is precipitated in a dense white cloud, which becomes dissolved as the temperature is raised to boiling point.

* Journal of the American Medical Association, March 5th, 1921.

and reappears as the urine is cooled. As regards the origin of the protein Dr. Walters is in favour of the hypothesis of Hopkins and Savoury, according to which it represents either normal, abnormal, or aberrant stages of bone synthesis, the completion of which is hindered by indeterminate pathological conditions. Dr. Walters conducted metabolic studies on each of his three patients to determine variations on excretion on various diets with the following results: (1) the quantity of Bence-Jones protein excreted was independent of the protein intake, as was shown by an approximately constant excretion for three periods irrespective of changes in diet; (2) the amount of Bence-Jones protein excreted during the night when food was not taken was only slightly less than the amount excreted during the day; (3) there was not a constant relationship between the quantity of Bence-Jones protein and the total urinary nitrogen excreted. As the presence of Bence-Jones protein in the urine led to detection in the blood, Dr. Walters suggests that possibly other proteins of similar or dissimilar nature are in existence in the blood and are not excreted by the kidney.—*Lancet*.

CONDITIONS COMMONLY MISTAKEN FOR PULMONARY TUBERCULOSIS.—Stivelman of the Montefiore Sanatorium discusses this question from a basis of 1,700 consecutive cases studied, and presents the following as his summary:

" 1. Among the last 1,700 cases sent to us suffering from tuberculosis, 176, or 10.4 per cent. were non-tuberculous.

" 2. The conditions most frequently diagnosed incorrectly were: Chronic bronchitis and emphysema, cardiac conditions, non-specific diseases of the upper respiratory tract, neurasthenia, chronic interstitial pneumonia, bronchiectasis, chronic non-tuberculous lung infections, asthma, gastric ulcer, pulmonary abscess, dysthyroidism.

" 3. It is hazardous to diagnose tuberculosis in individuals over fifty and those suffering from mitral disease, unless sputum or X-rays are positive.

" 4. It is safe to consider lesions confined to the lower lobe as non-tuberculous until proved otherwise.

" 5. Marital phthisis is exceedingly rare. Tuberculosis in one consort has no definite etiological relation to phthisis in the other.

" 6. Extensive unilateral lesions are often non-tuberculous, while advanced phthisis is usually bilateral.

" 7. Positive sputum reports are not incontestable. When the diagnosis rests on the presence of acid-fast bacilli in the sputum, the findings must be confirmed.

" 8. Care and thoroughness, sputum studies, free use of the Roentgen ray, and, above all, the proper correlation of history, symptoms and physical findings, will make for more accurate diagnosis and more intelligent treatment."—*American Review of Tuberculosis*, January, 1921.

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BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homöopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Revista Homœopatica Practica—Annaes de Medicina Homœopathica—Journal A. I. H.—Homœo Recorder.—Pacific Coast Journal.

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JUNE 1, 1921.

THE B.H.A.

THE Annual Meeting of the British Homœopathic Association was held on May 30th, and will be described in July. But the Report is in our hands, and may serve as the text of the appeal for support which this journal has generally to make at least once a year. We are, as a body, only too painfully aware of a number of calls upon our none too extensive resources, and therefore the post of pleader for any Institution is not an easy one. Nevertheless, we cannot regard the failure of many of our members to support the B.H.A. as anything but a want of thought. Surely once it is realised what the Association has done and could do, there can be no hanging back on the part of any believer in Homœopathy.

This year, for instance, there is a record of Research Work, most creditable to our resources and opportunities. More and more we are succeeding in interesting new men in aspects of our particular problems, and more and more steady spade work is being done on them. As yet nothing very spectacular has been recorded, but the amount of regular work done increases and at any moment we may be dramatically rewarded. Is not this worth support ?

Educational work has resulted in definite additions to Homœopathic literature. The books that have been written are but a fraction of those which are needed.

The needs could be supplied if funds were forthcoming. We have the men to write them if only the money were available. Is this not worth an effort ?

Finally there is the position of the B.H.A. to be maintained as the connecting link between so many diverse homœopathic activities. All our Institutions help our cause, but they need to have their individual efforts co-ordinated so that there shall be no overlapping and so that the maximum effect on the whole movement can be contributed by each one. Only a Central Organisation can do this. If there were no B.H.A. it would be essential to make something like it for this purpose. Why not devote ourselves to getting the fullest value out of the organisation which exists? It is on the spot, with a notable record of achievement. Can we not now begin a new cycle of work which will make it all that the most hopeful of us has dreamed ?

THE ENDOCRINES IN GASTRIC DISEASE.—Schnabel, from an analysis of 350 cases of gastro-intestinal disease in the University of Pennsylvania out-patient department, studied from an endocrine standpoint leads him to the following conclusions: " (1) With dysfunction of the ductless glands there is sometimes found dysfunction and pathology in the stomach. (2) The relationship of the ductless glands to the stomach by way of the anatomic system has some evidence in its favour from an experimental and clinical standpoint. Perhaps internal secretions influence the stomach directly. (3) The influence of some centre in the central nervous system as a regulator of the vegetative system is still to be considered. (4) Fatigue seems to be a factor in gastric disease. (5) A relatively small percentage of stomach cases show endocrine disturbances as found in those coming to a gastro-intestinal clinic over a period of time. (6) Organo-therapy should be tried, either alone or in combination with other agencies, in gastric disease especially of a functional type ; it may be followed by some success in a small number of cases."—*Pennsylvania Medical Journal*, January 1921.

NEWS AND NOTES.

HOMŒOPATHY AT BRISTOL AND THE PRINCE OF WALES.

OUR readers will hear with the deepest interest that on June 10th the Prince of Wales will lay the foundation stone of the New Homœopathic Hospital at Bristol. This is an event of the greatest importance and we congratulate Bristol and all our confraternity upon it.

BRITISH HOMŒOPATHIC CONGRESS.

THE Congress this year will be held on Friday, September 23rd, at St. Leonards-on-Sea, under the Presidency of Dr. Frank Shaw. The meeting should prove a very interesting one. The subject chosen for discussion is "The Diagnosis and Treatment of Early Pulmonary Tuberculosis."

H. WYNNE THOMAS; *Hon. Sec.*

BACTERIAL INHIBITION.

The following conclusion from an article in the *Lancet*, by Dr. MacLeod and Dr. Govenlock, will be of interest:—

A considerable amount of general evidence has been brought forward to show that in the course of reproduction many bacteria produce substances inhibitory of their own growth and of that of other bacteria. In the case of the pneumococcus we believe that we have obtained conclusive evidence that such substances are produced and that they are relatively labile bodies destroyed by heat at 80°-85°C. A free supply of oxygen seems to be important for their production, and it seems possible that it is in this fact that we have the explanation of the therapeutic value of oxygen administration in pneumonia. The possible applications of these findings are various. They have considerable theoretical interest, in the sense that a class of substances, perhaps of the nature of

enzyme, which has not as yet been seriously investigated, is brought under examination. Further, it may be possible in taking those substances into account to elucidate some pathological and bacteriological problems till now obscure, such as the crisis in pneumonia or the predominance of certain types of bacteria in different parts of the alimentary tract..

Amongst the likely practical applications are a better understanding of the factors dealt with in preserving stock cultures and in obtaining growths of "delicate" bacteria; also the production of media capable of promoting selective bacterial growth—*e.g.*, it may be possible to prepare a medium capable of growing cholera and not *B. coli*, etc. Lastly, it is remotely possible that such substances may have a therapeutic application, since it may be that the pneumococcal product which kills staphylococci and pneumococci and leaves streptococci much less affected may be more lethal to the former than it is to the tissues of the body.

In any case some very interesting lines of investigation are opened out and it is in the hope that other bacteriologists may be led to take them up that these observations have been published in this immature form.

FERRAN'S ANTI-TUBERCULOSIS VACCINE.

An investigation of Ferran's anti-tuberculosis vaccine is now in progress at the Rockefeller Institute.

Ferran's success with vaccine treatment has had wide recognition for many years. During the cholera epidemic in Spain in 1885, the whole population of the town of Alcira was vaccinated against cholera by Ferran and remained free from that disease.

Since that early period Ferran has worked steadily to prove the efficiency of his tuberculous vaccine in the prevention of tuberculosis infection. He noted that tubercle bacilli grown in broth remain true to type for many generations; but after a lapse of a certain period of time they begin gradually to lose one acid-fast characteristic after another until finally

a non-acid-type is produced. The albuminoid toxins produced by these non-acid-fast bacilli confer a certain immunity against the toxins of the fully developed adult tubercle of bacilli Koch. Antitoxic serum obtained by the use of non-acid-fast types gives the same result.

Ferran believes that there are present always, in the intestines of animals and mankind, types of bacilli which are universally disseminated throughout nature and which, by mutation, may develop into the acid-fast bacillus of Koch. The use of these primitive forms, as vaccines, protects against their later development into acid-fast types. This point is very interesting and may be allied with two facts, the first of which is, that acid-fast bacilli are constantly present in the food and drink of animals and humans. This is the universal source of every variety of tuberculosis in all animal life. The second point is that the waxy covering of these acid-fast bacilli does not stimulate the production of wax-splitting ferments because the system is not trained to split wax. It does not occur in our food nor in our drink, therefore the waxes of the acid-fast bacilli are not attacked and split up by blood ferments as are proteins and other substances. This raises the question as to the possibility of developing this mechanism in childhood by the use of the fatty acids most closely allied with the waxes. It may be well to begin with the liquid waxes secreted by young bees. This has been suggested.

The presence of tubercle bacilli is exceedingly common in infants and young children. There is the personal idiosyncrasy, of possible non-immunity, in that about one child in one hundred becomes injured and the others do not. Why this non-immunity, as distinguished from real or relative immunity in those who remain unaffected by tubercle bacilli, is not definitely known, but it is supposed to be related to some endocrine disturbance, the endocrine glands being the original source of strength through their control over metabolism. It has been claimed that tuberculous infection is not an infrequent sequel of endocrine disturbance.—*Journal of Organotherapy.*

ORIGINAL COMMUNICATIONS.

HOMŒOPATHIC VERIFICATIONS FROM THE
PHARMACOLOGICAL LABORATORIES.*

By FRITZ C. ASKENSTEDT, M.D., Louisville, Ky.

The dual action of drugs is so intimately related to homœopathy that I have thought it of interest to refer to the following reports:—

That strong irritations hamper and injure the functions of organs, and that milder irritations stimulate them is now so well recognised that few a years ago Rudolph Arndt announced that these phenomena were expressions of a fundamental biological law—or as he termed it, “biologisches Grundgesetz.” In confirmation of this, Hugo Schulz reported before the Medical Society of Greifswald, in 1914, a number of tests of the influence of digitalis upon the perception of green colour by the human eye (*Deutsche Med. Wochenschr.*, May 14, 1914, pp. 996-998). His experiments were carried out with the strictest possible accuracy and proper controls. Each subject was placed under a black cloth, and at intervals of five minutes was made to compare the shades of green colour shown by a colorimeter like that now recommended by Rowntree and Geraghty for the phenolphthalein test of the renal function. In this way the accuracy of perception could be mathematically determined. A dose of ten drops of the official tincture of digitalis was administered to each prover, and shortly thereafter his perception of green was invariably found to be impaired. In a subsequent series of experiments, carried on with identically the same arrangements, two drops of the tincture of digitalis, instead of ten, were administered, and the perception of green was found to be enhanced in all cases but one. In this case one-half drop of the tincture was substituted and now it could be

* Symposium on Homœopathic Verification from the Laboratories, A. I. H., 1916, with grateful acknowledgments to the *Journal of A.I.H.*

satisfactorily demonstrated that this attenuated dose was effective in producing a distinct increase in the acuteness of the perception of the shades of green.

The full significance of these tests was probably not realised by Dr. Schulz, the director of the experiments, a physician of the old school. To us it is quite apparent that if ten drops of digitalis impairs the perception of green and one-half drop is capable of stimulating it under normal conditions, then a much smaller dose should prove sufficient to stimulate the reactive force when the perception of green already is lowered and therefore presenting a natural tendency toward its stimulation.

Thomas J. Mays, Professor of Diseases of the Chest in the Philadelphia Polyclinic, writing on "Immunity and Therapeutic Action," in the *Boston Medical and Surgical Journal*, November 21st, 1907, goes a step further. His experiments upon the frog's heart prove that large doses of atropin, curare or strychnin depress the heart's action, while small doses of the same drugs stimulate it. When the heart action has become depressed by some drug, as chloroform, alcohol, atropin, etc., and a small dose of another drug which acts as a depressant in large doses is added, then a rapid restoration of the heart action to normal, or nearly normal, function results. This, he says, makes it very clear "that small or minimum doses enhance bodily resistance, and the large or maximum doses depress or paralyze the same"; and "that minimum doses successfully antagonize the disintegrating effects of minimum doses. These antagonistic effects" he goes on to say, "are displayed here as decidedly as if they had been wrought by the two mechanical forces of attraction and repulsion, and they give us an exact mathematical demonstration of the power which drugs have of supporting and preserving life when attacked by adverse forces."

Since mild irritants are thus known to stimulate the function of cells, be this function stimulation or inhibition, and since irritants can affect the function of a cell only quantitatively, not qualitatively (Cushny), the question arises, How may the particular

cells affected by disease best be reached by drug irritation? The logical answer is—Through a well systematised symptom similarity.

CURE AND RECOVERY.*

By STUART CLOSE, M.D.

The Recall of the Medical Profession.—The advent of Homœopathy in the world opened a new era in medicine and gave new meaning to the word "Cure." In the *Organon of Medicine* Hahnemann, in military parlance, "sounded the recall" to all physicians in the field and laid before them a new plan of campaign and a new method of attack upon the enemy forces of disease. For the first time in history it then became possible to treat diseases under scientific principles and perform true cures by medication.

The New Ideal.—Hahnemann contemplated the entire field of medicine from the standpoint of an ideal and efficient therapeutics. In the first paragraph of the *Organon* he penetrated directly to the heart of the matter, and declared that the "physician's high and only mission is to restore the sick to health—to cure."

Here Hahnemann took his stand. From this point he viewed his field. By this standard he measured all physicians, all medical theories, methods and systems, and desired and demanded for himself and his method, to be measured. He asked but one question, applied but one test, *Do they cure the sick?* Experience and observation of the men and methods of his day showed clearly that they did not cure. In the light of a vast and comprehensive knowledge and a bitterly disappointing personal experience, he pronounced the medicine of his day a failure and set about its reformation.

* A lecture delivered, by invitation of the Dean, before the combined junior and freshman classes of the N.Y. Homœopathic Medical College and guests, October 28th, 1920. Reprinted from *Homœo. Recorder*, with full acknowledgments.—Ed. H.W.

Cure was not then, as it has since become in the dominant school of medicine, an obsolete term. Physicians still talked and wrote of "cures," but vainly sought to find them. "The Art of Healing" or "The Healing Art" were familiar phrases, but the thing itself, like a will-o'-the-wisp, eluded them—then as it has ever since.

In the second paragraph of the Organon, Hahnemann gives, for the first time in medical history, an adequate and satisfying definition of the ideal expressed in the word "Cure": "The highest ideal of a cure is rapid, gentle and permanent restoration of health, or removal and annihilation of the disease in its whole extent, in the shortest, most reliable and most harmless way, *on easy comprehensible principles.*"

Principles, not Precedents.—In those last four words lies the main point of the whole matter. Cure is dependent, not upon precedent, opinion or speculation, but upon the application of *Principles*; principles, moreover, that are "easily comprehensible." The only principles that are easily comprehensible are principles that *are true*. The only principles that are true are principles logically deduced from facts—*all the facts* that belong to the field of research involved. Simplicity comprehensibility—is the highest criterion of Truth. The greatest truths are always simple.

Medicine in general and therapeutics in particular are authoritatively classified among the Arts.

From time immemorial the practice of medicine has been called "The Art of Healing." Hence, a cure is a product of art. Let us consider what is meant by Art.

Art Defined.—Art is practice *guided by correct principles* in the use of means for the attainment of a desired end.

An artist is one who is skilled in applying knowledge or ability to the accomplishment of a concrete purpose.

Psychologically, art is the superior work of reason and intelligence, actuated by a sense of beauty and the "eternal fitness of things."

Art transcends nature. It represents the victory of mind over matter, of man over nature. The Artist

can take a hint from nature and devise some quicker or better way of accomplishing certain purposes ; as when the homœopathic artist takes the crude materials that nature provides and adapts them directly to therapeutic ends by potentiation, rendering them harmless, more active, more potent, more assimilable and hence more efficient.

Art not Imitation of Nature.—Art is not mere servile imitation of nature, nor of nature's processes, although such base imitations are constantly being foisted upon the medical profession and the public in the name of art or science.

Hahnemann says : " The vital force, capable only of acting in harmony with the physical arrangement of our organism, and without reason, insight or reflection, was not given to us that we should regard it as the best guide in the cure of disease. What man of sense would undertake to *imitate nature* in her endeavours of coming to the rescue. . . . No, the true healing art is that *intellectual office* incumbent on the *higher human mind* and *free powers of thought*, discriminating and deciding *according to cause.*"

To illustrate : Many examples of the working of the homœopathic principle may be found in nature : The happy but unexpected results of accidental experiences, such as relief from rubbing a bruise, applying snow to a frozen ear, or radiant heat to a burned finger ; the instinctive action of sick or injured animals as when they eat grass or leaves to produce vomiting when they are nauseated, or lick the secretions from their own wounds or sores.

If a homœopathic artist desired to profit by the observation that a dog had apparently cured himself by licking the pus from his own sores ; or that a human victim of septicemia had recovered after accidentally or intentionally ingesting a portion of his own morbid secretions, he would not think of imitating these procedures. Desiring to ascertain the value of " auto-genous pus " as a possible remedy, he would first submit the morbid product to the recognised scientific process of modification by mechanical potentiation, according to the method of Hahnemann, and carry it

to a point where there could be no question of the non-existence of toxic or septic qualities.

Having thus removed the obnoxious qualities of the substance, and raised it from the physical to the dynamical plane, he would next submit it to the test of proving upon healthy persons ; or, if he chose to approach the problem first from the clinical side he would administer doses of the potentiated substance to the person from whom it was taken and observe results, checking them up later by the results of a proving.

To further illustrate : Venomous reptiles and insects inject their poison by puncturing the skin and obtain quick and positive results. This suggests but does not justify the use of the hypodermic needle for therapeutic purposes, than which no more pernicious violation of the principles of true medical art was ever devised.

The use of the hypodermic needle for therapeutic purposes is merely a slavish imitation of nature, and of nature in her most malignant moods. The avowed object of the procedure is to get "quick" and "positive" results, but, like many other questionable medical expedients, it is a violation of the principles of the healing art and an evil to be combated by every homœopathician.

If every hypodermic needle in existence were destroyed it would still be possible to cure or relieve every curable disease quickly and safely, by means of the appropriate medicine administered by the natural channels.

Imitation of nature is a paltry substitute for art. Whatever may be the outcome in the long run and final accounting, nature, temporarily at least, works irrationally, blindly, painfully and wastefully ; as when she creates a million spawn to secure a dozen fish ; or suppurates an eye away in the effort to remove a splinter from the cornea. Undoubtedly law underlies all such efforts, but it is a law violated, thwarted or hampered in its operations by adverse conditions. Art thereupon steps in, removes obstacles, quiets disturbance, improves conditions and accomplishes results

with the least expenditure of force, by means perhaps similar, but always superior to those used by nature.

Cure is never accomplished by methods which are but a mere imitation of nature or nature's processes. Recoveries, only, result from such methods. Frequently great injury is inflicted upon the patient by the use of such methods, because many of nature's processes cannot be successfully imitated by man. There is always something which eludes us in our attempt to grasp nature's deeper secrets.

Distinction between Cure and Recovery.—The favourable outcome of medical treatment may be either a *cure* or a *recovery*. To realise the ideal of cure, it is necessary to know the exact meaning of these terms and to be able to discriminate between them.

Failure to discriminate between cure and recovery engenders confusion of thought and leads to pernicious practices. The terms are not synonymous. Natural recoveries following treatment consisting of mere palliation of symptoms should not be mistaken for cures nor falsely paraded as such. In either case, a false standard is set up, injustice is done to the ideal of cure and scientific progress is retarded.

A Cure is always a Result of Art and is never brought about by Nature.—Nature, however, aided or unaided often brings about a recovery, under the operation of natural laws. Fortunate indeed is it for humanity that this is true.

Aside from homœopathy, sanitation and surgery, the only real progress in handling the problem of disease during the last century has been in the adoption of hygienic methods of treatment tending toward natural recovery—the abolition of all drugs and dependence upon rest, diet, regimen and good nursing—known as the expectant method. The rate of mortality in certain diseases has fallen in proportion to the degree that meddlesome medication has been superseded by sound hygienic methods.

Definition of Recovery.—Recovery is the spontaneous return of the patient to health after the removal, disappearance or cessation of the exciting causes and

occasions of disease, or as a result of treatment which is not directly and specifically curative in its nature.

Recovery takes place by virtue of the existence of sufficient integrity of organs and inherent power of reaction in the patient to overcome the disease producing agency without the aid of the homœopathic or healing art. Recovery is favoured by the application of sound principles of mental and physical hygiene, judicious mechanical or surgical treatment when required, avoidance of drugs used for their "physiological" (really pathogenetic) effects, and by enlightened sanitation.

The Expectant Treatment Inadequate.—Nature unaided however, or with the aid afforded by the expectant treatment and by sanitation and surgery, is unable to cope successfully with many forms of severe disease. Such diseases as cholera, yellow fever, pneumonia, diphtheria, typhus and typhoid fever, smallpox, and many other diseases take a heavy toll in mortality, practically uninfluenced by the expectant treatment, except as compared with the much greater mortality under ordinary drug treatment. If diseases are divided into three classes with regard to their rate of mortality, the highest mortality is found among those treated by ordinary drug methods, the next lower under the expectant method, and the lowest under homœopathic treatment.

The Superiority of Homœopathy.—Homœopathy has gained its greatest triumphs in those diseases which are uninfluenced by even the expectant treatment. Of these cholera is a notable example. With a normal mortality of from forty to seventy per cent. under any other form of treatment, the mortality under homœopathic treatment, but otherwise under precisely the same general conditions, has been as low as four per cent. Substantially the same is true of other diseases, in all of which the mortality is distinctly lower under homœopathic treatment than under the expectant treatment, which is itself so superior to ordinary drug treatment that the leaders of thought and research in the regular school warmly advocate the abandonment

of all drugs except mercury, quinine and morphine in special cases.

It is the duty of every physician to avail himself of all the resources of hygiene, sanitation and surgery, but it is also his duty to put prejudice aside and investigate the claims of a method of medication which can show such markedly superior results as does Homœopathy.

Homœopathy alone, of all therapeutic methods, can legitimately claim to effect true cures by medication, as distinguished from recoveries; and this it claims, first, because it is based upon a definite general principle or law of nature; second, because it is able to successfully apply that principle to individual cases; and third, because it does actually restore the sick to health, quickly, safely, gently, and permanently, upon easily comprehensible principles.

Relation of Cure to Disease.—A true definition of cure must be based upon a right conception of the nature of disease.

The Standard Dictionary defines disease as “any departure from, failure in, or perversion of normal physiological *action* in the material constitution or *functional* integrity of the living organism.”

The definition rightly focuses attention upon the dynamical aspect of the subject, for disease is essentially and primarily a morbid dynamical disturbance of the vital powers and functions, resulting in a loss of functional and organic balance.

Primarily and essentially, cure is the restoration directly, by medical art, of moral, physiological action. Cure does not consist in the mere removal of the external, secondary, tangible products of disease, but in restoration of the dynamical balance, so that the functions of the organism are again performed normally and the patient is in a state of health.

Disease is manifested perceptibly by signs and symptoms. Cure is manifested by the removal of the symptoms. Strictly speaking the removal of all the symptoms of the case is equivalent to a cure, but if symptoms disappear and the patient is not restored to health and strength it means either that some of the most important symptoms of the case have been

overlooked, or that the case has passed beyond the curable stage. All curable cases present perceptible symptoms, but their discernment often depends upon the acuteness of the observer.

Cure relates to the case as a whole : A patient may have his hemorrhoids removed and be relieved of his rectal symptoms ; but if the symptoms of the heart or liver disease which preceded and caused his hemorrhoids are not removed the patient is not cured ; and so of innumerable other morbid conditions. Cure refers to *the patient*, not to some symptoms of his disease, nor to what may be called " one of his diseases." To say that a patient is cured of his hemorrhoids, but still has his heart disease is absurd. Cure means complete restoration to health.

Cure is not affected by the removal surgically nor by any local means, of the external. secondary pathological " end-products " of disease, such as tumours, effusions, collections of pus, useless organs or dead tissues ; *for the morbid functioning which produced those effects often remains unchanged, after such removal.*

Cure is effected only by dynamical treatment according to fixed principles, directed to the primary, functional disorder as revealed by the complete symptom-picture preceding and accompanying the formation of the tangible products of the disease.

Cure is not merely the removal of *the primary causes of disease*, for even if all the causes of the disease are known and removable, the effects, having been begun, may continue as secondary causes after the removal of the primary causes. Spontaneous disappearance of the disease does not always occur in such cases, and dynamical treatment is required to restore the patient to health.

The End Products of Disease and Mechanical Treatment. The tangible, physical results of disease as thus defined may and often do disappear spontaneously when the internal dynamic disturbance is removed by curative medication, but they are not primarily the object of homœopathic treatment. It may be necessary eventually, to remove them mechanically by surgical

art. Surgical or mechanical measures become necessary when the tangible products of disease are so far advanced or so highly developed that they become secondary causes of disease and obstacles to cure. In all cases in which disease has ultimated in organic or tissue changes which have progressed to a point where surgical interference is necessary, homœopathic dynamical treatment should precede and follow operation bearing in mind always that such changes are the direct result of preceding and accompanying morbid functional changes, and that the patient is not cured unless normal functioning is restored.

The Object of Treatment. The primary object or purpose of homœopathic treatment is the restoration of normal functional balance—health.

The basis of the homœopathic prescription is the totality of the symptoms which represent the functional disorder—the *abnormal process of the disease itself*, not its ultimates or “end-products.”

The physician who prescribes for a tumour or any other tangible product of disease is misdirecting his energies and courting failure.

Physicians are constantly mistaking the *product* for the *process* of disease. The product can only be changed by changing the process. Destroying the product does not change the process. Correct the faulty process and the product will take care of itself, so far as homœopathy is concerned. This defines the sphere of Homœopathy and this is what we mean when we say that the cure of disease is a dynamical problem.

A Law of Cure Implied.—The accomplishment of even one true cure by medication implies the existence of a governing principle or law of cure by medication. The occasional occurrence of accidental cures very early attracted the attention of medical men and led them to seek for such a law. Glimpses of the law were had by individuals from time to time down the ages, but it eluded the searches or failed of demonstration until Hahnemann finally grasped it comprehendingly and made it the basis of the therapeutic method which he named Homœopathy.

Many were deluded by mistaking natural recoveries for cures. Their attempts to "imitate" invariably failed. Others abandoned the idea of a general principle of cure by medication and denied its existence, refusing to accept the demonstration when it was finally made. That is the attitude of the average member of the dominant school to-day. He denies the existence of a general principle of therapeutic medication. "We do not profess to cure," he says; "we only aid nature to bring about recoveries." In this he is at least honest, and constant in his use of terms.

(To be continued.)

CHRONIC INTESTINAL STASIS AND SUBTHYROIDISM.—W. Fletcher Stiell in the *Practitioner* for August, 1920, calls attention to the analogy between the symptoms of minor degrees of thyroid insufficiency and those supposed to be caused by Chronic Intestinal Stasis. Sir Arbuthnot Lane reports cases of myxedema cured by removal of the colon which might seem to prove that the intestine was the agent and the thyroid the victim. Stiell is not altogether convinced that this is true, but thinks it possible that a primary thyroid insufficiency inducing secondary intestinal stasis is increased by intestinal toxins wherefore, the removal of the colon and toxins would correspondingly relieve the thyroid and enable it to regain its balance. Stiell suggests that chronic intestinal stasis may be one of the commonest consequences of lack of thyroid secretion and that the use of thyroid may relieve both its insufficiency and the intestinal weakness underlying intestinal stasis, thus doing away with the necessity of removing the colon. A comparison of the symptoms shows how closely those caused by lack of thyroid correspond with those caused by intestinal stasis, and the so-called "auto toxemia." Sensations of chilliness, inertness, indifference, headache, migraine, neuralgias, constipation, menorrhagia, pseudo-asthma and other vague, constitutional states, can only be vaguely diagnosed by the puzzled, well-nigh hopeless doctor. Perhaps the most prominent function of the thyroid gland is the promotion of absorption so that the cell contents remain normal. Lacking this stimulation, there is retention within the cell, causing infiltration, which depresses its functions and thus all tissue cells may combine to manifest the primary condition by depression of nervous or muscular or any other energy-producing function. This loss is common to all tissue cells, and, therefore, is manifested by such a bewildering complexity of symptoms that without this guiding thread we cannot unravel them or find our way through.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

The B.H.S. met on May 5th, at the Hospital, with Dr. Neatby in the chair. The meeting was a notable one in the annals of the Society, for Dr. Bardswell, M.V.O., F.R.C.P., was to read a paper on the uses of Tuberculin, and it is indeed a sign of the times that so distinguished a physician of those remote from Homœopathy, should be willing to bring his knowledge and experience to an unorthodox Institution and a heretical Society. A good number of Fellows, Members, and friends attended. Dr. Bardswell's address was lucid, comprehensive and convincing and was heard with deep interest. It was subsequently discussed by Dr. Wheeler, Dr. Burford, Dr. Edward Neatby, Dr. Tyler, Dr. Weir, Dr. T. M. Neatby and Dr. G. Hey, and Dr. Bardswell replied.

A very successful meeting of the Dinner Club was held subsequently.

THE RELATIONSHIP BETWEEN THYROID AND PARATHYROIDS.—Swale Vincent and J. S. Arnason (*Endocrinology*, April-June, 1920).—Vincent and Arnason have re-investigated the subject of the relationship between thyroid and parathyroids. The rabbit was the experimental animal. Previous investigations had left doubt as to the relationship between the two. Vincent and Jolly had found that on microscopic examination of the parathyroids left "in situ" after the removal of the thyroid, an alteration in the structure had occurred. The parathyroid approximated in appearance to ordinary thyroid tissue. The present experiments failed to substantiate this. In none of the parathyroids were found any distinct traces of vesicle formation. These experiments suggest the possibility that in such extirpation there is danger of leaving bits of thyroid tissue which may subsequently be mistaken for transformed parathyroid. These experiments are interesting in the fact, that after thyroidectomy none of the animals suffer from a condition resembling myxœdema. They did not find tetany in any of the animals. They verified the fact that after thyroidectomy, animals are particularly liable to various infectious diseases. They are of the impression that Beidl's observations are correct, that there is considerable hypertrophy of parathyroid left behind after removing the thyroid.

HOSPITALS AND INSTITUTIONS.

MANCHESTER.

The Sixtieth Report of the Manchester Dispensary reminds us of the long years of admirable service performed by this institution. Over 18,000 patients' attendances are recorded in this report, and 1,800 home visits. There have been but eleven deaths. The financial position is sound and the Building Fund stands at well over £5,000. So we can congratulate our colleagues in the North, and wish them every prosperity.

PLYMOUTH.

The Plymouth Hospital now provides fifty beds and its work continues to be most satisfactory and effective. Patients admitted numbered 307, and 280 of them left cured. In the out-patients, 2,220 patients attended. The Hospital Sunday Fund gave £60, and Workmen's Collections came to £200. All kinds of ways of raising money have been used with success, and though there is a deficit on the year's working, there is so much evidence of energy and enthusiasm in Plymouth that we feel that the future of the Hospital is secure.

HEART FAILURE OVERCOME BY THE INJECTION OF ADRENALIN INTO THE HEART—Heydloff (*Monats. f. Geb. u. Gynakologie*, May, 1920).—A woman with a rachitic, contracted pelvis was delivered by cesarean section. All went well until the placenta was being separated by hand, when the pulse suddenly failed and the heart stopped beating. Massage of the heart had no effect. Two c.c. of one per cent. solution of adrenalin were injected through the fourth interspace directly into the heart. There was no evident effect and the woman was thought to be dead until the incision began to ooze and the heart to beat. This was after a complete arrest of heart action for five or six minutes. Artificial respiration was kept up for some time, and the patient finally recovered. It is possible that the heart failure may have been influenced by a mistake made in giving two injections of scopolamin-morphin instead of one.—*The Journal of Organotherapy*.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),

Chalmers House, 43 Russell Square W.C.I.

RECEIPTS FROM 16TH APRIL TO 15TH MAY, 1921.

GENERAL FUND.

<i>Subscriptions.</i>			£	s.	d
Cedric R. Boulton, Esq.	2	2	0
Dr. A. S. Kennedy	10	6	
Dr. J. Cavendish Molson	10	6	
G. Donaldson, Esq.	10	6	
Kensington College, per J. Munford, Esq. Director			1	1	0
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Dr. T. M. Dishington	1	1	0
Dr. S. Judd Lewis	1	1	0

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Wednesday, 18th May, at 4.30 p.m.

A Meeting of the Beit Research Fund Committee was held at Chalmers House on Wednesday, 18th May, at 5.30 p.m.

The Annual Meeting of the Association was held at Chalmers House on Monday, 30th May, at 3.30 p.m. A report of the proceedings of this meeting will appear in the next issue of "THE HOMŒOPATHIC WORLD."

At the request of the Committee of the Scottish Homœopathic Hospital for Children, Glasgow, Dr. C. E. Wheeler gave, under the B.H.A.'s provincial lectures scheme, a most interesting address at the Central Hall, Glasgow, on April 29th. The meeting was a great success, and, considering the difficulties of train travelling, etc., at the present time, the number

present (about 350) exceeded expectations. A few medical men were present, and expressions made by them since the meeting prove that Dr. Wheeler's address was much appreciated and of a very convincing character.

A PRIZE OF TEN GUINEAS.

Towards the end of 1920 the Association offered a Prize of Ten Guineas for the best short Essay explanatory of the principles of Homœopathy for general circulation. Twelve Essays were submitted before December 31st—the closing date of the competition—and, after careful consideration, the Adjudicating Committee appointed decided that while no Essay was altogether suitable for publication, they were happy to divide the Prize between the two competitors whom they considered to be the most successful. These were Dr. F. B. Julian, of Liverpool and Dr. T. Miller Neatby, of Streatham.

THE TREATMENT OF VERTIGO BY ADRENALIN.—Vernet (*La Presse Médicale*, July 10th, 1920).—The sensation of vertigo comes from loss of equilibrium in the labyrinth, whether occurring in the semicircular canals, the vestibulæ nerve or its connections with the nerve centres. The sensation of vertigo is essentially an expression of irritation of the labyrinth, an irritation which may be as fleeting as the cause provoking it. Just as the retina may reflect a diathesis, so the labyrinth may reflect a distant condition and vertigo be caused independently of local factors. An angiospasm causes buzzing and roaring so that hearing seems to be permanently lost. Suddenly comes a sensation of vertigo and like the storm which clears the sky, the hearing is restored. The vertigo of the menopause, of chlorosis, of exophthalmic goitre, of arthritics, of gouty subjects, is it not always a vertigo caused by vaso-motor troubles, passive or active, and are not these vaso-motor changes under the control of the endocrine glands? As Bonnier says, there are probably the same changes in the membranes of the canals as there are in the nasal mucosa and for the same reasons. On account of its tonic effect upon the vaso-motors, Vernet has been giving adrenalin for the last four years for vertigo and with gratifying results. He gives from five to twenty drops of the 1-1,000 solution twice a day for ten days and then waits to see if more is needed.—*The Journal of Organotherapy*.

EXTRACTS.

HYPERTHYROIDISM AND HOMŒOPATHY.

By M. B. MCAULAY, M.D., San Francisco.

(Continued from page 196.)

Case III.—This is the patient for whom I did not prescribe the constitutional remedy, but whose symptoms were so suggestive of Ignatia that I continued to prescribe it, always getting relief from the nervous, moody state, but never effecting a cure. She came at intervals, when she could not stand herself any longer, would receive her Ignatia, be relieved, and not appear again for weeks. Why I did not see the proper remedy in her case I do not know, but when I left the town this patient was no better than when I began to treat her. I am confident that if I had not been afraid of becoming a routinist but had given her the same remedy that the other two patients received she would have been well to-day. You will recall Kent's note, "When Ignatia temporarily benefits but does not cure."

Case IV.—Mrs. W. Age 50. Mother of two grown daughters. Two of her sisters have had goitres, of what variety I do not know, both cured by another homœopathic physician. One daughter has a slight non-toxic enlargement of the right lobe of the thyroid. Mrs. W. came to me saying she had an appointment for the next day to see a surgeon and arrange for an operation on her goitre. Having heard of my success with Miss A., she would like to see what I could do for her if I would undertake her case. The left lobe of her thyroid had been enlarged for twelve years, being about the size of half a lemon, but had been symptomless until three years before, when, under the shock of her husband's death, it suddenly became toxic. There was, however, no exophthalmos. After about two months of the homœopathic remedy, and without other treatment, the tumour was noticeably smaller, her family pronounced her a different woman temperamentally, and she was steadily gaining in weight and

health. A year from the beginning of treatment Mrs. W. weighed more than she ever had in her life before, the goitre which for twelve years had necessitated the wearing of high stocks, had practically disappeared, excepting at the menstrual period, when it could be seen in certain positions of the head which brings the gland into prominence. Other symptoms of hyperthyroidism had disappeared.

Case V.—My own sister-in-law. Age 32. Always a strong, normal girl and woman. Developed symptoms of "nerves," following a strenuous winter in Red Cross work. Was irritable and unreasonable, my brother said, for about six months. The first I knew of her trouble was one day when I noticed that she was very thin, having lost about ten pounds in two weeks. She had been too stout and I knew wanted to reduce, so I asked her what she was doing to reduce so fast. Her reply was, "I am sick." She then related to me the palpitation, tremor, diarrhœa, giving way of the knees, and so on. Her pulse was over 100; but investigation showed no enlargement of the thyroid gland, so I agreed with my brother that too many card parties and coffee klatches were responsible, prescribed further indulgence and gave her *Nux Vomica*. In a week's time there was further loss of weight. The nights became sleepless and the goitre made its appearance, the right lobe being slightly enlarged. Mrs. McA. was by this time a perfect picture of hyperthyroidism excepting the eye symptoms, and was in a wretchedly nervous state. The same remedy that had brought the former three cases to health was now prescribed and almost at once we began to see results. Six months' time restored the patient to perfect health and her usual weight.

Case VI.—Miss G. Referred to me by Dr. Amelia Gates, no diagnosis having been made. Age 44. Menopause one year ago. Past history negative. Hereditary tendencies: Comes of a very nervous family; otherwise negative. Her only complaint was a sense of weight on top of the head and shoulders. Occasionally pains all through the body. I could get

no further symptoms at the first visit. Gelsemium gave no results. Gradually I extracted from the patient a picture suggesting hyperthyroidism. The pulse was running from 112 to 118. Her weight was 116½. To-day this patient's pulse is 80, full and regular. Her weight is 119¼. One by one the symptoms have disappeared and the patient, after three months' treatment, is fairly comfortable and rapidly approaching health.

And now the remedy. When I was a student I one day heard some of my professors discussing their idea of the most wonderful remedy in the homœopathic materia medica. One said it was Nux Vomica, another Sulphur, another some other polycrest. I thought at the time that some day I would find the most wonderful remedy and write a paper about it. My paper on The Most Wonderful Remedy had evolved into a sketch of Hyperthyroidism and Homœopathy. The remedy is Natrum Muriaticum 30x.

ARE THE DOMINANT AND THE HOMŒOPATHIC MEDICAL ORGANISATIONS READY TO FUSE ?

Review of a Study of Similia Similibus Curentur by Prof. Hugo Schulz, Greifswald.

By FRITZ C. ASKENSTEDT, M.D., Louisville, Ky.*

For the present the answer must be in the negative. But the difficulty of fusion of the two schools is less a matter of therapeutic principle than of mutual conservative prejudice. A greater spirit of conciliation between the schools would speedily lead to the consummation.

The tenets of Homœopathy form no exclusive system. The recognition of the therapeutic law, "Similia Similibus Curentur," is no more inconsistent with the recognition of other therapeutic principles than is the recognition of the law of gravity inconsistent with the acceptance of other natural

* Reprinted from the *Journal of the American Institute of Homœopathy*, for January, 1921, with full acknowledgments.

laws, for of all creation the human body is the most complex. The following definition of a homœopathic physician is adopted by the American Institute of Homœopathy and manifests the professed attitude of the homœopathic school:

“A homœopathic physician is one who adds to the knowledge of medicine a special knowledge of homœopathic therapeutics and observes the law of similia. All that pertains to the great field of medical learning is his, by tradition, by inheritance, by right.”

The therapeutic principle, “*Similia Similibus Curentur*,” is so frequently approached in the various fields of research of the dominant school that its general acceptance seems ultimately assured. The recognition of the duality of drug action (Rudolph Arndt’s “*Biologisches Grundgesetz*”) is a new premise affording additional theoretical support to the value of Homœopathy. This was asserted in my paper on “Homœopathic Verifications from the Laboratories” (*Journal American Institute of Homœopathy*; October, 1916), and a reference was made to a demonstration of this law by some experiments with *digitalis* carried out by Dr. Hugo Schulz.

There this remark was made: “The full significance of these tests was probably not realised by Dr. Schulz, the director of the experiments, a physician of the old school.” It seems, however, that they were. While examining some medical books in a store in Stockholm, last October, I was struck by the title of a recent brochure, “*Similia Similibus Curentur*,” written by Dr. Hugo Schulz, Professor at Greifswald, Germany. The name appeared familiar, and I decided to purchase the entire supply of the booklets found in the store—two copies. In this brochure the author gives a lengthy historical review of the homœopathic principle, quoting from Hippocrates, Paracelsus and Hahnemann. References are made to his own experimental research, with most of which, I must confess, I am not now acquainted. Regarding drug action and his personal experiences the following brief outline is abstracted from the brochure:—

Professor Schulz likens the normal action and reaction of the body to the even swinging of a pendulum or the balancing of a pair of scales, which by an outside agent can be disturbed but which manifests a tendency to return to normal.

He calls attention to the fact that a freshly prepared neuro-muscular specimen will respond to any kind of an irritation capable of eliciting a response, whether applied directly to the muscle or indirectly through the nerve, in one way only, *viz.*, by muscular contraction. Likewise a secretory organ when irritated by agents of various nature responds to the irritation of each in one way only ; by an increased or reduced secretion. It matters not whether the supplying nerve be irritated, the blood supply altered, or the parenchymatous cells themselves subjected to any kind of an irritation capable of eliciting a response. The secretion may flow more profusely or scantily, it may be altered in its chemical composition, as a result of the irritation, but the point to be remembered is that the response of the gland is made only through its secretion ; in other words, its response is limited to its functional capacity. This holds good for any organ and for the entire organism as well.

Among the irritants which are capable of influencing the activity of any single gland or that of the organism as a whole, are found the various agents which are used therapeutically ; as drugs, electricity, X-rays, heat, cold, etc. It has thus been shown that the effects of all irritants do not depend upon the *quality* of the irritation but rather upon its *quantity*, or intensity. Ignoring this will lead to therapeutic failure. Rudolph Arndt was the first to point out the importance of the intensity of the irritation in all physiological functions. His " *Biologisches Grundgesetz* " implies that mild irritations stimulate the function of an organ, strong depress it, whilst the strongest destroy it. (Reference to the significance of this in therapeutics was made by Professor Schulz as early as 1887 in *Zur Lehre von der Arzneiwirkung*. Virchows Archiv., vol. 108.)

Since pathogenic causes of any nature whatsoever

produce the same effect upon an organ, it follows that if two wholly heterogeneous agents, as, *e.g.*, at one time a drug and at another the direct cause of an infection or an exposure to cold, affect the same organ with the same intensity the result will be the same. An abuse of drug action upon a diseased organ can therefore produce a condition similar to that produced by the disease for which it was administered. Take a case of chronic catarrh under treatment with an astringent. In chronic catarrh the essential lesion is a disturbance of the circulation in the mucous membrane, due to an abnormal action of the vessels affecting their *tonus*. This can be remedied by the application of an astringent, which acting upon the muscular fibres of the walls of the vessels causes them to contract, and by a judicious treatment the normal degree of tension may thus be restored. But if by a misuse of the drug the muscle fibres are constantly and excessively irritated—for it is only through the irritating effect of the astringent upon the musculature that a change in *tonus* can be expected—the tissue becomes fatigued and the *tonus* relaxed. This condition resulting from the drug action is like that existing before treatment was begun, and the disease is prolonged.

HOW CAN SIMILAR ACTION BE EXPLAINED ?

But how—and this, he states, is the more difficult point to reason out—explain that a drug can both produce a disease and then when given for a closely similar disease effect a cure? In order to answer this question it must be shown that the process of healing essentially belongs to the diseased organs themselves. In them the actual power of cure resides. With our remedies we can only assist the organs to recover their physiological balance. The idea of a *therapia sterilisans magna* will always remain a mere idea. As a matter of fact, when healing occurs as a result of medication it is in accordance with the action of similars. Exception is made of cases where, according to the principle of *contraria contrariis*, timely treatment will remove some obstacle to

spontaneous recovery. But in all other-cases where a complete cure cannot be effected by the activity of the organs without our help the principle of *similia* is exemplified. Here results are obtained through the direct influence of a remedy which acts upon the diseased organs in quite a specific manner. How the medication really induces a cure can only be conjectured. In certain cases it might be that the natural efforts of the organs to produce substances which are able to neutralise the pathogenic poison are promoted by drug stimulation. It should also be remembered that every stimulation of an organ has some effect upon its blood supply. Undoubtedly the future will offer other possibilities of explanation. Professor Schultz warns to be careful not to accept or utilize as sufficient evidence such attempts at explanation as either à priori proceed from false or faulty premises or which seek to smuggle gross chemical or physical facts into the finer phenomena of the living organism.

REMEDIES TO BE SELECTED BY DRUG-RELATIONSHIP.

In the selection of the remedy the greatest assurance should be obtained that between it and the diseased organ there exists the most intimate relationship. The exact organ affected and precisely the pathological changes it presents will call for the remedy which comes nearest to producing these changes when its action is developed to a sufficient extent. The necessity for testing drugs upon the healthy human body to ascertain their action has repeatedly been advocated by the author, who further writes: "That in this respect I am not now in agreement with the majority of colleagues who are considered competent *savants*, I am well aware. Time and results must here, as everywhere, do their part." Besides, regard must be had for the *intensity* of the drug irritation and its application to the individual case. Just here, Professor Schultz affirms, Arndt's fundamental biological law comes in. It is one thing to direct treatment to the palliation of symptoms and quite another to remove the fundamental cause of the disease. Time and again the physician will meet

with cases where he can do no more than apply treatment in accordance with the law of *contraria*. The pain of inoperable cancer, for example, imperatively demands the employment of such measures as will alleviate the suffering for a time, although they can do no more. In such cases it would be radically wrong to waste time in the hopeless endeavour to cure the cancer itself with drugs without affording the patient relief, at least temporarily, by the use of a narcotic. But in cases where prospects of a cure are not wholly unwarranted by the condition of the organ involved, the underlying affection itself is to be combated, and here success depends primarily upon arousing the recuperative activity of the part affected. The irritation of the drug should be modified to meet the case. Too great irritation must be avoided for reasons already given. And since the assumption is well grounded that the longer the diseased process has lasted the more reduced will be the resistance of the organ to drug irritation, a mild drug irritation is preferred for chronic cases. In acute cases to be treated with remedies generally considered poisons, the drug irritation should also be mild.

SMALL DOSAGE DEMANDED.

This brings up the question of the small dose. The slogan, "much helps much," which is justifiable in medication according to the principle of *contraria*, appeals to the uninitiated. According to this principle nothing can, of course, be expected from very small dosage. But Hahnemann observed that, especially in chronic diseases, comparatively small doses were more effective than large. The drug seemed, therefore, more potent in its higher dilutions. This gave rise to the not well chosen expression, drug potency. The action of the drug, not the capacity of the organ treated, was thereby implied. This thought has led to the so-called infinitesimal doses, the size of which is as difficult to estimate as are the results which have been attributed to them. That the dosage can, and must, be very small is easily

understood after a little consideration of the nature of the organ affected. But there are limits.

As has already been stated, healing results from the activity of the organs themselves. The problem is always to restore order to the disturbed balance. More is not desired, and more cannot be accomplished with medicines. It may not be easy for the individual to arrive by logic to the principle, *Similia Similibus Curentur*. It means to unlearn. But eventually it depends upon the practical test. Also upon the courage. To quote the author more literally: "I readily admit that it was not easy for me to treat my own child, who was ill with a severe case of cholera infantum and in spite of the most careful endeavours of the colleagues was given up to die, with arsenic and, besides, in a dosage which, according to my views at the time, must be quite ineffective. But within twenty-four hours the diarrhœa was relieved." . . .

"I know quite well that to my views, as I have hitherto published them and as they reappear in part in this article, there is attached the odium that I am in reality a secret disciple of the school of Hahnemann. Schools must not exist, according to my judgment, for him whose business it is to promote with energy a branch of science, lest he should fall into bigotry. And to ignore entirely a therapeutic movement because it enters upon a road different from that which has so amply been trodden during the last two thousand years is, viewed in the light a conduct that is hard to bring in harmony with the earnest words: *Salus ægroti summa lex!*"

In making the above brief review of Professor Schulz' excellent brochure I realise fully that it is not doing justice to his logical presentation of *Similia Similibus Curentur*, but the object of my effort is rather to direct attention to the publication, which merits a careful perusal, and which should induce someone to translate the article in its entirety into the English language.

SIMILARITY OF EFFECTS PRODUCED BY
ABSENCE OF VITAMINS AND BY EXPOSURE
TO X-RAYS AND RADIUM.*

By W. CRAMER, D.Sc.Edin., Ph.D.Berl., M.R.C.S.,
A. H. DREW, D.Sc.Lond., and J. C. MOTTRAM,
M.B.Lond., D.P.H.

(From the Imperial Cancer Research Fund, and from the
Radium Institute, London.)

FROM the fact that the absence of vitamins from the diet leads to a gradual decline of the higher animals, and if sufficiently continued is incompatible with maintenance of life in these animals, the important generalisation has been drawn that vitamins are essential for the life of the cell. Histological investigations of the tissues and organs of animals kept on such a diet have so far failed to reveal any lesion sufficiently gross and affecting a vital organ which would account for the decline or the death of the animals. Our own observations on mice and rats kept on a diet completely free from vitamins have, with the one exception presently to be mentioned, given the same result. Even the finer cytoplasmic structure, as expressed in the condition of the mitochondria, is not altered deeply enough to account for the condition of decline and the death of the animals. Nor does the general condition produced by the absence of vitamins help to an understanding of the manner in which they act. For the general condition of these animals is simply one of inanition, and many of the changes described as occurring in the tissues of animals kept on a vitamin-free diet are similar to, or identical with, those produced by chronic starvation. The hypertrophy of the adrenals may be quoted as an example.† ‡

It appears to us that this hypertrophy of the adrenals in the absence of vitamins is an argument against the generalisation that vitamins are essential to the life of every cell. They do not appear to be essential to the

* Reprinted from the *Lancet*, with full acknowledgments.

† McCarrison, R. : *Indian Journal. Med. Research*, 1919, vii., p. 188.

‡ Vincent and Hollenburg : *Proc. Physiol. Soc.*, 1920, p. 69 ; *Jour of Physiol.*, 1921, liv.

life of either the cortical or the medullary cells of the gland. Subsidiary assumption would have to be made, for instance, that this organ is distinguished by a large store of vitamins. But such an assumption is negated by the experimental test,* at least as regards the fat-soluble vitamin, and has never been demonstrated for the water-soluble vitamin. In mice and rats kept on a vitamin-free diet very active growth changes, as evidenced by the occurrence of mitoses, have also been observed in the cells of Lieberkühn's follicles, even in the last stages of avitaminosis. Similarly transplanted tumours show active growth in animals kept on a vitamin-free diet and suffering severely as the result of the absence of vitamins.

Vitamins Unnecessary for Life of Individual Cells.

The generalisation that vitamins are necessary for the life of the cell has been extended so as to cover even the lower forms of life, plants, bacteria, yeast cells, etc. The recent work of Lumière† has shown that so far as these lower forms of life are concerned this view was based on faulty experimental observations. It is therefore important to realise that what has been experimentally established is the fact that vitamins are essential for the maintenance of life of a highly differentiated animal as a whole, *but not necessarily, or probably, of its individual cells.*

There is, however, one tissue which is specifically and profoundly affected by the absence of vitamins from the diet—namely, the lymphoid tissue. In mice and rats kept on a diet completely free from vitamins there is a great atrophy of the lymphoid tissue, which is obvious to even the naked eye. The spleen is shrunk to a narrow ribbon; the thymus, which even in adult rats and mice remains relatively a large organ filling the upper part of the thorax and covering the base of the heart, becomes so small as to be hardly visible. The Peyer's patches, which are prominent in normal animals, are difficult to identify with the naked eye. Microscopically these organs, especially the spleen, are

* Emmett and Luros : *Jour. Biol. Chem.*, 1919, xxxviii, p. 441.

† Lumière : *Annales de l'Inst. Pasteur*, 1921, xxxv., p. 102.

found to contain very few leucocytes. The ordinary lymph glands may not be macroscopically smaller than normal, but under the microscope are found to be almost bare of lymphocytes. They consist almost entirely of endothelial cells and large empty lymph spaces. The blood picture, as shown by a differential count, shows a reduction in the number of lymphocytes and an increase in the number of polymorphonuclear leucocytes.

Extreme Reduction of Number of Lymphocytes.

As an example of the degree to which the lymphocytes may be affected, the following extreme figures obtained

	Lymphocytes.	Large mono-nuclears.	Poly-morphs.	Mast cells.	Eosinophiles.
	Per cent.	Per cent.	Per cent.	Per cent.	Per cent.
Avitamin rat No. 130.	25	15	57	2	1
Normal rat	54	7	37.5	1.3	0.2
Avitamin mouse No. 140.	6	23	71	0	0
Normal mouse	60	21.5	17	1.4	0.1

in a mouse and a rat in the final stages of avitaminosis may be given. These animals did not suffer from any intercurrent infection. The differential counts give figures varying a good deal for different individual animals, and the examples given represent the extreme change so far as the lymphocytes are concerned. The figures for the normal animals are taken from Eyre's Bacteriological Technique (second edition, p. 374), and represent the average of a large number of counts. Our own observations on normal animals agree with these figures within narrow limits.

Similarity with Action of X-Rays and Radium.

This condition of the lymphoid tissue is practically identical with that produced by exposure to X-rays and radium. These agents, if given in appropriate dosage, not only have the same effect as regards the lymphoid tissue, but they also produce the same general effect

on the animals—they lose weight and die in a state of emaciation. Incidentally, it may be recalled that in this condition there are also degenerative changes in the semeniferous tubules of the testis similar to those observed in avitaminosis.

Why two such apparently dissimilar causes should produce the same effects is a problem which we propose to investigate further. It is a remarkable fact that the specific atrophy of lymphoid tissue, whether produced by exposure to radiations or resulting from the absence of vitamins from the diet, should be associated with such a profound general effect on the nutrition of the animal. This fact indicates that lymphoid tissue fulfils a more important function in connection with the nutrition of the animal than is generally recognised and that the effect produced on the general nutritive condition of the animal by these different agencies may be due to their selective action on the lymphoid tissue. This suggestion finds confirmation in the following facts. It is known* that lymphocytes are concerned in the absorption and assimilation of fat and experimental evidence has been presented† to show that the assimilation of protein from the intestinal canal is brought about partly by the agency of leucocytes. In certain marasmic conditions in children not due to interference with the food-supply, there is an atrophy of the thymus and of the Peyer's patches, and no other lesion has so far been found to account for the condition.‡ In inanition the spleen is stated to be the organ showing the greatest atrophy.|| This and an almost complete disappearance of the thymus has also been reported recently§ as occurring in pigeons both in inanition and in experimental beri-beri. A systematic examination of the lymphoid organs generally in these various conditions does not appear to have been made.

* Schäfer: *Text-Book of Microscopic Anatomy*, 1912, p. 541.

† Cramer: *Jour. of Physiol.*, 1908, xxxvii., p. 146; Cramer and Pringle: *Ibid.*, p. 1588.

‡ Patterson, D. H.: Private communication.

|| Weiske: *Z. Physiol. Chemie*, 1896, xxii., p. 485; see also Schäfer: *Text-Book of Physiology*, 1898, vol. i., p. 890.

§ Findlay: *Jour. of Path. and Bact.* 1921, xxiv., p. 175.

CORRESPONDENCE.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

DEAR SIR,—I have just read in the current number of the "HOMŒOPATHIC WORLD" Dr. Compston's interesting article in which he describes Dr. Nebel's work. I am pleased to find Dr. Nebel has been continuing his researches. I remember when I was last in Lausanne at the time the war broke out, and so many Englishmen and ourselves amongst them were held up there, I had at that time several opportunities of seeing Dr. Nebel and this work which he was even then engaged upon. He must have some very interesting facts to communicate as a result of these steady seven years' work, and I also join with Dr. Compston in hoping he may be induced to publish his results and so help to elucidate the treatment of this most terrible disease.

Believe me,

Yours faithfully,

Alassio, Riviera,
Italy.

J. ROBERSON DAY.

May 9th, 1921.

VARIETIES.

THE FUNCTION OF THE THYROID GLAND.—Professor Leon Asher, Bern (*Therapeutische Halbmonatshefte*, April 5th, 1920).—It maintains the normal metabolic basis. If there is lack of thyroid secretion the metabolic exchanges are lowered; if there is an excess, they are raised. In a normal organism metabolism is not increased by thyroid extracts; in a sub-thyroid organism the metabolic rate is lowered and this can be raised to normal by thyroid extracts. A personal susceptibility to thyroid preparations exists and then they may cause unexpected results. Restlessness and increased animation may apparently raise the metabolic rate, but this is not real increase of metabolism but merely increased catabolism.

Another symptom of increased susceptibility to thyroid and of a hyperthyroid condition, is the increased susceptibility to lack of oxygen. Rats that have been fed for some time with thyroid preparations do not stand the lack of oxygen as well as the

controls. Per contra, subthyroid cases are not as susceptible to lack of oxygen as the controls. In ascending high mountains, persons showing signs of hyperthyroidism are especially apt to suffer from mountain sickness. A very important effect of thyroid preparations in cases of hypothyroidism is increase diuresis. One of the first results is the passing of more urine. This is practically related to the edemas caused by lack of thyroid which are not influenced by renal or cardiac treatment, but which respond at once to thyroid. Eppinger has shown that when there is a lack of thyroid secretion there is a very delayed exchange of substances between the capillaries and the tissue cells which delay may be overcome by use of thyroid. This lack of prompt absorption causes retention edemas which are increased by the excessive use of salt. The effect of subcutaneous injections of iron and thyroid upon the bone marrow, is to cause the appearance of bone marrow leucocytes in the blood picture. In children, the lack of thyroid has a very marked effect upon the growth of the bones, which is materially inhibited. There is a very curious contradiction between the symptoms of exophthalmic goitre and the direct effect of thyroid preparations upon the heart and circulation. In a series of very careful experiments it was proven that active thyroid extracts had absolutely no effect upon the strength or the frequency of the heart beat or upon blood pressure. Thyroid extracts have no effect upon blood vessels excepting those of the kidneys which are dilated. These facts explain why the circulation in thyroidectomized animals is normal and why the heart does not differ from the heart of a normal animal. The circulatory effects obtained by thyroid are due to its influence upon the cardiac and vaso-motor nerves which is very great. The thyroid is served by the sympathetic and para-sympathetic or vagus nerves, and their excitation causes differing clinical results in accordance with the predominant system. As a rule the sympathetic is more affected and more predominant than the para-sympathetic, or vagus, and this probably explains the action of the best test we have to-day for the activity of thyroid preparations, and that is the increased susceptibility to adrenalin.

The effects of thyroid preparations upon the para-sympathetic or vagus system have been precisely localised. It stimulates the neuro-plasmatic intermediate substance between the nerve endings and the functional protoplasm. This activation of the para-sympathetic, or vagus, and the sympathetic neuro-plasmatic intermediate substance is an important function of the thyroid gland. Many of the therapeutic effects obtained by the use of thyroid are attributable to this power and the therapeutic failures may be likewise explained. When thyroid preparations are incorrectly used, the activation of the end organ of the sympathetic accelerans cordis may be so great that even the insignificant quantities of adrenalin present in the blood may cause considerable tachycardia. This is a reliable method of testing the therapeutic efficiency of commercial preparations of the thyroid.

—*The Journal of Organotherapy.*

THE NORMAL PERMEABILITY OF THE GLOMERULAR MEMBRANES TO GLUCOSE.—R. Brinkman (*Phy. Lab, of Uni. of Groningen. Quarterly J. of Exp. Phy., Vol. XII., No. 2*).—The recent investigations of Michaelis and Rona (Compensative dialysis), and of Abel (Vividiffusion), as well as the results of ultra filtration experiments, have sufficiently shown that the glucose which can be estimated in the blood by direct analysis exists in a free state and not in colloidal combination. The fact that normal urine contains only minute traces of glucose can, therefore, no longer be explained by any hypothesis which supposes the existence of such a colloidal combination in the blood, and it follows either that the glomerular membrane is, in normal circumstances, impermeable to glucose, or that sugar which passes the glomerular membrane is reabsorbed in the tubules or is oxidised and destroyed in the kidney substance (Basler-Nishi). But this does not necessarily explain the normal impermeability of the kidney to glucose, and it is not definitely known whether the glomerular membrane is permeable or impermeable to that substance. In order to elucidate the problem the surviving kidney of the frog was perfused with certain solutions of known composition, and it is believed proved that the frog's glomerular membrane is under normal conditions, impermeable to physiological quantities of glucose. The concentration of the free Ca-ion was the greatest factor of importance. (Glucose composition of frog blood is .04-.06%). Solutions up to .06% gave glucose free urine. Variation allowed was not greater than .003% of CaCl₂. If the concentration of the CaCl₂ was more the glomerular membrane became permeable. The second factor was the preservation of normal, slightly alkaline reaction of perfused fluid. These experiments showed that under normal conditions the glomerular membrane is impermeable to glucose. When the kidney was perfused through the aorta with the solution above described, (Ringer's solution of normal blood alkalinity and CaCl₂ content), to which phloridzin has been added, 0.0004 per cent. of phloridzin is sufficient to make the otherwise impermeable membrane wholly permeable to physiological quantities of glucose.—*The Journal of Organotherapy*.

ADRENALIN BY MOUTH OR RECTUM.—(*Soc. med. des Hospitaux de Paris, June 11th, 1920.*)—To obviate the necessity of giving adrenalin hyperdermically the oral and rectal methods have been tried. Lesne says that adrenalin is not destroyed by pepsin nor pancreatin, but that the liver seems to deprive it of some of its efficacy so that it has to be given in large doses to obtain effects. Adrenalin is much more effective when given by the rectum, and Lesne infers that the abundance of the anastomoses of the hemorrhoidal veins enables the adrenalin to be carried directly to the vena cava. For this reason it seems preferable to give adrenalin by the rectum, rather than by mouth, because it gives results with smaller doses.—*The Journal of Organotherapy*.

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By **CHARLES E. WHEELER. M.D., B.S., B.Sc. (Lond.),**
Editor of the Homœopathic World.

THE HOMŒOPATHIC PUBLISHING COMPANY, 12, WARWICK LANE, E.C.4.

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

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BOOKS AND JOURNALS RECEIVED.

Med. Times,—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homöopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Revista Homœopatica Practica—Annaes de Medicina Homœopathica—Journal A.I.H.—Homœo. Recorder.—Pacific Coast Journal.

The Homœopathic World.

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H.R.H. THE PRINCE OF WALES.

THE
HOMŒOPATHIC WORLD.

JULY 1, 1921.

AN APPEAL.

AT the last meeting of the British Homœopathic Society, Dr. Cash Reed demonstrated some of the possibilities for diagnostic refinements in Cardiac conditions of the Electric Cardiograph. His paper and demonstrations were heard with the utmost attention, but the possibilities latent in the instrument for the homœopathist were only hinted at and not developed. It is clear that physical changes hitherto only to be inferred clinically can be shown graphically by this instrument and their progress for better or for worse noted in its varying stages. We understand that the effects of one drug (*Digitalis*) have been partially studied in this way, but obviously the crying need of the homœopathist is to have tests made of at least a dozen of the remedies which clinically have proved their value in heart disease. Not only should we learn much of their mode of action in this way but we should gain new indications for their use, for whenever in disease, a parallel condition to that produced by one of them, appeared, we should feel inclined to try that remedy. And consider what a magnificent record could be by degrees built up if we could in the course of a few years make two parallel series of graphic records, one of drug effects, one of cases demonstrably improved by the similar drug. Such a record would be convincing beyond cavil.

But before this work can be undertaken the instrument must be obtained. Its cost is £500, and in these days of straitened purses that is a large sum. But it is not an impossible amount. The Hahnemann Hospital at Liverpool possesses a Cardiograph, as the result of the munificence of some of the homœopathists of Liverpool. Will no one or no group of sympathisers give one to London? To do so might be not only to benefit sufferers but also to put into our hands a new weapon for the furtherance of our cause. Is not that worth £500?

ARSPHENAMIN CONFIRMS SIMILIA.—Nothing introduced in medicine within a decade and a half has been more generally accepted than the Wassermann test for syphilis coupled with Arspenamin treatment, this is somewhat important since it has been shown by Strickler, Munson and Sidlick, American Medical Association *Journal* for November 27th, page 1488, that in the syphilitic clinic of the Poly-clinic Hospital and also in the clinic for Jefferson Hospital. "It has been a fairly common observation to see a certain number of patients who are clinically well, yet who present strong and moderately positive reactions," this, too, it may be added, "in spite of energetic Arspenamin treatment."

Even more important is it that careful investigations made with Arspenamin treatment upon known non-syphilitics from Jefferson Skin Clinic developed Wassermann positive reaction in sixty per cent. of the subjects, two or more positives being developed in fifty-eight per cent., in two instances as high as nine positives resulting, in another case six positives following. From these revealings the above-named investigators suggest that "Energetic treatment that is directed toward the end of attempting to make a persistent positive reaction negative may not only be useless but also misdirected."

Here we have it from competent scientific observers in other ranks that Arspenamin will cause in non-syphilitics exactly the serological state for which the vast majority of that profession proclaim it the best curative measure yet devised. Can anything be plainer? The syphilitic sheet-anchor is shown to cause its like.—*Journal A.I.H.*

NEWS AND NOTES.

THE PRINCE OF WALES IN BRISTOL.

WE need hardly say with how great a pride and pleasure we report in this month the great news of the laying of the foundation stone of the new Hospital at Bristol (the most generous gift of Sir Melville and Lady Wills) by H.R.H. the Prince of Wales. The occasion is noteworthy enough in itself, testifying to the vigour and promise of Homœopathy in the great city of the West. But to be able to associate it with definite recognition of the value of our therapeutic principle from the highest place in British social life, makes the hope of all of us surer that our faith in Homœopathy will before long find fruition, in the general acknowledgment that we have not, all these years, laboured in vain.

THE LATE DR. MORGAN.

THE tribute to the memory of Dr. Morgan which we have the honour to print this month, comes with special appropriateness now, for the strength of Homœopathy in Bristol to-day is largely owing to his arduous work. Our readers, will, we are sure, appreciate it doubly on this account.

SILICA AMONG NON-HOMŒOPATHIC PATIENTS.

LACK of silica is thought by certain French physicians to be one of the factors predisposing to arteriosclerosis and tuberculosis. Investigation has shown that the deficiency can be supplied by injections into the veins of weak solutions of sodium silicate, and this treatment has been applied in cases of arteriosclerosis, cardio-renal disease, angina pectoris, and tuberculosis. One of the patients showing improvement was a man of 53 confined to bed with cerebral arteriosclerosis. He had suffered from headache and vertigo, but was so restored that he could read and walk without pain.

ORIGINAL COMMUNICATIONS.

THE SHINING EXAMPLE OF BRISTOL.

By DR. GEORGE BURFORD.

A Princely Votive Offering.

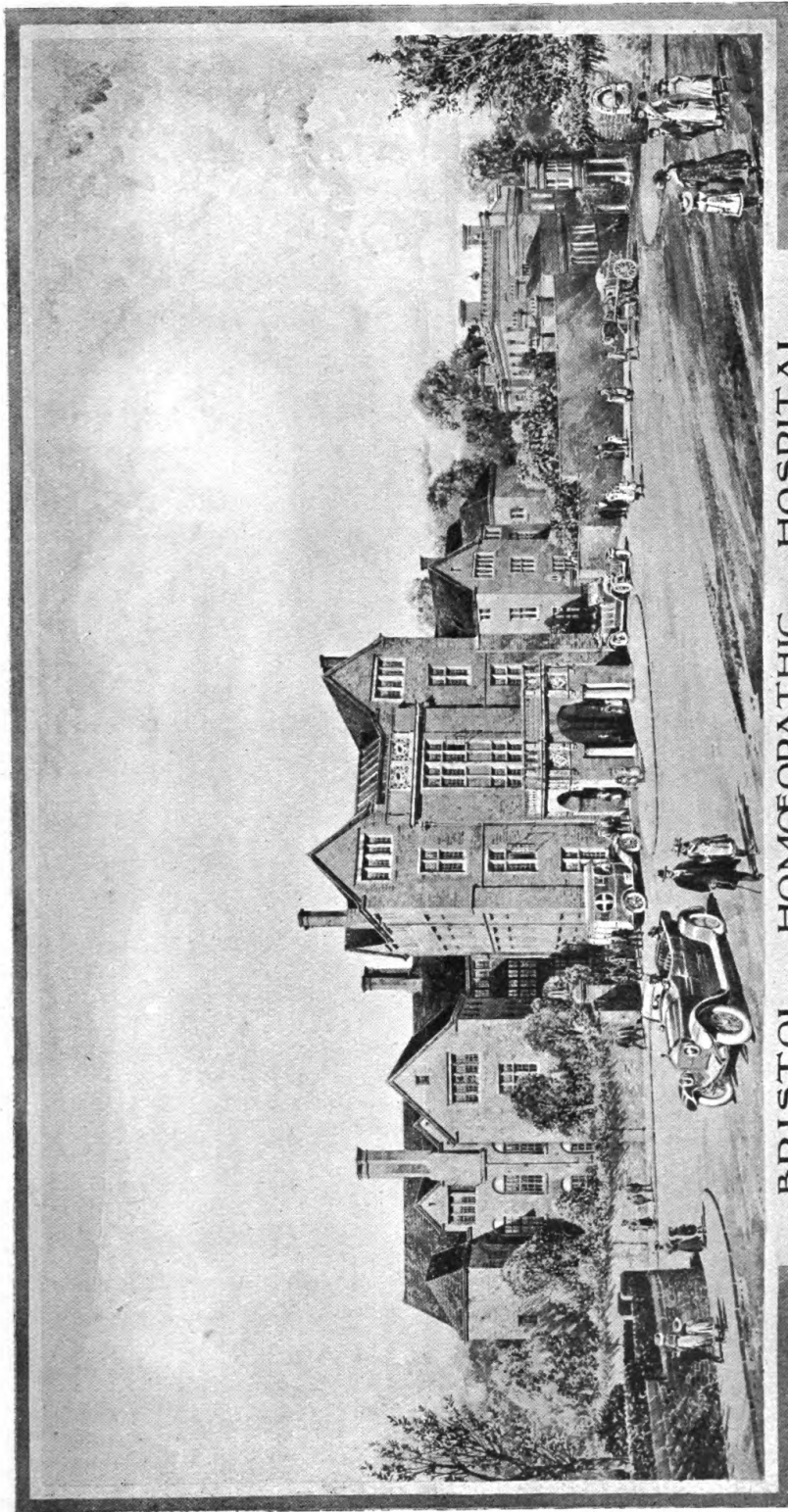
Not even the Great War, with its national stresses and its personal sorrows, could embargo the will of the Homœopathically-minded citizens of Bristol, to provide an edifice with an equipment adequate for the maintenance of Homœopathy in the great city of the West.

Nay, the clash of arms even brought impulse and direction to the resolve—for Homœopathy is potentially a great servant of the State—and private griefs, endured as part of the travail of public duty, may find in votive offering, some inward and spiritual solace in such outward and visible expression.

Thus the lamented death of Capt. Bruce Melville-Wills inspired his admiring and sorrowing friends to commemorate his sacrifice, by the erection of a new and splendid Homœopathic Hospital, to the glory of God, the memory of Capt. Melville-Wills, and the abiding gain of the citizens of Bristol.

"From Strength to Strength."

Not that the necessity of a Hospital for the public Institutional Work of Homœopathy had not been visualised in Bristol before this year of grace. So long ago as 1884, the sum of £2,000 was subscribed as the nucleus of a Hospital fund. Time passed, and in 1903 a Cottage Hospital, equipped for twelve beds, was opened for In-patient service. Four years later, increase of work called for further extension of



BRISTOL HOMŒOPATHIC HOSPITAL
OATLEY & LAWRENCE, ARCHITECTS, BRISTOL.

the Hospital structure ; and the enlarged building was inaugurated by the Lord Mayor in 1907. Another period of four years elapsed, when another extension of Hospital area became necessary and requisite. This was effected in 1911, when a new wing was added, and formally opened for active work by the Lord Mayor in office, Mr. Frank Wills. Four years again passed, and during the Great War there occurred the sad death of Capt. Bruce Melville-Wills, shot down in a brave attempt to bring in a wounded comrade. In 1917, Mr. and Mrs. Melville-Wills purchased Cotham House and grounds for the erection of a new Hospital building, as an abiding memorial to that gallant officer, their son, who had so freely sacrificed his life for another.

Four years later, after War had ceased and Peace had spread her wings over this realm, the national recovery had proceeded sufficiently to allow the commencement of the building of the new Hospital; and the Foundation Stone of this votive Institution was laid amid rejoicing by another gallant officer of His Majesty's service, H.R.H. the Prince of Wales.

Cotham House and Grounds.

Cotham House in Bristol is a large and splendid manor house of Georgian type, whose atmosphere breathes rest and repose and detachment from the busy haunts of men. Beautiful for situation, its establishment is close by Clifton Downs ; and there could not have been found a better location for a building dedicated to public service. In its own spacious and well-timbered grounds, there is ample room for free out-of-door exercise by the convalescents without publicity ; and also for free exposure to the

sunny influences of nature with an entire absence of air pollution by any local industrial activities. There, on the lawns, surrounded by birds and flowers and blue skies, and the pleasant sound of wind through the trees, there is every inducement to those stricken and hurt in the struggle of life to enter and be rejuvenated in such an earthly paradise.

The Plan of Campaign.

Modern Science has decreed that the successful Institutional treatment of disease and accident requires the special adaptation of structure on certain lines specific to this purpose, as well as an internal equipment of severe simplicity. Particularly is this the case when the White Plague—Tuberculosis—is prominent among maladies to be exorcised. Though for residential purposes excellent, the present building was not adaptable for present-day hospital requirements.

Therefore, after expert counsel, it was decided to build an entirely new edifice for specific hospital purposes, with every modern auxiliary and appliance duly installed.

The Out-patient Department was to be entirely detached, and carried on elsewhere in the heart of the city. The Nurses Home was designed as a new and separate building, also specific to the purpose, and standing away from the Hospital in the grounds of the Establishment.

This plan of campaign was drafted during the War, but the stress of national military requirements postponed action until after the Armistice. This larger outlook has necessarily involved more elaborate preparations and an extended time-limit for their

fruition ; and not until the present year has it been possible to commence active operations with the assurance of unbroken continuity.

The New Cotham House.

The new Hospital building is planned as an ample well-proportioned structure containing a central administrative block and two symmetrical wings. In elevation, it is a commanding edifice, rising after the basement and ground floor to three stories in height.

A large and handsome Portico opens on to the wide approach ; the whole building is well aligned, conveying every suggestion of the freest access of sun and air. The main wards are exposed on three sides to the influences of nature ; the extensive South aspect continuously overlooks the large establishment grounds. Each of the Hospital wards has its own separate sun balcony ; the view from these must be charming. The X-Ray Department, and the Theatre for surgical cases, are placed on the highest and brightest level of the building—the third floor.

The internal detail is so arranged that the Institution will receive not only a large complement of free cases, but a fair proportion of contributory patients ; and it contains also some private rooms. This apportionment is excellent ; the present day tendency is to encourage the contributory spirit among those who reside in Hospitals ; and the practice is calculated to increase. With a reasonable anticipation of events, the Hospital has been so planned as to allow easy extension, to include double the present number of patients, and this with no increase in administrative area.

Finance and Philanthropy.

But the national unrest up to the present time has not only postponed active building operations, but has resulted in a very considerable increase in the estimated expenditure ; for while the original estimate of the philanthropic project amounted to something like £40,000, it is now considered that, taking into account those extensions which inevitably occur in such a far-seeing project as this, the expenditure will not fall far short of £70,000. Yet the upholders of Homœopathy in the City of Bristol are not easily daunted; they purpose to carry through their scheme with no further delay, and while the present subscription list contains names from far and near, the preponderant partners in the guaranty are Mr. and Mrs. Melville-Wills; by whose generosity and public spirit not only the grounds and manor house have been purchased, and the forthcoming new Hospital donated, but also the internal equipment of the building for the most part has also been guaranteed. Truly this family carries through its public benefactions with a royal amplitude. *O si sic omnes!*

The Ideal Voluntary Hospital.

Here then is the intention and the forecast of a modern hospital to take a place in the very front rank of therapeutic organisations against disease. It is to be found and fitted with all the auxiliaries modern science requires and elaborates for Institutional success, and self-contained as regards the secular appointments necessary for a large residential public building. Set in a setting of trees and undulating greensward, and gardens, and with suburban space and clear air, it makes ample provision, not only

for the critical phases, but also for the speedy convalescence of the sick and afflicted within its doors. It has risen to the requirements of the time, in that, specially and particularly, provision is made for the open-air treatment of Tuberculosis, a therapy for which the locale and the appointments of the Institution are specially adapted.

Here is the ideal voluntary hospital, energised into being by private philanthropy. Homœopathic in its therapeutics, but many-sided in its varied provision for various types of ill-health, its medical service is honorary, its prime maintenance is the continuous support of a body of ardent well-wishers, its conduct is independent of State control, and it is reliant on the able-men of the staff and the public spirit of its supporters for its worth and work. This is the type of Hospital which Homœopathy tends to create, and which in turn vivifies the Homœopathy which is the chief among of its springs of action. And every town in Great Britain where two Homœopathic practitioners reside, where not already provided with such a public Institution, may well go and do likewise.

The 10th June, 1921.

The 10th June, 1921, was a red-letter day in the annals of Bristol. H.R.H. the Prince of Wales, after a triumphal progress in the Welsh country crowned his visitation by graciously responding to an unbounded and enthusiastic welcome into the corporate life of the great City of the West. On this strenuous day, the Prince allied himself with the living and moving public spirit of the citizens, and gave inspiration and uplift to those currents of civic life for which this town is famous.

He first received from the Lord Mayor and Corporation in the famous Colston Hall, amidst applauding crowds, the Honorary Freedom of the City. Next he inspected a body of some thousands of ex-service men, to whom he endeared himself by his natural and spontaneous qualities of fellow feeling and dignified comradeship.

Later on he was received at the Merchants' Hall into association with the Society of Merchant Venturers, and became one of this famous company of Adventurers who have done so much for the maritime history of Bristol.

After a brief interval as a breathing space, and as the latest in an ascending series of public duties, His Royal Highness next laid the Foundation Stone of the new Homœopathic Hospital at Cotham, one of the beautiful suburbs of the City.

Later followed the formal opening of the Bristol School of Architecture ; then a visit to Clifton College and the inspection of boys of the Nautical Schools, and finally, after attending the Lady Mayoress' Reception at the Mansion House, H.R.H. entrained for London. Truly a Royal day in its breadth of conception, its success and in the enthusiasm uniformly evoked by the presence of the Prince.

Foremost in importance from our angle of vision was the presence of H.R.H. at the ceremony of laying the Foundation Stone at Cotham Hospital, amid a large and intensely loyal assembly of citizens deeply interested in the proceedings.

The Prince was received by the Lord Mayor of Bristol in his capacity of Chief Citizen, on the occasion of adding to the City another public building making

for the health and welfare of the population. With the Prince came his immediate entourage, including Admiral Sir Lionel Halsey and Sir Godfrey Thomas, and the great dignitaries of the Province.

Representing the ecclesiastical side of the ceremony were the Very Rev. the Dean of Bristol, and the Rev. Dr. Arnold Thomas; the famous Congregational Minister. Next were the President of the Hospital Committee, W. Melville-Wills, Esq., and Mrs. H. Melville-Wills, the large-hearted and gracious representatives of the Wills family, whose deep desire to relieve sickness and suffering have taken shape in the erection of the new Hospital for the cure of disease and the alleviation of pain by Homœopathic methods. Close by stood Mrs. Bruce Melville-Wills, the widow of the late gallant soldier whose memory the new building enshrines, and her small daughter, Ione, from whom H.R.H. accepted a large and handsome bouquet, signifying his gracious approval in the way most appreciated by young ladies from gentlemen.

The medical staff received special recognition. First, the Consulting Physicians of the Institution, Dr. George Burford and Dr. John Weir, of London; and next the acting medical staff, including Dr. C. Osmond Bodman and Dr. W. H. F. Newbery as visiting members of the staff, and Mr. R. G. P. Lansdowne and Dr. Moore, respectively, Surgeon and Anesthetist to the Institution. Next the Matron and Sisters as representing the Nursing body were presented, and then the important detail of laying the Stone developed.

After an expert procedure, indicating H.R.H.'s dexterity as a Master Mason, the stone, weighing

two tons, was lowered into position and declared by the Prince to be "well, and truly laid." Finally, a short series of impressive Prayers were read by the Dean of Bristol, and Benediction pronounced by Dr. Arnold Thomas.

Then the huge assembly of onlookers fairly let itself go. Young and old, men and women, boys and girls, alike vied with each other in their demonstrative signs of personal welcome; in the midst of which the Prince showed once more that human sympathy which has made him universally beloved. He did not proceed at once to tea, but, walking up to a body of some two hundred ex-service men who had been invited as guests by Mr. and Mrs. Melville-Wills, shook hands with each individual man, and added special words of sympathy and encouragement to those who, on crutches or walking sticks, had evidently been hardly entreated in the great war through which they had just passed. This was the touch of nature that made the whole assembly kin, and its incidents were not hurried, nor one single member of the fraternity passed over until each man had received Royal recognition.

Then H.R.H. departed for the insistent duties of the later part of the afternoon, leaving behind him recollections of abiding interest, one of the most vivid being his statement in a joyous tone shortly after his arrival, "I am a Homœopathic patient too."

Cotham House en Fete.

The ceremonial duties of the afternoon being completed, Cotham House and Grounds, and the apparently innumerable host of visitors took on the less official aspect of a garden party.

The house itself with its delightful and spacious interior, with the magnificent oak carvings of its doorways and staircase, was freely opened for inspection. Out of doors, in the spacious marquee, tea and other light refreshments were liberally dispensed to the never-ending streams of guests, whose one subject of conversation appeared to be the events of the afternoon. The host and hostess moved about freely, receiving the cordial congratulations of all their friends on the splendid success of the day's proceedings, in which there was nothing omitted, nothing superfluous, and nothing that was not perfectly adjusted.

"The Tumult and the Shouting Dies.

The Captains and the Kings Depart."

Such is the chronicle of an event of outstanding importance and epoch-making potency in the history of this Institution. The Hospital has been linked from its very birth with the notable activities in the City which Princes delight to honour. The inspiration and uplift of this Institutional natal day constitute an ideal which will run like a red thread through its future being and doing. Nor do the upholders of Homœopathy in Bristol in the least shrink from the new and great responsibilities of maintenance they have taken up. They know that the Homœopathic contributory power is invariably ample enough and accessible enough for all requirements, provided always that good cause can be shown. Conscious of such loyal support, the medical staff will outvie, if possible, their present reputation, and the lay Committee will shoulder the burden of maintenance and administration with devotion and assiduity. Of such an Institution a free country may well be proud.

Homœopathy is what its Public Institutions make it.

The whole Homœopathic community owes its cordial congratulations and thanks to the Bristol new Homœopathic Hospital Committee for the public spirit, initiative, and munificence, which have culminated in the Nativity of the Institution under such splendid auspices.

The status of Homœopathy in this country at all times is dependent not merely on the number and quality of its adherents, but on those inward powers of stability and extension of which public Institutions are the outward and visible signs. Therefore every such addition to the permanent values of Homœopathy in England adds correspondingly to its secular importance as a State servant.

Not to all is it given to see with clear vision precisely what should be done, in the interests of suffering humanity at any given time. Nor to many the power—having seen the vision—to make this a living actuality. The upholders of Homœopathy in Bristol have done both, and therefore deserve well of their day and generation; the whole public organisation of Homœopathy in England will be greatly sped up in internal dynamic by this addition to the powers of the Cause.

THE LATE DR. SAMUEL MORGAN.

By DR. HERVEY BODMAN.

It seems highly desirable that some fuller notice of the life and work of the late Dr. Morgan should be brought before the readers of the "HOMŒOPATHIC WORLD" than the brief announcement which appeared in the February number. There is no doubt that the present position of Homœopathy in Bristol, Bath and

the neighbouring counties is due in no small degree to the skill and devotion of the late Dr. Morgan during sixty-four years of practice as a homœopath.

Samuel Morgan was born at Warminster, Wilts, on September 3rd, 1832, and his early education was received at the Warminster Grammar School. In due time he entered as a medical student at St. Thomas's Hospital London. He received the diplomas of M.R.C.S., Eng., and L.S.A. in 1854, and the degree of M.D., St. Andrews, in 1856.

After holding the appointment of Resident Medical Officer at Loughborough Infirmary during 1854 and 1855, Dr. Morgan commenced practice in Bath in 1856 as an avowed believer in the value of homœopathy. He was elected Physician to the Bath Homœopathic Hospital in 1856, and laboured assiduously in this office until 1876, when, for reasons of health, he removed to Clifton, Bristol.

In Clifton, as in Bath, Dr. Morgan soon built up an extensive practice, and his reputation was such that many patients came long distances to consult him. It is little wonder that he was so much sought after, for not only was he a shrewd observer and skilful prescriber, but he possessed the added charm of a most genial and considerate manner with all his patients, whether rich or poor.

From the outset of his residence in Clifton, Dr. Morgan took an important share in the work of the Bristol Homœopathic Dispensary; and in the year 1883 he laid the foundation stone, in a financial sense, of the Bristol Homœopathic Hospital, for he obtained from one of his patients a gift of £1,000 with this object in view, and with this sum premises were bought, part of which was at once brought into use as an additional Homœopathic Dispensary, and the remainder was opened as a Homœopathic hospital for twelve patients in 1903. In 1884 the same patient gave, through Dr. Morgan, a further donation of £1,000 which was invested for the benefit of the projected hospital.

From the time the hospital was opened in 1903, until the time of his death, Dr. Morgan was first Hon.

Physician and subsequently Consulting Physician ; and during the greater part of this time he was also Chairman of the Board of Management, an office which he filled with much ability and with great advantage to the welfare of the Hospital, which made great strides during this period.

Though invalided by a distressing malady during the last four years of his life, Dr. Morgan continued to see a few old patients until within two months of his death, which occurred on December 19th, 1920, when he was in his eighty-ninth year.

Hitherto reference has only been made to the medical side of our colleague's life, but this was by no means the only sphere in which he was well-known and influential. He was an active member of the Congregational body and held important offices in the Congregational Unions of Wilts and East Somerset and of Bristol, and presided over the latter as Chairman for some time. He was one of the founders of the Bath Y.M.C.A., and was both a great worker and a shining example in Christian activities.

Our sympathies go out to the two daughters upon whom has come the sorrow of a third bereavement in a singularly united family.

CURE AND RECOVERY.

By STUART CLOSE, M.D.

(Continued from page 217.)

The Requirements of Cure.—The first requirement of a cure by medication is that it shall be *the result of the direct application of a definite general principle of therapeutic medication.* The result may be accidental or intentional on the part of the prescriber in a given case, but its relation to the means employed must be capable of rational explanation and demonstration by reference to the governing principle.

A general principle is capable of systematic demonstration, not only once but repeatedly and invariably, under stated conditions. Given the principle, it is

always possible to formulate a method or technic, by means of which the principle may be successfully applied to every case within its scope.

The second requirement of a cure by medication is that it must be individual. A general principle according to which any action takes place is always capable of being individualised. The ability to meet the varying requirements of individual cases proves the existence and truth of the principle involved.

A true system of therapeutics must be able to adapt its basic principle and its remedy to the needs of each individual case.

There are no cures for "diseases," no remedy for all cases of the same disease. Cure relates to the individual patient, not to the disease. No two cases of the same disease are exactly alike. Differences of manifestation in symptoms and modalities always exist in individuals. It is these differences which give each its individuality, and create the need for an individual remedy.

The Morphological Factor.—Every individual develops according to a certain morphological tendency or predisposition, inherent in his constitution. It is from this tendency that he derives his individuality. This tendency or predisposition may be or become morbid. If it does, the sympathetic form of that morbidity will also be individual. It is necessary, therefore, to study each case of disease from the morphological as well as the semeiological standpoint in order to be able to determine its individual form and characteristics.

The new morphology includes all the facts and phenomena, anatomical, physiological and psychological, functional and organic, normal or abnormal which represent the individuality of the subject. It aims to establish in each concrete case the particular kind or variety of organisation, development and functioning which gives it individuality and differentiates it from other similar cases, thus providing a reliable basis for the rational interpretation of symptoms and the selection of the remedy indicated for the patient.

The Examination of the Patient and Construction of the Case.—Disease is primarily a dynamical disturbance

of the vital functions of the individual organism, manifesting itself by signs and symptoms. Symptoms are the only perceptible evidence of disease and the only guide to the curative medicine. For the prescriber the characteristic symptoms of each individual in the totality constitute the disease and their removal is the object of treatment and the cure.

The third requirement for the performance of an ideal cure, therefore, is a complete and impartial collection and record of the facts which constitute the natural and medical history of the individual.

This should include not only physical and constitutional signs, the heredity and family history of the patient; how he was born, raised and educated; his occupation, habits, social and domestic relations; but a chronological symptomatic history of all his diseases, indispositions, idiosyncrasies, accidents and vicissitudes, as far as they can be recalled.

In considering the recorded results of each examination, the homœopathic therapist pays particular attention to the unusual, peculiar, exceptional features or symptoms which give the case its individuality for by these, under the guidance of the principle of symptom-similarity, he is led to the remedy needed for the cure of the individual case.

Symptoms, general and particular, "behave themselves in a particular way," take on peculiar forms, combinations and modalities, according to the morphological type, environment, personality and predisposition of the individual.

It is necessary thus to study the individual in order to understand how a general or particular predisposition to disease becomes concrete and the object of treatment and cure, as well as to elicit the symptoms which are to guide in the selection of the remedy.

Manner and Direction of Cure.—Cure takes place in a definite, orderly manner and direction.

Normal vital processes, cellular, organic and systemic, begin at the centre and proceed outwardly. Figuratively, if not literally, life is a centrifugal force, radiating, externalising, concentrating and organising spirit into matter—"from above downward." In the

same sense disease is a centripetal force, opposing, obstructing, penetrating toward the centre and tending to disorganisation.

The progression of all chronic diseases is from the surface toward the centre; from less important to more important organs—"from below upward."

Curative medicines reinforce the life force, reverse the morbid process and annihilate the disease. Symptoms disappear from above downward, from within outward, and in the reverse order of their appearance.

When a patient with an obscure rheumatic endocarditis, for example, begins to have signs and symptoms of acute arthritis soon after taking the homœopathic remedy and is relieved of his chest sufferings, we know that cure has commenced.

Cure takes place in much less time than natural recovery, without pain, physiological disturbance or danger from the use of the remedy employed, and without sequelæ. The restoration of health is complete and lasting.

The Trend of Modern Therapeutics.—Cure, as a medical ideal, appears to have been abandoned by the dominant school of medicine. Formerly, every new therapeutic method or measure based its claims to acceptance upon alleged cures. If the results of its use could be made to pass for cures, it was given some sort of standing in the medical world. If not, or if time revealed the falsity of the claim, it was relegated to the limbo of exploded theories.

With the progress of science and the general diffusion of knowledge, both profession and people have begun to realise their mistakes. A great majority of the alleged cures are found to be not cures at all, but, at best, only recoveries. In many cases, the condition of the patient after his supposed cure is found to be worse than it was before, for the removal or suppression of some of his superficial symptoms, which was all that was accomplished, was followed by other symptoms indicating the invasion of deeper and more important organs by metastasis. The young man, for instance, whose gonorrhœa was treated by injections, and who

was told by his physician, after the discharge disappeared, that he was cured and might marry the girl of his choice, soon found that his previously healthy young wife began to complain of serious trouble in her reproductive organs. He found himself watching the gradual fading of the roses in her cheeks and the brightness in her eyes; her lassitude, failing strength and falling weight; her mental depression and irritability; until, finally, consultation with a gynecologist and a physical examination revealed a gonococcic salpingitis, "a pus tube" or a degenerated ovary for which the only recourse is an operation and removal of the diseased organs. Result, a mutilated and crippled reproductive organism and a farewell to all hopes of a family. The young man learned too late that he was never cured of his gonorrhœa, but that the measures used merely drove the disease to deeper parts, from whence it was communicated to his innocent wife with such dire results.

Seventy-five per cent. of the alarmingly large and increasing number of operations on the female sexual organs are said by high authorities to be due to chronic gonococcic infection, caused by suppression (by local treatment) and metastasis of the acute disease in the husband. It is a sad commentary on the boasted efficiency of modern therapeutics.

Examples in many forms of disease might be given to illustrate the results of a false and pernicious therapeutics and ignorance of what cure really means; but enough has been said to indicate the importance of a re-examination of the subject.

The abandonment of the ideal of cure by the general profession, and the disappearance of the term from current medical literature does not mean that cure is impossible. It only means that the wrong method has been pursued in the effort to attain it.

Many great truths have had their rise, acceptance and period of sway, followed by a long period of decline and obscurity; but never has a great truth been lost. There is always a "Remnant in Israel" who survive to hold the truth committed to them as a precious possession and cherish it until a revival comes.

The Hahnemannian ideal of cure by medication, according to the principle of symptom-similarity, largely lost sight of for a time in the dazzling accomplishments of modern surgery and laboratory research, has been passing through such a period of neglect and obscurity. But already there are signs of a revival of this great truth, as science, in its wider reaches, is beginning to correlate the results of its work. The whole trend of modern medical thought is toward the confirmation and acceptance of fundamental postulates and principles first enunciated by Hahnemann. Homœopathy is gradually being rediscovered by modern science.

THE EFFECT OF INTRAVANOUS INJECTIONS OF CALCIUM IN TETANY AND THE INFLUENCE OF COD LIVER OIL AND PHOSPHORUS IN THE RETENTION OF CALCIUM IN THE BLOOD.—Alan Brown, M.B., Ida Maclacklen, B.A., and Roy Simpson, M.B., Toronto (*American Journal of Diseases of Children*, June, 1920).—The intimate association of tetany and rickets, in the former of which there is a definite disturbance of calcium, is sufficient to suggest that the same salt is probably instrumental in the causation of tetany. Kassowitz has insisted that tetany is just a symptom of rickets. We have not seen a case of tetany that did not show some clinical signs of rickets. The authors claim that not sufficient use of phosphorus and cod liver oil has been made with calcium in treating rickets and tetany. They conclude after a series of experiments that :

(1) Constitutional reactions are produced following intravenous injections of calcium lactate in 1.25 gm. doses. The degree of reaction varied from a slight drowsiness to almost complete collapse accompanied by dyspnoea. The signs of reaction disappeared usually between one and seven hours, the more severe the reaction, the longer it took the patient to recover.

(2) Intravenous injections of calcium lactate in 1.25 gm. doses produces a temporary absence of both electrical and mechanical signs of tetany usually from seven to ten hours.

(3) Calcium lactate injected intravenously, apparently exerts no beneficial therapeutic effect, unless supplemented by the administration of cod liver oil and phosphorus, and in this instance, the reduction of the tetanoid symptoms is a little more rapid than with the employment of cod liver oil or phosphorus alone.

(4) Cod liver oil and phosphorus produce an increase in the blood calcium with a corresponding reduction in the mechanical and electrical signs within a period of from ten to seventeen days

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE ninth meeting of the Society was held at the London Homœopathic Hospital on June 2nd. Dr. E. A. Neatby in the chair. Dr. Wynne Thomas explained the arrangements for the Annual Congress at Hastings on September 23rd. Dr. Borland was proposed as a Fellow of the Society.

Dr. Cash Reed, with the aid of the Cambridge and Paul Instrument Co., demonstrated the mode of working the Electro Cardiograph and gave a vivid account of certain cases wherein different types of tracing were shown. Dr. Hall Smith then followed with an admirably concise and well arranged account of the principal remedies for heart disease, with their differentiating features. The two papers were discussed by Dr. T. M. Neatby, Dr. Weir, Dr. Fergie Woods, Dr. Stonham, Dr. Wynne Thomas, Mr. Ellwood and Dr. Hey, and the President. Dr. Cash Reed and Dr. Hall Smith replied. The Dinner Club met as usual at the Holborn Restaurant.

TWO CASES OF ACROMEGALY CURED BY X-RAY TREATMENT.—Gavazzini (*La Radiologia Medica*, March, 1920).—A farmer, 45 years old, began suffering with grave visual disturbances in 1904. In 1910, he suffered from severe headaches, vertigo, and general loss of strength. He presented a typical acromegalic face and hands. The testicles were small, the sella turcica was very large and there was atrophy of the clinoid processes. The fields of vision were restricted and there was bi-temporal hemianopsia, pale disc, etc. Under the X-ray treatment he recovered and was able to work.

Case 2.—A woman 42 years old. Began menstruating at 13. For the last four years there had been progressive lessening of menstruation with periods of amenorrhœa. In 1916, there was a loss of vision, restriction of the visual fields, headache, vertigo, congestion of the conjunctivæ. The face was typically acromegalic, so were the hands; X-ray showed an enlarged sella and pale disc. Under the X-ray treatment the headaches and vertigo improved, and the visual fields were corrected so that vision was much improved.—*The Journal of Organotherapy*.

BRITISH HOMŒOPATHIC ASSOCIATION
 (INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH MAY TO 15TH JUNE, 1921

GENERAL FUND.

					Subscriptions.		
					£	s.	d.
Leslie Vine, Esq.	..	..	..	..		10	6
Dr. A. Midgley Cash	..	..	..	..	1	1	0
Miss Agnes M. Stormer	..	..	..	..		10	6
Dr. G. F. Goldsbrough	..	..	..	..	2	2	0
E. J. Frost, Esq.	..	..	..	..		2	0
Dr. Byres Moir	..	..	..	..	1	1	0
A. H. Marshall, Esq.	..	..	..	..	1	1	0
H. Mansfield, Esq.	..	..	..	..	1	1	0
J. Howard, Esq.	..	..	..	..	1	1	0
Dr. F. W. Hayes	..	..	..	..	1	1	0
Dr. J. Hervey Bodman	..	..	..	..	2	2	0
Lady Wheeler (1920 and 1921)	..	..	..	..	2	2	0
C. Marten, Esq.	..	..	..	..		10	6
Mrs. F. Cloughton Matthews	..	..	..	..	1	1	0
Miss Millett	..	..	..	..		5	0
Dr. H. Henderson Patrick	..	..	..	..	1	1	0
E. H. Morton, Esq.	..	..	..	..	3	3	0
Mrs. E. H. Morton	..	..	..	..	1	1	0
Mrs. Henry Wood	..	..	..	..	1	11	6

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Wednesday, 15th June, at 4.30 p.m.

In response to an appeal from the Tunbridge Wells Homœopathic Hospital for donations on behalf of the Building Fund of that Hospital, a donation of ten guineas from the Association was voted, and a warm expression of thanks has since been received.

A meeting of the Beit Research Fund Committee was held at Chalmers House on Wednesday, 15th June, at 5.15 p.m., at which the first report of the joint investigation, conducted by Drs. E. Bach and C. E. Wheeler, to explore the resemblance (if any) between the results of vaccine treatment and drug treatment in certain chronic infections, was submitted. The Committee unanimously agreeing that this particular

investigation was of such considerable interest and importance, and worthy of further study, made a further grant to the two investigators named and Dr. Arthur MacGowan, Dr. MacGowan becoming associated with the work for the purpose of rendering some extra assistance in case taking, which had been found to be necessary.

ANNUAL GENERAL MEETING, 30th MAY, 1921.

THE Thirteenth Annual General Meeting of the Members, Subscribers, and Donors of the British Homœopathic Association (Incorporated) was held at Chalmers House, 43, Russell Square, W.C.1., on Monday, 30th May, 1921, at 3.30 p.m.

A message of regret for absence from the President, Sir George Wyatt Truscott, Bt., owing to illness, was very regretfully received, and Mr. W. Lee Mathews was unanimously voted to take the chair in his stead.

There were also present : Miss E. C. G. Bell, John Churchill, Esq., Miss E. Clare, Mr. E. Ford Duncanson, Dr. Giles F. Goldsbrough, Dr. P. Hall Smith, Mr. H. Crewdson Howard, Dr. S. Judd Lewis, Dr. E. A. Neatby Mrs. Arthur Sims, Miss Noble S. Taylor, Dr. C. E. Wheeler, Mrs. E. M. White, Mrs. Henry Wood, the Secretary and others.

The Secretary read the notice convening the Meeting.

Regrets for absence were also received from Mr. E. Clifton Brown, and Mr. E. H. Morton.

The Minutes of the Twelfth Annual General Meeting, held on Monday, 31st May, 1920, were taken as read, adopted and signed.

The General Report of the Association was taken as read and the Auditors' Certificate was read by Mr. Crewdson Howard.

The Chairman, rising to move the adoption of the Report, said that, on his return from abroad, it had been with surprise and very great regret and sincere sympathy that he had just received the news of Sir George Truscott's illness and consequent inability to preside. They always looked forward to having their President with them, particularly at their Annual

Meetings, and he was sure all shared with him in feeling his absence on the present occasion.

A Vote of Condolence to Sir George Truscott, and best wishes for his speedy recovery to health, were unanimously carried.

The Chairman then moved that the Annual Report of the Association for 1920-21 be adopted.

Mr. E. Ford Duncanson seconded, and the motion was unanimously carried.

The Chairman asked Mr. Crewdson Howard if he would, as usual, deal with the financial position.

Mr. Crewdson Howard responding, said that the result of the past year's working showed that they had a deficit on their Income and Expenditure Account of £51 11s. 11d. He thought this was mainly accounted for by the drop in donations, which, the previous year, owing to their special appeal for extra funds, had amounted to £200 odd, while, during the year under review, they had only received £22 3s. from this source. Subscriptions had slightly increased. Referring to the expenses in connection with Chalmers House, he stated that these stood at £606 9s. 11d, as against £377 16s. 3d. for the previous year, chiefly accounted for by the increase in the figure for repairs, but he drew attention to the figure on the right side of the Income and Expenditure Account of £200 which, being the proceeds of their Redemption Policy against the repairs in question at the termination of the Association's lease, must be taken into consideration. He referred to the Note at the foot of the Balance Sheet which explained that, of the sum of Cash in Hand, viz: £911 16s. 7d., £598 11s. 6d. was earmarked to discharge the liability of the Special Funds, thus leaving the balance of £313 5s. 1d. available for the General Purposes of the Association.

The Chairman said that he had not a great deal to say upon the last year's activities. It had been a difficult year for every one, and he thought the Association should be very glad that they were in as good a position as they were. It was true they had a deficit in their funds, and they must see what steps could be taken to deal with this during the ensuing year.

The Council had certain plans before them, which, he thought might enable them to succeed in getting rid of this deficit before the close of the present year's Accounts.

With regard to the various activities of the B.H.A. during the past twelve months, the Chairman said these had steadily progressed. They had not taken any particular forward movement; they had felt, on the whole, that they were well advised to go slowly until they had seen how they stood, particularly with regard to Chalmers House, a new short term of occupation of which, he was pleased to say, they had been able to secure. They had made arrangements with their existing tenants which had made the transaction a profitable one. The main difficulty had been that only a one year's tenancy of the premises subject to one year's notice, could be obtained, but, in spite of this, he had private information that led him to believe that they might be able to continue beyond that period, should they so desire.

The Chairman then said that it had been an extremely interesting year so far as research work, under the auspices of the Association's Beit Research Fund, was concerned. An outline of this was to be found on p. 17 of the Report, just adopted, and he invited Dr. Wheeler to give them an elaboration of this.

Dr. Wheeler, replying, referred in particular to Dr. Judd Lewis's investigation into the Ultra-Violet Absorption Spectra of Blood Serum and its Constituents. This work was largely a new discovery and was attracting a good deal of attention outside homœopathic circles. At the commencement of the communications, in papers read before the Royal Society in connection with this research, it had been Dr. Lewis's duty and pleasure to intimate that the work was being conducted under the auspices of the British Homœopathic Association, so, consequently, the Association's interest in scientific work was made known in high quarters. Dr. Wheeler then gave a most interesting and detailed explanation of the work of which Dr. Lewis's investigation consisted, which was greatly appreciated.

Dr. Wheeler also referred to Dr. Lewis's and his own investigations into Lactic Acid Fermentation and into the effects of potencies of Invertase on Cane Sugar.

He then stated that, since the publication of the Report, the first report of the joint investigation, which was being conducted by Dr. Bach and himself, had been completed and submitted for the consideration of the Beit Research Fund Committee. This was an investigation to explore the resemblance (if any) between the results of vaccine treatment and drug treatment in certain chronic infections, and he gave a brief outline of the work which had been done up to the present time. He thought that the Members of the Beit Committee would consider this investigation to be of very great interest.

The Chairman then called upon Dr. Judd Lewis, who informed the meeting that his second *chief* report on the Blood Serum research was before the Royal Society; it had been through two stages of its reception, and, he thought, was on its way to becoming finally adopted by the Society.

Dr. Lewis then stated that, at the moment his work in endeavouring to find how the Normal Spectrum was modified in the presence of Cancer had not gone very far, but he thought that in a few weeks it would be in full swing.

Discussion of the Report was then invited, when, there being no response,

Dr. Neatby proposed the re-election of the President, Sir George Wyatt Truscott, Bt., remarking that Sir George had been a friend from the very beginning of the Association's work and that he hoped they might continue to receive encouragement from him throughout the year just begun.

Dr. Goldsbrough seconded, and the re-election was carried unanimously.

Mrs. Henry Wood proposed the re-election of the Vice-Presidents and the Hon. Vice-Presidents of the Association, as shown on p. 3 of the Annual Report presented 1921.

Miss Noble Taylor seconded, and the motion was unanimously carried.

Dr. Judd Lewis proposed the re-election of the Council, as shown on p. 3 of the Annual Report presented, 1921.

Mrs. E. M. White seconded and the motion was carried.

Dr. Wheeler referred to the addition in the number of Council Members—by John Churchill, Esq., as representative of the Bromley Homœopathic Hospital, by Dr. Ethel W. Lee, as representative of the St. Leonards Homœopathic Hospital, and by Dr. B. W. Nankivell, as representative of the Bournemouth Hahnemann Home—who had kindly consented to serve thereon in response to the Council's invitation, the object being to preserve the B.H.A. as a *British* and not a London Association. They hoped to secure further provincial representatives during the current year.

Dr. Hall-Smith proposed the re-election of the Auditors of the Association, Messrs. Crewdson, Youatt and Howard.

Dr. Judd Lewis seconded it and it was unanimously carried, the Chairman adding their appreciation and best thanks for every assistance rendered by the Auditors during the past year, to which Mr. Howard briefly responded.

Dr. Wheeler moved a hearty vote of thanks to Mr. Lee Mathews for presiding over the present meeting and for the invaluable help he continued to give in the affairs of the Association.

Mrs. E. M. White seconded and it was warmly accorded.

The Chairman, in reply, expressed his appreciation of the vote which had been carried, and said, he would like in return to say how indebted he was to the Members, of the Council and the Executive Committee for the assistance they had been good enough to give him throughout the year; and also to Miss Hurrell, the Secretary, for the way in which the secretarial work had been carried out. He referred to Mr. E. H. Morton's resignation of the Vice-Chairmanship of the Council, owing to his ill-health, and said how deeply he personally, felt the loss of the help that Mr. Morton had

given him ever since he (the Chairman) had been connected with the B.H.A.

He was very glad to be able to announce that Mr. E. Ford Duncanson, one of their old and very valued members had been good enough to accept the position of Vice-Chairman in Mr. Morton's place.

The proceedings then terminated.

OVARIAN INSUFFICIENCY AND EPILEPSY.—J. S. Ashe (*Dublin Journal of Medical Sciences*, May, 1920), cited cases before the Royal Academy of Medicine in Ireland, which seemed to demonstrate a connection between ovarian insufficiency and epilepsy. In his introductory remarks he speaks of the Graafian follicles, the corpus luteum and the interstitial tissue to show that the first is the most considerable tissue element of the ovary and is regarded as giving rise to an internal secretion to which activity of the ovary as a whole is due. Frankel attached considerable importance to the corpus luteum, which he regarded as a gland undergoing periodic regeneration and responsible for the nutrition of the uterus. This theory is no longer accepted; further investigations indicate that the persistence of corpus luteum may be concerned with the inhibition of ovarian activity and especially with the prevention of ovulation during pregnancy. The interstitial tissue is regarded as secreting a hormone which is of importance during pregnancy and is probably connected with the cycle of changes associated with ovarian activity. Such modern writers as Dupuy and Starkey have shown that diseases of ductless glands are usually plural rather than isolated and single. The condition of multiple endocrine deficiency has become recognised and the administration of gland substances is regarded as not only replacing in part the deficient secretion but also as stimulating the particular organs to activity for a longer or shorter period, so that pluriglandular extracts favour general secretory activity. After citing three cases of epilepsy in conjunction with menstrual disturbances and which originated in disease of the ovaries which were all relieved by glandular extracts, he concluded: "The deduction I have tried to evolve is that the toxin which acts as a predisposing factor in some cases of epilepsy is produced by (a) absence, diminution or change in the ovarian ferments leading to (b) some multiple functional deficiency of the endocrine organs which upsets the hormone balance, producing further toxins which act on the cerebral cortex, causing epilepsy in some cases. This theory may appear far fetched, but if we accept Osler's definition of 'epilepsy' as 'an affection of the nervous system, characterised by attacks of unconsciousness with or without convulsions' I think those of us who have had experience in gynecology cannot deny the association between ovarian insufficiency and epilepsy."

EXTRACT.

SOME EFFECTS OF ALTITUDE ON THE HUMAN
BODY.

By A. REEVE HEBER, M.D., CH.B. BRISTOL.

[From the *Lancet*, with full acknowledgments.—Ed., H.W.]

SINCE the year 1800 a good deal of work has been done on testing the effects of altitude on the human body, and during the war the choice of men for the Flying Corps has made such work most important. The writer having lived for about six years at an altitude of 11,500 ft. in Leh, the capital of Ladak, one of the provinces of Kashmir, found himself able to test the chronic effect of residence in altitudes.

The country in which I worked is situated in the Himalayas, and is very cold during the winter and very hot during the summer, but both cold and heat are less felt on account of the extreme dryness of the atmosphere. During the summer the power of the sun is immense; an ordinary thermometer exposed to the sun on an ordinary day (30/7/20) at 12.15 p.m. registered 108°F. The report of the Meteorological Department of India gives the following temperatures for the year 1914 :—

Mean Temp. of year	..	..	..	..	..	37.5° F.
Mean maximum temp.	..	..	..	..	..	54.5° ..
Departure from normal of year	..	..	..	..	..	0.9° ..
Mean minimum	..	..	..	..	..	29.8° ..
Departure from normal..	..	..	..	..	..	0
Yearly mean of mean between max. and min.	..	..	..	..	..	42.2° ..
Departure from normal of year	..	..	..	..	..	0.4° ..
Mean daily range of temp.	..	..	..	..	..	24.7° ..
Highest temp. observed during year	..	..	..	..	..	86.3° ..
Lowest temp. observed during year	..	..	..	..	..	1.2° ..
Absolute range during year	..	..	..	..	..	87.5° ..
Mean monthly absolute range..	..	..	..	..	..	42.4° ..

With regard to the extraordinary dryness, the Indian Meteorological Report for 1914 gives the following figures :—

Mean humidity of year...	..	..	..	..	0.53
Departure from normal..	..	..	..	..	0.1
Rainfall for year	..	..	..	..	3.84 inches.
Normal rainfall for year	..	..	..	..	3.26 ..

There is very little wind in the winter and the air is very calm, but during the spring we get what are called the "Spitlung," which, coming from the snow regions, are biting cold. The prevailing wind is from the south, and has a comparatively great average speed.

The barometric pressure is the most important factor in determining the effects of altitude on the human body. The figures for Leh for 1914 are as follows :—

Elevation of bar system above sea-level	..	11,503 ft.
Highest pressure recorded during year	..	19.984 in. Hg.
Lowest pressure recorded during year	..	19.340 in.
Absolute range during year	.. ..	0.644 in.
Mean monthly range of pressure	.. ..	0.579 in.

It will be noticed that in Leh the glass is fairly stable. The boiling point is lowered proportionately, and for Leh is 183.6° F., a fact soon realised when trying to make a good cup of tea. By comparison with Major J. L. Birley's second Goulstonian lecture* the proportion of oxygen at this altitude should work out at about 13 per cent., and shows its effects chiefly as one would expect, in the respiratory, circulatory, and nervous systems.

The people among whom I worked were mostly Ladakis, who are really Tibetans, but I was also able to test a fair number of Yarkandis, down-country Indians, and about four English men and women (two of each) all of whom were resident in Leh for longer or shorter periods. The religions of these various people were almost equally diverse, as they belonged to the Buddhist, Mahomedan, Hindu, Christian, and Sikh persuasions.

It is most difficult to arrive at merely an approximate figure for the population of Ladak as no census has been taken for many years. There would be about 8000 inhabitants in Leh and about 15,000 inhabitants in the whole of Ladak. The greater number of these are Buddhists, but about 300 are Mahomedans, which enumeration closely adheres to the Mahomedan custom of not counting their women. Most Ladakis are farmers, though in Leh itself one finds a few traders and a small number of artisans.

* *The Lancet*, 1920, i., 1205.

GENERAL CONSIDERATIONS.

During short stays in altitudes the European seems to be fairly healthy, but it seems to me that the "altitude of happiness" varies for each individual. I am quite comfortable at 11,000 ft., a good deal less so at 14,000 ft., but on going higher feel fitter again. In 1913 Sir Filippo de Filippi brought a scientific expedition to Leh. His second in command never felt well in Leh, but on getting higher up was quite fit. This fact was also noticed by Barcroft, who says, "Why did I become acclimatised at once on Monte Rosa when I did not at Teneriffe? and, secondly, why did Douglas acclimatise at Teneriffe when I did not do so?" This fact is rather difficult to explain, for although acclimatisation may have a good deal to do with it, yet in the second instance quoted above there was ill-health, even after several weeks time in Leh, during which acclimatisation should have taken place, yet immediately on going higher, when such adaptation had not been obtained, improvement occurred. Europeans living in Ladak are usually very fit physically, and even after prolonged residence would be quite healthy, if only their nervous systems were equal to the strain, but this is the weak link in the chain. It has also been noted that the longer the European stays in Leh the more he feels the cold.

The natives are generally very healthy, but when serious disease of any kind does supervene collapse and death occur very rapidly and suddenly. They are not quite as long lived as the lower-living races. The infant mortality is appalling, and the writer found that of 848 children born 310 died, a mortality of over 36.5 per cent.; but this is due mainly to neglect and not primarily to altitude, for among the few European children who have lived in Leh the mortality is a good deal less. It is simply impossible to establish the cause of death, which is generally stated to be "fever." The heights of about 160 Ladaki men and women was measured, and it was found that they are on the whole shorter than English men and women of the same ages, but it takes the Ladaki about the same time to

attain his full stature, and while the Englishwomen's height tends to decrease after the age of 22 years, her Ladaki sister steadily increases in height until she reaches her fortieth year.

RESPIRATORY AND CIRCULATORY SYSTEMS.

The power of "holding one's breath" is seriously curtailed, and in 52 cases this was found to vary between 40 and 19.7 seconds, the former figure being for the writer himself, and the average for all working out at only 27 seconds. This is all the more surprising when Major Birley found that at an altitude of 10,000 ft., a man should be able to hold his breath for 71 seconds. One wonders whether this is directly due to prolonged residence in altitudes. It was further found that the European who has lived for some time in Ladak, and the native born there, find breathing distinctly easier than those who have just arrived in the country. It is also interesting that the statement "all men are mouth-breathers above 12,000 ft." is not true of people who have spent some time in the heights. I have crossed the Kardong Pass, which is 17,400 ft., and, except during and immediately after exertion, breathed through the nose. This is due, no doubt, to the fact that the lungs themselves expand to meet the altered physical conditions. I heard that a former doctor in Leh had definitely stated that his chest had enlarged during his stay in the country. Dr. Kathleen Heber found that during her first two years there her thoracic outlet had expanded 2 in., although her actual body was thinner. The same kind of statement is made by almost every European who has lived there. During 1920 I accompanied a lady from Srinagar (5,000 ft.) to Leh and took measurements of her chest just under the axillæ, immediately below the nipples, and at the thoracic outlet, and again five weeks later after a three weeks' stay in Leh (11,500 ft.) and found that during this time her chest had expanded $\frac{1}{2}$ cm. in each position. Although one cannot base any conclusions on this one case yet it does show the tendency. In this connection it is of interest that the chests of the natives measured

(over 150 cases) were on the average smaller than those of the Europeans. This expansion of the chest is evidently consequent on an expansion of the lungs, for in the 160 cases examined it was found that the area of superficial cardiac dullness is distinctly lessened—*viz.* the upper border is shifted down to the fourth intercostal space or even the fifth rib, its left border moves in to $2\frac{1}{2}$ and 2 inches from midsternum, and although the right border is found at the left border of the sternum, yet even here there is a tendency to overlapping of the heart. In the examination of hearts in Ladak, it is striking that in so comparatively few cases the apex beat of the heart is seen, which would also be accounted for by increase of lung tissue. The liver, too, seems to be pushed down a little; in the greater number of cases examined the upper anterior border was found at about the sixth rib. The rate of respiration is increased, and for corresponding ages in England varied from a quarter to three and a quarter breaths per minute, whilst the proportion of respiration- to pulse-rate is a little higher than 1 : 4—i.e., the respiration rate has increased slightly more than the pulse-rate.

The fact that anoxæmia causes periodic breathing has long been known, and is found to exist even when Europeans have lived in the country for some years, especially when ascending the mountains. My little hill pony, which was born in Zankskar, the most highly situated province in Ladak, exhibits it when going up steep hills. The pulse rate also tends to be a little higher than in England, varying from 2-12 beats per minute. Dr. Kathleen Heber noticed that her own pulse averaged ten beats quicker in Leh than in Srinagar, which is over 5,000 ft. lower. It had often seemed to the writer that the pulse-rate increased much more rapidly with increase of the temperature than in England, and he therefore investigated his temperature charts, but found that for every rise in temperature of 1° he got on an average an increase in the pulse-rate of 7.2 beats per minute, which is about normal even for England.

In respect to blood pressure, tests made on about 200 patients gave the interesting result that between

the ages of 22 and 65 years the average blood pressure is even lower (118.9 mm. Hg) than the minimum (120 mm. Hg) which is usually given for Englishmen. At other ages the figure is somewhat higher, but as these only represent about 15 per cent. of the subjects tested they are not nearly so reliable as the figures for the ages 22-65 years. This fact harmonises well with the findings on airmen that prolonged flying in altitudes tended to lower blood pressure. The pulse-pressures obtained in Leh showed a definite increase, and this was more marked in the women than the men, this increase being 8.6 higher for men, to 12 mm. Hg for women, as compared with those in England. This is chiefly due to a fall in diastolic pressure, and again agrees with conditions found in our airmen in France.

The heart itself is not enlarged upwards nor to the left, but there were quite a number of cases in which the heart had enlarged to the right (of the 160 cases tested 27 per cent. had enlarged to half an inch to the right of the sternal border), which is not surprising. As the atmosphere contains less oxygen the heart has to pump more blood into the lungs, but the blood pressure being lower in Ladak the left heart does not need to enlarge in order to eject a larger blood stream. Red blood counts were done on over 50 people, consisting of Ladakis, Down-country Indians, and five Europeans. The average blood count for all the men of these is 6,816,454 per c.mm., which is somewhat below the figure at which Major R. W. G. Hingston arrived in his investigations in the Pamirs. The Ladak figure is slightly smaller than his on account of the striking fact that the men born in the country had a lower count than the Down-country Indians and Europeans. Among the women the same is true, and in both male and female there were over a million more red cells per c.mm. than in those born in the country. We can state, therefore, that altitude raises the blood count, but to a lesser degree in those born in the country than those from lower altitudes. Leucocyte and differential leucocyte counts did not show much variation from the normal for England. When, however, the investigations on the hæmoglobin percentage

were begun, it was thought that the results would prove a good deal higher than in England, and it was all the more surprising to find that the percentage was well below 100. This was true of all sorts and conditions of men and women in the country, and, whether born there or in the lowlands, the figures approximated very nearly to 90 per cent., the former being just over and the latter just under. It is difficult to account for this, and it may be suggested that a *prolonged* stay in altitudes tends to destroy hæmoglobin.

The human body, therefore, seems to respond to decreased oxygen-tension in the atmospheric air of altitudes by a small increase in the rate of both respiration and pulse, whilst the lungs and, in consequence, the chest, expand; further, the heart tends to enlarge to the right, the work of the left ventricle being made lighter by a decreased blood pressure. An increase in the oxygen-carrying powers of the blood is made possible by an increase in red blood corpuscles, which is greater in the downcountry man than in the native inhabitant. Finally, the first response to a rapidly decreasing oxygen pressure consists in periodic breathing.

(To be continued.)

VARIETIES.

EARLY DIAGNOSIS IN DIPHTHERIA.—The importance of early diagnosis in diphtheria and of the administration of effective doses of anti-toxin as soon as possible is generally recognised. It comes, therefore, as a surprise to find that Dr. Frederic Thomson, of the North-Eastern Hospital, Tottenham, in the interesting letter published in *The Lancet* last week, has noticed that for the past two years many patients have been arriving at his hospital rather later in the disease than was formerly the rule, and often without antitoxin treatment. He suggests that this delay in sending patients to the special hospital is largely due to practitioners waiting for the results of bacteriological examination, and he strongly deprecates this being done. He urges that anti-toxin should be given without delay if the clinical evidence favours diphtheria. He points out that failure to find the bacillus in cultures taken early is not uncommon, that cultures taken on the first day even from cases of the several faucial diphtheria are frequently negative, also many of those from purely laryngeal cases. On the other hand, a positive result may be due to the

case investigated being a diphtheria bacillus carrier. Dr. Thomson's letter is worthy of the special attention of our readers, since the advice he gives is of practical importance, and the point he raises in regard to the bacteriological evidence is one of great interest. There is a tendency in the minds of some practitioners to regard the evidence afforded by laboratory investigation as incontrovertible and infallible, whereas it should be assessed in the light of the other evidence and its indications placed in their true perspective. The importance of Dr. Thomson's suggestion is emphasised by his statement that the death-rate among his cases in 1919 and 1920 was higher than it had been for many years, while he is not prepared to admit that the type of the disease had been much more severe.—*The Lancet*.

GENITAL HYPERTROPHY AND TUMOURS OF THE PINEAL GLAND. THE INFLUENCE OF EMBRYONIC TUMOUR TISSUES UPON THE GLANDS OF INTERNAL SECRETION.—Berblinger (*Virchow's Archiv, Beiheft zum 227 Band*, March 3rd, 1920).—It is probable that pineal influences persist after puberty and exercise a regulating influence upon the production of spermatozoa. The inhibiting influence of the pineal gland before puberty upon the development of the sex glands changes after their functions are established into regulating them and therefore, pineal lesions exert different effects according to the age in which they develop. Inhibition may be exerted before puberty upon the interstitial cells of the testicles which reach their maturity before the spermatogenic cells appear. There are reasons for believing that the production of spermatozoa is regulated by the pineal gland. When there is an increased production of interstitial cells and increased spermatogenesis, the lack of pineal secretions should enter into the different diagnosis. Hypertrophy of the sex glands and hypertrichosis are enough to warrant the diagnosis of hypergenitalism and then its cause should be determined. Biedl says that hypergenitalism may be primary and secondary. In primary hypergenitalism there is a general bodily and sex precocity developing apparently spontaneously without demonstrable changes in the sex glands, or in consequence of neoplastic changes in them. Secondary hypergenitalism results from disturbances in the other endocrine glands. To these causes may be added tumours of the mid-brain. Berblinger reports a case of a soldier of 35, with bi-lateral paralysis of the oculomotors, trochlears and facialis. There was no choked disc. The headache was severe, the intracranial pressure high and death followed. The clinical diagnosis was a tumour of the mid-brain or basal meningitis. The autopsy showed a tumour of the corp. quadrigemina of glial tissue. There was no involvement of the pineal gland, but it had been crowded out to a mere shred of tissue. This case showed extreme hypertrichosis all over the body and very large genitalia. The testicles were uniformly enlarged with an excessive development of interstitial cells and exaggerated production of spermatozoa. They weighed 739 grams without the epididymis.

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Editor of the Homœopathic World.

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CORRESPONDENTS.

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BOOKS AND JOURNALS RECEIVED.

Med. Times,—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homöopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Revista Homœopatica Practica—Annaes de Medicina Homœopathica—Journal A.I.H. — Homœo. Recorder.—Pacific Coast Journal.

The Homœopathic World.

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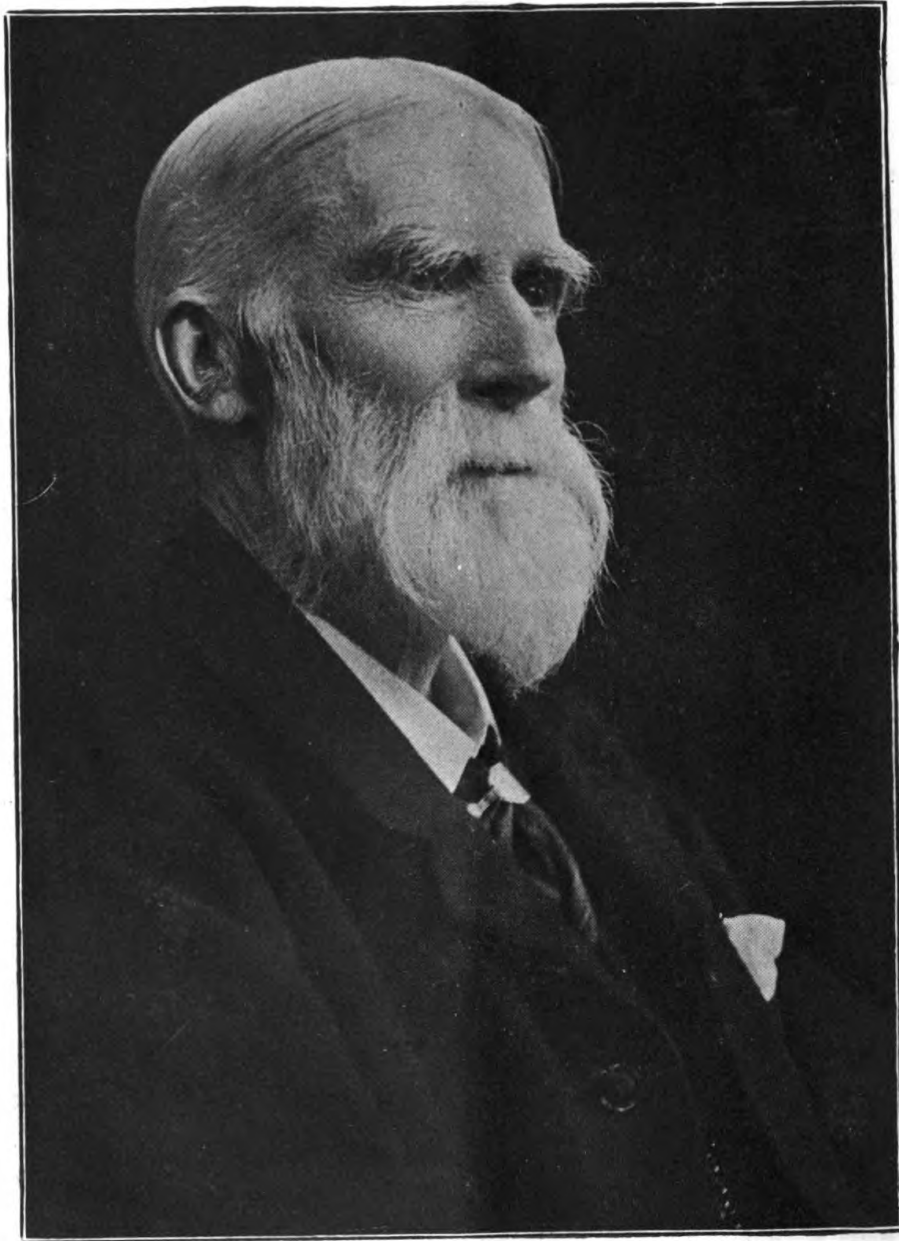
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THE
HOMŒOPATHIC WORLD.

AUGUST 1, 1921.

TUNBRIDGE WELLS.

THE enlargement of the Tunbridge Wells Hospital following so hard upon the foundation of the new hospital at Bristol and the fact that both occasions were graced by members of the Royal family, lead naturally to homœopathic pleasure and self-congratulation. Both are well deserved. It is indeed pleasant to find such visible and tangible demonstrations that, at any rate in these places, our vigour is so great and growing and those who have contributed to this growth are justified in congratulating themselves, and we in congratulating them. Two reflections are, however, salutary and we may perhaps, be allowed to make them. First that the stimulus of Bristol and Tunbridge Wells should not be allowed to die away without response in every quarter which has, or might have, a Homœopathic Hospital or Dispensary. Second that our institutions being the chief symbols and supports of our faith are more than local in their significance. From which it follows that while every locality will naturally spend its best energies on its own institution, all homœopaths who lack a neighbouring building to support should either seek to get one or at least be generous in the help of others elsewhere. This can be done directly or through the Association, but done it should be, and even in these difficult days we hope this duty, this privilege rather, will be not neglected.

NEWS AND NOTES.

THE DEATH OF DR. MENDE.

THE cause of International Homœopathy sustains a severe blow in the death of Dr. Mende-Ernst, of Zurich. Ever since the memorable International Congress of 1911, Dr. Mende has been a prominent figure in every form of homœopathic activity, and when the International Council was formed he inevitably became one of its leading members. All through the difficult time of the war, he was a constant worker for the cause and it is in no small measure due to him that International Homœopathy has been able to raise its head again in these last two years. Now we have lost him and the world is the poorer for lack of a fine physician, a devoted and courageous friend, and a wise counsellor. We have to be thankful for the great gifts he has given us and take our memory of him as an abiding stimulus and encouragement.

X-RAYS AND CANCER.

THIS subject has naturally attracted great attention since the publication of statements in the lay press. No better summary of the position is conceivable than that contained in the following article from *The Lancet*. We venture to reprint it with fullest acknowledgments and respectful admiration for its clarity and completeness.

THE X-RAYS IN MALIGNANT DISEASE.

During the past week there have been articles in the lay press inspired from the West London Hospital and based upon a striking demonstration of a new method of using the X-Rays for the treatment of malignant disease. We may remind our readers that a description of some of the most important details of this, the Erlangen, method were given in *The Lancet* of January 1st last, in a report of the proceedings of the Section of Electro-therapeutics of the Royal Society of Medicine. Since that time medical men have been investigating the method as far as circumstances have permitted. As in all similar methods of treatment, the basic principle involved is that radiations of the gamma type—whether from radium or an X-Ray tube—have at first a stimulating and, as the dose is increased, a destructive effect upon living cells ; and it is found that cells of the embryonic

type are more susceptible to these rays than normal tissue elements. It thus follows that a malignant cell invading normal structures may be destroyed without serious damage to the latter. It is necessary to keep these facts in mind while testing the claims put forward from Erlangen, a place very favourably situated for the elaboration of X-Ray technique. The method in its present form is the outcome of an enormous amount of work patiently carried on for years under skilful guidance.

Briefly stated, the position now is that a highly efficient type of radiation has been attained, one that can be standardised within narrow limits and reproduced at will for as long as is required for practical purposes. The necessary dose to destroy a malignant cell has been ascertained, and a way evolved for giving this dose to any required depth; and it has been proved beyond doubt that if every part of a localised malignant growth receives this dose, that growth will almost certainly disappear. If it does not do so the reason is most likely to be faulty technique; it may be due to extension of mischief beyond the apparent field of involvement, or because the health of the patient is without recuperative power. This last point is one that does not always receive the consideration it demands. As a matter of fact, it is useless to expect any appreciable degree of success in patients whose health is more or less seriously impaired, and whose blood count is not approximately normal. Efficient irradiation produces marked blood changes, notably a sharp fall in the red corpuscles, requiring from six to eight weeks of generous feeding to restore, and until this is accomplished it is inadvisable to give the second or third irradiations required in certain cases. All these facts have been arrived at after minute investigation based on thousands of applications, where careful records have been made of the effects produced. The records are in keeping with theoretical considerations, supporting belief in their substantial accuracy. There is another point to be remembered: it has been found that if a carcinoma cell receives a dose of X-rays rather less than half the full cancer dose the effect is one of powerful stimulation, resulting in appreciable increase in size of the growth, with possibly fatal results. This is one reason why the full dose is given at one sitting.

We may now consider the routine adopted at the Frauenklinik in Erlangen for all cases of malignant disease. Immediately the nature of the case is clear the patient is sent to the X-ray department for appropriate treatment, primary surgical operation being definitely abandoned, save in the single case of primary carcinoma of the ovary, where the tumour is at least as large as a hen's egg. Here the mass of the tumour makes full irradiation of the area difficult, and it has been found best to remove it and irradiate more or less immediately afterwards. Cases of uterine carcinoma treated by this method have shown over 80 per cent. "clinically cured" after three-and-a-half years, and the results in other regions are reported as equally favourable. Among medical men in this country such

treatments are received with doubt, but while such caution is commendable, we would venture to remind our readers that we are here concerned with a technique which is radically different from anything usually practised in this country, and that with our less perfect methods radiologists have never had a chance to show the possibilities of the X-Rays in the treatment of cancer. Surgical operation is the accepted routine, and the X-Rays are not used until afterwards, either as a prophylactic or when recurrence and extension have made further operation inadvisable. This practice has been the correct one in the light of our knowledge and experience, and no praise could be too extravagant for the skill and patience of our surgeons in their efforts to deal with appallingly difficult problems. If many cases of malignant disease can be shown to do better under radiological than surgical methods, not a few surgeons will hand them over to the radiologist with a feeling of intense relief. In spite of all the work and skill expended the results of the treatment of malignant disease by operation are not brilliant, and it looks as if superior results are being attained by the methods elaborated by Professor Wintz, at Erlangen. If comparable results are to be aimed at in our clinics, the cases must go to the radiologist before any operation is done. After long and careful observation it is the considered opinion of the gynæcologists at Erlangen that surgical operation definitely increases the danger of metastasis.

It will be seen that the suggestions in the lay press, that cases of malignant disease should go to the radiologist immediately the diagnosis is made and before operation, are based on the practical experience of competent observers. There is little doubt that the time has come for us to reconsider our position in dealing with the situation. Assuming the claims for the irradiation of malignant cases to be substantiated, the advantages to be gained will be readily appreciated. Apart from the higher percentage of apparent cures, cases would come under observation at an earlier stage; the dread of the major operation causes many to hide their trouble until the chance of more or less permanent relief has definitely passed.

NOTIFICATION.

. Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. E. L. HUGHES.

DR. E. L. HUGHES has left Exeter and is now practising at 133, Upper Parliament Street, Liverpool.

ORIGINAL COMMUNICATIONS.

OPENING OF THE NEW WING OF THE TUNBRIDGE WELLS HOSPITAL.

THE new wing of the Homœopathic Hospital at Tunbridge Wells, named in memory of Dr. Frank Smart, was opened by H.R.H. Princess Louise, on June 28th. It was a brilliant and successful occasion upon which all its organisers are heartily to be congratulated.

The completion of the "Frank Smart Memorial Wing" of the Homœopathic Hospital is an important event in the history of the town and neighbourhood. The value and importance of this Institution cannot be over-estimated, and its popularity has now been in evidence for many years. It had a somewhat modest beginning, but continual progress has marked its history. The Dispensary was started in a private house in 1863, the hospital being established in two houses in Upper Grosvenor Road in 1890. The freehold property of the present premises was purchased in 1902, when a considerable sum was spent in alterations and additions to the old house. The "Frank Smart Memorial Wing" is the second enlargement, and has involved an expenditure of £12,000.

A VALUABLE ADDITION.

Its erection is due to a legacy of £10,000 left by the late Mrs. F. G. Smart, of "Bredbury," for this purpose. Owing, however, to the greatly increased cost of building materials and expenses since the war, the amount of the legacy at the Committee's disposal was not sufficient to furnish and equip the new wing, and to pay for the necessary alterations and improvements to the old building, including central heating. Thus, notwithstanding Mrs. Smart's generosity, the Committee found themselves compelled to ask the charitable public for £2,000. With the permission of the late Mrs. Smart's executors, a portion of the original legacy was used to acquire the two freehold houses between the Hospital and the Common, thus preventing them being

rebuilt and obscuring the hospital view of the Common, and enabling the Committee some time in the future to use one of them as a House Surgeon's residence, and the other as a maternity, or perhaps a convalescent home.

INCREASED ACCOMMODATION.

The value and importance of the improvements made cannot be over-estimated. The new wing comprises three stories, and the spacious ward, which is situated on the second floor, is a lofty and bright apartment, commanding beautiful views, and will accommodate a further dozen patients. The powers that be evidently recognise to the full the fact that "Cleanliness is next to godliness," everything up-to-date having been introduced in this direction to the beautiful enamelling in white of the interior, whilst the hot water apparatus has been so fixed as to render it possible to raise or lower the temperature to any desired heat. Overlooking the garden at the rear is a comfortable balcony, which can be used by the patients, and in close proximity to the ward are splendidly fitted-up rooms for the reception of extreme cases, whilst a night watching room with observation window into the ward is provided. A staircase leads to the matron's room below, and above are the nurses' and servants' bedrooms. The flooring everywhere is of concrete, and the building has been rendered, as far as possible, fireproof.

Much improvement has been effected, too, in the operating theatre, and baths and all sanitary conveniences are provided, whilst many needed alterations have been carried out in the old part of the building. At the rear of the building, facing the lawn, a large stone has been placed over one of the doors, bearing the following inscription :—

FRANK SMART MEMORIAL.

This wing was built A.D. 1921 out of the funds bequeathed by the late Mrs. F. G. Smart for that purpose.

It is interesting to recall that amongst the many kindly acts performed in Tunbridge Wells by Her Royal Highness, she laid, many years ago, the foundation

stone of the Friendly Societies' Club and Institute, which is just inside the main entrance, and bears the following inscription :—

This memorial stone was laid by H.R.H.
Princess Louise, Marchioness of Lorne,
30th June, 1877.

The visit of the Princess was naturally the occasion for much rejoicing in the Royal Borough and the graciousness of Her Royal Highness added a great deal to the dignity and pleasure of the ceremony. Both at the preliminary luncheon and at the opening—she spoke with great effect and her presence was a profound encouragement to all who have worked so hard for this most worthy cause.

The best wishes of us all go out to Tunbridge Wells and we hope that full support may be forthcoming, even in these hard times, for an Institution that has such a record of achievement and such a promise for the future.

THE MISSIONARY SCHOOL OF MEDICINE.

A VERY enthusiastic company met at the London Homœopathic Hospital in the afternoon of Midsummer Day, filling the Board Room to overflowing. Seldom has so large a company gathered there, owing partly to special efforts to make the meeting known and partly to the exceptional feature in the shape of an exhibit, illustrating the diseases prevalent in the tropics and preventive and hygienic measures connected therewith. The Curator of the Wellcome Bureau of Scientific Research very generously lent an appropriate selection from the Museum of the Bureau and himself went to great personal trouble in arranging the exhibits in proper classes and sequence. The addresses by the students, returned from work abroad, were most informing and fascinatingly interesting. To listen to their narratives would soon convince any sceptic of the immense field for their work. Our readers will follow the Report with great interest.

ANNUAL MEETING, JUNE 24TH, 1921.

The Meeting was opened with prayer by the REV. T. A. ROBINSON, of the China Inland Mission.

REV. J. STUART HOLDEN (President) said it was a very real pleasure to him to welcome friends to the meeting and to express thanks to all those concerned in the management of the School. It was a great help to feel they had constant fellowship and sympathy in the work they were trying to carry on. Thank God the day had long gone when any divorce between science and religion was held to be necessary in the great scheme. The truths which found expression in the Gospel of Christ were all one, and therefore they were glad that this School of Medicine stood for the union of all those beneficent forces which, under the control of God's love and the presence of His spirit, were seeking to help and bless mankind. There never was a greater need than that of to-day for the fully-qualified medical missionary. The mission field to-day offered to physicians and surgeons probably by far the greatest opportunity of usefulness of any that might come to them in our Western lands. Yet when all was said that could be said for the qualified medical missionary, there was a place for those who had a somewhat less degree of medical and surgical knowledge, such as this School imparted to its men and women students. The possibility of finding contact with those to whom they ministered the Gospel, was a matter of supreme importance, and if they could be helped in their physical needs, it would be found to be of great value, and the work would be its own reward.

That afternoon something would be heard of what had been accomplished in the matter of training through the past year, and also of what had been effected on the field by those who had gone out from the School.

Dr. Holden said he did not wish to detain the meeting longer, as he knew they were anxious to hear testimonies from those who had done the work. He heard the other day of a school-boy who had been listening to his teacher telling of various methods in existence in America for carrying on civil and social life, and how

when it came to inflicting capital punishment the prisoners were electrocuted. The small boy had to write a composition on what he had heard and he said, "The Americans are a barbarous people, who kill each other by elocution." Dr. Holden said he had not the slightest intention of even attempting to kill his audience by any elocution of which he might or might not be the master. They were to hear of the practical use to which the training had been put and of the multiplication of its influence by the Divine spirit. The whole history of Christian Missions was the history of God's use of five loaves and two fishes. They would hear, with thankful hearts of what God Himself had done for His people.

DR. NEATBY said Dr. Holden had "stolen" some of the remarks he had intended to make, but he could not have given them with the "elocution" of Dr. Holden, and he therefore need not dwell more on the practical Christianity represented in the work.

Dr. Neatby felt that these meetings of the Missionary School of Medicine were to him an inspiration more than ordinary meetings. He sometimes had the opportunity of sitting in that imposing, but uncomfortable chair, in a professional capacity, but he felt that the work carried on then had its limitations, whereas the work of the Missionary School had no limitations.

Dr. Holden had written to Dr. Neatby at one time, before he was so closely connected with the School as he was at present, and had said, "You are touching the ends of the earth." Dr. Neatby felt they might even say of this work that they were reaching beyond the confines of time and space, right into eternity. They were seeking by the means of those they equipped, to raise degraded lives by contact with the Divine Saviour, which gave a permanency and power to the work carried on.

To-day they had mainly to deal with the educational side of the work. In the first place many letters of regret had been received from friends who had been prevented from attending the meeting. During the past year the School had sustained many losses in the

way of friends and supporters. He would refer to two who had been very closely connected with the Institution. In the first place he would mention Dr. Eugene Cronin, who was the Chairman of the Medical Executive Committee of the School. This was the first time the School had met for its annual meeting when he had not been present, taking a front seat. No one could tell how much he was missed, not only for his skill as a doctor, but for his sympathy with the work, and for his advice and support. Another friend whom they had lost was Mr. Stilwell, a member of the Board of Management of the Hospital, who for many years had been one of the Vice-Presidents of the School. He had died within the past few days. To the survivors he expressed the sincere sympathy of the meeting.

Dr. Neatby said the School was presenting no written report, but he would give a few of the most important points. There had been twenty students this year, some only coming for part time, some only for single subjects. It was more gratifying to have full time students, but they were ready to welcome those who could come only for part time.

Dr. Neatby said a short time ago he asked a very experienced missionary at the head of a growing Society, what he thought of taking students for a short training. He said, "By all means get them for the whole nine months." Dr. Neatby said his own opinion was that half a loaf was better than none, and thought that the "half loaf" was perhaps rather barely represented by the nine months' training; but quite recently all his defences had been broken down when it was pointed out to him by an applicant that one tenth of a loaf was better than no bread at all.

They often used to quote the remarks of a missionary in Fiji, who said that missionaries *must act* on the field, whether they know or do not know, and it was for that reason that they wanted to teach the students in order that the knowledge they had gained would enable them to do good within their own limitations, and not to do harm. At a recent meeting of the C.I.M. a medical man on the platform said they had twenty-one to twenty-five medical missionaries in the China

Inland Mission. The next speaker said "We have 1,015 medical missionaries in the C.I.M.," meaning that all missionaries had to be doctors to some extent—and that was the excuse—if excuse were needed—for the work carried on by the School.

As to the economic advantage of a training like the one given, he had one instance to bring forward. One of the ex-students wrote and said that if it had not been for the knowledge he acquired at the Missionary School of Medicine, he would have had to take two long and expensive journeys across country in China in order to get professional advice for his little daughter. Two journeys of fifty miles each meant much more in that part of China, where there were no railways, and where the country was occupied by many bands of brigands, than it did here.

The training could be regarded as an insurance with a permanent policy but with no annual premiums to pay. One of his friends had smiled an incredulous smile at Dr. Neatby and asked how it was possible to carry on by charging the small fees that were charged to students, some fourteen or fifteen guineas a year. Dr. Neatby said he liked a testimonial which indicated a change of opinion. A man who came prejudiced, and ultimately became a supporter, was valuable. He had recently had a letter from the Rev. Charles Hurlburt, in which he said that at first he had been somewhat incredulous and gave more credit to natural ability than to the work in the School, but now after having had personal experience of the training given in the Hospital and clinical work in all the Departments, he wished to strongly commend the School in unqualified terms, to all students intending to take up foreign mission work, and he felt that if students passed through the School with the conceit which made knowledge dangerous, it was the conceit that would not be cured by a full course. Another testimonial had been received from a qualified physician who had recently become interested in the School. A touching letter had been sent to him from the students testifying that before coming to the School they had little or no knowledge of homœopathy, but after what they had seen and heard they were all

enthusiastic as to what lay before them in the far off mission field.

Dr. Neatby referred to some recent advances in connection with the School. For some time they had been trying to increase the facilities for training in tropical diseases, and this year they had secured the privilege of visiting the Seamen's Hospital, Endsleigh Gardens. Parties of students, under Dr. Low, were given facilities for visiting the Hospital. A course of lectures had been given by Dr. Prout on "Tropical Hygiene." Professor Leiper began a course but was obliged to discontinue, as he was called away for Government work in South America.

The Wellcome Bureau of Scientific Research had kindly lent specimens from their Museum which had been arranged by their curator, Dr. Daukes, and visitors to the meeting would have the opportunity of seeing this unique exhibit.

It was hoped that in a short time they would be able to provide some practical training in maternity work.

Dr. Neatby said he had announced last year that they were hoping to get a museum of their own established. It was not now so necessary, since the Wellcome Bureau had given facilities for students to see their museum, but a small museum belonging to the School constantly accessible would still be of advantage.

In conclusion, Dr. Neatby said he would like addresses of private houses near by, where students could stay during training. He also hoped people would remember that during the last few years they had lost many subscribers, and they would be very glad of new subscribers and of donations towards the work, also the names of those willing to serve on the Council.

DR. WILSON said he felt inclined at the outset to take advantage of Dr. Neatby's rather remarkable statement, that he specially valued testimonies indicating alteration of opinion. Dr. Wilson's first experience when sent to work in China was to find himself 1,500 miles in the interior in a very isolated spot where no medical work had been done. As was known, the medical profession had not a very great deal of sympathy towards amateur medical work, and it was

difficult to find medical men who would support the work of the lay worker. Such medical men should go to China, and very soon their opinions would be altered. At one place he had been in, in China, the last doctor had been left 1,000 miles behind in Hankow; while travelling southwards you would have to go 300 miles before you came across another doctor. In China, through a province the size of the whole of England, there was often no doctor to be found. Men might go out to China with the idea that none could teach or practise medical work excepting those who had passed through a medical curriculum, but they would soon alter their opinions. They would find that they could not stop people from working, and one soon became very glad of their help. Dr. Wilson said it had been a great pleasure to him to send boxes of drugs, medicines and dressings to various other stations in the province and adjoining provinces for those doing amateur medical work. All these missionaries were surrounded by people suffering, and by diseases of all kinds. Were they to do nothing? They had to do the best they could, and endeavour to make themselves more efficient still.

The Missionary School of Medicine was just what was wanted to equip those who were going out, and he had great pleasure in being able to testify to the value of the work.

Dr. Wilson noticed that he was put down to speak on "The Place of the First-Aider," but he thought a very broad interpretation would have to be taken of the term. Look at a simple instance where a great deal of help could be afforded. You might be surrounded by a great many suffering from eye diseases, many being past all help, old chronic cases. A great many, if taken in hand in the early days with simple remedies, would have had their sight saved, and all the misery entailed would have been avoided. Those who come in contact with these people are glad enough to be able to use simple remedies like boracic acid, atropine, etc. Again, take cases of skin disease. This was perhaps a rather delicate matter to speak about, but it was necessary to be prepared to use all remedies at one's disposal. A

great deal could be done by the use of sulphur ointment and zinc ointment. To give an instance of this, Dr. Wilson said he went to China knowing very little of the relative prevalence of diseases. He took out several pounds of oxide of zinc ointment, which was very soon all used up. To send home for a further supply would have taken about nine months. Happily, a lady arrived in the place from England, and she brought with her a harmonium, which she asked Dr. Wilson to help her unpack. It was packed in a wooden case lined with zinc, and in return for his trouble in opening the case, she gave him the zinc. He had it cut up into strips and melted down, and soon he had a splendid supply of oxide of zinc. The lady had given the zinc, and the atmosphere supplied the oxygen, and this zinc lining provided about thirty or forty pounds, and from that day to the day he left China, he never sent home to England for this remedy. He soon found it was possible to obtain more zinc, as matches always were packed in cases lined with zinc, so he simply sent coolies round to buy zinc-lined cases.

Just now in the unsettled times in China the medical missionary and his amateur helpers had much to do in the treatment of bullet and sword wounds. Bandits and soldiers, whenever they were wounded, went at once to the Mission House, and many missionaries in the troubled parts of China had had many hundreds of such cases to treat. Such men realised only too well the advantages they would have had had they been through such a training as was provided by the Missionary School of Medicine.

To take the case of fractures and dislocations. These were very much the same to the Chinese mind, and the Chinese were unable to tackle either. With a little training the average case was not very difficult to treat. Dr. Wilson said he remembered the case of a young lady who was brought to the Mission for treatment. From her appearance and clothing she was evidently of good family, and lived in the country, but when first seen she looked a most deplorable object. She was suffering from dislocation of the lower jaw, and those who had seen such a case would know the terrible

appearance presented. Possibly she had been yawning too much and the condyle had slipped out of its socket and could not get back, with the result that the mouth remained open and the muscles were put on stretch. She was unable to eat or speak. This girl arrived at the Mission in this condition. For a surgeon the remedy was easy enough. With a simple manipulation the condyle would easily slip back into the socket, and this proceeding only occupied the space of a few moments. The chair bearers, who had brought their mistress a great way to the Mission, thought she would have to stay for months in order to be cured, and their surprise was great when, almost before they had had an opportunity to rest from their labours, they were told that their mistress was all right. Dr. Wilson asked her what treatment she had received from the local medicine man before coming to the Mission, and he was informed that the only treatment was that a native doctor took off his linen shoe and gave her a few blows on the jaw.

Dr. Wilson said he would like to say a few words about dentistry. He went through an experience which made him see the desirability of a knowledge of dentistry. He was working one day in the Hospital when a young missionary arrived. This man was stationed many miles away, but was suffering from very bad toothache, which was so severe that at last he had taken a ten days' journey in order to have his tooth extracted. About a minute later his tooth was out and he returned to his work. Twenty-one days had been spent in the journey to and from the doctor and getting his tooth removed. That, of course, was an extreme case, but it made one see how many missionaries must be undergoing suffering which they could not alleviate, whereas if a few of the missionaries were able to attend the dental department of a hospital before going abroad, they would gain invaluable experience. Dr. Wilson said he was glad that his daughter had had the advantage of training at this School as he had wished her to get all the information she could about dentistry and anæsthetics.

Dr. Wilson said he would have liked to have said a word about the higher aspects of the work, but as time

was getting short, it would have to be taken for granted that day by day such medical experience gave a ready-made audience in the Mission Field to whom the ministry of the Gospel of Jesus Christ could be given. It would be understood how valuable this was. The stage of curiosity was past, and the natives were not particularly keen for the mission workers to go into their houses; there seemed to be a sort of lull before it was possible to get into friendly intercourse. What could be better than to find a number of people in the outpatient waiting-room, and there to have the opportunity of preaching the unsearchable riches of Christ.

MISS M. MOZLEY said she felt it a great privilege to come and give her grateful thanks to the School for the short session she had attended in 1914. She was at the school for three months, and her friends held up their hands in horror when her Council put it that it would be a very good thing if she took the course, and said "You have been four-and-a-half years as a nurse, what more do you want." She must say that she had found the three months she spent in the Missionary School to be of more use to her in the six years she had been abroad than the four-and-a-half years she spent as a nurse in hospital. The work she had been connected with in Africa was pioneer work, and when she and her sister first went up into the country in 1915 there was no doctor in that section of the Congo. Now there were three. In the part where she had been, the patients looked to her to give the medicines and she had proved that she had been able to help her fellow missionaries also in a way that would not have been possible had she not had her three months' training at the Missionary School of Medicine.

Miss Mozley said she wanted to tell of one very marked case, which had turned out to be even more marked than she had thought at first. She and her sister were moving into another tribe that had never heard the Gospel. The language had not been written down, and they were going to start real pioneer work among these people. While the houses were building and the station being prepared, they lived for five-and-a months in one of the Belgian Government's Rest

Houses in a Government Post, which was just a collection of houses, government officials and soldiers with a certain number of natives. They did not do missionary work there because it was not possible. The Government was a Roman Catholic Government and the Roman Catholics had their native catechist chapel. At first the Roman Catholics did not mind them staying at the Post, and wondered what they were going to do, but later she and her sister noticed the attitude of the people becoming more and more unfriendly, and their servant boys were their "thermometers." The boys were asked by the people why they worked for Protestants, as they were bad people. She was careful not to prejudice the people against the Roman Catholics. After a time an epidemic broke out in the place. There were many native funerals. One day she and her sister were out for a walk and as they turned to come back they were met by a native soldier with a note from the Government official, who asked if they could do anything to help to stay the epidemic. He had exhausted his stock of knowledge, the natives were dying and he did not know what was the matter. It was sunset and they had not much time before dark, but they went to his office and he took them to the worst cases first. They went to the edge of the river into a small low hut with a grass roof. In this small hut were four natives ill, each with his own special set of friends and relations. She could not have been in there more than a few seconds, just sufficient to look at each one, and whilst she was there one man actually died. One could not have lived more than five or ten minutes and the other two were not far off their end. She went out, realising that they were too late to do any good there, and went quickly to see the others. They went to the prison, which was a brick building, portioned off in sections. She went into one section where there were several prisoners. One man was unconscious, another becoming unconscious and another sitting shivering by the fire. She saw these men and several more. She went home, looked up the symptoms and found what she thought to be the drug, then went back and was at the prison till ten o'clock at night. She was too late for the man

who was unconscious, the one becoming unconscious recovered, and the man who sat shivering by the fire soon got well. The soldiers also got better. For the first two days she and her sister were accompanied on their rounds, three times a day, by the Government official, or else the men would not have taken the medicine, but they soon got to see that it was best for them to take it. Every day they had fresh cases. The attitude of the people soon changed, and they became distinctly more friendly. Of all the people they treated, only one died. One of the last patients to be treated was a very important chief of the tribe to which she and her sister were eventually going to work. They heard he was very ill and had this disease. He had been visiting another chief, and on his way back to his own village had heard of her and came to see if she could do any good. When well, this Chief was one of the most imposing men to look at, he evidently had royal blood in his veins and he dressed in European clothes ; but when ill, he was wrapped up in a blanket and seemed to have become quite the old heathen. He kept saying that he was very ill and was going to die, and declared that he must get back to his people to perform the words of his fathers, in order that he might recover if the spirits could heal him. Miss Mozley gave some homœopathic medicine and rubbed him with capsicum vaseline. He had great faith in the capsicum vaseline because it felt nice and warm. They begged him to stay and undergo further treatment, but he would not, and returned to his village. Miss Mozley was too busy to go out to his place and see him every day, and as there was so much to do in the station he had to be left for several days. When she did go it was marvellous to see him, as he was much better, almost himself again, and he called all his wives to shake hands, and some had to have something the matter with them in order that they could taste the medicine and have their sides rubbed. Just recently Miss Mozley had heard from a missionary who said she had been to the station and asked the chief if they might send him a native teacher and he had welcomed the idea. That was a concrete example of the way in which

medical work did help in the way nursing would never have done.

Miss Mozley said she wished to take this opportunity of thanking those doctors who had helped her six years ago when she was a student at the School.

MR. TIPPLE said that his early sailing for Brazil had prevented him from taking part in the Annual Meeting of his own session, and he was very glad to be able to be present on this occasion and to have an opportunity of acknowledging the great debt he owed to the Missionary School of Medicine. He had found the course not only pleasurable, but to be of practical advantage. In the Far West provinces (S. America) in which he had the honour to work there were unfortunately very few qualified medical men, and the great ignorance prevalent resulted in terrible need and sickness, so that anything one could do was very useful. Quacks extorted large sums of money from the peasant people.

He had opened work some three years ago in the face of opposition so strong that it appeared to be invincible. An attack had been made on his life. To day every home was open to him and to the preaching of the Gospel, and *this great transformation was directly due to the medical work*. The district in which he worked was a very large one, and he had standing invitations to preach the Gospel, their simple logic being, that one who is so richly blessed and helped of God in treating and curing men's bodies, cannot be far out in spiritual matters. As was known to all, there was no time when the word of God was so acceptable as in times of sickness and need. Large numbers came two or three days' journey after medicine, and always returned with a supply for their spiritual needs as well as physical.

Mr. Tipple said he would like to make a brief summary of one or two typical cases. One was an old man, over seventy, who was one of the first converts to the Gospel in that part of the country. He suffered from fortnightly attacks of malaria and had tried everything he knew of. The day Mr. Tipple saw him happened to be the day of his expected attack and his bone-pains were commencing. Mr. Tipple gave a dose

of the drug the symptoms seemed to call for, and the attack was warded off, and the malaria had never been repeated.

The second case was a little child, two years of age, with cholera. The father begged Mr. Tipple to help his baby and he sent something according to the symptoms related. The baby got better and the parents were overjoyed, and a few days after, the father brought a little guinea-pig as a thankoffering, and invited him to visit his home and preach the Gospel. Mr. Tipple was sorry he had not time to accept the invitation before coming away.

Some time ago a man brought his son of fourteen years for treatment. This boy, although fourteen, was stunted in growth and crippled in his hands and feet by chronic rheumatism, with terrible ulcers of some years standing. The father had a large family and had spent all the money he had in trying to get his eldest son cured. He had been advised by friends to bring the boy to the mission, as there they were "kind and successful." He said that although very poor, he would be only too honoured to repay later on. After treatment that boy became almost well, and was now on the farm helping his father, and the father was well interested in the Gospel.

He would like to mention of what value surgical knowledge had been to him, although he had been rather hampered by lack of suitable instruments. He had had to extract teeth with ordinary pincers. The missionary had to learn to avail himself of the means at his disposal.

On his last trip before coming home, when he had no instruments with him, Mr. Tipple told how he came across a man suffering agonies with a fearful abscess on his abdomen, the result of an insect which is hatched from an egg laid by a fly, and which grows, inside the flesh, to a large maggot. Mr. Tipple got a little fresh cotton wool and permanganate of potash, sterilised his penknife and with these things performed the operation. The next day he left a much happier, and very grateful man.

Mr. Tipple said that when he came away on furlough

he received many expressions of gratitude and love from the people, and amongst them came the Judge of the District. His little son had been cured from chronic dysentery, and he came to wish him Godspeed and a speedy return. He and his wife had had many letters from Brazilians asking them to return as soon as possible.

Mr. Tipple said he had a great belief in homœopathy, so much so that friends told him that his baby would be born with a homœopathic pill in its mouth. It had certainly had many since, and was a credit to homœopathy.

Mr. Tipple acknowledged with gratitude the debt he owed to the Missionary School of Medicine, and thanked the doctors, as well as the matron and nurses for their kindness and sympathy. He would like to recommend the course to any considering work in the foreign field, and his prayer would ever be that God's blessing would rest on the School.

MISS JOLLIFFE said it was nine years since she stood on that platform, and she felt it was a greater honour now than it was previously. Then she was a raw student fresh from a six months' course. When she started she had no knowledge of homœopathy, now she had used it and could testify to its value. Miss Jolliffe went to Samoa in 1908, and she was once left to care for all the girls in a large school whilst her colleague was on furlough, and during this time there was an epidemic of influenza. Natives are very susceptible to any epidemic, and the girls went down six or seven at a time, with a temperature of 106°. It was impossible to get a doctor and Miss Jolliffe had to go to the town and get medicine from a doctor there, who was far too busy to come to the school, and she was up night after night nursing the girls. She made up her mind then that she would never return to the mission field without some knowledge of medicine, and through the grace of God she was led to Dr. Neatby and thus first experienced this practical training which was of such great value. She had then had homœopathic treatment for herself and was soon cured, though she had been for eighteen months under other treatment with no improvement. Shortly after Christmas 1911, she had the courage to

offer to go out to one of the out-stations between six and seven hundred miles from Samoa, and when she offered to go there, it was because of the training she had received in this Hospital, and the encouragement and assurance given by the doctors and lecturers. Miss Jolliffe went out again in September of 1912. The part to which she went was renowned for the boring expedition of 1898, when Professor David, of Sydney, was working the coral. There were thirty-three islets. Miss Jolliffe went out before any of the people there knew she was coming, and she did not know whether there was any other white person in that part. She found a District Official and a young doctor. There was a native hospital run by native boys who were not fully trained, and one feared whether they did not do more harm than good. They worked well under supervision, but needed that supervision. A small islet across the Lagoon was given to her for a School. The islet was about three-quarters of a mile in length and a hundred yards wide and well planted with cocoanut trees, which she was permitted to use for food for the school. She started with fifty-five girls, and later on she was able to have seventy-three. The whole of that school was on her shoulders, she doctored the girls as a mother would doctor her daughters, and experienced the value of homœopathy as a preventive means. "Spot diagnosis" was a great help.

Miss Jolliffe felt timorous at first, but was able to go on. In hospital the assurance had been given to them that they need not fear, and she was not afraid of doing harm. One day when the trading steamer came in, Miss Jolliffe saw a boy in the village she had not seen before. This boy was about fifteen years of age, very stunted and with a large hump on his back in the lumbar part of the spine. He could not walk without a stick. He had fallen as a little boy of five and had been crippled ever since. Miss Jolliffe prescribed for him and in a short time the boy threw away his stick and began to wrestle with other boys, and very rapidly he was quite able to climb a tree or row a boat as well as any other boy. Very varied cases came for treatment. One day she had a leg, arm, abscess, ear, eye and

swollen tongue, and was able to tackle them all and give them relief. She was especially successful with chronic cases. One woman came for treatment, complaining that she always had headaches. Aconite 30 cured her. Another woman was weakened by sickness so much that she was quite an invalid. She was a widow, but after treatment she married again and had a happy little family about her.

Miss Jolliffe said she could never be grateful enough for the time she spent at the Missionary School of Medicine. She herself had not needed to go to a doctor for the nine years she was abroad, in fact, she was able instead to help two doctors. One of the District officers had an attack of influenza and the doctor was treating him. The man was very depressed and said he had a pain in his frontal sinus. Miss Jolliffe prescribed a remedy and a few days afterwards he was quite well.

During the last six months she was abroad, a scientist came out from the Tropical School of Medicine. He had been through the war and done a great deal of work in Egypt, and had had a very serious breakdown because he always worked to the last. He had with him a doctor who had gone out at his own expense to be with his friend, and the day they landed the older friend went down with typhoid fever—a thing never known before on the island. The consternation caused was great, the young doctor nursed his friend and did everything for him. Miss Jolliffe went to ask if she could be of any help, stayed a week and became very friendly. Some two or three months later the young doctor left and the scientist was feeling very down and out, and she invited him to come and stay with her and let her nurse him up, and she gave him some homœopathic drugs. He recovered in a very short time, and within a week he was up and about.

This man was an entomologist, and he was making a collection of insects, and Miss Jolliffe saw that there were an immense variety of insects she had never noticed, as she had had no opportunity of collecting them. It was impossible to collect and preserve specimens without the apparatus, and she could not

help feeling it would have been an excellent hobby if she herself had started out with the necessary apparatus and made a collection. She would advise all missionaries to have a hobby, and thought they would find the study of entomology a very interesting and valuable one.

DR. NEATBY said he thought it was a good thing these ladies were not staying in England, or soon there would have been very little left for doctors to do at home. The students had shown great interest in their studies, in spite of illness and difficulties. What he had said before was true now, and that was that it was not always the best examination paper which indicated the greatest skill in the appliance of medicine. He now had much pleasure in calling upon Mrs. Neatby to distribute the prizes.

The prizes were distributed by MRS. NEATBY as follows :— 1, Miss Burton ; 2, Miss Phillips, ; 3, Mdle. Brémond. Messrs. Rew, Burrows and Oram received "consolation" prizes.

A further donation of books was presented to the above students, by Dr. Weir, as also to :—Miss Blower, Miss Hosie, Mrs. Rew and Mr. Buffard.

REV. F. C. SPURR said he proposed only to say a few words as the time was getting short.

When listening to the fascinating accounts given by the speakers that afternoon, he felt that he had been transported to places he had known abroad. He was not a missionary but he had been a traveller and many times he had encountered natives who had been in a deplorable condition, and had been able to do nothing more than give a dose of undiluted chlorodyne. Again and again he had wished to have had the opportunity of being able to minister to the miserable people he saw amongst the Arabs and other tribes. When he went out he had his mind filled with pictures, he was a youth, and there was a certain romance attached to this kind of work, but those who had been on the field, would say that there was in reality very little romance about it. Very often there was an over-powering odour, extraordinarily offensive. Men, women and children brought their diseases to the missionary, and if the

missionary could not speak to the body as well as to the mind the work would be handicapped.

They were all acting to show what their faith stood for. If he might say so, he was extraordinarily jealous that some phases of the faith had been detached from the faith itself, and had been treated separately by bodies foreign to the Church and that were rather hostile to it. These people healed only the body. He would like to put emphasis upon the concept of healing with the means as well as without the means ; mental and material help for the body and the mind and the spirit. Christ said " Go and heal, go and teach, go and preach."

He did not know whether many had read the life of Mr. W. T. Stead, by Edith Harper. It showed Stead as the man of prayer, the man of kindness and friendship, and Stead declared that everything that he did that was worth doing had been done as the result of the consciousness that the living God was with him. He coined this phrase, " I look upon God in the business that I have to do, as my senior partner." That was a mighty phrase. It might strike one as a little irreverent, but it was not. It must be remembered that sin was in the world and that until the spirit of man was got right, was there any chance of there being perfect health? The impure mind dragged the body after it. God was a partner all the while, to be considered as the senior partner, always ready to help. To be a partner with God meant to have common interest and a common capital. Everything was the expression of God's life, and to those going out he would like to say in a time like this, when everyone was asking what was going to happen next, that the Christian Church had the biggest chance it ever had to draw upon the capital of the partner God, to dedicate itself to His service. His power, His presence and His unfailing capital could be counted upon.

DR. NEATBY said that the work of the Session had been made lighter by the kindness of every single person who had lent a hand. He wanted to

propose a vote of thanks 'therefore to:—the Board of Management, the Matron, the Nursing Staff, the Teachers and Doctors, the Executive, the Secretary of the Hospital, the Assistant Secretary of the School, the Housekeeper, the Engineer, the Porters, the Maids.

The vote of thanks was carried unanimously.

DR. GRANVILLE HEY said it fell to his lot to propose a dual vote of thanks to Dr. Wilson and Mr. Spurr. Their words had been most inspiring and energising, and should prove to be especially so to those going forward from this School for the first time.

This vote of thanks was carried unanimously.

DR. NEATBY proposed a vote of thanks to Dr. Holden and to Mrs. Holden, who had kindly invited the meeting to tea. He also very cordially thanked Dr. Daukes for his kindness in lending and arranging the specimens from the Wellcome Bureau.

HOSPITALS AND INSTITUTIONS.

CHARMING PAGEANTRY AT "RAVENSFELL."*

EFFORT FOR PHILLIPS MEMORIAL HOSPITAL, BROMLEY.

THE charming grounds of Ravensfell and Bromley House were thronged on Saturday, when a Garden Fête, in aid of the Phillips Memorial Hospital, took place. Some garden fêtes are common-place; Saturday's event was singularly attractive, and when one wished to witness pretty dancing, to gaze on pageantry reminiscent of the days of the Merry Wives of Windsor or of Waterloo, to listen to really good singing, to knock down coco-nuts or to indulge in some other form of amusement, one was equally sure of gratifying one's desires and of having an enjoyable time. No trouble

* From the *Bromley Mercury*, with many thanks.—Ed. H. W.

had been spared by Mrs. Churchill, the organising Secretary, and her able assistants to ensure that the fête should be an unqualified success, and it was apparent that their efforts were well rewarded.

THE PAGEANT INTERLUDES.

Prominent among the attractions were, of course, the four pageant interludes, illustrative of the life and customs of our ancestors. The pageants were presented on the lower lawn at the rear of Ravensfell, the background of trees making a delightful setting and of which the players took full advantage. The incidental music supplied by the band of the Grenadier Guards was another feature and served to make the pageants still more enjoyable. The first interlude represented village life in the fifteenth century. The lord and lady of the manor, accompanied by their friends and servants, were seen taking a walk and inspecting their domain: A Court was held and the ale wife hailed before her lord for purveying adulterated beer. She was let off with a fine and a caution, but it was evident from the treatment she received at the hands of the general company that people who resorted to such practice in the fifteenth century were almost as unpopular as they would be to-day. During the holding of the Court the remaining members of the company play leap-frog and bob-apple, whilst the advent of the hobby-horse was hailed with delight.

The second interlude was representative of the Elizabethan era. The scene was laid in a public place, and ladies and gallants were seen seated and amusing themselves with the aid of a jester. A feature of this interlude was the dancing of the pavane and galliard by a talented quartette of ladies: the Misses Churchill, Panter, Tuckett and Watson. Meanwhile a group of market women sold their wares; one disposing of fruit did a roaring trade; a second, who specialised in fish, was scarcely so successful. Morris dances were gracefully performed by the following pupils of Miss Peggy Ridgway: the Misses L. Rands, D. Mansfield, P. Phillips, N. Kelly, Mr. Green, and D. Hill. Mesdames

Arthur and Robinson were responsible for the tuneful street cries.

After an interval the third pageant, representing life in the early nineteenth century, was given. The scene was laid in a pleasure garden, where a company of ladies and gentlemen refreshed themselves; "mine host" did a very good trade, but his habit of accepting drinks at the hands of his patrons proved his undoing. Songs were charmingly rendered by three members of the company—Mrs. Arthur, who played the part of a pedlar of fruit, gave "Cherry Ripe"; Mr. Izard Coltman sang "The Rebel," and Mr. A. F. Hobbins sang "How happy could I be with either" and "Drink to me only with thine eyes."

DAYS OF THE CRINOLINE.

The concluding interlude was representative of the Victorian era, the days of the crinoline. A company of ladies and gentlemen assembled. A ballet dance was performed for their amusement; Miss Anthea Marsden, the dancer, deserves a special word of praise for her performance. Her dance finished, the "hooden horse," a hybrid between the hobby horse and the modern pantomime property horse, came upon the scene. The hooden horse, by the way, was a "genuine antique," being lent by Mr. Percy Maylam, of Canterbury. The part of the "horse" was taken by Mr. Hall, Mr. Reid being the "hoodener." Attired as a pedlar, Mr. Izard Coltman gave a fine rendering of "Fairings" (Easthope Martin), whilst a Punch and Judy show was another feature of this pageant.

THE EVENING CONCERT.

Following on the pageant another delightful entertainment took place on the lawn. A bevy of Miss Peggy Ridgway's pupils gave three dance scenas which were much appreciated. A Ladies' Glee Party, arranged by Miss Sandle, assisted by Mesdames Arthur and Robinson, and the Misses Nancy Bertolle, D. Jefferson, and E. Sandle rendered several selections. There was also a Male Voice Quartette, consisting of Messrs. Bertram Pearce, G. Day, F. Wilkins and S. H. Collins.

A NONAGENARIAN HELPER.

Including the money collected for the "Hosts' and Hostesses' Fund," arranged to defray expenses, the receipts of the Memorial Hospital fête were well over £300, so that it is probable the hospital will benefit beyond £215 or so taken on the day.

Among the helpers was Mrs. Hind, who assisted at the "Pedlar's Pack" stall and who, despite her ninety-two years, worked exceedingly hard. She witnessed the Victorian Episode in the pageants, and thoroughly enjoyed it.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE two meetings of the Annual Assembly were held at the end of June at the L.H.H. The first was devoted to the demonstration of clinical cases and several of great interest were shown by Dr. Goldsbrough, Mr. Eadie, Dr. Hey, and Dr. Hall Smith.

The second meeting was chiefly concerned with the proposal (which was adopted) to institute an order of Associates in the Society, as well as Members and Fellows, and ask for some specifically "Homœopathic" contribution to the work of the Society before admission to membership in future.

The President's farewell address was both congratulatory to the B.H.S. and stimulating, and all members rejoice that Dr. E. A. Neatby has consented to act as President for another year. The other officers are:— Vice-Presidents, Dr. Pritchard and Dr. G. Hey; Treasurer, Dr. Alexander; Secretary, Dr. Weir; and Council (besides the *ex-officio* members) Dr. Barker, Dr. Grace, Dr. Hall Smith, Dr. Burford, Dr. Wheeler, and Dr. Wynne Thomas.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH JUNE TO 15TH JULY, 1921.

GENERAL FUND.

				<i>Subscriptions.</i>	£	s.	d.
Dr. J. Wingfield	..	..	..	1	1	0	
Sir George Wyatt Truscott, Bt.	..	..	..	10	10	0	
The Rev. A. L. Bennett	..	..	..	1	1	0	
Miss Carrick	..	..	..	1	1	0	
Mrs. E. H. Thirlby	..	..	..	1	1	0	
I. Kemp, Esq.	..	..	..	1	1	0	
E. J. Frost, Esq.	..	..	..		2	0	
A. Kemp Brown, Esq.	..	..	..	10	6		
Miss A. G. Wright	..	..	..	1	1	0	
E. R. Hoskinson, Esq.	..	..	..	1	1	0	
Dr. T. E. Purdom	..	..	..	1	1	0	
				<i>Donation</i>			
Anonymous (per Miss Noble Taylor)	..	..	..		5	0	

The usual quarterly meeting of the Council was held at Chalmers House on Tuesday, 12th July, at 4.30 p.m., when the Report of the Executive Committee, for the past three months, was received, adopted and ordered to be filed. The Reverend A. L. Bennett, of Bargèddie, Lanarkshire, Dr. S. Judd Lewis, of London, A. H. Marshall, Esq., of Bristol, and J. F. Peart, Esq., F.R.C.S., of London, were unanimously elected Members of the Association under the 6a qualification. A vote of condolence to the relatives of the late Mr. J. P. Stilwell, J.P. for Hants, and Chairman of the Association in 1909, was unanimously passed.

The usual monthly meeting of the Executive Committee was held at Chalmers House on Wednesday, 20th July, at 4.30 p.m.

EXTRACT.

SOME EFFECTS OF ALTITUDE ON THE HUMAN
BODY.

By A. REEVE HEBER, M.D., CH.B., BRISTOL

[From the *Lancet*, with full acknowledgments.—ED., H.W.]

(Continued from page 276.)

NERVOUS SYSTEM.

The European on first arriving in Ladak feels most extraordinarily fit—he sleeps well, he eats well, and feels himself equal to almost anything. The journey itself, which is accomplished in sixteen short stages, either on horseback or on foot, tends to cause this exhilaration. But, sooner, or later, it gives place to terrible weariness of the brain, sleep becomes difficult to obtain, interest in food is lost, and even a short day's work produces great weariness, especially if that work is mental, and in spite of the fact that the rest of the system is in good order. But even when this condition has been reached, there is still a short period during which work is a real pleasure. This deterioration is, however, not as serious as that in one's temper and all the other subjective functions of the brain. It is astonishing how even the most decisive man slowly and insidiously loses the power of decision and becomes unwilling to bear responsibility. Things are not improved by the fact that the memory suffers also, and at times it almost seems as if morals were affected too. Peripherally, altitude showed its effect on the nervous system of Europeans by causing numbness and tingling of the limbs much more rapidly than at home.

ALIMENTARY SYSTEM.

That the human body needs more sugar and butter when in altitudes is a well-established fact, and even the native needs and obtains these by drinking endless butter tea and eating cereals. All Europeans suffer from the most appalling intestinal flatulence which it is difficult to explain, unless the decreased oxygen pressure stops the intestines from breaking up the foodstuffs into their end-products. One of the commonest of native maladies is sthenic dyspepsia, which

must in great part be due to the fact that the boiling-point of water (183.6° F.) is insufficient properly to break down the starch granules.

REPRODUCTIVE SYSTEM AND SPECIAL ORGANS.

The European birth-rate does not seem to be much affected. In passing, the writer would like to remark upon the rapidity with which delivery occurred. He had to conduct three confinements of Englishwomen up there, and found that the two primiparæ took three and a quarter and four hours, whilst one multipara took five hours. The native women marry early in life, the average age in 730 women being 14.4 years. The Ladaki birth-rate is extremely low; thus, 828 women between them only had 848 children. This is, in the author's opinion, not primarily due to altitude, but to syphilis. One would think that early marriage would lead to early menstruation, but, as a matter of fact, the average age at which 799 girls began to menstruate was 15 years, whilst with 195 women the menopause set in at 39.2 years, thus greatly shortening the bearing age of Ladaki women.

The Ladaki is on the whole, very hairless, although actual alopecia is practically unknown. On account of the extreme dryness of the air, the skin desiccates badly and cracks, especially during the winter months. The hair becomes straight and lustreless and tremendously electrical. Eczema and chilblains, on the other hand, are very rare.

NOTES ON THE INCIDENCE OF DISEASE.

Although "rheumatic" pains are very abundant, yet true rheumatism or rheumatic fever is practically unknown. Again, coughs and colds have to be treated almost continually, and yet acute lung disease is comparatively rare, whilst tuberculosis hardly ever occurs. This can be accounted for by the fact that the air is so dry and free from micro-organisms. The manifestations of syphilis are peculiar, for, whilst the first stage is common, and also the skin manifestations of the second, it does not go further, and the later secondary and tertiary symptoms do not occur. Since the writer first went to Leh he has never seen a case

of gumma there. One wonders whether the lowered blood pressure has anything to do with this. It was noticed that almost always those who registered merely relatively high pressures had suffered from syphilis. Furthermore, the parasymphilitic manifestations practically never occur. Similarly one sees a good deal of gonorrhœa, but strictures do not often result. In Kashmir, osteomalacia is very common, but in Ladak it does not occur.

CONCLUSIONS.

1. High altitude makes for health in both native and European, until in the latter the nervous system begins to break down. 2. The most serious effects of a long stay in altitudes are felt by the nervous system, and correspond with the acute effects observed in airmen. 3. Altitude has a tendency to enlarge the right but not the left side of the heart. 4. Altitude decreases the blood pressure, but increases the pulse pressure. 5. In altitudes the thorax expands and the lung tissue increases. Breathing is somewhat accelerated, whilst the power of holding one's breath is much curtailed. 6. In altitudes an increase of red blood corpuscles occurs, but this is more marked in those who have come from lower altitudes than in the indigenous population. The white blood count and the differential blood count remain much the same as in England. 7. Prolonged residence in altitudes does not increase, but rather decreases, the hæmoglobin percentage. 8. In Leh human fertility is decreased, whilst menstruation begins later and ends earlier.

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Haldane, J. S.: Symptoms, Causes, and Prevention of Anoxæmia, *Brit. Med. Jour.*, July 19th, 1919.

Heber, A. Reeve: The Effects of Altitude on the Human Body.

Hingston, Capt., R. W. G., I.M.S.: Survey of India, vol. vi., 1913.

OBITUARY.

MR. JOHN PAKENHAM STILWELL, J.P.

WE much regret to have to record the death of Mr. John Pakenham Stilwell which took place on the 21st June, at Hilfield, Yateley, Hants, at the advanced

age of eighty-eight. Mr. Stilwell had been in his usual health up till six days before his death, he then developed pneumonia, followed by heart failure, and never rallied again.

Mr. Stilwell went to reside at Yateley in 1871, on the death of his father-in-law, Mr. William Stevens, and at once took an active part in all local movements. He was a keen Churchman, and served as Churchwarden under four successive Vicars, singing in the choir, and reading the lessons as long as his eye-sight permitted. He was very enthusiastic in encouraging bell ringing, being President of the Diocesan Guild of Bellringers for several years, and gave two bells to complete the peal at St. Peter's Church. He was also a regular attendant as a Magistrate at the Aldershot bench till blindness came on, and was active as Chairman of the Conservators of Yateley Common for many years. He was one of the first to join the Volunteer Force in 1860, and kept up his interest in that and the Territorial Force till the end, helping very largely towards the construction of the Yateley Drill Hall, and it was a source of pride to him that his three sons rose to the rank of Lieut.-Colonel in the County Regiment. Mr. Stilwell joined the Board of Management of the London Homœopathic Hospital in 1882, and was elected Vice-Chairman of the Board in 1891. His energetic support and devotion to the cause of Homœopathy, his liberality and generous example, and his active co-operation on the Board led to his being, on the death of Major Vaughan Morgan, invited to occupy the responsible position of Chairman in 1892. The Annual Reports of the Board of Management sufficiently show the progress which the Hospital made during the time Mr. Stilwell held that official position, and the Annual statements of the income and expenditure afford ample proof of the manner in which he performed his duties.

At the Jubilee of the Hospital, which was celebrated by a most successful and well attended dinner at the Hotel Cecil on the 21st June, 1899, Mr. Stilwell presided in the absence of Lord Cawdor, and a Dinner List of Donations amounting to £7,894 14s. was announced.

After serving the Hospital as Chairman for twenty-

three years, failing eyesight caused him to retire in 1915, when the Hospital was fortunate in prevailing upon Mr. R. H. Caird, J.P., to accept the onerous office of Chairman.

By Mr. Stilwell's death the Hospital and Homœopathy have sustained a loss which can hardly at present be fully estimated or realised. It is hoped from the great progress the Hospital has made during the last few years, that many strong and staunch friends whom it has, will rally round it, so that the stimulus imparted by Mr. Stilwell will not be allowed to die away.

By the death of Mr. J. P. Stilwell the British Homœopathic Association has also lost one of its oldest counsellors and friends.

Since the foundation of the Association in 1902, Mr. Stilwell has been identified with it as one of its Founders and Trustees. He took the warmest interest in the Association's affairs, when its offices were at Regent House, Regent Street, and he was till 1911, the Chairman of the General and other Committees. At the time of the Incorporation of the Association (under the Companies Consolidation Act) in 1909, Mr. Stilwell was one of the first registered members of the Association and of its Council, of which body he was, for a time, the Chairman. A portrait of Mr. Stilwell was presented by the Members of the Council in 1909, and hangs in the Committee Room at the present offices of the Association at Chalmers House, Russell Square.

Mr. Stilwell was associated with the activities of the Association to the time of his death, his help and advice being at all times, invaluable and given cheerfully and ungrudgingly, and the loss the Association has sustained cannot be estimated.

CORRESPONDENCE.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

DEAR MR. EDITOR,—I am somewhat disappointed at the meagre response by laymen to your kindness in placing "A Layman's Page" at our disposal and so in order to buck them up a bit I wish to state—firstly,

with reference to the fusion of "the two Pathys" I spoke to-day to the wife of a very well-known London clergyman on the subject of "H." In the course of a few minutes conversation she admitted the wonderful virtues of "H." its excellence, its superiority, but confessed that there was a group of "A" doctors connected with her family to each of whom it would be useless to mention the subject, *i.e.*, with a view to an impartial trial and (consequently) ultimate adoption. That is to say, with these gentlemen—seeing is not believing—and that they would rather not see. Really it is a case of "The marriage announced will not take place" is it not? Secondly and I hope more to the point—I have had a nice few cures since I wrote in January, inaugurating the "Layman's Page," and venture to hope the following will "pass" and perchance may arouse some doubting "A" to investigate, seeing that according to J.H.C.'s "M.M." no less an authority than Sir Lauder Brunton dismisses the drug quoted as being used only (in Modern Medicine) as "a vermifuge"—I allude to "*Staphysagria Delphinium*." In February last a well-known London florist asked me "Could I cure him?" He had heard of many cases handled by me, etc., and wondered if I could possibly help him!

His case was one of "*suppressed anger—effects of.*" In the course of business many exigencies arose, causing frequent and serious perturbation and loss of equanimity. To put it bluntly, circumstances often made him "wild" and politeness demanded repression, which was distinctly "bad" for him. He felt that if he dared explode and let off steam he would be better, but the "keeping the lid on" had the effect of completely prostrating him at night and leaving him "limp" "unfit" and prostrate—utterly worn out and devoid of energy or strength. I promised him I would see to it and turned to my never failing friend "The Prescriber" of J.H.C. The indication was brief but clear, and on referring to the M.M. I had no difficulty in settling on "Staph." 6. A course of treatment (also successful) for varicose veins interfered with the immediate adoption of my prescription, but it was put

into force in March—and I had the great delight of being told on June 4th, in the presence of three witnesses that he considered it an *entire success* and that he felt *quite another man*, and that the symptoms referred to had *completely subsided*.

Well—Brother Laymen—do you know an “A” doctor who, after reading this statement by a London Tradesman, will remain content with his “A” principles and treatment and yet consider that he does conscientiously do *his utmost* for suffering humanity? If so, I beg you to stir yourselves more vigorously and courting any investigation, remain,

Yours very sincerely,

ERNEST L. VINDEN.

[TO THE EDITOR OF “THE HOMŒOPATHIC WORLD.”]

DEAR DR. WHEELER,—In Dr. Burford’s article in “HOMŒOPATHIC WORLD,” for this month, page 248, close of first section, occur these words, “Mr. and Mrs. Melville-Wills, by whose generosity and public spirit . . . *the internal equipment of the building for the most part has been guaranteed.*”

This is rather misleading, as Mr. Wills does *not* promise to equip the Hospital as well as build it, in fact we have been appealing to the public for a sum of £15,000, of which sum only about £3,000 to £4,000 has been received, and at a Board Meeting yesterday I was requested to write and ask you kindly to have a paragraph inserted in the August number of the magazine (if not too late) to correct any false impressions that may have been formed as to the actual state of affairs and to let our Homœopathic friends know that our “Equipment Fund” is open and badly needing help. We feel that Mr. Melville-Wills’ generosity lays upon us an obligation to do our best in response, although perhaps these very conditions make it increasingly difficult for the general public to be influenced practically.

Thanking you in anticipation,

Yours sincerely,

W. B. JOYCE, *Hon. Treasurer.*

July 21st, 1921.

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Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, Russell Square, W.C.1, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

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| Ballance (Sir Charles A.) The Bradshaw Lecture on the Surgery of the Heart, delivered before the Royal College of Surgeons, December 11, 1919. 8vo. pp. 154. n. 10s. 6d. | Leblanc (R.) Venereal Disease and its Prevention. Cr. 8vo. pp. 158. n. 7s. 6d. |
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| Fothergill (W. E.) A Handbook for Midwives and Maternity Nurses. 8vo. pp. 288. n. 10s. | Todd (Alan H.) Lectures on Surgery to Nurses. Cr. 8vo. n. 7s. 6d. |
| | Woodwark (A. S.) Manual of Medicine. Cr. 8vo. pp. 500. n. 16s. |

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By **CHARLES E. WHEELER, M.D., B.S., B.Sc. (Lond.),**
Editor of the Homœopathic World.

THE HOMŒOPATHIC PUBLISHING COMPANY, 12, WARWICK LANE, E.C.4.

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

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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.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Deck, Sydney—Dr. Baudry, Paris—Dr. Hughe, Exeter—Mr. Knight, Ilchester—Dr. Hall Smith, London.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homöopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Revista Homœopatica Practica—Annaes de Medicina Homœopathica—Journal A.I.H.—Homœo. Recorder.—Pacific Coast Journal.

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Cure and Recovery.

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British Homœopathic Society.

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EXTRACT:

Some Effects of Altitude on the Human Body.
Varieties.
Medical and Surgical Works.
To Contributors and Correspondents.

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THE
HOMŒOPATHIC WORLD.

SEPTEMBER 1, 1921.

THE ORGANON.

THE Fifth (and hitherto last) Edition of the Organon was published in 1833. But Hahnemann lived a further nine years and it has been long known that a Sixth Edition was contemplated and prepared by him. This Edition has now been discovered, thanks to the energy of Dr. Haehl of Stuttgart ; it has been prepared by him for the press and is here in our hands complete with an effective and admirable introduction by our colleague. The Sixth Edition is naturally based on the Fifth, but embodies a number of alterations, and its interest is incalculable seeing that it shows the results of the Master's ripest experience. Dr. Haehl, on excellent evidence, contests the view that there was any trace mentally of " senility " in Hahnemann's latest work and in these days when the volume on Chronic Diseases is better understood, that opinion may drop into oblivion. Dr. Haehl prefaces the volume also with a brief life of Hahnemann and thereby places the Organon in its historical perspective. Altogether it is a most satisfactory volume and we offer the Editor our heartiest thanks and congratulations.

There remains for consideration the best method of doing honour to this last work of Hahnemann. Surely it should have an English version. The differences between this and the Fifth Edition are important and should be available for English physicians. The natural desire of us all will be for an English translation of it. But it should be a worthy one, fit to rank

Scottish Branch, for the necessary steps have been taken, the Society formed, and its officers elected. Henceforward our colleagues will not only have the opportunity of sharpening their wits and improving their practice by contact with one another, but the Journal of the Society will be the richer for their published papers. Thus the life blood of Homœopathy (enquiry and experience) will circulate more richly dowered, and the strength of the part contribute to the strength of the whole.

We need hardly pause to offer the heartiest congratulations and most cordial good wishes to the new B.H.S. Branch, but it is a pleasure to do so which we cannot forego. We venture to hope that Scotland may give a lead to England. Why not a Midlands Branch? Birmingham, Leicester, Northampton should be able to get meetings at least twice in the winter, and we seldom see these Midlanders in London. What about the Western Counties Therapeutical Society? Cannot *that* be revived? It never was a branch of the B.H.S., nor need it be. It did similar work, and it is the work which we desire. Bristol, Bath, Plymouth, Bournemouth, Reading, there ought to be a meeting or two to be made out of this material. Whatever comes of it, at least here is Scotland moving; that is all to the good and may the Scottish effort prove a fruitful example.

VIRGINAL METRORRHAGIA OF APPENDICULAR ORIGIN.—(*Revista Medica Cubana*, February, 1920.)—Giacobini reports the case of metrorrhagia from ovaro-salpingitis, which he thinks might easily be confused with thyroid insufficiency. This severe metrorrhagia occurred in a woman of twenty-five with no inflammation of the uterus, and was solely caused by extension downwards to the ovary of inflammatory processes in the appendix.—*The Journal of Organotherapy*.

NEWS AND NOTES.

A NEW BRANCH OF THE B.H.S.

THE following brief, but very welcome, announcement has reached us, and we comment on it at length in the leading article. Here our readers will be glad to learn the practical details, as sent in by Dr. Boyd :—

“ At a meeting of the Glasgow and Edinburgh members of the B.H.S., held on 6th September, it was unanimously decided to form a Glasgow Branch of the B.H.S. The following office-bearers were elected for the coming year : President, J. C. Edmiston, M.D., L.R.F.P.S.(Glas.); Vice-President : T. Dishington, M.B., Ch.B. ; Hon. Sec. and Treas. : W. E. Boyd, M.A., M.D. ; Committee : H. H. Patrick, M.B., Ch.B., W. McAlpine, L.R.C.P. & S. (Edin.).

AN APOLOGY AND AN EXPLANATION.

In our September number was begun an article on Groundsel, which is concluded in the present issue. It came to us from Mr. Harwood, already known to our readers, and we (carelessly) assumed, as it was unsigned, that the article was of his authorship. But herein we erred, and we offer the most humble apologies to Mrs. Grieve, the actual writer, and take on our shoulders the full blame for the mistake. Mrs. Grieve is well-known as a pioneer in this matter of herbal culture. She has done (and is doing) much in the way of instruction, to develop what may well prove to be a thriving industry. She tells us that the omens for the future are promising, and among possible careers for young women it is certainly justifiable to include this one of Herb Growing for profit.

ORIGINAL COMMUNICATIONS.

HYDROGEN.

(A few Supplementary Notes.)

By C. H. COLLINGS.

I.

CIRCUMSTANCES having precluded proof-correction, by the Editor's kind permission I herewith set down one or two corrections and additions to the article that appeared in the September issue.

On page 335 I speak of H appearing in "free atomic or molecular" form. The two middle words, "Atomic or," should be omitted, the H molecule being diatomic. The smallest *free* particle of H is, of course, the molecule, consisting as said, of two atoms. The general statement on page 327 as to the relation of vital activity to carbon compounds as found in Nature is correct, but mention should be made of the fact that numbers of synthetic "organic" carbon-containing compounds have been produced in the Laboratory during recent years. But even these, when you come to think of it, owe their existence to the general law already stated. For without the operation of the latter men would not exist; ergo, the laboratory compounds would not exist either.

On p. 334, paragraph beginning "Fruit acids," should read . . . "also produce typical granules," etc. (not "reduce").

It is worth noting that the familiar term "carbohydrate," which includes the starches and sugars, means literally a hydrate of carbon, H and O occurring in the proportion found in water (H_2O). Thus the general formula for the majority of the carbohydrates can be written $C_x(H_2O)_y$. It must be remembered, though, that this general formula can also be applied to certain other bodies which are not carbohydrates, such as acetic and lactic acids.

The occlusion of H by metals (such as Palladium and

Platinum) takes place when these are heated, the H being then retained *in situ* at ordinary temperature.

A further point of interest is that when Palladium is made the cathode of an electrolytic cell at which H is being generated, it takes up about 1,000 volumes of the gas. This is completely expelled on heating to redness.

It is worth noting here that carbon, in the form of charcoal, possesses high adsorptive (as it is called) properties, not only occluding gases and vapours, but also taking up (to a less extent) colouring and other matters from solution. Curiously enough such power is increased by lowering the temperature.

In reference to the general statement that all acids contain H, it may be pointed out that the complete, theoretical, formula for carbonic acid, usually referred to as CO_2 , is H_2CO_3 , more correctly written as $\text{CO}(\text{OH})_2$.

It was stated in the article on H that "H, as it happens, forms one of the elements essential to the structure of living matter—of course, in chemical combination with other elements." Still further—a long stride further, indeed—it becomes not wholly impossible that hydrogen is essential to the structure of *all* matter definitely known to us as matter; in other words that the elements (and consequently their compounds) are neither more nor less than H itself in varying, more or less complicated, spatial arrangements. This, known as Prout's Hypothesis, was enunciated many years ago, and duly and solemnly shown to be unacceptable. Recent investigations, with which Aston's name is particularly associated, tend to substantiate fully Prout's view, and to show that the atomic nucleus (whatever the element may be) is built up of so many H atoms plus a positive electrical charge of so many binding electrons. A surrounding cloud of electrons of equivalent negative charge completes the structure of the atom as at present formulated.

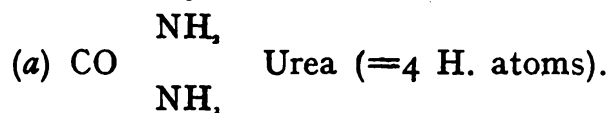
These notes are admittedly, and of necessity, somewhat discursive, but not wholly without interest, I hope, for those who are attracted by the scientific side of the subject.

II.

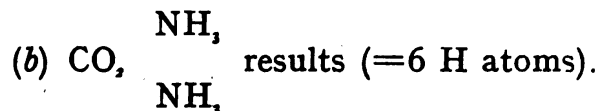
From the point of view of practical diagnosis and treatment the question of what I may summarily term Hydrogen storage is of immense consequence—certainly to those who happen to suffer therefrom. And I take this opportunity to indicate a very singular and paradoxical symptom of this condition that may occasionally be *en evidence*.

Every medical man is familiar with that alkaline decomposition or fermentation of urine which arises from extraneous contamination (or bladder contamination as the case may be) resulting in the breaking up of the urea into ammonium carbonate. Such urine is turbid, and its sedimentary elements are characteristic of its altered condition. Now there is another type of alkaline urine, also containing free NH_3 , which is quite different. It is clear and bright, shows no evidence of fermentative micro-organisms, and increases in alkalinity on standing, independently of chloroform added to protect from the decomposing action of organic contamination. The ingestion of alkaline drinks is, of course, excluded from the question. I am not aware of any conventional explanation of this type of urine, or even that it has been particularly noticed.

Now, some light may be thrown on this phenomenon if we assume that we are dealing with a case of acidosis, or in other words, of too abundant H. Let us see how such a crisis might be met, in relation to the synthesis or urea in the system :—



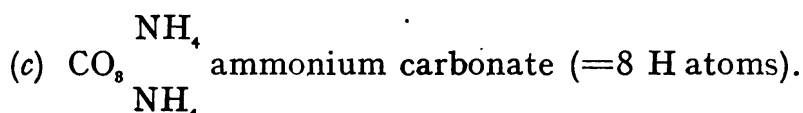
Suppose, instead of forming urea, the system takes a molecule of water, or its constituents, and stirs them into the pudding, then,



The CO_2 goes to the lungs, and two molecules of ammonia are available for the neutralisation of acid

bodies, such as (*e.g.*) uric acid: urea percentage correspondingly lessened.

Suppose now *two* molecules of water (actual or potential), instead, are absorbed into the synthesising process, then,



results. Here is a chemical body that can be excreted, containing twice as many H atoms as are contained in urea, at the expense of two extra oxygen atoms. Urea, in fact, plus two molecules of water.

This appears quite a possible process, and leads to the conclusion that an *alkaline* urine—of this type—may conceivably be an expression of *acidosis*, and needs to be corrected therefore, *not* by the administration of acids (which would merely add fuel to the fire), but by all rational means to promote normal, complete, metabolism. Prominent amongst these must stand dietetic restrictions and an adequate supply of oxygen, complemented by judicious exercise where the patient's condition permits.

GROUNDSEL.*

By MRS. GRIEVE.

(Continued from page 341.)

Another old herbalist tells us that the fresh roots smelled when first taken out of the ground are an immediate cure for many forms of headache. But the root was not to be dug up with a tool that had any iron in its composition.

Some of the old authorities claimed that Groundsel was especially good as a wound herb for such wounds as had been caused from being struck by iron.

Groundsel is an old-fashioned remedy for chapped-hands. If boiling water be poured on the fresh plant, the liquid forms a pleasant wash for the skin and will remove roughness.

* See News and Notes.—ED. H.W.

For gout, it was recommended to "pound it with lard, lay it to the feet and it will alleviate the disorder."

A poultice of the leaves, applied to the pit of the stomach, is said to cause the same emetic effect as a dose of the strong infusion. A poultice made with salt is said to "disperse knots and kernels in the flesh."

In this country, farriers give Groundsel to horses as a cure for bot-worms, and in Germany it is said to be employed as a popular vermifuge for children.

A dram of the juice is sufficient to take internally.

There are several other native varieties of Groundsel that have been equally used with *Senecio vulgaris*.

Senecio sylvatica, Mountain Groundsel, is distinguished from Common Groundsel by its larger size, being one to two feet high, and by its having conical, rather than cylindrical heads of dull yellow flowers, with a few rays rolled back and inconspicuous and often wanting. The stems are branched and the leaves pinnatifid, with narrower lobes, toothed. It is an annual, common on gravelly soil, on dry heaths and commons, growing in the Highlands up to 1,000 feet above sea-level and flowers from July to September. It has a somewhat unpleasant odour, and detergent and antiscorbutic properties.

Senecio viscosus, Viscid Groundsel, is near the last-named species in habit, though its erect stem is not so tall, and it is distinguished by being clothed with viscid down, causing the leaves, which are finely cut into, to be thick and clammy to the touch and lighter in colour. The flower heads are less numerous, with the outer bracts of the involucre about half as long as the inner, and the flowers pale. It grows in similar situations, mostly on dry ditch banks and waste dry ground, from Forfar downwards, but is more local than *S. sylvaticus*, and is rare in Ireland. It, also, is an annual, flowering from July to September, and has a fœtid odour, obtaining for it the popular name of Stinking 'Groundsel. The leaves are

carminative : its emetic properties are slightly less than those of *S. vulgaris*.

Senecio Jacobæa, Ragwort, Segrum or St. James Wort, is a handsomer plant than any of the preceding, growing about two to three feet high, with a much branched, furrowed stem, without hairs, and deep, glossy, green leaves, irregularly divided and toothed. The root leaves are broader, jagged at the base, those on the stalk deeply divided down to the rib. The flowers are arranged in rather large, flat-topped bunches (corymbs), into which the branches divide at the summit and are a beautiful bright yellow, two-thirds to one inch across, with narrow rays, toothed at the outer edge. The plant is a perennial and abundant in most parts of the country, on dry road sides and waste ground and pastures, often growing in large patches and flowering in July and August. It is distributed over Europe, Siberia, and North West India. In the Highlands it is found at a height of 1,200 feet above sea-level.

Ragwort was formerly much employed medicinally for various purposes. The leaves are used in the country for emollient poultices and yield a good green dye, not however permanent. The flowers boiled in water give a fair yellow dye to wood previously impregnated with alum. The whole plant is bitter and aromatic, of an acrid sharpness, but the juice is cooling and stringent, and of use as a wash in burns, inflammations of the eye, and also in sores and cancerous ulcers—hence one of its old names, Cankerwort. It is used with success in relieving rheumatism, sciatica and gout, a poultice of the green leaves being applied to painful joints and reducing the inflammation and swelling. It makes a good gargle for ulcerated throat and mouth, and is said to take away the pain caused by the sting of bees. A decoction of the root has been reputed good for inward bruises and wounds. In some parts of the country the Ragwort is accredited with the power of preventing infection.

In olden days it was supposed to be "a certain remedie to help the Staggers in Horses," whence one of its popular names of Staggerwort. One of its other

names : Stammerwort, would also seem to indicate a belief in its efficacy as a remedy for impediment of speech.

Ragwort is collected in August. Cut off the stems shortly above the root, strip off all discoloured leaves, and as the stems are solid and hard, tie them up in bunches of about six stalks together, spread out fanwise so that the air can penetrate, and hang them over strings to dry, either in the open air or in the drying room. The bunches should be of uniform size to facilitate packing.

Senecio aquaticus, Marsh Ragwort, is a form of *S. Jacobæa*, common on the sides of rivers and ditches throughout the country, growing freely at an elevation of 1,500 feet above sea-level in the Lake district, and resembling the common Ragwort, but usually of laxer growth and readily distinguished by its less divided, longer-stalked leaves and larger heads of flowers, which are one to one-and-a-quarter inches in diameter.

Senecio erucifolius, the Hoary Groundsel, which has similar properties to *S. vulgaris*, has been employed in poultices, ointments and plasters. It is a perennial, distributed over Europe and Siberia, growing not infrequently here on dry banks and by roadsides in limestone or chalky districts from Berwick southwards, but rare in Ireland. It is a tall plant, in growth similar to *S. Jacobæa*, but sending up several stems from its shortly creeping root. The whole plant is cottony, or softly hairy, with curled hairs, especially on the upper surface of the leaves, which have much narrower, regularly-divided segments, slightly rolled back at the edges. The flower heads are larger. It flowers from July to August.

Senecio maritima, sometimes looked on as a variety of *Senecio campestris* (D.C.), and known by Linnæus as *Cineraria maritima*, is found on maritime rocks at Holyhead. It is a shrubby plant, divided into many branches, which have a white, downy covering of hairs. The flowers bloom from June to August, and are about three-eighths of an inch across, arranged

in a similar manner to Ragwort. The leaves are five to eight inches long and about two to two-and-a-quarter wide, the segments broadly-toothed, about three-lobed and with soft hairs, which form a dense white covering. One or two drops of the fresh juice of the plant dropped into the eye is said to be of use in removing cataract.

**Senecio aureus*, Golden Groundsel, Life Root or Squaw-weed, an American species, native of Virginia and Canada, is considered a most useful plant, deserving of attention. The root and whole herb are employed medicinally for their emmenagogue, diuretic, pectoral and astringent qualities. It has often been used in the first stage of consumption for the beneficial effects of its tonic properties, combined with its pectoral qualities, one teaspoonful of the fluid extract prepared from it being taken in water or combined with other pectorals. It is also of value in gravel, stone, diarrhœa, etc. The plant has slender fluted, unbranched and cottony stems, one to two feet high. The rhizome is perennial, one to two inches long, the bark of the roots hard and blackish. The root-leaves are roundish and kidney-shaped, up to six inches long, on long leaf-stalks. The stem leaves decrease in size as they grow up the stem, and are cut into as far as the mid-rib, the upper ones being stalkless. The flower heads are few in number, loosely arranged at the summit of the stem, the flowers two-thirds to nearly an inch broad of a golden yellow, with the outer ray florets slightly reflexed. The plant has only a slight odour, but a bitter, astringent, slightly acrid taste.

All forms of this genus are not, however, of such beneficial use, and one at least has lately been found to be distinctly harmful, for Molteno disease, a cattle and horse disease prevalent in certain parts of South Africa, has been definitely traced to the presence of a poisonous alkaloid in a plant eaten by the animals, this plant being *Senecio latifolius*, a near relative of the common Groundsel of this country.

*This, of course, is a drug used by homœopaths.—ED. H.W.

CHICKWEED.

From the Groundsel, we naturally from association of ideas turn to the Chickweed, though it is in no way *botanically* allied to the Groundsel.

Several plants have been named Chickweed, one of them a plant belonging to the Purslane family and four species of Cerastium—the Mouse Ear Chickweeds—but the name most especially belongs to the plant in question, *Stellaria media*, the ubiquitous garden weed, of which our caged birds are as fond as they are of Groundsel, a taste shared by young chickens, to whose diet it makes a wholesome addition.

It has been said that there is no part of the world where the Chickweed is not to be found. It is a native of all temperate and north Arctic regions, and has naturalised itself wherever the white man has settled, becoming one of the commonest weeds.

Chickweed is a most variable plant. Gerarde enumerates no less than thirteen species of Chickweed, but the various forms are nowadays merely considered deviations from the one type. Hooker gives three varieties which have been named by other botanists as separate species.

The stem is procumbent and weak, much branched, often reaching a considerable length trailing on the ground, juicy, pale green and slightly swollen at the joints. Chickweed is readily distinguished from the plants of the same genus by the line of hairs that runs up the stem on one side only, which when it reaches a pair of leaves is continued on the opposite side. The leaves are succulent, egg-shaped, about half-an-inch long and quarter-inch broad, with a short point, pale green and quite smooth, with flat stalks below, but stalkless above. They are placed on the stem in pairs. The small white star-like flowers are situated singly in the axils of the upper leaves. Their petals are narrow and deeply cleft not longer than the sepals. They open about nine o'clock in the morning and are said to remain open just twelve hours in bright weather, but rain prevents

them expanding, and after a heavy shower they become pendent instead of having their faces turned up towards the sun, though in the course of a few days rise again. The flowers are already in bloom in March and continue till late in the autumn. The seeds are contained in a little capsule fitted with teeth which close up in wet weather, but when ripe are open and the seeds are shaken out by each movement of the plant in the breeze, this being one of the examples of the agency of the wind in the dispersal of seeds, which is to be seen in similar form in the capsules of poppy, henbane, campion and many other common plants.

The Chickweed is also an instance of what is termed the "Sleep of Plants," for every night the leaves approach each other, so that their upper surfaces fold over the tender buds of the new shoots, and the uppermost pair but one of the leaves at the end of the stalk are furnished with longer leafstalks than the others, so that they can close upon the terminating pair and protect the tip of the shoot.

Withering tells us that the young leaves when boiled can hardly be distinguished from spring spinach, and are equally wholesome. They may also be used uncooked with young Dandelion leaves to form a salad.

The custom of giving Chickweed to birds is a very old one, for Gerarde tells us: "Little birds in cages (especially Linnets) are refreshed with the lesser Chickweed when they loath their meat, whereupon it was called of some 'Passerina.'" Both wild and caged birds eat the seeds as well as the young tops and leaves. Pigs are extremely fond of Chickweed, and also rabbits, as said above, and it should be freely collected, with Groundsel, for giving them in captivity; cows and horses will eat it, sheep are indifferent to it, but goats refuse to touch it.

PARTS USED MEDICINALLY.—The whole herb, collected, between May and July, when it is in the best condition, and dried in the same manner as Groundsel. It is used both fresh and dried.

ACTION AND USES.—Chickweed has demulcent and refrigerant properties. It is still held in great repute among herbalists used mostly in the form of an ointment.

The fresh leaves have been employed as a poultice for inflammation and indolent ulcers with most beneficial results. A poultice of Chickweed enclosed in muslin is a sure remedy for a carbuncle or an external abcess. The water in which the Chickweed is boiled should also be used to bathe the affected part.

Gerarde tells us that "the leaves of Chickweed boyled in water very soft, adding thereto some hog's grease, the powder of Fenugreeke and Linseed, and a few roots of Marsh Mallows, and stamped to the forme of Cataplasme or pultesse, taketh away the swelling of the legs or any other part . . . in a word it comforteth, digesteth, defendeth and suppura-teth very notably." He continues to tell us that "the leaves boyled in vinegar and salt are good against mangines of the hands and legs, if they be bathed therewith."

Combined with Elecampane, Chickweed has also been recommended as a specific for hydrophobia, and the juice, taken internally as being good for scurvy.

The plant chopped and boiled in lard makes a fine green cooling ointment, good for piles and sores, and of use in cutaneous diseases. It has also been employed as an application for ophthalmia.

A decoction made with the fresh plant is good for constipation, and an infusion of the dried herb is efficacious in coughs and hoarseness.

Culpepper calls it "a fine, soft, pleasing herb, under the dominion of the Moon," and goes on to tell us that "It is found to be as effectual as Purslain to all the purposes whereunto it serveth, except for meat only. The herb bruised, or the juice applied, with cloths or sponges dipped therein to the region of the liver, and as they dry to have fresh applied, doth wonderfully temper the heat of the liver, and is effectual for all impostumes and swellings whatsoever ; for all redness in the face, wheals, pushes, itch or scabs,

the juice being either simply used, or boiled in hog's grease; the juice or distilled water is of good use for all heat and redness in the eyes . . . as also into the ears . . . It helpeth the sinews when they are shrunk by cramps or otherwise, and extends and makes them pliable again, by using the following methods, *viz.*: Boil a handful of Chickweed and a handful of dried red-rose leaves, but not distilled, in a quart of muscadine, until a fourth part be consumed; then put to them a pint of oil of trotters, or sheep's feet; let them boil a good while, still stirring them well, which being strained, anoint the grieved part therewith warm against the fire, rubbing it well with your hand, and bind also some of the herb, if you choose, to the place, and with God's blessing it will help in three times dressing."

Wholesale druggists sell dried Chickweed at 8d. per lb.; Groundsel at 1s. per lb.; Ragwort at 7d. per lb. Collectors would, of course, only obtain about half this price from them for well-dried herbs, as expenses and profit have to be taken into account.

CLASSIFICATION OF HEART DISEASE. In a clinical lecture on Functional Activity of the Heart, Dr. T. Stuart Hart presents as a basis for clinical study the classification of heart disease as adopted by the Associated Cardiac Clinics of New York City several years ago. The classification is not perfect, nevertheless, it is simple, workable, and has the advantage of making the grouping of cases uniform in a large number of institutions.

"Class I. Organic heart disease—which has never given symptoms of cardiac insufficiency.

"Class II. Organic heart disease—with symptoms of cardiac insufficiency in the past, none at the present time.

"Class III. Organic heart disease—with symptoms, at the time of examination, of cardiac insufficiency following ordinary exertion.

"Class IV. Possible heart disease—presenting abnormal physical signs the nature of which leads us to believe that they are not due to organic changes in the heart.

"Class V. Potential heart disease—those in whom there is no evidence that the heart is damaged, but who are suffering from any infectious condition which may be accompanied by a diseased heart, e.g., syphilis, rheumatism, tonsillitis, chorea, etc."—*Hahnemannian Monthly*.

EXTRACT.

THE TREATMENT OF DISEASE BEFORE
IT IS DIAGNOSED.*

By JOHN P. SUTHERLAND, M.D., BOSTON, MASS.,
Dean of and Professor of Medicine in the Boston
University School of Medicine.

(Read before the Southern Homœopathic Medical
Association at Richmond, Va., November 18th, 1920.)

DURING man's historic period the treatment of disease has occupied the close attention and received the most serious consideration of quite a large percentage of the inhabitants of the earth, and there is accessible and reliable evidence that even during prehistoric times mankind found it necessary to care for diseased comrades and relatives. During what is called the historic era, which after all does not cover a very long period of time, some of the most intelligent minds, the ripest scholars, the cleverest intellects, the best educated of humanity have devoted all their mental powers, all their ingenuity, the very best of their lives to solving the many questions which are inseparably connected with disease and its treatment.

At the present time (A.D. 1920) before one is considered qualified to treat sick people he must have had an education in accordance with certain academically and legally accepted standards. In our country the education called for must cover all preparatory work, including two college pre-medical years during which certain studies are positively required; then four years in medical school following a very varied and comprehensive curriculum; and finally one year of practical training in hospital. By this time one has reached the age of at least twenty-four or twenty-five years, but even so he is not permitted to practice his profession until he has successfully passed examinations before a licensing board. Having fulfilled

* From the Hahnemannian Monthly with full and grateful acknowledgments.

all sorts of academic and legal requirements, having complied with the high standards set for the medical profession, surely one is (or ought to be) equipped to practise medicine : that is, to treat diseases whether or not they have been diagnosed. But is he? He is as far as technical training can qualify him, but his knowledge is chiefly theoretical in nature and has to be tried out and crystallized in the crucible of experience. Much of the teachings of the schools is merely tradition, and the student is taught to *do* things that others have done, and to *do* them in the same way. Later in life he may learn to rely on his own judgment, matured in the school of life. But even after years of experience are we any of us satisfied with our pharmaco-therapeutics? Are we confident when we have prescribed a drug that we are going to see definitive curative results? Have we the assurance that the physicist or chemist has that certain things will surely happen when certain other things have been done?

The chemist can foretell with mathematical accuracy just what will happen when measured quantities of known salts are brought together in solution. The physicist knows positively how much power is needed to overcome a definite resistance. The astronomer is able to prophesy concerning the appearance of a hitherto unknown star or comet in a given locality in the heavens at a very definite time. But these scientists are dealing with inanimate materials and forces and not with life itself, and it is right here that the physician is handicapped.

The physician, a mere finite being, a created thing, is dealing in his daily work with unknown, immeasurable, forces of which he knows practically nothing, and of which he himself is the chief product. He is coming into contact with, and setting up his knowledge and judgment against the Infinite and Unknowable. Life as it is exhibited among human beings is different from chemical and physical activities; it goes far beyond these into realms yet to be explored. It is true that many of the functions of the body are simply chemical re-actions—digestion of food, for instance;

and many of the chemical activities of the tissues and organs can be duplicated in the laboratory. The structure of the eye, the ear, the bones, etc., are excellent illustrations of physical principles. And in so far as the physician is acquainted with chemistry and physics, in so far he is helped—and materially helped—to understand the human mechanism and its functions, in health and in disease. But once more the physician in his daily practice is dealing with the manifestations of life—a force or combination of forces much more complex than the forces met with in the ordinary laboratory.

It is, therefore, not a simple thing to treat diseases, disturbances of the life forces; to restore health to those who have been deprived of it.

I wish right here to emphasise the difference between "treatment" and "cure." The term "treatment" as ordinarily used includes all the hygienic, sanitary, dietetic, psychic and other measures utilised in our efforts to restore a sick person to health. The physician prescribes a treatment, that may be simple or complicated. He does not "cure" his patient, he simply "treats" him. The "cure" or the restoration to health, is brought about by the power, or energy, or force, that we call life—that Hahnemann called "that spirit-like vital force."

The word "cure" is used frequently without due appreciation of its significance. In the original Latin, "curo" meant simply "to take care of" or "treatment," and in that sense it is occasionally used to-day, as in "water cure," "grape cure," "rest cure," etc. But it has come to mean "to restore to health," "to make well," the process itself being a manifestation of the reaction of the organism against some disturbing influence, the result being the removal of disease; and disease removed is health restored.

The great object of the physician's life-work then is to restore sick people to health; to assist nature in bringing about a "cure."

From time immemorial drugs have been used for this purpose, and even to-day are relied upon to initiate and conclude the process.

Our knowledge of drugs does not go far back into antiquity. It is claimed that Theophrastus (B.C. 370-286) the father of botany, the friend, pupil and successor of Aristotle, described some 500 different plants and plant principles. He did for the vegetable kingdom what Hippocrates did for surgery and clinical medicine, in that he collated the loose plant-lore of his predecessors into a systematic treatise. Through medicine he entered the vast field of botany.

It is also claimed that Dioscorides (B.C. 54) among other important things described not only the plants but the drugs obtained from them and included in his *materia medica* something like 600 drugs. The "father of *materia medica*" is the title by which he is known, and his writings are the source of the *materia medica* of antiquity. He was the first "to write on medical botany as an applied science," and his descriptions were followed word by word for sixteen centuries—up to the beginning of the seventeenth century his work was quoted.

Knowledge of drug action has been very slowly developed, and that "knowledge" is, to a great extent, a matter of "tradition." It is illuminating and interesting to glance at the history of what is called "*Materia Medica*" and notice how, throughout the ages, certain drugs have been credited with the power of healing certain conditions—and to notice also that the present-day reputation of a large number of drugs is practically just the same as it was in the dawn of history. Let me quote a paragraph from Garrison's well-known "*History of Medicine*" (pp. 21-22):

"We find that savages in different countries know instinctively the most fatal arrow-poisons—curare, ouabain, veratrin, boundou; as well as the virtues of drugs like opium, hashish, hemp, coca, cinchona, eucalyptus, sarsaparilla, acacia, kousso, copaiba, guaiac, jalap, podophyllin, or quassia. Not to go further than our own country, we find the North American Indians aware that arbutus is 'good' for rheumatism; lobelia for coughs and colds; wild sage tea, golden-seal, flowering dogwood, and prickly-ash berries for fevers; elder, wild cherry, and sumac

for colds and quinsies; wild ginger, ginseng, and euphorbia for digestive disorders; inhalations of pennyroyal for headaches; sassafras or violet leaves for wounds and felons; the roots of sassafras and sarsaparilla for 'cooling and purifying the blood.'

"The plant-lore of rural England included a knowledge of the virtues of camomile, sage, and dandelion teas as laxatives; of marjoram and primrose root for headaches; of wormwood as a tonic; of valerian for the nerves; of agrimony and parsley for jaundice; of meadow-saffron (colchicum) for gout; of fennel, eye-bright (euphrasy), and rue for bad eye-sight; of male fern and peach-leaves for worms; of tansy as a vermifuge and abortifacient; of horehound, marsh-mallow or candied elecampane for coughs and colds; of foxglove as 'the opium of the heart'; and of such 'vulnerary plants' as bryony, agrimony, hare's ears, moonwort, alehoof, and goldenrod. English poetry and folk-lore are full of references to thyme and marjoram, rosemary and rue, mistletoe and ash, as well as poisons like hemlock, leopard's bane (aconite), the deadly nightshade (belladonna). 'The juice of cursed hebenon' (yew), and henbane (hyocyamus), which Aretæus regarded as a cause of insanity and to which Shakespeare refers in the same spirit as

" the insane root
That takes the reason prisoner."

The same sort of knowledge (if the use of the word may here be permitted) concerning drugs can be found to have existed in Egypt 1600 B.C., and at later dates in India, China and Japan. In short, the historic study of drugs and pharmaco-therapy would seem to show that mankind has learned very little to boast of in more than 3,000 years.

One reason for this lack of progress, this deplorable stagnation, is that until the days of Hahnemann a rational and scientific method of studying drug action was not employed, and it is a matter to be regretted that Hahnemann's followers have not been able to "carry on," improve upon, and perfect the work he so well began. There are three essays by Hahnemann

which are very rarely consulted, which are not even known to exist by the majority of the medical profession, but which, nevertheless, contain nuggets of wisdom and "common sense," more precious than nuggets of gold. These essays on "A New Principle for Ascertaining the Curative Power of Drugs, with a Few Glances at Those Hitherto Employed" (1796); "Aesculapius in the Balance" (1805), and "The Medicine of Experience" (1805), deserve a careful annual reading, for they contain gems of erudition, and give evidences of a well-balanced mind, sound judgment, and the possession of the spirit of the real investigator.

Methods now utilised in ordinary scientific research, if applied in the Hahnemannian spirit to the study of drug pathogenesis, would give us the one thing absolutely needed upon which to base a curative pharmaco-therapeutics. Unfortunately to-day, after the past centuries of ill-health and suffering which has been the common lot of humanity, and the vain attempts to counteract this ceaseless tide of sickness by the use of drugs, our real knowledge of drug therapy is meagre. It may be considered a maxim that *no art progresses far without its proper science*. The only science upon which the *art* of pharmaco-therapeutics can be based is the science of *Drug Pathogenesis*. Therefore, the unsatisfactory condition of pharmaco-therapy is probably due to the relatively undeveloped science of drug pathogenesis.

It was Hahnemann who pointed out with undeniable accuracy that drugs make healthy people sick. To quote from his essay on "The Medicine of Experience" (p. 451, Lesser Writings): "The substances, however, which we term *medicines* are of a completely opposite nature (to foods). They afford no nourishment. They are abnormal irritants, only fitted for altering our healthy body, disturbing the vitality and the functions of the organs, and exciting disagreeable sensations; in one word, making the healthy ill.

"There is no medicinal substance whatsoever that does not possess this tendency, and no substance is medicinal which does not possess it.

"It is only by this property of producing in the healthy body a series of specific morbid symptoms, that medicines can cure diseases, that is to say, remove and extinguish the morbid irritation by a suitable counter-irritation.

"Every medicinal substance causes a peculiar specific disease: a series of determinate symptoms, which is not produced precisely in the same way by any other medicine in the world."

In connection with this idea we read in the "Organon" (sec. 21): ". . . it follows that, *if drugs act as curative remedies, they exercise this curative power only by virtue of their faculty of altering bodily feelings through the production of peculiar symptoms . . .*" Therefore, if drugs can cure or help to cure sick people it is because they are capable of making well people sick.

Now a word as to disease: "*Diseases are definable only as aberrations from the state of health*" (sec. 19 of the "Organon"). Disease then is abnormal. Health is normal. Birth is normal. Even death of the body is a normal, an orderly and a necessary event; but death as the result of a disease, or death during the early periods of life is an abnormal thing. A very gifted and unusually wise man (Emanuel Swëdenborg) wrote:

"If man had lived a life of good, his interiors would be open to heaven, and through heaven to the Lord; and so, too, would the very least and invisible little vessels. In consequence man would be without disease, and would only decline to extreme old age, even until he became a child again, but a wise child; and when the body could no longer minister to his internal man or spirit, he would pass without disease out of his earthly body into a body such as angels have, thus out of the world directly into heaven."—(Arcana Coelestia, 5726.)

Probably none present will contest the claim that diseases may be grouped into three classes:

I.—The acute diseases that tend in the majority of cases to spontaneous recovery.

II.—The chronic diseases that tend inevitably to dissolution.

III.—The chronic diseases that tend neither to dissolution nor to recovery, but continue indefinitely.

Despite classification and even despite diagnosis, it is well known that no two cases of disease are alike except in their grosser manifestations. We are all men and women, but no two of us are alike. We are all Americans, but we are very different in our opinions on many subjects. The individuality of the person, the essential characteristics are quite as manifest in disease as they are in health. Hence the doctrine of "Individualisation" in homœopathic therapeutics.

These individualities interfere somewhat with diagnosis but most seriously, of course, in those cases that do not present the more evident objective symptoms of the average acute disease.

Diagnosis may be *easy*; there are many cases where it is practically impossible to go astray.

Diagnosis may be *difficult*, but after patient investigation may be possible.

Diagnosis may be *impossible* as organic changes may not be recognised after the closest scrutiny.

Diagnosis may be *incorrect*, although the error may not be recognised until during, or after, an operation or post-mortem examination.

As is so clearly stated by Musser: "Notwithstanding our efforts to collect data by inquiry and by observation, we are often unable to make a diagnosis. This arises when premises are wanting for the process of induction. The subjective symptoms may not tally with the known processes of disease, or the narrator of the history of the present disease may omit important evidence from lack of memory or knowledge, from design, or from other reasons. The objective phenomena may be developed in an ill-defined way, or they may be obscure, as the state of the abdominal contents in a person who is obese, or they may point to one or more processes, the subjective symptoms of which are not present. At the time of observation the disease may not have

fully developed, may not have 'spelled itself out.' Under these circumstances a provisional diagnosis must be made, or conclusions held in abeyance."

It is well known that people when they are sick want to get well and call to their aid a physician who is expected to *do* something that will accelerate their recovery. They are not, as a rule, vitally interested in the question of diagnosis ; they want to get well.

(*To be continued.*)

THE NON-OPERATIVE TREATMENT OF SURGICAL TUBERCULOSIS.
—The discussion of the Medical Society of London on March 7th served to emphasise what has recently been pointed out by Mr. G. R. Girdlestone and others in our columns—namely, the inadequate provision in this country for dealing with the crippling disabilities of children. Mr. Girdlestone himself found, from an analysis of the case-sheets of more than 12,000 youthful cripples that in 35.4 per cent. of them the occasion of the crippling disability had been non-pulmonary tuberculosis. At the discussion Sir Anthony Bowlby, speaking for surgeons in general, justly pointed out that it was impossible in these, or indeed in any other cases, to eradicate the tubercle bacillus by operation. If it could be done at all, that was a thing which could only be done by the patient himself. But, on the other hand, much more than passive treatment was needed for this class of case. Mere convalescence in the open air was insufficient, for a child with a tuberculous hip needed appliances and other forms of special treatment. Mr. T. H. Kellock in his contribution regretted that efforts so far had been mainly directed towards building up the constitution in these cases of surgical tubercle, whereas little or nothing had been done to try to treat the disease itself. He also saw the necessity of combining local and constitutional treatments. Mr. W. H. Trethowan showed the difficulties of the orthopædic surgeon called upon to treat tuberculous disease of bones and joints in the busy out-patient department of a big general hospital. Some cases did well even without the benefit of a stay in the country, but often the most modern and efficacious methods of preventing and correcting deformity were in out-patient practice vitiated in results by bad home circumstances. All who are called upon to deal with these cases naturally turn for guidance to the experience of the Treloar Cripples Hospital at Alton or to that of the Rollier Clinic at Leysin ; but the suggestion of scattered orthopædic clinics made by the Central Committee for the Care of Cripples should not be forgotten. Every area in this country should be served by a hospital for crippled children.—*Lancet.*

BRITISH HOMŒOPATHIC ASSOCIATION
 (INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

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A Meeting of the Executive Committee was held at Chalmers House on Wednesday, 21st September, at 4.30 p.m., and was followed by a meeting of the Beit Research Fund Committee.

The Introductory Lecture to the Education Course at the London Homœopathic Hospital for the Session 1921-22 will be delivered at the Hospital on Thursday, October 13th, 1921, at 5 p.m., by Dr. W. N. Barker. Subject: "Hahnemann, the Pioneer." All medical men or women are invited to this lecture.

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.1*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

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

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

- | | |
|--|--|
| <p>Bailliere's Nurses' Complete Medical Dictionary. Edited by Constance M. Douthwaite. 18mo. pp. 206. n. 3s.</p> <p>Ballance (Sir Charles A.) The Bradshaw Lecture on the Surgery of the Heart, delivered before the Royal College of Surgeons, December 11, 1919. 8vo, pp. 154. n. 10s. 6d.</p> <p>Clayton (E. Bellis). Medical Gymnastics in Medicine and Surgery. Cr. 8vo, n. 5s.</p> <p>Fothergill (W. E.) A Handbook for Midwives and Maternity Nurses. 8vo, pp. 288. n. 20s.</p> | <p>Kynaston (J.) Adenoids and Enlarged Tonsils Curable Without Operation. Cr. 8vo. pp. 48. 3s.</p> <p>Leblanc (R.) Venereal Disease and its Prevention. Cr. 8vo. pp. 158. n. 7s. 6d.</p> <p>Moore's Manual of Family Medicine and Hygiene for India. Re-written by C. A. Sprawson. 8vo. 10s. 6d.</p> <p>Todd (Alan H.) Lectures on Surgery to Nurses. Cr. 8vo. n. 7s. 6d.</p> <p>Woodwark (A. S.) Manual of Medicine. Cr. 8vo. pp. 500. n. 16s.</p> |
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By **CHARLES E. WHEELER, M.D., B.S., B.Sc. (Lond.),**
Editor of the Homœopathic World.

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

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

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.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Boyd, Glasgow—Mr. Collings, London—Dr. Weir, London—Mr. Frank Shaw, Hastings.

BOOKS AND JOURNALS RECEIVED.

Med. Times,—Med. Advance.—
Journal B.H.S.—Calcutta Jour. of
Med.—Fran Homœopatiens Värld.
—Indian Homœopathic Reporter.
—Homœopathisch Tijdschrift.—
North American Journal of
Homœopathy.—Revista Hom-
œopatica Practica—Annaes de
Medicina Homœopathica—Journal
A.I.H. — Homœo. Recorder. —
Pacific Coast Journal.

The Homœopathic World.

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Groundsel.
British Homœopathic Congress.

HOSPITALS AND INSTITUTIONS.

Croydon.
Bournemouth.

**BRITISH HOMŒOPATHIC ASSOCIATION
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THE
HOMŒOPATHIC WORLD.

NOVEMBER 1, 1921.

THE SESSION, 1921-22.

THE new Educational Session opens in a winter which socially and politically gives rise to gloomy thoughts and anticipations. But, be our views on this matter what they may, there are few to doubt two statements. First that everyone who can perform his task steadily and thoroughly is thereby helping the State; second that every increase of knowledge must be a gain towards clearer thought. Therefore let teachers and students take courage and go forward.

An admirable opening was made by Dr. Neish Barker's Introductory Lecture on "Hahnemann, the Pioneer." A good meeting listened spellbound to a recital of the work and method of Hahnemann, which ranks high amongst the most attractive ever delivered on this fascinating subject. The lecture will be published probably after Christmas, but it must not only appear in the pages of this or another Journal, it deserves a place among our permanent pamphlets. It would be difficult to conceive a statement of our case more likely to attract the friendly attention of the unconvinced and to push him gently along the path of conversion.

Mr. Ford Duncanson took the chair, and Mr. Urquhart, Honyman-Gillespie trustee, our friend on

this as on many previous occasions, spoke with insight and sympathy of our work. Very pleasant also was the presence and kindly speech of Dr. Anderson, Honyman-Gillespie scholar and lecturer on Tropical Diseases. Dr. Anderson's visit encourages us to hope that he may be persuaded to give us of his own learning and skill on a near future occasion. He would be a very welcome guest.

The Compton-Burnett lectures and the accompanying Repertory classes are in full swing, as are also the Honyman-Gillespie lectures on *Materia Medica* and Therapeutics. For the nurses of the London Homœopathic Hospital a full course is contemplated, through the beneficence of the Honyman-Gillespie Trust, which will cover not only instruction in the nature, history and position of Homœopathy, but also a little elementary *Materia Medica*. It is a course which L.H.H. nurses have now to follow, but the lecturer will welcome any interested visitors, lay or professional. Probably five lectures before Christmas and five after will constitute the course. They will be given at the L.H.H., and most likely in the evening, at 8.30 or 8.45. The first will be delivered in November, and enquiry as to details should be made at the Hospital.

It is evident therefore that opportunities to acquire knowledge of Homœopathy are not lacking. Let us hope (and endeavour) that many will take advantage of them.

NEWS AND NOTES.

PSYCHO-THERAPY.

LECTURES on elementary Psycho-Therapy will be given at 51, Tavistock Square on November 7th, 14th, 21st, 28th, December 5th and 12th, at 5.15 p.m., by Dr. H. Crichton Miller, M.A.

B.H.S. GOLF.—THE DUDGEON CUP.

IN the semi-finals for the Dudgeon Cup, W. C. Pritchard beat H. Wynne Thomas on the 17th green, and J. C. Lee beat J. Eadie, also on the 17th green, so the two partners from St. Leonards were left to decide who should possess the cup for the coming year. The final round of 36 holes was played off on October 6th, and resulted in a win for Lee after a close match by one hole.

H.W.T.

CHILDREN'S HOSPITAL, GLASGOW.

THE new Children's Hospital in Glasgow was formally opened by Lady Blythswood last month. We hope to have a full account of the ceremony in December.

HOSPITALS AND INSTITUTIONS.

THE CHILDREN'S DISPENSARY.

THE annual meeting of the Children's Homœopathic Dispensary was held at the London Homœopathic Hospital last month. We hope to have a full account of the meeting in a future issue. Here we have only the pleasure to review the Annual Report and congratulate our colleagues on increased work, on the customary admirable result of it, and on financial solvency. So good is the work and the prospect that the Institution only needs more help and more money to become of first importance. We hope to see both help and money flow to it this year.

ORIGINAL COMMUNICATIONS.

THE ANNUAL CONGRESS.

THE Annual Homœopathic Congress was held this year at Hastings, at the end of September, too late for notice in the October number. But this month some account can be given of it.

Owing to the sorrow that fell so unexpectedly on the President, the proceedings were confined to the one day, 24th, but his gallant courage carried Dr. Frank Shaw triumphantly through and the cloud that shadowed his heart was not allowed by him to dim the happiness and content of his colleagues. We loved and honoured him before, but realised at the Congress how well we had given our regard.

On the 23rd a friendly golf competition was held at Rye, between Dr. Pritchard and Dr. Lee as hosts, and Dr. Wynne Thomas, Dr. Powell and Dr. Wheeler as guests. Two rounds were played, each as a stroke competition. Quite appropriately Dr. Lee was the victor in the morning and Dr. Pritchard in the afternoon. The evening was the occasion of gracious private hospitality on the part of our Hastings colleagues, as the public reception planned had to be foregone. On the 24th began the Congress, with the address of the President, which we have the honour to print in this issue. Our readers can thereby judge its excellence for themselves. It was followed by a public address on "What Homœopathy is," by Dr. C. E. Wheeler. This occupied about an hour. At its termination a magnificent series of X-ray photographs was demonstrated on the screen and explained by Dr. Ovenden. They were all illustrative of Pulmonary Tuberculosis and its diagnosis and cure; a revelation to many of the inestimable value of this means of investigation.

The Congress then adjourned for luncheon, whereat our Hastings colleagues acted as hosts and their generous hospitality was duly acknowledged. The afternoon session was devoted to a paper on the

Pathological diagnostic phenomena of Early Tuberculosis, by Dr. E. Bach, and "The Treatment of Early Pulmonary Tuberculosis by Dr. Nankivell. Dr. Eaton opened the subsequent discussion and a number of members spoke. A visit to the Buchanan Hospital to view it and be entertained there to tea followed the Congress business. A photograph of the visitors was taken, and any who would care to possess one as a memento of the occasion have only to send a request (and 6s.) to Dr. Wynne Thomas.

In the evening the Congress dinner to members and friends was held at the Queen's Hotel and was a most enjoyable gathering. The President and his wife did the honours of the occasion most graciously and the sense of fellowship and goodwill was only equalled by the general enthusiasm for the cause of the meeting, the cause of Homœopathy, and the conviction that the time was propitious to push it forward.

The next Congress will be held at the end of June, 1922, in London. The president for the year is Dr. John Weir and there is a new Secretary in the person of Dr. P. Hall Smith. We are sure that both these new officers will give admirable account of themselves and congratulate them on their honours and the future Congress on securing their services. Most grateful thanks are due in relation to the Congress just passed to the President first and foremost, his local Secretary, Dr. Capper, his local colleagues, Dr. and Mrs. Pritchard, and Dr. and Mrs. Lee, Dr. Wynne Thomas the General Secretary, and Dr. Powell, and indeed to many others who helped efficiently in a variety of ways.

The number attending was very good, the sense of comradeship marked, the enthusiasm sincere. All concerned can look back on the 1921 Congress as on a great success.

BRITISH HOMŒOPATHIC CONGRESS.

(SEPTEMBER 23RD, 1921.)

THE ADDRESS OF THE PRESIDENT,
DR. FRANK SHAW.

LADIES AND GENTLEMEN,

My first pleasurable duty to-day is to thank my colleagues for selecting me to the honourable post of President for the British Congress of Homœopathy for the year 1921—an honour which in my wildest dreams of ambition I never looked for or hoped to attain! I look back on the long list of intellectual giants—men noted for their great learning, made famous by laborious lives of research, or possessed of great literary gifts, endowed with the pen of the ready writer—men who have given up their lives to the study and exposition of the great law of healing which we are here to-day once more to acclaim. When I think of these men I am tempted to ask myself, "How come you to be here to-day?" I can only hope that there are diversities of gifts, for I possess none of those I have mentioned which placed my predecessors in this chair.

I can only claim nearly forty years devotion to the practice of Homœopathy as a general practitioner, and an equal number of years devoted to the share in the building up of a Hospital that should be worthy of our School of thought. I allude to the Buchanan Hospital, which I trust my colleagues and I may have the pleasure of showing you this afternoon.

It is then as a general practitioner I claim to address you to-day, and it is to my fellow general practitioners that my few remarks in this short opening address are made. If it is worthy of a title it would be "Some Experiences of an Old General Practitioner and some advice to his younger Colleagues starting Practice." I must ask my learned friends, the Consultants, to bear with me for a short time. Before I proceed further, I have another very pleasurable duty to perform, namely, to welcome you all—and my colleagues join with me in this welcome—to the ancient Borough of

Hastings. It is sixteen years since we had that pleasure, and in the photograph (which lies before me) of that gathering there are many sad gaps, but I am thankful to say there are many of our old colleagues we are delighted to have with us once more in Hastings.

We are immensely proud of our ancient town, and have every right to be. The premier Cinque Port has an honourable place in history—English history may be said to have made its start here. Here we leave the region of romance and myth and start with the solid fact of the landing of William the Conqueror a few miles down the coast in Pevensey Bay. If anyone should be inclined to doubt this fact we can show you on the Parade at St. Leonards the very stone upon which, tradition says, he lunched on landing. Anyway he made Hastings his base when he marched towards Battle, where he defeated Harold the Saxon.

You are now under the shadow of the ruins of the beautiful old Castle built by William the Conqueror, which looks down on a bustling and busy centre of the town with a kindly and tolerant eye where once it frowned with a stern and watchful one on a proud and conquered nation.

In our near neighbourhood we have many beautiful and interesting spots set in the most charming typical Sussex scenery. I trust you will have time to visit some of these—Battle Abbey, at one time one of the largest and stateliest Abbeys in the country, its high altar marking the spot where Harold fell, called forth from Tennyson the following lines ;

. . . and fancy hears the ring
 Of harness, and that deathful arrow sing,
 And Saxon battle-axe clang on Norman helm.
 Here rose the dragon-banner of our realm ;
 Here fought, here fell, our Norman-slander'd king.
 O Garden blossoming out of English blood !
 O strange hate-healer Time ! We stroll and stare
 Where might made right eight hundred years ago ;
 Might, right ? ay good, so all things make for good—
 But he and he, if soul be soul, are where
 Each stands full face with all he did below.

The Abbey still possesses a fine gateway of a later date and the picturesque ruins of the Abbey itself a charm

historically, architecturally, and artistically, it would be difficult to surpass. Then there are some fine old Castles in our near neighbourhood. Pevensey Castle, lying between here and Eastbourne, is well worthy of a visit; Hurstmonceux, a good example of a brick Castle built in 1440; and Bodiam, a fine old moated Castle of the fourteenth century :

. . . thou hast had thy prime,
And thy full vigour, and the eating harms
Of age have robb'd thee of thy warlike charms,
And placed thee here, an image in my rhyme ;
The owl now haunts thee, and oblivion's plant,
The creeping ivy, has o'erveil'd thy towers ;
And Rother looking up with eye askant,
Recalling to his mind thy brighter hours,
Laments the time when, fair and elegant,
Beauty first laugh'd from out thy joyous bowers !

We are within easy reach of the wonderful Sussex Down. I hope you had a view this morning of Beachy Head with its white cliffs and soft outline of the Down stretching inland, the Down of which Kipling sings :

No tender-hearted garden crowns,
No bosomed woods adorn
Our blunt, bow-headed, whale-backed Downs,
But gnarled and writhen thorn—
Bare slopes were chasing shadows skim,
And through the gaps revealed
Belt upon belt, the wooden, dim
Blue goodness of the Weald.

Clean of officious fence or hedge,
Half-wild and wholly tame,
The wise turf cloaks the white cliff edge
As when the Romans came. . . .

We have no waters to delight
Our broad and brookless vales—
Only the dewpond on the height
Unfed, that never fails,
Whereby no tattered herbage tells
Which way the season flies—
Only our close-bit thyme that smells
Like dawn in Paradise.

Here through the strong unhampered days
The tinkling silence thrills ;
Or little, lost, Down churches praise
The Lord Who made the hills.

Happy the man who sees for the first time Rye and Winchelsea from Fairlight heights as he stands beside the red stems of the Scotch firs, gnarled and knotted with backs bent to the prevailing wind, which literally shrieks in the branches in a winter's storm. But to-day only a gentle breeze stirs them. The heavens are not as brass, but white moving clouds throw their varying shadows on the foreground 600 feet below us. Then in the middle distance we have pointed out to us a wooded hill upon which no houses are visible, which we know as Winchelsea, and a little beyond, the red roofs of Rye with its old Church crowning the pinnacle are quite unmistakable. It is such a view that tempted Kipling to write :

God gives all men all earth to love,
But since man's heart is small,
Ordains for each one spot shall prove
Beloved over all.
Each to his choice, and I rejoice
The lot has fallen to me
In a fair ground—in a fair ground—
Yea, Sussex by the sea !

The two old towns carry us faithfully back many hundreds of years when the Cinque Ports were of immense importance and furnished the greater part of our navy even down to the time of the defeat of the Spanish Armada.

But, gentlemen, it is not merely for the sake of our ancient glories we ask you to think of us, for no man, nation or town, can live only on its past. To one of the most beautiful of modern health resorts we are welcoming you to-day. We have a climate that compares favourably with any other health resort in England. We are drier—and we recently knew it to our cost—than our rivals further west, and we are warmer in winter than those further east.

I refrain from giving any dull statistics as to sunshine and rainfall because I find each health resort has the greatest number of hours of bright sunshine and the least rainfall of any other town in England.

Sheltered by our East Hill from the East wind and, by the circle of hills known as the Battle Ridge, that guard us from the North winds, and facing due south

so that we catch all the sun, we are ideally placed as a winter resort, and enjoying the cool sea breezes in summer we are equally fortunate in the summer time.

For the invalid we have an unrivalled parade, extending nearly four miles, along which in a bath-chair he can enjoy the maximum amount of ozone with the minimum amount of exertion. When he is tired of the front there is a beautiful park for him to visit and several sheltered gardens. For the more convalescent we have ample attractions—two golf links situated one at either end of the town, several bowling greens, hard and grass tennis courts. To the lovers of music Mr. Julian Clifford's band in the winter affords a real attraction, and in the summer a pleasant hour can be spent in the fresh air listening to one of the many military bands which visit us during this season. If *knowledge* and not *fashion* ruled the decision of the consulting physicians as to where to send their patients then Hastings and St. Leonards would indeed be the most frequented of health resorts.

Having now formally introduced our visitors of to-day to the beauties of their present immediate surroundings, I proceed to confine my remarks to the younger members of the profession—especially those entering on general practice. You have not felt called to the alluring and giddy heights of consulting practice. You have no doubt weighed the advantages of the many branches open to you—resisted the temptation of entering one of the public services such as the Army or Navy, or one of the Civil branches. These have some very decided attractions—regular work, a settled and sufficient income, and a pension when the time comes for retirement, so that you may not have to say at the end of a life of unremitting toil, “Had I but served the Government with half the zeal that I have served the public it would not have left me naked to my enemies.”

If you have thrown in your lot with the school of thought which this Congress represents you will at least be spared much that we had to suffer. You will hear presently that the trend of all advanced medical

thought is in our direction. You may still have to meet with much prejudice from your fellow practitioners, but it is not nearly so bitter, or ostracism so complete as formerly. It is almost impossible to believe that not many years ago one of our colleagues was driven from the bedside of the patient who had chosen him to be with her in her hour of need (it was a case in which it was impossible to undertake single-handed) because not one of the many old-school townsmen would lend him a helping hand. I trust that such persecution has gone for ever.

There is no question that the position of a general practitioner is in a transitional stage. Panel practice may be the thin end of the wedge of the gradual absorption of the majority of the profession into state service. May that day be far hence—at any rate a much larger measure of contract practice may be possible, which I hardly think will be to the advantage of either doctors or patients, though many who have given the question much earnest thought think otherwise. Perhaps I am over-anxious that the delightful sympathy and friendship that exists between the old family doctor and his patients may not be swept away. What can replace the union born of a mutual regard cemented by years in which the deepest sorrows and the greatest joys have been shared? Whether we remain more or less free lances or not the arrangement of your work and the economy of your time will be of importance.

Arrange your work overnight for the following day; group your patients into districts, and don't waste your time by going over the same ground two or three times. However careful you are you must be prepared to have your planned day's work upset by a quite unnecessary "pressing" summons to a case which could well have waited to be taken when you were working that district. Such interruptions must be taken philosophically and the friends advised it is not wise to call "Wolf! Wolf!" too often.

Be chary of making appointments which you will find difficult to fit in on a busy day. Appointments are a real bugbear to the general practitioner, but having

made them, keep them. Your patients may be waiting for what to them is a momentous opinion and it may be cruel to keep them in suspense. Above everything, make an early start. When I first started work it was usual to begin the rounds about eleven o'clock—a waste of two precious hours. For those who have panel patients I believe it is necessary for them to devote from nine till ten to seeing them, but let me urge them not to see private patients then. Get out and get round. Your acute cases are anxiously awaiting your visit. In the early hours of the morning no-one wants the doctor to stop and have a comfortable chat; the neck of a hard day's work may be broken before lunch. However busy you are, never forget to sit down by the patient's bedside. It takes away all sense of hurry and gives that atmosphere of calm and rest that is so essential to a successful visit. I have known more than one doctor's health ruined by the mistaken idea that he must stop in in the morning while patients came dribbling in till nearly twelve o'clock, and then the inevitable result—unpunctual meals and late hours that spell disaster to the unfortunate medical man. Educate your patients to come at regular fixed hours. I have always found after lunch a convenient time. Patients will soon understand that it is to their advantage as well as yours to keep to the regular consulting times. Except in emergencies don't see patients in the evenings. I quite realise different localities must need modifications. The time that suits the patient at the seaside resort may not be applicable to a large manufacturing district or a purely country practice.

The beginner who has just left his Hospital after holding the higher appointments where he has been looked up to by his juniors as a sort of little god, must be prepared for some shocks to his pride which will doubtless be good for him. To be greeted on his first visit to a labourer's cottage by a somewhat surly husband, who shouts up the stairs to his wife, "Polly, here's a young chap who says he is a doctor shall I let him up?" is not the greeting that the Senior House Surgeon or Physician is used to.

You will require *infinite patience*. I remember when I was acting as *locum* for my father while on his holidays it took me four years before I was allowed to prescribe for one old lady. The first year I got as far as the door-step, the second year it was the drawing-room (but I did not see the patient), the third year we were introduced, and the fourth year I was allowed to prescribe and we became fast friends and I remained her medical attendant as long as she lived.

You must be prepared to find at times the *friends* even more trying than the patients. There is still room in our Medical Libraries for a great work on "The Treatment of the Friends"—I strongly recommend it as a profitable undertaking for one of my young colleagues. I remember complaining to one of the leading physicians of the country how terribly trying the friends were in a case in which he was called in consultation. He consoled me by saying, "It is good for the making of saints." and I hope it may be ultimately, but it is more likely to make sinners of us if we are not careful. It is terribly monotonous to have to pay daily visits to an uninteresting chronic case. I met another well-known consultant looking very glum and down on his luck, and asked him what was the matter. He told me he had been called in consultation for ten consecutive days to the same patient. How can a man be brilliant and original for ten days running? "he plaintively pleaded. I asked him how he would like to see the same patient every day for four years! He threw up his hands in despair and passed on.

I admit "tact" is a heaven-born gift, but develop it if the germ is there. It is difficult at times to warn your patients of impending dangers and yet not unduly alarm them. I returned home after one of my holidays to find a dear old lady fixed firmly in her arm-chair, hardly daring to raise her eyes to greet me. I took the daughter on one side and asked her what had happened. It appeared that my *locum* had informed her that he had recently attended a patient whose heart was in exactly the same condition as the old lady's, and that the patient had stooped down to tie his

shoelace, and had dropped dead. Hardly a tactful story to warn a nervous old lady to be careful.

I don't mean the kind of tact that prompted one consultant always to enquire of the local medical man before seeing the patient as to where they wanted to winter, and then to wind up his consultation by saying that he had carefully considered the question as to where they had better spend the winter, and recommend the place he had already learned they wished to visit.

It does require tact to know the exact psychological moment to introduce a trained nurse into a household where you have heard over and over again "You will *never* persuade dear mother to have a nurse," but the right moment chosen, I am never surprised to hear in a few days from "dear mother" what a blessing the nurse is to her.

It requires a certain amount of tact sometimes to persuade an old lady that her bedroom is a better place for the recitation of her ailments than the public drawing-room of a hotel.

You can only help your patients and their friends as far as they will let you and you will break your heart if you do not remember that at times you must only be an opportunist and not an idealist. Experience and tact alone can teach you when to be adamant as steel and when to bend like the willow to the wind.

Remember there is a business and financial side to be considered. The medical man who thinks only of this aspect has mistaken his vocation, but to neglect it altogether may land the medical man in endless difficulties. Render your accounts with business-like regularity at least twice a year. It is difficult at times to be just to your patients and to yourself, but it is always better to err on the side of mercy and temper the wind to the shorn lamb. This may all seem very trivial and unnecessary advice when you are constantly dealing with the larger questions of life and death. Your mind will be better able to deal with these momentous questions if freed from financial anxiety.

Above all things, cultivate a sense of humour. It is the only grace that can save such a situation as this. A lady and gentleman were shown together into my consulting room. I asked the gentleman if he were the patient, and receiving an answer in the affirmative, I placed him in the patient's chair and the lady near enough to give the little promptings and corrections which the husband's tale would naturally require. I noticed that my appeals to her were only met with a sickly smile. We got through all the medical questions from A to Z, and proceeded to the question of diet. I turned to the lady and said, "You must give your husband only slop food," to be met by the reply, "But I don't know the gentleman!"

I turned almost fiercely upon the man and demanded "Is not this lady your wife?" to be met by the same reply, "I have never seen the lady before."

As I have said, nothing but a sense of humour could have saved that situation. It is difficult to understand why Fate should have sent two such fools to my door-step at the same time.

Again, I was attending a wealthy old tradesman who had a frugal mind. He was on his deathbed, surrounded by all the family when I arrived. The patient was certainly *in extremis* and, as I thought, unconscious. I sat down, thinking it would be a comfort to the family if I were with him to the end. The old gentleman—the ruling passion strong in death—opened his eyes, looked at me and said, "Does the Doctor charge by the time? If so, I think he'd better go." A few minutes later he entered the land where, we are told, our services are no longer required and time does not count.

In the best sense of the words "Be all things to all men." Try and take a broad and universal interest in all aspects of human life. It has been truly said that unless the doctor's visit is the greatest event of the day that visit has been a failure. One of the prettiest compliments I ever had paid me was from a dying patient who said, with a sigh, "that's over," and when appealed to by her sister, she said, "The doctor's visit."

One word before I conclude on medical etiquette. It is perhaps the most complicated of social orders to follow correctly and must at times seem indeed perplexing to the young practitioner and to the patients. It is based on the broad principle of "Do as you would be done by," but no practitioner should be ashamed to ask a senior of good standing how he should act in a difficult position. Let us start with a very high ideal. Better fail to attain the height than almost to reach some lower standard.

When our time comes to be no longer doctor but patient may Hamilton King's beautiful words "To a great and good Physician" in some measure have also been our experience :

The grace of God upon thee, may'st thou feel
The shortened slumber and the hasty meal
Refresh thee as a Sacrament ;—thy sense
Be quickened into rapture more intense
Because thy joys are fewer ; —and the green
Valleys be fairer because far between ;
The first white flashing of a swallow's wing,
Glimpses of pear-trees between walls in spring,
The morning air from new-mown fields in June,
The water-lilies on a Sabbath noon,
The solemn river-sunsets through the smoke,
The first reviving smile from eyes awoke
Out of Death's shadow unto life again,—
Be sweeter unto thee than other men.

NOTIFICATIONS.

* * * Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. T. M. NEATBY.

DR. T. MILLER NEATBY has taken consulting rooms at 3, Bentinck Street, W.I. His hours are 11-1 on Mondays, Wednesdays, Fridays and other days by appointment. Tel. 5763 Mayfair.

DR. W. ROBERTSON.

DR. W. ROBERTSON has commenced to practice at 428, Stockport Road, Longsight, Manchester.

EXTRACT.

THE TREATMENT OF DISEASE BEFORE
IT IS DIAGNOSED.

By JOHN P. SUTHERLAND, M.D., BOSTON, MASS.,
Dean of and Professor of Medicine in the Boston
University School of Medicine.

(Read before the Southern Homœopathic Medical
Association at Richmond, Va., November 18th, 1920).

(continued from page 372).

With the wealth of knowledge, of tradition and of accumulated professional experience available, the physician ought to be a real help to his patient. But is he, by means of drugs alone, able to accomplish much in the way of accelerating a cure? Answers to this question will vary much according to the temperament of the physician. Until within a century the history of pharmaco-therapeutics, one may say the history of medicine in general, does not shine with brilliant accomplishments in the way of positive cures.

Right here, by way of illustration, I am tempted to make a quotation from Hahnemann's "Aesculapius in the Balance": "The majority of cases, for the treatment of which a physician is called in, are of acute diseases, that is, aberrations from health, which have only a short course to run before they terminate either in recovery or death." (Lesser Writings, p. 411): "In epidemic dysentery just as many of those who follow the indications afforded by nature, without taking any medicine at all, recover, as of those who are treated according to the method of Brown, of Stahl, of C. L. Hoffman, of Richter, of Vogler or by any other system. Many die, too, both of those treated by all these methods, and of those who took no medicine; on an average just as many of the one as of the other. And yet all the physicians and quacks who attended those who recovered, boasted of having effected a cure by their skill.

“What is the inference? Certainly not that they were all right in their mode of treatment; but perhaps, that they were all equally wrong. What presumption for each to claim, as he did, the credit of curing a disease, which in the milder cases uniformly recovered of itself, if gross errors in diet were not committed!

“It were easy to run through a catalogue of similar acute diseases, and show that the restoration of persons who in the same disease were treated on wholly opposite principles could not be called a cure, but a spontaneous recovery.

“Until you can say, during the prevalence of an epidemic dysentery for example: ‘Fix upon those patients whom you and other experienced persons consider to be most dangerously ill, and these I will cure, and cure rapidly and without bad consequences.’ Until you can say this, and can do it, you ought not to vaunt that you can cure the dysentery. Your cures are nothing but spontaneous recovery.”

The essential point in the art of healing is this (even at the risk of repetition): Arts to be progressive and successful must be based upon science or knowledge. As a result of accumulated knowledge and experience certain so-called “laws” are formulated, and these furnish the guiding principles or rules of action. Until the appearance of homœopathy the art of healing, which up to that time was chiefly the art of drug administration, had no laws or guiding rules except that of “*contraria contrariis*,” which has a limited field of application.

In the sciences, chemistry, physics (electricity, for instance), biology, astronomy, etc., experience has led up to the formulation of many so-called “laws,” simply to enumerate which would take more time than we can give. Why should not medicine, with its numerous sciences, old and new, have formulated at least one “law” or guiding rule? The need for such a law is widely recognised. The absence of such a law has been as a mill-stone around the neck of pharmaco-therapeutical progress. One such “law” (to use the word guardedly) was actually discovered in 1790 by Samuel Hahnemann, *Similia Similibus*

Curantur (likes are cured by likes), although as a working rule *similia similibus curentur* (let likes be treated by likes) it was not fully announced till 1810, after twenty years of the most careful study and analysis of experience.

It is not intended here to trace the progress of homœopathy, discuss its merits or predict its future. One question, however, to which many answers have been given, has for a century been a "thorn in the flesh" of homœopathy—and that is: How explain the *modus operandi* of the homœopathically administered drug? Hahnemann claimed that an explanation was unnecessary, and then he proceeded in paragraph 29 and elsewhere in the "Organon" to offer an explanation which his followers have been unable to accept, *viz.*: The theory of "substitution." Had he instead used the idea of "reinforcing the vital power" of the body, which is found in note 13 to paragraph 29 of the "Organon" he would have been more in accord with, and even anticipated, modern ideas on the subject.

It is encouraging and particularly interesting that a so-called "law" has been invoked to explain the action of the small dose administered in accordance with the rule of *similia*. And it is more than encouraging to find this "law" referred to in two recently published books by well-known and highly esteemed homœopathic physicians. I refer to "An Introduction to the Principles and Practice of Homœopathy," by Charles E. Wheeler, M.D., B.S., B.Sc. (London), of London, and "Medical Therapeutics for Daily Reference," edited by R. F. Rabe, M.D. (Dean of the New York Homœopathic Medical College) under the authorisation of the American Institute of Homœopathy.

And let me say right here that homœopathic practitioners, by not possessing and absolutely familiarising themselves with these two, not large books, are not only doing an injustice to themselves, but a greater injustice to their patients and to homœopathy.

The "law" which it gives me pleasure to call to your attention is known as "Arndt's Law," and is referred to by Dr. Rabe as follows:

“ One of the fundamental principles of protoplasm is its ability to react to stimuli, whether thermal, electrical or chemical. ‘ Weak stimuli kindle life activity, medium stimuli promote, strong impede it and the strongest stop it.’ This law, laid down by Arndt as one of the fundamental biological laws, is a complete and direct corroboration of the postulate of the homœopathist, that in dealing with drugs acting upon the cellular activities, it is essential for therapeutic purposes that we should avoid excessive stimulation.”

Dr. Wheeler in his admirable and logical and convincing discussion of “ The Principles of Homœopathy,” on p. 9, when speaking of the reactions of protoplasm in response to stimuli, has this to say : “ Now these responses of protoplasm have been well investigated, and appear to follow a constant rule generally summarised as Arndt’s Law. The simple statement of this rule is that small stimuli encourage life activity, medium to strong stimuli tend to impede it, and very strong stimuli to stop or destroy it. Thus strong solutions of arsenious acid will destroy the yeast cell, less strong impede its fermentative activity, but very dilute solutions will encourage its activity, at any rate for a time.”

One more thought before concluding : There are three principles in accordance with which drugs may be administered to sick people :

One, a most natural but not, therefore, the most rational principle is that of “ *contraria contrariis*,” advocated by Galen and followed very universally up to the present time. This method, the “ Antipathic ” is simply palliative. It does not and cannot directly cure, and often it may interfere with curative reactions. It is popular, easy, of rather limited application, and has often paved the way to the formation of destructive drug habits. This does not mean that palliation should never be restored to, but the method should be used sparingly, intentionally and intelligently.

Another principle is the *heteropathic*, which is essentially empirical in its nature : and by attacking

theories and diagnoses has so insecure a foundation that it is naturally ever changing. After centuries of use the heteropathic principle has succeeded in discovering a very few so-called "specifics," and since drugs in the dosage ordinarily employed are distinctly pathogenic (sick making) the heteropathic principle simply adds a burden to the burden of disease nature already is carrying, and the curative reaction, therefore, must be impeded.

The remaining principle is the *homœopathic* which is curative in essence, curative in principle, and, unless experience is deceiving, curative in fact. This "curative therapy" is the dominant tone in the preface to Dr. Rabe's book previously referred to.

As far then as drug therapy is concerned, there is only one reasonable way to treat sick people with any idea or hope of curing, *i. e.*, of restoring them to health, or of helping nature in her efforts to cure.

We must always recollect that the stream of life is ever towards health—the normal, and we must be careful not to interfere with nature's processes.

As far as drug therapy is concerned, with the so-called "law" of similars, and "Arndt's Law" to guide us, the diagnosis is not essential. Naturally, however, a correct diagnosis must be made at the earliest possible moment, for oftentimes that diagnosis will show at a glance that drugs will be of little service, and surgery or some other treatment will have to be solicited. At the same time we must bear in mind that a diagnosis may be incorrect, and it may be misleading as to treatment.

In cases where for any cause diagnosis is delayed there is the one *curative* therapy to make use of, and one only, and that is indicated by the rule *similia similibus curentur*.

I should be glad to leave with you these thoughts

I.—The art of diagnosis is farther advanced than the art of pharmaco-therapy because the former is founded upon the sciences, anatomy, physiology, bacteriology, pathology, chemistry and physics, while the latter, though one of the *oldest of all arts* and much older than diagnosis, has made insignificant

progress because the one science on which it must be founded is only in the beginning of its development.

II.—Diagnosis may be at times easy, at times difficult and at times impossible.

III.—The treatment of *sick people* is the aim of the physician, and not the treatment of a diagnosis.

IV.—Acute diseases naturally tend to recovery, but in spite of Hahnemann's conviction that drug treatment in such cases is not necessary the consensus of opinion is that the suitable remedy in a small (*i.e.*, gently stimulating) dose is of some, if only slight, value. The psychic effect on the majority of sick people is beneficial, certainly not harmful.

V.—Chronic diseases offer the great field for pharmaco-therapy for in such cases nature's feeble reactions demand reinforcement.

VI.—After centuries of experience pharmaco-therapy is slowly reaching a scientific foundation in drug pathogenesis and in the formulation of "laws" and guiding rules—the rule of symptom-similarity, and "Arndt's Law."

VII.—And finally, Hahnemann's teachings have emphasised the fact that drugs in appreciable doses are essentially pathogenic in action, and this action gives us indications for the use of drugs on a curative basis—whether or not a diagnosis has been made.

PRECIPITIN RESPONSE IN THE BLOOD OF RABBITS FOLLOWING SUBARACHNOID INJECTIONS OF HORSE SERUM. Alexander (*Jour. Exper. Med.*, April, 1921, xxxiii, No. 4, 471), observed in an army hospital, that when patients were given intraspinal injections of antimeningococcic serum and later given serum intravenously, they experienced certain symptoms; flushing, restlessness, dyspnoea, cyanosis, vomiting, prostration. To further study this reaction, rabbits were given subarachnoid and venous injections of normal horse serum. Alexander found that subarachnoid injections "produced precipitins in the blood in greater abundance, of higher titer, and persisting longer than those in control rabbits" which received intravenous injections of horse serum. The precipitins appear earlier after subarachnoid than after intravenous injections and repeated subarachnoid injections did not cause symptoms of anaphylaxis.

—*Hahnemannian Monthly*.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of the Session was held on October 6th at the L.H.H., the President, Dr. E. A. Neatby, being in the chair.

There was only a little miscellaneous business before the President delivered his opening address, "The Task before us." It proved to be a stimulating review of past progress and an urgent call to future effort. It was heard with deep attention by a larger gathering of members than we have seen for a long time. Dr. Byres Moir (a very welcome returning friend) and Dr. Frank Shaw proposed and seconded the vote of thanks to the President. Both commented on the changed attitude of the profession towards Homœopathy and the hopefulness of the prospect before us.

After the meeting the President entertained members and guests at the Holborn Restaurant. A most pleasant evening was spent and at the close of the dinner a useful informal discussion was held on the theme of the President's address. Altogether a fine send-off for 1921-22.

CORRESPONDENCE.

Southport Cottage Hospital.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

DEAR EDITOR,—I am persuaded that your readers will be interested to know that our model "Hospital" is gradually gaining the confidence of the public in this town. Its unique situation, its salubrious environment, its excellent staff of nurses, our happy choice of an excellent Matron, the immense advantages of having an enthusiastic and energetic secretary in the person of Captain A. E. Knight (whose arduous duties as a military officer seem to preserve his integrity as a faithful adherent to "the cause,"

from deep conviction of the value of the system it propounds) have surprised and delighted the Governors, the Committee and the Staff; the prosperity we enjoy gives us great satisfaction; we have a credit balance at the Bank with which we propose to institute some additional repairs in the shape of electric lighting of the road leading from the town and in painting the outside of the building. Forty-two patients are in residence, who are grateful for the benefits they enjoy.

THOMAS SIMPSON,
Consulting Physician.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH SEPTEMBER TO 15TH
OCTOBER, 1921.

GENERAL FUND.

	<i>Subscriptions.</i>			£	s.	d.
Dr. A. H. Croucher	1	1	0
Blake Howell, Esq.	10	6	
E. Ford Duncanson, Esq.	2	2	0
Dr. Vincent Green	1	1	0
E. J. Frost, Esq.		2	0
A. Kemp Brown, Esq.	10	6	
	<i>Donations.</i>					
J. Carlton Stitt, Esq.	1	1	0
Miss Mould		3	0

A Meeting of the Council was held at Chalmers House on Tuesday, October 11th, at 4.30 p.m. A Report from the Executive Committee on the past three months' working was received, and new members of the Association were elected. The Council were much gratified by the presentation to the Association's Library, by Mrs. John Churchill, of Bromley, of a copy of the first publication (Dresden 1810) of Samuel Hahnemann's "Organon of the Rational Art of

Healing"; the volume was received with very great interest, and best thanks to the donor were expressed.

A Meeting of the Executive Committee was held on Wednesday, October 19th, at 4.30 p.m.

On Thursday, October 13th, Dr. William Neish Barker delivered the Introductory Lecture to the Educational Course of Lectures for the Winter Session 1921-22 to a good audience in the Board Room of the London Homœopathic Hospital. The Lecture was given under the auspices of the British Homœopathic Association, and the title of the Lecture was "Hahnemann, the Pioneer." The Chair, on this occasion, was taken by Mr. E. Ford Duncanson, the Vice-Chairman of the Council of the Association, and Mr. James Urquhart, one of the Honyman-Gillespie Trustees, was present. The vote of thanks to the Lecturer for his most interesting address was proposed by Mr. James Urquhart, seconded by Dr. R. W. Anderson, and warmly accorded.

A PECULIAR FEVER OF INFANCY, PROBABLY DUE TO DEPLETION OF THE WATER RESERVE OF THE BODY.—C. C. Grulee and B. E. Bonar present the following interesting clinical observation: "There occurs in infants who have been depleted by vomiting or rumination following the use of a thickened paste feeding, a temperature curve which can most easily be explained on the basis of dehydration, though it is not possibly absolutely to rule out absorption of bacteria as a cause, either total or partial, of this temperature. This temperature is unaccompanied by toxic or gastro-intestinal symptoms, and there is evidence of a reduction in the water content of the blood during the febrile period."—*Hahnemannian Monthly*.

THE PATHOLOGY OF BRONCHIAL ASTHMA.—Kamchorn and Ellis (*Amer. Jour. Med. Soc.*, April, 1921, clxi, No. 4, 525), report the postmortem findings in a case of bronchial asthma. The patient was a man whose family gave a history of asthma in four generations and who had had asthma from childhood to the age of fifty-two. In such a case one would naturally expect to find definite tissue changes, if such occurred in asthma. The facts however, were contrary; supporting Ellis' observations of twelve years ago, that "No constant or definite changes in the bronchi of persons dying during an attack of this condition." These observations, along with those of others, favour a support of the theory of spasm of the bronchial muscles.

**LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET,
BLOOMSBURY.**

HOURS OF ATTENDANCE :—Medical (In-patients, 9.30 ; Out-patients, 2.0), Daily ; Surgical, Mondays and Tuesdays, 2.0 ; and Thursdays and Fridays, 9 a.m. ; Diseases of Women, Tuesdays, and Wednesdays, 2.0 ; Diseases of Skin, Thursdays, 2.0 ; Diseases of the Eye, Mondays and Thursdays, 2.0 ; Diseases of the Nose Throat and Ear, Wednesdays, 2.0 ; and Saturdays, 9 a.m. ; Diseases of Children, Mondays and Thursdays, 9.0 a.m. ; Operations, Monday, Thursday and (Out Patients) Saturday mornings ; and Wednesday, Thursday, and Friday afternoons ; Diseases of the Nervous System, Fridays, 9 a.m. ; Electrical Cases, Tuesdays, and Fridays, 2.0 p.m. ; Physical Exercise Department, every day except Saturday at 9 a.m.

**CHILDREN'S HOMŒOPATHIC DISPENSARY, SHEPHERD'S BUSH
GREEN, W.**

For the treatment of Diseases of Children only. *Medical Cases* daily, and Special Departments for—*Eye*, Wednesday ; *Ear Nose and Throat*, Wednesday ; *Skin*, Tuesday and Friday ; *Physical Exercise Department*, Tuesday and Friday. Doors open 1.30 p.m. Closed 2.30 p.m. daily, except Saturdays, Sundays, and Bank Holidays. Sir Geo. Wyatt Truscott, Bart., President, G. W. Budden, Esq., Hon. Treasurer, Telephone : Hammer-smith 1023.

REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.1*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

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

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

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|---|---|
| Bailliere's Nurses' Complete Medical Dictionary. Edited by Constance M. Douthwaite. 18mo. pp. 206. n. 3s. | Kynaston (J.) Adenoids and Enlarged Tonsils Curable Without Operation. Cr. 8vo. pp. 48. 3s. |
| Ballance (Sir Charles A.) The Bradshaw Lecture on the Surgery of the Heart, delivered before the Royal College of Surgeons, December 11, 1919. 8vo. pp. 154. n. 10s. 6d. | Leblanc (R.) Venereal Disease and its Prevention. Cr. 8vo. pp. 158. n. 7s. 6d. |
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By **CHARLES E. WHEELER, M.D., B.S., B.Sc. (Lond.),**
Editor of the Homœopathic World.

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BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homœopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Revista Homœopatica Practica—Annaes de Medicina Homœopathica—Journal A.I.H.—Homœo. Recorder.—Pacific Coast Journal.

The Homœopathic World.

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THE
HOMŒOPATHIC WORLD.

DECEMBER 1, 1921.

A RECONSTRUCTED "WORLD."

WITH this December issue "THE HOMŒOPATHIC WORLD," as it has hitherto existed comes to an end. The stress of the times forbids the Homœo. Publishing Company to continue it in its present size. This seems a sad occurrence but, if we will, we can pluck a new opportunity out of the present defeat. For a trial run of six months the publishers are prepared to issue a smaller journal under the old name, which instead of being, as hitherto, a professional journal with a little (too little, we are often told) for the lay reader, will be a journal for the laity with a little for the doctors. The B.H.A. will undertake editorial responsibilities and "THE WORLD" will become its own organ. Therefore now is the time for our friends who are sympathisers with Homœopathy to make of "THE WORLD" what they desire. We hope to see it become more and more the medium for interchange of thoughts as to local activities and needs. Every Hospital and Dispensary should appoint a Correspondent and insist on a quarterly report at least. Doctors or Laymen who want to buy or exchange books should use the journal as a means of communication, and in fact, the more our readers will make the journal what they want, the better its chance of survival.

One word more. Professional men and women are by way of being particular (or "fussy" as it is often

called) about the presentation of professional matter. "THE WORLD" Editors will reserve the right to regard professional etiquette very strictly. But within those limits "THE WORLD" can become the Layman's Homœopathic Journal. Now, readers, your Editor takes his farewell, but will hail the new "WORLD" with interest and pleasure if only you will take a part in shaping it.

AVE ATQUE VALE.

MATCH-BOX DERMATITIS.—The substitution products employed in Germany during the war and still in use have given rise to a number of hitherto unknown skin diseases, to which must now be added match-box dermatitis. This condition, of which Dr. Herbert Stranz, of Breslau, has seen sixteen examples during the last six years, is most frequent in the male sex. His cases occurred exclusively in heavy smokers who were in the habit of carrying a match-box in their trouser pocket. In typical cases the eruption begins on the upper third of the front of the left thigh, occasionally on the right thigh, or both thighs at once, as well as on the adjacent part of the hypogastrium and hips, and then attacks the backs of both hands and the face. Experiments made by Frei, in Jadassohn's clinic at Breslau, showed that the dermatitis was due to the presence of the sesquisulphide of phosphorus, which has been used as a substitution product on the striking surface of match-boxes since the beginning of the war. The warmth of the body sets free the irritating substance in the form of vapour, which attacks the skin lying beneath the trouser pocket, and the backs of the hands and the face subsequently become affected. The clinical picture of match-box dermatitis varies with the extent and age of the lesions and the special sensitiveness of the individual. Occasionally only a slight circumscribed erythema is seen resembling erysipelas. But in many cases an exudation takes place with the formation of crusts. In one of Dr. Stranz's cases the œdema was very pronounced. In long-standing cases the condition resembles chronic lichen. Even in mild cases there is very severe itching and burning pain, and the patient suffers generally owing to loss of sleep. Unless the cause is recognised the condition is liable to last for years. Treatment consists in applying compresses of 1-2 per cent. boric or resorcin solution. Dr. Stranz has also obtained good results from the use of X-rays, owing to their anti-pruriginous action.—*The Lancet.*

NEWS AND NOTES.

HONOUR TO DR. AND MRS. DAY.

OUR readers will recall that during the war Mrs. Roberson Day served for six months in L'Hopital Albert Premier, at Rouen, acting part of the time as Matron, and Dr. Roberson Day served for some time at Neuilly. They have both been presented by the British Committee of the French Red Cross with the British War Medal and Victory Medal. Heartiest congratulations from us all!

A GOOD OPENING.

THE Editor has received an urgent inquiry for a well-qualified, thorough Homœopath for a large town [now a large city about 300,000] where there is the prospect of an excellent practice and nucleus to begin with. The Editor will be glad to give particulars to anyone who is open to entertain the matter.

A PRACTICE FOR SALE.

THERE is an excellent practice for sale in a pleasant suburb of London. The Editor will put enquirers in touch with the doctor who is thinking of retiring.

COPPER AS A NORMAL AND PATHOLOGICAL BODY ELEMENT.

THE following from a *Lancet* article by Dr. C. P. White, is of considerable interest to homœopaths, especially in view of the use of Collosol Copper for Cancer. We reprint it gratefully.

"Distribution of Copper in Animal and Vegetable Organisms.

"As copper is present in wild animals and in animal and vegetable foodstuffs its presence in man cannot be attributed wholly to the use of copper vessels, etc. The distribution of copper in the animal and vegetable

kingdoms appears to be universal, so far as it has been looked for. According to the above investigations it is present in man, cattle, sheep, fowls, rabbits, and mice, and also in oats, nux vomica, cardamoms, and bread. It has also been described in fish (Dubois, 1900), whales (Dougal, 1911), dogs, cats, horses, swine (Lehmann, 1895), in numerous plants—*e.g.*, belladonna colchicum, ergot, digitalis, sarsaparilla, thuja, oats, cardomoms, wheat, buckwheat—and in pharmaceutical preparations (Lehmann, Lewis, 1914, and others). In the lower animals, in which it exists for the most part as entering into the composition of a respiratory pigment, it is present in cœlenterata, echinoderms, crustacea, molluscs, insects, etc. (Dubois, 1900). It has also been found in the eggs of some of these—*e.g.*, sepia (Dhéré, 1900, 1904) and lobsters (Dougal, 1911).

“ Another metal which appears to be universally present in the animal and vegetable kingdoms is manganese. The presence of this metal has been studied especially by Bertrand, who with Medigreceanu (1912) examined 150 specimens from fifteen species of vertebrates and found manganese present in all except in the white of birds' eggs. Bertrand is of the opinion, based on experiments on aspergillus and other organisms, that manganese is of considerable physiological importance. In my material I tested for manganese in twenty-four cases at random (including seven tumours) and found it present in all, but I did not estimate the amount

Summary.

“ 1. Copper appears to be universally present in the tissues of animals and plants so far as it has been looked for.

“ 2. The known catalytic action of copper and the presence of copper in seeds, eggs, and in foetal as well as in adult tissues, suggests that it has a physiological significance.

“ 3. Copper is present to a greater extent in degenerating tumours than in those which are not degenerated.

ORIGINAL COMMUNICATIONS.

SIGNS AND SYMPTOMS IN URINARY DIAGNOSIS.

By J. F. PEART, F.R.C.S.I.

OF all the ills the flesh is heir to, those in connection with the genito-urinary system afford one of the most important, most fascinating and often most puzzling of subjects for investigation. On the importance and fascination of the subject it is unnecessary for me to enlarge, and I propose here to deal with the puzzling nature of the signs and symptoms and how the puzzles can best be solved.

Three symptoms, which may well be termed the cardinal symptoms of genito-urinary troubles, stand out prominently in the vast majority of cases, *viz.*, pain, hæmorrhage and disordered micturition.

When we get these three symptoms associated in a case the diagnosis is often simple enough, thus if a patient complains of pains in the left kidney area, the passage of blood in the urine, and frequency of micturition, there may be little doubt that a diagnosis of left renal tuberculosis will be justified by further investigation.

But the difficulties arise when, as is often the case, any one of the symptoms alone is present. For simplicity I will take them seriatim. Pain may be the only symptom present in a case which subsequently proves to be tubercular kidney disease. But the pain is sometimes referred to the distribution of anastomosing nerve trunks or to the terminal extremity of the nerve irritated, no pain being experienced at the site of the diseased kidney. Or, as has happened, the pain may be referred to the other healthy side. And when the pain is located at the site of disease as evidenced by an enlargement of the kidney on that side there remains the difficulty of knowing whether the disease is tubercle, hydronephrosis, pyonephrosis, or perhaps a hypernephroma.

Again hæmorrhage may be the one and only symptom the patient complains of. But the hæmorrhage may

come from either kidney or bladder. So the question arises, where does it come from? And if we satisfy ourselves it is not coming from the bladder, the further questions still remain, from which kidney and what is its cause. For though it may be tubercular kidney it might also be due to a stone lodged in a kidney, as a stone may remain lodged in a kidney for many years without giving rise to renal colic, any subjective pain experienced resembling the aching discomfort which often accompanies tubercular kidney.

Lastly, we have to deal with frequency of micturition. Frequency occurs in a great variety of genito-urinary troubles, and frequency may again be the only symptom complained of. It may be due to cold weather, a concentrated condition of the urine, alcoholic stimulation of the kidneys, congestion of the prostate, an enlarged prostate, cystitis, ulceration of the bladder, the presence of a stone or foreign body in the bladder, the presence of a diverticulum of the bladder, a tumour of the bladder, or a tubercular kidney. Or again it may be due to external pressure such as an uterine or ovarian tumour.

Fortunately we have a means of examination which will usually enable us to elucidate the diagnosis of the most puzzling cases. I mean the intelligent use of the cystoscope and ureteric catheterisation.

By these means it is possible to determine which of the various causes of frequency is responsible for that symptom with the exception of those causes due to an altered constitution of the urine. Thus a prostatic projection, cystitis, ulceration, stone, foreign body, and diverticulum or tumour of the bladder can all be detected. And in cases of tubercular kidney the presence of tubercular ulcers around the ureteric orifice of the diseased side will decide the diagnosis, and in the absence of any tubercular ulceration of the bladder resort can be had to catheterisation of the ureters and pathologic investigation for the presence of the tubercle bacillus.

In cases of hæmorrhage again the cystoscope will enable us to determine whether its origin is in the bladder or in a kidney and also which kidney, for the

flow of the blood can be watched in the efflux from the ureteric orifices.

So important a bearing has the use of the cystoscope in the diagnosis of urinary troubles that no investigation should be regarded as complete without its employment.

A GREAT OCCASION.

THE opening of the Scottish Homœopathic Hospital for children is one of the great events in recent Homœo. history. Our readers already know how splendid a "send-off" was given to it on October 15th, but will, we are sure, welcome the extra details which we gratefully borrow from the *Glasgow Herald*. The Speeches deserve printing verbatim, and if the future of "THE WORLD" allows us the space, we hope to record Dr. Dishington's at least. The full report follows :—

CHILD WELFARE.

HOMŒOPATHIC TREATMENT.

LADY BLYTHSWOOD'S TRIBUTE.

Lady Blythswood, on Saturday, opened the Scottish Homœopathic Hospital for Children at Mount Vernon. In 1920 the house known as Oakpark, Mount Vernon, was gifted to a committee of well-known citizens of Glasgow to be converted into a homœopathic hospital for the treatment of non-infectious diseases of children. It is a commodious house of two storeys, situated in spacious grounds and rich in the possession of trim gardens. The wards are arranged on the most up-to-date lines, and a number of children are already in residence and under treatment. A homœopathic dispensary for children has also been opened at 258, Garscube Road, and children requiring hospital treatment can be drafted from it to Mount Vernon. There was a large attendance at the opening ceremony. Mr. William Fyfe presided. The company included Mrs. Fyfe, Lord Provost and Mrs. Paxton, the Rev.

Hubert Simpson, the Rev. Canon M'Bain, Bailie Allan, ex-Bailie Davidson, Dr. and Mrs. Dishington, Dr. and Mrs. T. Paterson, Dr. and Mrs. J. Harper, Dr. Boyd, Dr. MacKillop, Dr. Duthie, Councillor V. M. Robertson, Councillor and Mrs. Galbraith, Colonel Brown, Miss Gostling, matron; and Mr. Hugh Macmillan, Secretary and Treasurer.

The Chairman referred to the origin and purpose of the hospital. Two years ago, he said, realising the great and urgent need that something more should be done for weak and suffering children, they looked out for a place which would combine the advantages of a country home with the facilities of a hospital. Their attention was directed to Oakpark, which was eminently suitable, and they acquired it.

THE EDIFICE OF HOMŒOPATHY.

Dr. Dishington said that when they contemplated the thousands of child lives to-day whose lot was one of bodily misery and mental unhappiness—due to the ravages of disease—they could not but feel a glow of gratitude to the initiative and splendid generosity of Mr. and Mrs. Fyfe and the committee and subscribers for this hospital and dispensary, which would stand for all that the best efforts which child welfare could devise and for that something more—Homœopathy.

The names of Hahnemann, the patron saint of homœopathy, and of his great disciple, Gibson Miller, formed a short epitome of Homœopathy's effort. With their glorious example before them, surely a rich harvest in the best results would be obtained, and much accomplished in our day and generation to win Scotland for homœopathy.

AN EFFECTIVE SOLVENT.

Lady Blythswood, in declaring the hospital opened, congratulated the committee on their enterprise in establishing the first hospital of the kind in Great Britain. The toll which our great cities took in child life was appalling, and was due largely to the pernicious and unhealthy environment in which many of them are born and reared. The more homes we had

in the country for the treatment of child ailments the better, because after all sunshine, fresh air, and wholesome food were the best antidotes against disease, and were better than bottles of medicine or surgical operations. The Homœopathic treatment of the large majority of minor diseases, particularly in children, was gradually becoming recognised as the most effective solvent for many preventable maladies, and when that treatment was accompanied by residence in such a charming hospital as that, so conveniently situated to Glasgow and within easy reach of the best skill, then the question of cure did not remain long in doubt. She felt sure that the most beneficent results would flow from the work carried on there, and that all connected with the hospital would have their highest reward for all the trouble and expense they had incurred by seeing the bright and happy faces of the little patients as they were gradually restored to health and vigour.

On the motion of Mrs. Brown, a vote of thanks was accorded to Lady Blythswood ; and on the call of Lord Provost Paxton, a similar compliment was paid to Mr. and Mrs. Fyfe.

The company afterwards inspected the wards. Miss Fyfe presented Lady Blythswood with a bouquet of flowers.

A CASE OF HYPERTROPHY OF THE MAMMÆ CURED BY INJECTIONS OF HUMAN MILK.—(*La Presse Médicale*, April 3rd, 1920.)—Patel reports the case of a multipara of 24 who had a severe attack of pulmonary grippe in 1918. Shortly after the breasts began to hypertrophy and to rapidly increase in size. In January, 1919, cupping was tried without results. In March, the cautery was tried, but did not succeed in reducing the size. In September, 1919, the breasts were enormous, exceedingly painful and seemingly inflamed. Subcutaneous injections of human milk, 5 cm., were now given every other day. After fifteen days the breasts were perceptibly smaller and the pain was gone. In March, 1920, the breasts were normal and not even affected by menstruation. Commenting upon this case, one asks whether the relief of hyperactivity obtained by the hypodermic use of the secretions of the glands could explain the good results obtained in hyperactivity of the glands of internal secretion by the use of their products.—*The Journal of Organotherapy*.

HOSPITALS AND DISPENSARIES

CHILDREN'S HOMŒOPATHIC DISPENSARY.

SEVENTH ANNUAL MEETING, SHEPHERDS BUSH.

THE Seventh Annual Meeting of the Donors and Subscribers of the Children's Homœopathic Dispensary, was held at the London Homœopathic Hospital, Great Ormond Street, W.C.1, by the kind permission of the Board of Management, at 3.30 p.m., on Tuesday, October 4th, 1921.

Sir George Wyatt Truscott (in the Chair), Miss Evelyn Bell, Mrs. Wilkinson Brooks, Mr. G. W. Budden, Mrs. Callard, the Misses Callard, Mr. C. E. A. Hartridge, Mrs. Clark Kennedy, Dr. J. C. Powell, and Mrs. Powell, Miss G. Kennedy Purvis, Dr. Hall-Smith, Miss Noble Taylor, Mrs. Vernede, Dr. C. E. Wheeler, and Dr. Fergie Woods.

Sir George Truscott, in opening the meeting, remarked that the first item on the Agenda was to take notice of the regrets for absence. He gave the names, as follows : Dr. Alva Benjamin, Mr. Wilfrid Medd and Mrs. Fergie Woods.

The Minutes of the last meeting were taken as read, adopted and signed.

Sir George said that on previous occasions it had been the duty of the Chairman to take the Annual Report as read, but he understood that it had been circulated some weeks ago on account of the meeting being later than usual. He therefore proposed to read the report, adding that it would obviate the necessity on his part to make a long speech. The Report was then read.

Sir George, continuing, said :—

Well, Ladies and Gentlemen, this is the report, and I have no hesitation in expressing what I am sure you must all think, that is, that it is a very excellent report. It is again a record of progress, and when we remember the very difficult times this institution had to face immediately after its inception

we should congratulate ourselves upon this steady advance. The attendances have increased during the past year by over 50 per cent. That is very satisfactory. But it is rather a curious fact that, although we have reached this point, if the medical profession do not come to the rescue and give a little more work this progress must cease and possibly go backwards. That would be lamentable. I would therefore ask all those members who favour Homœopathy, and especially the younger members, to come forward and assist the Dispensary. I am sorry to say that I think the chairman at these meetings has usually to lament the subscriptions. I note the subscriptions have gone down, but I must remind you that there is a credit balance on the accounts that is, so far, satisfactory. More money will be wanted, however, and I am rather disappointed that there was not more response made to the call I sent out to manufacturers in the neighbourhood of the dispensary, but I am not going to give up and let the idea remain dormant. Unfortunately, soon after the issue of the letter I was taken ill. All such appeals want following up. Last year I asked, I see, that the total income might be increased to £350 at least. I am glad to say that amount was received. I had a letter the other day from Dr. Roberson Day. I hope that in a short time Dr. Day and his wife may get tired of retirement, and come back to help us work here. We may congratulate ourselves on having Mr. Hartridge as our Chairman, and I hope that he and his Committee will soon be relieved of all anxiety in regard to finance. They only need more money and medical help to do more and better work. Sir George then moved the adoption of the report.

Dr. Wheeler, in rising to second the adoption of the Report, said : Ladies and Gentlemen, I really can only claim to speak as a friend of the Dispensary as I am not officially connected with it ; I can therefore praise the work that has been done without glorifying myself. Remembering the difficulties in the early years of the war, of getting any work done, owing to the steady call on the medical profession during that period, that you

should have succeeded in keeping your doors open was a considerable triumph. One of the reasons you have found it so difficult to get the extra help is that you had to start under those auspices. People were so much occupied that they could not be aware of what was going on. Now the thing that interests you and me, and every friend of the Dispensary is how can we provide the necessary labour. I am a friend and not, I hope a *too* candid friend. Often friends give suggestions that appear useless. But I think a way in which you might conceivably get a little help from the younger men would be by associating the Dispensary more with this hospital. Usually Dr. Day, when speaking of the Dispensary to the British Homœopathic Society, was allotted a time at the beginning of a meeting when most of the men who should have been listening were having tea outside. Now, for instance, presently, you might make reports of cases and contribute them as a paper. Personally, I don't think you advertise yourselves enough. We know from the report which the Chairman has just read what admirable work is being done, therefore I say, seeing you have a light, do not hide it under a bushel. As regards the children, there is a great advantage from the point of view of the Homœopathic physician. The Child is, medically, a clean slate. We adults have been treated, and probably badly treated for years, for it does not follow that all the treatment that may have been adopted has been wise (all we doctors are human !), but with the children you start fair. It is true to say, you can test Homœopathy by treating the children. This appeal might be made with some confidence to lady doctors. I do not believe that a school like the Royal Free would have any objection to making known the fact that Homœopathy can be tested at Shepherds Bush. Every lady doctor who is going into practice looks forward to treating children as a very large part of her work. Your chairman's idea of attacking the business firms in the neighbourhood is a good one. It might be pointed out to them that Homœopathic treatment is permanently satisfactory, and that Homœopathy is able

to modify constitutional defects in a way that is not possible in other forms of medicine. If you are going to help a child to grow up into a healthy citizen you are going to help the community. The claim that the treatment of children at the dispensary is a definite saving to the rates is one that will appeal to all. I do not want to tell you how to run your institution, but if I have said too much it is only to show you that the Children's Homœopathic Dispensary should be considered as an outpost of this hospital. There ought to be days allotted for your cases in this hospital, and speaking as one of the physicians of this hospital I most heartily recommend this Report to you and second its adoption.

The Report was then put to the vote and carried unanimously.

Mrs. Ralph Callard : My object in rising is to propose the re-election of the officers of the Children's Homœopathic Dispensary, and I feel there is no need for the Committee here present but to carry on as it has been doing. No ship sails the sea, and no train goes, without its driving power. Here we have our necessary motive power. As you know, my husband helped to start this Institution and carry it on, and I feel the work should be carried on not only for the benefit of the children's health, but also as a matter of physical, mental and moral training.

The vote of thanks was then seconded by Miss Noble Taylor and carried unanimously.

Sir George Truscott rose to thank Mrs. Callard for her remarks. He said they all recognised the untiring efforts of her husband in regard to the Dispensary as well as other Homœopathic institutions.

Mr. Budden proposed a vote of thanks to the Auditors and Solicitors, which was seconded by Dr. Hall-Smith, and carried unanimously.

Miss Noble-Taylor : I am very glad of having this opportunity of thanking the medical staff for their able and efficient work.

Mr. Hartridge said he had much pleasure in seconding this vote of thanks, which was put to the meeting and carried unanimously.

Dr. Fergie Woods said : Sir George Truscott, Ladies and Gentlemen, I am very happy to record my thanks personally to this vote of thanks. We do not seek praise, but all the same it is encouraging to hear nice things said about us, and it is pleasing to know that people are watching our work. I do not think you would find a keener medical staff anywhere. We are all united in our love for the children and in our earnest wish to bring them more health and happiness. We do miss Dr. and Mrs. Roberson Day very much, but we are fortunate in having three new members, all young and energetic, and I consider we have every reason to be satisfied with the work which is being done. Although finance has been spoken about many times this afternoon it has not been mentioned that the Dispensary, during the seven years it has been going, has never once been in debt. I do not want to dwell on that, however, because we still need subscriptions, for we hope ultimately to have a hospital, that is, an institution which is really needed, and besides being the means of spreading Homœopathy it would be a means of showing the public that we can do things which could not be done in a general hospital. For one thing, we cannot take infectious cases into the wards here, and I am looking forward to having a ward where we can take such cases. With a view to helping our finances, I have recently been preparing some Approval Sheets of British and Foreign Stamps, which are for sale for the benefit of the Dispensary at very low prices.

Sir George Truscott rose to say that he saw on the Agenda that the next item was a vote of thanks to the Board of Management of the London Homœopathic Hospital for the use of their Board Room, which he therefore proposed.

Dr. Powell said : I think it is very nice to be associated with this hospital and have our meetings here. I should like to recall what Dr. Wheeler said, that we, as an institution, should be associated more with this hospital. There is no reason why there should not be perfect unity between our Dispensary and this, the mother hospital. At times there has not been that cordiality. Therefore it gives me great pleasure

to second this vote of thanks, and I hope we shall all do our best to associate ourselves more with this hospital in the future.

The resolution was then put to the meeting and carried unanimously.

Mr. Hartridge: To me falls the pleasing task of proposing a vote of thanks to Sir George Truscott for coming here to-day. Sir George has been a friend of this Dispensary since its beginning. His name has also been associated with many of the hospitals and institutions in this country. We are therefore all the more grateful to him for presiding over our meeting to-day. On behalf of the Committee I should like to thank him and to say that we will take due note of all he has said and suggested. It is a great source of satisfaction to feel that we have so strong a friend and supporter as Sir George Truscott. I therefore ask you to accept this resolution.

Dr. Powell rose to say that he supported what Mr. Hartridge had said.

Sir George Truscott: I am exceedingly obliged to Mr. Hartridge for his remarks, and Dr. Powell, for the equally kind way in which he has seconded them. I have to thank you all for appointing me your President, and I shall be happy to continue that office. I like to be at the head of an institution which is progressing, and I hope that the Dispensary will prove what I call a Day Dream and that before very long we shall be able to provide a hospital. I should also like to thank Dr. Wheeler for his excellent speech. His suggestions were very good—especially in regard to the British Homœopathic Society. We might definitely approach that society by pointing out that the work is progressing at such a rate that more medical workers are required. It might then go on their agenda for consideration and the members would then realise the wants of our institution. I thank you all for the kind reception you have extended to me to-day.

HOSPITALS AND INSTITUTIONS.

HOULDSWORTH HOSPITAL, GLASGOW.

THE opening of the Children's Hospital must not detract attention from the older and more Central Institution. The work done has been admirable from the start, and has been no small factor in causing the present strength of Homœopathy in Glasgow. The appended Report, taken, with many thanks, from the *Glasgow Herald*, gives a clear idea of the present position and we all most heartily congratulate our colleagues and wish well to their plans of extension. Glasgow indeed sets an example to us all.

Mr. Thomas E. Baird, who presided, moved the adoption of the annual report. He said that 173 patients had been admitted to the hospital during the year, and the daily average number of patients in residence was eighteen, which was larger than in any previous year in the history of the hospital. In the out-door patient department the attendances numbered 3,694, and in addition there were 1,039 outdoor dressings. The financial position was very satisfactory. Subscriptions and donations amounted to £1,010 18s. 7d., while for the previous year the amount was £591 5s. 8d. The total ordinary income from all sources amounted to £2,247 6s. 7d., compared with a total of £1,671 17s. 8d. for the previous year, showing a net increase of £575 8s. 11d. in ordinary income, which was a record in the history of the hospital. He had also to report a record expenditure, which must be expected from the increased number of patients and the continuance of high prices for medical appliances, food, and general staff charges. The total expenditure amounted to £2,155 0s. 9d., and for the previous year £1,871 15s. 11d., showing a net increase of £283 4s. 10d. At last annual meeting a deficit of £199 was reported, but the response to their appeal was so generous that they were able to pay off this sum, and they now had a surplus of £56 to transfer to the capital account.

Referring to the work of the hospital, the Chairman said Homœopathic treatment was becoming year by year better understood and its curative power more appreciated. The great desire of those who understood what Homœopathy meant was to bring all who suffered from disease and sickness under its influence. It was gratifying to know that a Homœopathic hospital (specially for the treatment of children) had been established in the city, and it was to be hoped that this institution would receive all the support which it deserved. They had thus in Glasgow the only two Homœopathic hospitals in Scotland—the one for children only and the Houldsworth Homœopathic Hospital for men, women, and children, and if the good work which had been done by the Houldsworth Homœopathic Hospital in the past was to be continued the time had come when the management must seriously consider extensions, as the present capacity of the hospital was taxed to its utmost limit. A fund was at present being raised for the purpose of endowing a ward in the Houldsworth Hospital, or otherwise establishing a memorial to the late Dr. R. Gibson Miller.

The report was adopted.

A discussion afterwards took place on the proposed hospital extension scheme, and on the motion of Mr. Andrew Eadie the matter was remitted to the Committee of Management for further consideration.

Office-bearers were elected for the ensuing year.

DIPHTHERIA BACILLUS CARRIERS.—Moss, Guthrie and Gelien investigated conditions found in an orphan asylum and after an elaborate study present the following conclusions :

“ 1. The carrier of a virulent diphtheria bacilla is not a menace to the community.

“ 2. A positive throat culture, an elevation of temperature and a pathological throat condition without definite membrane formation are insufficient evidence on which to base a diagnosis of diphtheria with entire certainty.

“ 3. Virulent tests are necessary to avoid inflicting needless hardships on carriers of avirulent diphtheria bacilli.”—*Hahnemannian Monthly*.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH OCT. TO 15TH NOV., 1921.

GENERAL FUND.

						<i>Subscriptions.</i>		
						£	s.	d.
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Dr. T. G. Stonham	1	1	0
W. Foat, Esq.	1	1	0
F. H. Evans, Esq.	1	1	0
Mrs. Arthur Sims	1	1	0
Dr. H. Fergie Woods	1	1	0
Miss E. C. G. Bell	..	..	..	..	..	1	1	0
A. J. Latham, Esq.	..	..	..	..	..	1	1	0
Dr. George Burford	..	..	..	..	..	2	2	0
Mrs. Harris	..	..	..	..	..		10	0
G. K. Smith, Esq.	..	..	..	..	..	1	1	0
Miss A. E. Keep	..	..	..	..	..	2	2	0
Mrs. Machell Smith	..	..	..	..	..	1	1	0
Dr. J. C. Powell	..	..	..	..	..	1	1	0
Dr. W. A. Davidson	..	..	..	..	..	1	1	0
Dr. R. MacLachlan Banks	..	..	..	..	..	1	1	0
Andrew Eadie, Esq.	..	..	..	..	..	1	0	0
Mrs. Balfour Williamson	..	..	..	..	..	5	5	0
C. T. Thompson, Esq.	..	..	..	..	..	1	1	0
Miss Holland	..	..	..	..	..	1	1	0
Dr. John Weir	..	..	..	..	..	5	5	0
						<hr/>		
						£31	19	0
						<hr/>		

The Executive Committee held its usual monthly meeting on Wednesday, 16th November, at 4.30 p.m.

The Beit Research Fund Committee held a meeting on Wednesday, 16th November, at 5.15 p.m., at which reports upon the progress of the various investigations, being conducted under the Beit Fund, by Dr. C. E. Wheeler, Dr. E. Bach, Dr. A. MacGowan, Dr. W. E. Boyd, Dr. J. D. Kenyon and Dr. S. Judd Lewis, were received with much interest and approved. A further grant to Dr. J. D. Kenyon for the continuation of his particular investigation was unanimously voted.

EXTRACT.

PHYSICAL EFFICIENCY EXERCISES.

In Bed.

1. (a) Lying flat, inhale to the fullest extent, at the same time raising the hands above the head in a natural "stretching" motion. (b) Exhale to the utmost extent, using the abdominal muscles forcibly to press out as much air as possible from the lungs, at the same time carrying the arms to the sides. Repeat five times.

2. Using the weight of the bedclothes turned down to the hips as a means of keeping the legs down, raise the body from the hips and bend forward as far as possible, at the same time breathing out forcibly to the fullest extent, then slowly return to the lying posture, inhaling deeply meanwhile. Repeat five times.

3. (a) Using the bedclothes as before, from the lying position raise the trunk, with the hands by the sides through an angle of 45° , then twist round the trunk upon the hips, keeping the legs flat and endeavouring to make the forehead touch the bed, meanwhile exhaling forcibly as far as possible. (b) By a reverse movement assume the lying position, inhaling deeply meanwhile. Repeat five times to right and left sides.

4. (a) From the lying position, flat on the bed, with the hands clasped behind the head, raise the legs from the hips, carrying them as far over the head as possible, inhaling as deeply as possible meanwhile. (b) Lower the legs slowly to the fullest extent, meanwhile exhaling deeply and forcibly. Repeat five times.

Out of Bed.

5. (a) By a kind of "stretching movement" raise the arms slowly and strongly forward and upward, then lower them sideways until they are in line with the shoulders which are well thrown back, meanwhile inhaling to the fullest extent. Brace up the muscles of the abdomen and all accessory muscles

of inspiration. (b) Keeping the body as upright as possible, carry the arms forward until they overlap and hold sides of trunk ; expire meanwhile to the utmost extent, working specially the lower chest and abdominal muscles. When in the position of full expiration brace up all muscles of lower chest and abdominal wall. Repeat five times.

6. (a) With the feet about 18 in. apart (or other comfortable distance) carry the arms forward, upward, and backward, inhaling meanwhile to the fullest extent. (b) Bend trunk forward and full downward, carrying the arms between the legs to touch the ground with the fingers as far as possible behind the feet, meanwhile exhaling to the fullest extent. Repeat five times.

7. With the feet about 18 in. apart and arms raised sideways and in line with the shoulders, bend the trunk to the left (right) until the left (right) hand touches or nearly touches the ground, keeping legs straight, meanwhile breathing naturally or holding the breath. Repeat five times to each side.

8. (a) With the feet about 18 in. apart carry the arms forward, upward and backward, inhaling meanwhile to the fullest extent. (b) Turn and at the same time bend the trunk to the left (right), and touch the ground on the outside of the left (right) foot, expiring meanwhile to the fullest extent. (c) Stretch trunk upward to upright position, inhaling meanwhile to fullest extent. Repeat five times to each side.

9. Inhale as fully as possible, then exhale sharply to the fullest extent, and, with the chest and abdominal wall held in position of expiration, work all the abdominal muscles, alternately forcibly contracting and relaxing. Repeat two or three times.

10. Stationary running (often known as the hundred up) ; shadow skipping ; shadow boxing ; rhythmic balancing exercises ; jumping or any other form of exercise preferred by the subject, until out of breath.

The exercises may be followed by a tepid or cold bath or a rub down with a hard towel wetted with warm or cold water according to the taste of the individual.

VARIETIES.

GLYCOSURIA IN INFANTS.—Using the test of Benedict and Osterberg, Greenthal (*Amer. Journ. of Dis. of Children*, December, 1920) has found that the urine of all normal infants contains a determinable amount of reducing sugar; the amount of sugar excreted is proportional to that ingested. As the amount of sugar in the diet is increased the total sugar in the urine becomes greater, but the increase chiefly concerns the fermentable portion. When the intake of sugar is constant, sugar excretion both as regards the fermentable and non-fermentable portion, is also fairly constant. In infants receiving from 6 to 7.5 per cent. of sugar the total sugar excretion in the urine ranged from 100 to 400 mg. a day. Benedict, Osterberg, and Neuwirth found that on an ordinary diet adults excrete from 600 to 1,000 mg. of sugar a day.—*Hahnemannian Monthly*.

VARIATIONS IN THE BACTERIAL FLORA OF THE UPPER AIR PASSAGE DURING THE COURSE OF COMMON COLDS.—Bloomfield has done much in working out the bacteriology of the upper air passages and its relationship to disease. Investigation has followed investigation, each contributing materially to our knowledge of the subject and doing away with the superstitions and follies of the past. This, his last series of the study, closes with the following most interesting discussion: "On clinical grounds the view was advanced that the common cold is an infectious disease analogous to influenza, featured by the frequent development of complications in the upper air passages such as sinus infections, tracheitis, and otitis. A review of the literature showed no convincing evidence that any known organism is the primary cause of the cold. The cultural studies in the present report fail to show in uncomplicated cases any variations in the flora which would enable one to select any organism or group of organisms as the cause of colds. On the other hand, where clinical complications occurred pathogenic organisms were definitely associated with them. We feel, therefore, that the primary cause of colds is probably an organism as yet unknown and certainly not one of the usual pathogens such as *Streptococcus*, *Pneumococcus*, *B. influenzae*, or *Staphylococcus*. But the primary cold, whatever its final cause, alters the mucous membranes in such a way as to allow secondary bacterial invasion and consequent frequent development of local complications. The cultures clearly indicate that such complications are due to a variety of bacteria such as *Pneumococcus*, *Streptococcus*, and *Staphylococcus*. In general it seems that the method of serial comparative study is necessary in working out the bacteriology of respiratory infections. Such a method allows one to pick out and interpret the significance of unusual organisms and also checks premature conclusions as to the etiological bearing of such organisms."—*Hahnemannian Monthly*.

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Editor of the Homœopathic World.

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CORRESPONDENTS.

Dr. Boyd, Glasgow—Mr. Knight, Ilchester—Mr. Frank Shaw, Hastings.

BOOKS AND JOURNALS RECEIVED.

Med. Times,—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homœopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Revista Homœopatica Practica—Annaes de Medicina Homœopathica—Journal A.I.H.—Homœo. Recorder.—Pacific Coast Journal.

The Homœopathic World.

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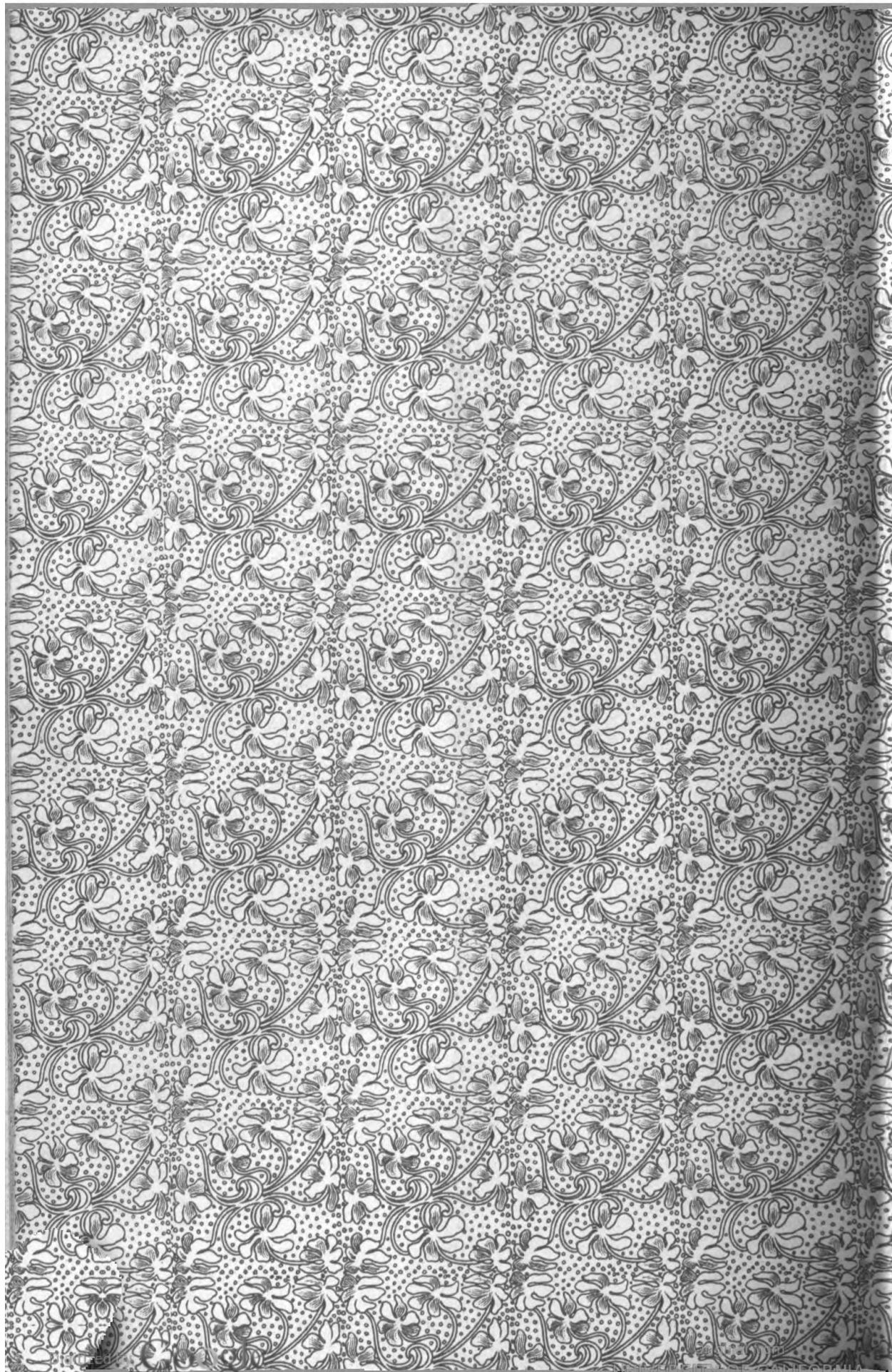
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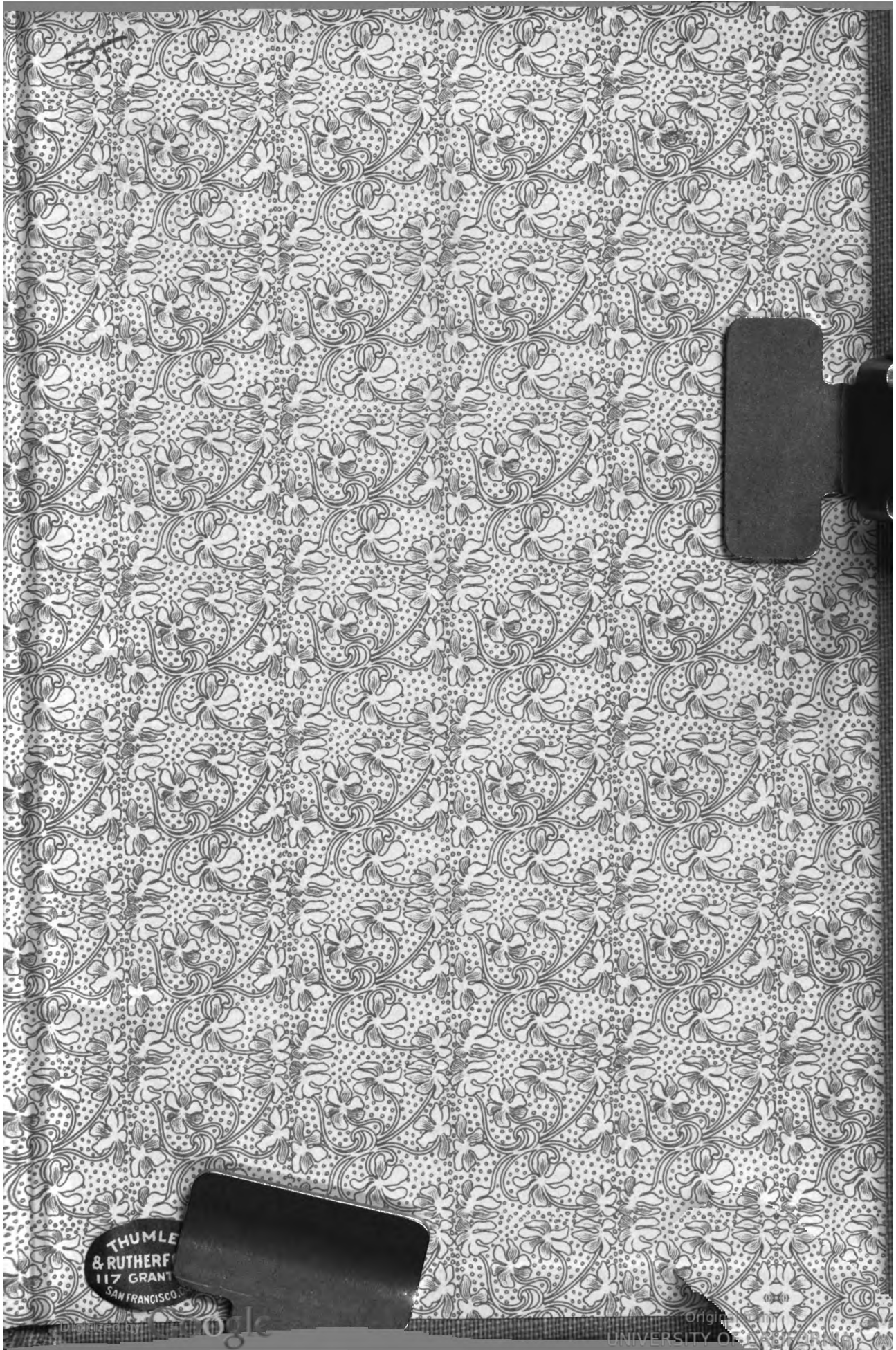
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