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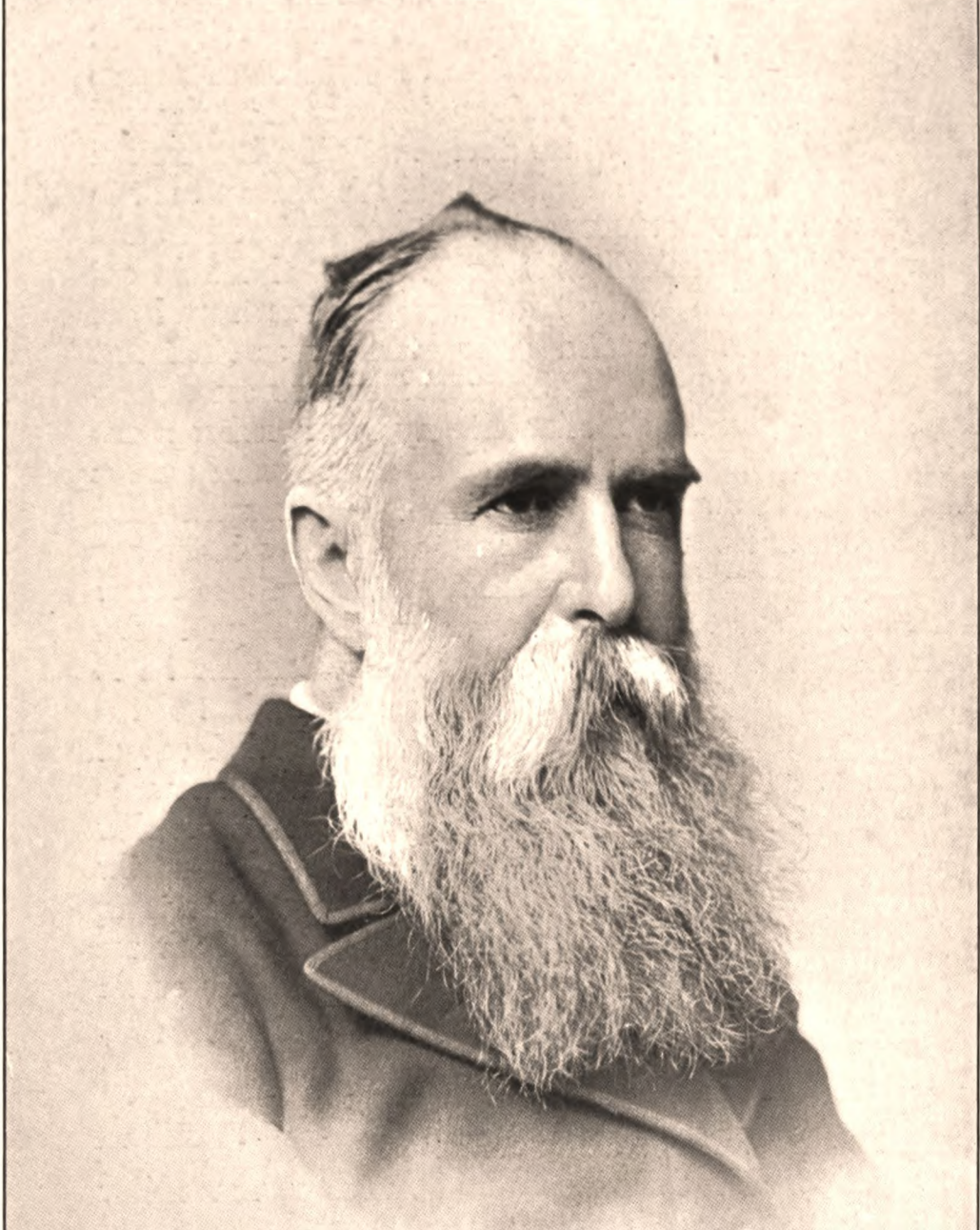
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*The British
homoeopathic review*

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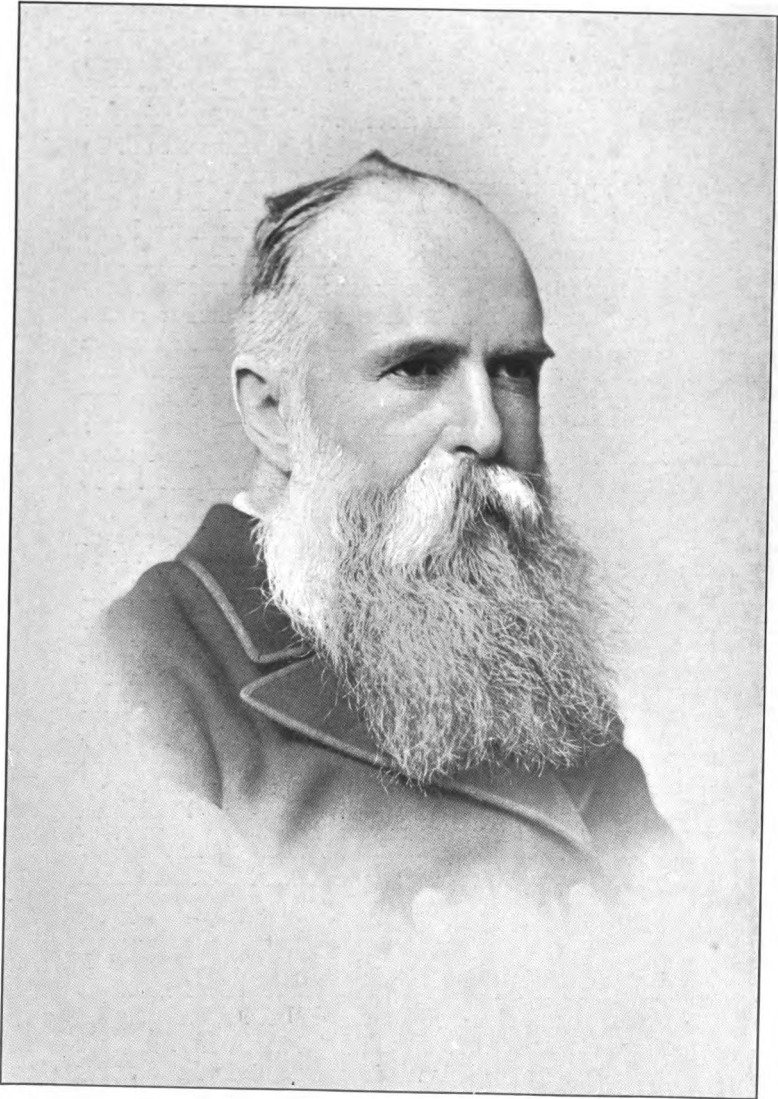
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THE MONTHLY HOMŒOPATHIC REVIEW.

THE BRITISH HOMŒOPATHIC CONGRESS OF 1902.

OUR Annual Congress has come and gone, and adds itself to the many instances, we might say the invariable instances, of thoroughly successful gatherings. The meetings of Congress occupy quite a different position from those of the British Homœopathic or other kindred Societies. In these the members meet one another once a month for a couple of hours at a time, listen to interesting papers, discuss them, and depart. But they cannot be attended regularly or even frequently by many who live at a distance from the place of meeting, and who are thus practically cut off from personal acquaintance or social intercourse with their colleagues. The Congress supplies this desideratum. It invites all homœopathic practitioners, whether members of the various societies or not, to meet together once a year in different towns throughout the kingdom: and while excellent food of a mental and professional kind is provided, such that those who attend the meeting are refreshed and helped in their laborious work of practice, and have a time of real mental enjoyment in listening to the papers read, and to the discussions that follow them, this is only one side of the Congress pleasure and benefit. The discussions arising from the papers elicit views and opinions from men coming from

all parts of the United Kingdom, and engaged in all varieties of practice, and are of the utmost value in concentrating thought and practice in a verbal form, a result which cannot be obtained so satisfactorily from writing to the journals, or from meetings of societies where the attendance is necessarily limited. But the other side of the value of the Congress lies in the mingling of the business with the social element. Mr. ALDERMAN TRUSCOTT said at the dinner in the evening that he believed strongly in the importance and value of the social side of business, and that, as we have often before expressed it, sharp corners are unconsciously rubbed down, men get to know one another as they otherwise could not, friendships are made, and good feeling wonderfully promoted. This side—the social side—of the Congress we look upon as perhaps its chief feature. A merely social gathering would not appeal to busy professional men who come from long distances; but when excellent business is first of all transacted, the refreshment of the social element is felt to be well earned, and is proportionately enjoyed to the full. Hence it is that, with the judicious blend of work and play, the meetings of Congress are so uniformly successful, and the members return home with a feeling that the time has been well spent from every point of view. Those who do not put in an appearance are the losers, to a greater degree than they are perhaps aware of.

The meeting of this year was in all senses an unqualified success. The presidential address by Mr. KNOX SHAW, which will be found in our pages of this month, was admirable. He naturally dwelt, being a surgeon, on the development of surgery in our ranks, and on the important relation between surgery and homœopathic medicine, stating very clearly the lines where medicine cannot be expected to do all that is required for a cure, and where surgery must come in as a supplementary and necessary resource. As he stated, no doubt correctly, had HAHNEMANN lived at the present day and seen the triumphs of modern surgery, he, with his broad and open mind, would have recognized that surgery must come in and supplement medicine in certain cases. But Mr. KNOX SHAW is not ashamed to say, in fact he may be proud to

say, that he is very cautious in undertaking operations, knowing that in all operations there is a risk, which must be kept in view; he correctly thinks that this should make a surgeon cautious in not operating unless it is absolutely necessary. This cautiousness will only raise him in our estimation, give us greater confidence in his judgment, and assure us that when he does operate it is necessary; and he makes the important remark that the *physician* now-a-days not unfrequently advises operation without fully considering the risks and the necessity for it, being led away by the great success of modern surgery. He also notes with anything but approval the light-hearted manner in which many surgeons of the present day undertake operative measures in cases where they are really not necessary, and where cure could be obtained without it. There is at present a "boom" in surgery, which the most enlightened surgeons set their faces against, as SIR FELIX SEMON lately did in his post-graduate lectures which we reprinted in full in some of our recent pages. This tendency is detrimental not only to the patient, but to the surgeon, and to the reputation of surgery as a whole. But employed judiciously, surgery and medicine go hand-in-hand, to the mutual benefit of both and to the great advantage of the patient. But here Mr. SHAW is able to point out the very important advantage that the homœopathic surgeon has over his allopathic *confrère*, in that, although the actual surgery is the same with both, the preparatory and the after-treatment on homœopathic principles make all the difference between the two, and give the homœopath a power for good to his patient which is incalculable in its results.

On another question of vital importance we rejoice to see that Mr. KNOX SHAW speaks with no uncertain sound. We are often told that the two schools of homœopathy and allopathy are approaching one another so much that there is now very little difference between the two. Nothing can be more incorrect, and we must quote a few sentences of Mr. SHAW'S which clearly and manfully express the views of those who know most of homœopathy and its practice, in contrast to the methods of allopathy, and who see what is the true position which

it is necessary for us to take up at the present time. After speaking of the newly-formed British Homœopathic Association for the advancement of homœopathy on militant and aggressive lines, as distinguished from a merely defensive attitude, Mr. KNOX SHAW says: "We must remember that we are the only school that has held an opinion of the science of therapeutics for a century. We claim that there is a therapeutic science; and so long as the old school disbelieves in a science of therapeutics, so long must therapeutics be more or less at a stand-still; and so long, too, must there be a vital difference between the two schools of medicine. A fusion can scarcely take place whilst the principle of the mode of selection of the remedy, based on the law of similars, is unacknowledged and untaught. The two schools have approached one another in many ways, and though some, amongst whom I would rank myself, would gladly welcome a closer binding together into the one great brotherhood of medicine, there still remains the need for a separate organization, a state of things rendered imperative owing to the antagonistic and uncompromising attitude of so many of the old school." These are sound and healthy views, and admirably voiced. The entire address is excellent, and will well repay reading by those even who heard it.

Of the first paper, by Dr. DYCE BROWN, on "Homœopathy among the Allopaths," we, editorially, for obvious reasons, cannot speak, save that he was able to show such an amount of homœopathy as existing in standard allopathic writers, in the homœopathic use of medicines common to both schools, as to form one of the strongest arguments in favour of homœopathy. He urged that it was futile and absurd to run down our prescription of similars from a theoretical point of view, while the practice based on this principle, and utterly opposed to so-called orthodox views of therapeutics, was so largely and successfully employed by our opponents. The subject turned out to be so large in its facts that Dr. DYCE BROWN could only, for want of time, read a part of his paper, and requested that the rest be taken as read. It will, however, be published *in extenso* in our pages.

The papers read by Dr. HAYLE and Dr. LAMBERT were

excellent, though on somewhat different lines. This was, however, all the better, as they started a very interesting and instructive discussion on the best methods of selecting the homœopathic remedy, and elicited the various views of the members. These papers will be found in our pages of next month, with the discussion that followed them. Both the papers were read consecutively in order to avoid repetition in the discussions, and the result was very satisfactory.

On the invitation of Dr. MCLACHLAN, of Oxford, it was agreed to hold the Congress of 1903 in that ancient and picturesque seat of learning, a visit to which will, no doubt, form a great attraction next year. It is many years since a Congress was held at Oxford. Dr. PERCY WILDE, the Vice-President for 1902, was unanimously chosen President for 1903, and Dr. MCLACHLAN the Vice-President. The names of Dr. BYRES MOIR, Mr. KNOX SHAW, and Dr. J. W. HAYWARD were added to the Council.

Before separating with a vote of thanks to the President, Dr. VINCENT GREEN moved, and it was carried unanimously, that a letter of sympathy with the KING in his severe illness, and of congratulation to HIS MAJESTY on his satisfactory progress to recovery, should be sent by the Congress. The letter is as follows: "The Homœopathic Doctors of Great Britain and Ireland assembled this day in their Annual Congress at the London Homœopathic Hospital, Great Ormond Street, desire to express their loyal devotion to HIS MAJESTY THE KING, to offer their heartfelt thanks to ALMIGHTY GOD, to congratulate HIS MAJESTY on his excellent progress towards recovery from his recent severe illness, and to express their earnest hope for HIS MAJESTY'S complete restoration to health and strength." This was signed by the President and the Hon. Secretary on behalf of the Congress.

The social element in the Congress arrangements was a conspicuous success. The PRESIDENT most generously entertained the members as his guests at a *recherche* lunch at the Holborn Restaurant. This was much

enjoyed and appreciated by all present, and Mr. KNOX SHAW was heartily thanked for his genial kindness and hospitality. There was also a refreshing break in the proceedings between the end of the discussion on the papers of Drs. HAYLE and LAMBERT and the purely business part, when afternoon tea was provided by the medical staff of the Hospital, in the Nursing Institute, kindly lent for the purpose by the Board of Management. Here a friendly buzz of conversation went on for half an hour over the refreshing cup of tea. In the evening the members met at dinner at the Holborn Restaurant. This was from every point of view a success. Not only was the dinner first-class, but the speeches were unusually excellent, to the point, and not too long. They were interspersed by songs, duets, and instrumental music contributed by members of Congress, and kindly arranged for by Dr. BLACKLEY, and all of a high standard. The only cloud at the dinner arose from the absence of the President, owing to domestic affliction, and the presidential chair had to be filled, and was filled admirably by the Vice-President, Dr. PERCY WILDE. As a full account of this delightful function will be found at p. 478, we refrain from further notice of it.

Last, but not least, on the evening before the day of meeting of Congress a few private hospitalities were dispensed by some of the London members to their colleagues from the provinces, previous to their going to the magnificent reception given by the President of the British Homœopathic Society and Mrs. BURFORD in the spacious galleries of the Royal Society of British Artists, in Suffolk Street, Pall Mall. Here a large, brilliant, and influential gathering assembled at 9.30 p.m., consisting of members of the British Homœopathic Society, members of Congress, and members of the newly-formed British Homœopathic Association, with their ladies. They were received by Dr. and Mrs. BURFORD, and were charmingly entertained with first-class professional music. The large gallery was handsomely decorated with flowers, and refreshments were provided in one of the smaller rooms. Conversation flowed freely in the intervals of music, and the evening came to a close with a unanimous feeling of pleasure and appreciation of Dr. and Mrs. BURFORD'S very handsome entertainment.

In fact, the entire Congress proceedings passed off without a hitch, and everyone expressed the same opinion, namely, that the Congress of 1902 was one of the most successful and enjoyable gatherings on record.

SIGNS OF THE TIMES.*

By C. KNOX SHAW, M.R.C.S.,

Senior Surgeon to the London Homœopathic Hospital, Consulting
Surgeon to the Phillips Memorial Hospital, Bromley, Kent, etc., etc.

BEFORE proceeding to the ordinary business of the day, I crave your kind indulgence whilst I refer, briefly and most inadequately, to the irreparable loss British Homœopathy, and I may rightly add world-wide Homœopathy, have sustained in the death of one of the Members of our Council, Dr. Richard Hughes. His kindly face, genial manner, and earnest words will be sadly missed to-day : and this Congress, and many to come, will never be quite the same to those who knew Hughes well. He was one of our most regular attendants, his experience was of immense service to the meetings, and his contributions to the discussions were distinguished by their learning, and the courteous and agreeable manner of their delivery. His earnestness of purpose and his indefatigable industry in his efforts to present to the profession an accurate knowledge of the pathogenetic action of drugs, have placed him rightly amongst the masters of homœopathy ; and for all time the name of Hughes will be honorably associated with a pure *Materia Medica*. Twenty-one years ago he occupied this chair, in this city ; and had not the hand of destiny cut his thread of life we should have had the privilege of hearing the first paper of the day from his lips. We may speak of him in the words of Pope, "Unblamed through life, lamented in thy end."

Now let me heartily welcome you all to the Congress of 1902 : and although we might almost be considered middle-aged, this being the fifty-second year of our existence, I confidently anticipate those manifestations of strenuous vitality which seem perennially associated with these gatherings.

* Being the Presidential address at the British Homœopathic Congress of 1902, held in London.

The honour which was conferred upon me last year at Liverpool, by electing me President of this Congress, has given me food for reflection. Such an honour occurs but once in a life-time, and a responsibility is thereby attached to the trust, which makes the recipient fearful lest he should be unable to discharge his duties in a fitting manner. Here we are meeting in support of, and to advance a principle in therapeutics admitted and practised by many hundreds of medical men throughout the world, but which, alas! is still not generally recognised by the bulk of the medical profession as a valuable aid in the selection of the remedy, and as a mode of cure: a principle needing for its perfect practice years of patient and industrious study. Yet with the full knowledge of all this, remembering the distinguished therapeutists and physicians who have previously occupied this chair, you, the members of the Homœopathic Congress, have deliberately chosen me, a craftsman of the surgical art, to succeed men who were and many happily still are among the most able exponents of the science of homœopathic therapeutics. To what must I ascribe this distinction; why has this honour been thrust upon me? Is this a sign of the times? another sign of the broadening of our policy; a widening of our view of medical practice. I trust it is so; I take it to be so. My earliest convictions of the truth of homœopathy having been confirmed by experience, I have since drifted away from therapeutics proper into the domain of practical surgery, where the art of prescribing becomes less and less necessary, and the fascinations of the subject so enthralling and absorbing that there is but little time left for the study of our special branch of therapeutics in a way to enable me to present to you in any adequate manner an address from the purely therapeutic standpoint. I am quite unable to emulate the masterly addresses you have listened to in recent years, or to discuss the relation of modern investigations in physics or bacteriology to the law of similars. There is a wide field for observation here, and I trust and believe that the newly launched scheme for a teaching and research school will aid enquirers in this direction. My investigations for many years past have been, not into the action of drugs and the pathology of drug diseases, but into the methods and technique of the art of surgery and ophthalmology. And at this moment it is the relation of surgery to the practice of

the homœopathy of to-day that concerns me most. The opinion is sometimes still expressed, that homœopathy and surgery have no relationship, and that a patient consulting a homœopathic physician, or presenting himself for treatment at a homœopathic hospital, will avoid the necessity of an operation. I should not be in the position I am to-day if I did not believe that in the majority of cases a well considered homœopathic prescription will do more for the patient than a remedy given on any other lines. But I feel at the same time that we must not have too blind a faith in the all-powerful curative effects of drugs. There are admittedly limitations to the curative actions of drugs, and we must be ready to recognise them and be prepared to turn to other agencies when we have realized that we have to deal with a condition beyond the reach of drug action. This position has been forced upon us by the efflux of time and our growth of knowledge. The Hahnemannian standpoint has changed *pari passu* with the century's advance. It is not only important to us as homœopaths, but to the profession at large, that an increasing interest has become manifest as to the position of surgery in the medical practice of to-day. We are finding out the "external obstacles to cure" spoken of by Hahnemann, and perfecting ourselves in their removal. Much of the surgical procedure of the present time might well be classified under the head of the removal of the mechanical hindrances to cure. Consider for a moment what is being done in the surgery of the stomach in cases of stenosis, due to cicatrisation from ulcers, or other causes; and in cases of chronic gastritis with dilatation, where delayed contents of the stomach lead to changes forming an obstacle to the cure. Here a well-timed pyloro-plasty, or gastro-jejuno-stomy, as the condition requires, will do more in a few weeks to assist subsequent drug action, than months of the most patient and careful dieting and prescribing. The same might be said for some of the operations on the biliary tracts, undertaken for either the primary or secondary effects of biliary calculi. Those who have seen a good many operations on the appendix cæci will realize how often the pathological condition found is a perfect obstacle to the cure. One could refer in the same manner to the destructive changes excited in a kidney by the presence of a calculus, or an abnormal ureter. In fact, there is hardly any organ of

the human body where we do not occasionally meet with conditions where the physician and the surgeon must act conjointly, if the best interests of the patient are to be considered. Surgery and medicine go hand in hand now in certain diseases of the brain and spinal cord ; in those of the lungs and pleura ; and even in some conditions of the heart and pericardium.

It is important for a physician to recognise when drugging should cease and the more mechanical means of surgery be employed. It is absolutely impossible for us to draw any comparison between the relation of medicine and surgery in the days of Hahnemann and the position of the two to-day. Then the operative mortality was appalling, the period of convalescence, if one got so far as that, exhausting and lengthy, and the number of diseases suitable for the operative treatment of that period limited. Chloroform, which deprives the patient of all the immediate horror of an operation, was then unknown, sepsis was rampant, and it is not to be wondered at that there was a natural repugnance to the surgical knife. So advanced a thinker as Hahnemann would have been one of the first to admit the altered condition of affairs, and to recognise the present position of surgery in the treatment of many so-called medical diseases.

I referred a few moments ago to the lessening need for the surgeon to prescribe, but I ought somewhat to explain that position, lest I should be misunderstood. There are, and always will be, a great number of surgical diseases that need just as much care in the selection of the appropriate drug as any medical case. In general practice these cases come under the daily observation of the practitioner, and are prescribed for as any other illness ; but when one develops into a more purely operating practice, the post-operative treatment of the case is reduced to a minimum ; there is nothing in fact to prescribe for. In our surgical wards a complete aseptic operation needs only one dressing, is unattended with any inflammatory reaction, and after the first twenty-four hours the patient suffers but little. For the distress of that period, consequent mostly upon the anæsthetic, belladonna is our sheet anchor, and our prescription frequently never gets beyond that remedy. It seems to me but yesterday (though it is actually about sixteen years ago) that I was seriously told that surgery was not

needed at the London Homœopathic Hospital, and it is not so very many years ago that there was no surgeon on the staff of that hospital. This crippled the development of homœopathy, our means of cure were narrowed, and we were neglecting methods absolutely essential for the cure of some forms of disease. As soon as surgery was admitted as a co-partner in the work of the hospital, progress was marked and success achieved. Whether it was *post hoc* or *propter hoc*, the revival which has brought us to our present enviable position to-day, dates from the development of surgery in the hospital, and its official recognition in the homœopathic school. I look upon this as a significant sign of the times, not in the least lessening our faith in the principles to which we adhere, but as showing that whilst holding fast to that which is good of our own, we can accept and assimilate the good we can learn from others. Naturally I am proud of the progress surgery has made in the medical world, and in our own school; still I am quite willing to admit and even to emphasize that caution is necessary. There is another side to this question, one we should do well to recognise and consider for a moment. Modern methods have robbed operations of nearly all their terrors and distress; we can almost venture to guarantee a result. There are few things that cannot be undertaken now-a-days, and undertaken with a fair prospect of immediate success. But is the patient always the better for the operation? though life is spared, is the position of the patient any more satisfactory? I sometimes wonder whether this is so, when one reads accounts of some of the operations undertaken, especially on the continent. It is, I fear, only too true that there are fashions in operations as in drugs and drinks, and many are apt to run to excess in this as in other different, but less far-reaching directions. As a body of convinced therapeutists, it is not necessary that we should follow like a flock of sheep every newly-exploited cure, either by operation or drug. We can afford to hold to and abide by what we have, and are not compelled by the unsatisfying nature of our therapeutic resources to be always searching for the philosopher's stone. In the desire to be thought original, and to be the first in the field, many an operation is advocated, or drug extolled, which a little longer experience would relegate to the limbo of the unproved and ill-digested

opinions. Temperament largely controls the actions of our daily life, and I am certain it directs, unwittingly perhaps, the judgment of the surgeon. Possibly I possess a disposition of excessive caution; I know I have a keen desire to examine attentively the probable effects and consequences of operations with a view to the avoidance of unnecessary dangers. This temperament, perhaps, leads me to fear lest our success should make us prone to rely too much upon an operation as a method of cure, or as a means of diagnosis. There is always a certain risk attending every operation, and an untoward result may follow, when least expected, in any one of these exploratory procedures. It must be so when we have so many varying human conditions to deal with. Operations are never to be lightly entered upon. The physician, learning their comparative freedom from danger, sometimes, I fear, suggests one without appreciating that there is a certain danger, or without realizing the conditions essential for a successful issue, or the care needed in the preparation of the patient and his surroundings—conditions which are immediately available to the ordinary hospital patient, but which press heavily, financially at least, upon the ordinary middle-class householder. But this matter only indirectly and incidentally affects us as homœopaths, though it seems to me worthy of note owing to the growth of surgical practice in our hospitals.

The development of our hospitals, with their complement of fully equipped special departments, has advanced and strengthened immensely the position of homœopathy in this country, and is a most gratifying sign of life and activity in our school. But a powerfully entrenched and fortified position, though valuable as a means of resisting attack or invasion, never leads to conquest unless the besieged are prepared for a sally. For the past ten years, or more, we have been strengthening our position and extending our earthworks, but there are signs that we are now ready to take the field. Since we met last year in Liverpool, the British Homœopathic Association has been started under very favourable auspices, and this Congress may well wish it success and prosperity in its propaganda. In this country, with its very conservative educational interests, it is chimerical to hope to establish a fully equipped medical school in our present

position, but that need in no way prevent us from attempting such educational work as is indicated in the programme of the new association. That work will, I take it, be mainly of two kinds: first the expounding by means of lectures and literature our science of therapeutics; and secondly, providing the means for investigation and research into all matters concerning the development and elucidation of that science. We must remember that we are the only school that has held an opinion of the science of therapeutics for a century. We claim that there is a therapeutic science, and as long as the old school disbelieve in the science of therapeutics, so long must therapeutics be more or less at a standstill; and so long, too, must there be a vital difference between the two schools of medicine. A fusion can scarcely take place whilst the principle of the mode of selection of the remedy, based on the law of similars, is unacknowledged and untaught. The two schools have approached one another in many ways, and though some, amongst whom I would rank myself, would gladly welcome a closer binding together into the one great brotherhood of medicine, there still remains the need for a separate organisation, a state of things rendered imperative owing to the antagonistic and uncompromising attitude of so many of the old school. By means of literature and lectures we can place an up-to-date exposition of the principles and claims of homœopathy before the medical profession, especially before its younger members. There is among many of these younger men a strong feeling as to the unsatisfactory condition of therapeutic science, a condition which hampers them considerably in their daily practice. This position is openly acknowledged by some of the teachers in the medical schools, but it does not press upon them, as consultants, in the same manner as it does upon those whose practice largely consists in combatting the many minor ills flesh is heir to. This unrest is one of the signs of the times. We have something to offer, and it will be one of the duties of the British Homœopathic Association to proffer with no stinting hand the knowledge we possess, and to assist in penetrating the darkness with which ignorance and prejudice cloud the mind. The more experimental evidence we can bring to bear upon the points at issue between the homœopathic and allopathic schools the better; the more correct and exhaustive the

recording of the pathogenetic action of drugs, the greater their value as remedial agents; new drugs require to be proved; old drugs re-proved. This is a class of work that can be most satisfactorily undertaken by the new Association. We have had it carried on for some time past on independent lines, but the more elaborate experiments require properly fitted laboratories for their scientific elucidation; and it is to be hoped that before very long the Association will have provided the means for them to be amply fitted and suitably officered. The papers that have been lately read before the British Homœopathic Society by Dr. Percy Wilde, our Vice-President of to-day, and by Dr. McLachlan, are important signs of the times. Here we have able physicists and chemists proving that Hahnemann's much derided theory of drug dynamization gives expression to definite physical laws. While Hahnemann claimed that the curative properties of drugs could be increased by their dilution, the modern physicist demonstrates that the chemical activity of matter increases with dilution, and shows that such dilution is absolutely necessary to set free the energy of most elements. Thus carbon, which is regarded as medicinally inert, becomes a very active chemical body when its energy is set free by the act of dilution. In these days, to deride the homœopathic practitioner because he uses dilutions and triturations of, so-called, inert substances is to proclaim ignorance of modern science. An actual laboratory demonstration of this fact is a matter of serious concern to us in strengthening the scientific reasoning of the laws of similars. It gives scientific support to evidence gained from clinical experience. It will be one of the duties of the new Association to provide means for the proper carrying on of these experiments, and for the public demonstration of them when completed. It is well known that the itinerant straw not unfrequently indicates the direction of the wind, hence I was much interested in the early part of this year to see that at one of the medical societies connected with one of the largest of our medical schools, homœopathy had been discussed, naturally enough, as a medical heresy. The paper, however, discussed homœopathy in a much fairer manner than one is usually accustomed to see in medical controversies on the subject; and if this in any way represents the views of the rising generation of medical men, it augurs well for a broader and more

catholic spirit in dealing with what the essayist called "reasoned systems of medical theory and practice." It is both curious and sad, and yet instructive, to see how the more fantastic and mystic writings of the later years of Hahnemann's life so often first excite the sceptical quality of an enquirer into homœopathy, and by their somewhat extravagant conception distract his attention from the great fundamental truths expounded during his maturer years. To the rigid Hahnemannian it may savour of heresy, but I fully believe that if Hahnemann had ceased writing about 1830, the commencement of his period of senility, homœopathy would to-day be more generally accepted as a method of cure. Our young critic attacked the arrangement of the symptoms in a schema form as an "indiscriminate record" of symptoms, but he does not seem to have been aware of the *Cyclo-pædia of Drug Pathogenesis*, that monument of Hughes' labour, which presents the symptoms under the name of the individual prover and in the order in which they were developed. Our critic also condemned homœopathy because it had no pathology, and that its successful application depends upon symptomatology alone. But the objector seems to have overlooked the fact that symptoms are but an outward manifestation of some underlying pathological condition: as Clifford Allbutt puts it, "they do not occur in disorderly jumbles, but tend to form groups of certain degrees of constancy varying with various organisms." Most of our provings of drugs were undertaken long before any correct pathological interpretation could be placed upon their symptomatological manifestations. He would be a poor diagnostician who based his diagnosis, either of his disease or of his drug, upon symptomatology alone, or pathology alone. These infinite varieties of cause and effect are interdependent on one another. But this interesting phase of the subject, the relationship of homœopathy to pathology, has been ably handled at previous Congresses, by the late Dr. Yeldham in 1880, and by Dr. Galley Blackley in 1894, and incidentally by many others. Criticism has been directed in the past by Members of the Congress to the fact that these Congresses, instituted for the development and discussion of purely homœopathic subjects, have more often taken into consideration matters pertaining to medicine and surgery in general, to the exclusion of material connected

with our special branch of therapeutics. This year the Council has endeavoured to provide papers of purely homœopathic interest, and has made arrangements that ample time shall be given to each subject. I trust that this Congress will in every way be as complete a success as those held in the past have been ; and that the excellence of the papers to come will make up in some measure for the poverty of my personal efforts. When the Congress Secretary asked me for the title of this address I was at once placed in a difficult position. Was it possible that out of this "disorderly jumble" of words I could find "a group of any certain degree of constancy"? After some consideration it appeared to me that certain facts which I had observed, and the thoughts they excited in my mind, showed that within recent years considerable changes had taken place in the homœopathic world ; that these movements within our body were signs of a re-awakening, of renewed activity, which, if read aright, and accepted, would leave us in a stronger and better position. I am no "Sibyl, old, bow-bent with crooked age, that far events full wisely could presage," nor have I ventured to consult the Delphic oracle, but if I read the signs of the times aright, we may go forward in our work of advancing therapeutic knowledge with hope and confidence, feeling sure that modern thought and investigation are all tending to prove the truth of the principle for which we have been fighting so long. But it is no time for rest and leisure; there is work, and real hard work to be done. To those I see before me, and to others of our co-workers whom my voice does not reach to-day, I would like to give this message, "Look up and not down ; look forward and not back ; look out and not in ; and lend a hand."

MEETINGS.

BRITISH HOMŒOPATHIC CONGRESS.

THE Annual British Homœopathic Congress was held on Friday, July 11th, at the London Homœopathic Hospital, Great Ormond Street, W.C. The morning session opened at 10 a.m. The President, Mr. C. Knox Shaw, occupied the

chair, and there was a full attendance. The members present were: Mr. C. Knox Shaw, President, Drs. Johnstone, Epps, Burford, H. Sanders, Octavia Lewin, L. Cunard-Cummins, Grantham Hill, Renner, Clifton Harris, Byres Moir, Madden (treasurer), Dyce Brown (secretary), Percy Wilde (Vice-President), Lambert, Beale, S. P. Alexander, Geo. Clifton, Bradshaw, Pullar, Dudley Wright, E. A. Neatby, J. H. Clarke, Blackley, MacNish, Gilbert, Wm. Roche, Ashton, Roberson Day, Spiers Alexander, Goldsbrough, A. E. Hawkes, E. J. Hawkes, Murray, Grace, Hayle, E. Capper, Storrar, Arthur Williams, Munster, Waddington, Ramsbotham, Norman, E. A. Hall, Warren, Watson, Purdom, J. W. Hayward, Rowse, Burwood, Stonham, Jagielski, Wyld, Bennett, Gardiner Gould, Sandberg, Nicholson, Cash Reed, Bird, MacLachlan, Vincent Green, A. C. Clifton, W. Wolston, Ord, Bodman. Among the visitors were two Indian doctors, D. M. Bhorkar, personal physician to H.H. the Maharajah of Kohapur, and Dr. Tengshe, of the Bombay Presidency, Dr. Morrison of St. John's, New Brunswick, and two lady doctors from San Francisco, Dr. Ida B. Cameron, and Dr. Sophie Kobiske.

Dr. Dyce Brown read letters of regret at enforced absence from Dr. Nankivell (who was in Switzerland), Dr. Douglas Moir, of Manchester, Dr. C. W. Hayward, of Liverpool (detained by professional duties), and Dr. Pope, who sent wishes for a thoroughly enjoyable meeting. The minutes of the previous Congress were then read and confirmed.

The President, on rising to deliver his presidential address on "Signs of the Times," was greeted with warm applause. The address will be found on p. 455.

Dr. George Wyld said the honour had been conferred upon him to move a vote of thanks to the gentleman who had just read that most admirable address. He had listened to it with the greatest pleasure and satisfaction, and entire approval. He said "entire approval" because twenty-five years ago he became rather heretical to that Society. It fell to his lot when Dr. Richardson wrote to the "Times" to be one of those who advocated a closer union between the two schools of medicine. He felt that Homœopathy was by far the higher of the two, but he also felt and he said that the best Homœopaths were practising a kind of mixed medicine—practising the fundamental system of Homœopathy, but with it they were incorporating a number of *exhilarants* of a natural order—hydropathy, rubbing, and other things. He came also to the conclusion that on the other hand the allopaths were modifying their treatment, their coarse heroics were dying out, and indeed many had abandoned heroics except in cases of acute disease. He alluded to these things because it explained how he had

been placed with the Society since that date. So far as he had been concerned, he found the movement beneficial. He had called in consultation the leading members of the profession—which he desired to have the facility to do, and he had found it advantageous to both sides—Sir James Paget, Sir Andrew Clarke, Sir William Gull, and others. The only man of eminence who would not meet him was Dr. Jenner. He made those few remarks in order to put himself in a right position. He would say again that the address they had just heard was one he had listened to with the greatest approbation, and he begged most heartily to return his thanks to the President for it (applause).

Dr. A. C. Clifton said he felt it a great privilege to be allowed to join in that resolution of thanks, proposed by his dear brother, and he thought it a happy circumstance that two such old members as they were should have been chosen for the function (Applause.) They had known each other many years. On many previous occasions he had had the opportunity of proposing such a resolution, but never had he done it with greater pleasure than now. Mr. Knox Shaw, in his excellent address, had not gone either to one extreme or the other, and had shown himself to be a most eminent pathologist as regarded the symptoms of the times. (Hear, hear.) A year ago, when it was the speaker's pleasure to hear the President of the British Homœopathic Society deliver his most able address, at that time he (Dr. Clifton) was, as they were aware, very unwell; but for a long time he had also been wanting to hear something of the sort that Dr. Burford advocated, and really when he had heard it he felt like Simeon of old, who said, "Lord, now lettest Thou Thy servant depart in peace, for mine eyes have seen Thy salvation." Since then, however—he had greatly regained his health. He supposed it would be unscientific to talk about a cure by medicine: if a patient got well it was considered by some a coincidence or a freak of nature; but no one would alter his conviction, that his recovery so far was not due otherwise than to the action of one *medicine* in particular. And now being so much better, and having heard the papers by Dr. Wilde and Dr. McLachlan and the admirable address by their President, he could not speak as he did on a former occasion, but would rather say: Lord, let me live a little longer and see still more of Thy salvation." There was only one thing he found fault with, that was that such a capital address should be confined to themselves. He would like to have it printed, and copies put in the hands of his allopathic brethren, and the general public.

The President: At this period of the proceedings I believe the next item on the programme is a visit to the Treasurer.

After the usual interval for the payment of subscriptions, Dr. Dyce Brown read the first paper, the subject of which was "Homœopathy among the Allopaths." This paper will appear in due course. It was too long to read entire, and Dr. Brown requested that the rest be taken as read.

The President announced that the paper was open for discussion.

Dr. J. W. Hayward said he had had some very forcible hints from his friend Dr. Clifton to start the discussion on that very interesting paper. They must all feel very much indebted to Dr. Dyce Brown for having taken the trouble and pains to prepare such an elaborate paper. The subject was inexhaustible, and he was glad to see the number of sheets on the reading desk. The subject was a most important one, and a great deal might be said upon it; but he was not going to enlarge on or attempt to supplement the paper. When they said "Homœopathy among the Allopaths," they had a subject on which they could talk for everlasting. He would say that there was scarcely a medicine that they as homœopaths used, that the allopaths had not filched, or adopted the use of. One instance only would he give of his own practical experience, and that was in regard to a medicine referred to by Dr. Brown,—antimony, or tartar emetic. It was the use of tartar emetic that brought him to Homœopathy. When a medical student he took the position of district medical visitor, during the epidemic of cholera in Glasgow in 1851. The disease was very fatal. He tried the usual remedies, such as sugar of lead and opium, etc. He remembered that in reading Dr. Dickinson's book on *Materia Medica*, in his account of the poisonous effects of tartar emetic, he gave a very accurate description of the appearance of a cholera patient—vomiting, diarrhœa, cold sweat, collapse, and the other symptoms with which we are familiar, and pointed out that these very closely resembled Asiatic cholera; and, by an asterisk at the bottom of the page, adding, "Curiously enough, it has been recommended in the treatment of Asiatic cholera." The thought struck him to try it, and he ordered a few grains of tartar emetic to be dissolved in water, in a small bottle which he carried in his waistcoat pocket. He had to visit every house in his district: he would ask for a cup of water, into which he put a few drops and gave the patient a teaspoonful; leaving instructions for the dose to be repeated every five minutes. The effect was marked, and the change in his report was marked: the patients began to recover. Of course, his opposition to homœopathy was broken down. In Liverpool he had the opportunity of giving similar treatment during the cholera

epidemic of 1854, and he noticed similar effects. He then thought possibly there might be some other homœopathic remedy, and called on a homœopathic chemist, who said, "Use camphor," and he used camphor tincture with very marked results. If in other cases the effects were so marked as he had narrated, he thought other allopaths might do the same. He thanked Dr. Brown for the very excellent paper.

Dr. Dyce Brown said during the time he was reading, he only referred to thirty-six drugs, but if he had finished the paper it would have been found that he had made reference to fifty-three.

Dr. Ord said he was very pleased to be able to corroborate what Dr. Hayward had said, both in his appreciation of the mass of valuable evidence brought before the Congress, and in his experience as to allopaths practising homœopathy. He had a similar experience himself before he became a homœopath. While practising as an allopath in a colliery district, he found it difficult to cure the badly fed children in cases of gastritis and enteritis. A homœopathic friend advised him to try small doses of arsenic. He tried minute doses in dilution, and the effect was as markedly striking as it was in Dr. Hayward's case. It was one of the great things which caused him to turn round and consider his position, and to take up the study of homœopathy. With regard to homœopathy among the allopaths, he would point out that now and again they saw some medicine which had been used by them for half a century brought out with a flare of trumpets as a great discovery by some leading allopath. After a few months it would cease to be heard among the allopaths, while the homœopaths would go on using it as steadily as ever. The reason was not far to seek. The allopaths did not select their remedies in accordance with homœopathic principles. If they would embrace the system thoroughly, and carry out the principles as homœopaths did, their results would no doubt be quite as successful. (Applause.)

Dr. Wolston said he sincerely joined in thanking Dr. Dyce Brown, and he had had no enviable task, having had to roam through such an enormous mass of literature to prove what he had done. He did not know whether his colleagues got much into consultation with allopaths, but in the north they were all the best of friends with him, and they worked together very well and happily in Liverpool. It was only last week that he came across an instance of what had been brought before them in the paper. It was an exceedingly interesting case of ocular disturbance, which he felt was due to deeply seated mischief in the brain. The patient was a young girl, who passed into the hands of an oculist, therefore he only saw

the case occasionally. Very soon the patient was transferred to a neurologist, Dr. B——, who diagnosed the case very cleverly, and said that the condition of the eye and the muscles suggested tubercular disease. To make a long story short, the patient died, and when speaking to Dr. B—— he (Dr. Wolston) told him in such a case he should have given *gelsemium*, to which he replied, "We have been using it for a considerable time without effect." It was a tubercular case, and she died. He thought they could thank Dr. Dyce Brown very heartily for the paper. There was a tremendous amount of work in it, and it had meant a great many hours of "mid-night oil." It would be with very great interest that he would read the paper when printed. (Applause.)

Dr. Percy Wilde said he must join with Drs. Hayward, Ord, and Wolston in thanking Dr. Brown for the paper, which must have cost him considerable labour, and labour which he thought it well should have been undertaken, because he had produced something they could put into the hands of their colleagues, who knew little or nothing about homœopathy; and thus give them something to which they could appeal with authority. All knew how strongly authority was appealed to in the medical profession. If an allopath was told that one of the homœopathic observers had discovered this or that fact, they would ignore it and would not even look at it; therefore, when producing works to be sent to allopathic members of the profession, it was necessary to quote allopathic authorities. While the paper was being read it occurred to him that the question was not, "How many drugs act in this way?" but rather, "How many drugs are there which do not act in this way?" He should be inclined to challenge any ordinary physician to mention any drug which could not be proved to act in accordance with the law of similars. There were very few exceptions, very few drugs which did not act in the same way, and that was because they acted differently. (Laughter.) What he meant was that most of the drugs mentioned acted as physical irritants to tissue; but there were a few drugs which did not, such as nitro-glycerin and prussic acid. Nearly every drug in the *Pharmacopœia* followed the law of similars absolutely, and they could claim it to be not merely a theoretical but an absolutely natural law. He did not think that Dr. Brown's time had been wasted in preparing the paper, because they knew that in dealing with their medical friends they could not persuade them so well by anything as by quoting the authorities they had learned to trust. (Applause.)

Dr. E. J. Hawkes said he, too, would like to tender his meed of praise and gratification for the admirable paper, to a portion

of which they had had the pleasure of listening. Speaking of the medical profession, he could say that they were on happy terms with one another; his allopathic friends at Ramsgate were willing always to pleasantly meet him in consultation. He had been very much struck with the "Rest and be thankful" attitude, with which they, the allopaths, seemed to be imbued. They did not seem to realise that there was anything to trouble about. He took it that one thing that affected the allopaths was that they got into a rule of thumb way of prescribing, so that there was no need for much mental exercise, and they were content to "Rest and be thankful." (Laughter and applause.) One of his allopathic friends recently went in to see him, and looking through the list of medicines in his dispensing room, he said, "Do you use all these drugs?" He replied that they all came into use now and again, and his friend exclaimed: "Bless me, it would worry me to death." (Laughter.) Of course when he spoke of one or two things Sydney Ringer recommended, his friends said, "Oh yes, I have found them very valuable." One thing that struck him as being very unfair on the part of their friend the enemy, was that they would receive samples of drugs from the chemists, and would give the remedies to their patients without question, but they would not look into a homœopathic book. They would swallow without a strain all that the drug house cared to forward, but they declined to look into homœopathy. The other day he gave one of these men a copy of an old edition of a work in his library, and he said, looking at the array of books, "Is this all homœopathy?" He (Dr. Hawkes) replied, "Not all, you will find some of your own friends here," and the man replied, "God bless me, I didn't know you had such a literature." "No," he replied, "I do not suppose you did." "What is the difference between us?" came next as a query, and to that he (Dr. Hawkes) said, "It would take me too long to tell you to-night, but I will lend you this book, which will explain it to you." The man put the book on the chair and there he left it! (Laughter.) That was just the position of the allopaths, they did not care enough about it. They would accept whatever they could get easily, and follow rule of thumb methods, but although they practised homœopathy unconsciously whenever they had success in a case, they had not enough vital enthusiasm to make them go forward and look into the subject properly. (Hear, hear.) Concluding, Dr. Hawkes again expressed his hearty thanks to Dr. Dyce Brown for the splendid paper.

The President said Dr. Dyce Brown's paper called to his mind an observation made to him twenty years ago, when, to the distress of some of his teachers, he departed from the

old faith and accepted homœopathy. (Applause.) One of his old teachers called upon him and was kind enough, after complimenting him on the work done in the Hospital, to say that after all that work, he was surprised that he should have become a homœopath. He thought he settled the matter by quoting somewhat largely from Dr. Sydney Ringer, and saying: "You use this and that and the other which are recommended in Ringer, and that we say is an instance of unconscious homœopathy." He replied: "These little facts are mere coincidences—just coincidences." Mr. Shaw said in return: "If you study therapeutics on the line of these so-called coincidences, you will find they occur too frequently to be coincidences any longer." Dr. Brown's labour had certainly not been thrown away, and to any enquirer the very fact that a large number of these "coincidences" had occurred among men who did not believe in them, must serve to strengthen the position of homœopathy. (Applause.)

Dr. Dyce Brown: I beg to thank you most warmly for your kindness in listening to my paper. It has been of course a simple array of facts, which are rather dry without anything introduced to moisten them, and I am sorry I could not make it less dry. I think you will see the argument more fully borne out in the part which you will afterwards see in print. (Applause.)

The members of the Congress then adjourned for lunch, when they were entertained most handsomely by the President as his guests at the Holborn Restaurant. At the close of the repast,

Dr. Ramsbotham said: Ladies and Gentlemen,—Time draws on and our meetings will begin again for business, but I am quite sure of this, not one of you would like to leave this room without first thanking our President, Mr. Knox Shaw, for the hospitality he has shown in inviting the members of Congress to luncheon with him. (Applause.) I have great pleasure therefore in proposing that the best thanks of the Congress be given to the President for his kind hospitality this morning. (Applause.)

Dr. Blackley said: Ladies and Gentlemen,—It is with great pleasure that I second the proposal. No one knows better than I what an unmitigated pleasure it is to my friend Mr. Knox Shaw to meet his colleagues around this board. It is a most agreeable interlude in the proceedings which began so well with his masterly address, and which delighted me particularly. Mr. Shaw has done yeoman service to homœopathy by his steady demonstration of the real relation between homœopathy and surgery. We hear a great many sneering remarks made as to surgery being the

same all the world over, and the words "You can do no better or worse than we do." I affirm that we do do better than they can; and in the hands of Mr. Knox Shaw and surgical colleagues, we have done a great deal better than we ever thought we could. (Applause.) I am looking back to the time mentioned by Mr. Shaw in his address when we were without a surgeon. We have now been able to show that homœopathy and surgery have a very real relationship one to another, and if only our colleagues would come and see our cases in the wards of the Hospital, and see what was done to them by medicine as well as by the knife and other mechanical means, they would be convinced that drugs in the shape of homœopathic treatment may do a great deal in the way of helping the surgeon. I have great pleasure in seconding the vote of thanks to Mr. Knox Shaw. (Applause.)

The vote was passed with musical honours.

The President, in responding, said: I thank you very heartily indeed for the very cordial and kind manner in which you have proposed my health. Dr. Blackley has voiced my feelings when he says that nothing could give me greater pleasure than to see you here to-day at luncheon. I only regret that several members of Congress who were at the morning meeting have not been able to join us at luncheon. I very much appreciate the position I am in to-day, and I feel highly honoured.—I hope we shall now adjourn to the Hospital and continue our deliberations, and I trust you will not dribble in too late for the readers of the next papers, who have taken much trouble in preparing them. I am very anxious that many should be present to hear the papers, which I believe will prove extremely valuable and interesting. May I say how much I regret that, owing to trouble which has befallen one of my brothers, I shall not be able to meet you at dinner this evening.

At the resumption of business Dr. Hayle read a paper on "The methods of choosing drugs homœopathically," followed by Dr. Lambert, whose paper was entitled "Pathological prescribing from a Homœopathic standpoint." These papers and the discussion which followed will be printed in our next issue.

At 4.30 p.m. the Medical Staff of the London Homœopathic Hospital entertained the members of Congress at afternoon tea in the nursing Institute of the Hospital. Over the refreshing cup a cheery conversation was carried on, and the dainty repast and the brief break in the proceedings were greatly appreciated. Thanks are due to the Board of Management, who allowed the Nursing Institute to be used for the purpose.

to the Medical Staff, whose guests for the time the members of Congress found themselves, and to the Sisters and Nurses who so gracefully dispensed the liquid and solid delectables.

THE BUSINESS MEETING.

On re-assembling, the Congress took up general business.

The President said they had now come to the formal, yet important part of the business of the day. Various elections had now to take place, they had to decide upon the place and date of the next meeting. But the first thing they had to select was some one who should be the President of the Congress next year, and the voting was usually by ballot.

The voting was proceeded with, and after the papers had been counted, the President announced that Dr. Percy Wilde had been practically unanimously chosen President of the Congress for next year. (Applause.)

Dr. Percy Wilde, rising amid applause, said, Mr. President and gentlemen,—I am sure I must thank you very much for the very great honour you have done me ; in fact, it is the very greatest honour you can possibly confer upon a colleague, and it has come upon me as such a surprise that I hardly know how to express myself. I had really made up my mind to do a great deal of work that I am engaged upon, and that I wanted all my time for, and it would have been very much—so far as I can see at the present time—to my advantage if you had chosen some other member. There are so many members who are more worthy and senior to myself, and I would very much rather your choice had fallen upon one of them. If it is the case, however, that it would be more convenient to you that I should fill the office, I appreciate the honour very greatly, and will do my best to carry out the duties. (Applause.) If I had the feeling that I would like to have escaped office, it is not that I wished to shirk work or shirk anything. It is only that I thought I was going to give the time to some other work in which I am interested. I thank you very much for the great honour you have conferred upon me, and I hope during the year of office to acquit myself in the interest and to the honour of the body. (Applause.)

The President: I am sure we all feel that Dr. Percy Wilde has conferred an honour on the Congress by becoming its President. We can confidently look forward with interest to the Meeting next year. We have now to select the place of meeting. I believe it is the custom of the Congress to meet alternately in London and the provinces, and therefore next year should be in the provinces. It has also been customary when we meet in the provinces, that the day of meeting should be the Thursday of the third week in September. Unless

any motion to the contrary is moved, it will be understood that when the place of the next meeting is decided, the day of the meeting will be Thursday, in the third week of September.

Dr. Blackley : Before choosing the place of the next meeting, is it in order to propose an alteration in the date ? I think for a good many years the time fixed has militated against our getting the best papers written, and the best talent forward. To-day we have had exceptionally good papers, but it is common knowledge that on occasions our papers have not been up to the standard one would expect in an important Congress like ours. I think one of the reasons has been that men who can write good papers, and do write good papers at other times, naturally object to the feeling that they have this terrible paper hanging over their heads while they are taking their holidays, as is the case when the meeting is fixed for September. I have done it, and therefore I know the feeling. On the occasion when I read my paper, all the holiday I got was a fortnight just before the Congress, and all the time I was thinking of my paper, morning, noon and night. I am going to propose that we have the Congress, as does the British Medical Association, at the end of July. All the men in London have then finished the press of their work, and the country men must pack their portmanteaus a little earlier than they otherwise would do. I think if we had the Congress at the very end of July, we should get a very much better meeting, and we should get better papers. Therefore I beg to propose that we alter the time of the Congress to the end of July. When it is held in September, many men, especially London men, have seriously to curtail their holiday in order to be present. The choice lies between love and duty ; their duty is the Congress, but their love is the holiday. (Laughter and applause).

Dr. Dyce Brown : This question has been discussed over and over again, and some time ago the date in September was fixed as suiting the majority best. There are swings of the pendulum in everything. Before the year we met in Leicester, this formal rule was overturned by a majority, and we resolved to meet in June instead of at the usual time. The general feeling at that meeting was that it was a mistake. London men said it was most inconvenient to go then, and they could not undertake to go again. Without entering into the details of what each said, I may state that the old date was gone back to. I thought I had better remind the Congress of what had actually taken place in the past.

Dr. Burford : I rise to second the resolution ; what utility is there in legislating so long ahead ? The Congress, which has the opportunity of choosing the place of the meeting year

by year, should not be deprived of choosing the time year by year. I quite endorse Dr. Blackley's remarks.

Dr. Neatby: I cordially support the motion, being of opinion that the third week in September is a bad week. But as one week later would make an immense difference, I would ask for a slight modification—a little earlier in July, before the men have begun to scatter for their holidays. I must protest strongly against a rigid adherence to the third week in September. Even the June Congress, though confessedly inconvenient, is better than last year at Liverpool.

A member: Is there any objection to the first week in July?

The President: The only objection is that the Annual Assembly of the British Homœopathic Society takes place in the first week of July.

A member: Why should they not synchronise?

The President: If the meeting is in London all very well, but if it be in the country they cannot.

Dr. Blackley: To meet the country members, who take their holidays earlier than the men in town, I would suggest that the meeting be held in the last week in July, I do not mean on the 31st, I mean like the British Medical Association, where the meetings begin on the 24th or 25th. The meeting need not always be on a Thursday. One strong reason for proposing a late day in July is this: the London season is supposed to be at an end on the 15th, but it is not. There are still a lot of people in town, and if we go away we miss people who come to consult us, and they expect London men to be at home. That is why I suggest the time I do. The London contingent is a strong one if it has the chance to attend in its full strength.

Dr. Goldsborough: There will be five Thursdays in next July; will Dr. Blackley consent to it being on the 23rd of the month? That would about meet the case. I think the 30th of the month would be too near bank Holiday.

The President: Must it be on a Thursday?

Dr. Blackley: Thursday is a day off with men in the country, as a rule.

It was decided that the date should next year be Thursday, July 23rd.

The President: The next business is to choose the place of meeting.

Dr. McLachlan: In one sort of way I would like you to come to Oxford, if it did not entail too much work on myself.

Dr. Clifton: I would come and help you.

Dr. McLachlan: I do not know whether there is much to see at Oxford—not more than you see in a little village like this. (Laughter.) I might get a few arrangements made,

but if so, I would ask those who have the oversight of these matters, not to have the papers too late in the afternoon. I think for country meetings one paper after luncheon should be enough. I know the one who speaks last is likely to be driven into a corner, unless they are joined in the discussion as this afternoon. I have a vivid recollection of the meeting at Bristol in that respect. (Laughter, and Hear, hear.)

The President: We have made arrangements to avoid that in future.

Dr. McLachlan: I am glad of that. It spoils everything. If you go to a country place you want to see what the town looks like. If it is agreeable to the members, I should be very glad for you to come to Oxford.

Dr. Clifton: I beg to second that the meeting be held at Oxford.

Dr. Hayward: I beg to support that. I remember pleasantly the time we spent there before, and now that Dr. McLachlan is there I am sure we shall have a very enjoyable time.

The President: I am sure we shall be glad to meet at Oxford, with one who is a member of the University and who has done such good work there. (Applause.)

The proposition was carried unanimously.

The President: The next thing to do is to elect a Vice-President. I do not think I could do better—if I am in order—than nominate from the chair our distinguished colleague Dr. McLachlan as vice-president. (Applause.) The duties of the Vice-president are light, unless anything serious happens. Unfortunately, I have been obliged to call upon my Vice-President to-day, but in the ordinary run of things the duties of the office are of very small degree. Indeed, it is more an ornamental office than anything. There will be certain minor duties—advising the Council as to the best steps to take in organising the meeting—which he will be most fitted to discharge. Unless any member has some one else to propose, I should like to put from the chair that Dr. McLachlan be Vice-President. (Applause.)

The motion was put and carried unanimously.

Dr. McLachlan: I am very highly honoured by your choice. I was rather thinking that my duties would be more humble, that I should be the hewer of wood and drawer of water—(laughter)—and that sort of thing, but if it is the wish of the Congress, I shall do my best. (Applause.)

The President: We have now to elect an honorary secretary. Dr. Dyce Brown has been honorary secretary of the Congress for twenty-one years—(Applause)—It is open to anyone to nominate who shall be secretary of the Congress.

Dr. Goldsbrough: The matter is so obvious.

There were cries of "Dr. Brown, Dr. Brown," and all hands were put up for his re-election, which was decided upon with acclamation.

The President: We cannot do better than ask you to accept office.

Dr. Dyce Brown: I shall be delighted to do my best for the Congress.

On the proposition of Dr. Hawkes, Dr. Madden was unanimously re-appointed hon. treasurer.

The President: It has been customary in times past to have a hon. local secretary, but as Dr. McLachlan is alone at Oxford, I do not know how we shall proceed. Perhaps you will consider it combined with the Vice-Presidency. Is there any layman you would like to have as assistant?

Dr. McLachlan: It will be all right; I am used to hard work and can manage it.

The President: The Council of the Society consists of the President, Vice-President, the hon. treasurer, hon. secretary, and hon. local secretary—whom we do not seem to possess—Dr. Clifton and Dr. Richard Hughes, which means that there are two members elected by the Congress outside the office bearers. Therefore, I would ask you to nominate two gentlemen to serve on the Council. As we have no hon. local secretary, do you think we should appoint three.

Dr. Madden thought three should be appointed to complete the six.

Dr. Percy Wilde: Mr. Knox Shaw is one of the members, I hope he will again join us.

Dr. Madden seconded.

Dr. Hayward proposed Dr. Clifton.

Dr. Goldsbrough seconded.

Dr. Blackley moved the addition of Dr. J. W. Hayward of Birkenhead, and this was seconded.

The name of Dr. Byres Moir was also added.

The President said a question had arisen in the Council, and they wanted to ask the advice of the Congress upon it. The members would have noticed that they had been ungracious enough this year to confine the dinner entirely to members of Congress, and had not included ladies. They had heard that various opinions had been expressed on the point, and the Council were anxious to know what course they should adopt in the future, whether ladies who were not members of the Congress, should be invited to the Dinner.

After some little conversation it was decided—there being four dissentients—that ladies should be invited to the next Congress Dinner at all events.

Dr. Vincent Green: I have a matter I should like to bring

up. This has been a year of brilliancy for us, as regards the Congress and the Society, but I think there has been one thing left to be done; perhaps it should have come first; if so, we have left the best to the last. This year is unique in a good many respects, chiefly in this, that our King was to have been crowned. As loyal citizens, I think we should send a letter or telegram of sympathy in his illness, and congratulations on his recovery. The President of the Congress happens this year to be the senior surgeon at the Hospital, and I think it makes it very proper that it should be done. I would suggest that a small sub-committee be formed at once to frame the message and transmit it to the proper quarter.

Dr. Burford: At until a comparatively late date representing the British Homœopathic Society, I quite agree with the spirit and the letter of Dr. Green's proposal. One cause of our backward position has been the paucity of ceremonial proceedings of this kind that we have allowed ourselves. It would not be out of place when we meet to send a telegram of congratulation to our American friends who this year have invited your President. And it is due to our King that as loyal citizens in this present meeting assembled, we should convey to him, not only our private but our official expression of congratulation at the recovery he has made, and the near prospect of returning health. There is no reason why we should not do this, and there are ample reasons why we should. We do not put ourselves forward in any way, but limpingly and at some distance follow the example of other learned bodies.

Dr. Hayward supported the motion, but said it was not necessary to have a sub-committee.

Dr. Vincent Green agreed to this, but emphasised the point that the message should go from the Congress.

The motion was adopted.

Dr. Hayward said they must not omit a very important matter, and that was a vote of thanks to their President—which he begged to propose—for his conduct in the chair that day and his management of the Congress. (Applause.)

Dr. Hawkes proposed that they include those responsible for the tea.

The proposition was carried and the members dispersed.

THE DINNER.

In the evening the members of Congress dined together at the Holborn Restaurant at 7 p.m. In the regrettable absence of the President, Dr. Percy Wilde, the Vice-President, took the chair. Two lady members of Congress were present, as also the two American visitors—Dr. Ida B. Cameron and Dr. Sophie B. Kobicke. There was a liberal *menu*, and the

repast was well served by an excellent staff of waiters. The post-prandial proceedings were of a most harmonious and enjoyable character.

The Chairman, in opening the toast list, said: Ladies and Gentlemen,—We have just passed through a period during which the King has held the chief place in our thoughts. We thought of him as the centre of a brilliant spectacle in which he was to receive the symbols of majesty, with all the pomp and ceremony which befits the ruler of a great Empire; and we hung out our banners and rejoiced. Then suddenly the news came to us that the King was sick and suffering, and in danger of his life. At that moment we forgot our disappointments, our private joys and sorrows became of small account in our consuming anxiety for the King. We remembered him then not as a monarch in crown and cloth of gold, but as a man who, “both before and since he became our King,” has devoted himself to the cause of the sick and suffering, especially among the poor. (Applause.) He had made this the chief object of his life, not merely by founding funds for the support of hospitals, but by making all feel who had the charge of the sick, whether hospital managers, or nurses, or doctors, that when alleviating suffering we were doing the King’s work. (Applause.) At that moment I think, ladies and gentlemen, the King came nearer to us than ever before. His subjects, representing divers races and conflicting creeds, all joined together with one accord to appeal to the Ruler of Kings, and ask that the life of their King might be spared. I think that no ceremonies which could have been devised, however well arranged they might have been, could have equalled in grandeur or significance this common act of the subjects of a great nation. I think at that moment the King was enthroned in the hearts of his people, and was crowned with their love. (Applause.) It is not given to every King to receive such a Coronation. Now the cloud is lifted and danger is past, and I think at this moment we can not only raise our glasses and drink to the health of the King, but we should also shout “Long live the King.” (Applause.)

The room re-echoed with the loyal outburst, and the company joined in singing the National Anthem.

The Chairman: Ladies and Gentlemen,—We are fortunate to live in a time when our loyalty to the Royal Family is not a matter of duty or of sentiment, but springs within us from a real affection and a sincere attachment. We may be the members of a great Empire, but we are also essentially a domestic nation. We look upon our Royal Family as leaders and representatives of our social system. We are proud of

our Queen, not because of the titles she bears in the State, but because she is the model of all that a daughter, a wife, a mother, or a Queen ought to be. We feel that the influences that come to us from the Royal Family, and those influences are very great upon our social life, are of such a character as to lead us to higher ideals. The Royal Family have taught us that sympathy with our less fortunate brethren is the truest mark of rank, that no honour comes except as the result of work, and that work which is our best—and that there is no work so humble but is worthy of gratitude and appreciation if well done. You remember during the Coronation preparations that the Queen had a great many things to think of, but she did not forget that it was very possible that the maid of all work would not have a very good time at the Coronation. The maids of all work are very apt to be forgotten, but the Queen thought of them, and her thoughtfulness represents not merely an act of sympathy, not only the fact that she gives them a cup of tea, but it represents the gentle influence the Queen brings to bear on the social and domestic life of the nation. There is many a mistress who will be anxious to imitate the Queen in her treatment of Mary Jane and Sarah Ann, and I have no doubt that many a home in the country will be the brighter for that influence. (Applause.) We need not say anything about the Prince and Princess of Wales; we know we are as proud of them as the father of a happy family is of his children. Lately, on account of the King's illness, they have been called upon to perform duties and carry out great functions of State, and we have noticed the tact and grace with which they have performed those duties, and we feel that it augurs well, not only for the future monarchy, but for the future happiness of the country. (Applause.) Ladies and gentlemen, I ask you to drink the toast of the Queen and the Royal Family.

The Chairman: Ladies and Gentlemen,—There is one toast which we are always in the habit of drinking in silence—it is that to the memory of Samuel Hahnemann. The debt which we, which medical science, which humanity owes to Hahnemann has been set before you on many occasions by those able to speak on the matter far more eloquently than myself, but I will claim that no one has a deeper respect for Hahnemann and for the value of his work than I have myself. When we remember that over a century has passed since Hahnemann commenced his work—it is about 106 years since he wrote his article in Hufeland's journal—when we remember that so long a period has passed and yet science has not sufficiently advanced for his discoveries to be accepted at their full value, I think it is the best testimony we can offer to the great and

rare genius of the man. If Hahnemann had stopped short when he had compiled his Pure Materia Medica, founded upon the provings of drugs upon the human healthy body, he might have gained respect, and his work might have been appreciated within his own lifetime; because, although we may say that some of the provings might not be all that is desired, and we may improve them still at the present time, no better method has been found of proving the action of drugs. In spite of all the progress there has been, no method has been put forward better than that adopted by Hahnemann. But he did not stop there; he told us to select that drug for the curing of disease which most nearly approached the symptoms of the disease. This idea was contrary to all accepted opinions, and by the medical knowledge of the time it was regarded as paradoxical and absurd. It was not until fifty years later that we began to know something of the laws of vital re-action, and then we began to perceive, those who studied the question, that Hahnemann's law of similars was nothing but the expression of a great natural law which is unalterable, and true for all time, and which depends upon the very structure of the vital element itself. If Hahnemann had stopped there, we might have seen his principles accepted long before this, and his treatment might have become part of the general practice of the day. But supposing that had taken place; supposing the method of proving drugs on the human body had been accepted by the general body of the profession, the practice then in vogue would have been practically crude as compared with the homœopathic school of to-day. Where would you be without calcarea, silica, and carbo? If Hahnemann had not gone a step forward you would have only known the use of these in their crude forms, and you would not have obtained the excellent results that you have been in the habit of obtaining from them. The result would have been that long ago you would have discarded them, or put them in the position they hold in the knowledge of the general profession. It was because Hahnemann went a step further, and founded his law of drug dynamics, that we use these remedies. You probably use them in the 6, 10, 20 or 30 dilutions, and carry them in your pocket case, because you know they are so valuable. When Hahnemann put forward the idea that by using mechanical trituration to an inert substance you can develop in that substance medicinal powers, he put forward an idea which did not square with the physical knowledge of the time. By repeated triturations you keep reducing the bulk, and finally you come to the infinitesimal dose, which to describe in terms of weight, the fractions become too enormous to deal with in language.

The result is that it requires very little physical knowledge to show that Hahnemann's doctrine of dynamics was absurd and ridiculous, and the man who put forward such was not fit to have his opinions discussed by scientific men; but it required a great deal of scientific knowledge before it was understood that his law of dynamics was an illustration of scientific law. It took a century before science had arrived at a position when it could estimate the value of Hahnemann's discoveries. At the present time there is not one fact laid down by Hahnemann in his description of the law of drug dynamics which cannot be scientifically explained, and which explanation is not accepted by advanced physicists. The explanation of it all is that Hahnemann was a century in advance of the physical science of his day. How far he was advanced in the knowledge of the medical profession, perhaps the youngest of us here may be able to tell some time or other, I do not know. There are some of us who may know all the virtues, by clinical experiment, of those potentized medicines. We have proved it; what matters it whether they are open to physical explanation or not? We owe something to the memory of a man who was persecuted as a fanatic because he was 100 years in advance of the science of his time; and I think we should be doing something to clear away the clouds of ignorance which obscure his great name. I ask you all in silence to drink to the memory of Hahnemann.

Dr. Madden rose to propose the toast of "The Future of Homœopathy," and said: Ladies and Gentlemen,—This toast is one for which I need not beg your favour and goodwill because you must have that already. Homœopathy in its art and work is not quite perfect yet, and it has not been absolutely universally accepted by the world at large—(laughter)—therefore it seems a suitable subject for some little consideration. In spite, however, of the fact that homœopathy is not yet so perfect as it might be, it is at the present time the most perfect of the therapeutic methods that the world has ever seen. (Applause.) It is scientific in its methods, it is accurate and specific in its effects, and it is gentle in its manners. (Hear, hear.) In spite, however, of these beauties and attractions—or possibly one might perhaps be inclined to say because of these same attractions and beauties—it remains the neglected Cinderella of the medical school. Yet her ugly, coarse, and in some ways brutally-mannered sisters, allopathy and empiricism, flaunt themselves before the eyes of the world as the only representatives of her family. (Loud applause.) All the same, they are not slow to steal any jewels of Cinderella's they find lying about; as Dr. Dyce Brown told us this morning in his excellent

paper, they take anything good of hers that they find, tack it on to their own tattered, dishevelled, old-fashioned garments, and all the while pretend that that is a proof that Cinderella does not exist at all, or if she does, that she has no right to. (Loud laughter and applause.) I think homœopathy is getting a little bit tired of playing the rôle of Cinderella, as she has for over 100 years done, and we think it is not far from the time when the good fairy godmother is to put in an appearance, and the curtain be rung up on a grand transformation scene. (Applause.) Believing, as I do firmly, that providence helps those who help themselves, I think the only way in which her future success and triumph is to be arrived at will be through our own efforts, and work, and tact, and determination that we shall have our rights conceded to us, and that we shall attain to the position to which we are justly entitled. What then is this future of homœopathy to which we still desire to attain and to which we look forward? Nothing less than its full acceptance as one of the brotherhood and sisterhood of medicine, and the full, entire, and complete removal of the unfair and unjust disabilities under which homœopathy is kept back at present, so that it shall no longer be possible in the future that personages in very exalted circumstances shall be able to say that "they are unable to avail themselves of the advantages of homœopathy for reasons of State"; that it shall no longer be possible for the Army surgeon believing in homœopathy, having the opportunity of treating cases under its principles, and having done so with immense advantage to his patients, to be in consequence thereof the subject of a report to headquarters which would have meant his ruin if his friends had not been able to counteract it by what I am afraid one must call "backstairs influence"; so that it shall no longer be possible that the teacher shall say to the student, that if he adopt homœopathy he will ruin his career, and that his friends will regard him as a sort of mild lunatic if he look into the question at all. And I am firmly convinced that when the disabilities are removed homœopathy will assume the position to which we all know it has the right, as the first and strongest fighting line of the whole therapeutic army. (Applause.) What then are the means by which we must hope to attain to that end, to that triumph? First and foremost, and inevitably, it is ourselves as the representatives of the practice of homœopathy. It can only be by the successful practice of homœopathy, and the demonstration that it does good work, that it can ever be successful and win its way. In this connection I should like to make a little criticism of Mr. Shaw's paper this morning, with the tone of

which I most thoroughly agree, for undoubtedly we are bound to have surgeon specialists of our own; without them our work would not be complete; but for the propaganda and advancement and the future of homœopathy every single case of surgical type, whether enlarged tonsils, or appendicitis, or cancer in the breast, that we save by pure homœopathic means from going into the surgeon's hands, does a hundred times more good to homœopathy than any number of them skillfully treated by a surgeon who believes in homœopathy. (Applause.) It is on those lines, on the perfection of our drug treatment, that we must look; and I believe the surgeons themselves recognise it, and are more pleased with one case they can save from their own operative interference than ninety-nine they have to treat with the knife. (Applause.) Well, gentlemen, as I say, the primary success of homœopathy, the future of homœopathy, depends upon the individual members of the body practising it. But, as "union is strength," the greatest forces to be used in the future are the combinations of members of the Society who work together in the hospitals and the dispensaries; and those who are authors, and who write for us in periodicals; and therefore we do well in associating with this toast the public Institutions of homœopathy as expressed in our hospitals, dispensaries, and periodicals. Without them individual work would not become known to others, or to very few of the others; and to the new propaganda that our friend Dr. Burford has started this year—the British Homœopathic Association—I look forward as one of the most hopeful means of extending a knowledge of homœopathy, and there is no question at all that to extend a belief in it only requires an extension of the knowledge of it. I ask you to drink with me to the successful future of homœopathy. (Applause.)

Dr. Burford: Mr. President, Ladies and Gentlemen,—When the officials of this Congress first approached me with the suggestion that something should be said with regard to the future of homœopathy—a task which it seemed to me might very well engage the versatile genius of a Hahnemann—I wanted to know a little more of the mental process which induced them to come to me on such a subject, when there were so many more experienced men who could handle the subject so much more satisfactorily. However, it seemed that what was wanted was an appreciation of what was about to transpire with regard to the immediate future of homœopathy. Sometimes this question is discussed, and all kinds of suggestions are brought forward as to what homœopathy might become if a fairy godmother

should put in an appearance. I maintain that the future of homœopathy is on as exact lines as any mathematical problem. The making of the future is with us here, and now, and the kernel of the whole problem of the future of homœopathy is, that this will be what we like to make it. Time, which settles most complicated questions, has done a great deal to settle for us what homœopathy is likely to be—I mean British homœopathy, leaving other sections of homœopathy, on the continent or elsewhere. When a year ago I had the honour of addressing a similar Society on the same subject, I laid down axioms which apply to homœopathy in the future, and the first was: Homœopathy is what its hospitals make it. As a hospital man I may be taken to have an unbiassed mind on the point, and I am glad to see that the practical trend of opinion is fully bearing out the suggestion I made. Thus, our friends at Leicester have taken up the running and are doing their level best; they have begun, and are carrying out the establishment of a new Cottage Hospital in Leicester. And our friends at Bristol are determined not to be far behind, and they, too, are doing their best to follow hard on the heels of their colleagues in Leicester town. At Birmingham I had the honour a little time ago of assisting at the re-opening of a Hospital, with the substantial advantage of beds numbering forty-two, and at the present time a movement is on foot to raise funds to re-build the Homœopathic Hospital at Eastbourne. If this kind of thing is done every year, we need not have much fear what the future of homœopathy is going to be. (Applause.) The next canon which will determine the future of homœopathy is the attention given to internal developments. I venture to criticise the idea that an enormous accretion will be made to homœopathy by the conversion of outsiders. We want to develop our internal qualities, so that they will appeal to the reasonable world, and then we may leave them to work out their own salvation. If we put aside all endeavours to try short cuts, and turn attention to research, to provings, and to other acknowledged methods, we shall do far more for the future of homœopathy than can otherwise be accomplished. (Hear, hear.) The third canon by which the future of homœopathy is to be determined is the more or less considerable addition of young men to our ranks. This is one of the most crying questions of homœopathy of the present day; wherever we go the cry is for more young men "to come and help us." A new Association has been started, and will infuse from the outside a little more enthusiasm into the somewhat stilted professional air which characterises us, and we have taken the lay gentlemen and ladies into our

confidence, I may say on equal grounds, to lay our heads together to further the educational position of homœopathy. We set ourselves out to get £10,000. We have had a great deal of advice, but not too much assistance; a thousand suggestions have been received how to get the ten thousand pounds. One gentleman said, "It is very much easier to spend than to get it, and you have my sympathy." You will be pleased to know that of the £10,000 the officials may consider £5,000 as good as given. (Applause.) We have nearly £1,500 promised already; the ladies' committee, that hard-working and determined ladies' committee, have set themselves to get the sum of £1,500 for the endowment of a scholarship by the end of 1904, and I may say that at the present time arrangements have been made for drawing room meetings, "at homes," private concerts, etc., to be carried out during next winter, and there is every reason to believe that the self-denying efforts of these ladies will be fully rewarded by the end of the year 1904 if not before. (Applause.) Now may I say something more—I have kept the best until last. The Earl of Dysart has kindly offered us no less a sum than £2,000, so that I think I may say that the first £5,000 of our £10,000 is practically assured, and that within less than one year of the start of the project. What then will be the future of homœopathy depends upon us, and what we do with this money when obtained. The Association which has started so well, and which is worked so admirably, is not likely to waste its funds; *that* we may be sure of. (Applause.) I am asked to include in this sketch of the future of homœopathy some allusion to what hospitals and dispensaries are doing, and I may say the future of homœopathy will be what the hospitals make it, what the dispensaries make it. To my mind there is no greater influence in this direction than that of the hospitals and dispensaries. Only those who have had the experience can realise the value of the aid they can give in the development of homœopathy by the calm and cultured judgment which they develop for professional men. With regard to the immediate future of homœopathy I would refer you to the allegory by the inspired dreamer of Bedford, which you will remember, and which is truly applicable in this case. He spoke of the Slough of Despond. We in homœopathy have known something about the Slough of Despond. We have had our turn in the Valley of Humiliation. Then comes the Hill Difficulty; that I apprehend is the stage of homœopathic progress to which we have attained; and finally are the Delectable Mountains, to which we are determined sooner or later to attain. (Applause.) It is therefore, ladies and gentlemen, with very great pleasure, because of these and many other facts, that I respond to this toast. (Applause.)

Dr. McLachlan : Mr. President, Ladies and Gentlemen,— I could wish some one better fitted for the task had been called upon to respond to this toast. When Dr. Dyce Brown asked me to undertake the duty, he said it was meant to include our Hospitals and Dispensaries, and also Literature, as well as the future of Homœopathy, and I propose to take these points *seriatim*. Perhaps what the young practitioner—young in homœopathy I mean, not necessarily young in years—feels most keenly when he finds himself in an isolated position, is the professional ostracism, and as a result of that, partial social ostracism as well, and, worst of all, the absence of hospital observation and practice and the impossibility of getting it. In regard to the former some of us care but little, and can therefore bear the ostracism, whether social or professional, with a considerable amount of Christian resignation, but nothing can replace or atone for the want of hospital study and observation. I do not know whether Dr. Burford has ever passed through this experience himself or not, but I fancy some such ideas must have actuated him when he evolved his Twentieth Century scheme. I only hope that the day is very near when that scheme will be in full working order. One cannot help regretting that Mr. Andrew Carnegie was not an Englishman, or rather that he was not born on *both* sides of the Tweed. To be sure, members of the opposite school are not *all* unfriendly ; perhaps some one who was one's fellow-student might be quite willing to give a helping hand in an emergency, but he *dare* not, for if he did he would be indicted before the local branch of the British Medical Association on the charge of being guilty of "infamous conduct in a professional respect"—at least this would be so, I know, in the venerable and learned city where my lot is cast. They will not give help themselves, neither will they permit those to help who are willing to do so, in this respect resembling the Pharisees of nineteen hundred years ago. In regard to our literature. Our friends the enemy have but very vague notions about the extent of our *literature*, or the size of the library *advisable* (if not necessary) for the ordinary homœopathic practitioner. For the first four or five years after I began to practice homœopathy I spent every year something like £50 in the purchase of purely homœopathic books ; to be sure, many of them had long since been out of print, and for this reason were difficult to procure and expensive to buy. There is one great difference, however, between our literature and that of the old school—a difference which at once stamps ours as the science of therapeutics, and theirs, except in so far as it agrees with ours, as mere empiricism—that the best of our books do *not* get

out of date, *e.g.*, Hahnemann's provings are as true to-day as they were when first penned, and will be just as true to the end of time. Truth never grows old, for it is eternal, though its mode of presentation may vary somewhat from epoch to epoch. But we must be just even to our enemies; I do not assert that *all* the literature of the other school lacks permanency, *e.g.*, I believe that quassia wood still consists of chips, shavings, and raspings of the wood of the *Picræna excelsa*, that its habitat is still Jamaica, and that the natural order is still Simarubacæa. (Laughter and applause.) In speaking of our literature one cannot forbear naming our late colleague Dr. Richard Hughes, who laboured so incessantly in season and out of season with the laudable object of perfecting and purifying our *Materia Medica*. I make no apology for speaking of our sad loss even at this festive gathering, for "there is no death, what *seems* so is transition." Our colleague's death is no victory over him. He has died, indeed, but the work lives. Let not the most isolated and most insignificant of us think that we are without spectators day by day and hour by hour. As Carlyle says, we are between two great silent worlds, the inhabitants of which are watching our toils eagerly, the stars above and the graves beneath:—

"And, solemn before us,
Veiled, the dark Portal,
Goal of all mortal:
Stars silent rest o'er us,
Graves under us silent."

Let us therefore work honestly and diligently till the evening shadows deepen. Our work *is* hard, but, unlike all other kinds of hard work, it grows easier the harder we work. About the *future* of homœopathy. On this point I am not sure that the most suitable person to speak is one born and bred in the land of John Knox; still, Knox was not without hope or even without humour, though he was inclined to look on the dark side of things occasionally. An article of my faith has been, and is, that homœopathy must ultimately prevail, just as truly as truth must ultimately prevail over error or injustice. The final victory may perhaps be delayed, but it is sure to come; it may not be in our day, but triumph it must. The aged Carlyle, bowed down with sorrow, his frame racked with pain, said during a momentary fit of depression, "God does nothing," and some of us feel tempted at times to make the same complaint. But patience! Await the *issue*.

"While earnest thou gazest
Comes boding of terror,
Comes phantasm and error;
Perplexes the bravest
With doubt and misgiving."

It is well to be on the winning side—the side of truth. Let us work and despair not. "*Laborare est orare*"—to labour is to pray. Work is worship, said the old monks, and they were right. The primeval curse, "By the sweat of thy brow," has become one of the greatest of blessings to mankind. We bid you be of hope, firmly convinced that the truth and nothing but the truth can prevail; it alone is capable of being "conserved," else this were not God's world, but the devil's quack-shop.

"The future hides in it
Gladness and sorrow;
We press still thorow,
Nought that abides in it
Daunting us,—Onward."

And again I say "Onward"! Let that be my last word. (Loud applause.)

Dr. Neatby: Mr. President, Ladies and Gentlemen,—I have just been reminded by Dr. Green that "Brevity is the soul of wit," and I shall endeavour to bear that in mind. (Hear, hear.) These social terminations to the somewhat heavier occupations of the Congress day, I look upon as the great charm of the gathering. It is not only on account of the educational value of a Congress of this kind, but perhaps even more for the opportunity of friendly intercourse, that we prize the annual assembly, and foremost among the advantages from the social point of view, we place the meeting with our guests and honoured visitors. (Applause.) To-night we have a considerable number of visitors, and we are pleased and proud to see them in our midst. And though we may regard them as honoured visitors, and welcome them with pleasure as such, I think we may say they are something more than visitors and guests. They are the representatives of various communities and interests, and are with us here in sympathy to cheer us on our way. I may say that we have two medical—men, I was going to say, as we have not an English word to cover the two sexes—two medical colleagues from across the water. (Applause.) From San Francisco, two lady doctors, Dr. Cameron and Dr. Kobicke. We are always pleased to welcome our American cousins amongst us. (Applause.) If they were of the male gender, we should have the speeches of the evening from them, because they are always ready of tongue, and able to entertain a gathering with a speech, and we are not less ready to welcome them as the representatives of all that is progressive in medicine and science across the water. (Hear, hear). Then we have a representative of what I may venture to call the practical element of this great city, Mr. Alderman Truscott, of the city of London.

(Applause). A few days ago I heard a short speech from a member of Parliament, who was present at a small gathering where the interests of Homœopathy were not strong, and the homœopathic propaganda was being initiated, and he said his test of homœopathy was a practical test. He did not care what it was called, so long as it did well for him and his family, and if in the hands of his medical adviser he found that homœopathy failed, he would soon ask for a change. That is the final test of homœopathy in everyday illnesses, great and small. If there is any section of the great community which is practical, it is the merchants and office bearers of the city of London, and Alderman Truscott is a worthy representative of that hard-headed community, who has found out by practical experience that homœopathy is good. (Applause.) Then we have with us a guest we have welcomed many times before, a representative of Messrs. E. Gould, the publishing firm of homœopathy—Mr. Wyborn. (Applause.) We have also amongst us a representative of the Homœopathic Hospitals to which allusion has been made—Mr. Stillwell, the chairman of the beautiful Homœopathic Hospital.—(Applause)—and Mr. G. A. Cross, the secretary and superintendent of that same institution. (Applause.) They are both well known to the majority of us for their skill in Hospital management, and I need not dilate further upon their virtues. Finally, we have with us, as representing the community at large, Mr. Green and Mr. Cuse, introduced by medical friends. I ask you to drink heartily to the health of those ladies and gentlemen as the welcome honoured guests we have been pleased to have in our midst, and as representatives of various sections of the community. With it I couple the name of Mr. Alderman Truscott, who will respond to the toast. (Applause.)

Mr. Alderman Truscott: Mr. President, Dr. Neatby, and Ladies and Gentlemen,—On behalf of my fellow guests, as well as in my own name, allow me to thank you, Dr. Neatby, for the very kind way you have introduced this toast, and to thank the ladies and gentlemen present for the kindly welcome they have given to us. It has been my lot to reply to many similar toasts on varied occasions, but I cannot recollect a time—in fact I am sure it never occurred—when amongst those for whom I had to reply, were lady doctors, and what is more, lady doctors from across the sea. (Applause.) I feel it a particular honour this evening to have to represent them, and unless—I hope I do not misinterpret Dr. Neatby—unless a special toast is to be given in their favour, I am sure we should be much delighted if one of the ladies would also say a few words in response to this toast. (Applause.) I am proud to be here to-night as representing in a humble degree the

London homœopathic laity. I am also here in the rôle of that *rara avis*, the grateful patient, and well-wisher of homœopathy. (Applause.) Dr. Madden, in his excellent address, depicted in very able terms homœopathy as the Cinderella of medical practice. May I carry the picture a little further, and say that I think Dr. Burford is raising the fairy godmother in the Twentieth Century Fund. (Applause.) And let us hope that homœopathy, taken by that fairy godmother's hand, may have a future as bright as that of Cinderella, and an ultimate triumph as grand. (Applause.) But Dr. Madden went a little further, he gave us a little advice—he said, in order to fight the battle of homœopathy, it was important that we should be united. Any prejudices which exist between the different sections of homœopathic opinion must be silenced, there must be a united front presented to the enemy. (Applause.) Coming as I do from the City of London, which, I think I may say, is given to hospitality—(applause)—you will not be surprised that I am a strong believer in the amenities of a social gathering such as this. There is nothing, perhaps, which does away with the rough corners that may exist in our intercourse between man and man, more than a meeting together around the social board. I hope therefore, in fact, I rejoice, that it is your annual custom to meet together in this way, and I sincerely hope the rough corners will be rubbed away, and that you will be enabled to present a united front to the enemy. (Applause.) Suppose for example, that I had come into this room prejudiced against lady doctors, do you think for one moment that I should have gone away without my prejudice being diminished, if not entirely dispersed? One of the greatest pleasures you have afforded me to-night has been to have as my neighbour a talented American cousin—(applause)—one learned not only in the art of homœopathy, but also in the art of charming conversation. I am very pleased to have been here to-night, and if, as is said, "Gratitude is the sense of favours to come," may I be allowed to tell you this, I have already had the pleasure of accepting a kind invitation to be present at Oxford next year. (Applause.) I thank you very much indeed for the kindly reception of your guests. (Applause.)

Dr. Sophie Kobicke: Mr. President, I can only express the pleasure my colleague and I have felt at being here this evening. We were told upon leaving "Frisco" that on our return we were to write a paper relating our experiences on this side, and I certainly think we can choose no better topic than our experiences among the homœopaths in London, and of the hospitality with which we were received. It has been to us a revelation of the strength of homœopathy. I

think probably we have greater numbers in the United States, but I do not think we have a better representative body than we have found in London. It will give us the utmost pleasure upon our return to relate our experiences here. I only hope that we will have the pleasure of some day seeing you there, so that we may return some of the hospitality you have shown us here to-night. (Applause.)

Dr. A. E. Hawkes: Mr. President, Ladies and Gentlemen,—One of our colleagues this afternoon alluded to the misery of having to pass through the summer vacation, having in his mind the fact that at the end of it he would have to read a paper before Congress. (Laughter.) Imagine then my feelings! I have had to wait all this while hearing this and that speech, knowing that my time would surely come—(laughter)—for nearly everyone knows, who knows me at all, that my train does not go until twelve o'clock, so there is no escaping on that ground. Then, too, with my male friends I could more or less successfully compete, but when we had an address from an eloquent lady from across the water, and I have to immediately follow, then it seems that my cup is indeed full, and I am undone. (Laughter.) But after all the kindness I have received from various members of this Congress, on one occasion or another, it would be cowardly in the extreme to attempt to escape from this duty. But difficulties again present themselves to me. I am asked to propose the health of our President. (Applause.) Whether, sir, that is intended to be addressed to yourself, or whether we speak and think of our absent brother, I can hardly say. But I think it will be well if in a few words I refer to both yourself and to him. We regret exceedingly the absence of our friend, Mr. Knox Shaw; we regret exceedingly the cause of that absence, and we are reminded that the pallid visitor not only attacks the Palace and the cottage, but the dwelling house of the physician as well as the home of the patient. Perhaps it is well that such is the case. If we were ourselves immune from the attacks of this fell visitor, we might be less sympathetic towards those who may have to meet him. I know you will agree with me that no better President could have been chosen than our friend Mr. Knox Shaw. (Hear, hear.) We are all proud of him, and of the position he occupies in our body. He professes to know comparatively little of homœopathy, because he has not to use it in the same way as the physician or the general practitioner, but you know quite well that although he does not pride himself on knowing the literature of homœopathy as well as he knows the writings of Jonathan Hutchinson, it is he who takes out tit-bits from time to time for our delectation, from the

writings of Hahnemann. I am sure we sympathise with him in his loss to-day, and I am sure you will join with me in asking some familiar friend to convey to Mr. Frank Shaw the sorrow we feel with regard to his loss. It is a curious coincidence which others beside myself have doubtless noticed, that while on this occasion we miss the faces of two much valued friends, on the other hand, we have two yet older friends with us, who this time last year were debarred from attending through illness. We deplore the absence of the two first named, we rejoice in the presence of the other two. (Applause.) I allude, of course, to our friends Drs. Arthur and George Clifton. Now it devolves upon me to congratulate you, Dr. Wilde, upon the position you have occupied this evening, and to congratulate you upon the manner in which you have conducted such duties as have fallen to you. Next year will devolve upon you the duties pertaining to the full office of President, and I am sure we shall look forward each day almost, to the time when another of these pleasant and cheerful re-unions will take place under your presidency in the ancient city of Oxford. Colleagues! you could not have chosen anyone better fitted to occupy the position than our friend, Dr. Percy Wilde. (Applause.) We not only know what his brothers have done for homœopathy, but we remember the work his father did before him, and we rejoice that one bearing that name should occupy such a position. (Applause.) You know the curious hieroglyphical way the chemists have of expressing themselves, with certain circles and certain points in one direction or another, to indicate quality. Some of us are like that humble hieroglyphic with only one point, others are a little higher in the mental scale, and I think that those of you who know Dr. Percy Wilde and his work, will agree that to him have been allotted all the five talents, and that he is making excellent use of them. (Applause.) Ladies and gentlemen, I ask you, with all the energy and all the zeal you have, to drink the health of Dr. Wilde, and to wish for him that during the year between his election and the delivery of his presidential address, it will not unnecessarily trouble him, and to assure him that when the time comes he will have the help and sympathy of all his colleagues. (Applause.)

Dr. Percy Wilde: Dr. Hawkes, Ladies and Gentlemen,— I think this toast was intended for your real President, and not for the very humble person who so unworthily occupies his place this evening. We all must feel, and there can be no question about it, that if we had our President here to-night with his genial manner, we should have enjoyed ourselves very much better. And I am sure there is no one here who

is not extremely sorry for the cause that has kept him away. No one is more sorry than he is to have missed the pleasure he would have felt in coming to this gathering. When asked to take the chair, I consented with a great feeling of trepidation, and I felt as sorry for myself as Dr. Hawkes did, when he had to propose the toast. But I did not know then I should have the pleasure of sitting next to a fair medical colleague from across the water. That pleasure has removed the difficulties and inconveniences I might otherwise have felt in filling the chair. It has occurred to me that it might probably be in accordance with Dr. Hawkes' suggestion, if we asked the secretary to convey from this gathering to our President some expression of the regret we all feel at his absence, and our sympathy with him in his loss. (Hear, hear.) May I take that as agreed to? ("Yes.") With regard to the terms in which Dr. Hawkes alluded to me, I feel I simply don't deserve it. I do not think I have really done as much in the writing of papers and attending the meetings as I should have done, and as I hope to do; but I will try in the future to make amends for past neglect, and do all I can to help in every way to make the next meeting of the Congress at Oxford a great success. (Loud applause.)

During the evening musical items were kindly contributed by Dr. Clifton Harris, Mr. Dudley Wright, Dr. Blackley and Dr. Rowse, to the great enjoyment of the company, who much appreciated Dr. Blackley's kindness in arranging this delightful addition to the pleasures of the evening.

BRITISH HOMŒOPATHIC SOCIETY.

ANNUAL ASSEMBLY.

THE first meeting of the Annual Assembly for the session 1901-1902 was held at the London Homœopathic Hospital on Wednesday, July 9th, 1902, at 8 o'clock. Dr. George Burford, President, in the chair.

NEW MEMBER.

Dr. Philip M. C. Wilmot, of 6, Sussex Terrace, Plymouth, having been duly nominated, was elected a member of the Society.

CLINICAL EVENING.

In accordance with an arrangement agreed to at a combined meeting of the Councils of the Congress and Society, the meetings of the Annual Assembly of the Society were planned to facilitate the interest of as many members of both the Congress and Society as might be able to spend three or four days in London. At the first meeting of the Annual Assembly

a clinical evening was inaugurated by Mr. James Johnstone, F.R.C.S., and Dr. J. R. P. Lambert. A series of interesting cases were exhibited in the out-patient department of the hospital by various members of the hospital staff, particulars of which will appear in the *Journal* of the Society for October. A discussion on some points in these cases followed later. At 9.30, in the Board Room, Dr. E. A. Neatby gave a lantern demonstration to illustrate his paper on "Ectopic Pregnancy" read to the Society on June 5. A large number of slides were intercepted on the screen, and the various phases of this dangerous malady were clearly demonstrated.

A large number of specimens were also exhibited, chiefly gynæcological, by the gynæcological staff, but also including rectal polypi, adenoma of the thyroid, and malignant disease of the colon.

Microscopic slides of stained blood cells, both physiological and pathological, were mounted for the interest of the members, by the pathologist to the hospital. In every sense of the word the clinical evening was a great success, and worthy to rank with any of its predecessors both scientifically and practically.

The second meeting of the Annual Assembly was held on the afternoon of Thursday, July 10, at 3 o'clock. Dr. Burford being again in the chair. The report of the Council and treasurer's statement were presented, also a report from the Indexing Committee.

The following officers were elected for the session 1902-3 :—

President : J. Roberson Day, M.D.

Vice-Presidents : James Johnstone, M.B., F.R.C.S. ; Herbert Nankivell, M.D.

Council (including the above-named officers and the following Fellows and members) : (Fellows)—Byres Moir, M.D., Edwin A. Neatby, M.D., D. MacNish, M.A., M.B., Dudley D'A. Wright, F.R.C.S. (Members)—Lestock Reid, M.R.C.S., L.R.C.P., and Vincent Green, M.D. Representative of the Liverpool Branch—A. E. Hawkes, M.D. The retiring President of the Society is ex-officio a member of the Council.

The secretaries of the Society and editors of the *Journal* are elected by the Council, and are ex-officio members of that body.

SECTIONAL COMMITTEES.

The following gentlemen were elected to form the Sectional Committees :—

Materia Medica and Therapeutics : Drs. Black, Clarke, Lambert, McLachlan, and Percy Wilde.

General Medicine and Pathology : Drs. J. H. Bodman, Ellis, Goldsbrough, McNish, and Moir.

Surgery and Gynæcology : Drs. Burford, Johnstone, and Neatby, Messrs. Dudley Wright and Wynne Thomas.

At the close of the voting the President gave a retiring address, in which he alluded to the loss the Society had sustained in the death of Dr. Hughes, and to the inauguration of the British Homœopathic Association.

A hearty vote of thanks to Dr. Burford for his conduct as President during the session, with special reference to his success in inaugurating the Twentieth Century Fund and the British Homœopathic Association, brought a highly successful session to a close.

NOTABILIA.

OUR PORTRAIT OF DR. HUGHES.

OUR readers will be gratified to see the excellent portrait of our late colleague reproduced in our *Review*. For this we have to thank Messrs. John Bale, Sons, & Danielsson, Ltd., of London, the Editors of the *Journal of the British Homœopathic Society*, and the family of Dr. Hughes, for their kind permission to reproduce it.

DR. HUGHES' "PRINCIPLES AND PRACTICE OF HOMŒOPATHY."

WE have received a copy of the above work, but not in time to do justice to its importance in a review of it. Our notice of the work will appear in the September issue.

LONDON HOMŒOPATHIC HOSPITAL.

WE are authorized to state, for the special information of our colleagues who may contemplate sending up patients, that the Hospital will be entirely closed for cleaning and re-painting from August 18th to September 20th inclusive.

BRITISH HOMŒOPATHIC ASSOCIATION FOR THE ADVANCEMENT OF HOMŒOPATHY.

WE have much pleasure in informing our readers that the Earl of Dysart has offered to give the very munificent sum of £2,000 to the Association, provided the remainder of the £10,000 is subscribed for in a year from now. We trust that this announcement will stimulate the liberality of others, in order that this handsome gift may not be lost.

**List of Subscriptions and Donations to the "Twentieth Century Fund"
up to July, 1902.**

The Right Hon. the Earl of Dysart (under condition that £10,000 be obtained within a year)		£	s.	d.			£	s.	d.
Capt. Cundy	...	...	...	...	Mrs. Clifton Brown	...	...	...	100 0 0
Col. Clifton Brown	...	...	2,000	0 0	Dr. Dyce Brown	...	...	...	50 0 0
Dr. Peter Stuart	...	...	250	0 0	Mrs. Mason	...	...	...	25 0 0
W. Willett, Esq.	...	...	100	0 0	Dudley Wright, Esq.	...	...	...	25 0 0
Hy. Manfield, Esq., J.P.	...	...	100	0 0	Dr. J. W. Hayward	...	...	...	25 0 0
Dr. George Burford	...	...	26	5 0	Dr. J. Roberson Day	...	...	...	25 0 0
C. Knox Shaw, Esq.	...	...	25	0 0	Dr. Burwood	...	...	...	25 0 0
Dr. E. A. Neatby	...	...	25	0 0	Dr. Byres Moir	...	...	...	25 0 0
Dr. Percy Wilde	...	...	25	0 0	Mrs. Compton Burnett	...	...	...	25 0 0
Jas. Johnstone, Esq.	...	...	25	0 0	Dr. Clark	...	...	...	25 0 0
A. Marshall Jay, Esq.	...	...	20	0 0	Mrs. Mason	...	...	...	25 0 0
Mrs. White	...	...	10	10 0	Miss Flora Smith	...	...	...	15 0 0
A. J. Woodhouse, Esq.	...	...	10	10 0	Dr. Eugene Cronin	...	...	...	10 10 0
A. Backhouse, Esq.	...	...	10	10 0	J. P. Stilwell, Esq.	...	...	...	10 10 0
Mrs. Shaw	...	...	10	10 0	W. R. Arbutnot, Esq.	...	...	...	10 10 0
W. B. Liddiard, Esq.	...	...	10	0 0	Dr. E. M. Madden	...	...	...	10 0 0
Dr. E. B. Roche	...	...	10	0 0	Frederick Ames, Esq.	...	...	...	10 0 0
J. G. Adair Roberts, Esq.	...	...	10	0 0	C. A. Kelly, Esq.	...	...	...	10 0 0
Dr. Wynne Thomas	...	...	10	0 0	Mrs. Kelly	...	...	...	10 0 0
Dr. Nicholson	...	...	10	0 0	Dr. H. Nankivell	...	...	...	10 0 0
F. H. Shaw, Esq.	...	...	5	5 0	B. C. Wates, Esq.	...	...	...	10 0 0
Dr. W. C. ...	...	...	5	5 0	Charles A. Russell, Esq., K.C.	...	...	...	5 5 0
	...	...	5	5 0	Peregrine Purvis, Esq.	...	...	...	5 5 0
	...	...	5	5 0	Dr. W. Spencer Cox	...	...	...	5 5 0

HOMŒOPATHIC SANATORIUM IN ITALY.

OUR colleagues who wish to send patients to a winter sanatorium in Italy will be pleased to know that the "Villa Christophero" at Riva, on Lake Garda, is under the medical supervision of Dr. Christopher von Hartungen, who is a homœopath. The climate in winter is genial and mild. Patients can be in the open air for several hours, and sleep with open windows all through the winter. As it is only a winter resort, it is closed from July 1st till October 1st. The arrangements are thoroughly up-to-date.

THE LATE DR. HUGHES.

THE following charming notice of our dear departed colleague, Dr. Richard Hughes, appeared in *The Hahnemannian Monthly* of June, and we are sure that our readers will be much gratified at this appreciation of him from the pen of Dr. Pemberton Dudley, and thank us for reproducing it in our paper.

"Richard Hughes"—as we American physicians affectionately called him—has passed across the bourne to his reward. The news of his departure comes to us as a surprise. For three decades the homœopathic profession had lived so continuously within the circle of his intellectual radiance that we had no occasion, or thought we had none, to contemplate what the doing without him would be like. His life was fruitful of nought but good, and his death impresses us most strongly with a sense of something lost to the brotherhood of homœopaths. We are reminded of the sentiment of Holmes:

"The beacon flame that fired the sky—the brilliant ray that gladdened us—

A little breath hath quenched its light, and deepening shades have saddened us.

No more our brother's life is ours for cheering or for grieving us:
One only sadness he bequeathed—the sorrow of his leaving us."

"It can be truly said of this distinguished physician that his entire professional life was devoted to tireless labor in the interests of medicine and of its practitioners. He is known to all his school by his "Manual of Therapeutics" and his "Pharmacodynamics," but his name will be most perpetuated by his authorship of that gigantic work, the "Cyclopædia of Drug Pathogenesis"—a work without a parallel in all medical literature. It is a work—we had almost said *the* work—from which the future *Materia Medica* authority will chiefly compile all that is best and most reliable in his new text-book; and it requires no prophetic vision to foretell that its pages will be even more frequently explored at the end of the twentieth

century than at its beginning. Not only in his more pretentious volumes, but also in our periodical literature, Dr. Hughes has been for a long series of years an earnest and efficient labourer and leader. The old *British Journal of Homœopathy*, and, in more recent years, the *Journal of the British Homœopathic Society*, were the objects of his never-wearying care. For twenty years he served as the efficient and successful secretary of the International Homœopathic Congress—a position involving unrequited toil, unflagging patience, and consummate skill. It is significant of his interest in literary work that at his death, which occurred while on a visit to Ireland, he was found in possession of the proof-sheets of the April number of the Homœopathic Society's *Journal*, partially corrected for the press.

“Dr. Hughes's influence was potently exerted in the direction of an intelligent adherence to Hahnemann's rule of therapeutic practice, and a scientific and genuine materia medica. For a number of years he was warmly interested in the work of the Materia Medica Section of the American Institute of Homœopathy, and greatly encouraged his friend and co-labourer, Dr. J. P. Dake, who was at that time the Chairman of the Section. His disapproval of the laxity current in the practice of many homœopathic physicians was quite forcibly expressed at the session of the International Homœopathic Congress at Atlantic City in 1891. Discussing an essay by the learned Dr. Lilien-thal, he said: ‘Eclecticism—using the term in its etymological and historical meaning—eclecticism, whether in religion, or philosophy, or in the practice of any art, is a temptation. If we could ‘sit as God,’ viewing all forms of creed and conduct, and choosing the best, it were indeed our wisest and ideal position. But we are not God, and the danger for men is that, if they attempt to pick and choose, to select the good wherever they can find it, the temptation is to drift into lawlessness, to lose all grounding principles and guidance of rule, and have nothing definite to look back upon when they review their practice. I do not think that anyone who knows me will suspect me of illiberality or narrowness when I say that the temptation to eclecticism in therapeutics is a temptation that ought to be resisted.’

“It would thus appear that our departed colleague held the view that a physician claiming to be intelligent should first examine the groundwork of his belief in homœopathy, and, having adopted that method of practice, he should either submit his practice to the guiding influence of the law of cure, or else re-examine his foundations with a view to changing his belief. He had no patience with that grotesque ‘science’ (?) which loses its bearings before every ‘wind of doctrine’ and

submits to the direction of speculation or of impulse rather than the guidance of his chart and compass, however old-fashioned these may be.

“To our mind, the life and work of Richard Hughes have imparted to medicine a distinctly forward impulse. Had he never lived, the world of medicine would not be just where it now is. Neither would it be endowed with its present forward momentum. Particularly is this true of the present disposition to remain unsatisfied, or dissatisfied, with a *materia medica* which fails to meet the requirements of Hahnemann’s ideal, and which excludes everything that is mere assertion or conjecture. This endowment of progressive energy will one day lead on to some conservative and wise method by which the elements of our pathogenesis will either prove their right to a place in the accepted *materia medica*, or stand aside and wait for the approval of scientific modes of investigation. Towards this point the medical sentiment of the age is trending, and that largely through the teaching and the life-work of Richard Hughes.”

MEDICAL ETIQUETTE AND HUMAN LIFE.

WE have just received a copy of the *Otago Daily Times* of May 19th, in which we find one of the grossest examples of inhumanity that we ever heard of, under the cover of so-called “Medical Ethics.” That such conduct as that attributed to an allopathic doctor in Dunedin, New Zealand, should have been possible in the ranks of our noble profession is hardly conceivable. We shall wait with impatience the result of the deliberations of the Medical Association in Dunedin, and its action in this lamentable case. The facts speak for themselves, and require no comment from us, as the able and judiciously impartial editorial from the *Otago Daily Times* gives the best comment that could be written. It is headed “Medical Etiquette and Human Life,” and we congratulate the newspaper on the high and bold stand it takes against such extraordinary conduct on the part of an allopath towards a homœopath. If this conduct is justifiable on the ground of “Medical Ethics,” the sooner this code is rectified the better for the reputation of our noble profession. We first give the facts as stated in the above-named newspaper.

“MRS. G. M. MARSHALL’S DEATH.

“There are facts in connection with the death of Mrs. G. M. Marshall, wife of Mr. G. M. Marshall, chemist, of Princes Street, Dunedin, last Thursday morning, that call for more than passing notice. They involve a question with regard

to the strict etiquette observed between allopathic and homœopathic doctors under certain circumstances, and the inconvenience, to say the least of it, that may thereby be occasioned to the public. When our reporter called upon Mr. Marshall on Saturday, that gentleman said he was sorry that the case had to be made public, but for the common good of all he thought it was as well to plainly state the facts.

MR. MARSHALL'S STATEMENT.

"This is the story Mr. Marshall laid before our reporter :
"The facts are really too serious to be made a secret of. I will tell you all about it, and leave it to your discretion as to how much you will print. If you had not offered publicity, I should have brought it before the Medical Association. I had been working in the factory on Wednesday, and did not dream of anything going amiss. As a matter of fact, my wife's confinement was not expected till the end of the month. When I got home—my house is in Lower London Street—I had a chat with the nurse, whom we had got in earlier than usual, because Mrs. Marshall had not been very well, and in the course of conversation I said, "Don't cut things fine ; let me go for the doctor as soon as you think he can be of any service." About 10 p.m. the nurse said she thought I had better go and fetch the doctor. I ran to the telephone and rang up Dr. Stephenson, who had been engaged, and is indeed our family doctor. He said he would come at once, and as a matter of fact he arrived in a quarter of an hour or twenty minutes. After he had seen my wife, he said that he would not be wanted for an hour or two, and as I had been working extra hours and was a little short of sleep, my wife suggested that I should go and lie down for a while. I assented, and went to have a nap. About a quarter to 1 o'clock Dr. Stephenson roused me, saying he thought my wife was going to be very bad, and that he would like to have another medical man with him. I jumped up and asked him to name some doctor. He replied, "Never mind who it is, get the nearest." I said I would run for Dr. Fulton. As I was going out of the door Dr. Stephenson said I was to be sure and ask him to bring such and such an instrument with him. My answer as I went to the door was that I would not let him come without it. When I got to Dr. Fulton's I saw Mrs. Fulton, who said she was sorry the doctor was out, and asked me if he had been engaged for the case. I answered that he was not, and Mrs. Fulton remarked that if he had been he would have stayed in or made arrangements. Then I ran to Dr. Riley's, but I saw a notice on his door that he was away and that callers were to see Dr. M'Kellar. I rang up Dr. M'Kellar, and received from him the reply that he had had no experience

in a case such as I described, and, besides, had not got the necessary instrument. He added that I had better get Dr. Davies, who possessed the particular instrument, and that, failing Dr. Davies, I had better get Dr. Closs. Dr. M'Kellar said he knew that both of these doctors had the instrument that was wanted. I lost no time in getting to Dr. Davies's place. As I rang the bell I noticed a speaking tube at the door, and in a moment or so Dr. Davies spoke to me through it. I told him the circumstances, and impressed the urgency of the case upon him. He replied, "Dr. Stephenson is a homœopathist, and I cannot meet him in consultation." I replied, "For God's sake, doctor, don't say that. It's a case of life or death." He answered, "I can't help that; it's all the more reason why I cannot come." I pressed him, but he simply repeated that he could not come. Seeing that he was resolved, I wasted no more time, but ran to Dr. Closs's. His answer was, "I will not go. Go to some of the Pitt street men." I said I had tried them and could not get one. I pressed him all that I knew, but all that I could get out of him was, "I will not go," and at last he shut the window and left me on the street. By this time I was pretty nearly beside myself, and didn't know which way to turn. Hardly knowing what to do, I ran down to my shop, and luckily finding my keys in my pocket, I opened the door and lit the gas. The telephone list was in front of me, and the first name that caught my eye was Dr. Macpherson's. I knew that he would not fail me, and I rang him up, receiving at once the answer, without a moment's hesitation, that he would come immediately. I went along the street and met him in a few minutes. He said that he had all the instruments that could be needed excepting one, and he would get the loan of that from Dr. Martin. We hurried to Dr. Martin's, got the instrument, and rushed to my place in Lower London Street. On the way Dr. Macpherson said that if there were forty homœopathists in the house he would not mind. In ordinary cases, he said, their systems were diametrically opposed, and it would not be much use their meeting; but in a critical case of surgery he made it a rule to sink all differences. When we got into the house at 3 o'clock we found the crisis had come, and Mrs. Marshall desperately bad. Dr. Macpherson, as a last resource, and after he had made an examination and saw what was necessary, said the only hope at that stage was to have an operation, and that he would like Dr. Stanley Batchelor with him to assist. He said he would run to the nearest telephone. I suggested Mr. Wilkinson, chemist, in George Street. The doctor then rang up Dr. Stanley Batchelor, who said, without hesitation, that he would come

at once; but on Dr. Macpherson's return to my house he found my wife was dying, and beyond all possibility of help. Dr. Macpherson then telephoned to Dr. Stanley Batchelor, telling him it was too late, and not to come. I make known these facts because I consider it my duty to sink my private feelings, and have the rights and wrongs of the attitude of the doctors thoroughly discussed.

DR. DAVIES'S STATEMENT.

"Dr. Davies replies to Mr. Marshall as follows: Mr. Marshall's story is not quite complete, in so far as it omits the fact that I told him I had not got the instrument. I told him that more than once in answer to his message that he was to bring me and the instrument as well. Of course it would have been no use my going without the instrument. I said I had not got it, but that in any case I would not consult with Dr. Stephenson. Mr. Marshall then said that the patient was in a very serious condition, and I replied that I considered that all the more reason why I should not consult with Dr. Stephenson. Those are the facts, and I thank you for the opportunity of giving my answer. I can understand that in a country place where there are only two medical men, say one homœopathist and one allopathist, if one asks assistance from the other in a case of life or death, such as this was, it is an absolute necessity that they should meet. It would be cruel if they did not. But in a city like Dunedin, where there are a large number of doctors, knowing, as I do know, that some have not the slightest objection to meeting a homœopathist or even a travelling quack, I consider that I, as one of those who do object, have a perfect right to refuse to attend, leaving the case to others who do not mind to attend if they see fit to do so. My refusal causes no extra risk or suffering to the unfortunate patient when others are willing to attend. I consider that my skill is my own property, and that I should not be compelled to dispense with it. As a matter of fact, I cannot be compelled to dispense with it. You may drag a horse to the water, but you cannot force him to drink. If I am compelled to go to a case, I cannot be compelled to use my skill upon it. Supposing I had gone under compulsion, does it necessarily follow that the patient would have got the benefit of my skill? If I had gone under protest, as would have been the case if I went at all, I should have felt very uncomfortable. It is only a few months ago that the same sort of thing happened to me. That, however, was a case in which there was no question of an instrument. Dr. Riley sent to me a message much the same as that which Mr. Marshall brought, and I went without the slightest hesitation, because

Dr. Riley is an allopathic doctor. I might have refused if I had chosen, but I would have considered that I was acting wrongly by a brother practitioner. I do not consider Dr. Stephenson a brother practitioner. Our systems of treatment are utterly dissimilar, and in those circumstances the result would be decidedly prejudicial instead of beneficial to the patient's prospects of recovery. That is all I have to say.

DR. CLOSS'S STATEMENT.

" Dr. Closs made the following statement to our reporter : ' I never refused to consult with Dr. Stephenson—in fact, I have consulted with him frequently ; that he knows. On this occasion I was never asked by him. Mr. Marshall never mentioned Dr. Stephenson's name to me as being in charge of the case, otherwise I would have readily gone. With regard to instruments, had Dr. Stephenson written to me, or to any doctor in the town, an open note I think he would have got the instrument he required, if the doctor had it, and assistance too. As far as I am concerned I think Mr. Marshall bungled the message. I never go to confinements unless I am previously engaged. When Mr. Marshall came to my place I answered the bell from the upstairs window. He asked me to come to a case with instruments. He did not tell me what case it was. He did not say it was his wife, or that there was a doctor in charge. I declined to go, and referred him to Pitt Street. I naturally assumed that the case was in charge of a nurse, who wished a medical man to help her out of the trouble. Mr. Marshall mentioned to me that Dr. Fulton was out, and that Dr. M'Kellar had said he had no instrument, and had therefore declined to go. He did not mention to me the name of Dr. Davies or the name of Dr. Stephenson—the name he should have mentioned. When I say I have previously consulted with Dr. Stephenson, I mean to say that if I had known he was in the case I would have gone. It would certainly have been better if he had sent an open note to me.

DR. STEPHENSON'S STATEMENT.

" Dr. Stephenson, in reply to a question by our reporter, said : ' I was unaware until Saturday night that the details of this painful case were to be made public. I have nothing to say about it, except that Dr. Davies's attitude is not that of the profession generally, who have always given me such assistance as was necessary at a moment's notice, especially in cases of a surgical character.

MR. MARSHALL'S REPLY.

" Mr. Marshall, to whom our reporter read Dr. Closs's

statement, says : There are several inaccuracies in Dr. Closs's statement. I informed the doctor it was a bad case of confinement—a case of life or death—and beseeched him to come. I do not know whether I mentioned Dr. Stephenson's name or not. I was in such a terrible state that I cannot say whether I did or not. If he had asked if there was a doctor in the case he would have got the information instantly. I asked him if he could direct me to any doctor who would help in such a case, as every moment was precious, and he said he did not know. He then shut the window down, and left me standing on the steps in front of his house in the rain and the blackness of the night. ”

We now transcribe the editorial :—

“ It is with a sense of deep pain we publish this morning some particulars of the sad circumstances that surround the death on Thursday last of the wife of Mr. G. M. Marshall, of this city. The circumstances disclosed are, indeed, of so melancholy a character, and reflect so strongly on the humanity of at least one of Dunedin's prominent medical men, as to cast an almost indelible stigma on an honourable profession. That stigma can only be removed by the prompt repudiation by the Otago Medical Association of any sympathy with the heartless and utterly callous action and sentiments of the member of the Association referred to. Dr. Davies will find it an exceedingly difficult thing to convince this community that the attitude assumed by him in connection with this distressing case can be justified, on any ground but that of a hide-bound adherence to professional etiquette of so cruel a character, as to revolt the feelings of all who read the piteous tale. It has become an axiom with those who follow the profession of medicine that their calling is a noble one; that the alleviation of the sufferings of those who are stricken with disease, or who from accident or natural causes require the skilled and patient and soothing aid of a trusted practitioner, is a duty which brings with its practice the conscientiousness of a great service rendered to suffering fellow mortals that far outweighs the material rewards that follow. And if medical men are justified in placing their profession on so high a plane, because of the special and invaluable services it renders in the relief of the thousand ills to which flesh is heir, how much more keenly should those services be appreciated when they are rendered at the most critical time of a woman's life—that distressing time when she has a right to look for all the kindness, all the sympathy, her relatives and friends can bestow, and the prompt, skilful, and careful attention of the professional man who is in attendance. Yet it is in such a case, and one of a most critical character, that

Dr. Davies belied the humane traditions of his noble calling, turned a deaf ear to the anguished appeal of a distracted husband, and left an unfortunate woman to die under circumstances at once so pathetic and so agonising that they cannot fail to arouse feelings of the deepest indignation in the community. And what has Dr. Davies to advance in defence of the position he has taken up? It will be seen that the case was one in which the family doctor is a duly qualified allopathic man, who from choice practises homœopathy. He found that the case was going to be a critical one, and that it would necessitate the use of a certain instrument with which he had not provided himself. He informed Mr. Marshall that he thought his wife was going to be very bad, that it would be necessary to get another medical man to assist, and that the latter must bring the instrument referred to. Mr. Marshall at once hurried off for the necessary assistance, and, after ineffectual trials at the residences of three other doctors, two of whom were out and the third a young practitioner who had had no experience in a case such as that described to him, he went to the residence of Dr. Davies and roused him, appealing to him in the most urgent manner to return with him to his house, but without avail. And now let Dr. Davies speak for himself in defence of the position he took up. Saying preliminarily that he told Mr. Marshall he had not got the instrument that was required, and that it would have been no use going without it, he continues: '*In any case, I would not consult with Dr. Stephenson.*' So that it would have made no difference to Dr. Davies had he been in possession of the instrument which alone, it appears, in the hands of a skilful practitioner, would have given this poor woman a chance for her life; he would not have moved a step, because the medical man in attendance on her chose to practice homœopathy. And he then goes on to say, when Mr. Marshall urged that the patient was in a serious condition, 'I replied that I considered that all the more reason why I should not consult with Dr. Stephenson.' There can be only one meaning to this: it is that rather than be associated with a homœopathic practitioner in a case in which there was risk of the patient dying, he was prepared to stand on a miserable point of etiquette, and refuse assistance which might have resulted in a valuable life being saved. Let Dr. Davies's own words in developing his laboured and unconvincing defence of the position he takes up, again speak for themselves: 'In a city like Dunedin, where there are a large number of doctors, knowing, as I do know, that some have not the slightest objection to meeting a homœopathist or even a travelling quack, I consider that I, as one of those who do object, have

a perfect right to refuse to attend, leaving the case to others who do not mind to attend if they see fit to do so. My refusal causes no extra risk or suffering to the unfortunate patient when others are willing to attend. I consider that my skill is my own property, and that I should not be compelled to dispense with (*sic*) it. As a matter of fact, I cannot be compelled to dispense with it. You may drag a horse to the water, but you cannot make him drink. If I am compelled to go to a case I cannot be compelled to use my skill. Suppose I had gone under compulsion, does it necessarily follow that the patient would have got the benefit of my skill? If I had gone under protest, as would have been the case if I went at all, I should have felt very uncomfortable.' The clear inference from the whole of this extraordinary statement is that Dr. Davies, rather than be made 'uncomfortable' by association with a homoeopathic practitioner, in a case of life or death, is prepared to let the innocent patient die, it matters not to him in how great agony or under what distressing circumstances. For Dr. Davies's argument that his refusal 'causes no extra risk or suffering to the unfortunate patient when others are willing to attend,' is at once disposed of and shown to be fallacious by what happened in the case of Mrs. Marshall. Fortunately there were medical men with a more liberal and a nobler conception of what is due to their fellow creatures, and the public will honour Dr. Macpherson and Dr. Stanley Batchelor for their prompt response to the appeal that was made to them. But, alas! they were too late to be of service. The lapse of time between the hour at which Dr. Davies was appealed to and that at which Dr. Macpherson arrived on the scene, precluded all chance of a successful application of the surgical skill that ought to have been available at the critical moment. We do not envy Dr. Davies his feelings. It will take all his sophistry and all his laboured argument to convince people who have a spark of feeling for their fellows, that there can be any justification for the resolute refusal of a medical man to exercise his professional skill in cases where it is urgently demanded; and we shall be surprised if the outraged feelings of the community do not convince him that the callous attitude he has taken up must be abandoned, if he wishes to retain the confidence and respect of his fellows. What we have written with respect to Dr. Davies does not apply to Dr. Closs, for he asserts that he would have been quite willing to meet Dr. Stephenson had he been informed the latter was in attendance in the case; but it seems to us his action in declining to accede to Mr. Marshall's agitated appeal for help, without thoroughly acquainting himself with the circumstances under which it was made, is open to grave censure. What course

the Medical Association will choose to take over this distressing case, we do not know. It is obvious that it cannot be allowed to rest. Painful as reference to it must be to the bereaved husband, he will, we feel sure, have the sympathetic support of his friends and the public if he brings the matter formally under the notice of the Association, in the hope that it will, by such action as it may take, prevent the chance of repetition of such a blot on the honour of the profession as the action of Dr. Davies has caused. It appears to us that, so far as the case under notice is concerned, the Association has a clear duty before it. Dr. Stephenson is a duly registered medical man, who, even if he does prefer to practice homœopathy, has an equal right with his brother professionals to ask for the help which is frequently necessary in critical cases. It would be idle for members of the profession to say, as Dr. Davies does, that they do not regard Dr. Stephenson as a professional brother, and to carry that view to the extreme of refusing to associate with him in cases where surgical help is called for. Any duly qualified medical man, placed on the register of the colony by virtue of his diploma, should be placed in the position of being able to secure help, even though he prefers to practice homœopathy, in cases where an allopathic practitioner would have a right to look for it. The general interests of the public should be of first importance in considering the question, not points of professional etiquette or prejudice, and we sincerely trust that liberal counsels will prevail when consideration is given to the matter, and that such a scandal as that to which attention is now being directed will never again be allowed to sully the name of the medical profession in New Zealand."

HOGAN'S NERVE.

"I HEAR Hogan is sick," said the barber.

"Yes, but he's better now," said the bailiff. "He went to a doctor, who looked him over and then wrote out a prescription.

"How much will that cost, doc?' asks Hogan.

"About a dollar and a half,' says the doctor.

"Have you got that much to loan me, doc?' says Hogan.

"The doctor took the prescription back and crossed off all of the items except 'aqua pura.'

"You can get that for ten cents,' he says, handing it back to Hogan; 'and here's a dime.'

"Don't I have to take those things you scratched off?' asks Hogan.

"No,' says the doctor. 'Those are nerve tonics. You don't need 'em.'"—*The Doctor*, April,

OBITUARY.

SELDEN HAINES TALCOTT, A.M., M.D., Ph.D.

It was only in our July issue that we had the pleasure of recording the dinner given to Dr. Talcott, and of expressing our appreciation of the man and his valuable work in regard to the homœopathic treatment of the insane in the Middletown State Asylum, now known as the Middletown State Homœopathic Hospital. And now we have the sorrow of announcing his death, which took place while we were writing our notice for July. He was born in 1842, and died on June 15th, 1902.

Dr. Talcott was altogether too remarkable a man for us to pass over his death with this brief announcement. We therefore reproduce the sympathetic notice from the pen of Dr. C. Spencer Kinney, which appeared in *The Hahnemannian Monthly* for July:—

“In the death of Dr. Talcott the homœopathic profession loses one of its strongest advocates, inasmuch as he was one of the first to fully demonstrate the successful application of homœopathy in the treatment of the insane.

“Nature had endowed him abundantly with her gifts, and he used them wisely, as shown by his record, beginning in the old Academy at Rome, N.Y., and in his service in the 15th Regiment of the New York Volunteer Engineers during the Civil War; in Hamilton College, where he graduated in 1869, and in the New York Homœopathic Medical College and Hospital, from which he graduated in 1872; in his practice in Waterville, N.Y., where he was associated with Dr. E. A. Munger, whose daughter, Sarah A. Munger, he married; and at Ward’s Island Homœopathic Hospital, New York City, where he served as Chief of Staff from early in 1875 until April 24, 1877, when he resigned in order to take up his work as Superintendent of the Middletown Asylum, now known as the Middletown State Homœopathic Hospital.

“From his entrance into prominent official professional life he has attracted the attention of those who were opposed to him, as well as the admiration of his friends, by his ability, industry, and tact, and by the successful manner in which, at all times and in all places, he has shown his unwavering adherence to the principles of old-fashioned homœopathy. Upon assuming the duties of Medical Superintendent at Middletown, he at once began the work of placing the institution on a sound financial basis, watching all expenditures

closely to see that they did not at any time exceed the income derived by the hospital.

“He believed that, as it was a State institution, all classes of taxpayers should be freely received, and that to each and every patient should be given that degree of care and attention individually demanded by his social, physical, and mental needs. The good of the patient was to be considered at all times, irrespective of the cost that this needed care and attention might involve. This he demonstrated was practicable, and it is a tribute to his executive genius that the Middletown Hospital won a name that is second to none other of its class in the world.

“Untrammelled by previous experience with the insane, at a period in which old-time methods of labour, detention, seclusion, and chemical and mechanical restraints were in vogue, his generous and philanthropic mind turned naturally to the study of hospital methods for the care and relief of the insane, with results that hitherto no superintendent in this country had ever attained.

“Sympathetic kindness, unceasing watchfulness, homœopathic and consequently humane treatment, became the ruling essentials, and the employment of hospital methods gradually crystallized into the “Hospital Idea,” which meant the best care obtainable for the sick insane. To quote the doctor’s own words, ‘We have always endeavoured to practice the precepts of the Golden Rule in behalf of our patients. We have given them the benefits of the rest-treatment, which is simply obedience to that injunction of the Healer of Gennesaret, ‘Come unto me all ye that labour and are heavy laden, and I will give you rest.’ We have always believed that an exhausted physical system must be recuperated and thoroughly nourished before the nervous system can take on that tone and temper which makes it the fit residence of a sane and natural mind.’

“Conscientious attention and homœopathic treatment, with kindness ever uppermost, soon brought the Middletown Hospital marked approbation from the critical public, and the reports issued yearly by Dr. Talcott have been models in their way—full of interest to the profession and of high literary excellence. As one prominent alienist of the old school said to me, ‘The reports of the Middletown Hospital are the only ones I save. They are of value, and I frequently refer to them.’

“Dr. Talcott’s work made the Middletown Hospital favourably known throughout Europe, as well as in this country, one of the best reviews of the year’s work done in Middletown coming from Belgium. When he first went to Middletown

there were about one hundred patients ; now there are nearly 1,300 ; and the admissions during the hospital's life aggregate 6,000 and over.

" Just one month ago, on the evening of the dinner given to Dr. Talcott, commemorating his twenty-fifth anniversary at Middletown, Dr. William Tod Helmuth, who had prepared a poem for the occasion, and who was to have been the last speaker, passed away at his home just as the banquet closed. We give the verses here, as read by Dr. George W. Robertson that evening. (The verses we printed in our July issue when recording the death of Dr. Helmuth.—Eds.)

" What the profession has lost, what the public has lost, and what his wife has lost, is beyond ordinary expression. Our sympathy goes out to them.

" Ever helpful to others, he received recognition from his college, it having conferred upon him the degree of A.M. in 1872 and Ph.D. in 1882. He has been President of National, State, and County Homœopathic organizations. As a public speaker he had few equals, as a writer he was one of the best in our school. He has contributed only one volume to our medical literature, that on ' Mental Diseases and their Modern Treatment ' ; but he has written freely upon subjects connected with his work, and these articles have been printed in many of our journals and society transactions.

" As Professor of Mental Diseases, many old students of Hahnemann, and, later, those of the New York Homœopathic Medical College and Hospital, will remember their versatile teacher with pleasure. That kindness, sympathy, and helpfulness he so willingly gave out to others will be remembered by thousands who came within the radius of his forceful personality. As Secretary Hay said of McKinley, so can we of Talcott :

" ' History is inexorable. She takes no account of sentiment and intention ; and in her cold and luminous eyes that side is right which fights in harmony with the stars in their courses. The men are right through whose efforts and struggles the world is helped onward, and humanity moves to a higher level and a brighter day.' "

CORRESPONDENCE.

THE RICHARD HUGHES MEMORIAL.

To the Editors of the " Monthly Homœopathic Review."

DEAR SIRS,—I beg to enclose a further list of subscriptions to the Hughes Memorial, since that published in your July issue.

There are still many well-known names amongst us whom we should be very sorry to miss from the completed list, and we would urge all who have not yet sent in their promises or cheques to do so without delay. I also enclose copy of a letter received by Dr. Burford, in reply to one sent by him as Chairman of our Committee, to the American Institute of Homoeopathy, which is most gratifying.

I am, yours faithfully,

E. M. MADDEN.

Secretary to the Hughes Memorial Committee of the B.H.S.
Burlington House, Bromley, Kent.
21st July, 1902.

SUMS RECEIVED OR PROMISED SINCE LAST LIST WAS PUBLISHED.

	£	s.	d.		£	s.	d.
Mr. A. P. Welsh, J.P.	3	3	0	Dr. S. Morgan	2	2	0
Dr. Sandberg	1	1	0	„ Austin Reynolds ..	1	1	0
„ G. Scriven	2	2	0	„ Fredk. Neild	5	5	0
„ T. E. Purdom	3	3	0	The Misses Madden (per			
„ J. W. Ellis	2	2	0	Dr. Madden)	10	0	0
„ H. V. Münster	0	10	6				
„ Percy Cox	1	1	0		40	19	6
„ Proctor	2	2	0	Previously reported	227	11	0
Mr. James Epps	5	5	0				
Dr. Pullar	2	2	0	<i>Total</i>	<u>£268</u>	<u>10</u>	<u>6</u>

Received later, Mr. George Norman, £5 ; Dr. W. Roche, £2 2s. ; Rev. O. and Mrs. Heywood (per Dr. Hall) £2 2s.

DEAR DR. BURFORD,—You will be glad to know that we raised nearly \$800 for the Hughes Memorial Fund in less than twenty minutes on the first afternoon of our Institute meeting. We hope to make it an even \$1,000 before we get through with it. I presented the matter to the Institute, and then turned it over to Dr. J. H. McClelland, which, as you know, places it in excellent hands. I think that all who subscribed considered it a real pleasure to be able to testify in a somewhat substantial way our high regard for the memory of Dr. Hughes. Will you kindly express to Mrs. Hughes my profound sympathy.

We had one of the most successful meetings in the history of our national organization last week. I shall hope, before many years, to have the pleasure of renewing my acquaintance with my British friends, as I also hope that you and others may give me the pleasure of shaking you by the hand on this side of the water.

With warm regards, I beg to remain,
Sincerely yours,

JAMES C. WOOD.

Cleveland (U.S.A.)
24th June, 1902.

NOTICES TO CORRESPONDENTS.

* * We cannot undertake to return rejected manuscripts.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. DYCE BROWN.

The Editors of Journals which exchange with us are requested to send their exchanges to the office of the *Review*, 59, Moorgate Street, London, E. C. ; or to Dr. DYCE BROWN, 29, Seymour Street, London, W. Dr. POPE, who receives several, has retired from practice for the last two years, and now lives at Monkton, near Ramsgate.

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We regret that Dr. McLACHLAN's paper has been crowded out owing to the Congress Report.

Communications have been received from — Dr. McLACHLAN (Oxford); Mr. KNOX SHAW (London); Dr. MADDEN (Bromley); Dr. GOLDSBROUGH (London); Dr. CHRISTOPHER VON HARTUNGEN (Riva, Italy).

BOOKS RECEIVED.

The Principles and Practice of Homœopathy. By Richard Hughes, M.D., etc. London: Leath and Ross, 1902. *The Homœopathic World*, July. *The Journal of the British Homœopathic Society*, July. *The Medical Times*, London, July 19. *The Vaccination Enquirer*, July. *The Calcutta Journal of Medicine*, May. *The Homœopathic Recorder*, June. *Orange County Press*, Middleton, New York, June 17. *The Pacific Coast Journal of Homœopathy*, June. *The Medical Century*, July. *The Medical Brief*, July. *The Clinique*, June. *The Minneapolis Homœopathic Magazine*, June. *The Homœopathic Envoy*, July. *The Hahnemannian Monthly*, July. *The Medical Times*, New York, July. *Otago Daily Times*, Dunedin, N.Z., May 19. *Leipziger Populäre Zeitschrift für Homœopathie*, July. *Allgemeine Homœopathische Zeitung*, July 3 and 17. *Homœopathisch Maandblad*, July. *Annals de Medicina Homœopathica*, Rio de Janeiro, April. *Revista Homœopatica Catalana*, Barcelona, July. *La Propaganda Homœopatica*, Mexico, June.

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