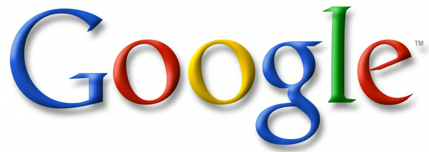

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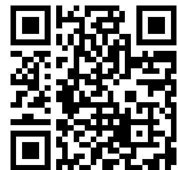

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THE MONTHLY

# HOMŒOPATHIC REVIEW.

## THE OTAGO BRANCH OF THE BRITISH MEDICAL ASSOCIATION AND HUMAN LIFE.

In our issue of last month, in the "Notabilia" section, we extracted from the *Otago Daily Times* of May 19th the report of a gross scandal which had occurred in Dunedin, New Zealand. An allopathic doctor, Dr. Davies, was called in a great emergency by Dr. Stephenson, a homœopathic doctor, to assist him in the management of a case of confinement, the patient being the wife of Mr. G. M. Marshall, a well-known chemist in Dunedin. Dr. Davies refused point-blank to go because Dr. Stephenson was a homœopath. Mr. Marshall was sent from post to pillar for other assistance, but by the time that he succeeded in getting a doctor to come to his wife it was too late, and the lady died. We also extracted the able editorial article from the *Otago Daily Times* commenting severely, but justly and impartially, on Dr. Davies' conduct, and expressing a hope that the local Medical Association would take the matter up, and so act as to lull the "storm of indignation," as the newspaper of a subsequent date called it, which had been aroused in Dunedin in consequence of this appalling incident. We have now received a copy of the *Otago Daily Times* of June 3rd, in which we find the result of the deliberations



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of the Otago Medical Association, which we quote from the above-named newspaper :—

"MEETING OF THE MEDICAL ASSOCIATION.

"As the result of the press comments and strong public indignation expressed, a full meeting of the Otago section of the New Zealand Branch of the British Medical Association was held on the 19th ult., when the following resolutions were passed with regard to the MARSHALL case :—

"'(1) That it be pointed out that Dr. STEPHENSON has himself exonerated the medical profession in Dunedin from the charge of refusing assistance in urgent cases, and that the rules governing the conduct of the profession with regard to homœopaths are contained in the Code of Medical Ethics (adopted by the New Zealand Medical Association) which state on page 24: "That there is no profession in the National Code of Ethics in anywise inconsistent with the broadest dictates of humanity, and that the article of the code which relates to consultations cannot be correctly interpreted as interdicting, under any circumstances, the rendering of professional services whenever there is a pressing or immediate need of them. On the contrary, to meet the emergencies occasioned by disease or accident, and to give a helping hand to the distressed without unnecessary delay, is a duty fully enjoined on every member of the profession, both by the letter and by the spirit of the entire code."'

"'(2) Resolved—That the Medical Association regrets that the press has thought fit to comment on a matter involving the medical profession, before the Medical Association had had an opportunity of considering the question and making their position clear; objection being taken, not to the statement of facts, but to comment on the case by correspondents and by the press.'

"Further consideration of the matter was left over until the ordinary meeting."

The *Otago Daily Times* thus continues as follows :—

"INDIGNATION OF THE PUBLIC: SEVERE PRESS COMMENTS.

"The publication of the facts of the case and the statements made by the medical gentlemen concerned, especially the statement of his attitude by Dr. DAVIES, aroused deep public indignation, and we felt constrained to comment in severe terms upon the facts disclosed and the attitude

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which had been assumed by some of the medical men. We contended that a stigma had been cast upon the medical profession, which could only be removed by the prompt repudiation by the Otago Medical Association of any sympathy with any such heartless and callous action and sentiments.

"Drs. Closs and Davies in Explanation.

"It is scarcely necessary to state that the general feeling of the community was that the Medical Association had not dealt adequately with the matter, and it is safe to say that there was an intense feeling of disappointment at the attitude taken up. The next step was the calling on the editor of the *Otago Daily Times*, on the 20th ult., of Dr. Closs, who felt that his position in connection with the case had not been stated so fully and so clearly as it might have been, and that when the exact circumstances were fully known the public would think he was not fairly entitled to any censure in connection with the case. He informed us that his practice is almost entirely that of a surgeon, that he has practically given up practice as an accoucheur in order that he may be more fitted to deal with the surgical cases that form by far the greater part of his work. He urges that if a doctor who does devote himself to this particular branch of his profession is subject to frequent calls at night, and in many cases when it subsequently transpires that the call is unnecessary, his own special work is seriously interfered with.

"On the same date the following letter to the editor was received:—

"Sir,—Understanding that the statements of Mr. Marshall to the press were to come before the Medical Association, I refrained from addressing myself to the press until after the Association met; and as regards the Association, I may add that I naturally forebore from speaking to any of my professional brethren on the subject before the meeting took place. That my remarks to the press were calculated to convey my views in the harshest manner, I candidly felt to be the case when I saw them in print. I am, however, not very ready at the expression of my thoughts when taken on the sudden, and added to this it should be remembered that I was called upon to state my views on the subject of allopaths *v.* homœopaths—a much-vexed question—immediately upon hearing the

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very sad statement made by Mr. MARSHALL. But without dealing further with that view now, I wish to point out that your article and the letters which have since appeared in the papers have been written without a due appreciation of the circumstances. I had within the last eighteen months formally intimated to Dr. STEPHENSON that I could not meet him in consultation. He had not sent for me in particular in this case, and, knowing how essential it is in the interests of a patient that two medical men meeting in consultation should not have personal prejudices to each other, I say that the graver the case the more imperative it was in the patient's best interests that Dr. STEPHENSON and I should not meet. In a place where there are other medical men, not possessed of the same prejudices as myself towards meeting Dr. STEPHENSON, the welfare of a patient would undoubtedly demand a more welcome and more suitable consultant with him than I could be expected to be.

"Then as to the question of urgency, it is the misfortune of medical men to be frequently deceived by messages of an alarmist character, but sometimes they are able to judge from the terms of the message whether the case is urgent in the sense it is represented to be. In this particular case I had the means of judging, to a certain extent, of the urgency from my knowledge of the conditions under which the instrument asked for is required. From my knowledge of the use of this instrument I at once drew the inference that the case was of no unusual urgency, and therefore not a case in which I should obtrude myself on Dr. STEPHENSON when there were other medical men whose presence would be more acceptable in consultation, and therefore undoubtedly more calculated to be useful to the patient. The instrument in question is one that is not hurriedly used, but only after the most mature consideration. I did not therefore see in the request that the case was of such a character as not to admit of a more suitable consultant, and one who possessed the instrument required, being summoned. I might add that this instrument, which I have never used during the course of twenty years' practice, is employed for destroying the life of the child in order to render birth possible, or, in the case of the child being already dead, to reduce the size of the head, which otherwise would prevent delivery. As the possibility of the survival of the child can only be

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determined after the gravest deliberation, I need hardly say that this procedure is therefore only adopted after thorough consultation.

I am, etc.,
JOHN M. L. DAVIES,
M.R.C.S.E., and L.R.C.P. (Ed.).
PITT STREET, DUNEDIN, *May* 20.

---

THE PRESIDENT OF THE NEW ZEALAND BRANCH IN EXPLANATION.

"On the 21st of May we received the following letter for publication :—

TO THE EDITOR.

"SIR,—The resolutions of the Medical Association with reference to the sad case in which Dr. DAVIES was concerned have not satisfied the press. Nothing would be more deplorable than a wordy warfare about unessential points. I am certain that the criticisms of the press have been impelled by a sense of public duty. May I ask that the same charity be extended to the acts of the Association ? I understand it is urged that the Association did not repudiate the sentiments expressed by Dr. DAVIES, as reported in your columns. I regret that our statement was not explicit. It was meant to be so, and I now give you my assurance that the Association DO REPUDIATE the sentiments expressed by Dr. DAVIES.

"Next, the question has been asked: 'In the event of any person calling in a doctor at any hour, do your Association consider it right that he should be sent from door to door until such assistance is obtained ?' No; it is not right.

"But, with your permission, I will point out some of the difficulties in dealing with those cases, and what I think ought to be the remedy. The time comes in the life of every medical man when he is compelled to limit the amount of casual work which he can undertake. It becomes a pure physical impossibility that he—a busy man approaching or passing middle age—can go on night and day. If he does attend to every impassioned appeal for help, he soon finds that his work is curtailed in other directions. The provident man who has arranged for his services beforehand is unable to get him. His own health breaks down, and his usefulness practically ceases. Note

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that the number of members of the community who suffer by this inability of medical men to do the impossible is not a great one. The provident of all classes make arrangements in health for medical attendance in sickness. Accidents, of course, may happen, and it may be impossible to obtain the needed services at the right time. Medical men have always recognized this difficulty, and meet it to the best of their power. But to meet it effectively needs some organisation, such as we find in the Assistance Publique of Paris. In each arrondissement there is a public office open night and day, where the names of medical men willing to attend cases of urgency can be obtained. The Bureau makes itself responsible for the first fee. Some such scheme might easily be adopted here, either (as I think in Paris) by municipal enterprise, or by the State, or by private initiative.

"Finally, may I say something which may explain the attitude of the profession towards Dr. DAVIES? We have known him as a practitioner among us for the last twenty years. He has always been diligent in his profession, careful and conscientious in his work, helpful to his brother practitioners, a most loyal comrade, and has given his services freely to those who could not afford to pay for them. Further, we know, as no layman can, that the circumstances of the message brought by Mr. MARSHALL were such as to lead anyone to assume that the case was one of no special urgency. If it had been in Dr. STEPHENSON's mind that a fatal result might ensue, we may fairly assume that he would have written a note, either to the recognized specialist in that branch of medicine or to some practitioner of standing and experience. He did not do so. He merely sent for the nearest doctor, the fair inference being that the case was one of a very ordinary class, where the need of help was present, but was not of any urgent or immediate force. Dr. DAVIES might fairly consider that under those circumstances any other medical man would be more useful to Dr. STEPHENSON than himself.

"May I add, knowing how quick some of your readers are to impute evil motives, that I am certain that no slur can be cast upon Dr. STEPHENSON's skill, and that the sudden end was one of those awful tragedies which take the most skilful and experienced men by surprise, and cannot be provided for. Under those circumstances, it is not surprising that we are not prepared to join in the

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outcry against a tried and trusted member of our profession because he has done an ill-judged thing, and said some words which are undoubtedly capable of bearing a bad construction. We prefer to judge the man by his acts rather than by his words, which he has practically withdrawn and apologised for.

"May I make an appeal to you and your readers that the time has come to temper justice with mercy—to leave the further criticism of Dr. DAVIES to those men and women who have never erred—have never left the right thing undone and done the wrong, and have never said the wrong word and uttered yesterday the sentences which to-day they would give anything they possess not to have uttered.

I am, etc.,
THE PRESIDENT BRITISH MEDICAL ASSOCIATION
(N. Z. BRANCH).

---

ANOTHER MEETING OF THE OTAGO SECTION.

"At the ordinary meeting of the Otago Branch of the British Medical Association, held on the 28th ult., the following resolution was passed: 'That the action of the President of the New Zealand Branch of the British Medical Association in writing his letter of May 22 to the press be approved, and that the opinions expressed by him in that letter be accepted as the opinions of the Association.'"

We have given our readers the statement of the case from the *Otago Daily Times* before making any comments on this incident, which reflects strongly on Drs. DAVIES and CLOSS as members of our noble profession, and also on the Otago section of the New Zealand Branch of the British Medical Association.

It is no wonder that the editor of the *Otago Daily Times* says that "it is scarcely necessary to state that the general feeling of the community was that the Medical Association had not dealt adequately with the matter, and it is safe to say that there was an intense feeling of disappointment at the attitude taken up." And this must be the feeling of any unbiassed mind on reading the resolutions passed at the meeting of the Association. To begin by saying in the first resolution that Dr. STEPHENSON had "himself

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exonerated the medical profession in Dunedin from the charge of refusing assistance in urgent cases" is nothing to the point at issue. It is very generous of Dr. STEPHENSON to say so, and just what we should have expected from a gentleman. But the question at issue was the recent gross and heartless action of one of the members of the Association. This was the *raison-d'etre* of the meeting, and the public expected to get a clear and honourable repudiation of such action on the part of the Association. This it did not get. The resolution simply went on to say that the rule in the Code of Ethics adopted by the New Zealand Medical Association in regard to consultations with homœopaths not only did not prevent any member rendering assistance in urgent cases, or "where there is a pressing and immediate need" of such assistance, but "on the contrary, to meet the emergency occasioned by disease or accident, and to give a helping hand to the distressed without unnecessary delay, is a duty fully enjoined on every member of the profession, both by the letter and the spirit of the entire code." This is very clear, and its clearness shows how egregiously Dr. DAVIES had broken this rule. Such being the case, one would have thought that the Association would, at the very least, have reprimanded Dr. DAVIES for such a heartless breach of the rule, resulting in the death of the patient, and would have also distinctly disclaimed any sympathy with its recreant member. But nothing of the kind is noticed in the resolution. It is simply an academic utterance of the rule of the Association, and does not even name the offender or his action. The effect on the mind of anyone reading the resolution would be that the Association thought the offence such a minor one as to call for no action beyond stating the rule, and that they were, in thus ignoring the case which they had met to discuss, practically making themselves "accessories after the fact," as the legal phrase has it. This seems to be the view taken by the public of Dunedin, who are not, evidently, inclined to be put off by such quibbling. The second resolution is quite in keeping with the terms of the first, and is a unique example of calm insolence to the public and the press. It only shows how little the Association seems to have realized the situation. They actually resolved to censure the press and the public for expressing any opinion on such a grave scandal on the

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profession, without waiting to hear the judgment of this Solomon of an Association. And this, too, while stating that their objection was not to the statement of the facts. Had they been able to show that the facts were wrongly stated and required to be corrected, we could have perhaps understood the resolution. But that the Association should gravely object, not to the statement of facts which could not be gainsaid, but to public comments and press articles on the case, is simply astounding. The indignation in Dunedin was evidently, and justly, intense, and the press and public would have been doing less than their duty had they not at once taken up the incident and expressed their opinions freely—opinions, moreover, that no one could do otherwise than back up in order to get the blot on the medical scutcheon of Dunedin and on the profession in general removed. The public and the press had nothing to do with the Association as a judge, or a jury, or a court of appeal, save that they looked to it, as the corporate representative of the medical profession and of medical opinion, to clear themselves from any sympathy with such want of humanity masquerading in the guise of so-called medical ethics. And not only to clear themselves from any sympathy with such behaviour, but to actively and decisively repudiate it in language that could not be mistaken. The Association, on the contrary, shirked such an issue, and seemed to look on themselves in the light of a legal court of law, whose business was to give a dry, legal decision and nothing more. So little did the Association appreciate the situation, that we find it calmly stated that, after the resolutions were passed, "further consideration of the matter was left over until the ordinary meeting." This is simply immense. We have seen that public opinion was not satisfied with these *ex cathedra* utterances, and it is evident that the President of the Association was given to understand this very clearly. The effect of these expressions of public and press opinion, therefore, was to cause the President to write the letter to the *Otago Daily Times*, which we have quoted above. In it he, it is evident, also fails to grasp the acuteness of the situation. After saying that he finds that the resolutions of the Association did not satisfy the press, he says "nothing would be more deplorable than a wordy warfare about unessential points." Unessential points, forsooth! The

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essential points are well understood by the press and the public, but are ignored by the Association, whose President talks in this unique manner. He patronizingly says, "I am certain that the criticisms of the press have been impelled by a sense of public duty." How generous and large-minded a man this is! And then adds, "May I ask that the same charity be extended to the acts of the Association." For our part, we cannot see where the charity is expected to come in. The Association passes two resolutions; there they are, that anyone who runs may read. He continues, "I understand that it is urged that the Association did not repudiate the sentiments expressed by Dr. DAVIES as reported in your columns. I regret that our statement was not explicit. It was meant to be so, and I am giving my assurance that the Association DO REPUDIATE (the capitals are *not* ours) the sentiments expressed by Dr. DAVIES." Of course, when a gentleman makes such a statement we must accept his word. But it is the first time we ever heard of a meeting called for a very special and very grave reason passing resolutions clearly worded, and evidently carefully prepared, which had to be apologized for by the President, and which, he tells us, were meant to express what they certainly did not. They seemed to be constructed so as to avoid the possibility of what we are told they "meant to express" being perceptible to the average mind of the press and the public. Although, however, the President's letter has been evidently forced from him by the pressure of the press and of public opinion, yet we feel greatly relieved to find that he and the Association do repudiate (in capitals) "the sentiments expressed by Dr. DAVIES," and that at a subsequent meeting of the Association a resolution was passed approving of the President's letter, and accepting his statements as the opinions of the Association.

This is at last satisfactory, although wrung from the President of the Association by public opinion. How much better it would have been for the reputation of the Association if this repudiation had come voluntarily and clearly as part of the resolutions, and not as what seems to an outsider very like an after-thought. And we must say that the rest of the President's letter sustains this lurking suspicion on our part. It is quite beside the mark, and seems to aim at a practical whitewashing of Dr.

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Davies in spite of the repudiation of his "sentiments." That a doctor, who is advancing in years, and has a busy practice, has to curtail his practice, "limit the amount of casual work," and not "go on night and day," goes without saying. Everyone—the public in general—understands this, and thinks it quite right. But this is no excuse for Dr. Davies' action. No right-minded doctor, in spite of such necessary curtailment of work, would think for a moment of letting this be an excuse for refusing to go in a rare and really urgent case. The reasoning of the President is palpably absurd, and to follow up by advising the formation of a Public Assistance Department in Dunedin, as in Paris, is a mere evading of the real question at issue and a poor example of special pleading. So, also, is the President's description of Dr. Davies' general character and reputation. This is, no doubt, all correct, but only makes his recent action all the more extraordinary and heartless. Finally, the President's appeal to the editor and his readers to consider "that the time has come to temper justice with mercy, and to leave the further criticism of Dr. Davies to those men and women who have never erred—have never left the right thing undone, and done the wrong, and have never said the wrong word and uttered yesterday the sentiments which to-day they would give anything they possess not to have uttered," is one of the purest bits of special pleading we have seen for a long time, and is worthy of a certain class of lawyers who have no case. The advice and sentiment are unobjectionable, but the first point to ascertain is whether the man who has done a wrong action, or said things equally atrocious, is really regretful of his speech and actions. If not, there is no room to temper justice with mercy. If Dr. Davies had freely admitted that he had acted and spoken in a way that he was ashamed of, that he had done and spoken as he did on the impulse of the moment, and that he much regretted both the action and the words, no one would have refused to accept his regrets and apologies. But we find nothing of such repentance in Dr. Davies' communication to the reporter of the *Otago Daily Times*, which we printed in our last month's issue. This communication was made after he had had ample time to consider his position and to express regret at what he had said and done; and in his letter to the editor, which we have above extracted

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from the newspaper, he, to our view, only makes matters worse by defending himself through thick and thin, and failing, as far as we can read it, to express any real regret at what he said and did. There is, in fact, no place for mercy to come in to temper justice, and it is Dr. DAVIES himself who is to blame for this.

The whole story is one of the most egregious and melancholy examples of ignorant bigotry masquerading under the guise of so-called Medical Ethics, as we have already remarked. No one, we venture to say, who is not absolutely ignorant of what homœopathy is, and who is correspondingly and consequently bigoted in his detestation of it, could possibly have acted and spoken as Dr. DAVIES did. Not only to refuse point-blank to go and see Mrs. MARSHALL *because* she was being attended by Dr. STEPHENSON, but when told that the case was one of extreme urgency, to say that that was all the more reason why he would not go, indicates a mental and moral state that we have no words to characterize. And why all this? Simply because Dr. STEPHENSON had added to his general professional knowledge a knowledge of homœopathy, which knowledge he had found from practical experience to give better results in the treatment of his patients than those he obtained from old-school treatment, and who in consequence, as an honest man who felt conscientiously bound to do the best he knew for his patients, practised openly in accordance with the homœopathic law of similars. It would hardly be believed in this twentieth century that this honesty in following one's convictions in order to do the best for one's patients could have provoked such " sentiments," actions, and words as we have had the pain to reproduce. But so it is. " 'Tis true, 'tis pity, and pity 'tis 'tis true." Were it not that we know that though there must be black sheep in every fold, the fold is not to be consequently reckoned black, and that the case in point is an exception, though a very grim one, to the general rule, we should feel ashamed of our profession. But we rejoice that our profession is a noble and self-sacrificing one, and that the record of such a story as we have had to comment upon must fill the mind of every right-thinking and honourable member of the profession with feelings which it is difficult to put calmly into suitable language. In the light of such belief we, however, intensely regret the position taken up by

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the Medical Association of Dunedin in not taking much stronger steps for their own reputation than these milk-and-water and impertinent resolutions, followed by an expressed repudiation forced from them by public opinion; such repudiation, moreover, being diluted and minimised by the subsequent special pleading and practical white-washing of the culprit on the part of the President of the Otago Branch of the British Medical Association.

We cannot conclude these reflections on the medical outrage which has justly excited so considerable a degree of indignation at Dunedin, without tracing it to the action of the Association then known as the Provincial Medical and Surgical Association, now described as the British Medical Association, when, by their resolutions passed at a meeting held in Brighton in 1851, they insisted upon their members refusing all professional intercourse with medical men who practised homœopathically. A meeting, which, a few years later, was referred to by that eminent physician the late Dr. CONOLLY, when speaking in Edinburgh, as "that tumultuous meeting," was the occasion on which it was sought to thrust upon the members of a liberal profession an obligation to refuse to assist a fellow-member, practising homœopathy, in the performance of his public duties, resolutions which at one time were in this country accepted and acted upon. They were the occasion of much inconvenience and distress, though we do not remember their ever having ended so tragically as did that at Dunedin. Their object was to prove to the public that the members of the profession could compel them to obey their behests and abstain from employing homœopathic treatment in illness. Those voting for them did not recognise that carrying them out in practice might lead to a fatal result, though in all likelihood not a few were quite prepared for such a consequence. For example, within a short time after the teaching of medical ethics had been so prostituted as to incorporate such a resolution among the rules of medical etiquette, the *Lancet* published the following curse upon the patients of medical men practising homœopathically: "Our wishes for the patients of homœopathic physicians are not so seemingly merciful, and we are prone to utter such imprecations on them as would make the shade of ERNULPHUS walk disturbed: 'May your vigour of mind and body fail, your bones decay, your limbs be eaten by disease, your

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joints stiffen and be everlastingly immoveable.'" The writer of such a passage as this cannot be supposed to anticipate much regret should a refusal to help his homœopathic neighbour in a difficulty turn out fatally to the patient.

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## A CASE OF SCIATICA CURED BY TELLURIUM.[1]

By JOHN M'LACHLAN, M.D., F.R.C.S.

To the chemist tellurium is something of a puzzle, but at the same time full of interest. Early mineralogists called it *Aurum paradoxum* or *metallum problematum* in consequence of its metallic lustre; it is still a problem, but for other reasons. In examining a mineral containing gold, from the Seven Mountains, in 1782, Müller von Reichenstein suspected the presence of a new metal. He sent a sample to Bergmann, who said it contained a metal which was not the same as that in blende. In 1798 Klaproth received a sample of the same mineral from Müller von Reichenstein, and isolated the characteristic element, to which he gave the name of tellurium (*tellus*—the earth).

It is occasionally found free, in the form of rhombohedral crystals, in this respect resembling bismuth and antimony. It usually, however, exists in combination with other elements, *e.g.*, tetradymite ($Bi_2Te_3$) or bismuth telluride, and it is from this compound that the element is usually obtained. It is also found in combination with lead, silver ($Ag_2Te$, or silver telluride), gold, etc. Black, or leaf-tellurium, consists of $(AuPb)_2(TeSSb)_3$. A selen-telluride containing 29.3 per cent of selenium and 70.7 per cent of tellurium is found in Honduras.

It is insoluble in water and carbon bisulphide, but like selenium and sulphur it dissolves readily in oil of vitriol; and as some specimens of pyrites contain small quantities of tellurium, it is found in the deposit of the vitriol chambers, from which selenium is obtained. Its solution in cold, fuming sulphuric acid is deep red; on adding water the tellurium is precipitated. In its *physical* properties tellurium approaches the metals, and especially

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[1] Throughout the paper I have used the old form of the names, instead of adopting the newer nomenclature of Selenion and Tellurion.

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resembles antimony; in its *chemical* properties, however, tellurium is on the whole non-metallic.

In regard to its atomic weight, various numbers have been obtained by different observers. Most of those numbers (if not all of them) are *higher* than the atomic weight of iodine, which would make it impossible to give tellurium a position between antimony (atomic weight, 120) on the one hand, and iodine (atomic weight, 126.5) on the other, as demanded by the periodic law. To fit this law its atomic weight ought to be about 124, whereas it is about 127. Hence its atomic weight seems to be *greater* than that of iodine. But if this is so, tellurium must be separated from sulphur, selenium, and the chromium metals, which are placed in group VI in the periodic arrangement of these elements, and be placed either with the halogens in group VII, or must find a place in group VIII—a kind of common sink for the newly-discovered constituents of the atmosphere, together with the iron and platinum groups of metals. Brauner, who has spent many years investigating this point, considers that up to the present *pure* tellurium has never been obtained, and thinks that the substance at present known as tellurium contains some substance of higher atomic weight; but none of the numerous workers have as yet been able to isolate it, or to find a satisfactory atomic weight for this interesting element. The periodic law demands that it should be grouped along with sulphur and selenium, but for this purpose it *must* have an atomic weight *less* than that of iodine.

From its close association with bismuth in nature, it has occasionally happened in the past that bismuth preparations have been contaminated with tellurium; this impurity is usually discovered by the unspeakably foul odour (compared to which sulphuretted hydrogen is a delightful scent) which tellurium communicates to the discharges from the bowels. This actually occurred in one of the French wars (I forget which) where bismuth was being largely used to combat an outbreak of camp dysentery. One can easily imagine how this might give rise to International complications; *e.g.*, suppose that the wind was blowing off the latrines of the one belligerent towards the lines of the other belligerent; the latter, I think, might justifiably accuse the enemy of adopting tactics at variance with the usages of civilised warfare.

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It may be to such cases that Declaration II of the famous "*Hague Peace Conference*" refers: "The undersigned, etc., hereby declare that the contracting parties prohibit themselves from making use of projectiles whose sole object is to diffuse asphyxiating or deleterious gases."

The same characteristically foul odour shows itself in the provings of tellurium: "Very peculiarly stinking flatus, like a compound of hydrogen, such as he never smelled before"—"Evolution of such a persistent odour that for the remainder of the session the patient had to sit apart from his fellow-students." The same characteristic is observed in the discharges from eczema aurium—"copious watery discharge from the ear, smelling like fish-pickle."

More than a year ago a young woman (a dispensary patient) consulted me about sciatica of right leg. I believe I gave her rhus tox., but as that did not seem to do any good, she went to an allopathic hospital, where she was kept as an in-patient for three or four months. What "treatment" she was subjected to during this period, I do not know. In any case, not only was the sciatica as bad as ever, but was distinctly growing worse, and so she thought she would give homœopathy another "chance."

The sciatica was on the right side; the course of the great sciatic was tender to touch, and hurt her when she sat down—from the pressure of the chair. There was pain not only at the upper part of the thigh, but also at the outer side of the knee and at the ankle. There was a weak feeling in the hip, which she said was apt to give way. The upper part of the thigh feels as if tied or bound up tightly. It is very stiff after rest, and she is unable to lie on the painful side in bed, and the pains compel her to move about in bed in order to find a comfortable place. If she carries a pail of water or other heavy object, she must carry it in her right hand, *i.e.*, on the painful side, as carrying it in the left hand seems to increase the pain in the right hip. The pain is *much aggravated by coughing, laughing, and when she lies on the painful side.* When she laughs she must hold the painful thigh with both hands.

In the hurry of dispensary work several medicines at once suggested themselves. The restlessness, the marked stiffness after rest, and the tenderness on pressure seemed to suggest *rhus tox.* This remedy, however, did no good.

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Again, the tightly-bound feeling seemed to suggest *colocynth*, with its stiff thigh, and sensation as if it were surrounded by an iron band, or screwed up tightly in a vice. But *coloc.* cases are usually better at night and from the warmth of the bed, and the patient usually lies on the affected side, and the left side is probably more frequently affected than the right. In any case *coloc.* was just as useless as *rhus*. Rhus tox. is usually said to be indicated when the *sheath* of the nerve or its bundles is affected, whereas coloc. is usually given in cases where the pain is severe and the nerve bundles, rather than their sheathings, is affected.

I tried one other medicine, *viz.*, *arsenicum*, chiefly because it is strongly recommended for this affection by such men as Hughes, Bähr, and Jousset, and also because of the part it plays in the treatment of the "*neuroses*." "The arsenical neuralgia is *pure*, *i.e.*, neither inflammatory, toxæmic, nor reflex." But I regret to say it was just as ineffectual as the other two. Various courses were now open to me for treating this annoying case. I might tell her that I had done my best and that I believed the case was incurable; or I might go on making "shots"; or begin at the beginning of our medicines and gradually work through them, so that in time by this means I might have reached tellurium—if the life and the stock of patience of both doctor and patient had been sufficiently prolonged. Or, again, I might lay aside all preconceived notions as to what might or might not be the *pathological* state of the nerve in question, as well as all speculations concerning the various "neuroses," and all thought of medicines that in the past have most often cured "*sciatica*." No doubt every well-equipped homœopathic physician *ought* to know all these matters, but what he *ought not* to do is to make any or all of them together *a basis of therapeutics*. *That* is the fatal error; not the possession of such knowledge, which everyone ought to feel himself in duty bound to acquire, but the attempt to force that knowledge to a purpose it is absolutely incapable of accomplishing. "Tools to the man who can use them": yes, but each tool has its own special work, and for this work it is specially constructed and for no other work.

We fell back therefore on the practical rules laid down by Hahnemann for the selection of the remedy. The



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characteristics of the drug must be similar to the characteristics of the case. "In making this comparison the more *prominent*, *uncommon*, and *peculiar* features of the case are specially, and almost exclusively, considered and noted; for these in particular should bear the closest similitude to the symptoms of the desired medicine if that is to accomplish the cure." The reason for this rule is obvious: for the more *uncommon* and *peculiar* a symptom is, the less likely is it to be found under many medicines, and if we can find *three* uncommon and peculiar symptoms, it is almost certain that they can only be found together under *one* medicine—*the* similimum, or the *most* like, as there can of necessity only be *one* similimum.

In the present case the *uncommon* and *peculiar* symptoms appear to be found among the aggravating circumstances. Thus:

Pain in the region of the great sciatic nerve,

Aggravated by coughing, caps., Sep., tel.;

Aggravated by laughing, tel.;

Aggravated by lying on the painful side, dros., kalc., kali iod., lyco., sep., tel.

All *three* aggravations, therefore, are found under tellurium alone. This medicine was given in the 6x trituration, and was followed by an immediate and permanent improvement; it was given in frequent doses at first, and then only in occasional doses.

There is another symptom often present in tel. cases, but which was not present in my case, *viz.*, aggravation from straining at stool, a symptom which is found under nux v., as well as tel.

Another symptom of tel. in cases of sciatica is contraction of tendons *in the bend of the knees*; in my case a similar sensation was found *in the upper part of the thigh* instead of in the bend of the knees. In most recorded cures, too, "rheumatic" pains in the small of the back usually precede the onset of sciatica, in cases where tel. is likely to be useful.

Pains *in the hip generally*, when coughing, are most likely to be helped by such medicines as ars., bell., caust., rhus tox., and sulph.

Another and more recent case shows even more typically the kind of "sciatica" likely to be benefited by tellurium. In this case it was a hale and hearty woman beyond the

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"three score years and ten"; it affected the *left* side. It began with lumbago-like pains in the lumbar region, and finally settled in the left sciatic nerve, which was very tender to touch and pressure; the pains darted through into the left iliac region. There was great aggravation on sneezing, coughing, and lying on the affected side; also on stooping, rising from a sitting posture, straining at stool, and when the bladder was full. The hip-joint seemed to give way on attempting to walk. In this case also I had tried the usual remedies, such as rhus, coloc., ars., etc., with little or no benefit; but tell. 6x gave prompt relief. After a few doses she could move in bed without screaming, and in the course of a few hours she was able, though with some difficulty, to get out of bed. The following day, or night rather, her urine had a horribly foul odour, so bad indeed that her husband was unable to have it in the room. The progress has been steady and sure, and though the pain is not quite gone yet, she writes to say that she is so much better that I need not call again.

If we turn to Allen's *Encyclopœdia* we find the following "similar" symptoms: "Pain in the sacrum, worse on stooping or when rising from a sitting or recumbent posture; the pain passes down the right thigh in the direction of the sciatic nerve; it is therefore almost impossible for him to press at stool; the pain in the sacrum and in the sacral ligaments was sometimes, when moving, like a stab with a knife"—"pain in the back at the upper end of the sacrum, which extended upwards." The pressing across the sacrum comes again immediately on stooping, and becomes intolerable when the stooping posture is persisted in; the pain in the sacrum and leg cease by motion in the open air; increased when pressing at stool; also, when coughing and laughing, the pain then extends from the sacral plexus through the large foramen ischiaticum, along the great sciatic nerve down the thigh; worse on the right side. On pressing to stool, on coughing, and on laughing, aggravation of the pain in the sacrum, extending into the right thigh." "The drawing in the right leg and the tiredness after lying down (11.30 p.m.) are so bad that for a while it prevents him from getting sleep, and compels him to frequently turn and twist; the sleep is good, with amelioration of all the pains. At the outside of the right

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knee, anteriorly, a burning aching. Pain in the right shin. Pain in the right metatarsal bone as if the bone were pressed. A sharp pain passed quickly over the toes of the right foot, then into the heel."

I very strongly object to such phrases as "*symptom-treating*," "*symptom-covering*," etc. The use of such phrases I regard as a gross misrepresentation of the real facts of the case. It is quite true that we ought to scrutinise symptoms carefully, because they lead when properly interpreted to the *specific* remedy for any particular case. No other method can do so *better*, and no other method can be applied in *every* case, or even in one-half the cases one meets with in daily practice. Besides, the word "symptom" has a very different meaning in popular and allopathic language from that which it ought to have in homœopathic literature. A symptom to be *perfect* must at least consist of *three* parts: (1) The so-called symptom itself (*i.e.*, in popular and allopathic language), be it a pain or other sensation; (2) The conditions of aggravation and amelioration, specially in regard to the *time* of the aggravation or amelioration; (3) Concomitant symptoms, *i.e.*, symptoms or sensations in other parts of the body apparently in no way connected with the "diseased" part, *e.g.*, pain in the hip on coughing. Nothing less than this is worthy of the name of "symptom." The follower of Hahnemann will never shut his eyes or his ears, but will look at and listen to all that has been or is being done in the field of medicine, surgery, and therapeutics since Hahnemann's day, for Hahnemann *impliedly* demands of his followers a full knowledge of all the collateral branches of medical science, but *not* with the object of elevating these collateral, often elusive, and in many cases merely passing, changes into a *basis of therapeutics*. There can only be *one* real solid and unchanging (in *fundamental principles*, that is, *mere details* will frequently change) foundation for therapeutics, and all other methods are but so much wood, hay and stubble, without anything permanent or enduring about them. Now, wood, hay and stubble are useful substances, but *not* for making foundations.

I think we are sometimes apt to forget that *pathology*[2]

[2] I ought to mention that the term "*pathology*" is used in this paper in the sense of demonstrable (by naked eye or microscope), organic changes in the tissues, *i.e.*, morbid or pathological anatomy, and the histology of the diseased tissues.

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is but a study of the *phenomena* of disease, and the mere *phenomena* can never by any chance be the same as the real internal essence of the thing itself, from which the phenomena take their origin. A cancerous tumour is but a phenomenon; it is not by any means the disease (though it is popularly and even professionally regarded as such). The essential nature of *disease* is just as inscrutable as the essential nature of life; and till we know what life is we can never know what disease is, *i.e.*, to know the *abnormal* we must first know the *normal*. Besides, actual pathological changes, even if these constituted the disease, are more or less of a hypothesis or guess, even to the most expert, and how much more so to ordinary general practitioners like the writer of this paper.

Hahnemann is said to have despised and ignored the pathology of his day, and by implication it is assumed that he would have done the same now. If this is true it would be entirely at variance with his usual habits. He never ignored or despised any branch of medical science; but what he did do, and what he would have done to-day, was, and would be, to refuse to take pathology *as the basis* of the new therapeutics. The objection to doing so is just as strong to-day as ever, and this objection does not arise from matters connected with its study or with the powers of the microscope, or the means of identifying micro-organisms, or with any of the instruments or methods of precision, but from the very nature of pathology itself. Pathology, as I have already said, resolves itself into a mere study of the *phenomena* of diseased action, and not of the essential nature of the disease itself: it can never reveal to us the *prima causa morbi*. Besides, to make pathology the basis of therapeutics would mean that we must *follow* in the footsteps of pathology, whereas our Materia Medica is teeming with the symptomatology of scores of diseases yet unknown and unnamed, and the medicines *waiting* and ready to be applied *at once* the moment those unknown diseases show themselves. Further than this, the fixing of the "pathology" of any disease much resembles the passing of a bill through Parliament; it takes a considerable amount of time, and probably some hundreds of patients will have fallen victims to the disease before its pathology is finally settled. If all this has to be settled first before

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we can prescribe homœopathically, then homœopathy is not worth fighting over. No! let us cure first, and settle the pathology afterwards. It is an easy matter to read *Plato's Apology* with Giles's key in your hand. Our place as followers of Hahnemann is not *behind*, as invertebrate followers of the pathological fashions of the day, but in *front of all*, healing the sick, whether the disease has got a *name* or not, or whether its pathology be known or unknown. By all means study pathology; it is a most interesting and useful study, but *never* attempt to make it the *basis of therapeutics;* give it its proper place, *i.e.*, as handmaid, not as mistress.

In choosing a medicine for any given case most of the really important and decisive symptoms, the most uncommon and peculiar ones, are absolutely unknown to the pathologist, or, if not entirely ignored, are merely looked upon as "curiosities" and of no practical value whatever. Take for example the "fan-like action of the alæ nasi" found in the provings of lycopodium and some other medicines. This symptom is by no means unknown to old-school physicians, but the best description I know of this phenomenon is from the pen of Dr. John Wyllie, now Professor of Medicine in the University of Edinburgh. He is writing on the subject of "Extra-Auscultation," and is dealing with obstructions in the nose. He says: "In contrast with the paralytic dimpling and flapping movement, which, as I have already said, is best marked in the alæ in their upper halves, near their attachment to the bone, we may consider for a moment two other forms of movement, which are not paralytic in their nature. These are: (1) The sympathetic movement so common in dyspnœa. Here the movement is exhibited most markedly at the free margins of the alæ. In conditions of dyspnœa the openings dilate during each inspiration, just as they do in many animals, such as the horse, even during quiet breathing. This variety of movement is easily distinguished from the paralytic. It is an active dilatation of the openings at their free margins, not a passive sucking-in of the alæ at the upper part near their attachment to the nasal bones. (2) There is a curious variety of movement in the alæ nasi that is like the last in the nature and locality of the movement, but that differs from it inasmuch as the movements are not synchronous with the inspirations, and are not

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specially related to dyspnœa. It is a movement of the alæ, about their free margins chiefly, that is rapid and irregular, and that reminds one forcibly of the rapid and irregular movements constantly exhibited in the nose of the rabbit. I have therefore sometimes spoken of it as the 'rabbit movement.' But I do not yet know what its precise significance may be. It may be merely a kind of 'habit spasm,' or a personal peculiarity; or it may perhaps be associated with special conditions of the nervous system." (*Edinburgh Hospital Reports*," 1893). I make no apology for giving this most excellent description (from an allopathic source) of the symptom originally contributed by Hahnemann himself—"nasal muscles first as if expanded, then again contracted and shortened as if turned up" ("*Nasen-muskeln erst wie ausgedehnt, dann wieder zusammengezogen und verkürzt, wie ausgestülpt.*") We are just as ignorant as Professor Wyllie of the precise significance of the symptom from a *pathological* point of view, but we *do* know its precise significance from a *therapeutic* point of view, thanks to Samuel Hahnemann and the late Dr. David Wilson.

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## THE METHODS OF CHOOSING DRUGS HOMŒOPATHICALLY.*

By T. H. Hayle, M.B. (Lond.), Rochdale.

Gentlemen,—It is with great diffidence that I begin this paper, for my reading has been so meagre and my time at liberty so scanty, that I feel I can hardly do justice to the subject I have taken up. All that I can do is simply to give you my own ideas on this subject, and the methods that have guided me in choosing my drugs during the twenty-two years that I have now been in practice, with results which I must say have given me much faith in the action of medicine in disease. The truth of the law of similars in curing disease, I take for granted. It is upon the choice of medicines according to this law that I wish to speak.

But before I say more, I must confess my sorrow that

* Being a paper read at the British Homœopathic Congress of 1902,—held in London.

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one whom I had hoped would have been with us to-day, and whose words of counsel and wisdom I had hoped would have joined in the discussion, has been taken from us. He might not have taken quite the same views as I do myself in the methods of choosing the drugs, but, though we might differ in some of the methods, I believe we each would have had the same end in view, *viz.*, the correct choice of the homœopathic medicine for any disease or set of symptoms. I owe a great part of my knowledge of the action of medicines to Hughes' *Pharmacodynamics*, and that, combined with a careful study of disease, has saved me from a lot of irritating studying and worrying of repertories. I take it that there are two main ways of choosing medicines homœopathically: (1) The repertorial; and (2) The diagnostic; by which I mean carefully diagnosing each case, and then giving the medicine which we think is likely to cause a similar state of things in our patient. I expect we all of us use both methods more or less, but some trust more to the repertory, or almost entirely to it, while others put much more faith in having a pathological basis to work upon. I will mention first of all the

I.—*Repertorial Method.*

I have never taken kindly to repertories. Directly you open one you get into a confused mass of symptoms without any connection with each other, often very contradictory, and the further you go into them the more confused you are apt to get. The only chance of getting much help out of them is in the case when the patient only has one or two symptoms; for if he has many and you follow some of them carefully out, you probably come to the result that there are several medicines which cause those symptoms, and many of them acting very differently from each other, and whose main action is very different to the main action of the disease under consideration; and sometimes when you have got the medicine as you thought most accurately, and having given it, you find that you get no result at all, or, at any rate, no more than time and circumstances would have wrought independently of the medicine. Then, besides this confusion you are apt to get into, there is the time that it takes to be considered. If you have more than a dozen patients a day to be seen, you cannot attempt such

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careful repertorial work, and you are reduced to mere superficial guess work. I believe my late friend T. Kay Whitehead, of Rawtenstall, killed himself by this conscientious repertorial work. I believe he was very successful in his treatment, and had an immense practice, and I don't deny that careful repertorial work may lead you to the right medicine, only very often after all this careful work it may lead you to the wrong one, and if only *half* done *will* probably lead you to the wrong one, and in any case doesn't give as good results as the diagnostic method will when properly carried out.

All the above can be said about repertories if all their symptoms were absolutely correct, but this is far from being the case. If we take up a repertory we find symptoms which are evidently much the same in reality, but rather differently worded, giving different medicines to cover them. This, I suppose, is due to the manner the provers describe their symptoms, and which ought really to have been entered under one heading if they had been properly weighed.

Then, again, many of the symptoms are evidently imaginary, and there are so many minute and fanciful differences that the real and valuable symptoms are covered up in a heap of chaff in which it is very hard to find anything of value.

Then, again, the value of the different symptoms varies so. Some of the symptoms may be called primary and others secondary, and I don't think they ought all to be entered as of equal value. For instance, causticum causes much irritation in the larynx, with consequent cough of a rather violent nature. It also causes a weakness of the neck of the bladder, so that when the patient coughs there is involuntary micturition. But this involuntary micturition is one of the most common symptoms in coughs of all kinds in women, owing to the anatomical arrangement of the parts. So that cough caused by bronchitis, or phthisis, or tracheitis, or laryngitis, or aneurysm, all have this symptom in women, and yet the only one that causticum is likely to do any good to is the one caused by laryngitis. Therefore this symptom, "cough with involuntary micturition," is very apt to lead one astray. It is not a valuable symptom, or a primary one, and is one of the character of many that are apt to lead one astray in using a repertory. Of course,

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if our provings were more extensive, more thorough, more scientifically recorded, these errors would be avoided, but I am speaking of repertories as they are at the present day.

Then, again, another very grave objection to the use of repertorial symptoms are the following considerations: Each prover has a certain nature of his or her own, a certain constitution, a certain tendency towards different diseases; we hardly ever come across anybody who is absolutely healthy, and all have a tendency towards some certain line in which disease breaks out. Now we may look upon medicines or drugs as collections of atoms or molecules with a certain inherent force or energy in them (and here I would like to say how interested I was in Dr. Percy Wilde's paper in the *Transactions* of the British Homœopathic Society the other day on "Energy in relation to drugs)," which expend their force on the provers in the line of least resistance, and the resulting symptoms are due to the combination of the natural tendencies of the provers and natural force of the drug, so that we get very different symptoms in different provers from the same drug. Thus mercury may cause a lot of different kinds of discharge from the nose, acting in the same way in different subjects. So that to get the true action of mercury on the mucous membrane of the nose, we ought to find out what mercury has done to the mucous membrane, to be able to judge properly whether it is the homœopathic remedy for the kind of discharge which we wish to treat. When all the different kinds of discharge of different medicines on different subjects are put down in the repertory under the heading discharge from nose, we get a mass of medicines representing a large part of the Materia Medica, and we are no nearer choosing a medicine for our patient than we were before we opened the repertory, and after all have to fall back on our previous knowledge of how each medicine acts or is likely to act on the mucous membrane of the nose. The same applies to leucorrhœal discharges and to nearly all common symptoms. In this connection I would like to make a few remarks on key-notes and characteristic symptoms. I don't trust much to them. They may be an easy and short-cut kind of way of finding a suitable remedy, but I don't think they are safe; it is far safer to know exactly what you have to treat, and find

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a medicine which you know acts on the part affected, and in the same manner as the disease. That is the only key-note to which I trust. I think this exhausts my chief objections to repertories. The only repertory that I have come across which is not open to them is the British repertory, which gives in a short space so many of the concomitant symptoms with each symptom, that you can judge much more accurately about the medicine you find under any one head. I have never had time to master its intricacies and complications, and I believe there are very few that have, but those that have, I am sure, will have a great help in choosing remedies according to the repertorial method. But taking repertories as a whole, I think I may say that they are clumsy, inaccurate, and unscientific. Treatment by them stands much in the same relation to treatment by the diagnostic method, as the artificial classification in botany stands to the natural. There is one division in repertories which I have found very useful, and that is generalities, especially the conditions of aggravations and ameliorations, but if we are well up in our medicines and carefully diagnose our cases, I don't think we would often have to fall back even on this chapter of the repertory. I believe I am right in saying that Hahnemann himself did not use repertories, as there were very few in existence in his day, though he left so much material for the making of repertories. I am afraid much time has been spent in the making of repertories which could have been far more usefully employed in other ways.

If, then, the repertorial method is so unsatisfactory, we must fall back on the only other way of choosing drugs homœopathically. I mean the diagnostic or pathological method. It is in my opinion the only right and proper way there is. Its essentials are that we should be well up in our Materia Medica, and have a careful diagnosis of the action of each medicine, and that we carefully diagnose each case we have to treat, and then put the one to the other, and then we can surely say that diagnosis is the first thing, and diagnosis is the second thing, and homœopathic treatment the third thing in handling a case of disease. To enable us to do this scientifically and accurately we ought to have a scientific and accurate Materia Medica; but this is a difficult thing to get, for our drugs have not all been

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scientifically proved, and the mass of material is getting so great that our works get more cumbrous and heavy than we can possibly tackle with the time at our disposal. We certainly need all the energy of Dr. Burford and his associates, and I hope we may all render him all the help in our power in furthering the scheme of the Twentieth Century Fund, and then in time we may look for a thoroughly scientific Materia Medica. Though, even at present, I think much more might be made of the materials we have to hand, and a model Materia Medica be drawn up which could be revised from time to time as more accurate details come to hand. I believe that the Materia Medica might be much more simply arranged than it is at present; there ought to be some natural arrangement of the families of medicines. I believe strongly in evolution, as I think most of us here do, and if evolution is true in botany and zoology, I believe it to be true in drugs too, that each plant or poison that is active on the human being has gradually been evolved from a common stock in different directions, till we have a variety of drugs each developed to meet the diseases of the various organs, and what we have to do is to arrange these drugs in an ascending or descending scale of power and according to their family relations. I don't think it is chance that has given us drugs, but that everything in nature has gradually been worked out in beauty and order, and it is our part and our privilege to gradually unravel that order and evolution. I don't think anything has arisen by chance, but all things have been worked out by a Great and Master Mind.

Gentlemen, I think I have said enough. I should like to have gone into the question of dose, and alternation of medicines, and some other details which might be brought under the heading of my title, but I am afraid it would make the paper too long, and enlarge the scope of the discussion so far that we might not have time to go into it.

As an example of the two methods we might take a pain in the finger. This must be either due to an affection of the skin, or of the connective tissue, or of the nerves or arteries, or veins of the part, or of the periosteum, or the bone itself, and it is your duty as a scientific practitioner of medicine to find out which of

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these parts is affected, and as a homœopathic practitioner to give the medicine that in your opinion is most likely to cause this affection. According to the Repertorial method you would first take the seat of pain, and its character, and its aggravations, and turn to a repertory and find what medicines were under the different headings, and take the one that had most of the symptoms present. Each method might bring you to the same medicine, and if everything was accurately recorded would do so, but the one method is scientific and the other artificial and clumsy, and besides the diagnostic method tells you correctly what the matter is, and you can so much better tell what accessory treatment to carry out.

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## PATHOLOGICAL PRESCRIBING FROM A HOMŒOPATHIC STANDPOINT.[1]

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

Assistant Physician to the London Homœopathic Hospital.

WHAT is commonly understood by pathological prescribing necessarily involves two things, *viz.*, first, making an accurate diagnosis of the disease, and secondly, the knowledge of a drug which has produced a similar diseased condition. To take the ordinary example—a case of pneumonia is to be treated with a drug which has produced pneumonia: so that given a certain recognized disease, the choice of the remedy is limited to the one (or more) which has produced a similar diseased condition or the nearest approach thereto, the morbid anatomy of the case forming the most important item. I think I am right in saying that this method is the most popular among homœopaths at the present time. Some even claim that this is the ideal method, and that it is scientific; and it may be scientific according to old school ideas of that term, since it is on the lines of furnishing what its advocates would call specifics for every disease; but it is altogether unscientific according to the science of homœopathy, because it inevitably leads to routine prescribing, and it is, I believe, the bane of present-day homœopathy.

[1] Being a paper read at the British Homœopathic Congress of 1902, held in London.

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That this method has some advantages I do not deny, for it is certainly much easier to practise, and in some cases, where symptoms are conspicuous by their absence, it is sometimes in my experience the only practicable method, *but* it should never be our ideal for the following reasons :—

(1) Provings are necessarily limited in extent, and cannot go the length of producing morbid anatomical changes, which can only be obtained from cases of poisoning and experiments on animals, the former being limited to comparatively few drugs, and the latter of only uncertain value at the best.

(2) A drug is homœopathic and therefore curative not only to its known pathogenesy, but to what we may call its potential pathogenesy, *i.e.*, all the symptoms it could possibly produce in suitable subjects. If this were known of every drug, we should have an ideal Materia Medica, which, with a perfect repertory, would place homœopathy as nearly in the position of an exact science as is possible.

(3) This method ignores *in toto* the patient's constitution and idiosyncrasies, as set forth in the various modalities of heat and cold, movement, rest, posture, and time aggravations, etc.

(4) It is out of court in the early stages of disease, before accurate diagnosis is possible, *and* in cases whose counterpart has not been produced by drugs, *and* in the many cases one meets of a conglomeration of symptoms which one cannot designate as any recognized disease, that is, undiagnosible cases.

These four arguments, to my mind, clearly define the limits of the so-called pathological method, which excludes a large number of medicines which under favourable conditions might produce varied pathological changes.

We shall have to allude to these points again in their bearing on the other side of the subject, but first let me say that I by no means make light of pathology and diagnosis; for it is a subject which interests me greatly, and it is all-important for prognosis and general treatment, but it must not be the guide in the selection of the remedy ; if it is, the similimum will as often as not be missed. The selection of the similimum must always be decided by the symptoms—objective and subjective ; and not only those of the disease in question, but all associated symptoms must also be considered, and all given their relative value;

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that is, more weight must be attached to peculiar and striking symptoms, and less to those which form an essential or ordinary part of the natural history of the disease in question.

My contention is that wherever possible (*i.e.*, whenever sufficient symptoms can be elicited) the diagnosis of the case must play only secondary part (if any) in the selection of the remedy. In support of this contention I would adduce the following additional arguments.

(5) That every symptom (which is not purely imaginary) has a pathology. I do not, of course, mean a demonstrable morbid anatomy; but it must be due to some tissue change, either molecular or vascular, or inflammatory, or of other nature; some cause for it must be assumed to exist. (In making an exception of imaginary symptoms I do not include in this exception well-marked mental symptoms, such as the irritability of nux, or tearful disposition of pulsatilla, the anxious fear of aconite, etc.) Take such a symptom as the aversion to tight clothing round the neck of Lach. and apis; it must have a pathology, else how can lachesis produce it; it must act on certain tissues to produce it, and whatever its pathology, we may assume it to be the same whether produced by disease or drug. This assumption will need qualification later. Now a given case may present several such symptoms, which we will suppose are found in the pathogenesy of a drug, say lycopodium, and also present a pathological condition which lycopodium has never been known to produce, but which has been produced by some other drug, say phosphorus, which, however, has not produced the group of symptoms first supposed. Now I would, without hesitation, affirm that lycopodium is the similimum in this case. Some one will no doubt say, why give preference to the assumed pathology of lycopodium, over the known pathology of the disease and phosphorus. The answer is involved in my first two points, which we must now consider again. It depends first on the fact that lycopodium, being in no sense a poison, its pathogenesy is obtainable *only* from provings, and cannot be expected to present gross pathological changes; its *known* pathogenesy therefore falls far short of its potential pathogenesy, and *ipso facto* of its curative sphere; while on the other hand phosphorus, being a common poison, has a far more complete known pathogenesy in which the symptoms

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in question do not appear, the poisonings of phosphorus giving a supplement to the provings which cannot be expected in such a drug as lycopodium, the provings of which can only be supplemented by clinical experience. I think the argument must be plain that phosphorus has had good chance of producing the symptoms, and lycopodium has not had a chance of producing the morbid anatomy.

Now to my second axiom, that a drug is homœopathic and curative to its potential pathogenesy, I would like to add a rider, *viz.*, that the curative effect of some drugs may even go beyond their potential pathogenesy. In support of this statement I would instance the cure of such mechanically-produced conditions as housemaid's knee or bunion, and would further suggest that a drug may meet a constitutional state in the patient which may be quite independent of the disease he seeks advice for, and thus enable his vital power to overcome the disease process.

Now this question of constitution and idiosyncrasy is a most important one in connection with our subject, in fact I think it is the crux of the whole matter, and it explains why different cases of the same disease may present totally different, even opposite, symptoms, and require therefore different medicines. I cannot give a better illustration of this than three clinical cases mentioned by Nash in his "leaders," all cases of intermittent fever in the same family, the same house, in a malarial district, at the same time, possibly all infected by the same mosquito; *but* all presented different symptoms, and were all promptly cured by different medicines, *viz.*, ignatia, capsicum, and eupatorium. None of them needed quinine, but I fear if they had fallen into the hands of some of our colleagues they would all have had it, and had it pretty strong.

My impression is that constitution shows itself principally in modalities, *i.e.*, aggravation or amelioration from heat, cold, rest, motion, posture, and time, etc., also in sensitiveness to damp and climatic influences; and this class of symptoms are certainly of the greatest value in prescribing, and they must surely have some pathological basis.

Given a case with well-marked modalities characteristic of a certain drug, no matter what the morbid anatomy of the disease, that drug is pretty sure to be the similimum.

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Then, again, take the sidedness of disease, *i.e.*, which side of the body is affected; it may at first sight seem to be mere chance, but it certainly is not, and it is a symptom which has a pathological basis. Some homœopaths may ignore it, and think there is nothing in it. Let them explain why some drugs show a marked preference for one side of the body, others for the other side: lachesis the left side, lycopodium the right; sanguinaria the right shoulder, ferrum the left. The occurrence of this preference for sides in the provings, and the verification of the same clinically, occurs far too often to be mere coincidence. I can't explain it, but can we explain *why* any drug does anything? But we must accept facts. It is only a few drugs which show this one-sidedness to any marked extent, and probably none absolutely, consequently it is only of occasional value; so that while sometimes it may be of no consequence, it may at other times decide the choice of the remedy. Allied to this is the direction of pains, etc., and the alternation of sides, and metastases. Then, again, mental symptoms are of great importance; some of our ablest prescribers put them in the first rank, but to the ordinary pathological prescriber they are of no account except in a mental case. But there must be a pathological cause for them.

One more point I must touch on again, and that is the question of the early stages of disease, specially chronic nervous diseases, before diagnosis is possible. Now here symptomatology is the only available means of prescribing, but it can be wrongly used even here, and I think this will explain what I mean by pathological prescribing; that while, on the one hand, it is not prescribing for the morbid anatomy of the case, it is not, on the other hand, mere symptom covering. In such a case it is important to rightly interpret symptoms, because two or more symptoms that might be expressed in the same words may have a very different pathology; thus a pain somewhere in the leg may be of cutaneous, muscular, nervous, osseous, or spinal origin. It is necessary to consider all available symptoms, their degrees of intensity, and modalities, etc., and find a drug which corresponds and which will cover the pathological process at work before it can be diagnosed. Take some ordinary group of varied pains in the legs. The scientific homœopathic method we have just described; but the pathological prescriber,



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on account of his habit and bent of mind to base his prescription on his diagnosis, will hazard a diagnosis and prescribe accordingly, and may be found giving bryonia because the pains are probably rheumatism, and bryonia is the best medicine for that; whereas some deep-seated nervous disease may be brewing. Such a case may of course be difficult to hit; but to practise homœopathy is no child's play, and I often find myself drifting into the pathological method; what I desire is that we should have the ideal before us and act on it whenever we can.

In conclusion, I will recapitulate briefly the axioms on which my paper is based, *viz.*:—

(1) Provings are limited in extent, and morbid anatomy can only be ascertained from poisonings.

(2) A drug is curative to its potential pathogenesy. *Rider:* In some cases its curative effect may even go beyond this.

(3) The ordinary pathological method ignores constitution and idiosyncrasy as expressed in modalities, etc.

(4) The ordinary method cannot be applied—in the pre-diagnosible stage — where the pathology has no counterpart in drugs—in undiagnosible cases.

(5) Every real symptom has a pathology, and all symptoms, objective and subjective, represent the total pathology of any case.

Finally, I take for granted that every care in diagnosis be taken to eliminate cases which do not come within the scope of medicinal treatment.

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## DISCUSSION ON THE PAPERS OF DRS. HAYLE AND LAMBERT.

THE President said he rarely heard two papers where the readers more definitely expressed their opinions, or where they more palpably trailed the tails of their coats to be attacked. He thought, therefore, there ought to follow an exceedingly able discussion, as there were points which must interest nearly every member of the Congress; hence everyone must have something to say. He hoped the discussion would be rapid and brief, and to the point. (Applause.)

There were repeated calls for Dr. Hayward, who, however, appeared reluctant to respond.

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Dr. Goldsbrough said members of the Congress were very much obliged to Drs. Hayle and Lambert for having brought before them two such apparently opposite points of view. If possible, he thought they should choose the middle course between the two extremes. He thought both were right; and they must find a use for both methods, both the symptom covering, and, to a certain extent, the pathological method. The question arose, "How were they to be reconciled?" They could only be reconciled by keeping the two things entirely distinct, and allowing them to complement each other. For example, in choosing a medicine for anæmia, it seemed to him that, having diagnosed the disease, you do not consider whether to administer a remedy from the group of drugs producing anæmia, but from the class of drugs which from the pathogenetic material you knew first of all had an affinity for blood states, and which, if pushed far enough, would produce eventually a condition similar to that it was desired to remedy. It was by keeping the two things, the diagnosis of the disease and the diagnosis of the remedy, entirely separate processes in the mind, and allowing them also to complement each other, that the best results would be obtained. When this was done the pathological method would go first, as suggesting a group of drugs, one of which was to be selected, and then came the question, "which one?" at which point it seemed to him the repertorial principle came in. This excluded neither of the methods, but accepted both. He therefore suggested, not a compromise, but the inclusion of both plans.

Dr. Dyce Brown said as Dr. Hayward had not risen he would follow Dr. Goldsbrough's example and fill up a space. He quite thought with Dr. Goldsbrough that the two methods were not exclusive of each other, and that one must fit into the other, or be complementary to it. In speaking of symptoms one was apt to forget that to include all symptoms proper one must include the objective as well as the subjective, and in observing them they could not help in their own mind diagnosing the complaint and also the remedy. From the pathogenesis of the remedies they knew what they did in a general way, and what organs they affected, and in what way they affected special parts of those organs. In noticing the objective symptoms along with the subjective they could not help, by an unconscious process, diagnosing not only the disease and the nature of the disease and what special form it took, but at the same time diagnosing the remedy as corresponding to the particular condition. So he thought that in taking a broad view of the treatment of disease one insensibly made use of both these methods. It was in complicated cases

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where there were individual peculiarities which did not correspond with ordinary remedies that the use of the repertory came in, to help one to select one of two or three medicines, or in selecting one that might not have been thought of in the first instance. It did not do to prescribe bryonia in all cases of rheumatism because it was the principal remedy in that disease. At the same time there were certain medicines which in five cases out of six were indicated in a typical case in any well-known complaint. Therefore, though unconsciously perhaps, they must make use of both methods. The weak point of Dr. Hayle's principle of making prominent the pathological method, was that one might be misled as to the pathology of the case. He maintained that the one method must fit into the other and make a perfect whole. (Applause.)

Dr. Blackley said as certain individuals who should be nameless—(laughter)—had not yet made up their minds to speak, he would continue the process of "stopping the gaps." (Laughter). He had listened with more than usual interest to both papers, and he thought there bade fair to be not only an animated discussion, but one profitable to them as homœopaths. (Hear, hear.) He did not know quite to which he ought to offer the palm; he believed both papers had a great deal of truth in them. He had written his notes of Dr. Hayle's paper on one end of a sheet and the notes on Dr. Lambert's paper on the other end, and he thought the truth lay somewhere between the two. (Laughter.) Dr. Hayle had referred to several points which he thought ought to be well-insisted upon. He had mentioned the question of constitution. This, he thought, was an important point which they frequently lost sight of, and here he was bound to say that he thought the repertorial method of prescribing and symptom-covering was rather an advantage, for, after all, the pathological method did not deal very much with the constitution. He took it that both readers were right in that both affirmed that it was the whole of the symptoms, objective and subjective, that formed all they knew of the pathological condition. If that was well covered, they had gone a good way towards choosing a proper remedy. But what neither of the readers had dilated upon was a point to which he had referred more than once in discussions on similar subjects. The first occasion was in his presidential address in 1894, and which had been referred to in very flattering terms by the President at this Congress; the point was, the necessity for mastering first of all the natural history of disease, and, secondly, when they came to study therapeutics, the necessity for mastering the *natural history of drugs.*

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(Applause.) He believed that in that point they had the essence of an important matter. If a drug attacked a lung, or produced certain symptoms in that lung, we ought to be able to form in our mind's eye a picture of the way in which these symptoms were evolved, and that was where the *Cyclopædia of Drug Pathogenesy* came to their aid. They went to the repertory to learn what organs a certain drug would act upon, but they must go to the *Cyclopædia* to find the order of evolution of symptoms. Unless they found a drug which corresponded to the disease in the way the symptoms were evolved, he believed they would fail in putting that drug into action. He would throw it out as a hint to readers of papers, that more should be made of the subject of the natural history of disease and drugs. In conclusion, he thanked the readers of the papers and expressed the opinion that the discussion ought to be a profitable one. (Applause.)

Dr. Byres Moir said that while Dr. Hayward was still making up his mind, he would make a brief reference to the question of drugs and constitution. He did not think they could have a better instance of the effect of constitution than the points of view taken by the two readers. He found that the two classes—all dilutions and no dilution—was a matter of constitution. Repertorially and pathologically they would find the constitution more in these illustrations than in anything else. Continuing, Dr. Moir said pathology was a science which was progressing, and they must have both methods. Dr. Dyce Brown had stated that, supposing they could not be sure of the pathological change, the only chance was to treat the symptoms. Well, their means for finding the change were advancing every day. They could easily find out at the present time what a short time ago it would have been impossible to find out, and he hoped they would soon be able to detect the slightest change. (Applause.)

Dr. Johnstone said he only rose to utter a plea on behalf of pathological prescribing. He had been associated with pathology for some considerable time, and, naturally, association with active pathology made one take the pathological view in choosing a drug. He quite agreed with Dr. Moir in the necessity of which he spoke with regard to detecting the slightest pathological change. There was one class of disease which they had to treat where they could usually manage to detect the pathological changes, and that was in the diseases of children. In such cases it was impossible to get the symptoms required for the purpose of looking up the disease in the repertory. When the child complained, say, of pain in the stomach, as likely as not it would be in the

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chest; for a child was incapable of intelligently expressing its feelings. He maintained that the majority of the symptoms included in repertories were those which were subjective, symptoms put in words by the persons proved upon, and on which it would be impossible to derive knowledge from a child. Therefore in treating children one must proceed largely by the pathological method. He would ask whether there was any case of disease in which homœopathic remedies had had greater or more assured success than in dealing with the diseases of children, and there, he maintained, pathological prescribing had been the chief method of using drugs, and yet all success had been attained. Dr. Moir had referred to the fact that all symptoms were the result of pathological changes. He believed it was universally felt by pathologists that even in nervous diseases, where it was usually impossible to determine actual pathological changes in nerve cells, there must be changes in the structure and action of the cells, which constituted pathological change. He quite admitted that there mere many symptoms in prescribing which ought to be taken into consideration, such as constitutional conditions and so forth, and he would strongly uphold the combined method, after making a diagnosis to temper repertorial method with pathological knowledge. (Applause.)

Dr. Roberson Day said Dr. Johnstone had expressed so well a good deal of what he intended to say that his remarks need only be brief. First of all, he considered that it was of the utmost importance to ascertain what were the conditions which were producing the disease under consideration. They were, as it were, discussing two different methods upon which to guide themselves in the choice of the remedy—the subjective and the objective. The subjective method to some extent seemed inviting and easy, but it was fraught with all kinds of pitfalls, and they might be very easily led into very grave errors—in fact, he had even learned to largely discount the views of the patient as to his own condition; the patient was influenced by so many factors, and there were the mental peculiarities of a patient to be taken into account. Occasionally they would have a patient who would pour out such a volley of symptoms that they felt thankful when the time came to ask him to put out his tongue. (Laughter.) These symptoms originated largely in the imagination, and they might find that in their examination they had been led off the scent upon a totally different track. He had seen this. One case he would give (in illustration) of a child, where vomiting was a marked symptom, and this was treated as a gastric attack due to some stomach derangement. The mother's history was largely the cause of the treatment adopted.

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On further examination it turned out to be a cerebral case with optic neuritis, and he found he had to deal with a case of tumour of the brain instead of disordered digestion. Many other instances would arise in the minds of those present. As Dr. Johnstone had said, in the case of children the subjective symptoms were supplied by parents or nurses, and as a rule the subjective symptoms were misleading. If they trusted to these they would certainly be landed in grave error. In ancient history we were told that it was customary to decide a combat between opposing armies by sending out a champion from each side to fight to an issue. It appeared to him that it would be a good thing in the present case to decide between the methods, by asking the readers of the papers to step into the arena and decide the fight by a round or two of cross-questioning. (Laughter, and applause.)

Dr. J. W. Hayward next rose amid applause, and said it was with great pleasure that he tendered his thanks to the two gentlemen who had read the papers, for the material they had brought forward, and for the manner in which they had treated it. He thought it was very well that they should occasionally review their foundations, and take a really comprehensive view of their position as homœopaths. He thought it desirable that they should occasionally enquire as to whether they were going in the right direction. (Hear, hear.) When there was a pathological condition—(a voice: There is always)—it was one thing, but there were of course very frequent calls upon them to treat conditions when they could not fix the pathological condition; and he could not see where the pathology was in the *beginning* of disease. For instance, what pathology could they attribute to the first threatenings of some diseases? In some cases there was no pathology, only the symptoms that indicated that a pathology was coming! (Laughter.) With all due deference to their excellent friend Dr. Johnstone, and pathology, he would like to ask what pathology would indicate that they should give their little infants chamomile? What pathology would indicate what *symptoms* would, that the child was in a certain condition, and you could not question it? But the pathological condition had been so well referred to by Dr. Goldsbrough and Dr. Blackley that he would not go further on that subject. They must not forget the pathology if they could get it, but if they could not they were obliged to do without it, and then they had to do with the symptoms, objective and subjective. Not unfrequently they were entirely thrown on symptomatic treatment. One thing he was not glad to see was that Dr. Hayle rather cast a slur upon the provings. It was an old grumble, but he did not find that those who went on grumbling

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at "the miserable provings" and "the unreliability of them," ever gave any provings themselves. It was easier to grumble than to work. (Applause.) If they had such poor provings then let them be mended, but if they had reliable provings let them go on prescribing with them. With good provings and a good pathological condition before them, then they could say what drug would produce a similar pathological condition, as well as could be judged, and they could decide upon the exact medicine to be administered. To do that, as Dr. Blackley had said, they must consider the history of their provings, as well as the history and development of the case. He maintained that it would be well that they go to their repertories to do that. How did they decide in a serious case, when they had a lot of provings before them, upon the medicine to be administered? It was by reference to the history of the case and by reference to a repertory. Dr. Hayle had criticised the British Repertory, but for all that he (the speaker) thought he had a kind and warm admiration for some part of it. If, without that repertory before them, they could not select a medicine fairly well, they could pick up that despised repertory and chose the exact remedy to fit the pathology and diagnosis. Their symptomatology was so great: no man could remember the *Cyclopædia of Drug Pathogenesy;* none could remember it so as to always pick out the very medicine they wanted. What they needed was an index to it. (Applause.) They had all been taught spelling in their early days, but still occasionally they had to use the dictionary. (Hear, hear.) So with the mass of pathogenetic material, they must have an index, so that when they found a peculiar symptom they could pick up a repertory and find a medicine such as that peculiar symptom required. (Applause.)

Dr. Cash Reed said he wished to make a remark in relation to diseases of women, and dealing with them symptomatically. When they had a patient who had a pain in one ovary, and which indicated, as it frequently did, disease in the other, they would see where the fallacy of symptomatological prescribing might come in. It was nothing very remarkable for pain in one kidney to indicate an affection of the other, and this was especially so in cases of "moveable kidney." With regard to leucorrhœa, it might be fatal to prescribe in a purely symptomatological way, and this especially applied to leucorrhœa at the menopause, when the neglect of investigation might lead one into most appalling pitfalls. A certain group of symptoms occurred in what was known as an "abdominal crisis," viz., fever, vomiting, collapse, etc., and the conditions giving rise to this were totally diverse in

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character, It might be due, *e.g.*, to perforated gastric ulcer, ectopic pregnancy, twisted pedicle of an ovarian cystoma, or commencing peritonitis from the leakage of the peritoneal end of a Fallopian tube already distended with pus. The treatment of such cases was of course totally dissimilar. When one thought of such possibilities with a close similarity of symptoms, it was obvious how essentially necessary it was to enquire into the pathology present.

Dr. Pullar said he did not regard the two papers as antagonistic to one another. He thought rather they were complementary. Whilst Dr. Hayle had pointed out certain fallacies in the repertory method, his objections seemed to be based chiefly on the time required to carry it out fully as in the use of the cypher repertory. With regard to the leading question now under discussion, they would probably all be agreed that subjective symptoms must be due to subtle deviations from health, which however were sometimes beyond analysis or exact pathological definition. The significance of such feelings on the part of the patient, would not of course be apparent to any observer unacquainted with homœopathic methods; but their importance from the prescriber's point of view could not fail to be recognised when it was remembered that certain medicines presented analogous symptoms in their pathogenesy. These *modalities* were, he took it, the expression of individual characteristics on which the fine art of prescribing the homœopathic remedy largely depended: and the working out of such idiosyncrasies or constitutional states often guided them in a remarkable way to the remedy that would cover both objective and subjective symptoms. As illustrative of this point, he might mention the case of a young lady presenting distinctly the physical signs and general symptoms of incipient phthisis. After giving "routine" medicines for a time without effecting any material change, he worked out the case more fully from the constitutional standpoint, and found the characteristics under *Calc. carb.*, which he prescribed, with the remarkable result that the patient at once began to improve in every way, the daily rise of temperature (in evening) was gradually reduced until the normal point was reached: and in the course of about two months, her health was completely restored and all the physical signs of lung mischief had gone. He might refer to another instance, a case of acute rheumatism, in which the large joints were severely involved, with every indication of a prolonged attack. Finding that the patient did not improve under *Bryon.* and other medicines usually given in such cases, he noticed that the perspirations were peculiarly sour and greasy, which suggested *Mercurius vivus*, and under

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this remedy the case rapidly got well; in fact the patient was able to be about again in less than three weeks. He quite agreed with previous speakers as to the importance of diagnosis and also of pathology, so long as they were not over-weighted with the latter. But the ideals of homœopathy were on a somewhat different plane to those of prescribers who were not satisfied unless they could have the morbid anatomy of every medicine portrayed in the pathogenesy. This, as Dr. Lambert had pointed out, was only attainable with certain drugs the action of which could be carried far enough. It seemed to him that the main thing was so to interpret the significance of subtle indications at the pre-pathological stage and conduct our therapeutics upon such lines, that the more serious developments might if possible be averted. (Applause.)

Dr. A. C. Clifton said about that time he was attending a patient, and diagnosed the case as cerebral tumour, and a most celebrated pathological homœopathist, who afterwards attended Lord Beaconsfield, was also called in, and he said, "No, it is one of gastric irritation." In three weeks the child died of tubercular meningitis. At that time he (the speaker) was a great repertorial man, and for many years it guided him in the working out of symptoms. However, as time went on, he came to prescribe somewhat more pathologically. Now he was neither one nor the other—as he had retired from practice—but the last few years of his professional life he combined both methods. They were both helpful, and one led to the other, and interchanged with the other.

Dr. A. E. Hawkes said, in referring to the ovaries, the difficulty in saying where the pain came from under certain circumstances was well borne out in the repertory—there was hardly a symptom which one could refer to the ovary, and if one were prescribing by means of a repertory for ovarian pains he would be greatly out of it. If it was difficult to find out what gave rise to certain pains, how much more difficult must it be for women provers to indicate their symptoms. He had only one word to say, and that was that a man who did not use a repertory missed a great deal, and a man who relied upon a repertory exclusively also missed a great deal. The more he worked at Dr. Hughes' repertory the more he liked it, and the more easily he could dispense with others that had been his guides for many years. A repertory was no good unless it referred to the correct pathogenesis. (Applause.)

Dr. Wolston thought they ought to thank their friends for the interesting papers they had given. He was quite sure the outcome of the discussion would be useful. He

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thought it was the late Dr. Graves, of Dublin, who said he desired to have inscribed upon his tombstone, "I fed fevers." The speaker had the privilege of coming into contact with the late Dr. Laycock, of Edinburgh, who said, referring to the matter, that he would rather have upon his tombstone, "I cured fevers." (Applause.) After all, what they wanted to do was to cure their patients. When he went to school in London forty years ago he was taught nothing whatever of pathology, and therefore he set up in life very much at a discount, and he was persuaded that it was most important to have a clear diagnosis so as to see what really was the matter with a patient. Reference had been made to a distinguished physician, and he would make another to his honour. A lady was at the point of death—a well-known homœopath in London had treated the case for a considerable time, and at length had come to the conclusion that the malady was intractable. He went through his repertory, but it did not reveal the proper remedy for persistent sickness. The consultant put his hand lightly under the bed-clothes, and he found an incarcerated hernia. Pathology was in fault there; the attending physician had not diagnosed the case. He remembered mentioning a case at the Congress a few years ago, where a repertory was of the utmost value, and he had not the shadow of a doubt that it saved the life of a young lady patient. He had been asked to go from Edinburgh to see one of his old patients in Yorkshire. She had been seized with acute vomiting, which lasted for six long weeks. The friends wrote to him and he prescribed by letter. At length he was summoned by telegraph to see the case, and found by her bedside two brothers, both first-class physicians, who told him the case was hopeless and that she would certainly die. On examination he could not trace anything as to the cause, though he made the most careful examination as to the pathological cause. The next day he ran up to York and saw his revered old friend Dr. Nankivell, the father of Dr. Herbert Nankivell, and asked for a repertory. He gave a picture of the disease, and they spent two solid hours over the repertory, and the pathogenetic pictures of the drugs which they thought were similar. At length to cure this condition of intractable vomiting they alighted upon the very last drug in the world any man would have chosen, that was *silica*. There were two or three other drugs laid down, but he chose that one. Back he went, twenty-six miles from York, to see the apparently dying girl. He told what he had found out, and they said "What nonsense," but as they had tried everything else they thought they had better give it. He gave a dose of the 6th dilution, and within fifteen

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minutes of the first dose the lady vomited. In half an hour she got a second dose and then fell asleep and slept the whole night. The next morning when he went to her room she greeted him with the strange speech: "Oh, doctor, what did you give me last night, it had an extraordinary effect; the second dose went to every fibre of the body, to the very tips of my fingers. what was it?" He did not tell her. Eventually she got perfectly well. In that case he thought the repertory was of the greatest possible use. What he would say was that they must look on the pathological side *and* on the repertorial side if they were to be what they should be—useful men who could cure those who came under their care. He thought perhaps the discussion would tend to make them greater readers, although the reader alone would not be a good bedside man, and the mere bedside man would not be a smart curer of diseases. They needed to be both, and he would use both methods. (Applause.)

Dr. Watson said if he were asked to choose between the two methods brought forward that day, he should take Dr. Lambert's views, for this reason. He thought he gave due prominence to pathology in its true sphere, *viz.*, diagnosis. He thought Dr. Lambert's method as outlined was the most complete they could have. It showed you, in those preliminary stages where you could not make a diagnosis, how much better equipped you were to deal with everyday work. He would like to point out the fact that recent research—recent pathological research—had upheld the symptoms that they had in so many of their provings. He was very interested in this subject, and had read two papers before the Liverpool branch on the use of subjective symptoms in disease and "Pain as a guide to treatment." In thanking Dr. Lambert for his paper, he would say that he included Dr. Hayle's also, but although he (Dr. Watson) did not put the same emphasis on pathological change, he thought it was very comprehensive and conclusive. (Applause.)

Mr. Dudley Wright remarked that at the beginning of the discussion it looked as if the repertorists were going to have a bad time, but they had now plucked up a bit, and in the long run—he meant in the succeeding years—he thought they would come out at the top. As the greater included the less, he believed that the repertory included everything that had to do with pathology. His friends who were thick and thin pathologists said that symptoms were all pathological, and that was evidence of the truth of what he was saying. The repertory contained nothing but symptoms, so it contained pathology; he did not wish to say all pathology, but it contained a great deal of what was the superstructure of pure pathology.

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He was not a repertorist himself; he had not the time to devote to it, but he believed he would have been a better prescriber if he had. When he had the pleasure of working with Dr. Ord on the pamphlet on kali bichrom. which he brought out at the request of the Society, he was asked to deal with the symptoms of *argentum nitricum*, indicating very broadly its pathology. They would find if they studied closely the repertorial symptoms of a drug that they were unconsciously led to the pathology of that drug. There was not time to go into the other question, but he would like to know if its supporters meant to take pathology always as their guide. He would like to know the definition of pathology. There were morbid changes not easily found out by the microscope. In those changes they were entirely dependent upon the repertory for the cure of them. What was wanted was really a repertory with a commentary; they wanted something to tell them what each of the symptoms meant. (Laughter.) The book which Dr. Watson had mentioned—a very excellent one to show what these symptoms meant. They had there the distinct subjective symptoms brought about by pathological conditions. They could compare one with the other, and by those means be guided to a right understanding of what the symptomatology of each drug was. (Applause.)

Dr. Hayle expressed his thanks for the manner in which the members had received his paper; it had elicited a discussion such as he hoped it would. In answering the points mentioned, he did not know exactly how to begin. There were so many to touch upon. He might perhaps have a personal conflict with Dr. Lambert if they wanted to fight it out, but he did not think they would fight about the different methods of prescribing. In his opinion, all cases had a pathology; they must have, from the very commencement, although it might be too small to be seen. As regards Dr. Hayward's remarks. He (Dr. Hayward) wished to know what the pathology was in a child crying with chamomilla symptoms. He (Dr. Hayle) should say it was first the irritation of the teeth forming in the gums and causing nervous irritation, and he would give a medicine which would cause nervous irritation such as chamomilla, but if there were fever present as well as nervous irritation he would rather give aconite or belladonna. They really made a pathology even where they could not see the change. That was what he called pathological prescribing. When he had a case to prescribe for, he tried to come to a conclusion as to what organs of the body were affected, then he put aside the medicines which affect that part, and if he was not satisfied as to the medicine he went to the materia

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medica, and saw which of the medicines was acting principally in the way that the disease was acting. That was his method of choosing medicines, instead of going to a repertory. Repertories always had confused him, and until they got one which did not, he should stick to his present method. In his opinion repertories did not give enough detail to enable one to choose a medicine correctly. Dr. Hayward had said he grumbled at the provings. He did. If all the provings were like thos of crotalus and kali bichromicum, and those medicines in the first part of the Materia Medica, he did not think theré would be much grumbling. As to proving himself, he had not the time to do so, he would only be too delighted to do something in that direction if he had the chance. He would like to say how valuable he considered the case of Dr. Wolston's was, with silica. It showed how valuable a repertory might be, but he must have alighted on one of the accurately recorded symptoms in the repertory, which one doesn't always do—(laughter)—or else he would not have got such an excellent result. As regarded Dr. Watson's remarks about the locality of pain, they were of very great value. (Applause.) As regards one or two remarks of Dr. Lambert's in relation tó lycopodium and phosphorus in pneumonia. He (Dr. Hayle) would never think of giving lycopodium in pneumonia where the pneumonia itself was the great and pressing danger, but for the low state that pneumonic patients get into when the pneumonia is becoming chronic he would give lycopodium, but that would be for the low state such as lycopodium causes, and not for its direct action on the lungs. There the low state is the part of the disease to be attacked, and not the pneumonia. Lycopodium has never caused pneumonia, and therefore should not be prescribed for it, but it does cause low states, and therefore may be used in the low states of pneumonia. Where the danger is the acute pneumonia he would always use phosphorus or some medicine that is known to act directly on the lungs.

Dr. Lambert said it would be impossible to answer all the points which had been brought forward; some, indeed, he could only answer by reading the paper again. He was perfectly in accord with what Dr. Goldsbrough had said, that he was not a pathological prescriber, but he took in all the symptoms of the case, and that was exactly what he (Dr. Lambert) was trying to do. One thing that surprised him more than any other was, that some of the points which he ventured to designate axioms, had not been found fault with. Dr. Johnstone had said that in the case of children one could only go by pathological changes, this is not at all correct. It could be seen whether a child was

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restless, wished to be still or liked movement, whether it refused to have its feet covered though they were cold, a definite symptom pointing to secale; and such symptoms had nothing to do with the pathology of the case. He quite agreed with the remark of Mr. Wright that a repertory expressed pathology all through—that must be so, because every symptom must have a pathology. He thanked them very much for the way in which they had received the paper. (Applause.)

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## A CARBUNCLE CASE TREATED WITHOUT OPERATION.

By Dr K. Sircar, of Calcutta.

A middle-aged woman, who had for some time past been suffering from carbuncle and fever, came under my care on the 4th April, 1902. I examined the patient and found the affected part much swollen and a good many holes formed in it. The discharge was thin and of a watery character, attended with violent burning pain. I gave her arsenic 6 in the centesimal potency, and waited for twenty-four hours without any marked relief, but a simple improvement of fever.

On the 5th April she was much depressed, and despaired of her life. I ordered her anthracine in the sixth dilution, both internally and locally. After twelve hours she felt relief in some degree and passed a fair night.

Next morning, the 6th April, she simply complained of her illness and not of any other troubles. She was not willing to have any operation, and I agreed. Some strapping plaster (commonly known as strychnia plaster) was applied locally to the carbuncle, changing it twice a day, with hot water wash and anthracine continued as before.

*April 7th.*—No other remedy was added to the above prescription. She was put on a diet of barley-water and boiled meat-juice.

*April 8th.*—The carbuncle much diminished in size, and all other troubles had subsided. The same medicine continued.

*April 9th.*—She had no other complaint than a little pain and small discharge of pus. I prescribed calendula with cocoa-butter locally.

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*April* 10*th*.—The carbuncle began to heal, and the patient was improving in health. The same application continued, with an occasional dose of anthracine.

*April* 11*th*.—Her husband came to me for advice and instruction. I ordered the same remedy to be continued until further advice.

*April* 18*th*.—A report was sent to me that she was practically well.

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## REVIEWS.

*The Principles and Practice of Homœopathy.* By RICHARD HUGHES, M.D., L.R.C.P. (Ed.), M.R.C.S. (Eng.), etc.

THIS volume, the posthumous child of its author's intellect, the last testament of the greatest of Hahnemann's disciples, excites in us mingled emotions of admiration and regret. Admiration of the excellence and completeness of the work, regret that its author was cut off in the very maturity of his mental powers, and even before he could witness the completion of the printing of the book on which he had expended so much labour and thought. It need not be feared that the work has suffered materially from the absence of the author's supervision of the latter half of the volume while passing through the press, for the manuscript of the whole work was complete and in the printer's hands, and Dr. Dudgeon, who has had much practice in superintending the printing of articles by Dr. Hughes, has done the same service for this work of his lamented friend.

This work, we have no hesitation in saying, is unique in our homœopathic literature. We have plenty, perhaps too many, works on homœopathic practice—too many of the ordinary sort, which are often mere repetitions of one another. While giving an account of the practice of others, Dr. Hughes gives his own views, which are often original and always of great practical value.

But besides therapeutics, a considerable portion of the work is devoted to an exposition of the principles of homœopathy. The first fourteen lectures constitute a valuable introduction to the therapeutics, the remainder of the work. Dr. Hughes was singularly well equipped for telling all about the historical, theoretical and practical side of homœopathy. The many articles, papers, essays, and lectures he had at various times contributed to the two former aspects

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of the science, and his fruitful labours in the last, together with a thorough knowledge of all that had been done in all these directions by his predecessors and contemporaries, enabled him to produce a work which is an epitome of all that is known about the nature, origin and practice of homœopathy. With regard in especial to the practice of homœopathy he was singularly fortunate in his opportunities. His connection first with the *British Journal of Homœopathy*, and latterly with the *Journal of the British Homœopathic Society*, made him familiar with all contemporaneous homœopathic literature. The work he had gone through for his *Manual of Therapeutics*, his *Pharmacodynamics*, and his *Cyclopædia of Drug Pathogenesy*, had made him intimately conversant with all existing knowledge relative to the action of drugs and their application on homœopathic principles to disease. His thorough acquaintance with the best works of the leading authorities of the old school on therapeutics and pathology, supplied him with many valuable hints as to the nature of disease and the employment of remedies the homœopathicity of which was not always apparent. All this knowledge, laboriously acquired and intelligently digested by a clear and logical intellect,. thoroughly imbued with an inexpugnable belief in the great therapeutic rule we owe to the genius of Hahnemann, has enabled Dr. Hughes to present us with a masterly epitome of the best and most modern homœopathic practice, in a more scientific and interesting manner than has ever been done by any previous writer on general therapeutics.

The first fourteen lectures, devoted to an exposition of the historical, social, political, scientific, and technical aspects of homœopathy, has no parallel in our literature, except the lectures on homœopathy by Dr. Dudgeon published nearly fifty years ago. These, however, were more of the character of a record of what had been done by others in these directions, accompanied by the author's appreciation or criticism of these views. In Dr. Hughes' work the same ground has been gone over, though in a highly original style, and with the modifications and amplifications necessitated by the progress of thought and the discoveries of science during the half century that has elapsed since the earlier lectures were delivered.

The first lecture has for its subject the nature and origin of homœopathy. In this Dr. Hughes repeats the arguments for *curentur* in place of *curantur* in the homœopathic formula. The interest in this discussion has declined, since the former reading has now been generally acknowledged to be the true



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one, and has been adopted in the monuments erected to Hahnemann in Paris and Washington.

The next two lectures are devoted to a cordial appreciation of the *Organon*. He mentions the changes that were effected by Hahnemann in the several editions of that work from 1810 to 1833. These changes, especially in the last edition, where we have the psora theory, the dynamic or vital-principle origin of disease, and the corresponding dynamization theory respecting medicines, were, according to Dr. Hughes (and in this most of the modern disciples of Hahnemann will agree with him), not always improvements on Hahnemann's previous doctrines, which were more consonant with the teachings of science, and to which Dr. Hughes endeavours to bring us back.

In the next lecture, "The Knowledge of Disease," the value and limitations of symptomatology are considered, and the insufficiency of the Paracelsian and Rademacherian organopathy, so warmly advocated by the late Dr. W. Sharp, exposed. A passage in this lecture quoted from an address by Dr. Russell Reynolds, is painfully reminiscent of Dr. Hughes's own death : "Do we not see hearts suddenly ceasing to do their work, when after careful auscultation we have said there was nought to fear ?"

"The Knowledge of Medicines," which forms the subject of the fifth lecture, is a masterly defence of Hahnemann's method of proving. The earlier provings were apparently made with material doses of the drugs, but in the last edition of the *Organon* Hahnemann says medicines are best proved with globules of the thirtieth dilution, which Dr. Hughes considers not always suitable, though many substances, such as natrum muriaticum, iris versicolor, and others, have undoubtedly furnished better results in an attenuated than in a concentrated form, and arsenic has developed pathogenic and even toxical symptoms in extremely minute doses, as we have lately learned in the epidemic neuritis traced to the action of only small quantities of arsenic in beer. Dr. Hughes has no liking for Hahnemann's mode of presentation of the symptoms obtained by provings in the schema form, which is repugnant to all who desire a rational presentation of the symptoms caused by drug-provings so that the true morbid features of the drug disease could be seen and utilized. Dr. Hughes is equally hostile to the incorporation of what are called "clinical symptoms," *i.e.*, symptoms observed to appear or disappear, or become aggravated during the employment of medicines therapeutically, more especially when such symptoms are recorded without any mark to distinguish them from the real pathogenic action of the medicine. It

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was in order to eliminate all such symptoms and to present the effects of drugs in their natural order and sequence that the British Homœopathic Society, in conjunction with the American Institute of Homœopathy, requested Dr. Hughes to undertake that colossal and invaluable work, *The Cyclopædia of Drug Pathogenesy*, which involved seven years of arduous labour, and is an enduring monument of patience and skill. But it is not only that; it is an attempt, and an eminently successful attempt, to present our Materia Medica in a scientific form, where the morbid pictures produced by medicines can be studied like concrete cases of natural disease, and the true homœopathic resemblances of diseases, natural and medicinal, can be observed, which is impossible in the old form of Materia Medica, where the symptoms of the medicinal diseases caused by a drug are severed from their normal connections and jumbled together in hopeless confusion, and often mingled with so-called clinical symptoms that have appeared or disappeared in cases of disease while under treatment with the drug. As so many acute diseases cease or are cured without the aid of medicine, one can easily see that if the symptoms of such diseases are to be ascribed to some fanciful remedy, such as luna, nix, sacch. alb. or sacch. lactis, which the patient may have taken, what an impure Materia Medica would be the result.

The next six lectures are occupied with the practical application of the therapeutic rule, *similia similibus curentur*. After showing that this is the only therapeutic rule that is of general application to disease, he admits that there are a few cases in which the rule does not seem to apply, and which are more amenable to treatment which cannot be claimed as homœopathic. But these exceptional cases are few and well ascertained, and hardly affect the title of homœopathy to being the general rule of medicinal treatment. The selection and administration of the similar remedy, the pharmaceutical technicalities, and the dosage required are all carefully and clearly laid down, and the extravagances and eccentricities of some of the would-be improvers of Hahnemann's methods described and criticised.

In the thirteenth lecture, entitled "The Philosophy of Homœopathy," we have a consideration of the various theories of cure that have been promulgated by Hahnemann and his followers, down to the latest by Dr. Sharp and Dr. Percy Wilde. He gives a fair account of the doctrine of the opposite action of large and small doses, which is not peculiar to the homœopathic school, but with which he does not agree.

"The History of Homœopathy," that is to say, its rise and progress as a method of treatment, or a school, in the

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various parts of the world where it has taken root and still flourishes, is followed by a most interesting lecture on "The Politics of Homœopathy." In this Dr. Hughes speaks wisely and well of the desirability of a cessation of our apparent existence as a sect, which he shows is entirely caused by the illiberal conduct of the present representatives of official medicine, who, possessing all its honours and emoluments, oppose our admission to equality nominally because of our professing a heterodox therapeutic faith, but actually because they desire to keep what they have and exclude from competition a considerable number of possible rivals. He shows that there is not any excuse for their position towards us; that it is degrading to them as men of science and members of what is termed a liberal profession; but he sees no present signs of the cessation of their hostility, though it is impossible that it can last for ever, and while it does last it tends to lower the representatives of the dominant school in the eyes of all right-thinking persons. He says some useful things respecting the dissensions that exist in our own ranks. The concluding words of the lecture are more hopeful with regard to the future: "For our children we may safely anticipate the time when the name of homœopathy shall no longer denote a persecuted sect, but a faith and practice recognized universally as legitimate and largely as true; when the antagonisms of to-day shall have ceased to separate between brethren, and all shall be united in generous emulation as to who shall do most good to the objects of their care."

"The Practice of Homœopathy" occupies the forty-one lectures from fifteen to fifty-five inclusive. It constitutes a complete guide to the treatment of all diseases. It does not consist of mere descriptions of diseases followed by a long list of all the remedies that have been employed for their cure, or which the author thinks may be useful in their treatment judging from symptoms culled from the Materia Medica; but each disease is considered therapeutically, sometimes from the point of view of its pathology, and almost always all that has been written about it by the best authorities, homœopathic or allopathic, is given in a succinct form, and in such an agreeable and interesting manner that the whole work constitutes real literature. To show how vast is the material utilized in this work and the enormous research it must have entailed on the author, the number of names of authorities cited is nearly 1,000. The work, as Dr. Dudgeon says in the foreword, is cyclopædic in character, and it is quite up to date in all that relates to pathology as well as therapeutics. It is a monument more enduring than bronze to the industry and acumen of its author and no doubt will

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soon be in the hands of most homœopathic practitioners throughout the world. That Dr. Hughes was no bigoted stickler for the homœopathic treatment of all diseases, even when such treatment could not show the best results, and that his mind was quite open to the adoption of other methods which have been attended with success, will be observed in his remarks on the treatment of intermittent fever by quinine, of gout by colchicum, and of cardiac dropsy by digitalis. The cure of disease, and not the defence of a therapeutic rule through thick and thin, even where it is indefensible, is what has influenced Dr. Hughes throughout this work. It is satisfactory to the intelligent follower of Hahnemann's method that the instances in which homœopathy is not all-sufficient for every disease are so few in number, and it redounds to Dr. Hughes' credit for candour that he has stated plainly where he thinks homœopathic treatment is not available, and to his reputation for high intelligence that he has so well stated his case for the very exceptional departures from homœopathy.

Possibly Dr. Hughes's conclusions on these subjects may not meet with universal acceptance from some of his homœopathic colleagues, and we know that they have been objected to in some quarters, but he has shown that he has the courage of his opinions, and while stating the case of his opponents with scrupulous accuracy, he defends his own views with ability and firmness.

Works on the practice of homœopathy are not in general very lively reading, but this is by no means a dull work. In fact, the reader almost seems to be listening to the persuasive and fascinating eloquence of its gifted author. It may truly be said of him, "though dead he yet speaketh."

## HUGHES MEMORIAL FUND.

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| | 432 | 1 | 0 |
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A list of the American donors has been received too late for publication; it will appear in our October issue.

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*To the Editors of the "Monthly Homœopathic Review."*

DEAR SIRS,—I have to-day received the sum of £235 14s. towards this Fund, being the amount subscribed by the friends and patients of Dr. Hughes, living at Brighton.

I am, yours faithfully,

E. M. MADDEN.

Secretary to the Hughes Memorial Committee of the B.H.S.

*Burlington House, Bromley, Kent.*

21*st August*, 1902.

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## NOTABILIA.

### THE RECENT HOMŒOPATHIC CONGRESS.

OUR distinguished colleague, Dr. Dudgeon, has sent the following letter to the hon. secretary of the Congress, and we have much pleasure in printing it. The secretary regrets that he did not mention the cause of Dr. Dudgeon's absence, but the rule usually adopted is that only those are specially named at the meeting who write at the time, or telegraph, their regrets at unavoidable absence. Dr. Dudgeon wrote some time before, as several others did in returning their reply post-cards, but simply saying that he could not come as he would be away on his holiday. The secretary did not understand this as a message to be communicated to the Congress, but he, nevertheless, regrets that he did not intimate the fact at the meeting. He, however, mentioned the cause of Dr. Dudgeon's absence to numerous enquirers who missed his presence with them as on former occasions.

22, CARLTON HILL,
ST. JOHN'S WOOD, N.W.,
*July 7th*, 1902.

MY DEAR BROWN,—

I see in the *Monthly Homœopathic Review's* account of the Congress that you did not intimate that the reason for my abstention from the Congress was that I was away on my holiday, as I wrote to you.

Perhaps your reason for not mentioning this was that I may not have expressed regret and may not have wished all enjoyment to the members. I don't know whether I did or not, but I have always been a well-wisher to, and generally a faithful attendant of, the Congress; and from no intimation having been given of my enforced absence, some friends may

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have thought that I had purposely absented myself and shown disrespect to the Congress—which was far from my feeling.

Of course, I know that I am a useless member and could have done no service to the cause by my presence, but I wish it had been intimated that absence was caused by being out of town, and not by any want of appreciation of the importance of this meeting. Yours, ever,

R. E. DUDGEON.

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## THE PRESIDENT OF THE AMERICAN INSTITUTE OF HOMŒOPATHY ON DR. HUGHES.

In a letter to Dr. Pope, dated Cleveland, July 20th, Dr. James C. Wood, the President of the American Institute of Homœopathy, after sending to Dr. Pope " a few words of greeting as President of the American Institute of Homœopathy," says: " We shall miss Dr. Hughes and his work on this side of the water more than I can tell you in words. We feel our debt to your old pioneers in the *cause*, although we sometimes fail to express the obligation until it is too late. The one consolation I have in the loss of Dr. Hughes is that some three years ago I wrote him a personal letter telling him how much we appreciated him in America. I did it on account of a criticism which had been made by one of the " kickers " here, whose hand had even been raised against men like Hughes in the *Cyclopædia*. Yourself and Dr. Dudgeon yet remain of the old " wheel horses." That you may yet have many years with us, years of happiness and prosperity, is the earnest wish of

Your sincere friend,

(Signed) JAMES C. WOOD.

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## HOMŒOPATHY IN BAVARIA.

THE Berlin correspondent of the *Standard* (August 8th) says that " the two Bavarian Chambers have decided to endow a Professorship of Homœopathy." It is not said where the chair is to be, nor are any further particulars given, but we shall look with keen interest for future announcements, and we congratulate the Bavarian Chambers on their advanced views and spirited action.

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## ARSENIC AND CANCER.

The suggestion (says the *Polyclinic*) that arsenic has played a part, and possibly not an unimportant one, in the recent increase of cancer, finds suggestive illustrations on all sides. Dr. Solomon Smith writes to us to ask attention to the fact that soot contains arsenic, and that in this way its well-known influence in producing cancer may now be explained. Should this be accepted, a paragraph in an article on cancer in the new volume of the *Encyclopædia Britannica* will read almost like a prophecy. After discussing the influence of vocation upon the incidence of cancer, Dr. Shadwell concludes by saying that nothing is proved excepting the one fact that chimney-sweeps are far more liable to it than others. He adds: "The soot is supposed to act as an irritant; but, if so, why are potters and coal miners, who also work in irritating materials, so very low in the cancer scale? No doubt the case of the chimney-sweep contains one of the keys to the problem of cancer causation, but it has not been found yet." Now, possibly, in the suggestion as to arsenic, the key has been found. The Registrar General's statistics, which show that the avocation of chimney-sweep is by very far the most dangerous one, give us also some other not unimportant hints. Next to the sweeps come innkeepers in London, brewers, servants in inns, commercial travellers, and maltsters (in this order). Now, it may be suggested that all these are likely to have been exposed to the influence of arsenical beer, and in this respect probably contrast strongly with grocers, clergy, potters, coal-miners, and farmers, who head the list with minimum records. The Registrar General tells us that, contrasting the annual averages of the ten years' period 1861-70 with the seven years' one from 1891-97, the increase in deaths from cancer was, in males 136 per cent, and in females 70 per cent. Thus, in thirty years the prevalence of cancer in males had more than doubled. Dr. Shadwell, in the article from which we have already quoted, remarks that no reason can be assigned for this disproportionate increase in men "except that cancer in men is more often internal and difficult of diagnosis, and was, therefore, less frequently diagnosed in former years."

## THE TREATMENT OF MALARIAL FEVER WITH DISODIUM METHYL-ARSENATE.

Armand Gautier (*Bull. de l'Acad. de Med.*, No. 17, April 29th, 1902) details his experience with disodium methyl-arsenate in the treatment of malarial fevers. In a former communication he had narrated the results obtained in nine cases of

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severe malarial fever, which had previously not yielded to 1 to 2 grm. doses of quinine per diem. In these the fever was at once stopped by the subcutaneous injection of 5 to 10 cgrms. of the drug, most of the cases only requiring one injection, some cases two or three, and one case only four injections. He has now collected the results in twenty-three cases, of which ten were tertian, two quartan, eight double tertian, and three quotidian or of an undetermined type. These show that malarial fevers are caused to disappear under the action of the above remedy, even those most refractory to quinine. The disodium methyl-arsenate acted as a specific, rapidly destroying the hæmatozoon of malaria. The results were most satisfactory in the case of tertian fevers, two or three injections of 5 to 10 cgrms. repeated with two days' interval being sufficient. With quartan the results were not so good, relapses, as a rule, occurring, but the apyretic interval was thirty days as compared with fifteen with quinine; a larger dose—namely, 10 to 20 cgrms.—repeated four or five times, was necessary to cut short the fever. Again, with double tertian, relapses, though less frequent than with quartan, were also the rule, and injections four or five in number must be given several times with a few days' interval to ensure cure. The remedy should be given eighteen hours before the probable time of invasion, but it can be given during the fever if otherwise not feasible. It may be given by the mouth or hypodermically. If it is pushed too much, Gautier thinks it loses its efficacy, and can even then cause a relapse. As an example in tertian fever: Suppose an attack has occurred on the 1st of the month, then on the 2nd give 15 cgrms.; on the 4th and 6th, 10 cgrms.; on the 8th, 5 cgrms. Then cease on the 9th to 13th; on the 14th, 15 cgrms.; on the 16th and 18th, 10 cgrms. on the 20th, 5 cgrms. Again cessation till the 26th, when give 10 cgrms; 28th, 10 cgrms; 30th, 5 cgrms. With women and persons in enfeebled health the dose should be one-third or one-quarter less. Bleeding from the gums and diarrhœa shows that the system is intolerant of the drug. Again, in cases where there is much bilious vomiting, with a thick-coated tongue, and the patient seems about to lapse into a comatose condition, it is advised to administer an emetic of ipecacuanha, together with the hypodermic injection of the above drug. In conclusion, the advantages of disodium methyl-arsenate are stated to be in the manner in which the red corpuscles of the blood are rapidly regenerated; in the return of the appetite, and in the rapid disappearance of the anæmia and cachexia caused by the malarial poison.—*Brit. Med. Jour.*, Aug. 16th.

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## COMPARATIVE STATISTICS FROM LOUISVILLE CITY HOSPITAL.

THE entire medical staff of the City Hospital in Louisville is composed of an equal representation from six medical colleges, five old schools, and one homœopathic. Each old school college appoints its own medical and surgical staff, each of which has charge of five-sixths of all the patients in the hospital at one time, serving in successive order a term of two months (the remaining two months are filled by other physicians in the city), while the staff appointed by the South-western Homœopathic College is on duty all the year round, and receives every sixth patient admitted. The homœopathic patients lie in the same ward, side by side with their fellow sufferers of the old school, receive the same nursing, the same kind of food, and are, of course, subject to the same atmospheric and mental influences. The only difference in the treatment of these two classes of patients is in the medicines they receive. It does seem, therefore, that this arrangement should afford a fair chance for the demonstration of the comparative value of the therapeutics of the two schools. Drs. Clendenin and Askenstedt collected, with this purpose in mind, the records in the official ledgers from April 1, 1899, when the above organization of the staff went into effect, until December 1, 1901—a period of thirty-two months. During this time there have been, in the medical wards, 398 deaths on the old school side, while the homœopaths lost only 73—a gain under homœopathic treatment of 8·3 per cent. That this favourable showing can not be accounted for by an unusually large number of homœopathic patients being admitted to the surgical wards, is apparent from the figures obtained from the cases under surgical treatment: 103 cases in the old school hands were lost, and only 11 under the care of the homœopaths—a gain of 46.6 per cent. Nor can it be accounted for by any undue desire on the part of the homœopathic internes to make a record by dismissing cases of incurable diseases prematurely, for although the cases of malignant tumours are slightly in their favour—2 deaths to 17 of old school—the cases of pulmonary phthisis, which are usually admitted in the last stage, bear the exact proportion of one to five—21 deaths under homœopathic treatment to 105 under the old school—while in organic heart disease the comparison is most unfavourable to the homœopaths—10 to 29.

Since the official records of the hospital are open to any investigator, a confirmation of the above figures can easily be obtained.—*Homœopathic Recorder*, April.

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## ODIUM MEDICUM.

FROM the "Hahnemannian Monthly" we cull the following admirable letter by Dr. C. Maxwell Christine of Philadelphia, which will interest our readers, and which shows that the *odium medicum* exists in a high degree in that city, as well as in this country, and elsewhere.

"The following was sent to a prominent medical weekly, and declined publication. The editor agreed with the writer, but thought the publication of the letter inadvisable.

PHILADELPHIA, PA., April 28, 1902.

*To the Editor of the*——.

The address of Dr. Charles A. L. Reed, delivered before the Physicians' Club, of Dayton, and appearing in your issue of April 19th, is a plea for the unification of the medical profession by accepting as members those who may apply, subject only to such a censorship as may be exercised over any legal practitioner of medicine. In other words, it is a plea for amalgamation, for which, in times past, numerous efforts have been made, without, however, any other apparent result than to disappoint anew the advocates of this greatly desired relationship, except, it may be, that, just as the rock will finally be washed away by the continual dropping of water on its surface, so the frequent attempts at reconciling differences among the divisions of the medical profession, while not effective of immediate results, give much promise of final consummation. A man who stands so prominently in his profession as does Dr. Reed, must necessarily be very brave to have uttered such a sentence as this: 'One may look forward with confidence to the meeting to be held in Saratoga in June, as the date which shall mark the close of that period in our national profession when a reputable physician shall be denied recognition and fellowship because he exercises the most fundamental prerogative of individual liberty.'

"In Philadelphia the animosity of the dominant school towards the Homœopathic branch of the profession is so great, that I imagine anyone here who would dare advocate such a recognition as recommended by Dr. Reed, would have charges very promptly preferred against him by his fellow-members.

"I am sure he would soon feel the strong arm of condemnation, and that the fear of this has served to take away from the members of the dominant medical profession here that spirit which, as Dr. Reed says, should control our profession, and keeps them from following that unwritten code of the gentleman which should control the personal conduct and the professional relations of the members of the profession.

"In 1880 I graduated from the medical department of the

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University of Pennsylvania, and shortly after I was made adjunct professor in the Medico-Chirurgical College, then forming in this city. My chief preferred charges against me for instructing my classes in the homœopathic view of the action of remedies, which instruction was collateral to the teaching of recognised views of the dominant school. The ensuing trial was interesting in that only my accuser found it in his heart to vote for conviction. My confession was complete, but every member of the faculty except, as I have said, my accuser, complimented me on my efforts to teach my subject 'from all its sides.' I was not to be deluded, however, by this vindication. The men who spoke and voted in my favour were my friends, and they voiced the sentiment which twenty years later has been echoed by Dr. Reed in his trenchant plea; but I knew that they could not stand up against the spirit of intolerance which was rooted in the profession, and against the general sentiment that the member who entertained the least faith in the homœopathic principle was a traitor to his profession, and doubly so to his *Alma Mater*.

"I finally resigned, and joined the homœopathic ranks, where in all these years I have remained, urging my new friends, as I did my old, to bring about such a unification as would join physicians of all schools together under the one ennobling inspiration of "Conservators of the public welfare." By invitations to members of the dominant school to meet me in consultation, and by pleas for amalgamation uttered in my own ranks and among my own societies, I have sought to break down the barriers which separate the schools of medicine, and bring all medical men together for a united effort at 'conserving the public welfare.'

"Did time permit, I could fill your journal with statements of the rebuffs I have received from all sources. The old-school men turned on me, and knifed me whenever and wherever they could. Men whom I knew and loved, with whom and for whom I had laboured, men even under whom I had studied, not only refused to consult with me, but failed to observe the very first principles of the moral ethics which should actuate the conduct of the gentleman. Were I to mention the names of certain illustrious men in this city who have widely departed from the ordinary rules of gentlemanly and honourable conduct in return for my manifestations of confidence in their skill and manliness, and relate in detail their actions, it would bring a blush of shame for their profession to the cheek of men like Dr. Reed, who see in the practice of medicine something else than the opportunity for an adherence to a so-called ethical law which, far from conserving the public welfare, has often stood as the obstacle to that help

in the hour of need which an attendant on the sick, happening to be a homœopathic practitioner, has sought at the hands of the practitioner of the other school of belief. Instances of brutal refusal to consult are but small things compared with the many other instances of which I could tell. Philadelphia is the hot-bed of hate, so far as the dominant school is concerned, towards my branch of the profession. If Dr. Reed, or any other man, can in the short time between now and next June induce the members of the dominant school in this city to believe that the position they have assumed for the past twenty or more years against me and against those who, for the time being, I represent, has been wrong, he will be doing wonders. The spirit of opposition is as deep-rooted here as it ever was—though, it may be, some master-mind may so influence matters as to point out the path of duty, and by gentle persuasion induce a change of heart and action.

"When Hahnemann was turned aside and persecuted for his advocacy of a principle he believed to be true, and which he so well defended, the profession courted the very thing which, if they had been wise, they would have known would happen—namely, the formation and final upbuilding of a powerful organization, with the newly-announced law of cure as its underlying principle. To-day, as a separate school we have such strength that, I take it, the thinkers of the dominant school may well feel we are a rival worthy their steel.

"Our medical schools, our hospitals, our literature, our practitioners, our results, are real entities; they stand for much, and I do not wonder that far-seeing men, such as Dr. Reed, looking slightly ahead, see us in the future growing still stronger and more powerful, all the while manifesting more and more our ability to care for ourselves, and relying less and less on the skill and knowledge of our brothers of the opposite side. Our self-reliance, our sturdy life, our great prospects, our cohesiveness—all these things are well known to Dr. Reed, and I imagine he does not despise the lessons they teach.

"The dominant school has forced the growth of the homœopathic school of medicine to one of large dimensions, and ostracism has simply added to its strength; so it is a question as to whether, now that the prospects are 'fair' for amalgamation, the members of the new school will wish to 'manifest a desire' to be identified with the movement of reform, without first ascertaining what it implies.

"It is altogether probable that before their proposed reform of attitude on the part of the dominant school toward other 'schools' than itself ever comes to fruition, the members of

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these outside branches of the profession will want to consider the subject in all its phases; and, as Dr. Reed says, 'the ultimate success of a movement of this kind must come from a demonstration of its desirability.' The homœopathic profession has become so accustomed to the treatment accorded it by the other school, that for a long time, at least, it is likely to distrust, as not being well meant, any invitation to enter the ranks of those who hitherto have so illy treated them.

"Personally, I have for years hoped to see the time arrive when as a legal physician I will have a moral right to the counsel and service of any other legally-authorized practitioner, for the benefit of my patient or to conserve the public welfare.

"I fear, though, that it will take more than the proposed action at Saratoga, in June, to effect such a consummation.

"However, addresses such as that of Dr. Reed tell the story of what is passing through the hearts and minds of men, who looking above the sordid things of life, and gazing far beyond the narrow limits of a code of ethics which ought long ago to have been buried out of sight, seek only the good of their fellow-man, thus exemplifying that spirit of brotherly love which should actuate the members of the medical profession more than any other body of men."

(Signed) G. Maxwell Christine, M.D.,
University of Pennsylvania; Hahnemann Medical College, Phila.

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"Doctor," said he, "I'm a victim of insomnia. I can't sleep if there's the least noise, such as a cat on the back fence, for instance."

"This powder will be effective," replied the physician, after compounding a prescription.

"When do I take it, doctor?"

"You don't take it. You give it to the cat in a little milk."—*Ex.*

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## A WESTERN EPITAPH.

Here lies the form of Ezra Hurst,
An Indian cut his hair;—
Cut his hair off, bottom first—
'Twas more than Ez could bare.—***Puck.***

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# OBITUARY.

## JOHN CLIMENSON DAY, M.D. Lond. etc. etc.

We much regret to have to announce the loss by death, of Dr. J. Climenson Day, which took place after a considerable period of delicate health, at his residence, 121, Camden Road, N.W., on the 17th of August. His life and career are extremely interesting. His distinguished position as a student, the circumstances of his conversion to homœopathy, his staunch devotion to the cause, his blameless life, actuated by the highest religious principles, his large and successful practice, and the affection he elicited from his patients and friends, all make such a short notice as we are compelled to give in this issue too slight to do justice to our late colleague. We therefore must defer a full notice till our October number.

We deeply deplore his loss, and meantime offer our warmest sympathy with his widow, his son, Dr. Roberson Day, and his daughter, in their affliction.

## HENRI LOUIS MARTINY, M.D.

We regret to have to record the death of Dr. Martiny, of Brussels, the distinguished homœopathic physician, on the 30th of June. He was born in 1839, and was thus in his sixty-fourth year. He had a large practice, and was perhaps the leading homœopathic physician in Belgium. He was the founder and editor of the *Revue Homœopathique Belge*, and was a corresponding member of several learned societies. His loss will be deeply felt by the profession in Belgium.

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## 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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## BOOKS RECEIVED.

*The Pre-Hippocratic Age in Medicine.* By W. B. Himsdale, M.D., Ann. Arbor., Michigan. *A Contribution to the Ætiology of Cancer.* By A. T. Brand, M.D. *The Homœopathic World*, August. *Midland Medical Journal*, July. *The Vaccination Enquirer*, August. *The Otago Daily Times*, June 3rd. *The Homœopathic Recorder*, July. *The Medical Era*, July and August. *The Doctor*, July. *The Clinique*, July. *The Minneapolis Homœopathic Magazine*, July. *The Medical Century*, August. *The Homœopathic Envoy*, August. *The Pacific Coast Journal of Homœopathy*, July. *The Medical Times*, New York, August. *The Hahnemannian Monthly*, Aug. *The Medical Brief*, Aug. *The Calcutta Journal of Medicine*, June and July. *The Indian Homœopathic Review*, December, Calcutta. *Revue Homœopathique Française*, Apr., May, July, Aug. *Leipziger Populäre Zeitschrift für Homöopathie*, August. *Allgemeine Homöopathische Zeitung*, July and August. *Homöopathisch Maanblad*, August. *Annaes de Medicina Homœopathica*, Brazil, May.

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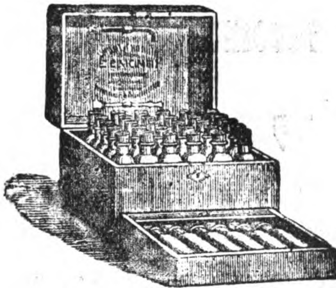

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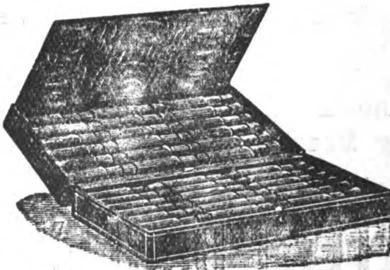

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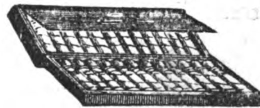

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