

THE  
HOMEOPATHIC WORLD:

A MONTHLY JOURNAL OF

*MEDICAL, SOCIAL, AND SANITARY  
SCIENCE.*

EDITED BY J. H. CLARKE, M.D.

---

Vol. XXXVII.

---

LONDON  
THE HOMEOPATHIC PUBLISHING COMPANY,  
12, WARWICK LANE, E.C.

1902.



The Gresham Press,  
UNWIN BROTHERS, LIMITED,  
WOKING AND LONDON.

# INDEX.

- Acidum nitricum*, 196  
 Adenoids, post-nasal, Dr. V. Green on, 550  
*Adonis vernalis*, Dr. Arndt on, 274  
 Advances in scientific medicine, by Dr. Dudgeon, 390  
*Æthiops antimonialis* and *sulph. aur. antimonii*, 90; colour of, 190  
 Ague, case of, 12; *lachesis* in, 44  
 Allen, Dr. H. C., *Therapeutics of Fevers*, by, 250, 322  
 Allopathic progress, 248  
*Aloe* in chronic diarrhea, 257  
*Alumina* in locomotor ataxia, 498  
 Amenorrhea, *kali carb.* and *helleb.* in, 44  
 America—is it in the Postal Union? 6, 58  
 Animals, trees and bogs, by Dr. Cooper, 129  
 Ankle, strumous disease of, case of, 64  
*Antimonium sulph.* in cough, 25  
*Antimonium sulphuratum aureum*, 197, 282  
*Antimonium tart.* in pneumonia, 22  
*Antimony*, proving of, 258  
*Apium graveolens*, poisoning by, 364  
*Apocynum* in strangury, 257  
 Appeal to Cæsar, the, 97  
 Appendicitis, treatment of, Sir F. Treves on, 345; or extra-uterine pregnancy, 566  
 Appendix, the, 344  
 Arbovital doses, 379  
*Argentum nitricum* in gastralgia, 115; in colic, 115; in upper abdominal affections from mental strain, 179; case, 442  
*Arnica* in tonsillitis and pharyngitis, 442; in injury of testicle, 444  
*Arnotto*, 51  
*Arsenicum* in abdominal tumour, 69  
 Ascites, case of, 176  
 Ashton, Dr., and the Electro-Therapeutical Society, 151, 238  
 Asthma, *passiflora incarnata* in, 4; *carb. veg.* in, 14; *thyroidin* in, 230  
*Aur. mur. nat.* in tobacco habit, 100  
 Awakening, an, 1  
 BALANCE of diseases, the, 346  
 Barlow, Sir Thomas, address by, 390  
 Beale, Dr., on inguinal hernia, 350, 515; the *Law of Unity and Homeopathy*, by, 559  
 Beer and cancer, 262  
*Belladonna* plaster, poisoning by, 26; in vascular deafness, 205  
 Bequests to homeopathic hospitals, 292  
 Berghe, Dr. G. A. van den, death of, 328  
 Birmingham Homeopathic Hospital, 20, 250, 266  
 Bishop, Dr. H. M., on small-pox, 82  
 Boericke, Dr. F. E., death of, 93  
 Boers, surgery among the, 388  
 Boils, *ecchinacea* in, 44  
*Boracic acid*, poisoning by, 29  
 Botany: its relation to medical practice, 54  
 Bournemouth Hahnemann Home, 123  
 Bovine and human cancer and vaccination, 246; by Mr. J. S. Hurdall, 330  
 Bovine tuberculosis, 6  
 Brighton Homeopathic Dispensary, 127  
 Bristol, homeopathic hospital for, 297  
 British Homeopathic Association, meeting of, 214, 246; work for the, 249, 317, 372, 436, 446, 503, 551  
 British Homeopathic Congress, 318  
 British Homeopathic Society, meetings of, 18, 80, 118, 180, 212, 265, 316, 368, 503, 550  
*Bry. and merc. sol.* in congestion of liver, 502  
*Buchu*, veldt, for enteric fever, 388  
 Burford, Dr., Twentieth Century Fund, 2, 19, 97  
 Burnett, Dr., memorial to, 529; professorship of homeopathic practice, 552  
 Burns, *terebinth.* in, 44  
 CADBURY'S milk-chocolate, 557  
*Calcarea carb.* in gall-stones, 10

- Calcareo fluorica* in nasal catarrh, 108; in necrosis of leg, 174  
*Calendula* in wounds, 314, 547  
*Campph.*, *caps.*, and *arsen.* in cholera, 546  
*Canadine* and *berberine*, 188  
 Cancer, *viola odorata* in, 5; is it derived from trees?, 104; of breast, 66, 109, 251, 514; *formic acid* in, 155; the crusade against, 197; research, 225; and beer, 262; some points about, 295; cutaneous precursors of, 296; infectivity of, 477  
 Cancroin, 382  
*Cantharis* in retentio urinæ, 314  
*Carb. veg.* in catarrhal asthma, 14  
*Carbolic acid* in diphtheria, 503  
*Carboneum hydrogenisatum*, 535  
 Carbuncle, case of, 174  
 Cardiac debility, Dr. H. Nankivell on, 187  
*Carduus marianus* in congestion of liver, 259  
*Cassia beareana*, 277  
 Cataract, *calc. carb.* and *silica* in, 118; traumatic, *naphthaline* in, 14  
 Cats and small-pox, 151  
 Cerebral inflammation, case of, 112  
 Cerebro-spinal fluid from nose, 228  
 Chancelrel, Dr. Victor, death of, 94  
 Cheloid of vaccinia, 293; *malandrinum* in, 293  
 Children, three facts worth knowing about, 372  
 Cholera, copper-chewing for, 387; *camph.*, *caps.*, and *arsen.* in, 546  
 Chromate factories, affections of workers in, 476  
 Clarke, Dr. J. H., on his *Dictionary of Practical Materia Medica*, 36, 73; reply to Dr. Hughes' criticism, 164; lecture by, 34, 47; for the *Dictionary*, by, 364; on page 181, 538  
 Clifton, Dr. A., articles of, 6; *Medicine v. Surgery*, by, 62  
 Cocaine, symptomatology of, 275  
*Cocculus* in diseases of women, 543  
*Coccus cacti* in nocturnal cough, by Dr. Ridpath, 305  
*Coffea* husks in malaria, 347  
*Colchicum* in heart affection, 501  
*Colic, mag. phos.* in, 13  
*Colocynth.*, a point about, 389; in ovaritis, 444  
 Congress, Annual Homeopathic, 337, 369  
 Cooper, Dr., on vascular deafness, 205; on cancer of breast, 66, 109, 251, 514; on Forestry in Ireland, 88; on animals, trees, and bogs, 129; on synovitis, 154; Dr. R. Hughes, 200; on *crategus*, 349; on chronic splenitis, 301; on *viola* in deafness, 307  
 Copper-chewing for cholera, 387  
 Cosmetic, a dangerous, 537  
 Cow-pox epidemic, the, 49; and psoriasis, 152; relapsing or generalised, 178  
*Crategus oxyacantha*, by Dr. Cooper, 349  
 Crookes, Sir W., on the stratification of hydrogen, radio-activity, and the electron theory, 132  
 Croydon Homeopathic Dispensary, 182  
 Cure, what is a, 244  
*Cydonia vulgaris*, uses of, 91  
*Cytisus laburnum*, proving of, 440  
 DAY, Dr. J. Clemenson, death of, 471  
 Deafness, vascular, Dr. Cooper on, 205; *viola odorata* in, 307  
 Definitions, 145  
 Denmark, practice of homeopathy in, 9  
 Depilatory, *dioxygen a*, 41  
 Deschere, Dr. Martin, death of, 471  
 Diabetes, by Dr. A. K. Datta, 137; *eucalyptus* in, 345; potatoes in, 549  
 Diarrhea, chronic, *aloe* in, 257; *strontium carb.* in, 545  
*Dictionary*, for the, by Dr. Clarke, 364  
*Digitalis* and *acid. phos.* in intermittent pulse, 531; untoward effects of, 526  
 Dilutions, homeopathic and the Poison Act, 523  
 Diphtheria, case of, 113; *carbolic acid* in, 503  
*Diphtherinum* for post-diphtheric conditions, 115; indications for, 172  
*Directory, International Homeopathic*, 139  
*Dolichos*, Dr. F. Kraft on, 269  
 Dover, Thomas, by Xrayser, 374  
 Dudgeon, Dr., on the Twentieth Century Fund, 59; advances in scientific medicine, by 390  
 Dudley, Dr. P., on the therapeutic teaching at Hahnemann College, Philadelphia, 521  
 Duncan, Dr. T. C., death of, 426  
 Dysart, Lord, and the B.H.A., 348  
 Dysuria, *tritium repens* in, 55  
 EASTBOURNE, Leaf Homeopathic Cottage Hospital, 125  
 Ecalle, Dr. H., on dosage of alcoloids, 324  
*Ecchinacea* in boils, 44  
*Eczema, phosphorus* in, 442  
 Eggs, some uses for, 45; how to preserve them, 291  
 Elbow, strumous disease of, case of, 62

- Electricity in Medicine and Surgery*, by Dr. W. H. King, 38  
 Ellis, Dr. J. W., on neurasthenia, 80  
 Epilepsy, *œnanthe* in, 177  
 Encephalitis, acute hemorrhagic, etiology of, 227  
 Epistaxis, *ferrum iodatum* in, 211  
*Erewhon*, the author of, 537  
 Ethics versus humanity, 342  
*Eucalypti* classification, 142  
*Eucalyptus glob.* a prophylactic in influenza, 16; in diabetes, 345  
*Euphrasia* in catarrhal ophthalmia, 210  
*Euphorbia lathyris*, proving of, 73  
*Eupion* in cramp of calves, 476  
 Eye symptoms of *natrum carb.*, 565  
 Eyelids, gangrene of, 320
- FANNING, DR., on *Hay Fever and Catarrh*, 326  
*Ferrum iodatum* in throat affections, 15; in epistaxis, 24  
*Ferrum met.* in itching of anus, 357  
*Ferrum phos.* headache of, 180  
*Fevers, Therapeutics of*, by Dr. H. C. Allen, 322  
 First resolution of the B.H.A., 329  
 Fissure of anus, *ratanhia* in, 171  
 Flies, contagion carried by, 487  
 Forcible feeding, simple method of, 565  
 Forestry in Ireland, Dr. Cooper on, 88  
*Formic acid* in tuberculosis, chronic nephritis and carcinoma, 155  
 Free, the land of the, 149  
 Frost, Mr. E. J., thanks for books, 95
- GALL-STONES, *calc. carb.* in, 70  
 Gastralgia, *nux vom.* in, 112  
*Gelsemium* in semi-stupor, 548  
 Giving the case away, 337  
 Goitre, *hydrastis* in, 286  
 Gonorrhea, *hydrastis* and *merc. corr.* in, 210  
 Goullon, Dr., tips for allopaths, by, 21  
 Grace, Dr., on a case of gangrene, 550  
*Granatum*, indications for, 73  
 Green, Dr. V., on post-nasal adenoids, 550  
*Gaultheria procumbens*, 278
- HAIR whitens, why the, 17  
*Hamamelis* in intestinal hemorrhage, 429  
 Hansen, Dr. Oscar, cases by, 10, 110, 174, 207, 260, 309, 359, 416  
 Hard lines, 438  
*Hay fever, kali bichrom.* in, 545  
 Hayward, Dr. J. W., on *The Origin and Nature of Matter and Force*, 40; on protoplasm, 324; circular and Dr. Hughes, 411; Dr. Graves on, 515; and Dr. Hughes, 563
- Headache, blinding, remedies for, 172; paroxysmal, *sanguinaria* in, 174; relieved by pressure, *nux mosch.* in, 189; *spigelia* and *silica* in, 203; of *sanguinaria*, 204.  
 Heart affection, *naja* in, 208; *spigelia* in, 360  
*Helleborus* in lack of reaction, 445  
 Helmuth, Dr. W. Tod, death of, 327  
 Hemoptysis, *kreasote* and, 56  
 Hemorrhages, hysterical, 430  
*Hepar sulphuris* in small-pox, 56; in angeioneurotic edema, 414  
 Hepatitis, *bry.* and *nux vom.*, in, 116  
 Hering College, 390  
 Hernia, inguinal, Dr. Beale on, 350, 515  
 Heuvel, Dr. van den, death of, 92; the late, 148  
 Hip-joint inflammation, case of, 62  
 Hodgkin's disease, 468  
 Homeopathic Pharmacopeia of the United States, 134  
 Homeopathy, the term, 105; in surgery, 555  
 Hove Homeopathic Dispensary, 439, 537  
 Hovis foods, 326  
 Hughes, Dr., on *Dictionary of Materia Medica*, 159; Dr. Clarke's reply to, 164; not seen by, 197; death of, 193, 231; memorial to, 199, 237, 250, 334, 381, 429, 524, 564; a study, by Dr. Cooper, 200; condolence resolution of B.H.S., 213; obituary notices of, 234; and Burnett, by Dr. Dudgeon, 279  
 Human actinomycosis in France, 534  
 Hurndall, Mr., on the tuberculin test, 42; on cancer research, 285; on bovine and human cancer and vaccination, 330; on homeopathy in milk fever, 562  
*Hydrastis* in goitre, 286; in ulcer of tongue, 417; in bronchial catarrh, 489  
*Hydrozone, glycozone*, and *glycothymoline*, 278  
*Hymosa* in rheumatism, 44
- Ichthyol*, a proving, 544  
*Ignatia* in prolapsus ani, 443  
 Infinitesimal doses respectable at last, 437  
 Influenza, *eucalyptus glob.* a prophylactic in, 16; *malandrinum* in, 104; or barometric pressure, 108  
*Ipecac.* in laryngitis, 358  
 Irish Arboricultural Society, 30  
 Isolation of small-pox cases, 101
- JAPAN and homeopathy, 198  
 Jousset, Dr., *Pathogenetic Microbes* by, 140

- KAFKA, Dr. Theodore, death of, 427  
*Kali bichrom.* in hay-fever, 545  
*Kali carb.* in rheumatism, 14  
*Kalmia latifolia* in cardiac affection, 207  
 King, Dr. W. H., on *Electricity in Medicine and Surgery*, 38  
 Kirn, M. Leon, death of, 94  
 Knee, strumous disease of, case of, 63; disease of, case of, 63  
 Kopp, Mr., cases by, 15, 116, 210, 263, 311, 443, 501, 546  
*Kouso* flowers, constituents of, 142  
 Kraft, Dr. F., on *dolichos*, *phaseolus*, and *vesicaria*, 269  
*Kreasote* and hemoptysis, 56  
  
*Lachesis* in ague, 44  
*Lachnanthes*, 106; by E. M. Holmes, 130; inquiry, 346  
*Lager beer* in acute vomiting, 40  
 Lambert, Dr., *Materia Medica Miscellanea*, by, 13, 49, 114, 171, 202, 257, 305, 357, 413, 440, 498, 543  
 Laryngitis, *ipecac.* in, 358  
 Launceston Homeopathic Hospital, 554  
 Laurence, Dr. F. M., *Practical Medicine*, by, 409  
*Lecithine* in tuberculosis, 87, 199  
 Leicester Homeopathic Provident Dispensary, 373  
*Lichen ruber* and kraurosis vulvæ, 565  
 Liedbeck, Dr. P. J., memorial festival to, 399  
 Line of Progress in homeopathy, 433  
 Liverpool item, 437  
 London Homeopathic Hospital, annual meeting of, 181  
*Lotus arabicus*, 382  
 Lyddite, effect of, 389  
  
 MADDEN, Dr. Edward, on the R. Hughes memorial fund, 237  
*Magnesia carb.* in phosphorus poisoning, 315  
*Magnesium phos.* in colic, 13  
*Malandrinum* case, a, 499; by Dr. Watt, 504  
 Malaria, *coffea* husks in, 347  
 Mammary abscess, *phytolacca* in, 306  
 Mangosteen, 565  
*Matthiola græca* in suppurating parotitis, 303  
 Martiny, Dr. H. L., death of, 379  
 Melbourne Homeopathic Hospital, 53  
 Memorial, the Richard Hughes, 199, 213, 237  
*Mephitis putorius* in cough, 358  
 Merck's Annual Report, 325  
*Mercurius corr.* in sore throat, 16  
*Methylene blue* in chronic otitis, 153; in ozæna, 153  
  
 Microbe of cold, the, 58  
 Milk fever, homeopathy in, by Mr. Hurndall, 562  
 Miller, Dr. R. G., on relationship of remedies, 298, 401  
 Minneapolis Homeopathic Society, 249  
 Minor ailments, 245  
 Moles, pigmented, their clinical significance, 295  
 Monkeys, open air for, 486  
 Mosquito theory, a score for the, 7  
 Munich, professorship of homeopathy in the University of, 429  
  
*Naja* in heart affection, 208  
 Nankivell, Dr. H., on cardiac debility, 187  
*Naphthaline* in traumatic cataract, 14  
*Narcissus poeticus*, pathogenic effects of, 367  
*Natrum carb.* in chronic diarrhea, 203  
*Natrum muriaticum* in marasmus, 413  
*Natrum silicium* and egg preservation, 291  
 Nature cure, 41, 90  
 Necrosis of leg, *calc. fluor.* in, 174  
 Nephritis, chronic, *formic acid* in, 155  
 Nerve action, new theory of, 53  
 Neuralgia of arm, *arsen.* and *rhus* in, 261  
 Neurasthenia, Dr. Ellis on, 80  
 New Zealand, medical ethics in, 342  
*Nitric acid* in typhoid, 565  
*North American Journal*, the, 5  
 Norton, Dr. A. B., 439; ophthalmic diseases, 557  
*Nux moschata* in headache relieved by pressure, 189; poisoning by, 414  
  
 OCTOBER, 436  
 Odium theologicum-medicum at Geelong, 5  
*Oenanthe* in epilepsy, 177  
*Oleander*, poisoning by, 30  
 Ophthalmia catarrhalis, *euphrasia* in, 210  
 Otitis, chronic, *methylene-blue* in, 153  
 Ovaritis, *colocynth* in, 117, 444  
*Ozena*, *methylene-blue* in, 153  
  
 "PAGE 181," by Dr. Clarke, 538  
 Pains in back and legs, *bry.* and *merc.* in, 10  
 Pancreatitis, chronic interstitial, 512  
*Passiflora incarnata* in asthma, 4  
 Passive murder, 293  
 Pathology v. repertory at Hom. Congress, 362  
 Patriotism, 289  
*Pareira brava* in renal colic, 498  
 "Perry, C.C.," once more, 58; wanted, 153; arrest of, 488

- Pertussis, paralysis in, 513  
*Phaseolus*, Dr. F. Kraft on, 271  
 Philadelphia Hahnemann College,  
 teaching of homeopathy at the,  
 380  
 Phillips Memorial Hospital, 183, 536  
 Phlebitis, case of, 11  
*Phosphoric acid* in chronic diarrhea,  
 114  
*Phosphorus* in purpura, 415; in  
 eczema, 442; in post-diphtheritic  
 paralysis, 566  
*Physician's Diary and Case Book for*  
 1902, 89; for 1903, 563  
*Phytolacca* root poisoning, 28; in  
 mammary abscess, 306  
*Picric acid* for brain workers, 544  
 Pleurisy, *bry.* in, 312  
*Plumbum iod.* in induration of breast  
 423  
 Pneumonia, Dr. Hewitt on the treat-  
 ment of, 489  
 Polish Journal of Homeopathy, 108  
 Potatoes and diabetes, 549  
 Prosopalgia, *kalmia* in, 240  
 Psoriasis, *kali arsen.* in, 361  
 Pullar, Dr., on *ferrum picricum* in  
 warts, 440; under which flag? 471  
 Pyelitis, *pyrogen* in, 202  
*Pyrogen*, notes on, 422  
  
 RADIO-ACTIVE bodies, 273  
 Ransford's, Dr., widow, death of, 251.  
*Ratanhia* in anal fissure, 171  
 Relationship of remedies, by Dr. R.  
 G. Miller, 283, 298, 401  
 Resolution, the first, 241  
 Revival, the homeopathic, 385  
*Rheum rhaponticon*, in urticaria, 294  
 Rheumatism, *rhus*, *bry.*, and *phos.*  
 in, 10; *kali carb.* in, 14; the Boyne  
 river in, 35  
*Rhododendron* in chronic rheuma-  
 tism, 258  
*Rhubarb* and urticaria, 286, 294  
 Richardson, Dr. H., removal to  
 Bourneville, 279  
 Rickets, *thymus gland* in, 475  
 Ridpath, Dr., a *coccus cacti* case by,  
 305  
*Robinia pseudo-acacia* in acidity, 263  
 Romance of medicine, 292  
  
*Salicylate*, action of, on urinary  
 tract, 511  
*Salicylates of mercury*, poisoning by,  
 445  
*Salicylic acid* in ulcer of stomach,  
 450  
 Saliva cure, the, 148  
*Salix nigra*, indications for, 357  
 Sand-cure, the, 8, 52  
*Sanguinaria*, alkaloids of 45; in  
 headache, 174, 204  
  
*Santonin*, yellowness of, 438  
*Sarsaparilla*, undue neglect of, 52  
 Scars *v.* red light, 57  
 Schulz, Professor, 418  
*Scirrhinum*, what is it? 91  
 Scrofulous affections, *ethiops anti-*  
*monialis* in, 23  
*Sea-water*, provings of, 427  
*Sepia* in hemicrania, 306; in dys-  
 pepsia, 430  
 Shock, homeopathic therapeutics of,  
 466  
*Silica*, remarks about, 69  
 Silk stockings, poisoning by, 305  
 Sinus of thigh, case of, 309  
 Sircar, Dr., his conversion to home-  
 opathy, 486  
 Skin, Dr. J. H. Allen on diseases of,  
 514  
 Small-pox treated as a crime, 51;  
*hepar sulph.* in, 56; Dr. Bishop on,  
 82; water-cure for, 149; and cats,  
 151; isolation of, 101; concen-  
 tration camps and mortality, 102;  
 in United States, 103; *thuja* and  
*ecchinacea* for, 103; *vaccine* and  
*ant. tart.* in, 104; *malandrimum*  
 for, 104; how Cleveland stamped  
 out, 222  
*Spigelia* and *silica* in headache, 203  
 Splenitis, by Dr. Cooper, 301  
*Stannum muriaticum*, a proving of, 8  
 Stomatitis, *ferr. iod.* in, 311  
 Strangury, *apocynum* in, 257  
 Stream, a healing, 35  
*Strontium carb.* in diarrhea, 545  
 Study of homeopathy, J. Inch on,  
 248  
*Sulphur 1m* in alcoholism, 548  
*Sulphur auratum antimonii*, by Dr.  
 S. Wilde, 141  
*Sulphuretted hydrogen* in rheumatic  
 heart disease, 291  
*Suprarenal gland* in epistaxis of  
 hemophilia, 142; in cardiac disease,  
 525  
 Sussex County Homeopathic Dis-  
 pensary, 126  
 Swansea, homeopathic practitioner  
 wanted in, 190  
 Switzerland, a homeopathic hospital  
 for, 292  
 Synovitis, *stellaria* in, 315; of knee-  
 joint, Dr. Cooper on, 154  
  
 Talcott, Dr., death of, 348, 424; the  
 late, 472  
*Tang kin* root, 4  
 Tarantula, 388  
*Terebinth.* in burns, 44  
 Tetanus antitoxin, 141  
 Thackeray, Dr. Elliotson, and  
 Homeopathy, 534  
*Thallium* compounds, 566

- Thlaspi bursa pastoris* in exostosis, 449  
*Thuja* in tumour in palate, 14; in papilloma of larynx, 45  
*Thymus gland* in rickets, 475  
*Thyroidin* in asthma, 230  
Tinctures or fluids, by Mr. Wyborn, 331  
Tips for allopaths, by Dr. Goullon, 21  
Tongue, patched, remedies for, 94;  
ulcers of, *hydrastis* in 417; traction of, in poisoning, 566  
Tonsillotomy rash, 46  
Trench, Col. le Poer and the G.M.C., 106  
Treves, Sir F., on symptoms, 485  
*Trional*, poisoning by, 321  
*Triticum repens* in dysuria, 55  
*Tuberculin* test, Mr. Hurndall on the, 42  
Tuberculosis, *lecithine* in, 87; blue light for, 152; *formic acid* in, 155  
Tumour in palate, *thuja* in, 14  
*Turnera aphrodisiaca* in incontinence of urine, 114  
Twentieth Century Fund, 19, 121, 150, 186, 197; by Dr. Dudgeon, 59, 80; subscriptions to, 448  
Typhoid, case of, 110  
  
*Urea* in tuberculosis, 45  
Urinary affection, 209  
Urticaria caused by *rhubarb*, 286  
Ussher, Dr. Henry, death of, 236  
Uterine symptoms of *natrum carb.*, 565  
  
VACCINE cannot be guaranteed, 101  
Vaccinia, more relapsing, 248; and cheloid, 293  
Vaccination, tetanus following, 9; in Minneapolis, 149; or gaol, 150; laws in U. S., Dr. W. Wesselhoeft on, 150, 216; casualty, 152; Dr. Dungan's Bill on, 220; and cancer, 246; complications of, 506; causes pemphigus, 296; cures whooping-cough, 297; complications of, 461  
Vaccinosis, a case of, 247  
*Vaccinium*, 461, 506  
Vagina, fibroid of, 51  
*Variolinum* in small-pox, 49  
*Vesicaria*, what is it? 71; Dr. F. Kraft on, 271  
*Viola odorata* in cancer, 5, 27, 43  
Vital economics: passive murder, 293  
Vomiting, *lager beer* in, 40  
  
WAKE up, homeopaths! 532  
Warts, *kidney bean* in, 204; *ferrum picricum* in, Dr. Pullar on, 440  
Water-cure for small-pox, 149  
Wesselhoeft, Dr. W., on U. S. vaccination laws, 150; on compulsory vaccination, 216; on vital force and infinitesimals, 452  
Wrist, disease of, cases of, 63, 64  
  
*Zincum met.* in periodic headache, 488

# THE HOMEOPATHIC WORLD.

---

JANUARY 1, 1902.

---

## AN AWAKENING.

THE first year of the new century has seen the birth of what promises to be a new era in British homeopathy. For a good many years past official homeopathy in this country has been dominated by a policy of therapeutic quietism. Not recognising the difference between allopathically manufactured rules of etiquette and transcendental ethics, a number of homeopaths have accepted the doctrine that sectarianism is the most heinous of all sins, even if the sectary is only such by virtue of the professional boycott, and have sought to obliterate all outward and visible distinctions between homeopaths and the boycotting majority. At one period this policy of negation took on an aggressive form—the homeopathic quietists sought to impose their views on British homeopaths generally by the simple plan of giving that dreadfully sectarian print, the *Homeopathic Directory*, its quietus. Our readers need not be told that this policy of obliteration has never been countenanced by THE HOMEOPATHIC WORLD, either under its present editorship or under that of its previous editors. And now it is with unalloyed pleasure that we record the rise of a new policy in the circle of official homeopathy.

The new movement has been growing for some time past in an inarticulate kind of way, but the initiation and expression of it are due to the foresight and energy of



Dr. BURFORD, the president of the British Homeopathic Society, who made it the subject of his inaugural address.

We chronicle elsewhere the founding of the "Twentieth Century Fund," which was one of the main proposals of Dr. BURFORD's address. The object of the fund is for "the Extension of Homeopathy in Great Britain."

The project, we are informed, has already received the unanimous and cordial support of the British Homeopathic Society, at a meeting in London on October 3rd; of the Liverpool Branch of this Society, at a meeting held in Liverpool on November 8th; and of the Western Counties Therapeutic Society, at a meeting held in Bristol on October 24th.

The Committee of the Fund is authorised to obtain the names of all homeopathic practitioners who are willing to signify their approval and encouragement of this forward movement for enrolment on a Grand Committee, and we trust that every homeopathic practitioner in the kingdom will enrol his name.

It is not without interest to recall previous movements of this kind that have taken place in this kingdom. In 1847 there came into existence the British Homeopathic Association, mainly through the initiation and instrumentality of Mr. MARMADUKE SAMPSON, whose noble efforts in the cause of medical liberty have earned for him an imperishable place in the history of our movement. The objects of this Association were threefold: to regularly set before the public the doctrine of homeopathy and the nature of the phenomena on which it is based; to publish authentic testimony concerning it; to furnish to all incapable of receiving conviction from testimony an opportunity for personal investigation. The Association, which worked in close co-operation with the British Homeopathic Society, began with 400 members and ended, after two years' existence, with over 1,300, the crown of its work being the founding of the London Homeopathic Hospital, now in Great Ormond Street, but which was first housed in Golden Square.

The next organisation of the homeopathic forces took place in 1886, when the Homeopathic League was founded. The first suggestion of this was made at a dinner given by Dr. DUDGEON to Dr. J. P. DAKE, of Nashville, Tennessee, in October, 1885, Drs. DYCE BROWN and CLARKE being present to meet our distinguished American colleague. Dr. DAKE communicated his impressions in an article published in THE HOMEOPATHIC WORLD of December, 1885, entitled "Homeopathy in Great Britain—an American View"; and in the same number appeared a leading article entitled "A New Propaganda." The idea was well backed up, and the League was formed with these objects:—(1) "To make known the truth of homeopathy, and the advantages to the public of homeopathic treatment; and (2) To counteract the unfair policy of the old school." The late Lord EBURY accepted the presidency of the League; and Mr. E. H. LAURIE became the honorary secretary. The first act of the League was to print and circulate Dr. DUDGEON's pamphlet on "Medical Boycotting," and the enduring work of the League was the publication of the well-known series of "League Tracts." These were published anonymously, but it is no secret that a very large proportion of them came from the pen of Dr. DUDGEON. The League continued its work for nearly ten years, during which it published fifty-four tracts, divided into three volumes. At the end of the term it sold its publishing rights to the Homeopathic Publishing Company, and presented the balance of its funds to the London Homeopathic Hospital. At this day the League Tracts are doing yeoman's service in the cause of "Truth and Justice"—the watchwords of the League—wherever the fight is being carried on. The demand for League tracts is perennial, and we commend them to the notice of the new Association which is now coming into being.

The first association gave Homeopathy the London Homeopathic Hospital; the second gave it the best fighting ammunition it has ever possessed; it is for the

third to carry the work to the ultimate stage—that of securing a fair field for our operations. This can only be done by securing recognition for our hospital and the establishment of a fully-equipped State-recognised School of Medicine in which homeopathy is taught and practised ; such teaching and practice having the same academic value as teaching and practice of medicine in other schools. There may be, and probably will be, many steps to be taken before this goal is reached ; we do not look for this as an immediate result. But if Dr. BURFORD can unite the British Homeopathic body in the new endeavour—as there is every appearance that he will—step by step we shall be brought nearer the goal. To achieve success it only needs that British homeopathy should make up its mind, and make it up strongly ; and if any one is capable of bringing this about, we believe the necessary motive force will be found in the untiring energy and zeal of the President of the British Homeopathic Society.

---

**TANG KIN ROOT.**—A Chinese remedy, or Emneul (Merck), as it is also known, is said to be indicated in amenorrhea without abortive properties. It also acts as a general tonic, and relieves the pre-menstrual pains.—Jousset (*N.A.J.H.*)

**PASSIFLORA INCARNATA IN ASTHMA.**—Passion flower (*Passiflora incarnata*) is not official in the U. S. P., and does not appear to have been well studied experimentally (*American Medicine*). Clinically it possesses hypnotic and antispasmodic powers, and in sufficient doses it would probably act as a narcotic poison. Even in moderate doses it may in some cases provoke nausea and emesis. The emetic properties may depend upon a different principle from that to which its sedative action is due. At all events, the combination of relaxant influences give its peculiar value in allaying asthmatic paroxysms and in preventing their full development. It may be given in tincture or fluid extract as found in the particular pharmacy supplying the patient. The dose is from 10 to 30 minims well diluted and given from every ten minutes to every half-hour until relief is experienced, emesis caused, or drowsiness induced. We have never exceeded half a fluid ounce of the fluid extract in the course of two hours. Patients have fallen asleep after six doses of ten to twenty drops each, given every ten or fifteen minutes, or after a single dose of one fluid drachm. In two out of eight cases its use produced but slight mitigation of distress and was abandoned. In six cases rebellious to other methods, it gave prompt relief.—*Med. Times*.

## NEWS AND NOTES.

---

### THE *NORTH AMERICAN*.

AN interesting journalistic event is just taking place in America. The *North American Journal of Homeopathy* with the close of 1901 completes its half century, and with the January number celebrates its Jubilee. We have sent Editor Eugene H. Porter a few lines of congratulation, which we here cordially repeat. The "Jubilee Number" will contain special articles and illustrations, and we commend it to the notice of our readers. "*N.A.J.H.*" well deserves the high reputation it has always commanded throughout the fifty years of its existence.

---

### *ODIUM THEOLOGICO-MEDICUM* AT GEELONG.

DR. LAMB has sent us another Geelong paper containing a further impudent tirade against homeopathy by Archpriest McKenna. Dr. Lamb sent a reply to this, but the editor refused it insertion. Thus it appears that in Geelong medical doctrine is considered more the province of the theologian than of the doctor. No doubt *odium theologicum* was invented before *odium medicum*, and the priest, perhaps naturally, is anxious to claim a proprietorship in both. However, anything is better than stagnation, and we think Dr. Lamb and the Geelong homeopaths are to be congratulated on having fluttered the doves of medical orthodoxy.

---

### *VIOLA ODORATA* IN CANCER.

THE following report of a discussion of the Liverpool Chemists' Association appeared in the *Chemist and Druggist* of December 14th. Our correspondent, "Ferrum," supplies some extracts from Herbal literature bearing on the subject in our General Correspondence pages:—

#### "VIOLET-LEAVES.

"Mr. Wardleworth, referring to the use of violet-leaves as a remedy for cancer, said it had come under his personal knowledge that this treatment had been of great value in one case of undoubted

cancer. The application of an infusion of the leaves had led to considerable improvement, and the patient was now buoyed up with the hope of ultimate recovery.

"The President said he had his doubts as to the permanence of the remedy. They were all more or less familiar with the rage which prevailed a short time ago for the employment of red clover for a similar purpose, and prior to that again Chian turpentine and other remedies, all of which have fallen into disuse.

"Dr. Symes said no doubt many of these remedies, though not leading to absolute cure, tended to alleviate the pain of the disease. From his experience he thought that cacodylate of sodium was one of the remedies which was at present obtaining a great deal of favour, and, he thought, with a large measure of reason."

---

### BOVINE TUBERCULOSIS.

WE publish elsewhere a letter from Mr. Hurndall, M.R.C.V.S., commenting on an extract we published last month on the value of the *Tuberculin* test in cattle. Here is an extract from the *Standard* of December 14th:—

"In the course of a lecture at Stockholm on the serum treatment, delivered on Thursday evening, December 12th, Professor Behring stated that experiments made by him had demonstrated the possibility of rendering cattle immune from tuberculosis by inoculation according to the Pasteur method. Professor Behring added that he proposed employing the Nobel Prize awarded to him for putting into practice his treatment for combating cattle tuberculosis."

It probably does not occur to Dr. Behring that this is homeo-prophylaxis.

---

### DR. CLIFTON'S ARTICLES.

DR. CLIFTON has promised us an article for our February number. It was intended for our present issue, and was partly written, when, unhappily, an access of illness prevented its completion in time. We are glad, however, to state that our venerable colleague is much better again, and fully expects to have his article ready for next month.

---

### IS AMERICA IN THE POSTAL UNION?

THE query at the head of this note is suggested by a recent experience; and the answer to it would seem to be in the negative. So far as books are concerned, up till recently it has been possible to post books to any part of

the United States so long as they were within the limits of size and weight accepted by the Union. Recently a copy of Vol. I. of Dr. Clarke's *Materia Medica* was posted to a subscriber in Virginia, and on its arrival the recipient was *heavily fined for having it sent to him by post*. He was also threatened with a double fine if Vol. II. reached him the same way. The publishers of the work had been informed that Review copies of works were duty-free, and accordingly copies sent to American journals for review were marked "Review Copy" on the outside. The editor of the *Journal of Homeopathics* wrote to say that he had been charged \$2 13, and the proprietors of the *Homeopathic Recorder* said, through their representative, that they had been compelled to return the book, the charge being so high. At latest advices the "returned" copy had not reached its starting-place. Perhaps they are making a collection of British contraband works in the library of the United States G.P.O. The sum charged to Dr. Chapman, of the *Journal of Homeopathics*, has been refunded to him and a letter has been sent to other editors expressing regret, and offering to make good any charges to which they may have been put. Of course it is absurd that editors should be charged for Review copies; but we on this side cannot be blamed for the absurdity. Neither the U.S. Consulate nor our G.P.O. have any definite knowledge on the subject (though our G.P.O. is taking steps to find out). Some other means will be found of distributing copies of Vol. II. to American journals and subscribers. In the meantime we hope editors and subscribers will understand that it is American laws and postal rules that are responsible for the delay.

---

#### A SCORE FOR THE MOSQUITO THEORY.

THE following is from the *Standard* of December 12th:—

"Remarkable testimony as to the possibility of combating malarial fever by modern scientific methods is afforded by a letter which Major Surgeon Gorgas, the Sanitary Officer of Havana, has written to a member of the Liverpool School of Tropical Medicine. After the annexation of Cuba by the United States, a Commission of the United States Government found reason to believe that the infection of yellow fever, like that of malarial fever, is carried by mosquitoes of a particular kind. Losing no time in abstract discussion on the matter, the

Americans started to work at once to clear out mosquitoes in Havana. The result is declared to have been wonderful. Surgeon Gorgas writes that for the first time since 1762 Havana has been free from yellow fever in October, while malaria has decreased more than one-half. He adds also that Mr. Le Prince, who is directly in charge of the anti-mosquito work, estimates that mosquitoes have decreased 90 per cent. by the operations, as compared with the same time last year. Dr. Gorgas has been issuing the most striking monthly reports to his Government about the matter; and his results, taken together with the no less remarkable results obtained by the Sierra Leone Expedition of the Liverpool School of Tropical Medicine, show not only that disease can be greatly reduced by attacking the insects which carry it, but that these troublesome insects can be largely reduced in centres of civilisation if the local authorities will only take the trouble."

---

### A PROVING OF *STANNUM MURIATICUM*.

WE take the following from the *Westminster Gazette*:—

#### "YELLOW SILK STOCKINGS AND POISON.

"People have before now been poisoned by dye out of their footwear, but the *Klinike Rundschau* of Vienna cites a case of a young girl being poisoned through a pair of yellow silk stockings, the poison in this case having nothing to do with the colouring matter. Twice she took to her bed, and in each case the stockings were resumed as soon as she was convalescent. The stockings had been impregnated with a solution of chloride of tin with a view to increasing their weight and apparent value."

We hope some of our German friends will give the full symptoms of this case. It should be a good proving of *Stan. mur.*

---

### A NEW CURE! WHAT NEXT?

THE *Westminster Gazette* of December 15th is responsible for this:—

#### "THE SECT OF THE SAND-EATERS.

"It is well known that there are sound physiological reasons for the fondness of the cat for eating grass occasionally; but it is not often that human beings feel the need of any change of diet so strongly marked as that. But in America, at St. Louis, a strange community known as the 'Dirt-Eaters' has recently started. Mr. William Winsor, a lawyer and scientific man, who heads it, is known as the Chief Dirt-Eater. He says that the theory of dirt-eating was evolved from studying the animals, all of whom have an instinctive taste for dirt. They have no stomach ailments, while human beings largely suffer from dyspepsia and other derangements. Mr. Winsor's



followers say that their health has been greatly improved by dirt-eating. They take every day a teaspoonful of dirt in a glass of water. The dirt, which is really fine sand from the banks of the Mississippi, is collected by Mr. Winsor, sterilised, and sold to his followers for a shilling per sack. The community originally started with seventy-five men and women, but the numbers are steadily increasing."

---

### RATHER STRONG VACCINE.

WE take this from the *Chemist and Druggist* of December 7th:—

#### "TETANUS FOLLOWING VACCINATION.

"The whole country has been excited over the report of a number of deaths from tetanus following inoculation with vaccine lymph. The outbreak occurred in Camden, N.J., and Philadelphia, and its origin is more or less involved in mystery. Most, if not all, of the cases followed inoculation with vaccine made by one concern in Philadelphia, but it is claimed that the vaccine could not have been contaminated, inasmuch as the tetanus did not develop for from sixteen to eighteen days after inoculation. Physicians state that it is due to negligence in not keeping the wound protected and clean, and that if the vaccine was tainted more than twenty cases should have followed something like half a million inoculations. Up to the present twelve deaths have occurred, and the public are thoroughly frightened—the more so as the outbreak follows closely on a similar occurrence at St. Louis, where ten deaths have occurred after injections of anti-diphtheritic serum. In the latter case there is no doubt that the serum was contaminated, as the horse from which it was obtained developed tetanus and was killed. The Board of Health, however, deny the possibility of infection from this source, as the serum was drawn on August 24th, and the horse did not show tetanic symptoms until about October 1st. This would tend to show that tetanus may remain latent for some time."

There is one thing quite certain—there would be no chance of catching small-pox after this!

---

### THE PRACTICE OF HOMEOPATHY IN DENMARK.

WE observe by the opening remarks of the article which Dr. Hansen has contributed to our present issue that there is something rotten in the regulations by which medical affairs are managed in the state of Denmark. Homeopaths in that country are not allowed to dispense their own medicines; and the grandmotherly government even undertake to prescribe the dilutions and the form in which homeopathic medicines shall be dis-



pensed. No doubt this saves our colleagues a lot of trouble, as the dilution question is one which requires a great amount of thought; but with all our faith in parliament in this country we should not be disposed to submit this point to the Lords and Commons to decide.

---

## ORIGINAL COMMUNICATIONS.

---

### INTERESTING CASES FROM TWENTY-FIVE YEARS' PRACTICE.

By OSCAR HANSEN, M.D., Copenhagen, Denmark.

I HAVE here selected some of the most interesting cases from 1876 to 1886 inclusive, and from 1897 to 1900 inclusive. My cases from 1886 to 1896 have been published in THE HOMEOPATHIC WORLD, and also many from the years 1876-86. I must remark that in the period 1876-86 we had the right of dispensing our own medicines, and therefore I used higher potencies, and in the form of globules; but since 1886 we have lost this right, and must always prescribe from the chemist's lower dilutions, and always in drop doses.

*Case 1.*—Mrs. M. P., fifty-three years old, Holstebro, Jutland, commenced treatment November 30, 1876. She has been ill for four years. Aching pains from the loins along the back of the right thigh, as well as in the third, fourth, and fifth toes. Pains worse on moving, especially in the afternoon and evening, improved by rest. The painful parts very sensitive to pressure. Urine normal. The appetite and bowels normal. *Bryonia alb.*, 6th cent. dil., five globules thrice daily.

Dec. 31st. The pains better. Continue.

Jan. 9, 1877. The pains very severe, especially at night. Profuse nocturnal perspiration, which makes her worse. *Merc. solub.*, 6th cent. trit., morning and evening.

Feb. 18th. I got a letter saying she is very much better. The pains were over in a few days, and now they are very insignificant. Continue.

March 13th. Quite well for the last fortnight.

*Case 2.*—F. L., forty-four years old, ship-master, from Bornholm, three months ago had rheumatic fever, and

attended six weeks at an infirmary on the Faero Islands. Now, on the 15th of December, 1876, he has been ill four weeks. Drawing and aching pains in the joints, wrists, and fingers. The pains are worse at night; he must often change the position of the arms. Change of weather aggravates. The joints were somewhat swollen and creaked on movement. The lungs and heart normal. Urine deep red, no sediment. The appetite and functions normal. *Rhus tox.* 3, three drops morning and evening.

Dec. 20th. A little better. Appetite bad; bitter taste; the tongue white covered. *Bryonia* 3 in the same way.

Dec. 22nd. The appetite and taste again normal. The swelling of the joints inconsiderable. The pains much worse in the night, often aggravated when lying on the left side. *Phosphor.* 6, two drops three times daily.

Dec. 24. After two doses considerable improvement, and now well.

*Case 3.*—Mrs. M., twenty years old, Copenhagen, commenced treatment on April 12, 1877. Primipara. Parturition normal, three weeks before. The infant was a girl. On the third day fever, pains over the os pubis, tenesmus vesicalis et rectalis. The lochia were putrid and mixed with blood. The allopathic treatment was *Quinine* and *Morphia* in big doses, and, when diarrhea supervened, *Opium*. The patient grew more and more ill and emaciated. Before the fourth day a phlebitis in the left leg came on, and the accoucheur told Mr. M. that his wife could never be well again. Status præsens: All the symptoms mentioned were now present. Four days ago severe burning pains commenced in the left groin and leg, with cold and heat. The patient is very emaciated and suffering. No appetite nor sleep. Five to six times in twenty-four hours had a foul-smelling, thin, brownish-yellow evacuation free from pain. Great thirst. The tongue dry, coated white in the middle. Slight icterus. Urine dark brown, no albumen or sugar. Temperature in the evening 40° Cels., the pulse very weak, 120. On examination found vagina hot, cervix uteri swollen, very sensitive on pressure, so that it is impossible to determine the mobility of the uterus. The abdomen only sensitive in the hypogastrium. In the left groin is a soft and sensitive swelling, the skin over it is hot and shiny. Along the veins on the inner side of the left leg is hard and tender exudation. Phlegmasia alba. *Merc. sol.*, *Kalm.*,

3rd cent. trit., morning and afternoon. *Arsen. album*, 3rd cent. dil., three drops forenoon and evening.

April 14th. Temperature in the evening 39° Cels.; pulse 100. Diarrhea stopped. On the whole better. Continued.

April 16th. Yesterday better. To-day distension of the abdomen and great soreness on pressure. Has vomited three times grass-green matter. The tongue is very dry. Has no appetite. P. 128, T. 40·5° Cels. (104·9° F.), evening. *Aconite*, 3rd cent., and *Belladonna*, 3rd cent., three drops every two hours alternately.

April 17th. The tongue a little swollen. P. 120, T. 40° Cels. the evening. A great deal of yellow-red matter in the lochia. Only vomited once, grass-green. The distension and soreness have decreased. Continue.

April 18th and 19th. No vomiting. Diarrhea again three or four times daily. Better. Thirst. P. 110, T. 39·5° Cels. evening. The skin is constantly hot and dry. *Aconite*, 3rd cent., three drops in the forenoon and evening. *Merc. solub.*, 3rd trit., morning and afternoon.

From 23rd to 30th April. Temperature in the evening fell to 37·8° Cels. P. 90-80. The patient got better and better. Icterus quite disappeared. All symptoms of inflammation much decreased. The appetite has returned. Bowels again normal. Lochia normal, not offensive. Continue.

From 1st to 8th May. Temperature fell to the normal. Pulse stronger and normal. Urine normal. A slight edema of the ankle. *China*, 3rd cent., three drops morning and evening. *Arsen. alb.*, 3rd cent., three drops at noon.

By the middle of May she was well. Of course a proper mode of living and carbolic douching was prescribed.

Case 4.—O. D., thirty-eight years old, merchant, Copenhagen, four years ago had ague attacks every night. He was treated with very large doses of *Quinine* and *Arsenic*. Now, on October 8, 1878, he has been ill three months. He has again been treated by his family physician with large doses of *Quinine*, and by a professor from the faculty of medicine with hot fomentations. The professor was of the opinion that it was a hydatid cyst. Status præsens: Debility, emaciation. No appetite and little sleep. Great pressure in the liver region, with the feeling, as if he had a belt around his abdomen. Great thirst.

Stool thin, pappy, grey-yellow, alternating with dry, grey-yellow, knotty stools. The lungs and heart normal. Urine normal. Between the anterior axillary line and cardia is an elastic swelling as large as the palm of the hand, sensitive to firm pressure. The swelling is smooth. The skin over it movable. Slight icterus. He was treated with *Arsen. alb.* 30, five globules morning and evening for nine days, then to pause four days alternately. Great improvement in all the symptoms followed. On November 5th he complained of violent tenesmus and frequent grass-green, thin evacuations. For this *Merc. solub.*, 3rd trit., was given three times daily. In a few days this passed off, and on November 19th the swelling was barely half its former size. Otherwise quite well and healthy in appearance. He got now *Arsen. alb.* as above, but in the evening only, and at the end of December the swelling had disappeared and the patient was cured.

(To be continued.)

## MATERIA MEDICA MISCELLANY.

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

*Magnesium Phosphoricum in Colic.*—Dr. P. C. Majumdar reports the following case: A gentleman of about fifty suffering from inveterate colic which had troubled him a long time. He was very robust and strongly built and addicted to drinking. He had been under allopathic treatment, but *Morphia* and other anodynes, he said, made him worse now. He was seen first on May 14, 1900, at 8 p.m. The pain commenced in the umbilical region and gradually involved the whole abdomen, and was so agonising that he could not describe its nature. As an overdose (?) of *Morphia* had been taken, *Nux v.* 30 was administered every hour. Four hours later he was found to be very restless, and a dose of *Mag. phos.* 30 was given. In half an hour the pain subsided and he had a sound sleep (such as he said he had not had for the past year). He was told to take another dose if the pain returned. Next evening he did not need it. Six days later he had a slight pain and the bowels were confined, and he was given a few doses of *Plumbum* 30, to be taken twice daily. He had a good stool next morning and pain entirely disappeared. He

was ordered to leave off the habit of drinking at once and take his meals at regular hours, which he did. He had no more pains, but a dose of *Plumbum* 30 now and then when he complained of constipation. This last symptom, he said, was the precursor of an attack of colic. He was completely cured in about a month's time and he is well up to date.—*Indian Hom. Rev.*

*Kali Carbonicum in Chronic Rheumatism.*—A woman fifty years of age has had rheumatism for ten years, was unable to do her work, could not walk upstairs, had to get up at night about 2 or 3 a.m. on account of pain, which prevented sleep. This patient was cured completely in six weeks with *Kali Carbonicum* 2x.—H. H. Coburn, M.D., Pawnee, Neb. (*Med. Cent.*).

*Carbo Veg. in Catarrhal Asthma.*—Dr. Lardinois reports the following: "Mr. D., a carter, sixty-two years of age, dried up and nervous, has for many years suffered from this malady. Last winter was very hard on him, and he had to keep his room until good weather set in. Despite my labours his state became even worse, his feet swelled up, he had no appetite, and was morose. But there was a complete change in his state after some doses of *Carbo vegetabilis* 30. After a few days his attacks entirely disappeared and his appetite became excellent. He had one peculiar symptom. He had a sensation as if there was a cord running from the larynx all the way down to the lower part of the left lung."—Trans. from *Le Méd. Hom.* (*Hom. Envoy*).

*Naphthaline in Traumatic Cataract.*—The *Indian Hom. Review* reports the case of a young man of robust constitution and good health who, early in October, 1899, hurt his right eye. The inflammation and pain were all gone, but the sight was not restored. "The best ophthalmic surgeon to the Calcutta Medical College Hospital" said he had traumatic cataract, which would have to be operated on in December. On October 28th he consulted Dr. P. C. Majumdar, who, on Dr. Salzer's suggestion, gave *Naphthaline* 6x, one powder morning and evening. A week later he seemed somewhat better. The medicine was stopped for three days and taken again for six days once daily. He continued thus with the remedy for two months, when the cataract was considered perfectly cured and his sight restored.

*Tumour in Hard Palate Cured by Thuja.*—Dr. Majum-

dar reports the following case: "An elderly gentleman of about fifty-six years, thin and haggard-looking in appearance, came under treatment on the 3rd of November, 1899. He had gonorrhea before, and his urine still had gonorrheal matter in it. About this time last year he noticed some swelling on his hard palate in the centre; some physician thought it to be syphilitic, but he denied having had syphilis. A competent surgeon was consulted, and he wanted to cut it off. When the patient came to me I noticed there was a hard nodule about the size of a small hazel-nut. It was hard as stone and completely white in appearance. He said sometimes there was little oozing of blood from this growth, and then it seemed somewhat reduced in size. On the whole it had gradually increased in size. Some part of the gum was spongy and there was some bloody, watery fluid coming out. There was no pain on pressure, but now and then there was some difficulty in masticating and swallowing food. I gave him *Thuja* 6x, one pill morning and evening. He did not appear again for about two months, when to my surprise I found the tumour half gone and he had gained flesh and vigour. He said he continued the medicine persistently with occasional stoppage. I did not think it necessary to change the medicine. He took it for some time longer, and there was no sign of the tumour left. It was diagnosed by his former allopathic surgeon to be a case of fibroid tumour."—*Ind. Hom. Rev.*

---

## CASES I HAVE COME ACROSS.

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

### IX.—*FERRUM IODATUM* IN A THROAT AFFECTION.

In this case the patient (39) came to me, complaining of his throat. He stated he was afraid that he was suffering from cancer, as, at the back of his throat, or, more correctly speaking, on the posterior portion of the tongue, there was a feeling as of a tumour, which caused him great pain. At times this pain resembled that caused by a splinter, and at other times more like that associated with an ulcerated sore throat. It also, occasionally, assumed a darting character, the pain shoot-

ing in three or four directions simultaneously. The latter symptom gave him the impression that cancer was the cause of his trouble, and the thought of this caused him a considerable amount of uneasiness. So far as his general health was concerned, I could not find anything wrong with him, with the exception of a slight cold. I ordered him to take  $\text{m}10$  of *Syr. Ferri iodati* twice a day (morning and night). The first dose gave him great relief, and the second reduced the symptoms to a very modified form. To the patient's surprise, all the symptoms disappeared after the second day's treatment, and he discontinued taking the medicine. It is now a considerable time since the last dose of the medicine was taken, and none of the symptoms have returned. The syrup was taken in its pure state, without being, as usual, first diluted with water.

#### X.—*EUCALYPTUS GLOBULUS* AS A PROPHYLACTIC IN INFLUENZA.

The value of *Eucalyptus globulus* as a prophylactic in influenza was ably demonstrated to me last August, proving to my satisfaction that the spread of the disease can be prevented by the administration of the above-named drug. Influenza broke out in a family of five. The husband contracted the disease first at the house of a friend, in which there were three cases. The infection was conveyed by the husband to the wife, and from thence to two of the children, both girls, aged three and eight years respectively. The remaining child, a boy, eleven years of age, was then given  $\text{m}3$  of *Eucalyptus globulus*  $\phi$  four times a day, and, although he came freely in contact with the infected members of the family, he failed to contract the disease. I should like to see a more extensive use made of this drug during epidemics of influenza, as I have great confidence in its prophylactic powers.

#### XI.—*MERCURIUS CORROSIVUS* IN SORE THROAT.

Some time back a man came to me complaining of his throat, which was much swollen. He said he felt as if there was a large splinter in his throat, but could not account for how it had got there. He had been to his lodge doctor, but that gentleman had curtly told him that it was nothing, that, probably, *it was only a fish-bone*



*sticking in his throat!* I examined him, but, owing partly to its much swollen condition, I failed to find any trace either of a fish-bone or of a splinter in the throat. I advised him to take the following prescription: Trit. *Mercurius cor.* 3x, two grains every three hours. He came to me about three days afterwards, stating that "something" had burst in his throat, and that he had brought up "a lot of blackish-looking matter, the smell of which was frightful." I told him to persevere with the remedy, but to take a dose three times a day only. This he did, with the result that rapid improvement took place, and the patient was perfectly cured within a fortnight. The amusing side of this case was the opinion given by the lodge doctor, that, probably, *it was only a fish-bone sticking in his throat! Only a fish-bone!* In my opinion the fact of a fish-bone sticking in one's swallow is a serious thing, and one which requires prompt attention. Delay in the removal of this foreign substance has been known to cause serious results, and, in some cases, even death. I, myself, know by personal experience what it is to have a fish-bone stuck in one's throat, having a few years ago had one removed by Dr. Scott, homeopathic physician of Sydney, who remarked that if it had been left there for another couple of hours blood-poisoning would probably have set in. As it was that gentleman had to prescribe a *Calendulated glycerine* lotion as a gargle to combat the inflammation that followed.

(To be continued.)

---

WHY THE HAIR WHITENS.—The process of hair turning white engaged the attention of the Royal Society on November 21st. Professor E. Metchnikoff in a paper on the subject tried to reveal the process, which has hitherto been a mystery. During a research on atrophic processes the atrophy of the hair pigment came under notice, the result being that it is found that the atrophy is due to the intervention of phagocytes of the hair. These cells have a single nucleus, and they differ from each other by reason of numerous amœboid prolongations of their protoplasm. The phagocytes are derived from the medullary part of the hair, and make their way out into its cortical layer, where they absorb the pigment granules which they remove from the hair. Metchnikoff thus claims to have settled that the phagocytes of the hairs swallow up the granular pigment of the cortical layer and transfer it elsewhere, the result being the complete whitening of such hair. Hair turning white in a single night or in a few days is explained by increased activity of hair phagocytes.—*Chemist and Druggist.*



## SOCIETY'S MEETING.

### BRITISH HOMEOPATHIC SOCIETY.

THE third meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, W.C., on Thursday, December 5th.

The following applications for membership were read :—

Arthur Avent, L.R.C.P., L.R.C.S. Ed., L.F.P.S. Glasg., L.S.A. Lond., of The Towers, Hampstead Road, Handsworth, proposed by John Craig, M.B., C.M., and F. G. Stacey, M.B., M.R.C.S.

Henry Arthur Clifton Harris, M.R.C.S., L.R.C.P. Lond., of the London Homeopathic Hospital, W.C., proposed by Byres Moir, M.D., and C. Knox Shaw, M.R.C.S.

Austin Edward Reynolds, M.R.C.S., L.R.C.P. Lond., L.S.A., of Higheroft, Shepherd's Hill, Highgate, N., proposed by Byres Moir, M.D., and C. Knox Shaw, M.R.C.S.

Stephen Francis Smith, M.R.C.S., L.S.A., proposed at the last meeting by Edwin A. Neatby, M.D., and C. Knox Shaw; and Adam Crawford White, M.B., C.M., proposed at the last meeting by T. H. Hayle, M.B., and George Burford, M.B., were elected members.

The following specimens, &c., were shown :—

1. A heart from a case of Bright's disease, showing recent endocarditis . . . . Dr. Byres Moir.
2. Uterus with mass of submucous fibroids removed from patient with cardiac disease; convalescence . . . . The President.
3. Multiple fibroids of uterus removed from patient after many years of invalidism; recovery . . . . The President.
4. Double tubal disease (hematosalpinx); operation; convalescence . . . . The President.
5. Vesical calculi removed by supra-pubic lithotomy . . . . Mr. Dudley Wright.
6. A cystic calculus kidney successfully removed by lumbar nephrectomy . . Mr. Dudley Wright.
7. Sarcoma of the femur successfully removed by amputation at the hip-joint . Mr. Knox Shaw.
8. A vesical calculus submitted three times to lithotritry and finally removed by supra-pubic lithotomy . . . . Mr. Knox Shaw.
9. Bansch and Lomb's centrifuge.

The evening, under the auspices of the Section of Surgery and Gynecology, was devoted to the subject of cottage hospitals, and the following papers were read :

1. "The History and Growth of the Phillips Memorial

Homeopathic Hospital, Bromley," by its medical officers, E. M. Madden, M.B., M.R.C.S., and H. Wynne Thomas, L.R.C.P., M.R.C.S. Mr. C. Knox Shaw then read a short paper entitled, "The Founding of a Cottage Hospital." The papers were illustrated by lantern slides. In the discussion which followed Dr. Bodman, sen. (Bristol), said that they hoped soon to have a homeopathic hospital in that city.

---

## INSTITUTIONS.

---

### THE "TWENTIETH CENTURY FUND" FOR THE EXTENSION OF BRITISH HOMEOPATHY.

THE inauguration of this Fund, as an outcome of the recent Presidential Address to the British Homeopathic Society, is now an accomplished fact, and the movement grows apace. The promoters of the Fund ask for ten thousand pounds, the annual interest of which is to be applied to the sowing of the homeopathic leaven in the widest possible manner year by year. The movement, it is hoped and expected, will be national, as the issues will be national also; and we trust there will be neither halt nor abatement in the successful establishment of the civil rights of homeopathy, as well as in its more extended culture. The British Homeopathic Society, at its first meeting in the current session, unanimously and enthusiastically decided to forward the scheme in every way; and an interim executive committee are now engaged in launching the undertaking. The Western Counties Therapeutic Society, at a meeting in October, cordially welcomed the plan of campaign. The Liverpool Branch of the British Homeopathic Society, at a meeting in November, have also signified their intention to co-operate in the raising of this fund for the expansion of British homeopathy. It is intended early in the new year to call a public meeting of all the adherents, both professional men and laymen, who favour such a forward movement. At this meeting the necessity for the establishment of the Fund, and its plan and purpose, will be submitted in detail for adoption by the friends of the cause. We understand

that a substantial commencement has been made in the incoming of donations, and that several important friends of homeopathy in high places have joined the movement. We shall furnish our readers month by month with particulars of the progress of this *Twentieth Century Fund*.

---

## BIRMINGHAM'S HOMEOPATHIC HOSPITAL.

### EXTENSION NEAR COMPLETION.

JUDGING by results and from the fact that greater accommodation has been for a long period a pressing necessity it would appear that the faith in homeopathic science is growing, perhaps slowly, but surely, in Birmingham. For years Birmingham has had its hospital set apart for homeopathic treatment of disease, and its history is one of steady growth. Dr. Fearon introduced the practice of homeopathy into Birmingham in 1845, and the treatment soon became popular, as is evidenced by the fact that during the first year's working of the Homeopathic Hospital, which was founded in 1847, the receipts from the paying patients amounted to £325. The present hospital was started as a dispensary in the Old Square, and it was not until 1859 that provision was made for the treatment of in-patients, and the late Dr. J. Gibbs Blake became a member of the staff. The work of the institution grew consistently, and the committee found it necessary to recommend to the Governors that a more suitable building be provided in which to carry on the work. The question was duly considered, and the present site in Easy Row was secured at the cost of £7,000. The building was completed in 1875, and the hospital opened by the president, the late Earl of Denbigh. Since this date the hospital has been liberally supported, but of late the work has been carried on under rather difficult conditions. Various improvements were made from time to time for the comfort of the patients and the staff, but it was found more than a year ago that to properly provide for the admirable work of the hospital more accommodation must be provided and the buildings must be enlarged and improved to meet the growing demands. Enthusiastic in their devotion to the homeopathic methods, the committee instituted a home patients' department, and patients are visited by the house surgeon at their own homes; and an external nursing branch, to supply qualified nurses for private cases, was started in 1896, and has since been in most successful operation. Having decided to increase the accommodation, the work was placed

in the hands of Messrs. Crouch and Butler, of Newhall Street, who made designs in keeping with the existing premises, and the extension of the old building is nearing completion. Addition will be made to the ward accommodation, and the hospital, when the new wing is completed, will be able to provide beds for forty-two patients. But the extension applies principally to what is technically termed the "administrative block," and here better provision is being made for the staff and those gentlemen who are responsible for the control of the institution. The extensions, which will cost close upon £5,000, include, in addition to a few extra wards, a Board room and lady superintendent's office, considerable additions to the servants' hall and kitchen, improved accommodation in the way of bedrooms, sitting- and dining-rooms for the staff, and apartments for the lady superintendent. To open the new building free of debt the committee still require a sum of about £1,500.—*Birmingham Gazette*, November 6th.

---

## EXTRACTS.

---

### TIPS FOR ALLOPATHS WHO REALLY WANT TO KNOW.

By DR. GOULLON.

Translated from the *Leipziger Pop. Zeitscher f. Hom.*, October, 1901.\*

ALTHOUGH allopathic physicians, as a whole, have been arrayed in a hostile phalanx in opposition to homeopathy hitherto, nevertheless there is quite a number of them who, allured by occasional manifest successes of homeopathy, are honestly desirous of investigating for themselves what there may be in this new method.

This they can, of course, only do in the most cautious and discreet manner. They would at once meet with opposition in their patients, and still more on the part of their colleagues, if they should definitely propose to treat their patients homeopathically. In their first clinical attempt, therefore, the words *homeopathy* and *homeopathically* must not be mentioned. Nor is this necessary, and yet such doubters may be converted and their path to the Hahnemannian therapy may be levelled so smoothly that they will be obliged to dismiss the

\* *Homeopathic Envoy*, November, 1901.

prejudices about the so-called heretical doctrine infused into them at the university, and will be obliged to acknowledge with firm conviction its great good, the facts which may be verified every day by clinical experiments and the power of its truth proved in thousands, yea, in millions of cases.

Of all our remedies none is more suitable to make a homeopathic Paul out of an allopathic Saul than *Antimony*. Many homeopathic laymen may at first blush be astonished that we should select this remedy, which he has at most seen recommended in certain sorts of catarrh of the stomach (gastricism with a coated tongue). In such cases *Antimonium crudum* is apt to be given. But I am not at present thinking of this, but of three definite compound preparations of *Antimony*. Whoever may wish to follow our invitation, and in a very simple and unostentatious manner learn to prove the manifest action of our medical preparations (the acknowledgment of our method will then follow of itself), let him secure from a reliable homeopathic pharmacy the following three remedies in the strength here indicated:—

1. *Tartarus stibiatus*, 6 dec. dil.
2. *Æthiops antimonialis*, 1 cent. trit.
3. *Sulphur auratum antimonii* (Golden Sulphur), 1 cent. trit.

Ten grammes of each will suffice.

#### A PNEUMONIA REMEDY.

Now, when the doctor is called to a patient suffering from typical pneumonia with the well-known symptoms of a shaking chill quite at the commencement, stitches in the side, a bloody cough with rusty expectoration, high fever, great restlessness, breathing with wide-distended nostrils, insomnia, thirst and a turning of the stomach, let him not hesitate a moment to give six drops of *Tartar, stib.* in a wineglass half filled with distilled or at least clear well-water, thus in about 40 or 50 grammes, and give every two hours a teaspoonful. Also in influenza attended with the symptoms here given the *Tartar. stib.* may be given, and the doctor will be astonished at its quieting effect. Frequently it is followed by a refreshing sleep, and the disease is thus turned into favourable lines so as to take a normal course. The therapeutic sphere of

*Tartar emetic* is far more extensive. "Hail to thee, *Tartarus stibiatus*!" Professor Bock exclaims in his hymn in honour of this preparation of *Antimony* so highly esteemed of old. But for our purposes we shall stick close to the indication given above. I would only add that the first homeopathic trituration, according to the centesimal scale, *i.e.*, *Tartarus stibiatus* 1c., is also very reliable. In using this we need only put as much of the trituration as will lie on the point of a penknife, *i.e.*, about one-quarter of a gramme, into the wineglass, also giving a teaspoonful every two to three hours.

#### GOLDEN SULPHUR AND ÆTHIOPS.

While the trituration cannot be distinguished from sugar of milk without any *Tartarus stib.*, and while *Tartarus stib.* 6x looks exactly like alcohol not medicated, the other two preparations which we shall now consider are, in their first trituration, coloured, the *Golden sulphur* reddish, a pale rose colour, if the pharmacist has prepared the powder according to prescription, while the *Æthiops antimonialis* is greyish, it might be called mouse-grey. These colours have, in our estimation, a double advantage. In the first place we can here exercise some control so as to be sure that the preparation contains what we expect, which is excluded in our higher homeopathic dilutions and triturations, as these cannot be distinguished from the unmedicated alcohol and sugar of milk. But even more highly I value the advantage in the fact that the layman or physician who has been in hostile opposition to "homeopathic nullities" must now stop short and say: "Yes, if it is so that I can determine with my senses that there are positive qualities which may be objectively determined, and not invisible millionth part of some indifferent substance prepared by credulous fanatics, I must change my opinion, and may come to some agreement with you—"

#### SCROFULOUS AFFECTIONS.

But what is the sceptic medical novitiate to do with the *Æthiops antimonialis*; how shall he use it? To speak in general terms, it is to be used in the forms of scrofulosis which cannot otherwise be reached, whenever this ailment seizes upon the skin in the form of eczematous

and impetiginous exantheams, and secondly in stubborn affections of the eyes (based on scrofula). I will here merely state that an oculist had told the mother of a ten-year-old girl that this girl would become blind; thus declaring her incurable. But by the use of *Æthiops antim.* 1c. she was so far restored in two months that she could take part in her instructions like the other pupils.\*

There was an affection both of the cornea and of the eyelids. Just in cases wherein scrofulous ophthalmia with photophobia, lachrymation, convulsive closing of the eyelids, &c., other remedies refuse to act, and besides the cornea, also the external parts surrounding the eyes and even the scalp itself seem affected with a scale-like eruption resembling tinea, the cure by means of *Æthiops antimonialis* is all the more likely. Every morning and evening one-quarter to one-third of a gramme of the first trituration should be given. No allopath would admit that such a dose could be of any use, could make any change in what is more or less a chronic ailment, much less effect a cure where a specialist has made the worst of all prognoses. And yet it proved so.

Homeopaths find usually that in scrofulosis *Calcarea carbonica* and *Silicea* are most useful, but sometimes *Æthiops* is required, though its colour is that of theory (grey) yet in practice it is worthy of all honour.

The following example is also of interest. The father of two of my patients writes: "Although we have used up all the medicine and scrupulously followed your directions as to diet, my girl has not improved, but rather grown worse. It has continued to extend on the back of the neck, on down the back; the neck is also swollen, and alternately humid. One day it looks better, but the next day it is worse again. On one place toward the left ear, the neck is swollen and the girl complains of violent itching on the neck. With the boy, the spot above the nose has become somewhat worse, and there is now also a herpetic spot on the lower lip." Since the anti-scrofulous remedies mentioned above, to which had been added *Sulphur*, had refused to act, I now prescribed *Æthiops antim.* for several weeks. Three weeks after the report just cited, I received another: "After using the

\* I am quite willing to state name and place to those willing to make a discreet use of the information.



last powder prescribed by you, I can now give pleasant results. On the boy there is hardly anything to be seen any more, and the girl also has much improved," &c.

This is not claimed, by any means, to be a splendid result, at least it cannot be compared in importance with the cure of the scrofulous eyes, but the reader can at least conclude from it in what cases *Æthiops antimon.* will apply.

“SORE FROM COUGHING.”

But “of all good things there are three.” So we now come to the third preparation of *Antimony, Golden sulphur*. A person who has not heard of any but *tasteless, innocent, indifferent* homeopathic remedies, and whose conceptions of homeopathy are coincident with what is minute and absurdly harmless, on seeing the proud and dazzling colour of the homeopathic preparation of *Golden sulphur*, will say: “Now that looks like something, one can see what it is and where!” Such remedies he should be willing to use without any fear of acting contrary to his conscience, which has been put in a strait-jacket by Virchow’s eloquence, by Virchow’s prejudices, and Virchow’s professorial hesitation, yea, without doing violence to the nimbus of “scientific medicine.”

Now where shall we first try this centesimal trituration of *Golden sulphur*? At the conclusion of an acute laryngeal or bronchial catarrh, or even in the subacute form of this ailment, and even in the chronic catarrh of the first aerial passages, this is a glorious remedy with an effect frequently wonderful. It loosens the cough so beautifully, and the coarse, hoarse voice regains its timbre. It cannot, indeed, take the place of *Spongia*, *Brom.*, and *Phosphorus*; these have their own sphere of action, but if such a cougher—excuse the word—comes along who finds no rest for coughing, either day or night, while his throat and chest are sore from coughing, he must quickly get his *Golden sulphur*, three to four times a day, and also at night, what will lie on the point of a pen-knife. This remedy is not, indeed, a universal cough medicine—only a quack has such on hand—but what a favourite it has become is manifest from the homeopathic *Golden sulphur* tablets for sale in the German homeopathic pharmacies, which can boldly challenge in their efficacy the pastilles of Ems and Wiesbaden, Soden and



Obersalzbruum. And any physician who has had as many joyful results to record as have been granted to me will think that the time has come when the hesitation inoculated by the State should be dropped, and the conclusion boldly drawn that it is not the quantity of the medicine but its specific nature, and a preparation like that of the homeopathic pharmacist, *who, by a minute subdivision of the substance, continually increases the surface able to act medicinally*, AND ANNULS THE COHESION OF THE MOLECULES AND ATOMS WHICH OBSTRUCT THE UNFOLDING OF THE SPECIFIC MEDICINAL VIRTUES !

If an honest prover should merely succeed in verifying the indications so roughly sketched here of our highly treasured antimonial preparations, this will prove an entering wedge, and it will then become easy to cross the broad Rubicon of doubt and scepticism. For as incontestible as the truth of homeopathy is the truth of the proverb : *Il n'y a que le premier pas qui coûte !*"

---

### POISONING FROM BELLADONNA PLASTER.

ABOUT 11.30 a.m. on April 17, 1900, I removed a belladonna plaster from the chest of a fine-grown blonde of about twenty-one years for the purpose of examining a painful swelling at the junction of the right sixth rib with its cartilage. After the parts had been well marked a fresh plaster was applied—a good portion of it being cut away so as to miss the mamma.

In answer to an urgent message I saw her again the same day between 9 and 10 p.m. She appeared very excited, complained much of sickness, and said that she felt all the time as if she would choke.

There was more or less incoherence of speech, and slight staggering of gait. Her pupils were unduly dilated and quite insensible to light. There were constant attempts at vomiting, caused, as she said, by the extreme dryness of mouth and throat. There was some irritability of bladder, and she complained of tingling sensations all over body, and there was considerable erythematous swelling of fingers. In removing plaster the skin underneath was swollen and covered with a punctiform scarlet eruption continued as a bright blush round site of plaster. The skin was thoroughly washed with soap and water,

after which she went to bed. She was allowed lemons to suck, and a solution of citrate of potash to drink. She had a restless night, but early in morning, as I found, the pupils slightly reacting to light, and less pain.

She gradually recovered, but continued for some time to have indefinite pains and nausea.—*The Quarterly Medical Journal*, November, 1900.

---

### THE VIOLET CURE FOR CANCER.

THE violet cure for cancer which has been mentioned in many papers lately in consequence of an alleged remarkable cure of Lady Margaret Marsham by a decoction of the green leaves of the plant, will probably be investigated. An eminent physician now deceased, but at that time associated with the Cancer Hospital, told me some years ago that they carefully examined and, I think he said, tested every alleged remedy they heard of—quacks', old women's, or pseudo-scientific—for this cruel disease. "Who knows?" he said. "A true remedy may be discovered some day." It is stated in the reports of this case that the sufferer's sister remembered having heard that violet-leaves were a remedy. It would be interesting to know where this information came from. I have not been able to find it in any old books at hand, and I notice that "Mr. Potter, perhaps the largest manufacturing herbalist in London," told an interviewer that this was the first time he had heard of it as a direct cure for cancer. He quoted Culpepper, however, as saying that "the green leaves were good to make plasters and poultices for inflammations and swelling, and to ease all pains whatsoever." Mahomet said of the violet: "The excellence of extract of violets above all other extract is as the excellence of Me above all the rest of the creation"; which at least shows how much of the traditional modesty of his favourite flower the Prophet had imbibed.—*Xrayser in Chemist and Druggist*, November 27th.

---

## PHYTOLACCA ROOT POISONING.\*

By H. R. MARSH, M.D., Point Barrow, Alaska.

MR. T. is an *employé* in a Chicago drug manufacturing house. One evening on the way to his home from work he was suddenly taken with an oppressed feeling in the chest. This increased rapidly till patient thought he was getting a very bad case of pneumonia.

The cause was a leak in the grinding machine in which poke-root was being ground up.

Rather than detail the case I will give the list of symptoms in order, as per Hering.

*Mind.*—Extreme restlessness. Great disgust for business next day.

*Head, inner.*—Painful pressure on forehead and upper part of eye; worse in forehead.

*Nose.*—Thin, watery discharge, and finally stuffed up.

*Mouth.*—Very dry and rough.

*Throat.*—Said from bottom of lungs to top of pharynx, very sore, and filled-up feeling, all swollen. (Is very great water drinker always, so did not notice any increase in thirst.)

*Larynx.*—Burning and sensation of contraction.

*Breathing.*—Very difficult and oppressed; felt as if filling up rapidly.

*Cough.*—Dry, hacking cough < reclining.

*Lungs.*—Suffocating feeling; aching sides and in chest.

*Limbs.*—Bad aching in shoulders, to arms; hips, groins to legs; outside of hips, < motion.

*Sleep.*—So restless got out of bed to fix himself; on waking felt wretched (he said third potency).

*Time.*—Worse in morning.

*Fever, &c.*—Intense cold; couldn't get warm at all; used hot-water bottles, &c., and finally sweat so that it went through feather mattress.

Everybody in the drug-house had practically these same symptoms, which wore off in a day or two, except the man who tended the machine, who was laid up two weeks from work.—*North American Journal of Homeopathy.*

\* Read before Desplaines Valley Medical Society.

## POISONING BY BORACIC ACID.

RINEHART (*Therap. Gaz.*, October 15, 1901) records two rare cases of the symptoms of poisoning with boracic acid, and points out the importance of the subject in view of the use of boracic acid as a food preservative, and the general belief in its supposed innocuousness. In two fatal cases cited by Wood, of Philadelphia, the symptoms were nausea and vomiting, hiccough, an erythematous skin eruption, fall of temperature, and fatal collapse. The mind remained clear. The text-book dose of boracic acid—10 grains every four or five hours—is regarded as too large and prone to induce symptoms of cardiac enfeeblement and collapse.

Case 1.—Man, aged thirty-eight years, had posterior urethritis treated with weak  $\text{AgNO}_3$  solution locally, and 5-gr. doses of boracic acid by the mouth every four hours. Two days later there followed extreme weakness, and an erythematous rash beset with papules and vesicles developed on the back of the hands and between the fingers. Pulse weak, but not accelerated. The symptoms subsided slowly upon withdrawal of the boracic acid, and reappeared on resuming the drug. The case would probably have ended fatally if the cause of this alarming collapse had escaped detection.

Case 2.—Man, aged fifty years, had a suprapubic lithotomy performed on him, and the bladder washed out daily with saturated solution of boracic acid, and 5 grs. of the drug given by the mouth every four hours. Ten days after the operation there appeared an erythematous rash about the wound and spreading over the hypogastrium. Scales and crusts formed on the rash, and the skin thus affected became thickened and infiltrated as in eczema. On discontinuing the boracic acid the eruption slowly disappeared, and on resuming the drug it reappeared in two days. The drug was slowly eliminated from the system, and hence the rash could be made to reappear with ease. Albuminuria and weakness became prominent symptoms during the appearance of the rash in this patient; the pulse was feeble, nausea was present, and at the height of the eruption the temperature rose one or two degrees above the normal.

Rinehart concludes that in view of the above facts the use of boracic acid as a food preservative should be discontinued, "as the poisonous effects of any quantity sufficient to preserve food would appear to be proven."—*Brit. Med. Jour.*, December 7th.

## POISONING WITH OLEANDER.

THE plant oleander frequently adorns the corridors of houses in Bulgaria, chiefly on account of its evergreen foliage and beautiful red blossoms, and not infrequently are the medicinal properties of the leaves made use of. It has been employed as an antimalarial agent, but its chief reputation rests on its supposed emmenagogue action. Since it is highly poisonous, and really possesses but little power as an emmenagogue, cases of poisoning occur frequently in parts of Bulgaria. S. Warteff (*Deut. med. Woch.*, November 14, 1891) writes of a girl, aged eighteen, who was advised by a woman to take an infusion of the leaves to cure a stomach-ache. She used about forty leaves of nerium oleander, infusing them in about six ounces of boiling water, and drinking more than half of the quantity at one sitting. She immediately noticed a very bitter taste in her mouth, began vomiting a greenish-yellow substance, was seized with severe headache, and fell to the ground. Her face began to change soon after, she had pain in the throat, and a feeling of oppression in the chest. During the following hours everything was vomited, in spite of an energetic washing out of the stomach. The next day the conjunctiva and other visible mucous membranes were much reddened, the face was of a scarlet colour, and the tongue was the same. Some petechiæ were seen in the fauces. The heart was somewhat enlarged to the left, and the first sound at the apex was not clear (this appeared to be of long-standing). The pulse was slow (40), and the urine diminished in quantity. The abdomen was tender, but no enlargement of any organs could be felt. The stomach had again to be washed out before an aperient was retained, which soon acted copiously. The vomiting and abdominal pain disappeared gradually within a week, and in five days the urine became normal in quantity. On the third day menstruation set in (the patient denied that she was pregnant). The bradycardia gradually diminished, but the pulse rate was still somewhat slow when she had recovered, not exceeding sixty-five beats per minute. The whole course of the recovery occupied more than three weeks. The treatment consisted in washing out the stomach and administering heart stimulants.—*Brit Med Jour.*, December 14th.

## IRISH ARBORICULTURAL SOCIETY.

THE first annual meeting of the Irish Arboricultural Society was held on Thursday, December 12th, in the Royal Dublin Society's premises, Ballsbridge. Several gentlemen interested in forestry met in Dublin on October 19th last to consider the

subject, and it was resolved to form a society on the lines of the Scottish and English Arboricultural Societies, its object being "to disseminate information on the subject of the injury done to the climate and the agricultural prosperity of the country by the continued destruction of timber, and the benefits to be derived from re-planting the mountain and waste lands with forest trees."

Mr. H. De F. Montgomery, D.L., presided, and amongst those present were: Dr. Cooper, W. Dick, R. Anderson, R. M. M'Mahon, Jansen Budger, Dr. W. Cookman, F. Power, C. J. Grey, J. Munford, J. Scott Kerr, &c.

Mr. Charles J. Grey, one of the hon. secretaries, read the minutes of the last meeting, at which it was resolved—"Believing that the future of this country is largely dependent on clothing the high-lying and unproductive land areas with tree growth, we consider that the time has come for the formation of a society devoted to the advocacy of this work, and the general interests of arboriculture and silviculture throughout the country, and that those present hereby form themselves into a Society to be known as the Irish Arboricultural Society."

The minutes were confirmed.

Mr. Munford then read a statement prepared by Dr. Cooper, giving the reasons for establishing the Society, and the steps to be taken by it. In the course of his statement Dr. Cooper said that having been instrumental in establishing the Irish Arboricultural Society, and having been at its inaugural meeting unanimously chosen as the constitutional founder, it devolved upon him to express his views as to the policy to be adopted in order to secure its most desirable objects. The primary intention he had in summoning the meeting at the Gresham Hotel was to establish a Society which would be instrumental in arousing the feelings of the people in regard to the neglected condition of the hill areas of Ireland, so as to have these districts properly forested and placed under Government administration. In order to secure this his strong conviction was that before appealing to the Government the Society should seek to diffuse a knowledge of the science of forestry, and should inculcate in the simplest and most popular manner the advantages to be gained by the creation, maintenance, and conservation of forest growth upon these practically waste areas. Though a principal object of this Society must be to popularise the science of forestry and to appeal directly to the populace, it was obvious that conviction could not be brought home to the people without the aid and encouragement of the powerful educational establishments throughout the country. His feeling, therefore, was that appeal should be made to the universities and colleges to

interest themselves in this matter, and to help them by lectures, and, if need be, by examinations in forestry and its cognate subjects. When he first took up the subject of forestry, he remembered feeling greatly humiliated on being told by a Polish gentleman that in his university curriculum forestry had formed a regular department of instruction, and that all through the Continent it was considered a most important, and, in fact, a necessary branch of education. He (the speaker) said humiliated, for, though a graduate of the University of Dublin, he had never so much as heard the subject mentioned in collegiate circles. In his opinion the Irish Arboricultural Society could not begin its work in a better way than by applying to the authorities of the University of Dublin, the Royal University, the Maynooth College, and any of the influential teaching bodies that existed in this country, and implore them to pay more attention to the diffusion of a knowledge of this most important branch of education. Glasnevin College, where he understood instruction in the science of forestry was authoritatively undertaken, might surely be doing more than it was in this direction. The University of Dublin might also very well create a chair of forestry not alone in the interests of Ireland, but as being necessary for the instruction of candidates for appointments in his Majesty's Indian Forest Department. He was told it was impossible to get the Irish people to take an interest in such matters. This he could not believe. The Irish people when the matter was properly explained to them were quite capable of grasping the significance of facts, especially as these facts found such widespread and painful illustration in the neglected condition of their country. Then he considered members of the Irish Society should, as did the Royal Scottish and the English Societies, go on tour to various parts of the country, so that pleasing social gatherings might take place, such as will combine recreation with instruction. The Society should not in these expeditions confine its attentions to its own members alone, but should, by printed notices and oral appeals, or, if need be, by regular lectures, appeal directly to the people, and impress upon them the need for reform in their dealings, not alone with the trees and shrubs, but as well with the streams and rivers of the country. Thus the Society might have notices posted in the archways of the river bridges insisting upon how absolutely unpatriotic it was to allow their streams to become polluted by the creation of filthy latrines in such localities. He would like the Irish Society to be a really practical and a sympathetic body, and one which would aim not alone at the improvement of the country, but as well at the instruction of the people in their duty to the land that gave them birth. The sins of omis-



sion as well as commission in regard to this subject were to be sought for among all classes, and thus it was that the sooner all sects and parties agreed to cry peccavi, and with a hearty concurrence of opinion to cease to do evil and to learn to do well in the matter of forestry, the better for every interest throughout the country, and it was this devoutly-to-be-wished consummation that the Irish Arboricultural Society should endeavour to secure. Let them aim at great things, and nothing could be greater than bringing conviction home to the minds of the people as to their real duty to the land. When this conviction was well fixed in their minds there would, he felt sure, be no difficulty in bringing the necessary pressure to bear upon the Government, and the consequent rectification on a large scale of the universal but uncomplained-of evils of this country.

Mr. Grey said he had received a number of letters, in answer to the circulars sent out, from gentlemen joining the Society.

The Earl of Courtown wrote stating that the object of the Society should be to diffuse a knowledge of forestry. He was glad to become a member.

The Archbishop of Armagh, in his letter, stated that Ireland was being rapidly denuded of trees, and if this continued the climate of the country must be seriously affected.

Miss White, Lady Principal Alexandra College, wrote stating that it went to her heart to see trees ruthlessly torn down.

Mr. Thos. Robertson, Woodlawn, stated that the movement was a step in the right direction.

Mr. Wm. Field, M.P., wrote stating that reforestation was one of the principal means of improving the fertility and temperature of the country.

Letters were also received from the Duke of Abercorn, Cardinal Logue, Professor Schlich, Cooper's Hill; the Earl of Drogheda, Professor Fisher, Cooper's Hill; Sir Andrew Armstrong, Lady Maurice Fitzgerald, the Marquis of Lansdowne, the Lord Chancellor of Ireland, Lord Castletown, Lord Digby, Rev. Dr. Browne, the Marquis of Dufferin and Ava, Lord Annaly, the Earl of Desart, Mervyn Archdale, M.P.; J. Scott Kerr, R. M'Mahon, F. Power, Arthur St. George, A. H. Brownrigg, S. H. Swiney, W. T. H. Lloyd Vaughan, J. J. Green, the Marquis of Waterford, W. J. Mitchell, E. T. Herdman, Dudley J. Fortesque, W. Cookman, J. P. Boland, Robt. Anderson, H. Stafford O'Brien, R. W. Hall Dare, Thos. Cooke Trench, J. Mackay Wilson, Reginald Digby, P. Prior Wandersforde, Gerard Dunham Massey, N. J. Synnott, P. T. Mullally, Drummond and Sons, C. R. Hamilton, Wm. Forbes, Gavin Low, Wm. Dick, O. H. Braddell, &c. The Secretary mentioned that nearly all these gentlemen had joined the



Society. Professor Schlich suggested that it should be called the Forestry Society. The Marquis of Lansdowne would be very glad to join if the matter was taken up. Lord Monteaigle would join conditionally. Mr. Lecky, M.P., in his letter, asked how they stood in relation to the Board of Agriculture, and he had replied giving him all the information he could upon that subject.

The Secretary stated that he had received another letter sympathising with the objects of the society, but the name of the writer could not be made out. He had also received a letter from Mr. Braddell, of the Board of Works, expressing his sympathy with the movement, and regretting that he could not attend the meeting.

Replying to a question, Mr. Grey announced that between fifty and sixty members were already enrolled.

The Chairman drew attention to the fact that one of the writers of the letters which had been read suggested that the society should be known as the Forestry rather than the Arboricultural Society. He thought these titles each conveyed distinct ideas, but a gentleman who was very fond of trees would probably understand both. He only wished to draw their attention to the distinction between arboriculture and forestry.

Mr. Grey said in the letter he had received from Professor Fisher, of Cooper's Hill, in which he stated that he would be glad to become a member, he also suggested that it should be called the Sylvicultural Society.

It was understood that this matter would be referred to the Provisional Committee to be appointed.

Mr. Grey, in answer to a question, said he had copies of the rules of the English Arboricultural Society, which would be placed in the hands of the Provisional Committee. This society had been in existence for about twenty years, and there were about 530 members.

Some discussion took place as to the working of the Society.

Mr. James Munford, one of the hon. secretaries, moved that a committee, consisting of Messrs. J. Scott Kerr, Robert A. Anderson, O. H. Braddell, E. Gallaher, R. Anderson, and W. Dick, with power to add to their number, be appointed a provisional committee, and that they shall recommend to the next general meeting of the society the names of one or more for the following offices: President, permanent secretary or secretaries, treasurer, patrons, vice-presidents, and members of council; further, that they suggest rules and regulations for the society, and also consider and report upon any other matters they may consider advisable.

Dr. Cooper seconded the resolution, which was carried unanimously.

The proceedings concluded with votes of thanks to the chairman and the hon. secretaries.—*Dublin Daily Express*, December 13th.

### A HEALING STREAM.

FAR up in the northern part of the State of Michigan there is a wonderful brook called the Boyne. One day, they say, a rheumatic old man tumbled into it while fishing, and when he got home he found that his "rheumatics" were not so bad. He went back next day and had another wade in the stream with further beneficial results. And so the little river came to be known as one that possessed healing qualities. The three local physicians made an analysis of the water and found that it contained lithia. It is full of logs of cedar, spruce, and tamarack, and somewhere in its course it receives an admixture of iron, so that it becomes, so to speak, a ready-made tincture prepared by that great druggist, Dame Nature. The result of the discovery is that the population of the neighbourhood troubled with rheumatism, and visitors similarly afflicted from other parts of the United States, flock to this friendly stream and wade in its health-restoring waters. There is no religious character to the belief in the benefits of the water, says a recent visitor, neither is there any social restriction; rich and poor, high and low, wade and bathe, some for the pleasure of it, but most for the cure of gout and rheumatism. At about three o'clock in the afternoon the bathers gather on the bank, a favourite spot being the "flume," where the water pours over an incline of glistening white rock into a deep pool. Out into the stream they wade until the swift, cool current is rippling round their knees. There they stand for five minutes or so, absorbing the virtues of the river. Some sit down in the water or plunge under, but the knee bath is regarded as sufficient for most cases. And when they come out the patients do not hurry home to get dry and change clothes, for the important feature of the cure is that the wet clothes should dry upon them. Stretched in the warm sunshine or perched on logs or rocks, the bathers sit dripping until they get dry. The fame of the stream has already spread far and wide, and the Boyne River cure will, perhaps, soon be widely celebrated among those other places on the earth's surface where suffering humanity finds the prescriptions of Nature all ready prepared for dispensation to all comers.—*Daily Graphic*, November 20th.

## REVIEWS.

A DICTIONARY OF PRACTICAL MATERIA  
MEDICA—VOL. II.\*

By ITS AUTHOR.

IT is exactly eighteen months since I was able to announce the completion of Vol. I. of my *Materia Medica*. At that time I fondly imagined that I had succeeded in dividing the *materia medica* somewhere near the middle. Contractor's estimates are not infrequently exceeded in the course of a building's construction, and it is often not otherwise in the case of builders of books. Vol. II. has grown so large under my hands that for binding purposes I have been compelled to divide it into two parts somewhere near the middle of the letter P. The mass of material needing to be sifted and arranged I found far in excess of my expectations; but I would not leave out anything which it seemed to me ought to be included from considerations of either time or space. And I think now that subscribers have the completed work before them, they will grant that I have not tried their patience in vain. I almost think they will agree that the "shortly" which my sanguine publishers announced as the time Vol. II. might be expected is justified by the event. On January 5, 1900, order was given to go to press with Vol. I., then completed to the end of C and partially completed to G. Within six months I put the date to the preface of Vol. I.—July 4, 1900. There was a delay in my getting to work on Vol. II. owing to a call for the sixth edition of my *Prescriber*, which took me some time to prepare, as I found much material to add. That finished, I commenced on Vol. II., passing the letters to the printers as they were completed. As the new century came in I was just finishing N. The letter O was put

\* *A Dictionary of Practical Materia Medica*. By John Henry Clarke, M.D. Vol. II., I—Z (in two parts, I—Pel., Pen.—Z), pp. 1625. Large 8vo. London: Homeopathic Publishing Co., 12, Warwick Lane, E.C. Price (complete); Half morocco, £3 13s. 6d. net; buckram, £3 3s. net.

together in ten days, including two Sundays. P and R occupied all my time to the end of March. U was finished on the August Bank Holiday, and my MS. was completed on September 9th. Since that date not a minute of working time has been lost in printing and reading proofs.

Vol. II. contains individual descriptions of 522 distinct remedies. Among them are many that have not appeared in any materia medica before; and many—*e.g.*, *Thyroidinum* and *Tuberculinum* (of Koch), which have only been given in fragmentary shape—will be found arranged in due order with all practical points given for homeopathic use. Nor have I strictly limited myself to giving the homeopathic use of remedies: my object has been to depict them as *powers*—in *all* their aspects—and thus to present my readers with the *freedom of the materia medica*, so to speak. The materia medica is big enough to occupy the talents of all sorts and conditions of practitioners; and it has been my endeavour to present the facts observed with the remedies in such a way that they may be available for use by every type of mind that may choose the art of Healing as the field of its operations. It will thus be found that I have not troubled myself about anybody's "views," and those who want views must seek them in other works. *Practice* is the thing I have sought to cater for: I have sought to show what has been *done* with each remedy, and why the remedy was selected for its work. I believe there are some who think that Hahnemann and his successors did their provings so badly that they should all be done over again on some bran-new scientific plan. To these searchers after purity in homeopathic provings I would say this: Re-prove the materia medica by all means; the results would be a service to mankind; but whatever your new results may be they cannot *disprove* the old provings, or do away with the clinical record that has been founded upon them.

---

## ELECTRICITY IN MEDICINE AND SURGERY.\*

As the homeopathic school in the United States is in no respects behind the schools of allopathy in any branch of medicine and surgery, so is it well ahead in all the specialities. The importance of electricity in therapeutics increases *pari passu* with its increasing importance in the arts and sciences generally. We have already had occasion to notice favourably works on medical electricity by Dr. Harvey King, who has devoted himself to this branch of therapeutics, and who takes the first place among electricians of our school in the States. He is editor of the *Journal of Electro-Therapeutics* and Professor of Electro-therapeutics in the New York Homeopathic College and Hospital, besides holding many other public appointments. Dr. King gives this account of his work:—

“To make this treatise a thorough and reliable work in the use of electricity in medicine and surgery has been the one constant aim of the author from the beginning to the finish. While nearly every country and language has contributed to its pages the author has nevertheless, at all times, been guided in the selection and regulation of material, and in statements as to facts, by his own knowledge of the therapeutic use of electricity. While he has endeavoured to hold the book within reasonable size, he has, at the same time, tried to give with sufficient detail all that is at present well established on the subject of electricity in medicine and surgery, so far as he has intended to cover the subject.

“Diseases of the eye and ear have become such exclusive specialities that they have been omitted in this work.

“The therapeutic action of the electric light has not been included, as the author does not consider that he has had sufficient experience in that field to pass judgment in the various claims made for it.

“The author takes pride in the two sections which have been contributed to these pages by distinguished foreigners. Dr. Cowl is peculiarly fitted to write on electro-physiology. His untiring labours in physiological research have given him a mastery to which few have attained on this subject. Much of the material contained in his article is the result of special experimentation, which has been carried on for the last eighteen months.

“While Dr. Freudenberg was not the originator of the Bottini

---

\* *Electricity in Medicine and Surgery*. By William Harvey King, M.D., of New York. With a Section on Electro-Physiology by W. Y. Cowl, M.D., of Berlin, Germany; and a Section on the Bottini Operation by Alfred Freudenberg, M.D., of Berlin, Germany. New York: Boericke & Runyon Company. London: Homeopathic Publishing Company. Price, 17s. 6d. net.

operation, he may justly claim that, by a development of technic and an improvement of armamentarium, he has made the operation the grand success it is to-day. His article in this volume is the most complete extant."

Dr. King also makes acknowledgments to Mr. Thomas Livingstone for many of the drawings; to Dr. Hills Coles, and to Dr. W. H. Dieffenbach.

The first part of the work is divided into five sections, dealing with: (1) Electro-physics; (2) The X Ray; (3) Motor Points; (4) Electro-diagnosis; (5) Organic electrotology. Part II. is divided into nine sections: (1) General electro-therapeutics; (2) Diseases of the nervous system; (3) Gynecology and obstetrics; (4) Diseases of the alimentary tract; (5) Genito-urinary; (6) The treatment of hypertrophy of the prostate gland by the galvano-caustic method after Bottini; (7) Diseases of the nose and throat; (8) Diseases of the skin; (9) General diseases and diseases not otherwise classified. Each part is provided with illustrations of unusual excellence.

It will be seen by the above that it is the direct action alone of electricity that Dr. King deals with in this treatise. This is his purpose, and an altogether laudable one. Electricity is part of the body's daily food, if we only knew it, and it is of the highest importance to know the effect of it in health and disease when administered under directing intelligence and control. But it should not be forgotten that electricity has also a homeopathic use: the various electricities and magnetisms have been proved and attenuated *more homœopatico* and administered as homeopathic medicines on their indications. Any one who wishes to know what these can do we recommend to look up *Magnetis polus australis* in Hahnemann's *Materia Medica Pura*, and administer once a fortnight a dose of five or six globules of the 3m F.C. potency to the next patient who comes to him with in-growing toenail. Only, we warn him, that he will probably spoil a good operation case by so doing. We have spoilt many such.

In conclusion, we wish to thank Dr. Harvey King for his masterly work, and Messrs. Boericke & Runyon Co. for the excellent style in which they have turned it out. The type is a pleasure to read and the paper and binding excellent. There is only one point in which we would suggest an alteration, and that is in the weight of the

paper. Our transatlantic book-makers might do worse than follow the lead given by the Homeopathic Publishing Co. in producing large volumes on feather-weight paper.

## THE ORIGIN AND NATURE OF MATTER AND FORCE AND LIFE AND MIND.\*

No one can complain that Dr. Hayward has not chosen a large enough subject. In fact it is quite too large for us to attempt to follow him through his arguments. The study of the topic or topics "in relation to the 'motion innate in the atom of primitive matter' may be begun," says Dr. Hayward, "with a study of the origin, nature, and functions of protoplasm." Here are some of his conclusions: Mind "is the sum of the phenomena resulting from the activity of the grey matter of the nervous system." Will is "the mental resolve resulting from the combined action of certain groups of cerebral cells or mental faculties, excited or prompted by certain stimuli; and in strength corresponds with the strength of the prompting causes or the prospective consequences." Spirit is "understood to be an entity separable from the body, being simply a dweller in the body during the body's life; and at death takes its flight or departure to some unknown region."

As the report of the discussion is not given in the pamphlet, we cannot tell whether the conclusions were entirely satisfactory to the Birkenhead philosophers; for our part we must confess that we do not feel that Dr. Hayward's definitions bring us any "forrader."

---

LAGER BEER IN ACUTE VOMITING.—Louis Kolipinski (*Med. News*, Oct. 5, 1901) advocates the use of lager beer in cases of acute vomiting. The dark beer is preferable to the light. His attention was attracted to this remedy by a patient who evinced a craving for it. The results of its administration were most happy. The after-effects are soporific. It is certain in its action, and intolerance of it is rarely shown. The best results are obtained in women and in those who have not been in the habit of drinking alcohol. Small doses meet with the best results, *e.g.*, a wineglass repeated in half an hour.—*Med. Times*.

---

\* *The Origin and Nature of Matter and Force and Life and Mind.* By John W. Hayward, M.D. A paper read before the Birkenhead Literary and Scientific Society, November 4, 1901. Birkenhead: Willmer Bros. & Co., Limited. 1901.



## ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

---

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

### NATURE CURE—INFORMATION WANTED.

*To the Editor of THE HOMEOPATHIC WORLD.*

SIR,—I hear that there is a body of men in England who do not use any medicine for the cure of diseases, but depend entirely upon nature and the use of proper diet for recovery from any ailment. I desire to know their principles and the mode of their treatment. I shall be thankful to you if you will kindly supply me with information about the same, or let me know how I may obtain such information.

I remain, sir, yours faithfully,

ABANIMOHAN BATANYAL.

Gandaria, Dacca, Bengal, India.

November, 5, 1901.

[If any of our readers can assist our correspondent we shall be happy to hear from them.—ED. H. W.]

### A DEPILATORY.

Is this the extract Dr. Ussher was inquiring for? It is taken from the *Homeopathic Envoy* of November:—

*Health*, of London, gives the following pointers on the use of *Peroxide of Hydrogen* or *Dioxygen* in cases where women are troubled with a moustache:—

“In a very considerable number of cases it has been employed where the hair was too fine to admit of its removal by electrolysis, and yet where it was very perceptible and troublesome. Especially on the upper lip of girls this condition is often the source of much distress. Here the light, downy moustache will be composed of innumerable fine hairs, perhaps with a few stronger ones at the ends, and it is quite impracticable in the early stages to practice electrolysis; but the free and repeated use of the *Peroxide* will produce a very material improvement in the appearance in a very short time. By blanching the hairs a moustache which was very striking will hardly be noticeable at a short distance. But another advantage in the use of *Peroxide* in hirsutes, which has not been heretofore mentioned, is a certain retarding influence which it exerts on the growth of the hair.

“This has been noticed in a number of instances for the past two or three years, much to the delight of several patients. This result is

slow, but with a faithful continuance of the remedy the fine growth of hairs certainly diminishes; some of the stronger ones seem to grow, and they can be removed by electrolysis. In applying the *Peroxide* to such cases it is often well to begin by diluting it one-half with water, and increasing the strength gradually, for when a strong specimen is applied to the healthy skin it will sometimes cause a desquamation, which is unpleasant."

---

## GENERAL CORRESPONDENCE.

---

### THE TUBERCULIN TEST.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR SIR,—Under "News and Notes" of your December issue you have referred to what is described as "A Cattle Proving of *Tuberculin*," which may possibly convey to lay readers a wrong impression. The *Tuberculin* test from a diagnostic standpoint may not be absolutely infallible, but experience among veterinary surgeons has proved it to be reliable in 90 per cent. of the cases in which it has been adopted, and these cases run now into thousands; personally I have no doubt that a satisfactory explanation could be furnished regarding the remaining 10 per cent., if one knew all the circumstances. According to the report of the speech made by Mr. A. E. Pease, M.P., at the annual meeting of the Cleveland Chamber of Agriculture, from which you draw your deduction, it would appear that he had his herd of cows tested with *Tuberculin*, and, to use his own words, "when inoculated they all reacted to the test"; in other words, although he states that "his herd was as healthy as any in the country," the real fact is the whole herd was more or less affected with tuberculosis.

Presumably Mr. Pease was not aware that a cow may so far as outward appearances go be in splendid condition, be yielding a full supply of milk, and in all respects look a vigorous, healthy animal, and yet have the seeds of tuberculosis latent in the system; when this is the case the *Tuberculin* test tells its own tale, as it is intended to, and as it did with Mr. Pease's cows, and the advice which "the eminent authority in London" gave Mr. Pease was the only advice he could give, unless the risk of spreading

tuberculosis among the consumers of the milk was to be run; the test in these cases caused the disease then latent to show itself, it became active instead of remaining passive; but whether passive or active, it presented a risk of infection to the milk consumers, and that notwithstanding the theory propounded by Dr. Koch at the recent Congress. I have had plenty of evidence to satisfy me after twenty years' experience in veterinary medicine that human consumption is conveyed through and from tuberculous milk, therefore I think Mr. Pease should be thankful that he has done as he has, although the loss experienced is very annoying. If he wishes to avoid having another herd of tuberculous cows, I should suggest that none were purchased until they had been tested with *Tuberculin* and come out of the ordeal satisfactorily, at the same time having the cowsheds and premises thoroughly disinfected before introducing fresh stock.

Yours faithfully,

J. SUTCLIFFE HURNDALL, M.R.C.V.S.

Sussex Villas, Kensington, W.

December 13, 1901.

---

### VIOLET LEAVES.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR SIR,—Now that the Sweet Violet is so much in request, I have thought it possible you may find one or more of the following extracts interesting:—

“The herb (*Viola odorata*) is emollient, and consequently has been used in cataplasms, clysters, and fomentations, as a substitute for Marsh Mallow, &c.”—Barton and Castle's *British Flora Medica*.

“All the Violets are cold and moist while they are fresh and green, and are used to cool any heat or distemperature of the body, either inwardly or outwardly, as inflammations in the eyes, in the matrix or fundament, in imposthumes also and hot swellings, to drink the decoction of the leaves and flowers made with water in wine, or to apply them poultice-wise to the grieved places. . . . The green leaves are used with other herbs to make plaisters and poultices for inflammations and swellings, and to ease all pains whatsoever arising of heat.”—Culpepper's *English Physician Enlarged*, 1770.

"I do not know where the Highland ladies of former times obtained their Violets to make a cosmetic; yet the plant was known to them, if the following quotation given by Lightfoot is correctly translated from the Gaelic: "Anoint thy face with goat's milk in which violets have been infused, and there is not a young prince upon earth who will not be charmed with thy beauty."—Dr. W. J. Hooker's *British Flora*.

"By some the flowers are considered anodyne. They certainly produce faintness and giddiness in some constitutions, as I have witnessed. Triller mentions a case in which they produced apoplexy."—Pereira, quoted by Lindley in his *Flora Medica*, 1838.

"The scent (of *Viola odorata*) is well known and universally acceptable, though sometimes causing headache."—Smith's *English Flora*.

Yours very respectfully,  
FERRUM.

## VARIETIES.

**ECCHINACEA.**—When boils progress to the stage where they appear about to "point," then stop and do not suppurate; ecchinacea is indicated.—*N.A.J.H.*

**KALI CARB. AND HELLEB. IN AMENORRHEA.**—In amenorrhea due to organic affection of the heart, deficiency of healthy food, kali carb. is indicated.—From disappointed love, helleborus.—*N.A.J.H.*

**LACHESIS**, 30 or 200, in intermittent fever of hot climates and in that which occurs every spring, or after suppression in the previous fall by quinine; chills run up the back to head; worse at 2 p.m.—*N.A.J.H.*

**HYMOSA** is a new remedy as an anti-rheumatic. Hence in lumbago and pleurodynia it should not be overlooked. It has been used in a number of cases with gratifying results. The dose is 3 to 5 drops of the tinct. in water, three or four times a day.—*N.A.J.H.*

**TURPENTINE FOR BURNS.**—Paint the burn as soon as possible after the injury, no matter what the depth and extent or degree, with Venice turpentine, till the pain stops. The most extensive burns do not require painting more than an hour. Then spread upon sterile linen or gauze Calamina cerate, formerly called Turner's ointment, an antiseptic dressing, which keeps the ulcer clean and promotes healing without a scar. It is not necessary to repeat the turpentine.—Dr. H. F. Biggar in *Med. Cent.*

**THUJA OCCIDENTALIS IN PAPILLOMA OF THE LARYNX.**—James Moreau Brown reports a case in which the application of Thuja caused such shrinking of the growth after partial removal by operation that further operation was abandoned, and the Thuja only applied, with the result of complete disappearance of the growth. In addition the author knows of several cases of a recurrent type in which the growths have entirely disappeared under the use of Thuja with no evidence of recurrence after several years.—*Med. Cent.*

**SOME USES FOR EGGS.**—A mustard plaster made with the white of an egg will not leave a blister.

A raw egg, taken immediately, will carry down a fish bone that cannot be gotten up from the throat.

The white skin that lines the shell of an egg is a useful application for a boil.

White of an egg beaten with loaf sugar and lemon relieves hoarseness—a teaspoonful taken once every hour.

An egg added to the morning sup of coffee makes a good tonic.

A raw egg with the yolk unbroken taken in a glass of wine is beneficial for convalescents.—*Amer. Homeo.*

**UREA IN TUBERCULOSIS.**—Dr. Henry Harper gives in the *Lancet* of December 7th a contribution to his observations on the treatment of tuberculosis with urea. Urea has been found to exert a specific action on tuberculosis quite as marked as mercury on a syphilitic node, salicylate of sodium on a painful joint in rheumatic fever, or iodide of potassium in bronchial asthma. The urea used is the synthetic product, and Dr. Harper considers that the nitrogen and its compounds contained in it are the immunising agents in tuberculosis. The dose given is 10 gr. three times a day, increased to a maximum of 60 gr., this being practically  $\frac{1}{2}$  per cent. of artificial urea added to the normal quantity circulating in the blood. The cases not suitable for the administration of urea are: (1) Pulmonary tuberculosis where cocci predominate and the tubercle bacilli exhibit a short stumpy appearance; (2) acute miliary tuberculosis with a high temperature ( $103^{\circ}$  F. and over); (3) gastritis; (4) the last stage of tuberculosis where the patient is dying; and (5) when the patient has a temperature over  $101^{\circ}$ . Dr. Harper was led to try urea from the fact that gouty persons are comparatively immune from tuberculosis, and it occurred to him that urea might be the immunising agent.—*Chemist and Druggist*, Dec. 14th.

**ALKALOIDS OF SANGUINARIA CANADENSIS.**—Fischer, working in the Marburg laboratory, has just completed an exhaustive examination of the alkaloids of this drug. He gives a useful account (*Archiv der Pharmazie*, 1901, 409) of past work on the subject, especially of the most recent researches of König. It was the latter who first showed that the alkaloid which had been named "sanguinarine" by Dana, and shown to be identical with chelerythrine by Probst, was in reality a mixture of at least three bases. Of these, one is an alkaloid which yields red salts, for which the name "sanguinarine" is retained; the second yields yellow salts, and is termed chelerythrine; whilst the third appeared to be identical with Selle's homochelidonine. The formula advanced for the principle base—chelerythrine—by König was  $C_{23}H_{23}NO_5$ , and this is now confirmed by Fischer. By crystallisa-

tion from a solvent free from alcohol, he obtained it in colourless crystals, which melted at  $263^{\circ}$  (the alcohol-crystallised form melts at  $203^{\circ}$ ); and he also found traces of alcohol were given off when the crystals were heated and the vapours condensed. This at once indicates the presence of alcohol of crystallisation. The base crystallised from acetic ether agrees with the formula  $C_{21}H_{17}NO_4$ , and contains the equivalent of half a molecule of water of crystallisation. The analysis of salts of the base from which alcohol is naturally excluded confirms this formula, so that the two forms may be written  $C_{23}H_{23}NO_5 + C_2H_5OH$ , and  $(C_{31}H_{17}NO_4)_2 + H_2O$ . The formula advanced by König for sanguinarine is confirmed—viz.,  $(C_{20}H_{15}NO_4) + C_2H_5OH$ . The homochelidonine analysed by König gave results agreeing with the formula  $C_{21}H_{21}NO_5$ , but Fischer prefers  $C_{21}H_{21}NO_3$ . The analytical results do not differentiate with certainty between these two formulæ.—*Chemist and Druggist*.

**TONSILLOTOMY RASH.**—Wingrave (*Laryngoscope*, July, 1901) records thirty-four cases (eight of which have occurred since publication) in seven years of "tonsillotomy rash" associated with removal of tonsils and adenoids. The small percentage is accounted for because many cases are merely reported by parents as having had a rash, and therefore further systematic investigation in all cases after tonsillotomy or adenoid removal would probably show a greater percentage. In three instances out of the thirty-four the rash proved to be scarlatinal, and one of the cases developed diphtheria, but the remaining thirty were simple non-specific rashes. The eruption appears on the second or third day about the neck, chest, and abdomen, and after lasting from two to three days disappears without desquamation, but is often accompanied by itching. It is either papular, roseolar, or erythematous in type, and may occur at any age, being noticed twice as often in females as in males. Generally the constitutional disturbance is but slight, the temperature rising  $1^{\circ}$  or  $2^{\circ}$  F. The recognition of the condition as following these operations is of importance in preventing the formation of a graver diagnosis. The fact that scarlet fever occurred in three cases and diphtheria in one has an important practical bearing upon the practice of removing actively-inflamed tonsils as advised by many surgeons, because of the following advantages: (1) Greater facilities in using the guillotine presented by the inflamed tonsils; (2) the more thorough removal and the relief of angina. The possibility of tonsillotomy occurring in a case of an unrecognised specific fever is not regarded as giving additional risk, but it is doubtful whether this view can be taken if adenoids are removed at the same time, because of the increased denuded surface presenting a large area for the absorption of toxic matter. Blood examination during the week following operation shows an increase of mononuclear white corpuscles, rarely lasting beyond the tenth day. As most of the cases were taking *potassium bromide* and *sodium salicylate*, the rash may be one of drug intolerance, but, whatever its pathology, the knowledge that such a non-specific rash may occur will be a reassurance to practitioners meeting with it for the first time.—*Brit. Med. Jour.*

## LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

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

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

- Bell (Robert).** Cancer: Its Cause and Cure. Cr. 8vo, pp. 166. (R. L. Holmes. 5s.)
- Bergey (D. H.).** The Principles of Hygiene. A Practical Manual for Students, Physicians, and Health Officers. Illust. Roy. 8vo, pp. 496. (Saunders. Net, 13s.)
- Brown (J. Price).** Diseases of the Nose and Throat. Illust. with 159 Engravings, including 6 Full-page Colour Plates, and 9 Colour Cuts in the Text. Roy. 8vo, pp. 492. (H. Kimpton. Net, 16s.)
- Butler (Glentworth Reeve).** The Diagnostics of Internal Medicine. A Clinical Treatise upon the Recognised Principles of Medical Diagnosis, Prepared for the Use of Students and Practitioners of Medicine. Roy. 8vo, pp. 1088. (H. Kimpton. Net, 25s.)
- Cassell's Family Doctor.** By a Medical Man. With 8 Full-page Plates. New ed. 8vo, pp. 768. (Cassell. 6s.)
- Celli (Angelo).** Malaria: According to the New Researches. Trans. from the 2nd Italian ed. by John Joseph Eyre. With an Introduction by Dr. Patrick Manson. With Maps and Illusts. New ed. 8vo, pp. 300. (Longmans. 10s. 6d.)
- Kehr (Hans).** Introduction to the Differential Diagnosis of the Separate Forms of Gallstone Disease, based upon his own Experience gained in 433 Laparotomies for Gallstones. Authorised Translation by W. W. Seymour. 8vo, pp. 373. (H. Kimpton. Net, 9s.)
- King (A. F. A.).** A Manual of Obstetrics. 8th ed. Revised and enlarged. With 264 Illusts. Cr. 8vo, pp. 612. (H. Kimpton. Net, 12s. 6d.)
- Madden (Frank Cole).** The Practical Nursing of Infants and Children. Cr. 8vo, pp. 296. (Cassell. 3s. 6d.)
- Marshall (J. S.).** Principles and Practice of Operative Dentistry. Roy. 8vo. (Lippincott. Net, 21s.)
- Orr (John)** Handbook of Public Health. Illust. Cr. 8vo, pp. 248. (Livingstone, Edinburgh. Net, 4s.)
- Osborn (Christabel).** Medicine. With an Introduction by Mr. Garrett Anderson. (Manuals of Employment for Educated Women. No. 4.) 16mo, sd., pp. xii—127. (W. Scott, 1s.)
- Osler (William).** The Principles and Practice of Medicine. Designed for the use of Practitioners and Students of Medicine. 4th ed. Roy. 8vo, pp. 1,200. (Pentland. Net, 18s.)
- Pharmacopœia: A Commentary on the British Pharmacopœia, 1898,** by E. White and others. Roy. 8vo. (Hirschfeld. Net, 14s.)
- Rotch (T. M.).** Pediatrics: The Hygiene and Medical Treatment of Children. 3rd ed. 8vo. (Lippincott. Net, 25s.)
- Sternberg (George M.).** A Text-Book of Bacteriology. Illust. by Helio-type and Chromo-Lithographic Plates and 200 Engravings. 2nd revised ed. Roy. 8vo, pp. 720. (Churchill. 26s.)
- Taylor (John Madison) and Wells (William H.).** Manual of the Diseases of Children. 2nd ed., thoroughly revised and enlarged. Illust. Roy. 8vo., pp. 860. (H. Kimpton. Net, 21s.)
- Text-Book of Pharmacology and Therapeutics.** Edit. by W. H. White. Imp. 8vo, pp. 1048. (Pentland. Net, 21s.)
- Thompson (Sir Henry).** Diet in Relation to Health and Activity. With hints concerning habits conducive to Longevity. Revised and enlarged ed. Cr. 8vo, pp. 128. (Warne, 2s. 6d.)
- Transactions of the Edinburgh Obstetrical Society.** Vol. 26. Session 1900-1901. 8vo. (Oliver and Boyd, Edinburgh; Simpkin. Net, 8s. 6d.)



## TO CONTRIBUTORS AND CORRESPONDENTS.

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

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

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

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

### CORRESPONDENTS.

Dr. Dudgeon, London.—Dr. Cooper, London.—Dr. J. W. Hayward, Birkenhead.—Dr. W. Lamb, Geelong, Australia.—Mr. Abanimohan Batanyal, Gandaria, Bengal.—Mr. Hurndall, London.—Ferrum.—Dr. Clifton, Northampton.—Dr. Burford, London.—Mr. F. Kopp, Greenwich, N.S.W.

### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Revist. Hom.—Calcutta J. of Med.—Med. Times.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica.—Maanedsk. f. H.—H. Maandblad.—La Homeopatia.—Hom. Envoy.—Hom. News.—Personal Rights.—Med. Century.—Rev. Hom. Française.—Hom. Recorder.—Wjestnik H. Med.—N. A. J. of H.—Clinique.—New Eng. Med. Gaz.—L'Art

Médical.—Amer. Med. Mon.—Minn. H. Mag.—Amer. Hom.—J. of Homeopathics.—Tasmanian Hom. Jour.—H. J. of Obst.—Le Médecin Homeopathe.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Ind. Hom. Rev.—The Moslem Chronicle.—Hahn. Adv.—Leip. pop. Z. f. H.—Ind. Hom. Rev.—Med. Advance.—The Origin and Nature of Matter and Force and Life and Mind. By John W. Hayward, M.D.—Slaughter-house Reform. By Rev. John Verschoyle.—Practical Medicine. By J. Mortimer Lawrence, M.D.—Cardiac Debility. By Herbert Nankivell, M.D.

## The Homeopathic World.

### CONTENTS OF DEC. NUMBER.

#### LEADING ARTICLE.

The Carbonic Acid Gas Cure.

#### NEWS AND NOTES.

#### ORIGINAL COMMUNICATIONS.

Cancer of Breast. By Dr. Cooper.

From the Front.—South African Forestry. By a Surgeon at the Front.

Materia Medica Miscellany. By J. R. P. Lambert, M.D.

A Few Clinical Observations on the New Remedies. By B. B. Chackravanti, L.H.M.S.

Homeopathic Treatment of Surgical Cases. By Alfred J. Pearce.

#### SOCIETY'S MEETING.

British Homeopathic Society.

#### INSTITUTION.

Geelong Homeopathic Dispensary.

#### EXTRACTS.

With the White Flag into Pretoria.

Violet Leaves and Cancer.

Cancer-cures.

Natural History of Insectivorous Plants.

#### REVIEW.

Jousset's Practice of Medicine.

#### ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

#### OBITUARY.

William Lloyd Mathias.

#### GENERAL CORRESPONDENCE.

Homeopathic Works Wanted for Public Libraries.

#### VARIETIES.

#### MEDICAL AND SURGICAL WORKS.

#### TO CONTRIBUTORS & CORRESPONDENTS.

TITLE AND INDEX.

# THE HOMEOPATHIC WORLD.

---

FEBRUARY 1, 1902.

---

## THE COW-POX EPIDEMIC.

IN the *Pacific Coast Journal of Homeopathy* of September last there appeared an article by Dr. H. M. BISHOP, of Los Angeles, on "the Care and Cure of Small-pox," which is very much to the point under present conditions in London and some other places in this country, and which we take the liberty of transferring to our pages. The main point made by Dr. BISHOP is the power of *Variolinum* to *jugulate* small-pox, as BURNETT used to express it. Under conditions of notification and isolation prevailing at present, the general practitioner has little or no opportunity of treating cases of small-pox, but to such as have, the knowledge of the use of nosodes is of the utmost importance. And the protective use of them is within the competence of all homeopaths.

It says little for the initiative and enterprise of the homeopathic body in this country that the advocates of blood-poisoning with cow-pox pus should hold undisputed sway in the counsels of the nation. Cow-pox is generally regarded as an acute disease which is all over when the scabs of the pocks fall off. It is nothing of the kind. BURNETT shows in his book on *Vaccinosis*—which ought to be read, digested, and tested by every homeopath—that the worst cases of vaccinal injury frequently occurred in patients whose arms did not "take." In BURNETT's experience, and in ours, cow-pox is not an

*acute* but a *chronic* disease. This is recognised in all those instances where the acute phase is followed by an inveterate skin affection. But where some other affection—neuralgia, dyspepsia, new growths, or other chronic manifestations of the dyscrasia—follows, the connection with the acute phase is not recognised. Yet it is none the less real, and those who know the relationship can cure the cases, whilst those who do not can only palliate, if they can do that.

We do not say that cow-pox has no protective power in relation to small-pox, because we know that it has, and homeopathy being true it is bound to have it. But we do contend that homeopathy can give that protection without burglariously entering the organism with the vaccination lancet. The medical Establishment is devoted to homeopathy so long as it can practise it under another name, and by means of lancet and syringe. Given these conditions it will enforce homeopathy on a population, willing or unwilling, by Act of Parliament and the policeman's bâton. To give a semblance of justification to such measures—nothing can *really* justify them but the doctrine that might is right—the advocates of compulsory homeoprophylaxis by cow-pox inoculation ought to be able to show that small-pox goes about like a roaring lion picking out only unvaccinated persons, but this is notoriously not the case. Those who prefer to have their blood poisoned by cow-pox matter ("vaccine lymph" is the official term: we prefer Anglo-Saxon) by all means let them enjoy themselves in their own way. But there are other considerations besides small-pox on the question; and those who think that an attack of small-pox is a less evil than cow-pox with its chronic blood-taint should surely be allowed to enjoy themselves in *their* way. As it stands at present it seems to us that the cow-pox epidemic affecting millions is a far more serious thing than the small-pox epidemic. As we have every reason to know, it is already filling consulting-rooms with a long "casualty list," and the real harm is yet to come.

The author of *Erewhon* described a community in which bodily illness was regarded as a crime, moral delinquencies being treated quasi-medically by a professional "straightener," who administered corporal chastisement, the sufferer receiving the sympathy and condolences of his friends and relations. We are coming to something like that with our notification and isolation methods. Small-pox is a crime which, if found out, entails six weeks or so of imprisonment and not improbably death. The chief terror of small-pox nowadays to most people is the forcible removal to some form of pest-house that it involves on the sufferer. He is moved out of the reach of his known and trusted medical attendant, and however well cared for he may be, the removal itself and the unwonted surroundings cannot fail to have a depressing influence and tend to raise the death-rate. Moreover, the practice of the medical Establishment recognises no cure for small-pox, so *Variolinum*, *Sarracenia*, *Antimonium tartaricum*, and other homeopathic remedies have no opportunity of exercising their beneficial powers. Let but these powers get to work, and small-pox would be robbed of nine-tenths of its terrors, and the mania for universal cow-poxing would die a natural death.

---

ARNOTTO.—Arnotto is obtained from the seeds of *Bixa orellana* (Linn.), originally a native of tropical America, by the sides of rivulets and streams, but now cultivated throughout the Tropics. The seeds are steeped in water and allowed to ferment; a solid paste is formed by evaporation, and is made into a cake or roll known as Arnotto or Annotto ("Anatto"), used for colouring cheese, chocolate, &c. Also used by silk dyers and varnish makers. The Caribbeans formerly tattooed themselves with it to prevent mosquito bites.—*Science Gossip*, 1877, p. 182.

FIBROID OF THE VAGINA.—Gabszewicz (*Gazetta Lekarska*, No. 17, 1901) reports a case of fibroid or true fibromyoma in a woman aged forty-six. It had protruded at the vulva for some months when first examined. It filled up the vagina, and was hard and elastic; its exposed portion ulcerated. The urethra was compressed, causing dysuria, and there were hemorrhages. Though the tumour adhered to the urethra it was removed with little difficulty. The tumour was made up of plain muscle cells crossing in all directions and a considerable amount of connective tissue. There were also many dilated blood vessels.—*Brit. Med. Jour.*

## NEWS AND NOTES.

---

### SARSAPARILLA.

UNDER the heading "The Vicissitudes of Drugs" the *Medical Press* published an article in which it instanced *Sarsaparilla* as an example of useless drugs that had been finally abandoned by a disgusted profession. This evoked the following letter (*Med. Press.*, Dec. 4th) :

#### "THE VICISSITUDES OF DRUGS."

*To the Editor of "The Medical Press and Circular."*

SIR,—Referring to the leader on this subject in your last impression, I have for many years always given sarsaparilla in chronic syphilis. A case in which all the nails were destroyed, all the hair had fallen off, and large masses of syphilitic rupia on the legs, arms, and buttocks, which had been under treatment by other physicians for months, improved at once under sarsaparilla. I made the patient buy the most expensive kind, and make himself a fresh decoction daily, of which he took a pint. I must add that the patient was taking mercury vapour baths at the same time, and was under strict dietetic treatment.

I could mention a number of similar severe cases cured. I certainly believe the sarsaparilla aided the cure. The late Mr. Henry Lee, whose success was great in the treatment of syphilis, told me he always prescribed sarsaparilla in chronic syphilis, especially with skin lesions. I am like that eminently practical physician, Dr. Murray, of Newcastle; when I prescribe a drug and it does good I never mind what may be written against it; I continue using it. Many drugs I got to know the use of when in practice in a large country district I use to-day in consulting practice, but it would be difficult to explain how they act.

I am, sir, yours truly,

THOMAS SUTTON, M.D., M.R.C.P.Ed.

7, Manchester Square, W., November 29th, 1901.

It will not only be "difficult," it will be impossible, to explain the action of drugs until the profession comes to recognise frankly that drug action has two sides to it, of equal importance—the clinical and the pathogenetic; and further, that drugs are not the property of diseases but depend for their successful action in disease on the suitability of the individual case.

---

### THE SAND-CURE.

DR. DUDGEON writes in reference to our note of last month on "The Sect of the Sand Eaters": "The use of sand is not such a novelty as the writer of the paragraph

supposes. An old German lady informed me that when she was young she suffered from green-sickness, for which she was treated by several physicians without benefit. An ancient domestic persuaded her to take a folks-remedy, which she vowed would prove infallible. This was a teaspoonful of white sand, well washed, a small spoonful for a dose. She forgets how many doses of this she took, but it was not a bit more successful than the other remedies she had taken." Other experiences with sand as a remedy are given in the *Dictionary of Materia Medica* under *Silica marina*.

---

#### MELBOURNE HOMEOPATHIC HOSPITAL.

THE Melbourne *Argus* of November 27th last chronicles changes in the staff of the abovenamed institution. It will be noted that Dr. Wilkins Gutteridge has left Tasmania to take up work in Melbourne:—

'At the monthly meeting of the board of management of the Homeopathic Hospital on Wednesday evening, the resignation of Mr. William Warren, L.R.C.S., surgeon for the treatment of diseases of the nose, ear, and throat, was received, owing to his having accepted a London appointment. At the same meeting, Mr. M. W. Gutteridge, M.R.C.S. England, was appointed to fill the vacancy. For the past fifteen years Mr. Gutteridge has been in practice in Tasmania, where he held the position of public vaccinator and surgeon to the defence force, retiring with the rank of lieutenant-colonel. Dr. J. A. Scott, formerly surgeon in the out-patients' department, was appointed assistant surgeon to in-patients.'

---

#### A NEW THEORY OF NERVE ACTION.

THE *Westminster Gazette* of January 2nd gives a summary of various accounts which have appeared of new theories of life phenomena. Mind and electricity are near akin. Soon our scientists will have to enlarge their scope and take into their investigations not only the *phenomena* of life but also its *essence*. When they come to this they will find no little assistance in the phenomena of the action of homeopathic infinitesimals and in the workings of the homeopathic law:—

#### THE NEW NERVE-ACTION THEORY.

##### MATHEMATICAL BASIS OF LIFE PHENOMENA.

With reference to certain misleading statements regarding Professor Loeb's new theory of nerve action the *Yorkshire Post* to-day acutely

remarks that some of the correspondents have made the discovery look absurd by stating that Professor Loeb has found out how to prolong life indefinitely; and the only scientific account, that of the *Standard's* correspondent, is wofully clumsy. But, reading between the lines of this, our contemporary says briefly that the Chicago scientists announce a method of demonstrating electrolytic action in nerve particles, and their confident belief thereupon that a mathematic basis has been found for stating all phenomena of life. Apparently, they would say that life may be regarded as one phase of electric energy; or at least that it involves this phase.

"If their discovery be verified one curtain is drawn from the face of the mystery. We should hope that it will not be taken at all to strengthen the discredited doctrines of materialism, for the mystery of cause manifestly remains, as it did after the discovery of the biological cell; but a theory of nerve electrolysis may conceivably bring about greater advances in medical science. In the course of their experiments Drs. Loeb and Matthews have, for example, ascertained certain effects of light and heat and chemical action and mechanical energy upon the condition of nerve substance, affecting its irritability. They describe it as containing a colloidal solution, which tends to gelatify as its irritability increases (when the anions of its particles are charged), and to liquify as its irritability decreases (when the ions are charged). It appears that heat and light promote gelatification by electro-magnetic action; they are nerve stimulants; while potassium cyanide and the anesthetics preserve the colloid in solution.

"The 'prolongation of life' on which correspondents have seized for sensational writing is no more than this depressing effect of potassium cyanide, as demonstrated on eggs of the sea urchin. By reducing their nervous activity, death was postponed."

But all this (continues the *Yorkshire Post*) opens a new and fascinating field to physical experiment upon living tissue; not that the Chicago results are mainly new, but that all results of the kind may be looked at in a new and more lucid light, and with them, possibly, the whole range of pathological phenomena.

In justice to the *Standard's* correspondent, to whom our readers were indebted for what was the best account of the new theory, it should be pointed out that he expressly stated that his attempt was to give a "popular" exposition of theories and principles which, as a matter of fact, cannot be accurately stated thus.

---

## THE RELATION OF BOTANY TO MEDICAL PRACTICE.

THE following note by "Xrayser" appeared in the *Chemist and Druggist* of November 2nd:—

The value of botany to pharmacists, and the desirability of retaining it in the qualifying examination, are matters fairly open to discussion; and I am grateful for having had my attention directed to the appended quotation from the recently published *Life of Sir James Paget* on this subject. In his youth Paget was an enthusiastic field botanist. In a later part of his life he wrote:—



"As I look back, I am amused in thinking that of the mere knowledge gained in the study [of botany]—the knowledge of the appearance and names and botanical arrangement of plants—none had in my after life any measure of what is called practical utility. The knowledge was useless: the discipline of acquiring it was beyond all price."

Exactly, but there are fifty other studies of which as much may be said. Indeed, a page or two further on in the same book Sir James Paget himself tells how he acquired some little skill in sketching, and he says of this accomplishment:—

"I may repeat nearly what I said of botany. Its immediate utility was too little, its indirect utility too great to be told."

Why not therefore add drawing to the syllabus?

This is very pertinent criticism. We have heard botany praised by other authorities beside Sir James Paget as being "useful training in diagnosis." Now this only means that the knowledge of the use of drugs is, so far as the profession is concerned, a lost art. The study of botany is no doubt useful in the way Sir J. Paget says, but that is not to be compared to its use to the physician who knows his drugs as living powers. We are inclined to endorse an opinion of Burnett's (*Organ Diseases of Women*, p. 115), after he had had a patient of his suffering from dysuria cured by a herbalist named Fraser: "Now Mr. Fraser was a local herbalist who kept a little shop in a back street; and needless to say, I had very great contempt for him and his wares, and I was strongly of opinion that the law ought to prosecute him as a quack, as his very existence was a scandal. Well, thought I, I will not be beaten on my own ground by any one, and so I made inquiries of Mr. Fraser as to what the medicine was that cured the dysuria, and he informed me that it was a decoction of couch grass (*Triticum repens*). And since then I have often admired the wisdom of our legislators and of the public at large who refuse to interfere with such humble and useful citizens as our herbalists usually are." The time is approaching when it will be incumbent on physicians to learn again their plants in the old way. We have passed through an age of victorious analysis, which has fed us on the disarticulated dry-bones of science; and now synthesis must have its turn. The habits, appearance, and habitats of plants are directly related to their medicinal action, and medical men will have to learn to study their plants *whole*,

*KREASOTUM* AND HEMOPTYSIS.

The following letter appeared in the *British Medical Journal* of August 3rd:—

## “CREOSOTE AND HEMOPTYSIS.

“SIR,—In your review of Dr. Bernheim’s work on tuberculosis, I notice with some interest the following passage concerning creosote:—

“He believes that a local disturbance is produced in the neighbourhood of the tubercle similar to that which follows the injection of tuberculin, and on this account there is danger that dormant disease may be called into activity.”

“My object in writing this is to inquire whether any causal connection has been noticed in certain cases between creosote and hemoptysis. When a Resident in a provincial hospital it fell to my lot to observe two severe cases of hemoptysis in patients taking large doses of creosote, one of which ended fatally. I do not pretend to know whether this was mere coincidence or not. What struck me in both cases was the unexpectedness of the hemorrhage, and the fact that both were improving before the creosote was begun.

“Of course, ‘unexpected’ hemoptysis is common enough in phthisis, whether treated by creosote or anything else, and, though momentarily impressed by the occurrence, it was speedily dismissed from my mind.

“The sentence in your review of Dr. Bernheim’s book quoted above has, however, recalled the event, and suggested that possibly others may have had suspicious experiences with the drug. I write merely to raise the point, and to ask for further experience. I have myself no contribution to make except this damaged recollection.—I am, &c.,

“Sheffield, July 28th.

“E. W. ADAMS.”

RINGER, BURGGRAEVE, AND THE *STANDARD* DISCOVER IN *HEPAR SULPHURIS* A REMEDY FOR SMALL-POX.

THE following letter appeared in the *Standard* of January 14th:—

“SIR,—Few medical practitioners appear to have any experience of the efficacy of *Sulphide of calcium* in the prevention and actual treatment of small-pox. In 1878 a well-known London physician, Sydney Ringer, prescribed small doses of this substance, as a powder, in the treatment of boils and abscesses, and the good results were confirmed the same year by a German physician, Dr. E. Foch. About the same time the late Dr. A. Fontaine, of Paris, a friend of Dr. Adolf Burggraave, Emeritus Professor of Ghent University, used *Sulphide of calcium* with marked success in diphtheria during an epidemic in which one of his own children and a large number of others were cured by this means. Since then Dr. O. Castro, of Oporto, Dr. Cornet, of New York, the late Dr. Ballesteros, of Seville, and several others have given small, repeated doses of *Sulphide of calcium* in small-pox and other eruptive diseases, in many cases with truly marvellous

results. In all these cases it was given in the form of 'Burggraave granules' (containing, according to my analysis, one-sixth of a grain (English) of the medicament, and coated with sugar of milk), so named after the veteran Professor Burggraave, who attained his ninety-sixth birthday last October. Years ago he caused these granules to be manufactured by M. Numa Chanteaud, the well-known chemist of the Place des Vosges, Paris, and I believe that is the only place where they are made. They are much used on the Continent in the treatment of diphtheria, small-pox, anthrax, &c. In small-pox one granule is given every quarter of an hour or half-hour, for the first day, or until the patient acquires a slight but distinct odour of sulphuretted hydrogen; then every hour or two hours, gradually diminishing as the case improves. If the treatment is begun early enough, it is said, no pustulation occurs, or to a very slight extent.

"In times of epidemics these *Sulphide of calcium* granules are taken as a preventive at the rate of four or five a day, one at a time. This is the only form in which *Sulphide of calcium* can be given to children, on account of the disagreeable taste and odour (like that of Harrogate water) if the substance is given as a powder, which causes repugnance for the medicament and for food. That appears to be the only objection to it.

"I am, Sir, your obedient servant,

"T. LAMB PHIPSON, Ph.D.

"Casa Mia, Putney, S.W., January 12th."

---

### SCARS V. RED LIGHT.

WHEN the different coloured lights come to be properly proved this paragraph from the *Westminster Gazette* of December 24th will be worth bearing in mind:—

#### "RED LIGHT AND MENTAL EXCITEMENT.

"We have all heard of the red rag and the bull. Not every one knows, perhaps, that red light has sometimes an important effect upon the human animal. We note that the *British Medical Journal*, in describing the red-light treatment, points out that it has been found very trying to the patients and the attendants: 'This peculiar influence on the mind of those working in red light has been observed among the *employés* of the firm of Lumière of Lyons. The rooms where photographic plates and papers were handled were illuminated by red light, and it was not unusual to find some of the workmen labouring under great mental excitement. But since green light, which also stops the actinic rays, has been substituted for red, such cases no longer occur.' This peculiar disturbing effect of red light has been confirmed in the case of variola patients by Oleinikoff. 'Several said they preferred the scarring to being confined in the red light; some also became delirious and had terrifying hallucinations.'"

---

## THE MICROBE OF COLD.

THIS appeared in the *Westminster Gazette* of January 14th :—

“A Vienna medical paper states that an Austrian scientist has discovered that a cold in the head is due to the presence in the membrane of a special bacillus which he has called the *micrococcus catarrhalis*.”

The thing that astonishes us about this is not the discovery of the microbe—we knew it was a microbe all along—but how the Austrian scientist found out its name !

---

## “C. C. PERRY” ONCE MORE !

THE much-borrowing and never-paying individual who calls himself “C. C. Perry, M.D.” has been at it again. His latest victim is our old friend, Dr. Clifton, who writes :—

“Please notify the fact that ‘C. C. Perry, M.D.,’ called on me a fortnight ago and saw me when in bed about 5 p.m. After talking with me about several homeopaths whom I knew in America—just as he was about to leave to catch his train for London found himself rather short of cash, and borrowed a sovereign of me, promising to refund it in three or four days—of course ! I have seen nothing of him since nor received anything.”

This is too monotonous ! We should be willing to offer a handsome reward to any one who will *borrow* of “C. C. Perry, M.D.”—say a £5 note—next time he pays a visit of “respect.”

---

## U.S.A. AND THE POSTAL UNION.

As will be seen by our advertisement pages, replies received from our own G.P.O. and that of the United States prove that the latter country is still in the postal union, and that books can be sent to any part of America at the usual postal rates, the only charge to be made being the usual duty of 25 per cent. The U.S. administration is inquiring into the case of the subscriber to Dr. Clarke's *Dictionary of Materia Medica* who was fined for receiving Vol. I. of that work by post.

THE *INTERNATIONAL HOMEOPATHIC DIRECTORY*.

THE *Directory* is expected to be ready in a few days. We are glad to learn that the invitation to United States homeopaths has met with encouraging response, and this section bids fair to become a popular department. South America has contributed lists of four countries. There is also a steady increase in the number of home practitioners who send in their names.

---

## ORIGINAL COMMUNICATIONS.

## THE TWENTIETH CENTURY FUND.

By DR. R. E. DUDGEON.

DR. BURFORD has done me the honour to ask me to write something about the plan, so eloquently unfolded by him in his Presidential address, for bringing a knowledge of the therapeutic truth we owe to Hahnemann more prominently before the profession and the general public. He was pleased to say that he thought my approbation and advocacy of this new movement would be useful. I have a more modest opinion of my influence, but as I am as zealous as I ever was for the promotion of the interests of homeopathy and the spread of its beneficent practice among those who require the aid of the physician, I consented to say a few words upon the subject of the "Twentieth Century Fund." I feel that I belong to the nineteenth century, and that I have only wandered, as it were accidentally, into the twentieth, where I have no business to be. In almost all the movements for the spread of homeopathy in the last century I have been more or less actively engaged, if not as a chief actor at least as a humble super. But for a new propaganda in a new century I must needs resign all hopes of being an active agent. That I must perforce leave to the energies of a younger generation, and must be content to act the part of the heavy father in the play and say, "Bless you, my children, and may success crown your efforts!"

Dr. Burford's plan has several advantages which were wanting to the pioneers of last century. Their labours in the earlier years were chiefly directed to controversial

polemics and to defending themselves against the envenomed attacks of bitter opponents, who did not hesitate to employ the prejudiced verdicts of coroners' inquests, and the iniquitous rejection of suspected candidates for diplomas at examinations, besides professional and often social ostracism and incessant calumny. The younger generation of homeopaths know little of these measures of the dominant school. Public opinion has put a stop to much of the persecution we then endured, and the Medical Act of 1858 deprived examiners of the power of rejecting candidates for their diplomas on account of their therapeutic opinions. The practice of the dominant school has altered so completely, and in many respects has approached so nearly to homeopathy not only by the adoption of our remedies and even our small doses, but by the extensive use of remedies—such as the so-called antitoxins—the rule for whose employment is obviously only a kind of homeopathy, that our opponents feel that the former arguments against homeopathy are hollow and unreal, and almost the only reproach they now make against us is that we trade under a peculiar name, which they know to be a mere pretence, as they themselves practise this in a more offensive way by announcing that they alone are rational and scientific practitioners, titles to which they have no claim whatever. Thus homeopathy in the present century has a much fairer prospect of gaining its proper position in the medical world than it had in the greater part of the last century, when its practitioners were the Ishmaelites of medicine, with every man's hand against them. It has now the advantage of a larger and more united body, and the prospect of a much larger supply of the sinews of war to carry on its campaign against ignorance and prejudice. With less advantages than it now possesses it managed somehow to do a considerable amount of useful work, but if Dr. Burford's plan is carried out in its full extent we may hope to see the reform of therapeutics, initiated by the genius of Hahnemann, attain to a success commensurate with the hopes but unattainable by the efforts of the pioneers of British homeopathy. The projected enlargement of existing homeopathic hospitals and the multiplication of cottage hospitals, the establishment of lectures on materia medica and therapeutics in all the large centres of homeopathic activity, and the dissemination of suitable homeopathic

literature, will no doubt powerfully contribute to the spread of a knowledge and acceptance of our therapeutic truth; and though I cannot hope to see the full fruition of the proposed scheme, I can cordially wish for its ultimate success, which may not be realised in a few years, but which promises well, and in the hands of the energetic and able promotor, assisted by the many talented and zealous representatives of homeopathy among the younger generation of its adherents, can hardly fail to secure a conspicuous triumph.

One remark of a personal character I may be allowed to make. Dr. Burford, who is the originator of this great movement for the spread of therapeutic knowledge, is best known to us and to the profession generally as a surgeon of pre-eminent excellence, second to none in Britain or the Continent for his skill and success in operations of the most difficult and hazardous character; and yet his profound knowledge and sagacious employment of therapeutics are no less conspicuous than his surgical skill. Indeed he ascribes a considerable portion of his success in difficult and dangerous operations to his medical treatment of his patients before and after operation. How rarely do the great and eminent surgeons of the dominant school trouble themselves about therapeutics! I remember that distinguished Edinburgh professor, Dr. Mackintosh, saying, "A pure surgeon is a man who prides himself on his knowledge of cutting and his ignorance of everything else!" But the surgeons of the homeopathic school know too well the advantages of their therapeutics to neglect its powerful aid in warding off the dangers that attend serious operations. When homeopathy has attained its proper position in medicine, as we all hope it ultimately will, the skilful surgeon will assuredly always be a skilful physician, and operations will be still more successful than they are at present. This "consummation devoutly to be wished" will be most surely reached by a generous support of the Twentieth Century Fund of our esteemed physician and surgeon by his colleagues, and it will, I trust, meet with all the success it deserves.

---



## MEDICINE VERSUS SURGERY—"LEST WE FORGET."

By A. C. CLIFTON, M.D.

(Continued from vol. xxxvi., p. 495.)

IN resuming my discourse on the above subject I shall take advantage of an old tale of mine which you published many years ago, because I feel sure that but few of your present readers will have seen what I then said, and yet the main points will bear repetition.

My tale consisted in the narration of a number of cases of disease affecting the bones and joints which had been pronounced incurable except by surgical measures, but were subsequently cured solely by medicine in accord with the homeopathic law of similars.

The chief features and homeopathic treatment of a few of those cases will first be noticed, and after that has been done, the lesson will be further enforced by another example or two.

*Case 1. Acute Inflammation of the Hip Joint in a Young Lady.*—This was the first case of any kind treated homeopathically in Northampton. I did not attend her professionally as I was simply a layman at the time, but I narrowly watched the case. I can only say the case was considered a very severe one, and attended with symptoms of incipient pulmonary consumption. She was confined to bed and could bear no movement of the joint; in the course of a few months she was cured and remained well fifty-five years, until a few weeks before her death.

*Case 2. Strumous Disease of the Elbow.*—A girl aged 16 years. Her arm had been bad eleven months, and for seven months she had been an in-patient in the hospital, without benefit, from which she was discharged because her parents would not allow an excision of the joint to be performed. On coming under homeopathic treatment the whole arm was much swollen, purulent matter was escaping from two openings near the joint, and dead bone was plainly felt there; she also suffered from night-sweats, loss of appetite, diarrhea, and was losing flesh; for this condition she took successively at varying intervals, *Phosphoric acid*, *Hepar*, *Calcarea carb.*, *Silicea*, and *Assafetida*, and occasionally applied a lotion of *Rue*. At the end of nine months she was quite well with the

exception of a slight limitation of movement at the joint.

*Case 3. Strumous Disease of the Knee.*—A girl, 14 years of age; consumptive parentage, had been an in-patient at the hospital twice, and taken the usual tonic medicines—*Quinine, Iron, Cod-liver oil, &c.*—for several months without benefit. The joint was considered so bad that nothing short of excision was pronounced to be of any use; her health also was very bad; she had night-sweats, sickness, quick pulse, loss of appetite, and emaciation.

She was then put under homeopathic treatment consisting of *Arsenicum, Belladonna, Hepar, Calcarea carb.,* and *Phosphorus*, and in fourteen weeks her health was fairly good. But as the joint was not well she underwent a slight operation on it, and in a few months was well in every way.

*Case 4. Disease of Knee.*—A man aged 54 years; knee been bad four years, result of an injury; under allopathic treatment during that time without benefit, in spite of leeching, blistering, application of *Iodine, Belladonna,* and Mercurial plaster, and much physic. There was great pain in the joint on any movement. The knee measured two and a half inches in circumference more than the sound one. As the patient's health seemed good the case was treated simply as one arising from injury. *Arnica, Rhus,* and *Ruta* were in succession tried internally and externally without benefit. It was then ascertained that the mother of the patient died of cancer, his father suffered from rheumatism, and the patient himself had suffered from rheumatism, from constipation, highly-charged urine, flatulence, &c. *Phytolacca* was now given internally, and *Phytolacca ointment* applied externally. Subsequently *Graphites*, then *Lycopodium*, were his medicines, and in about eight months the knee was well and his health good.

*Case 5. Disease of the Wrist.*—A man aged 42 years; disease the result of severe injury; had been under allopathic treatment four months without benefit. Suppuration had taken place in the joint, and crepitation of the bones was plainly felt and dead bone discovered, and there was much pain in the joint on movement. On coming under homeopathic treatment the part was supported with a leathern splint and a lotion of *Silica* was applied, and the same medicine was given internally.

Following that, the part was gently rubbed daily with *Phytolacca* and *Olive oil*, and the cure was complete in about ten weeks.

*Case 6. Strumous Disease of the Ankle and Foot.*—A girl eight years of age had been under allopathic treatment for seven months, the latter part of the time as a patient in the hospital. The joint and foot were much enlarged, painful, and so diseased that amputation was pronounced needful. Her health, moreover, was very bad; she had night-sweats, loss of appetite, was very weak, and losing flesh rapidly.

As her parents would not consent to an operation in her very weak state, she was put under homeopathy, but without much hope of saving the foot. The medicines prescribed were *Sulphur*, *Calcarea carb.*, *Mezereum*, and *Phosphorus*, and a lotion of *Rue* was applied to the part the latter part of the time.

In about seven months the child was well in health, but there was still some swelling, and only a limited movement of the part was permissible, but she subsequently made a better recovery than could have been expected, and certainly better than by a loss of the foot. The parents of the child were so pleased with the result that, although they were artisans, they some years afterwards sent a furnished infant's cradle to the London Homeopathic Hospital, and only five years ago, when the girl had grown to womanhood, I called upon her and found her in perfect health, and the mother of three healthy children.

In addition to those cases I treated many others of a similar nature, and with equally satisfactory results. One in particular demands notice before concluding, from the fact that after surgery had done its best, and the offending member removed by amputation, a recurrence of the disease elsewhere took place.

A little girl about four years of age had disease in her left foot two years previously, and as the treatment failed to arrest the disease the foot was amputated, and after a short time she was *considered* well. The disease, however, had now attacked the left hand and fingers, and as it appeared likely soon to reach the wrist a local hospital surgeon and a London specialist were consulted, both of whom strongly advised the hand should be amputated. The parents of the child not consenting to

that procedure, she was put under homeopathic treatment. Without noticing the several bad points of the case, which is needless, after what the consultants had said, the medicines that were prescribed may, however, be noted—to wit, *Sulphur*, *Calcarea iodata*, *Silica*, and *Phytolacca*, in infinitesimal doses at varying intervals in succession, and a lotion of *Silica* and sometimes of *Phytolacca* applied to the part affected. After about six months of that treatment there was no vestige of the disease apparent, and when I saw her only a short time ago (eight years after the treatment) she was in perfect health locally and generally.

Were I now to submit, as I readily could, fresh evidence of a like nature, nothing by way of instruction in the treatment of other cases would be gained. There are points of resemblance and points of difference between the cases already submitted, just as there would be in new ones, both with regard to the cause and manifestation of the disease; no two would be precisely alike, and consequently no two would require the same treatment. The peculiar symptoms and totality of the symptoms of each individual case would have to be met by a drug the effect of which on healthy persons corresponded in appearance with the disease under consideration, and this is what really constitutes homeopathic treatment.

Further, in the evidence already submitted, there was no difference in opinion between the allopath and the homeopath with regard to the nature and extent of disease in the several cases; the only difference was in relation to *medical treatment*, and yet when I have put this evidence before my allopathic professional brethren, as I have been better able to do since I retired from practice, they have manifested an utter scepticism with regard to the same. Nor would they put the matter to proof, as I suggested, in any case coming under their care.

Hence the furtherance of homeopathy lies much more with the laity than the orthodox medical profession for some time to come, and it is for this purpose that I have now addressed the lay public, in an unprofessional manner; for they have much to learn with regard to the best treatment for most cases of (so called) surgical disease from the fact that they but little recognise the extent which general disease or constitutional disease has upon local

forms of disease, and therefore very often rush off for cures by the knife of the surgeon, which demand constitutional medical treatment necessarily involving more time for the restoration to health of the individual.

## CANCER OF THE BREAST.

By ROBERT T. COOPER, M.D.

*(Continued from vol. xxxvi. p. 541.)*

IN regard to the last case, a friend, at my instigation, wrote to the lady inquiring as to her state of health since my report appeared, and has had a reply in which no reference whatever is made to her fright-producing malady of former days; which affords me sufficient evidence that my old patient still lives, that she thinks little of the desperate cancer that had been condemned to operation, and that my opinion of her being quite as likely to die of bronchitis as of cancer is fully justified by the sequel so far, and that the treatment adopted of giving a single dose and letting it expend itself upon the disease, as Hahnemann insisted upon our doing in chronic disease, constituted a treatment that was far more humane and far more efficient than any form of operation could be for an old lady with cancer at seventy-eight years of age.

This, it may be said, is not curing cancer. No, it is not curing cancer, and no professions of the kind are made; but as certainly and unmistakably it is acting beneficially upon cancer, delaying its progress and removing the urgent danger of ulceration with which the old scirrhus mass was threatened.

We all know that a scirrhus mass in the breast may linger on for years without ulcerating, and this was a case in point; but we also know that if such a mass has existed for twenty years and then assumes, after a severe illness, inflammatory characteristics and threatens to break down, a condition of things exists in which either operation or natural remedial measures must be resorted to. The matter does not admit of hesitation: one or other course must be pursued. In such cases I most certainly plead for the adoption of well known curative principles that were enunciated long ago by Hahnemann.

The next (No. VIII.) case I have to bring forward is that of Mrs. J., aged 36, who for some three weeks had noticed a hard swelling close to the nipple of the left breast, and who had been condemned to be operated upon in the West London Hospital, whither she had gone for advice. There is a good deal of shooting, stabbing pain at times in the place.

On examining the breast I found a hard but small mass about the size of a marble, closely connected with the skin above the left nipple, the skin upon it being reddened and scabbing and threatening to break down, while the nipple was much retracted and slightly eczematous.

Below the breast and taking rise from its lower margin was a protruding pendulous mass of soft tissue, about the size of a turkey egg, apparently feebly organised and unencapsuled, which had grown up in this situation after she had been in the habit of carrying trays eight years back, and which had given her no inconvenience beyond its size, which increases perceptibly. This mass presented no signs of malignancy, while that in the breast had all the appearance of a veritable cancer, and as such had been diagnosed at the hospital.

The patient herself is cachetic-looking, dark-haired, inclined to lose flesh, m.p. irregular—too much or delaying—bowels regular, appetite poor.

First prescription for this case July 11, 1900, *Lobelia erin.*  $\phi$ A.

Report July 19th. Hardness in breast much smaller, and pendulous mass less in size, but patient feels very weak.

No medicine was now given till August 8th, when she complained that the scirrhus swelling had begun again to inflame during the last two days, though in herself felt much better. Dose of July 11th repeated.

After this went on getting stronger and better, though still without medicine, until on November 6th I repeated the dose of July 11th, the report being: Scirrhus much smaller, also the pendulous mass; the scabbing over skin came off yesterday.

November 20th. Place looking much better, but has some shootings in the breast. Again, original dose, and again on December 19, 1900; no medicine to follow.

On January 30th the report was a very good one, patient declaring she had not felt so well for three years;

the lower place had gone down one-half, and the hardness was hardly detectable in the upper swelling. Dose repeated.

This repetition of the dose does not seem to have been called for, for on February 13th she returned complaining that the *Lob. erin.* had caused much drawing in the breast, and at one spot discharge had taken place for three days; otherwise feeling strong and well. No medicine.

Steady improvement continued, and on March 13th dose was again repeated, to keep up the action of the remedy; and on May 8th, as she complained of indigestion and burning sensation round chest, stomach and between the shoulders a unit dose of *Pulsat. φ.* was given, and by the 19th of June she seemed almost well; the lower pendulous mass remained, but much smaller in size, and in the breast no hardness could be felt except that the skin above the breast was stiff and somewhat unyielding.

Everything looked as if the case were practically cured, but in October a slight attack of influenza set in, and when it had ceased, as it did without her taking medicine for it, I sent her to a dentist to have her mouth seen to, as a number of old stumps of teeth were keeping up a most undesirable condition of buccal sepsis.

The dental treatment seemed to upset the whole case; the patient became rapidly weaker, more anemic, her countenance drawn, and the scirrhus mass again came into prominence, and was even larger than it had been at first, though the lower soft place continued to decline in size.

On December 13th I gave *Scrophularia nodosa φA*, and after this the size of the nodule rapidly declined, and when seen, December 24th, it could not be felt, though the skin over its site had fallen in very noticeably. The lower mass was much smaller. The patient, too, felt strong and well, and in every way improved.

The pity is, of course, it is unjustifiable to label a case where such remarkable improvement took place *cured*, for we all know how liable cancer is to return; but again I must plead in this case, as in others, that the treatment was infinitely better than operation, and time alone can tell whether the improvement will last or not.

One point is to my mind established clearly enough: that if this patient is to be drugged by dentist or by



doctor a recrudescence of the old evil may most certainly be looked for; and with this lesson for those who think that "very real harm" is done by single doses I leave the case.

---

## MATERIA MEDICA MISCELLANY.

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

*Abdominal Tumour cured by Arsenicum.*—Dr. S. E. Chapman (Chicago) records the following interesting case: In November, 1896, he was called to treat Mrs. J. E. D. (full name and address given, and inquiry solicited), aged forty-eight, mother of four children, whom he found exceedingly emaciated and prostrated, with T. 104·5, P. 130, suffering from insatiable thirst for cold water, drinking little and often; great restlessness, all symptoms worse about midnight. He diagnosed an enormous left ovarian tumour. A hard globular tumour could easily be defined in the left ovarian region, about the size of a baby's head, and attached to this was a cyst that filled the abdomen to the proportions of a full-term pregnancy. She had previously been under allopathic physicians, who said that her only chance of recovery was an operation, and confessed that the likelihood of her living through it were about nil. Upon these data he determined upon *Arsenicum* as the indicated remedy, and gave it in the 200th, a powder every two hours. In forty-eight hours the temperature and pulse were about normal, and all the more pressing and urgent symptoms were allayed. She was then given *Sac. Lac.* till the symptoms again demanded the drug, of which one dose of the cm was given. In two weeks she sat up in an easy-chair, and in six months was completely cured, no sign of the tumour being detectable. Very little more medicine was given. For profuse weakening night-sweats in the third week *China* 200 (a few powders) was given, and then a few doses of *Sulphur* cm at intervals of several weeks.—*Med. Advance.*

*Some Remarks Concerning Silicea.*—Dr. Boesser, of Chemnitz, has an interesting article on *Silicea* in the *Zeitschrift des Berliner Vereins Hom. Aertzte* (July, 1901), from which the *Hahnemannian Monthly* culls the following remarks: Headache ascending from the nape

of the neck is found in no remedy as characteristically as in *Silicea*. It is a nervous headache, brought on by mental exertion. The pain is felt over the eyes; generally worse over the right eye. Aggravation results from noises, motion, or jarring. Amelioration from binding the head up warmly. This it has in common with *Magnesia mur.* and *Strontiana carb.* Sharp drawing pains rise from spine into head. At the height of the paroxysm there may be nausea and vomiting. Many other subjective disturbances are also found. After the attack there is transitory blindness. The remedies that are to be differentiated are *Menyanthes trifoliata*; *Paris quadrifolia*; *Gelsemium*; *Strontiana carb.* A certain similarity exists also with the headaches of *Spigelia*, *Sanguinaria*, and *Belladonna*. *Spigelia* is a sun-headache, and the left eye is most prominently affected. *Sanguinaria* has a headache originating in the occiput, but is not of a spinal nature. *Belladonna* does not affect the posterior region of the head characteristically. In character it is a congestive headache and is relieved by sitting up. A case of neuralgia of the tongue cured with *Silicea* 30th potency, by Dr. Baumann, is cited. The characteristic symptom present was a sensation of a thread or hair hanging from the base of the tongue down into the pharynx, inducing a troublesome and annoying irritation. She had also been a sufferer with typical *Silicea* headaches. The writer then mentions a case of insomnia, in which other remedies had failed, but on prescribing *Silicea* 30th potency, because of a tendency to spinal headache, the patient made a prompt recovery.

*Calcarea Carb. in Gallstones.*—Dr. L. P. Munger records the following cases: Mrs. P., thirty years old, mother of several children, had been suffering from gallstone colic for six months. She was of the blond type and inclined to be fleshy, had taken a great deal of allopathic medicine without relief, attacks came on regularly every Friday and gradually disappeared by Sunday evening; pains were almost continuous and left her a complete wreck, from which she would hardly recover by the next Friday, when the programme would be repeated; she perspired freely and easily, and mentally was of the emotional type. The acute attack seemed to call for *Belladonna*, which was given without any great relief. The stones found were of a greyish colour, and

about the size of a large grain of wheat, floated on water, and had a rough surface. *Calcarea* cm was given, and the next attack was two weeks later but about as hard as ever; the next attack was four weeks later; and a mild one eight weeks later ended the case. Since then she has been perfectly free from them, and only needed the services of a physician during a confinement, which was two years after the case was cured. *Calcarea* was given because the patient was of the *Calcarea* type.—Mr. G., a large man, large bones, tall and inclined to grow stout, had spent all his money and property trying to get cured of gallstone colic. He was now about fifty years old and had suffered for ten years. *Calcarea* entirely cured him and in five years he has not had a return of the trouble.—*Med. Advance*.

### VESICARIA.

IN a recent number of the *American Homeopathist* Editor Frank Kraft asked the question, "What is *Vesicaria communis*?" Messrs. Boericke and Tafel in their "Jottings," No. 5, reply:—

"There's no such thing, nor e'er has been, known to botany, but if you will carefully compare it with *Stigmata maydis* you may be surprised at the similarity. '*Vesicaria com.*,' 'mother tincture imported from Germany,' is evidently a fake name for *Stigmata maydis*, used for money-making purposes."

There is evidently a certain amount of "feeling" in this passage; and feeling does not conduce to scientific enlightenment. There is more substance in this:—

"To the Editor of 'The American Homeopathist.'

"Under caption 'Globules' you ask the question, 'What is *Vesicaria communis*, anyway?' I take it that you ask this question seriously, and, if you will allow me, I will give you some information that may possibly be of benefit to the profession.

"*Vesicaria shortii*, or *Lesquerella lescuri*, is a small plant of the genus *Cruciferae*, of the mustard family. It is only found in this country in a few places. The name, as applied by a certain firm, is of German origin, and means '*Vesicaria vulgaris*, or common vesicaria.' The term *Gemeines Blasenkraut* is the German term for the common bladder pod, so named on account of the resemblance of the pod to the shape of the bladder.

"Several years ago the writer furnished some of the pharmacies with this plant, obtained in this State (Tennessee), and he was censured by a certain firm, and the tinctures made from the plant were severely criticised, and the party went so far as to say, through their 'mouthpiece,' that these tinctures were compounds of several drugs, as they proved by analysis (?).

"The tinctures made from the plant, gathered under the writer's instructions, have proved very beneficial as a diuretic, and good results obtained in kidney and bladder diseases, gonorrhea, cystitis, and albuminuria.

"We have used this plant successfully in these diseases since 1890, and during this time have supplied nearly all of the homeopathic pharmacies with this drug.

"To study the plant more carefully and closely we obtained a specimen with description of habitat (in Germany), kind of soil, &c. We have also obtained the corresponding identification by Professor Frederick V. Coville, Botanist, Division of Botany, Department of Agriculture, U.S., Washington, D.C., and we have specimens in the national herbarium, and also Columbia College, N.Y., credited to the writer. We have been attacked several times, and all manner of hard things said about us, but we are sure of the true identification of the plant, and we have successfully answered all criticisms regarding this.

"We have made a careful study of vesicaria from a botanic, chemical, pharmaceutical, and therapeutic standpoint, and also of nearly all of the indigenous drugs used by our school (homeopathic).

"We have not only confined ourselves to the plants of this country, but have acclimated many of the foreign plants, which we grow under the same conditions that exist in their native locality.

"Allow me to say that, in fact, many drug plants that were supposed only to grow in foreign countries, we find growing plentifully here wild, and we take the position that many plants that are named as immigrants are doubtless as much at home as the aborigines.

"Fraternally yours,

"S. O. BARNES.

"Botanist and Chemist for the Botanic Drug Co.,

"Tullahoma, Tenn."

[To which we beg to add that a further communication was received from this same firm, enclosing the dried plant with addenda giving its various botanical and common names, its habitat, and so forth. So that we were made to feel that the *Vesicaria communis* was a reality. We have not yet had occasion to use it in any of the conditions for which it is prescribed or recommended by this firm.—*Ed. Amer. Hom.*]

## FOR THE *DICTIONARY*.

By DR. CLARKE.

ACCORDING to promise, I intend to give under the above heading observations on remedies which would have been included in the *Dictionary of Materia Medica* if they had appeared in time. I shall endeavour to give them, so that readers may be able to enter the gist of them in the margins of their copies of the *Dictionary*.

### GRANATUM.

Dr. Edward P. Colby, of Boston (*New Eng. Med. Gaz.*, November, 1900, xxxv. 521), observed that after taking *Granatum* or *Pelletierine* as a tænicide patients were *compelled to keep lying down* for one or two hours on account of *distressing vertigo*. Acting on this hint he gave *Granatum* with good results in cases of *persistent vertigo*. One of the patients had auditory phenomena well marked; one had slight tinnitus and diminished bony transmission. Two had symptoms of cerebellar disturbance. One had "symptoms of cerebral vascular trouble following surgical strain." The indication would appear to be: "persistent vertigo (with or without aural symptoms), > lying down."

### EUPHORBIA LATHYRIS.\*

#### ACCIDENTAL PROVINGS OF THE GOPHER PLANT.

By JOHN U. OBERG, M.D., Berkeley, California.

In the fall of 1895 a hunter found, to him unknown, seeds in the stomach of pigeons, of which he ate several kernels. They had a pleasant taste, like filbert nuts. Within an hour after eating he felt nausea and colic, and within another hour's time vomiting and purging set in, at first of the contents of the stomach and bowels, but afterwards of a copious supply of some white, transparent gelatinous mucus, which later on became strongly tinged with blood. The vomiting continued for about twenty-four hours, but the diarrhea kept on for several days, winding up with a pleasant laxative state of the bowels, lasting for weeks.

It is well to mention that he was habitually constipated and always took physic.

\* From the *Pacific Coast Journal of Homeopathy*, July, 1900 (viii. 155).

He experimented with the seeds on his two companions, and found that he could grade the effect, according to dose, from a pleasant laxative to a drastic purgation. From three to five seeds would relax the bowels, and from six to nine would cause a drastic purgation.

Thinking that he had made a grand medical discovery which would lead him to fame and fortune by a shorter route than by hunting, he desired to find out whence the seeds came. He therefore brought me a two-drachm vial full of the seeds, and requested me to tell him what they were. Not being acquainted with the seed, I simply planted them in the garden, hoping that time would solve the mystery. Up came several Gopher plants; but such plants already growing plentifully in the garden, I did not think the seeds planted had germinated.

CASE II.—September 11, 1897, I happened to crush a berry, or rather a pod, of the Gopher plant and found it contained three nut-like seeds, resembling those the hunter had given me in 1895. I forthwith commenced to gather some. My little girl, aged three years, and her companion, six months older, were playing in the garden. "Leona is picking such berries as you are picking, and she is eating them," said Julia. I hastened to take from them all they had gathered and tried to ascertain how many they had eaten. Leona said she had eaten two berries—that is, six seeds and two husks. Julia said she had eaten one—that is, three seeds and one husk—which I think was correct, from the symptoms following. Not knowing their effect nor their antidote, I simply gave them some sweet milk. It was about three o'clock when they ate the seeds. At about half-past three they commenced to hack and cough, the cough gradually increasing in severity until they whooped, wife thinking they had taken whooping-cough. About five o'clock regular paroxysms came on, ending in diarrhea and vomiting every fifteen minutes, with sleepiness between each paroxysm. About six o'clock the cases commenced to look serious. The vomited matter, as well as the stool and urine, was copious, of clear water intermingled with white, transparent, gelatinous, coagulated lumps. By eight o'clock the symptoms became alarming. The sleepiness was changed to coma. A death-like pallor spread over Leona's face. The body was bathed in cold

perspiration, which stood out like beads on the forehead. The breath was cold, with a musty odour. The heart became weak and fluttering. The medicines administered were evidently insufficient. Strength seemed to rapidly give way. I then gave her *Veratrum alb.* cm as the last hope, and sent for Dr. George Whitworth. He came about nine o'clock. In the meantime the case had become less serious. The coma had changed to a sleep, from which she could be aroused to consciousness. We, therefore, did not think it prudent to change the remedy. She only had two more paroxysms with vomiting and purging during the entire night, and she slept until eight o'clock in the morning, when she awakened quite bright and refreshed, though weak, saying, "Papa, me has been way! off on the tu-tu-car; I am back with papa and mama." I am sure I was glad she was with us still. The cough was gone. The vomiting was stopped. The stools became more and more natural, with a laxative state of the bowels lasting for weeks. On the evening of the next day a disagreeable erythema appeared on the face, gradually extending into the hairy parts, and from there spreading all over the body, taking eight days to make the journey. The eruption was glossy, rough and edematous, with burning and smarting, aggravated by touch and cold air, ameliorated by being in a close room and by sweet-oil application.

CASE III.—The morning after the poisoning I cleared the garden of Gopher plants. Toward evening my face began to sting and smart and burn when touched. There was a sensation as if cobwebs were stretched over it. On touching, it felt rough, as a nutmeg-grater, and left a smarting, burning sensation, aggravated by touch and cold air, relieved by warm air and application of olive oil. During the night I slept badly, with restlessness and anxious dreams. Coated, slimy, with acrid-tasting tongue; nausea and inclination to looseness of the bowels. The face was edematous and red; I could hardly open my eyes enough to see. Looked and felt as if I had been on a big spree. The end of the nose was very inflamed; was afraid the tissues would break down. The rough feeling to touch continued. Took a dose of *Rhus tox.* cm (Swan's) which relieved the disagreeable symptoms, but did not fully stay the onward march of the affection, for the eruption travelled over the entire body in eight



days, though scarcely perceptible except for the rough feeling and the fine, bran-like scaling of the skin some time afterward. The eruption was the same on both the children. *Rhus tox.* and sweet oil also relieved them.

CASE IV.—May 30, 1899, was called to see Mr. W. Y——, of Oakland, who, it was said, was suffering from a severe attack of erysipelas. I found him delirious, temperature  $104\frac{1}{2}^{\circ}$  in the axilla; face red, puffed, and in spots suppurating; pulse 120, full, bounding, but somewhat irregular; cough, nausea, vomiting, and diarrhea. Had been sick two days. I asked what he had been doing, and was told that the last thing he did was spading in the garden. On inquiry if there were any Gopher plants in the garden, was informed that he had just transplanted several and cleared out the remainder. Diagnosis: *Euphorbium lathyris* poisoning. Prognosis: Will be well in ten days. Prescription: *Rhus tox.*, cm (Swan's), two doses; anoint with olive oil over the entire body twice a day, and cover the suppurating spots with Fuller's earth.

Next day no fever, no swelling; was up and wanted to go to work, which I forbade.

CASE V.—Mrs. G——, Berkeley, May 6, 1899. Had had erysipelas in face a week ago; was now troubled with an eruption that was rough and scaly, which smarted and burned, and when scratched formed deep, rugged ulcers, of which she had several on the face and hands. Had been sick at the stomach; had cough, and the bowels were rather free. On inquiry, found she had been transplanting Gopher plants. Diagnosis: *Euphorbium lathyris* poisoning. Prescription: *Rhus tox.* cm (Swan's); apply sweet oil twice a day, and cover the ulcers with Fuller's earth.

Was well in two weeks, but the skin, where ulcerated, remained red for a month or two afterward.

CASE VI.—Berkeley, August, 1899. Mr. G. A. C—— was poisoned with this weed around the gluteal region, causing intense inflammation of the scrotum, resulting in deep, acrid ulcers, with intense itching and burning, made worse by touching the parts and from washing. By the use of *Rhus tox.*, *Graphites*, and *Nitric acid*, with protection of the parts by cotton wadding and Fuller's earth, it healed in two months.

## HISTORY OF THE PLANT FROM GOVERNMENTAL REPORTS.

The Botanical Department of the Bureau of Agriculture, Washington, D. C., who were gathering statistics of the poisonous plants of the United States, wrote me in regard to the poisoning of the children, and requested me to also send them a plant, which I did. In answer I received from Mr. V. K. Chestnut the following:—

"The plant in question is *Euphorbium lathyris*, commonly known as Myrtle Spurge, Mole plant, Gopher plant, Mole Weed, Wild Caper, Caper Bush, Wolfe Milk, Spring Wort. It is one of the large family of Spurges, of which the *Euphorbiaceæ* constitute the typical genus. It is represented in the United States by eighteen genera and over two hundred species, many being widely and abundantly distributed in the colder as well as in the hotter sections of the country, although more abundant in the latter. All contain the milky juice which is more or less acrid and irritating to the skin. A large portion of these plants belong to the *Euphorbia*, which is a genus characterised by its incomplete and inconspicuous flowers. Several of the latter are grouped together on a small receptacle surrounded by an involucre, sometimes showy, the whole having the appearance of a single flower. One flower from each involucre finally develops a three-celled and three-seeded fruit. The leaves assume very brilliant colours in some species, which are therefore cultivated for ornament. The Spurges maintain the general reputation of being a family of poisonous plants, the two of the most noted in this country being *Euphorbia lathyris* and *Euphorbia mariginata*. The latter is commonly known as 'snow on the mountains.'

"The poisonous properties of *Lathyris*: The fresh milky juice is exceedingly acrid, and the fruit is highly purgative and poisonous. Women and children are not infrequently poisoned by handling the plant and getting the juice on the face. Cattle are quite resistant to its influence, but are sometimes overcome. Goats will eat the plant if nothing better presents itself, and the milk partakes of all the venomous properties of the plant. The poison of *Euphorbium mariginat.* has thus far been known to reach the stomach through the medium of honey only, large quantities of fall honey being thus poisoned in localities where this plant is abundant.

"For further reports, see Bulletin 20, U. S. Department of Agriculture, Division Botany, 1898."

I have thus far gathered only accidental provings, not having the drug potentised and not caring to risk a voluntary proving of the crude drug on myself.

I will here mention that there seems to be quite a difference between the action of the fresh milky juice and the ripe fruit.

I have made a tincture of the whole plant, root, seeds, leaves, stem, flowers and all.

I have used the berries with much success in cholera morbus, but the disease is scarce in my part of the country.

I have no desire to have a case of snake-bite to treat, but will be tempted to try the drug when I get one. I think it will be of some value in whooping-cough, and possibly in pneumonia. The potentised drug will undoubtedly be an antidote to *Rhus tox.* poisoning.

We have no provings of any of the American varieties except *Euphorbia corollata*, which is in many respects similar to the action of *Euphorbium lathyris*, minus the mental and the skin symptoms.

The most extensively proved variety is *Euphorbium Africana-resinifera*.

Dr. Crawford informed us through the columns of one of our medical journals some time ago that the dwarfed black variety was used by the Indians as an antidote for snake-bites. In action it resembles *Ipecacuanha*, *Veratrum album*, *Carbo vegetabilis*, and *Crotalus horridus* poisonings, though I have thus far not seen icterus and hemorrhage follow its action, as it does in the snake poisonings.

[From the above I have arranged the symptoms as follows, for reference or addition.—J.H.C.]

#### SCHEMA.

1. MIND.—Coma.—On recovering from the coma the child said she had been a long "way off on the tu-tu-car," and was glad to be back.—Delirium.

5. NOSE.—Tip of nose was very much inflamed; was afraid the tissues would break down.

6. FACE.—Death-like pallor; beads of cold perspiration on forehead.—Erythema of face, stinging, smarting, burning; sensation as of cobwebs stretched on it.

8. MOUTH.—Breath cold, with a musty odour.—Coated, slimy, acrid-tasting tongue.

11. STOMACH.—Nausea and colic (within 1 h.).—Vomiting and purging (within 2 h.), first of contents of stomach and bowels, later of copious, white, transparent, gelatinous mucus, becoming still later strongly tinged with blood (vomiting lasted 24 h.).—Vomiting copious of clear water with white, transparent, gelatinous, coagulated lumps.

12. ABDOMEN.—Colic.

13. STOOL AND ANUS.—Purging (and vomiting) first of contents of bowels, later of copious, white, transparent, gelatinous mucus, becoming strongly tinged with blood; this kept on second day, and a pleasant laxative state of the bowels remained, lasting for weeks (in one who was habitually constipated and always took physic).—Laxative state of bowels lasting for weeks (in a child of three poisoned with seeds).

14. URINARY ORGANS.—Urine copious.

15. MALE SEXUAL ORGANS.—Intense inflammation of scrotum resulting in deep, acrid ulcers, with intense itching and burning < by touch and washing; under *Rhus*, *Graph.*, *Nat. ac.*, with Fuller's earth dressing, ulcers healed in two months (from contact with the weed).

17. RESPIRATORY ORGANS.—In half an hour commenced to bark and cough, the cough gradually increasing till it resembled whooping-cough; in two hours regular paroxysms came on ending in diarrhea and vomiting every fifteen minutes, with sleepiness between paroxysms.

19. HEART.—Heart weak and fluttering.

24. GENERALITIES.—Rapid failure of strength.—Milk of goats feeding on the plant is poisonous; honey is sometimes poisonous gathered in autumn when the plant is abundant.—Symptom < by touch; by cold: > by warmth; application of oil or Fuller's earth.—Antidotes: *Rhus*, *Graph.*, *Nat. ac.* [and probably *Ant. t.*, which antidotes *Croton*.—J. H. C.].

25. SKIN.—One evening after the poisoning, when all the symptoms had passed off, a disagreeable erythema appeared on the face and spread over whole body, taking eight days to make the journey; glossy, rough, edematous, with burning and smarting, < by touch and cold air, > in close room and by application of sweet oil (child).—After clearing out Gopher plants one morning, towards evening face began to sting and smart and burn when touched; rough as a nutmeg-grater; < cold air; > warm air and application of sweet oil; face edematous, almost closing eyes; *Rhus* cm (Swan) gave >, but the eruption travelled all over the body, causing feeling of roughness and fine, bran-like scaling (Dr. O.).—Face red, puffed, and in spots suppurating.—Erysipelas of face, rough and scaly, smarting and burning when scratched, forming deep, rugged ulcers; also on hands; well in two weeks under treatment, leaving red marks for months (from transplanting Gopher plants).

26.—Sleepiness developing into coma.—Sleepy between paroxysms of coughing and vomiting.

27. FEVER.—Fever; T. 104.5.—Body bathed in cold sweat, which stood in beads on forehead.

ERRATUM.—Under *Erigeron* in p. 711 of Vol. I., line 13, of CHARACTERISTICS, the first "<" should be ">." The passage should read: "Rest >; every movement < flow." The modality is correctly given in the Schema of the remedy.

## SOCIETY'S MEETING.

### BRITISH HOMEOPATHIC SOCIETY.

THE fourth meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, W.C., on Thursday, January 2nd—Dr. George Burford, President, being in the chair.

The following, having been duly nominated at the last meeting, were elected members: Arthur Avent, L.R.C.P., Handsworth; Henry Arthur Clifton Harris, L.R.C.P., London; Austin Edward Reynolds, M.R.C.S., Highgate.

#### SECTION OF MEDICINE AND PATHOLOGY.

Dr. John William Ellis, of Liverpool, read a paper on "Neurasthenia and its Treatment by Homeopathic Medication." In his most interesting paper Dr. Ellis said that *Picric acid* is the drug which most closely resembles the general symptomatology of the disease. It must not, however, be given too low. He has seen aggravation from the 3rd cent. potency; he recommends the 6th. *Oxalic acid* is more suitable in cases where pain and gastric symptoms are prominent. This drug he uses in the 3x potency. Where vertigo is prominent he uses *Phosphorus*, especially if there is pulsation in the head and sexual irritability. These with *Ac. phos.*, *Ferr. phos.*, and *Ferr. pic.* he considered the chief remedies. Beside these *Zinc oxide* and *Phosphide* and *Silica* are also useful, localised coldness being a useful characteristic of *Zinc*. For heart complications he mentioned *Cactus*, *Spigelia*, and *Glonoin* as being often useful, and for vertigo *Cocculus* 3x and 3. Where there is great muscular exhaustion with asthenopia and pain in the nape of the neck he recommends *Actea*. For troublesome insomnia he uses sedatives for a few days and then follows with a homeopathic drug.

The discussion was opened by Dr. Goldsbrough, who said that in this disease one had no pathological groundwork to go by. All hysterics are neurasthenic, but the converse does not hold good. He considers neurasthenia a condition of increased irritability of the nervous system with weakness of result. Hysteria is a distinctly mental state, and such symptoms must be eliminated before prescribing for neurasthenia. He agreed that *Picric acid* is

the most generally useful drug, but never uses it below the 12th cent., having seen aggravation from the 6th. He thought that *Picric* and *Phosphoric acid* cover the ground to the exclusion of *Oxalic acid*. Increased irritability is the indication for *Phos. acid*, which he uses in the 3rd and 6th cent. For the sensation of pulsation he recommends *Valerian* or *Digitalis*. *Valerian* 1x or 3x for pulsation from the pelvic organs into the head in women. *Digitalis* for pulsation in head. Where there is mental torpor *Zinc* is useful. *Anacardium*, *Aurum*, and *Argent. nit.* are also useful. *Anacardium* for cases where the patient is very self-conscious and for cases due to sexual irritability. For insomnia hypnotics are useful, especially small doses of *Kali brom.*, and when there is excessive mental activity, constant flow of thoughts, *Hyoscine*.

Dr. Dyce Brown said that in the stage of excitability *Acon.* and *Bell.* are useful, then *Actea* or *Gels.* In this stage the patient should be kept in bed. Later on *Picric acid* or *Ferrum pic.* or *Ign.* He never uses hypnotics, but prefers *Acon.*, *Bell.*, and *Actea*.

Dr. Byres Moir said that great harm was done by forcing such cases to take exercise. He thought *Kali brom.* was harmful in physiological doses because it produces a condition closely allied to the disease, and should be useful if applied homeopathically.

Mr. Dudley Wright spoke from his own personal experience of neurasthenia induced by excessive use of cigarettes. He emphasised the importance of rest in the early stage, and said that hypnotics aggravated, but *Acon.* and *Bell.* were useful in helping sleep.

Dr. Galley Blackley had found *Strych. phos.* 4x useful; also theobromine in shape of cocoa for insomnia.

Drs. Dudgeon, Roberson Day, Stonham, Jagielski, and the President also took part in the discussion.

---

## THE "TWENTIETH CENTURY FUND" FOR THE EXTENSION OF BRITISH HOMEOPATHY.

THIS movement is rapidly becoming a national one, and throughout Great Britain, and even beyond, the homeopathic members of the profession are actively responding to the call for organisation.

A "Grand Committee" is in process of formation,

consisting of professional men and laymen alike, who desire to be associated with the purpose and to aid in the establishment of this forward movement. Ladies of influence and position have also intimated their desire to co-operate; and the organisation of a Ladies' Branch may be one of the next details to be worked out.

A special pamphlet, descriptive of the necessity and purposes of the Fund, is now nearly ready for issue. It has been written by a well known and experienced homeopathic author, and will be, we expect, the textbook of our new movement. It will be circulated among the adherents of our cause, as well as those who desire for us the just recognition of our medico-political rights.

We shall give as early notice as is possible of a public meeting, to be held in London, of the friends and well-wishers of the scheme, when the general plan and purpose will be discussed, and the organisation submitted for approval. It is contemplated that both the professional and the lay side of homeopathy shall be adequately represented on the working committees; and with this conjoint force we may anticipate a thoroughly successful issue of the undertaking.

Subscriptions in aid of the Fund already amount to several hundred pounds, and we trust by placing a practical and eminently useful scheme before the friends of homeopathy, soon to receive the whole sum of ten thousand pounds, which is the desired amount of the Twentieth Century Fund.

---

## EXTRACT.

---

### THE CARE AND CURE OF SMALLPOX.

By H. M. BISHOP, M.D., Los Angeles, Cal.

THE knowledge and ability to cope successfully with disease marks the higher degree of attainment in the medical profession. As Hahnemann wisely said, the first and sole object of the physician is to cure the sick, and while all practitioners are jealous of the shibboleth, "*Cito tute et jucundo*," unfortunately in some of the direst diseases the therapeutics have been subordinated to the prophylaxis, and the patient has received scant consideration compared with the strenuous exertions put forth to protect the well. In no disease is this



more apparent than in the much and universally dreaded smallpox. Let it be rumoured that a case has appeared and a panic seizes the community; the locality is cut off from the rest of the world, and the victim is placed *incommunicado*, often conveyed to a pest-house in very deed, where the neglect, deprivation, and cruelty he undergoes is seldom known to the outside world.

At present there are two opinions extant regarding the medicinal treatment of smallpox. That which obtains among the great majority of practitioners may be summed up in the following quotation from a recent contributor to the "Cyclopedia of Medical Sciences": "There is unquestionably no curative treatment known to medical science for smallpox. The treatment is wholly symptomatic, and must be prescribed with a view of palliating the severity of the symptoms. The idea of a former generation, that medicine could cut short the course of the malady, has very properly been abandoned." In contradistinction to this assertion, Dr. Granger of St. Louis, many years ago, stated that he had employed both *Variolin* and *Vaccinin* extensively as remedies in variola, and with excellent results. He informs us that under the use of them the pustules shrink away before arriving at maturity, and that the severity and duration of the disease is much diminished. Here you have diametrically opposite opinions by earnest physicians of wide experience regarding the curability of the most contagious, loathsome, and malignant disease known to humanity. Consider the bearing of the decision of this most vital question on the community, state, and nation. If every case of variola vera must run its allotted course with no power to stay the malignancy of its full-fledged development, if a doleful expectancy is all the encouragement that twentieth-century medical art and science can afford, no wonder that the cry of smallpox should be panic-breeding, and that its "stamping out" should require so much time, such an expenditure of public money, such a disturbance and stagnation in commerce and travel, to say naught of the mortality. But if, in the searching progress and evolution of the healing art, a reliable remedy has been developed that stands the crucial test of years of repeated trial in controlling, curing, and abbreviating all forms of this terrible disease, and if the continued use of it in the hands of its advocates induces them to grow more sanguine and enthusiastic over its success—so much so that they appeal for opportunities the most decisive to prove and confirm their claims—does it not become a matter of such worldwide interest and overruling importance as to rise above school, sect, or prejudice of any kind? A positive demonstrable fact must supersede all negative speculations.

Such a remedy does exist! It is *Variolinum*!

*Variolinum* in the incubative stage, when a person has been exposed to the contagion; *Variolinum* in the initial fever, 3 to 5 grains of the third trituration every two hours; *Variolinum* in the eruptive stage, papular, vesicular or pustular; and I was about to say *Variolinum* in the stage of secondary or suppurative fever; but, thank God, if the *Variolinum* is given in the commencement and continued, your patient will be convalescent by the time the suppurative stage is due. I never yet, through considerable experience with the disease in upwards of a quarter of a century, have seen a case whose progress in development was not arrested by the time the *Variolinum* had been given four or five days. The majority of my cases were not seen until the significant eruption had appeared. In several, however, I had the good luck to recognise the disease in its incipency, where the *Variolinum* absolutely prevented any eruption, and where of course it might be argued that I had erred in my diagnosis; but they were cases where exposure to the disease had occurred, and where in due time the characteristic chill, fever, backache, headache, gastric distress and nausea ensued in such a manner as to impress any one at all familiar with the onset of the disease.

A man called at my office in the chilly stage of fever, having the aspect of one severely ill. He complained bitterly of a distressing ache in the lumbar region, and of great nausea and headache. On inquiry I learned that he was a general sewing-machine agent, and had been introducing his machines in the surrounding manufacturing villages where variola had been prevailing. I felt sure that he was coming down with the disease, and sent him to his room, which was on the top floor of a boarding-house in the centre of the city, opposite the post-office. I prescribed *Variolinum* every two hours, taking a dose myself, and gave such other remedies as the various symptoms indicated. For three days the fever raged. On the evening of the third day a most profuse papular eruption appeared, accompanied with a subsidence of the fever. At this juncture I reported the case to the health officer, a physician of extensive experience in the old school. He visited the patient with me, and after carefully examining the case, and feeling the shot-like hardness of the papillæ, so unlike any other eruption, he unhesitatingly pronounced it a severe type of smallpox. The next day he called with me again, and we found the eruption assuming the vesicular form, so that the merest tyro in diagnosis could have named the disease. He then said that he had been fixing up the pest-house, and would be ready on the morrow to take the patient thither. Now it was midwinter, the ground was covered with melting snow and

ice, and the so-called "pest-house" was several miles away, a barn-like structure that could not be made comfortably habitable even for well people. I therefore strongly objected to the contemplated change, fearing a complication of pneumonia. My protest was overruled, and the next morning an improvised ambulance, with helpers, arrived in front of my patient's abode. When the health officer entered the room, the astonished look on his countenance was only equalled by the change that had come over the aspect of my patient, for the eruption on the latter had ceased to develop, and was shrinking away. He was not carried to the pest-house, but in a few days was up and around. This was no case of varioloid, but a most pronounced case of *variola vera*, with the eruption as thick as possible without being confluent, and no symptom lacking to make a complete picture of this formidable disease, up to the fifth day of its development, when it suddenly receded under the use of the *Variolinum*.

In a former paper I cited a confluent case in the wife of a prominent merchant of Norwich, Conn., where the dermal swelling had already closed the eyes and submerged the other facial features when the health officer arrived to inspect the case. He told the husband it was one of the worst forms of the disease, and with an ominous shake of his head prophesied dire occurrences on the ninth day. On the ninth day, however, she was convalescing, had no secondary fever, and no scarring of the face.

In the epidemic that created so much consternation in Los Angeles two years ago, I was called to see a case decidedly confluent in a child of three years. It was the fifth day of the disease and the second of the eruption, and the little patient was sleeping in the same bed with his mother, who was in the seventh month of pregnancy; moreover, none of the family had ever been vaccinated. The officials of the Health Department who examined the case tabulated it as among the probable fatal ones, and such a prognosis would naturally be supported by any expert ignorant of the saving grace of *Variolinum*, the mortality even in *variola vera* in children of such tender years being computed at 90 per cent., and this case, as I have said, was pronouncedly confluent. I, therefore, consider this one of the severest tests of the many cases in which I have used the remedy, with never a disappointment. Remember the case was an infant, unvaccinated, with confluent smallpox, and that I did not begin with the *Variolinum* until the evening of the fifth day of attack. I was fortunate in having a good, reliable, intelligent nurse, who had passed through the disease herself, and had nursed many cases. After the remedy had been given four days she said to me,

“Why, Doctor, I never saw a case act like this; the pocks have ceased to develop and he is getting well.” Her astonishment was great, for she had told her husband the patient must die. I made twelve visits and left the patient convalescent, and he has remained well and robust. In due time I attended the mother, who had a normal labour and healthy baby. The mother and father were both given the *Variolinum* as a prophylactic. I am sorry to say that the father was not particular in taking it, and in a week after the recovery of his little son, came down with an attack of the confluent form, threatening the hæmorrhagic variety. He was of a full plethoric habit and sanguine temperament, developing high fever and delirium; but *Variolinum* rescued him, notwithstanding he had an adverse nurse who was not punctual with the remedy, and who was constantly urging him to take cold baths and other heroic procedures of old-school régime. This case was associated with a prodromal attack of morbilli. For several days he had the introductory catarrhal symptoms of eyes and nose, with rattling cough, followed in due course by the crescentic eruption of measles; and, as these were fading with the decline of associated fever, the variola confluens manifested itself with surprising suddenness.

Just here I desire to say a word concerning the diagnosis of smallpox—a subject second to none in importance in the whole range of practical medicine. When the disease develops regularly, nothing is more easy to diagnose after the eruption has been out twenty-four hours; but in the abnormal, irregular, and mixed forms, the most astute diagnostician will become nonplussed, however much he may assume to the contrary. When we consider the possible complications, now admitted, with scarlatina, rubeola, erysipelas, diphtheria, and purpura, and that the disease may even exist free from all eruption whatsoever—the *variola sine exanthem* of the old nosologists—when the physician is unexpectedly confronted with one of these obscure varieties, then, indeed, does he need all the circumspection, care, and deliberation which he can command; for it is very humiliating in the eyes of observers to name the disease measles, only to change it the next day to scarlet fever, and the day following to admit that it is smallpox.

Now, it is utterly impossible, in some cases, to positively recognise this malady for several days. Of course, we can guess closer when an epidemic is prevailing, unless the epidemic itself is so phased by some pandemic influence of the earth's atmosphere, which, like variations of the magnetic needle, disconcert all fixed ideas. Such would seem to be the only explanation of recent unedifying wrangles in different parts of the country between men of equal intelligence and scientific

attainments. It is these very uncertain cases of smallpox, which, like the didn't-know-it-was-loaded gun, produce the most widespread mischief.

Under the present *régime* there will continue to be prejudice, opposition, extravagance, turmoil, and conflict. There is not a united family in the land who will complacently submit to the transportation of one of its members to a Receiving and Smallpox Hospital, as long as any doubt exists as to the diagnosis, for it is known that the disease not unfrequently has been contracted by so doing. The dread of the disease and its environments is universal, shared alike by profession and laity. The lack of confidence in medicine to control or cure it has been the prime factor in the deplorable panics that accompany it.

The much-vaunted vaccination has had little effect in pacifying this fear, for we find among those who have been vaccinated the earliest and most often, some who will cross a street or go around a block to avoid passing a suspected house. There have been too many deaths from smallpox in those repeatedly vaccinated by the most approved of modern methods, to uphold it as a reliable or invariable safeguard.

When inoculation of the smallpox itself was introduced into Europe and America from the Orient, it was urged with all the prestige that authority and power could supply, up to the very point of compulsion.

What sane person now advocates it? Jenner's announcement of vaccination came in the nick of time, to save the race from an interminable conflict. And now, for a hundred years, vaccination has had a fair trial under the egis of Government patronage to the fullest extent possible. Conceding all reasonable claims to its influence in modifying the disease, it has proved disappointing too often to hold the confidence of the searching intelligence of the twentieth century, especially when there is presented a substitute which only asks for a fair field to demonstrate its superiority in the management of smallpox and all the harassments that pertain thereto.

---

LECITHINE IN TUBERCULOSIS.—Claude and Zaky (*Presse Méd.*, September 28, 1901) have used Lecithine in tuberculosis, and have found that it produces marked improvement in nutrition, the appetite increases, the spirits improve, and the whole bodily condition is ameliorated. Locally, the lesions are but slowly affected, but the general improvement is so great that the local condition must at least be held in check. Owing to its action in causing an immediate decrease in the excretion of the phosphates, and its effect on the nutrition, Lecithine should prove a valuable addition to the means available for combating tuberculosis.—*Brit. Med. Jour.*

## REVIEWS.

## FORESTRY.\*

THOSE who have known Dr. Cooper intimately for any length of time have recognised in him a high priest of the very ancient cult of tree-worshippers. Whilst the race for wealth has carried the thoughts and energies of men to the ends of the earth in search of gold and hidden treasures, Cooper has seen, in his native island more particularly, but also in all the world besides, ruthless and senseless destruction of treasures, infinitely more precious than gold, that might be gathered in abundance almost at our very doors. We are all very proud of our "Bright little, tight little" islands, and not without some cause. But the war experiences of the last few years have caused the question to be asked—What would happen if our "Bright little, tight little islands" were cut off from the rest of the world, and left to their own resources?

As steam-engines and calico and coal are not edible, and as we are dependent on other countries for the great bulk of our foodstuffs famine would soon be the result. This ought not to be. Our population is not so thick on the ground but that there should be ground enough to support it if the wealth of the land were properly conserved and turned to good account. To bring this about, though private ownership may do much, nothing short of a national awakening will be of any avail in arresting the wanton destruction of the country's wealth and health that is going on in the reckless cutting down of timber where trees are most wanted. It must be remembered that nothing in nature serves one function only. Trees are beautiful to look upon: but they are also fulfilling many other ends at the same time. "A middle-sized oak," says Dr. Cooper, "is said to lift 120 tons or more of water during the time it is in leaf, and to add in that period twice its own weight of material to the soil; so that you can easily see how gradually, imperceptibly, and yet how efficiently provision is made in nature for man's wants, and how the productiveness of the country can be increased by a proper system of arboriculture." A proper

\* *Forestry in Ireland*. By Robert T. Cooper, M.A., M.D. Dublin The Official Guide, Ltd., 23, Bachelor's Walk. Pp. 72.

proportion of forest is necessary to regulate the climate, and to secure the proper distribution and purification of the rainfall. Dr. Cooper's pamphlet shows how in Ireland and elsewhere the neglect of forestry has led to the destitution and depopulation of whole country-sides, and how it is steadily bringing about the deterioration of vast areas of the earth's surface.

It was time some one spoke. The new Imperialism has apparently come to stay. If it means mere "land-grabbing," so much the worse for the world. If, on the contrary, it means a due sense of responsibility with regard to the countries coming under British influence, and a steady determination to conserve the natural treasures of lands we inherit and administer, an example to the world may come out of it. To bring this about needs intelligence in the central executive and enthusiasm and devotion on the part of the instruments selected for carrying out the national aspirations.

Dr. Cooper has done a notable service in collecting and reprinting in pamphlet form the lectures and addresses he has delivered on this important subject on various occasions, together with contributions to current literature. The pamphlet is of enthralling interest throughout, besides being full of instruction. It ought to be in the hands of every person who is capable of reading it, from the king on the throne downwards. Before man appeared on the earth Nature took care of herself in more or less effective fashion. Now that man has interfered it is for man's intelligence to improve nature, not to destroy. Man can take all he needs of Nature's gifts, and yet leave behind him greater abundance than he found. But if man treats Nature unfairly, sooner or later Nature must take her revenge.

---

#### PHYSICIAN'S DIARY AND CASE BOOK, 1902.\*

THIS well-known annual visitor, which we have had occasion to notice favourably for many years past, is this year better than ever. The paper is of the very best, and a somewhat closer ruling gives room for more matter on each page. The Almanac and general information pages give in accessible form points of general knowledge for which reference is always being wanted.

\* *The Physician's Diary and Case Book for 1902.* London: Keene & Ashwell, Ltd., 74, New Bond Street, W.



## ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

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

### "NATURE CURE"—TWO REPLIES.

To the Editor of THE HOMEOPATHIC WORLD.

DEAR SIR,—In reference to the query respecting "Nature Cure" in this month's HOMEOPATHIC WORLD, I have pleasure in informing your correspondent that he can obtain the fullest information upon the subject from Mr. Bernarr Macfadden, 110, Strand, W.C. I believe that this gentleman is practically the originator of the system of "Nature Cure"; and I am given to understand that he has accomplished, solely by that means, complete cures of cancer, consumption, rheumatism, and other diseases.

I remain, dear sir, Yours truly,

23, Deane Road, Liverpool.

L. WADE.

January 9, 1902.

To the Editor of THE HOMEOPATHIC WORLD.

DEAR SIR,—In case no one else gives the information asked for, I beg to say your correspondent appears to mean *A System of Hygienic Medicine*, by T. R. Allinson, L.R.C.P., &c., being a system of treatment almost entirely without drugs. The book is published at 1s. by F. Pitman. The same author has published *Medical Essays*, at the same price (H. Renshaw), reprinted from the *Weekly Times and Echo*.

Yours very respectfully,

FERRUM.

*ÆTHIOPS ANTIMONIALIS* AND *SULPHUR AURATUM ANTIMONII*.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—Where is any account to be seen *re* *Æthiops antimonialis* and *Sulphur auratum antimonii* (mentioned by Dr. Goullon in this month's HOMEOPATHIC WORLD)? Is there any proving of the medicines or more clinical indications than those mentioned by Dr. Goullon?

Yours truly,

Pendennis, Northampton.

A. C. CLIFTON.

January 22, 1902.

[An account of both is given in the *Dictionary of Materia Medica*. *Æthiops antimonialis* is unproved. There is a proving of *Ant. sul. aur.* by Meyerhofer and Bæcker, and in the Schema are found: "Increased secretion of tough mucus in bronchia and larynx"; "respiration difficult"; and many symptoms of bronchial irritation. The *Dictionary* gives "dry, hard cough, no expectoration," which is

taken from Hering, and is probably like Goullon's "sore from coughing," a clinical symptom. We advise our readers to make a note of this last in their repertories and materia medicas. We can answer for *Æthiops ant.* that it is in the first rank of skin remedies, answering well to the indications given, although it is unproved.—Ed. H. W.]

ADOLPHUS NERY DE VASCONCELLOZ, of Lisbon, asks: What is the remedy called *Scirrhinum* in the last edition of the *Prescriber*?

[*Scirrhinum* is a nosode prepared from scirrhus cancer. *Carcinomin* is another name which has been given to it.—Ed. H. W.]

CYDONIA VULGARIS.—NOT IN THE DICTIONARY.

To the Editor of THE HOMEOPATHIC WORLD.

DEAR SIR,—An old client of ours, whose letter we enclose, asks us if we can give him particulars of the uses of *Cydonia vulgaris* (Quince). The only reference we can find of it is in Leonard & Christy's *Dictionary of Materia Medica*, but if there has been any homeopathic proving of it we should esteem it a favour if you would let us know, as our client is an homeopath of many years standing.

We have taken four sets of your *Materia Medica*, and we are glad to inform you our clients are highly pleased with the work, but we do not see *Cydonia* mentioned.

We are, dear sir, Yours obediently,

WATSON & WATES, per E. BISHOP.

93, Leadenhall Street, London, E.C.

January 17, 1902.

[We do not know of any experience with *Cydonia* in homeopathic practice. Gerarde says of quinces: (1) "That they are cold and dry, and very much binding. (2) They strengthen the stomach, stay vomiting, stop lasks (diarrheas), and also the bloody flux. (3) They are good for those that spit or vomit blood, and for women also that have too great plenty of their monthly courses." (4) Gerarde quotes an opinion of Simeon Sethi to the effect that pregnant women who eat many quinces "shall bring forth wise children and of good understanding." (5) "The Marmalad or Cotoniad made of quinces and sugar is good and profitable to strengthen the stomach that it may retain and keep the meat therein until it be properly digested. It also stayeth all kinds of fluxes both of the belly and other parts, and also of blood." The *Treasury of Botany* says: "The Portugal Quince is considered the best, though it does not bear so abundantly as the more common apple or pear-shaped varieties. All the varieties have a strong odour, with an austere flavour, so that they are unfit for eating raw; but the fruit is much esteemed along with apples in pies and tarts, and in confectionery it forms an excellent marmalade and syrup. Indeed the name of marmalade is said to be derived from Marmelo, the Portuguese name of the Quince. The plants are much used as stocks for pear-trees, especially where intended to be kept dwarfs."—Ed. H. W.]

## NOTIFICATION.

---

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

DR. CHALMERS, *Bexhill-on-Sea*.—Dr. Andrew C. Chalmers, late of Sheffield, has removed to "Stratheden," Cantelupe Road, Bexhill-on-Sea.

---

## Obituary.

---

### DR. THÉOPHILE VANDEN HEUVEL.

AT the early age of fifty-seven our *confrère* and sometime contributor, Dr. Vanden Heuvel, late of Kimberley, South Africa, passed away on January 2nd, after a long illness, at Lille, France, in the midst of his family, to whom he had returned on a visit after many years of absence. Vanden Heuvel was no ordinary practitioner: he was an acute observer, a capable writer, and a homeopathist who had in him true therapeutic genius and a real grip of the law of similars. Those of our readers whose acquaintance with the *WORLD* goes back so far will remember the philosophical papers on the Dose question which he contributed to our pages in 1890. Since his return to Europe he joined Dr. Lardinoir in starting *Le Medecin Homœopathe*, to which he contributed the introductory article, every succeeding number also containing articles from his pen. The long period of active practice in Kimberley without a break, culminating in the terrible experiences of the siege, put a serious strain on his powers. As soon as the siege was over he came to Europe, and when in London called upon the editor of this journal. A very pleasant acquaintance then formed was renewed in Paris at the Congress last year, when it appeared that Dr. Vanden Heuvel (though he certainly did show signs of needing a rest) might have many years of usefulness before him. Indeed he spoke of a pressing invitation he had received to settle in Johannesburg when the troubles should be over, an invitation which he had then some thoughts of possibly accepting. This, unhappily, was not to be.

On July 7, 1890, Dr. Kitching passed away in England. Thus within eighteen months the two pioneers who for many years (Dr. Kitching had practised in Cape Town for thirty years and died at the age of seventy-one) divided the homeopathic practice of South Africa between them have joined the majority. May the New South Africa that is to be find many worthy successors to carry on their work. Dr. Vanden Heuvel was unmarried.

---

DR. FRANCIS EDMUND BOERICKE.

DR. FRANCIS EDMUND BOERICKE, a prominent homeopathic pharmacist, died on Tuesday, December 17, 1901, at his residence at 6386 Drexel Road, Overbrook, aged 75 years. He had been an invalid for the last fifteen years.

Born in Glauchan, Saxony, in 1826, Francis Edmund Boericke went to America during the Revolution of 1848, and made his home in Philadelphia. His father was a prominent manufacturer and exporter of woollen goods in Glauchan. Soon after his arrival in Philadelphia the young man obtained a position as book-keeper with Plata, at Fourth and Chestnut Streets, a well-known dry goods merchant and the Saxon Consul. Following this he became a partner in Andre's music store in Chestnut Street. In 1852 he joined the Church of the New Jerusalem and opened a store where religious books were sold in Sixth Street, below Chestnut. A year later he was induced by Dr. Constantine Hering to turn his attention to the preparation of homeopathic medicines, and by his proficiency and industry soon gathered the confidence of leading homeopathists in the country. In 1854 he married Miss Eliza Tafel, and in 1869 associated with himself in the pharmacy business as a partner Adolph Tafel, his brother-in-law, who had retired from the Civil War with the rank of major.

Dr. Boericke was graduated from the Hahnemann College in 1863. He received a scholarship and delivered lectures on pharmacy for some time. In 1864 he added to his business an establishment for publishing homeopathic works, and soon enlarged his trade by establishing branches throughout the country. In 1895 Major Tafel died, and after that the firm consisted of Dr. F. A. Boericke and Adolph L. Tafel, sons of the original members.

Dr. Boericke is survived by his widow and nine children.

## DR. VICTOR CHANCEREL.

WE learn with great regret that Paris has lost one of its prominent homeopaths in the person of Dr. Victor Chancerel *père*, of 50, Rue la Bruyère. Dr. Chancerel had been forty-three years in practice. He was the founder of the Hahnemann Hospital in Paris, and with the late Dr. Léon Simon and Dr. Boyer *père* formed the original chiefs of the staff of that institution (*Revue Homœopathique Française*, December, 1901).

## M. LEON KIRN.

THE *Rev. Hom. Française* of December also announces the death of the well-known Paris homeopathic pharmacien, M. Leon Kirn, who succeeded "Catellan Frères," and carried on business at 21, Boulevard Haussmann.

## GENERAL CORRESPONDENCE.

## REMEDIES FOR PATCHED TONGUE.

DEAR DOCTOR CLARKE,—In answer to your correspondent, and in addition to the remedies you give for mapped or patched tongue, I would add *Oxal. ac.*, *Hippm.*, *Raph.*, *Lach.*, *Lyc.*, *Nit. ac.*

It has been my experience that the cases presenting such peculiarities have some latent or suppressed trouble, which *Meddorrh.* or *Syphil.*, a few doses in the higher potencies at intervals of a week, will develop or cause a train of symptoms that will indicate the treatment. I have a patient (eight years old) that shows a mapped tongue occasionally that a dose of *Syphil. cm* will clear up for three months.

Yours truly,

B. G. CLARK.

162, West 122nd Street, New York.

Dec. 14, 1901.

*To the Editor of THE HOMEOPATHIC WORLD.*

SIR,—Will you give me space to thank those homeopathic friends who have so quickly and generously responded to my appeal for books for Colchester Public Library?

Yours truly,  
E. J. FROST.

162, Military Road, Colchester.  
Dec. 18, 1901.

---

## LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

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

---

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

- |   |  |
|---|--|
| <p><b>Ballance</b> (Charles A.) and <b>Stewart</b> (Purves). <i>The Healing of the Nerves</i>. Illust. by 16 Plates, and one Figure in the Text. 4to, pp 124. (Macmillan. Net, 12s. 6d.)</p> <p><b>Brunton</b> (Sir Lauder). <i>On Disorders of Assimilation, Digestion, &amp;c.</i> 8vo, pp. 516. (Macmillan. Net, 10s. 6d.)</p> <p><b>Clarke</b> (John H.). <i>A Dictionary of Practical Materia Medica in Two Volumes. Vol. I.—A to H. Vol. II. (in two parts)—I to Z.</i> Super roy. 8vo, pp. 2564. Half-mor., £3 12s. 6d. net; or buckram, £3 3s. net. (The Homeopathic Publishing Co.)</p> <p><b>Davidson</b> (Andrew). <i>Syllabus to Lectures to Nurses.</i> Cr. 8vo, pp. 104. (Scientific Press. 1s.)</p> <p><b>Fenwick</b> (Bedford). <i>The Nursing of Patients Suffering from Diseases of the Chest.</i> Cr. 8vo., pp. 128. ("Nursing Record." 5s.)</p> <p><b>First Aid to the Injured: Emergency Book.</b> For Instantaneous Reference. (Simpkin. Adv. to net, 3s. 6d.)</p> <p><b>Isenthal</b> (A. W.) and <b>Ward</b> (H. Snowden). <i>Practical Radiography.</i> A</p> | <p><i>Handbook for Physicians, Surgeons, and other Users of the X-rays.</i> 8vo, pp. 198. (Dawbarn and Ward. Net, 6s.)</p> <p><b>Jellet</b> (Henry). <i>A Short Practice of Midwifery for Nurses, Embodying the Treatment Adopted in the Rotunda Hospital, Dublin. Being a Revised and Simplified ed. for the Use of Midwifery Nurses of the 3rd ed. of "A Short Practice of Midwifery" by the same Author. With 67 Illusts. and an Appendix.</i> Cr. 8vo, pp. 362. (Churchill. 6s.)</p> <p><b>Lehman</b> (K. B.) and <b>Neumann</b> (R. O.). <i>Atlas and Principles of Bacteriology and Text-Book of Special Bacteriologic Diagnosis. Authorised Translation from the 2nd enlarged and revised German ed. 2 vols.</i> Cr. 8vo, pp. 512, and Plates. (Saunders. Net, 21s.)</p> <p><b>Lockwood</b> (George Roe). <i>A Manual of the Practice of Medicine.</i> 2nd ed., revised. Roy. 8vo, pp. 848. (Saunders. Net, 17s.)</p> |
|---|--|

## TO CONTRIBUTORS AND CORRESPONDENTS.

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

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

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

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

### CORRESPONDENTS.

Dr. Dudgeon, London.—Dr. Cooper, London.—Dr. B. G. Clark, New York.—Messrs. Otis Clapp & Sons, Boston, U.S.—Dr. Heath, London.—Messrs. Boericke & Tafel, Philadelphia.—Mr. Frost, Colchester.—Ferrum.—Dr. Clifton, Northampton.—Dr. Burford, London.—Mr. F. Kopp, Greenwich, N.S.W.

### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Revist. Hom.—Calcutta J. of Med.—Med. Times.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica.—Maanedsk. f. H.—H. Maandblad.—La Homeopatia.—Hom. Envoy.—Hom. News.—Personal Rights.—Med. Century.—Rev. Hom. Française.—Hom. Recorder.—Wjestnik H. Med.—N. A. J. of H.—Clinique.—New Eng. Med. Gaz.—L'Art

Médical.—Amer. Med. Mon.—Minn. H. Mag.—Amer. Hom.—J. of Homeopathics.—Tasmanian Hom. Jour.—H. J. of Obst.—Revista Homeo. Catalana.—Zeit. Berl. v. H. A.—Psycho-Therapeutic Journal.—Melbourne Argus.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Ind. Hom. Rev.—The Moslem Chronicle.—Hahn. Adv.—Leip. pop. Z. f. H.—Ind. Hom. Rev.—Med. Advance.—The Gloucester Diary. The Homeopathic Pharmacopeia of the United States.—Keene & Ashwell's Diary and Case-Book.—Text-Book of Gynecology. By Dr. James C. Wood.

## The Homeopathic World.

### CONTENTS OF JAN. NUMBER.

#### LEADING ARTICLE.

An Awakening.

#### NEWS AND NOTES.

#### ORIGINAL COMMUNICATIONS.

Interesting Cases from Twenty-five Years' Practice. By Oscar Hansen, M.D.

Materia Medica Miscellany. By J.R.P. Lambert, M.D.

Cases I Have Come Across. By Frederick Kopp, Greenwich, N.S.W.

#### SOCIETY'S MEETING.

British Homeopathic Society.

#### INSTITUTIONS.

The "Twentieth Century Fund" for the Extension of British Homeopathy.

Birmingham's Homeopathic Hospital.

#### EXTRACTS.

Tips for Allopaths who Really Want to Know.

Poisoning from Belladonna Plaster.

The Violet Cure for Cancer.

Phytolacca Root Poisoning.

Poisoning by Boracic Acid.

Poisoning with Oleander.

Irish Arboricultural Society.

A Healing Stream.

#### REVIEWS.

A Dictionary of Practical Materia Medica. Vol. II.

Electricity in Medicine and Surgery.

The Origin and Nature of Matter and Force and Life and Mind.

#### ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

#### GENERAL CORRESPONDENCE.

#### VARIETIES.

#### MEDICAL AND SURGICAL WORKS.

#### TO CONTRIBUTORS & CORRESPONDENTS.



# THE HOMEOPATHIC WORLD.

---

MARCH 1, 1902.

---

## THE APPEAL TO CÆSAR.

THE warm response that has greeted Dr. BURFORD's suggestion to endow the fighting force of homeopathy cannot fail to have given intense satisfaction to its originator. On all sides ardent homeopaths have come forward eager to join this new "Army League" of therapeutics; and the impetus is certain to be enhanced by the appearance in full of the remarkable address in which the idea was first promulgated to the British Homeopathic Society. It is to be found in the January number of the Society's *Journal*.

Taken on its own merits, this address is a notable performance. It stands at the parting of the ways; it sums up the therapeutic movement in the centuries gone by, and sheds light on the path of the future. In Dr. BURFORD we have a rare combination of the deep thinker and the energetic man of action. He is by no means content to leave the evolution of therapeutics to empty hopes and windy aspirations. There is something to be *done*, and his chief merit lies in his pointing out what may be done and what ought to be done.

The first step to be taken in any movement is to secure the sinews of war; hence the proposal, in the first place, is to raise a fund "for the extension of homeopathy." It is wise to leave the terms of the proposal general in the first instance, the precise methods being left for maturing

later on. But there are some principles which it will be well for those who are most active in directing the movement to bear in mind.

The great difficulty encountered by previous administrators in the homeopathic ranks has been the want of cohesion among homeopathic medical men. Dr. BURFORD has seen the necessity of providing against this. We live in an age of "combines," and the homeopathic combine must be a real and vital one if it is to achieve any enduring results worthy of the efforts put forth. Dr. BURFORD would combine not only the homeopathic medical men, but also the homeopathic institutions of the kingdom; and this last is a perfectly practicable and altogether desirable object to be secured.

But in order to secure unity which shall combine the full weight of the homeopathic opinion in this country, it is necessary that all shall be agreed on the line of action to be followed. The reason why some previous movements failed to effect more than they did was that there have always been two parties in the homeopathic mission field—one of them anxious by hook or by crook to convert the allopathic profession; and the other looking upon the academic mind as to all intents a hopelessly sterile soil. It must not be imagined that these two parties in the homeopathic doctorate are at this day non-existent: they are both represented; and though the more progressive party has gained a preponderant voice during late years, the other has still to be reckoned with. To attempt to ignore it would be to court failure.

The Pro-boer (we mean Pro-allopath) party among homeopaths, with truly British regard for Establishments, looks on the medical Establishment as something to be treated with deference and respect, and think it possible to inoculate the faculty with homeopathy, so that it will become homeopathic unawares. The homeopathic Imperialist believes that in and through homeopathy lies the only possibility of advancing medicinal therapeutics,

and that the possession of this principle makes the homeopath the master of all who ignore it; that for the homeopath to court or pay deference to the allopath *qua* allopath or *qua* "established," is nothing less than an exhibition of despicable professional snobbery.

An essential feature of the problem lies in this: homeopathy is not a *creed*, but a *science* and an *art*. "Due preparation in time," says Dr. BURFORD, "was necessary ere the mediæval spirit of the age, expressing itself in *Credo*, could be displaced by the modern afflatus, that of *Scio*, in the realm of medicine." True—the age of *Credo* has gone by; but *Credo* doesn't like it, and nowhere does it show its teeth more viciously than in embodied medical orthodoxy. For our part we would rather subscribe to a mission to convert Turks into Greeks than to any fund for converting the allopathic profession. For suppose the whole faculty converted to a belief in homeopathy—what would be the good of it? The *belief* in it would not make them able to *do* anything with it. Many have fallen away from homeopathy for that very reason; some enthusiast has "converted" them—or it may be some striking and incontrovertible cure—and they have imagined that a *belief* in the principle was enough; they ought to be able to work miracles straight away. They failed, of course; disgust followed, and they decided that "there was nothing in homeopathy after all."

To our thinking the cardinal blot on British homeopathy lies in this: that there is no place in the Empire—except in far away Calcutta—where an allopath who knows that the principle of homeopathy is true can learn how to put it into practice. To convert an allopath to a *belief* in homeopathy is futile. To provide a school in which the *practice* of homeopathy can be taught to all comers is the bounden duty of all homeopaths who have any care for the world's progress. Those who think the profession can be "vaccinate" with homeopathy through such media as RINGER and BRUNTON do not understand what homeopathy is. The profession will be bound to acknowledge the principle some

day, but they cannot have the art and its fruits and deny the principle at the same time. Homeopathy consists of the homeopathic materia medica *plus* hard work; when homeopaths have shown the world what this combination can do, the rest will follow. At present in this country we have no systematic teaching. To provide this, we take it, is one of the chief aims of Dr. BURFORD'S "Fund."

Now comes the question, Whose leave is to be asked? The Pro-allopath would appeal to the profession. Our advice is: do nothing of the kind—appeal to Cæsar. Inside the profession the view taken of medical authorities is entirely different from the outside view. Although the dominant party have given homeopaths every encouragement to take an independent view, some of them have failed to take advantage of this. To the ordinary professional man the highest authority he knows is the authority of his profession. But the profession is the servant not the master of the State; and Mr. CHAMBERLAIN quite recently, in the House of Commons, informed the General Medical Council that in some matters it is merely the mouthpiece of medical trades-unionism.

The acting committee of the new movement welcome suggestions whilst affairs are in the crystallising stage. It is for this reason that we have put these few considerations together. Our advice to the committee in sum is this: make up your minds what you want. When you have done so, make straight for your objective, asking no man's leave where no leave is needed, and when it is, go straight to the highest available authority, and don't trouble yourselves about subordinates.

---

AUR. MUR. NAT. IN THE TOBACCO HABIT.—Dr. Hale used the *Chloride of Gold* and *Sodium* in the treatment of extreme results from the use of tobacco. He gave  $\frac{1}{60}$ th gr. before each meal, and upon going to bed. The patient was cured of the habit. The observation of the author in the use of this agent in the treatment of the *Morphia* habit is that, if persisted in, it is equally good.—*Therapist*, January 15th.

## NEWS AND NOTES.

---

### AN ARTICLE THAT CANNOT BE GUARANTEED.

IN answer to a question in Parliament Mr. Long made this statement in respect to vaccine :—

“There is no guarantee at all in connection with either official or non-official lymph. Two years ago there was an independent inquiry by the *Lancet* into lymph generally supplied. On that occasion they found considerable fault with the lymph supplied by the Local Government Board, and placed it fifth in the order of merit. It is impossible to guarantee lymph, and all the Local Government Board do is to secure that the utmost care and trouble shall be taken in its preparation in the hope that it will prove pure and efficacious. The lymph supplied by private firms is of excellent quality, and is as good as we can supply ourselves.”

But whether guaranteed or not it is all one, for vaccination, like a king, can do no wrong. The following appeared in the *Star* of February 10th :—

“The parish of Holborn has been one of the most active in enforcing vaccination, and a question has been asked at the meeting of the Holborn Guardians as to the death of Mr. W. Sayers, the labour master at the workhouse, after vaccination.

“The medical men certify that ‘death was due to syncope, consequent on a weak heart,’ but the widow puts it that her husband ‘had not been quite the same man since he was vaccinated.’

“The Rev. E. Canney suggested that Sayers was not a proper case for vaccination, as he was out of health, but Dr. Yarrow broadly asserted that ‘Every case is a proper one for vaccination,’ and a Mr. Munt added the sapient observation that ‘if he was out of health, all the more reason why he should be vaccinated.’”

---

### THE OTHER SIDE OF ISOLATION.

IT is all very nice to have cases of small-pox taken away from our neighbour's house and put into a small-pox ship or a small-pox hospital so that they can no longer hurt us, but how about the people who live near the ship or the hospital? Dr. Thresh, medical officer of health for the county of Essex, has been investigating this point, and the *British Medical Journal* formulates some of his results thus :—

“The facts furnished by Dr. Thresh show that during the years 1892–5, when small-pox was last prevalent in London and the ships were receiving numerous acute cases, the disease was constantly

present in Purfleet and the adjoining parishes. At this time he became convinced that this endemicity was due to the proximity of the small-pox ships, and predicted that if another epidemic occurred in London and the patients were removed to the ships, small-pox would again occur in Purfleet and the distribution be as before. The results have verified this prediction. Small-pox began to be widely prevalent in London in the third quarter of last year, and in August a workman employed on the nearest point on the railway to the ships was attacked. Other cases quickly followed, notwithstanding all the well-directed efforts of the local authority, possessed of a properly equipped hospital, &c. The results to date show that within a radius of three-quarters of a mile of the ships no less than 8.8 per cent. of the entire population has been attacked, and that in the parish of West Thurrock, beyond this radius, 2.4 per cent. have been attacked. In the outer zone of the Orsett Union only 0.65 per cent. have as yet been infected. This evidence is further strengthened by a study of the direction of the wind during the past six months. In that portion of Purfleet exposed to the prevailing wind, no less than 12 per cent. of the population have been attacked with small-pox, whilst in the smaller area to the north, towards which the wind was rarely blown, the attack rate is under 1 per cent. Dr. Thresh is, we understand, inclined to believe that the effect of the ships is experienced two miles away, and the data now accumulating will probably enable him at a later period to give a more decided opinion."

This may be called punishing Peter to save Paul, and is perhaps a high form of vicarious sacrifice of which we hope the parish of Purfleet duly enjoys the glory.

---

#### SMALL-POX CONCENTRATION CAMPS AND SMALL-POX MORTALITY.

In the same editorial note another important point is brought forward:—

"The investigation is one of national importance, and, if the conclusions are correct, the aggregation of a large number of acute cases of small-pox would appear to be fraught with serious danger to the public, and the further question arises whether the risk to the lives of the patients themselves is increased by treatment in a strongly infected atmosphere. Dr. Thresh has, we understand, expressed the opinion that it would be better to treat such cases in small tent encampments, so as to avoid this concentration of infection, thereby giving the patients a better chance of recovery and minimising the risk of spreading the infection to the population around."

There must indeed be something terribly wrong with the methods of dealing with the disease, which gives a mortality of 15 per cent. among the vaccinated and 60 per cent. among the doubtful, when in the United States

the mortality rate of all told is under 2 per cent., as witness the following from the same number of the *British Medical Journal* :—

“SMALL-POX IN THE UNITED STATES.

“The Surgeon-General reports that during 1901 small-pox occurred in every state and territory of the Union, with the exception of Arizona, from which no reports have been received. For the whole year the number of cases was 38,506 cases, with 689 deaths, showing a mortality of 1.79 per cent.”

Doubtless the fact that a large share of the cases in the United States is under homeopathic treatment partly accounts for this low death-rate.

---

*THUJA* AND *ECHINACEA* AN ALLOPATHIC REMEDY FOR SMALL-POX.

In the United States the allopaths are more “enterprising” than their British brethren. *Thuja* is a well-known homeopathic remedy for small-pox. *Echinacea* is another well-known homeopathic remedy in septic fevers. Combine the two and call the compound “Ecthol,” and you have a first-class allopathic remedy for small-pox. Messrs. Battle & Co. have achieved this performance, and here is what they say of it :—

“ECTHOL

“ANTIPURULENT.

“*Formula.*—Ecthol contains the active principles of *Echinacea* and *Thuja*, and is of uniform strength.

“*Indications.*—In all breaking-down tendencies of the fluids, tissues, and corpuscles. Wherever there is dyscrasia of the secretions, or where blood poisoning or tissue disintegration exists. In typhoid, morbid, or eruptive fevers. Especially in small-pox, scarlet fever, erysipelas, &c., carbuncles, boils, gangrenous wounds, ulcers, abscesses, and all other cachectic conditions of the system and pus formations. For stings of insects, bites of snakes, blotches, pimples, &c. In addition to its internal administration, Ecthol is very valuable as a local application in any kind of pustular formations as well as fresh cuts, and should be applied freely and frequently.

“*Dose.*—One teaspoonful four times a day or oftener as indicated.”

We present Messrs. B. & Co. with this free advertisement in the hope that the authorities may be induced to use Ecthol in the small-pox hospitals. It would materially lighten their work and lower the mortality.



# VACCINE, *ANTIM. TART.*, &C., AS INTERNAL REMEDIES FOR SMALL-POX.

THE following sample of allopathic treatment comes from the *New York Herald* (Paris) by way of the *Chemist and Druggist*, February 22nd :—

“ ‘Dr. V. A.’ informs the Paris edition of the *New York Herald* of a method of treating small-pox the success of which he vouches for in a half-hearted sort of way. It is as follows :—

“ The formulas : (1) Vaccine (pure and fresh cow-pox), 1 gr. ; pure water, 4 oz. (2) Tartarus emeticus, 1 gr. ; pure water, 4 oz.

“ The patient must take a teaspoonful every hour alternately.

“ In order to calm the fever and delirium, give every ten minutes a teaspoonful of the following potion : Tincture of belladonna, 2 to 3 drops ; pure water, 4 oz. For diminishing the burning sensation of the eruption apply compresses dipped in the infusion of hydrastis-canadensis powder, a teaspoonful in a pound of boiling water. A tablespoonful of this infusion in a glass of sugared water should be used as a gargle.”

How is this for allopathy ? and What does the *B.H.S.* think of it ?

# *MALANDRINUM* AS PROPHYLACTIC AGAINST INFLUENZA AND SMALL-POX.

DR. COOPER writes as follows under date February 14th : “ If *Psorin.* and *Tubercul.* are influenza remedies, and if vaccination of puppies prevents distemper, which is a form of influenza, there may be a principle in these animal poisons that is related to this obscure influenza. If so, at such an epidemical period as the present *Malandrimum* ought to be useful both for influenza and as protecting against small-pox.”

This point is well worth observing ; but though vaccination may prevent distemper in puppies, it certainly does not prevent influenza in human beings. Indeed, we have met with many cases in which influenza has followed smartly on the heels of vaccination.

# IS CANCER DERIVED FROM TREES ?

A RECENT communication made to the Academy, which has caused a sensation, would tend to prove that there is an analogy between cancerous tumours in man and the vegetable tumours which give birth to the *Nectria*, the

parasite of the cancer of trees. This will account for the considerable number of malignant tumours observed among the inhabitants of the country on the border of forests, for instance, or in the midst of the orchards of Normandy. It will also explain why cancer is so frequently met with among sweeps. This may be due to the germs or spores which resist heat that are mixed with the dust from wood, which sweeps are obliged to respire. Dr. Bra inoculated some trees with human tumours. In these trees the pernicious fungus was developed in profusion, whilst the neighbouring trees remained free from it. Shall we not soon have to dread the intoxicating fragrance of forests? — *Le Signal*, January 17, 1902.

#### THE TERM "HOMEOPATHY."

SOME homeopaths imagine that the only obstacle in the way of the allopathic sect embracing homeopathy is the term "homeopathy" itself. If we could only get rid of the *name*, allopaths would take up the thing readily enough and we should all be friends. This is not quite the way matters stand. In spite of the name, allopaths are picking up as much homeopathy as they can digest; but for the most part they only use it empirically, and soon drop it because they know nothing of the necessity homeopathy enjoins of individualising cases and remedies. Without this there can be no continuity of success, and for this there must be the homeopathic materia medica and repertories. A dish-up of homeopathy will not avail; and the use of the materia medica and repertories requires brains. It is the brain-work that is the real stumbling-block. You may take a horse to water or you may take water to a horse, but you cannot make him drink if he isn't thirsty, whether you call it water or something else. That is what is the matter with the allopathic body. They are not thirsty for this drink. The name of homeopathy is our Union Jack. It is nailed to the mast and *in hoc signo* we shall win. The principle of homeopathy is fundamental and runs throughout all nature. Hahnemann, whose stupendous labours first clearly revealed it, had a right to name it, and he gave it its right name. That name along with his name the medical world must recognise, without any shilly-shally-

ing, before there can be or ought to be peace. Without denying that drugs have other uses, we can accept nothing but unconditional surrender on the denial of the homeopathic law. With positive science on our side and negation of science on the other, the question of numbers does not count.

### *LACHNANTHES.*

WE publish elsewhere an interesting article on the botany of *Lachnanthes* by Mr. E. M. Holmes of the Linnean Society. In this article Mr. Holmes gives full credit to the homeopathic body for proving it and introducing it to professional medical practice, though its virtues were previously well known to the American aborigines. The recent revival of interest in this drug is due to the offer of Colonel Trench to subscribe £1,000 towards a fund for testing a treatment based largely on its use adopted by Mr. Edwin W. Alabone. *Lachnanthes* was at one time regarded as a panacea for consumption, and like all panaceas it fell into disuse as soon as it "ceased to cure," which was very soon in the case of those practitioners who did not discern its precise indications and the way to administer it. It is well known that some practitioners can use with brilliant success a remedy which in the hands of another is perfectly useless. Mr. Alabone's experience with *Lachnanthes* is no doubt unique; and if Colonel Trench's offer should result in that experience being so formulated as to render it available for others we may anticipate a result commensurate with the generosity or gratitude which prompted it.

### COLONEL LE POER TRENCH AND THE G. M. C.

BUT whatever may be the outcome of the *Lachnanthes* investigation, all lovers of fair-play in matters medical owe thanks to Colonel Trench for his persistence in exposing the judicial methods of Royal Colleges and the General Medical Council.\* The case of Dr. Irvine gave

\* *Congress on Tuberculosis*, 1901. (Comments and Letters published in *The Times*, &c.) By Col. Hon. W. le Poer Trench, R.E., J.P. Second edition. Published by the Author. Also supplementary letters, also published by the Author.

Colonel Trench an opening for bringing to public notice the manner in which Mr. Alabone was deprived of his diploma. Speaking in the House of Commons Mr. Chamberlain is reported to have said the only charge against Dr. Irvine was one of "having infringed" (what he might call) "the trades-union rules of the medical profession." Colonel Trench then refers to two other cases:—

"The first is that of a scholar and highly-qualified medical man, Mr. R. M. Theobald, who, for having translated and circulated a book, *Count Mattei's Electro-Homeopathy*, was, by the abuse of this power, found guilty of 'infamous conduct,' and, after forty years of blameless professional work, had his name knocked off the register, and was kept for four years under a ban."

The second case is that of Mr. Alabone. Mr. Alabone was ostensibly deprived of his diploma in consequence of a cartoon which appeared in *Moonshine*, together with a laudatory notice. Similar cartoons had appeared of Gull, Paget, and Andrew Clark without incurring the loss of their diplomas; and letters exist proving that Mr. Alabone was in no way responsible for the *Moonshine* cartoon relating to himself. This having been pointed out to Sir William Broadbent by Colonel Trench, the former replied, "You do not seem to be aware that the article in *Moonshine* was by no means the only ground for his (Mr. Alabone's) expulsion." This brings Colonel Trench to a point of great practical importance in the administration of medical affairs; he sought to ascertain what the other grounds were, but was not allowed to inspect the documents; and he thus shows that, "under the present system of administration, a medical man may be summoned on *one charge of which he is innocent*, and punished on *some other* of which he has received no notice or particulars, and access to the records of proceedings bearing upon them is denied to the public." It is plainly the law and the system that are wrong, not the individuals administering it. With one and the same body constituted judge, jury and prosecuting counsel, and at the same time dominated by professional *odium*, we doubt if even a court of archangels could do justice. With regard to the secret *dossier* which Sir William Broadbent apparently alludes to, we suspect that Mr. Alabone's connection with homeopathy was one of its leading counts; as it probably was also in Mr. Theobald's case.

## INFLUENZA OR BAROMETRIC PRESSURE—WHICH?

A CORRESPONDENT writing from the neighbourhood of Dover sent us the following interesting bit of experience on January 23rd. The barometric observation refers to that period. The letter was too late to be included in the February issue.

"A lady friend informed my wife over the usual cup of tea that she had been suddenly seized with violent sickness and diarrhea, which passed away as suddenly as it occurred. This was six weeks ago. She further informed my wife that she had heard of several similar cases in various districts ranging some miles from here. A neighbour of ours has been suffering from the diarrhea for some months. Last Sunday I was myself caught in the same trap, and although violent purging ensued felt all the better for the performance next day. To-day I have received a letter from my home in Essex, saying my father was attacked in a similar manner. Might I suggest that this is a form of influenza of a quick-acting type, or is it caused by the excessive pressure of the atmosphere, as our barometer, although we are situated nearly 400 ft. above sea-level, has been nearly up to 31 lately and has since fallen?"

Perhaps Dr. Burwood, who is a close observer of the barometer and its effects, can throw light on this question?

## A POLISH JOURNAL OF HOMEOPATHY.

WE congratulate our *confrère*, Dr. Joseph Drzewiecki of Warsaw, on the new step he has taken. We have received the first number of the *Lekarz Homeopata*, a new magazine which he has started to popularise homeopathy in Poland. Dr. Drzewiecki, whose name is not unfamiliar to our readers, is himself the editor, and we wish him every success in the new enterprise.

---

CALCAREA FLUORICA IN NASAL CATARRH.—Dr. Fanning thinks that this is the best remedy that we possess for catarrhal affections of the nasal and frontal bones with fetid discharges, or for actual necrosis with foul odour of dead bone. Catarrh of the head and nose, with stuffy feeling; yellow or greenish-yellow discharge, with sickening odour, which is noticed by the patient himself; discharge may be also in yellow, irregular-shaped lumps. Hawks small lumps from the throat; at times these lumps are very acrid (*Medical Century*).—O. S. Haines, M.D., in *Hahn. Monthly*.

## ORIGINAL COMMUNICATIONS.

### CANCER OF THE BREAST.

By ROBERT T. COOPER, M.D.

(Continued from p. 69.)

CASE IX.—A lady of 46 years of age came to me September 10th last year in great tribulation about her breast, as she had just been to St. George's Hospital, where the surgeon had insisted upon her coming into the house at once for operation, and had spoken quite angrily to her on her refusal.

Her sister had died at 50 from cancer of the breast after having had three operations, and her father had died of cancer.

Left nipple buried deeply below surface and eczematous. Diagnosed as Paget's nipple. Two years ago the large lump that she has in the upper breast was noticed in consequence of stabbing pains, but at present it simply aches in cold weather. The scirrhus mass measures about  $2\frac{1}{2}$  inches by  $2\frac{1}{2}$  inches, and is unattached.

A good deal of backache in between the m.p.'s, which continue to be regular as to time, and on the first day of m.p. has always much pain down the right abdomen, which goes round to the back towards night, relieved by lying down. At 10 years old catamenia appeared after a sudden fright, and has always suffered from pains down the right abdomen since then, going round to the back. Spirits good, bowels regular, sleep good. For the irritable condition of the nipple I gave *Scroph. nod.*  $\phi A$ , and on September 24th had in report: aching a good deal in the lump, otherwise better. *Ferr. pic.* 4x unit dose. On October 28th reports general improvement, no sinkings or tiredness, and m.p. went off better; much desire for sleep; wants to get to bed early, and if prevented from sleeping gets a headache.

Here was an indication for *Laurocer.*, which was given in  $\phi A$ .

November 23rd. Much better, but complains of headache, which begins whenever the cold wind touches her, and invariably works round to the occiput, and if very bad, to the eyes and nose, but never in the temples; some-

times comes gradually and goes gradually, but not always. Breast no trouble; backache gone; not so sleepy. *Ricinus commun.* φA.

This was selected as *Ricinus* in fresh-plant tincture acts strongly on the base of the brain, and has an affinity for the breasts and female generative organs (*vide Dictionary of Materia Medica*, by Dr. J. H. Clarke, art. *Ricinus*). The sequel is interesting. For three days after the dose her head ached very much, and then all pain left, and though in the open air the tendency to headache still exists, it is never as bad as formerly.

When seen last week (January 18, 1902) she was feeling quite well. In the last m.p. passed fleshy, stringy substance, and occasionally has flatulent pains in bowels, but except for this she looks and feels much better. The breast does not trouble her in any way, and the eczema is certainly less.

This case, though incomplete, is quite worth reporting. It illustrates the action of three very important plant remedies, viz., *Scrophularia nodosa*, *Laurocerasus*, and *Ricinus communus*.

In five or six years it might be possible to say if the case be cured. At present the cancer is certainly not cured, though the patient has resumed her usual avocations, and assures me she never felt better in her life, and never gives a thought to her malady. Surely this is a condition of things that carries with it no great calamity.

(To be continued.)

---

## INTERESTING CASES FROM TWENTY-FIVE YEARS' PRACTICE.

By OSCAR HANSEN, M.D., Copenhagen, Denmark.

Case 5.—F. H., student, twenty-one years old, Copenhagen, came under treatment July 10, 1878. Formerly healthy. The previous night he had severe, pressing pains in the forehead, giddiness, vomiting of sour water and mucus, anorexia, bitter taste. The tongue thickly coated white. Faintness. Otherwise no abnormality. *Nux vom.* 6, two drops every two hours.

July 12th. This morning a fit of coldness for half an hour, followed by weariness and debility. He was



obliged to go to bed at once. Afterwards great heat, thirst, and heaviness of the limbs. About 7 p.m. this date he was found lying on his back, skin burning hot and dry, the face rather red, tongue white coated, dry, complaining of pressing headache; giddiness on sitting up, dry cough. White evacuation, like water, twice in the day. No appetite. Troubled sleep with dreadful dreams. P. 100, dicrotic; T. 40° Cels. *Arsenicum alb.* 6, two drops four times daily.

July 13th. Unchanged. In the evening: P. 112, T. 40·5° Cels. Continue.

July 14th. Slight nose-bleed. Violent delirium the last night. He drinks but a little milk. Swelling of the spleen. Roseola. Sensitiveness and gurgling on pressure in the right iliac fossa. Evening: P. 120, T. 41° Cels. Continue.

July 16th. He is more drowsy. P. 128, T. 40·8° Cels. the last two evenings. The tongue like leather, covered with a brown crust. *Arsen. alb.* 6, two drops in the forenoon and evening. *Rhus tox.* 12, three globules morning and afternoon.

July 20th. Great coma, slips to the foot of the bed. Thirst and diarrhea, fever as before. Urine dark. Bedsore on the os sacrum. The condition on the whole very bad. Temperature varied from 40·8 to 40° Cels. *Arnica* dressing on the bedsore. I continued with the same prescription, and on

July 27th he was totally deaf; six to eight thin evacuations in every twenty-four hours. Yet the temperature was only 40·5 to 39·8° Cels. Bedsore on the os sacrum larger, and has a gray covering. *Rhus* was now stopped on account of the diarrhea and the great debility; and he was given *Acid. phos.* 6, three globules morning and afternoon. Continued *Arsen. alb.* Hereafter improvement occurred, and on

Aug. 3rd he was found lying on the side; he has less diarrhea, the swelling of the spleen is less, and he has a little appetite. Temperature in the evening varied from 39·8 to 39·3° Cels. Continue.

Aug. 6th. Diarrhea only twice daily, mixed with a considerable amount of bright blood, which is also passed without a stool. Great faintness. *Merc. sol.*, 3rd trit., as much as lies on the point of a knife every two hours.

Aug. 9th. The hemorrhage is less. On the whole

better. A little perspiration on the body. *Merc. solub.*, 3rd cent. trit., and *Arsen. alb.*, 6th cent., each twice daily. From

Aug. 14th only *Arsen. alb.*, 6th cent., morning and evening. He was daily better and better. The bed sore was considerable at the height of the illness. Temperature, by degrees, became normal. In beginning of September he got up, and early in October he went out. For a long time he got only gruel, milk, and milk-food, and slowly we went on to more solid nourishment. I must remark that I place *Arsen. alb.* before *Baptisia* in the worst cases of typhoid.

Case 6.—E. O. P., forty years old, glover, Copenhagen. The disease had already lasted fifteen years. He had had allopathic treatment, with milk regimen and stomach-pump.

March 1, 1879. He now complains of severe pressure in the pit of the stomach, with eructation, particularly one to two hours after dinner, but also a little after breakfast. Waterbrash. Eructation of tasteless air, which relieves the pressure in the pit of the stomach. Between meals belches up bitter water. Stool rather hard, often a feeling as if the rectum was not emptied. Appetite, sleep, and urination normal. The tongue posteriorly is covered with a thick yellow coating. Irritable. Sleepiness after dinner, pricking pains in the joints. Epigastrium swollen and sensitive to pressure. No icterus. *Nux vom.*, 30, five globules morning and evening, cured him completely in the course of five weeks, there already being considerable improvement in the first seventeen days.

Case 7.—O. F., aged four, Copenhagen, taken ill with measles on November 24, 1879. He made a good recovery under the use of *Belladonna* and *Mercurius sol.* On December 2nd, when the exanthem had just disappeared, the following symptoms developed: Headaches, photophobia, vomiting, boring the head into the pillow, starting up from the sleep with a very loud cry, especially in the night; strabismus; constipation, want of appetite, the abdomen very much retracted, the tongue quite clean, the pupils contracted. He lies very unconcerned. *Apis mellifica* 30, two drops every two hours in the day.

December 4th. Clonic cramp in the joints; otherwise no change. *Apis* 30 and *Cuprum met.* 12, two drops three times daily of each alternately.

December 6th. Is quite lethargic, and resembles a corpse. Cold all over. Pulse 70, thready. All reaction past. The cramp has not occurred this morning. Continue each twice daily.

December 8th. This state continued till early on December 7th. Then he fell into a very deep and sound sleep for seventeen hours, and to-day all is changed. Continue.—The appetite slowly reappeared, and all the bad symptoms disappeared rapidly. On December 15th *Apis* and *Cuprum* were left off, and he was given *Sulphur* 30, five globules every evening, and on the 28th of December he was well.

I always think with delight of this recovery from so severe an inflammation of the brain, and I openly confess that I consider the recovery from this illness a very unusual occurrence.

Case 8.—Karen S., six years old, Copenhagen. She had been ill two days. On March 25, 1880, I was summoned and found fever with considerable dysphagia, heaviness in the head, compressing pains in the back of the neck and the back. Yellowish-white discharge from the nose. P. 120, full. No appetite. The skin burning hot and dry. Putrid odour from the mouth. The soft palate swollen, little white patches on the tonsils; the patches are seated close together. *Aconite* 3 and *Apis* 3, two drops three times daily in alternation.

March 26th. No improvement. Also has white patches on the velum palati. *Merc. cyanat.* 12, two drops every two hours.

In the evening: Fever not so high. P. 110. The skin a little moist. The swelling of the soft palate has gone. The patches in the throat are less numerous. Has a dry, barking cough. *Iod.* 2 and *Merc. cyanat.* 12, two drops of each four times a day alternately.

March 27th. Morning: The patches have almost quite disappeared. The condition on the whole is bad. The cough is soundless and dry. Considerable heat. Dyspnea. Face pallid, but not cyanotic. P. 80, small and weak. Continue.

Evening: Unaltered. All the patches in the throat have gone. No appetite. *Brom.* 2, two drops every two hours, and *Brom.* 1 by inhalation.

March 28th. Evening: considerable improvement in cough and fever. Dyspnea less. She is more lively, and

not so pale. She drinks a little milk and beef-tea. Continue. *Brom.* 2 four times daily.

From now onwards she got better and better. On March 29th I left off the inhalation of *Brom.* 1. On April 3rd the child was quite well. I should here remark that all the children of this family are very weak, especially anemic and very scrofulous.

(To be continued.)

## MATERIA MEDICA MISCELLANY.

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

*Turnera Aphrodisiaca in Incontinence of Urine.*—Dr. M. E. Douglas reports the following: Mr. Y., aged 63, complains of an inability to retain his urine—dribbles from him night and day. Four years' standing.

*Turnera* 2x, ten minims in four ounces of water. Dose, two drachms four times daily.

Result: In two months entirely well.—*Hahn. Advocate.*

*Phosphoric Acid in Chronic Diarrhea.*—Mrs. H., aged 66, came from Germany to Brooklyn to live with, and be near her two daughters, the only near relatives left her, where she had a very good home with one of them. But she soon began to feel unwell and a diarrhea developed, for which she was treated by several old-school doctors in succession. But opium, chalk, and many other mixtures failed to do anything but cause an occasional aggravation.

After nearly two years of this treatment she came to me, and I elicited the following symptoms: Stools painless, watery, brown or dark yellow, profuse only in the early morning. No appetite or thirst, tongue dry, whitish, despaired of recovery after so much unsuccessful treatment, is very much emaciated. *Podophyllum* 200; then *Podophyllum* 300. No change. I discovered then that she would have a number of stools any time of the day after emotions of any kind, pleasant or unpleasant, and gave *Gelsemium* 200, which produced a decided improvement, but did not cure. After three weeks of treatment one of the daughters informed me that her mother was homesick and wished to return to Germany, although she had not a single relative there.

The early painless morning diarrhea, aggravation from emotion and home-sickness now plainly indicated the remedy. *Phosphoric acid* cured in three days.—(Reported by Dr. F. H. Lutze of Baltimore).—*Ibid*.

*Diphtherinum* for Post-Diphtheritic Conditions.—Dr. Mark M. Thompson reports the following instructive case in the *Medical Advance*: Olga M., aged 4 years, was always well till she had diphtheria one year ago; she was treated with *Antitoxin* and made a slow, imperfect recovery.

On February 2, 1899, came under treatment for night-terrors—sees hideous objects, cries for help, and will not be pacified for an hour. Cross, vehement, peevish, cries at trifles, extremely stubborn, grinds teeth, and moans in sleep. Enuresis in first part of night. Feet cold and damp, head sweats in sleep, anorexia, violent at table, acts insanely. *Diphtherinum* 1m, six doses given. February 8th, much improved in every way; placebo.

Detailed report shows steady improvement under placebos till May 14, when she was quite well and had gained 10 lbs.

May 1, 1901. Has been perfectly well since.

In the spring of 1899 Dr. Thompson treated twenty-one such cases. The most pronounced symptoms were the night-terrors and violence of temper. Without exception, *Diphtherinum* was the remedy which afforded most relief.—*Vide supra*.

*Argentum Nitricum*—a Keynote.—Dr. A. Fisher records the following interesting cases:—

Case I.—A young clergyman sought relief for a peculiar colic occurring periodically on alternate Mondays.

Location of pain in upper abdomen, just above the umbilicus. No condition of aggravation or amelioration could be elicited but the fact that unusual mental exertion occurred on the days preceding his attacks.

He got relief for the time with *Morphia*. *Argentum nitricum* 200, a dose on the appearance of pain, with plenty of placebo, brought immediate relief, and after two weeks he was entirely free from his strange periodical colics.

In this case there was absolutely no symptom during the attack that would serve as a guide to the selection of a remedy.

Case II.—A business man seen in attack of colic,

Questioning him was useless, for he was writhing and yelling with pain, and pleading for a hypodermic of *Morphia*. His wife informed me that he was subject to such attacks whenever he had done any extra amount of mental work, and that he had been working very hard (mentally), and that nothing but *Morphine* in large doses had ever relieved him. Again the *Argentum* came into play, in watery solution, every fifteen minutes. Before second dose he was comparatively quiet, and stated that the pain started in a small spot near pit of stomach and radiated in several directions, especially through to back. The third dose was not given, neither was there any need of the second one. *Morphia* never had given such quick relief.

The great characteristic of this drug is "*Aggravation from unusual mental exertion*" in complaints affecting the stomach and upper abdomen.—*Ind. Hom. Rev.*

## CASES I HAVE COME ACROSS.

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

### XII.—*BRYONIA ALBA* AND *NUX VOMICA* IN HEPATITIS.

IN this case the patient, a young man, aged 29, of a dark complexion and sedentary habits, had been suffering for several weeks from hepatitis. The symptoms were: Pain, of a burning character, in the region of the liver, aggravated by pressure on taking a deep breath, or on coughing, the pain extending to the top of the right shoulder. There was present also a hot skin, great thirst, loss of appetite, scanty urine, and great fulness and enlargement of the hepatic gland. The breathing was short and thoracic. Constipation was also a prominent symptom, and the tongue coated with a yellow fur. The patient had been under allopathic treatment, but, although liberally drugged with the remedies of the old school, had been unable to obtain any relief. On the advice of some of his friends he had also taken small doses of *Mercurius sol.* 2x, *Podophyllum*  $\phi$ , and *Iris versicolor* 1x, but without success. He informed me that, prior to this liver trouble, he had been suffering from nervous debility, and had been taking pills which contained a large percentage of extract

of *Leptandra Virginica*. He had taken several dozens of these pills, and he blamed these as the cause of his hepatitis. Be that as it may, it is well known that the indiscriminate use of *Leptandra* produces great distress in the region of the liver, burning pains, pain in the right shoulder, enlargement of the gland, and a yellow-coated tongue. The stools, before the advent of the constipation, had been of a black, tarry character, which were afterwards succeeded by clay-coloured evacuations. This also is a strongly characteristic symptom of *Leptandra*. The patient was ordered to take *Nux vomica* 30, two minims in a wineglassful of water on rising in the morning, followed by a similar dose of *Bryonia alba* 30 on retiring in the evening. The patient after two or three days' treatment felt greatly relieved, and the end of a fortnight was completely cured. As a contrast to the allopathic drugging he had received, it will be observed that the homeopathic remedies were administered a dose of each once a day only, and that their attenuation was of a high potency.

### XIII.—*COLOCYNTHIS* IN OVARITIS.

Ovaritis is, unfortunately, one of the most common diseases with which Australian women are afflicted, and many a one suffering therefrom has had her life literally ruined either in receiving wrong treatment or in neglecting to consult a medical man on the outset of the disease. It is only recently that I came across the case of a lady, aged 35, who was suffering from ovaritis, the left ovary being the one affected. She was a married woman, who had had several children, and also two miscarriages. She suffered great agony, the pain, of a burning, shooting character, extending from the ovary down the thigh, to the left knee. I prescribed *Colocynthis*  $\phi$ , two minims every three hours. Externally, I ordered *Iodide of Potash* liniment to be well rubbed in over the affected ovary twice a day, morning and night, the part being first bathed with warm water. The patient made rapid progress, and at the end of three weeks of the above treatment no longer felt any pain or distress in the ovary. I have come across several cases similar to the above, and have always found *Colocynthis* (internally) and the *Iodide of Potash* liniment (externally) as the remedies *par excellence*.



XIV.—*CALCAREA CARBONICA* AND *SILICEA* IN  
CATARACT.

This was a case of the hard variety of cataract (*suffusio dura*), the patient being a lady over 60 years of age. It was of the usual characteristic greyish colour, with a yellowish tint, and there was present an obscuration of the vision. The cause was evidently defective nutrition of the lens, owing to old age. The lens-fibre, however, had fortunately not become degenerated to any extent, and I immediately put her on a course of medicine—*Calcarea carbonica* 2x trituration, two grains every morning, and *Silicea* 3x trituration, two grains every evening. I also advised her to bathe the eyes three times a day with a lotion—*Euphrasia officinalis*  $\phi$ , thirty minims in a half a tumbler of water. After a month's treatment a decided improvement was evident in the condition of the patient, who was thus encouraged to go on with the treatment. This was continued for another five months, at the end of which period the cataract had entirely disappeared, and the patient declared that she felt better than she had done for some time previous. Whether the above remedies would have proved successful in a more advanced stage of cataract, I am not in a position to say, but, judging from the above case, so long as the lens-fibre has not become degenerated, I should expect the most brilliant results to follow a faithful perseverance of the use of the above-mentioned remedies. It is necessary to administer these for some length of time if success is to be achieved.

(To be continued.)

---

---

## SOCIETY'S MEETING.

---

### BRITISH HOMEOPATHIC SOCIETY.

THE fifth meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, W.C., on Thursday, February 6th, Dr. George Burford, President, being in the chair.

The evening was devoted to the discussion on Dr.

Percy Wilde's paper on "Energy in its Relation to Drugs and Drug Action," read before the last meeting of the Materia Medica Section, opened by a paper by Dr. McLachlan, of Oxford, on "Solution, and its Associated Phenomena," of which the following is a synopsis:—

Selective power of solvents.—"*Similia similibus solvuntur.*"—Fusibility and its relation to solubility.—Relation of solubility to temperature.—Thermal effects of dissolution.—Dissolution generally attended by contraction.—Vapour pressures of solutions.—Solutions of coloured salts.—Theories of solution.—Its close analogy to the *gaseous* state.—Osmotic pressure.—History.—Investigations of Abbé Nollet, Parrot, Fischer, Dutrochet, Traube, Pfeffer, and Van't Hoff.

"Semi-permeable" membranes.—Application of the laws of Boyle, Gay-Lussac, and Avogadro to substances in *dilute* solutions.

Exceptions, and their explanation by the "ionic dissociation theory" of Arrhenius.—Previous theories.

A short reference to "isotomic" solutions, and the work of H. de Vries (vegetable cells) and of Donders and Hamburger (red blood-corpuscles).—Importance in regard to transfusion of saline solutions.

Dr. Percy Wilde, on the invitation of the President, made a few remarks at the close of Dr. McLachlan's paper. He said homeopaths were committed to a belief in the power of attenuations. He had purposely kept out of his paper all references to proofs of this from medical practice because he wished the scientific world to be convinced of this. The assent to homeopathy would follow as a matter of course, but the introduction of homeopathy into the argument would hinder this acceptance. He read a letter from an eminent man of science praising his paper. He suggested that some work should be compiled to bring before bodies like the Royal College of Physicians and the General Medical Council the facts he and Dr. McLachlan had brought forward.

The actual discussion was opened by Dr. Molson, who related some experience with a special trituration of *Natrum mur.* 30x, made in eighty-eight instead of thirty stages, which he claimed to be more potent than the ordinary 30x potency, though he gave no comparative proof of this. He also spoke of the production of an acid resembling citric which is formed by the roots of plants and helps

in their assimilation of inorganic salts; and he recommended the use of *Citric acid* in conjunction with salts of lime in adults; by so doing he had been able to take with impunity a salt of calcaria which had produced unpleasant symptoms when taken by itself.

Dr. Dudgeon said he had "kept his best ear open," but he had failed to catch any mention of homeopathy in the learned and interesting paper read by Dr. McLachlan. He could not help thinking that explanations of homeopathy were of little practical use. Hahnemann began the theory-making, but none of his contemporaries accepted his theory. Later on, Drysdale proposed a theory, Black had another, Hughes another, and he was ashamed to say he even owned one himself. But never a one of them accepted the theory of the other. And happily it didn't matter in the least.

Dr. Clarke said he had much sympathy with the remarks made by Dr. Dudgeon. All this elaboration of the physics of high potencies was for those who used them rather like an infant instructing its grandmother. Dr. Wilde had said that homeopaths were committed to a belief in the action of attenuations. Homeopaths, Dr. Clarke maintained, were committed to a belief in nothing. They knew what they knew; they did not believe in it. He deprecated the introduction of theological phrases and ecclesiastical methods into scientific questions; this had been the bane of science since the days of Galileo. It seemed to him that Dr. Wilde had rather "let the cat out of the bag" in his remarks—his paper was not meant for the British Homeopathic Society, but for the Royal College of Physicians. Dr. Wilde was perfectly entitled to constitute himself a deputation to present his facts to the consideration of the Royal College of Physicians—under the egis of his scientific friend if he liked; but he (Dr. Clarke) protested against the Society or the homeopathic body being drawn into any such enterprise.

Drs. Goldsbrough, Knox Shaw, Neatby, Jagielski, Lambert, and the President also took part in the discussion.

---

## INSTITUTIONS.

### TWENTIETH CENTURY FUND.

THE preliminary work in connection with the above Fund is now nearly completed. The Executive Committee have received a hearty response to their circular sent to the homeopathic practitioners of Great Britain, asking them to join the Grand Committee, and they are now about to issue a special pamphlet describing the objects and proposed working of the scheme, copies of which will shortly be in the hands of all the members for distribution among their patients and friends.

It is expected that a meeting of both medical and lay supporters will be held in April, a well-known peer and friend of homeopathy having been asked to preside. No effort will be spared to make the meeting thoroughly representative of the cause, and there is every expectation of its being a complete success.

The following medical gentlemen have notified their wish to serve on the Grand Committee:—

George Burford, M.B.	J. Searson, M.D.
Byres Moir, M.D.	T. G. Stonham, M.D.
C. Knox Shaw, M.R.C.S.	E. J. Hawkes, L.R.C.P.
D. Dyce Brown, M.D.	W. F. H. Newbery, M.D.
J. W. Hayward, M.D.	C. Theodore Green, M.R.C.S.
P. Stuart, L.R.C.P.	Wm. Bradshaw, M.D.
Dudley Wright, F.R.C.S.	Henry Mason, M.D.
J. Hervey Bodman, M.D.	G. W. Chapman, M.R.C.S.
Washington Epps, L.R.C.P.	Percy Capper, M.D.
H. Nankivell, M.D.	Ernest E. P. Tindall, M.R.C.S.
Richard Hughes, M.D.	John W. Ellis, M.B.
G. F. Goldsbrough, M.D.	Wm. Roche, M.R.C.S.
J. Galley Blackley, M.B.	J. P. Cavenagh, L.R.C.P.
A. E. Hawkes, M.D.	Jno. Murray, L.R.C.P.
W. Cash Reed, M.D.	E. B. Roche, M.R.C.S.
E. A. Neatby, M.D.	W. H. Roberts, L.R.C.P.
Percy Wilde, M.D.	H. Wynne Thomas, M.R.C.S.
J. Johnstone, F.R.C.S.	E. L. Compston, M.B.
E. Madden, M.B.	W. Clowes Pritchard, M.R.C.S.
W. Spencer Cox, M.D.	F. Layton Orr, M.D.
I. D. Nicholson, M.D.	J. P. Harper, M.D.
A. C. Clifton, M.D.	C. E. Waddington, L.R.C.P.
George Clifton, L.R.C.P.	A. Midgley Cash, M.D.
J. Roberson Day, M.D.	S. H. Ramsbotham, M.D.
Arthur A. Beale, M.B.	F. Neild, M.D.
Eugene Cronin, M.D.	Edith Neild, M.B.
C. E. Wheeler, M.D.	R. E. Dudgeon, M.D.

T. W. Burwood, L.R.C.P.	J. Murray Moore, M.D.
A. M. Neatby, L.R.C.P.	Leo Rowse, M.D.
A. G. Sandberg, M.D.	I. Wingfield, L.R.C.P.
John H. Clarke, M.D.	Alfred E. Pope, M.D.
John McLachlan, M.D.	H. E. Deane, M.R.C.S.
E. Lucas Hughes, M.R.C.S.	A. Pullar, M.D.
Stanley Wilde, L.R.C.P.	Vincent Green, M.D.
James Watson, M.B.	J. Cavendish Molson, M.D.
T. D. Purdom, M.D.	T. G. Vawdrey, M.R.C.S.
Lillian Cunard Cummins, L.R.C.P.	Sidney Gilbert, L.R.C.P.
T. H. Hayle, M.B.	J. R. P. Lambert, M.D.
D. Macnish, M.D.	W. Reed Hill, M.B.
S. Hahnemann, M.D.	T. R. Jones, L.R.C.P.
W. M. Storrar, L.R.C.P.	H. G. F. Dawson, L.R.C.P.
F. H. Shaw, M.R.C.S.	W. Theophilus Ord, L.R.C.P.
H. Munster, M.D.	George F. Stacey, M.B.
Frank A. Watkins, M.R.C.S.	James C. Pincott, M.R.C.S.
W. Ross, L.R.C.P.	Henry A. Eaton, M.B.
V. Jagielski, M.D.	Reginald G. Wills, M.D.

Although as yet no direct solicitations have been made for funds, it has given the Executive Committee much gratification to receive the following spontaneous promises of donations and subscriptions :—

	£	s.	d.
Captain Cundy...	250	0	0
Dr. Peter Stuart	100	0	0
Dr. Dyce-Brown	50	0	0
Dr. Burford	25	0	0
Dr. Byres Moir	25	0	0
Mr. Knox Shaw	25	0	0
Dr. E. A. Neatby	25	0	0
Mr. Dudley Wright	25	0	0
Dr. J. W. Hayward	25	0	0
Dr. E. M. Madden	10	0	0
Dr. Spencer Cox	5	5	0
Dr. Wynne Thomas	5	5	0
Dr. Theophilus Ord	1	1	0

The following yearly subscriptions have also been promised :—

	£	s.	d.
Mr. Knox Shaw	5	5	0
Dr. E. Madden	2	2	0
Dr. Chapman	0	10	6

\* \* \* The Editor of this journal will have much pleasure in receiving subscriptions to the Fund, or promises of subscriptions, on behalf of the interim treasurer, to whom they will be duly transmitted.

## BOURNEMOUTH HAHNEMANN HOME.

### ANNUAL MEETING OF GOVERNORS.

THE annual meeting of the Hahnemann Convalescent Home and Dispensary, Bournemouth, was held at the Home on Friday afternoon, February 7th. The Mayor of Bournemouth (Councillor G. Frost, M.D.) occupied the chair, and was supported by the Revs. F. Young, E. G. Phipps Eyre, Dr. H. Nankivell, Dr. W. G. Hardy, Dr. W. T. Ord, Dr. B. W. Nankivell, and Mr. T. O. Copland. Among others attending the meeting were the Mayoress (Mrs. Frost), the Dowager Countess Cairns, Mrs. John Grey, Mr. and Mrs. J. Berry, Mrs. Goodwyn, Mrs. Hardy, Miss Butler, Miss Snell, Miss Fisher, Miss Wellesley, Mrs. B. Nankivell, Miss Walker, Miss M. Fisher, Mrs. Percival, and Miss Nankivell.

At the conclusion of the reading of two portions of Scripture letters of apology were read from the Rev. F. E. Toyne and Mr. William Fisher.

Dr. B. Nankivell read the annual report for 1901, copies of which were handed to all present.

### THE ANNUAL REPORTS.

The committee, in their twenty-third annual report, congratulated the governors and subscribers on the good work carried on by the institution, and said they were glad to say it had been steadily maintained. The committee congratulated Dr. Frost on his appointment as mayor of the borough, an appointment which had necessitated his temporarily giving up his duties at the Home, a work which was being carried on by Drs. Ord and B. W. Nankivell. The number of in-patients admitted during the year was 193, an increase of three on 1900, keeping the beds well filled throughout the year.

### WHERE THE PATIENTS COME FROM.

Patients have been received from the following localities: London and suburbs, 78; Hants, 23; Yorkshire, 12; Warwick, 11; Berks and Kent, 9 each; Surrey, 8; Lancashire, Leicester, and Gloucester, 6 each; Dorset, Essex, and Worcester, 5 each; Oxford, Salop, and Ireland, 4 each; Herts, Middlesex, Notts, and Sussex, 3 each; and Cambs., Somerset, Staffs., Wilts, Wales, and South Africa, 2 each; with one each from Durham, Lincoln, Northumberland, Suffolk, and Scotland. Miss Hill, the lady superintendent, and her assistant nurses, had devoted themselves to their several duties efficiently and well.

### THE DISPENSARIES.

There had been 1,049 patients at the dispensaries during the year against 1,191 in 1900. The attendance at the Eastern

Branch had again increased, but there had been a slight decrease at the West, owing to the Saturday morning dispensary being discontinued. Four hundred and forty-eight patients had been attended at their own homes and at the Cottage Home, being only a decrease of 13 on the previous year, a result which, when it was remembered that the price of visiting tickets was raised last year, seemed eminently satisfactory. The work of the Western Dispensary consisted of 590 patients with 1,655 attendances; that of the Eastern 459 patients with 1,151 attendances. Inclusive of the home visiting, there had been 1,497 patients and 4,790 attendances during 1901.

#### FINANCIAL—A DEFICIT.

The expenses had increased £164 during the year, and the income had fallen off, the year closing with a deficit of £185, which had been reduced to £114 by appropriating the balance of the building fund, though this should have been reserved for the necessary repairs for 1902. A sum of £807 9s. had been received during 1901, and £205 17s. remained promised for the current year. The full sum would be invested in the names of the trustees of the Home for the purpose of providing a free bed in perpetuity for a poor and deserving female patient. The committee congratulate the donors very heartily on the fulfilment of their desires, and they had no doubt that the endowed bed would ever be associated with the memory of her late most venerated and beloved Majesty. A very old and trusted friend of the institution, who wished to remain anonymous, had placed £10 in the hands of the treasurer as the basis of a Samaritan Fund, with which to help deserving inmates of the Home, both during their residence and on leaving to once again take up their tasks in the world. A legacy of £1,000 had been received from the executors of the late Miss de Winton, of Parkstone, who had been for many years a friend and subscriber to the Home. It had been suggested that the committee should perpetuate the memory of this generous lady by naming one of the wards the "de Winton."

#### MEDICAL AND SURGICAL WORK.

Attached to the annual report of the committee was the medical report (signed by Drs. H. Nankivell, W. G. Hardy, G. Frost, W. T. Ord, and B. W. Nankivell) as to the medical and surgical work of the house and the dispensaries during the past twelve months.

In the in-patient department 111 men and 82 women had been admitted during the year, making a total of 193, and including those in the home at the beginning of the year, forming a grand total of 225. The average stay of patients



was 34 days, or including extensions 61 days. Of the 225 patients, 185 were suffering from phthisis. The following were the results of the cases: Cured, 22; much improved, 73; improved, 79; unimproved and discharged as unsuitable, 19; died, 2; remaining in Home, 30.

In the out-patient department 448 patients had been visited at their own homes and the Cottage Home, and 1,984 visits had been paid them. At the dispensaries 1,049 patients had sought relief, there being 590 patients with 1,655 attendances at the Western Dispensary, and 459 with 1,151 attendances at the Eastern Branch, giving a total of 2,806 attendances. There were two deaths from phthisis, and one each from senility, uremia, capillary bronchitis, tubercular meningitis, and tubercular enteritis. The results of treatment were as follow:—Recovered, 595; much improved, 318; improved, 402; unimproved, 38; no report, 40; sent into Home, 4; deaths, 7; under treatment, 93; total, 1,497.—From *Observer and Chronicle*, February 8th.

---

#### LEAF HOMEOPATHIC COTTAGE HOSPITAL, EASTBOURNE.

THE Committee of the Leaf Homeopathic Cottage Hospital, 72, Marine Road, Eastbourne, in presenting their fourteenth annual report to the subscribers and donors who have so kindly supported them, are glad to be able to send a satisfactory account of the last year's work. The number admitted into the Hospital was 89. The subscriptions and donations amounted to £450 16s. 4d., the subscriptions showing a decrease of £4 15s. 6d., and the donations an increase of £6 5s. 9d., as compared with last year. The committee are enabled to carry forward a balance of £102 17s. 1d. as compared with £28 17s. 4d. at the close of the preceding year. 1,863 cases have been treated at the hospital since its opening in 1888.

The total number of patients treated at the hospital during the year has been 241, of whom 89 occupied beds in the wards and 152 were out-patients; against 169 cases in 1900, of whom 81 occupied beds in the wards and 88 were out-patients.

The number of new subscribers was 24, whilst 26 have been lost by death or other causes. The committee again confidently appeal for further help, as at least an additional £100 per annum is urgently needed to place the hospital in a satisfactory condition.

There are four wards in the hospital, containing eight beds and one cot. Patients are admitted by letters of recommendation, which can be obtained from subscribers, who are entitled

to one letter for each guinea subscribed. Letters are only available for the current year. Patients are also admitted by payment of a guinea, if applicants have no letter of recommendation.

No charge of any kind is made to patients, the supply of necessaries, medicine, and advice being entirely gratuitous.

The committee wish to again return their best thanks to Dr. Croucher, Mr. Swanseger, Mr. Turner, and Mr. Dudley Wright, F.R.C.S. Eng., consulting surgeon, for their gratuitous and great care and skilful treatment of the patients under their charge; and also to Miss Bevis, the matron, and Nurse J. B. Forster for their kind and devoted attention to the patients, whilst at the same time using due economy to the management of the house expenditure.

### SUSSEX COUNTY HOMEOPATHIC DISPENSARY.

THE annual meeting of the Sussex County Homeopathic Dispensary was held at the Dispensary, 29, Richmond Place, on Wednesday afternoon, February 5th. Mr. W. A. Hounsom (chairman) presided, and those also present were Dr. Belcher, Mr. W. Prowse, Mr. W. Barrington Prowse, Mr. G. Hammond (hon. secretary Hospital Parade Committee), and Mr. F. Hilton (Secretary).

#### THE ANNUAL REPORT.

The eighteenth annual report stated that the work of the year, as shown by the tabulated statement below, indicated unmistakably the increasing popularity of the dispensary; while the large additions to the number of those patients who paid a small sum for tickets was a satisfactory proof that the benefits of homeopathy were appreciated by many able and willing in some measure to provide for their medical needs:—

DISPENSARY.				
	1898.	1899.	1900.	1901.
New Cases .....	1,631	1,689	1,579	1,741
Consultations....	10,223	11,074	9,555	10,983
VISITING DEPARTMENT.				
	1898.	1899.	1900.	1901.
New Cases .....	735	669	703	846
Visits .....	4,548	3,726	4,134	4,636
Deaths.....	20	22	24	33
Tickets Sold ....	1,596	1,818	1,625	1,958

The expenditure was somewhat in excess of 1901, mainly owing to a considerable payment for repairs and extra cost of drugs, &c. The receipts, however, in consequence of a legacy of £40 forwarded by the executors of the late Miss Masters, a life subscription from Mr. A. F. T. Shapland, a valued friend and professional adviser of the institution, and an increase of

nearly £25 in the sale of tickets, gave the satisfactory result of a balance against the institution of £9 19s. 3d only, as compared with £30 1s. 3d. a year ago.

The Chairman, in moving the adoption of the report, drew attention to the fact that the figures shown in that document were largely in excess of those for the three previous years. This was very satisfactory, and he could only repeat what he had said in previous years, that the Dispensary was increasingly

#### A SELF-SUPPORTING INSTITUTION.

He went on to refer in eulogistic terms to the services rendered by Mr. W. Prowse during the eight years he had been Stipendiary Medical Officer, and offered a very hearty welcome to his son, Mr. W. Barrington Prowse, who succeeded him in that position. The new arrangement in this respect was a most satisfactory one for the institution. Proceeding to deal with the balance sheet, Mr. Hounsom said the annual subscriptions and donations (£107) remained very much the same as in the previous year. The share of the Hospital Sunday collection had dropped from £20 to £15, while on the other hand the amount paid by patients had risen from £121 to £146—a very remarkable fact.—From the *Brighton Gazette*, February 6th.

#### THE BRIGHTON HOMEOPATHIC DISPENSARY.

ON February 5th the annual meeting of the above institution was held at the Royal Pavilion. The Mayor (Alderman J. E. Stafford) presided, and there were also present Miss G. Fox, Miss N. Friend, Miss M. P. Hack, Miss E. C. Egerton, Mrs. Bryes, Miss M. G. Stapleton Allum, Mr. and Mrs. H. Kemp, Miss M. Fisher, Miss Noel Hearne, the Rev. P. T. Andrews, Rev. Seymour Penzer, Pasteur Kœune, Alderman Lowther, Messrs. J. J. Beal, John Beal, A. S. Cooke, J. J. Jones, F. L. Russell, and W. Willett, and Dr. J. Searson and Dr. H. Wilde (Medical Officers).

Miss F. C. Harvey (Hon. Secretary) read a letter from Mr. Daniel Friend (Chairman of the Committee), expressing regret at his inability to be present, and the hope that the institution might continue to prosper.

In their fifty-seventh annual report the committee recorded an increase in the work done in the institution during the year. The dispensary report was as follows :—

Number of cases admitted during the year.....	875
Number of cases left from last year .....	58
Number of cases discharged, cured, or relieved .....	876
Number of cases remaining under treatment .....	57
Number of consultations .....	5,059

The Visiting Officers' report showed:—

Number of cases admitted during the year .....	239
Number of cases left from year .....	14
Number of cases discharged .....	218

The actual figures for the last four years were as follows :—

Year.	DISPENSARY.		VISITS PAID.	
	New Cases.	Consultations.	New Cases.	Visits.
1898 .....	773	4,407	231	1,470
1899 .....	533	5,370	253	1,121
1900 .....	730	4,343	223	1,169
1901 .....	875	5,059	239	1,072

The yearly financial statement was not so satisfactory. The total amount of subscriptions showed a slight falling (£4) from that of last year, whilst there was the decrease anticipated (£8) in the donations, as well as a reduction in the grant from the Hospital Sunday Fund. But the subscriptions and donations were £70 more than in 1899. In order to meet the deficit the committee had been obliged to take £40 from the legacy invested in the Savings Bank (£10 of which is a subscription paid in advance in 1900), leaving only £20 of the original sum invested, together with the accumulated interest, and £30, a three years' subscription paid in advance. The report also contained the correspondence between the Brighton Homeopathic Dispensary and the Sussex County Homeopathic Dispensary in regard to the proposed amalgamation of the two dispensaries, and the committee expressed regret that their negotiations had failed, owing to certain stipulations in the trust deed relating to the Sussex County Homeopathic Dispensary freehold property. The committee appealed for additional support in raising sufficient funds to enable it to carry on its present work efficiently and to extend it in Hove.

The Mayor, in moving the adoption of the report, was sorry to see the dispensary had only £1 3s. 5d. at the bank as against £25 last year. Their income was a little less than last year, but £70 more than it was two years ago. His Worship commended the work of the dispensary to the public, and appealed for further subscriptions. The object of the institution was to give medical treatment to the poor either at the dispensary or their homes. The present income was not sufficient to meet the demands upon the institution, and the committee sincerely hoped it would increase that they might extend their work. His Worship expressed regret at the failure of the negotiations for amalgamation, and in commenting on the value of homeopathy, spoke of its extensive practice at home and abroad, and mentioned that in America there were more than 10,000 practitioners in homeopathy.—From the *Brighton Gazette*, February 6th.

## EXTRACTS.

---

### ANIMALS, TREES AND BOGS.

IN the course of a lecture in the Rotunda, Dublin, on February 1st, Dr. Cooper made these remarks:—

If tree planting was to make any progress it should be protected from the destructive influences that were so universal throughout the country. Goats were most destructive to the growth of trees, and so were cows and horned sheep. The uplands should be carefully inspected and protected from their influences. If they wanted to have good water they must not act in a haphazard manner, and as the population increases you will, with the increase in the number of trees, have a most prosperous community. He felt perfectly certain that if the people of Ireland only knew the advantages to be derived from tree planting they would go in for it at once. Any good cattle breeder knew that trees were highly appreciated by his stock. Cattle derive far more benefit from the shade of a tree than from any artificial shelter made. All animal life required the shade of the tree, even the fish. As every good fisherman knew, the best place to catch a big salmon was under the shade of a tree. People say we can't clothe the whole country with trees, but we only want trees where they are needed. If we planted trees on the lowlands we would bring about a calamitous condition of things, inasmuch as the rain would be driven against the uplands and the water would carry down the soil and create more bogs. If you plant the uplands you will find things absolutely different. By this means the water supply would be conserved. . . .

It was said that planting would have no effect upon bogs. What were bogs? At the bottom of every hill in Ireland you will find it is becoming more boggy, and along with that you will find there are few trees there. This is a condition of things that most certainly ought not to go on. The way to check it is to have trees planted on such high positions on the hills that you will have a gradual percolation down to the lowlands, and in that way you will have a reduction in the bog lands.

Bearing on this subject Mr. Munford here read an extract from a work by Dr. C. Brown, who mentioned a case which came under his notice. On the top of rising ground which had previously been boggy firs and larch were planted pretty extensively, and from that time the land became firm and in due course perfectly dry. After a period of forty years, however, a fierce gale destroyed an exceedingly large number of the trees,

the removal of which allowed the water to percolate the low-lying ground as before. In other words, the planting of the trees removed the bog, while their removal restored it.

Dr. Cooper said the bogs of Ireland were about sea-level; a bog to a certain extent was a lake upon which a large amount of material that had come down from the higher levels of the country, was floating. The soil of Ireland rested on a rocky bed or a bed of impervious clay, and the reason why bog slides occurred was that the matter was washed down so rapidly that it could not be checked. We in Ireland had one great advantage. If it were not for the furze bushes on our hillsides, disasters through bog slides would be much more frequent than they were. We should be very thankful to the furze bush, which was a great protection to young trees. Instead of furze bush growth, however, we should have our hills growing timber. Another objection is that people won't have trees at any cost. One of the objects of the society is to go down to all the people and impress upon them the necessity of having trees and having the country beautified as nature intended it should be. The British Empire was so much engaged in commercial pursuits that this matter was neglected not only in Ireland, but everywhere else. The condition of the rivers round about London owing to the neglect of forestry was disgraceful, and instead of getting pure water they got filth. The next thing to be done was to bank up the river, but the disadvantage of this was that they had a percolation into the fields from the river instead of from the fields into the river. He wanted to have a condition of things quite different from that. They should, therefore, go about the work naturally. That this was essential was shown by the report on the forestry operations carried out in County Galway on behalf of the Congested Districts Board by Dr. Schlich. In this report it was stated that birch had done best of all, the seeds having been carried by the wind long distances and planted in a perfectly natural manner, so that the trees thrived well. The way to go about the work of tree growing was to protect the seedlings from grazing animals.—From *Irish Farming World*.

---

### LACHNANTHES TINCTORIA, ELL.

By E. M. HOLMES, F.L.S.

THIS North American plant has recently attracted considerable attention as a proposed remedy for consumption, and as preparations of the drug may as a consequence possibly be in request, it may be useful to give a description of the drug.

The plant is a native of swamps in pine barrens from East Massachusetts to Florida, chiefly near the coast, and also occurs in Cuba, growing on the moist soil on the sides of ditches and at the edges of ponds. It belongs to the natural order *Hæmorderaceæ*, the plants of which much resemble some of the *Iridaceæ*, but have introrse anthers, stamens opposite the inner segments of the perianth, and the outer segments of the perianth frequently woolly. It flowers from July to September. The *Lachnanthes tinctoria* in its mode of growth resembles the common garden perennial *Schizostylis coccinea* in having narrow equitant leaves, a fibrous root, and a slender rhizome by which the plant is propagated. This rhizome is slender, wiry, and of a red colour, with sheathing scales at intervals. It is about 1 to 2 millimetres in diameter, and 1 to 2 inches or more long, of a dark red colour, and minutely wrinkled. The fresh fracture presents a resinous appearance and red colour with scattered white dots representing the vascular bundles. This form of the drug does not at present appear to be obtainable in English commerce, and it must always be expensive, as it necessarily forms but a small proportion of the plant. The form in which the drug is at present obtainable is the entire plant in flower or in fruit. The stem is  $1\frac{1}{2}$  to  $2\frac{1}{2}$  feet high, hairless below, but woolly above, with leaves 2 to 5 lines wide, grasslike, alternate, the upper ones reduced to bracts. The inflorescence is compact and capitate when young, but more diffuse, and 2 to 5 inches across when fully expanded. The flowers are 4 to 5 lines broad, and bracteolate; the style is simple and about as long as the stamens, which exceed the perianth in length; the anthers are introrse; the pedicels are shorter than the bractlets, and the capsule is about 3 lines in diameter and trilocular. The six perianth segments are linear, glabrous, yellow on the inner surface and woolly outside. Illustrations are given in Britton and Brown's *Illustrated Flora of the Northern United States* (New York, 1891), Vol. I. p. 443, under the name of *Gyrotheca capitata*, Salisb. The seeds are flattened, slightly concave, convex, amphitropous, with a narrow margin, are of a dull red colour, and about 1 line in diameter.

*Lachnanthes* was originally a homeopathic remedy introduced by Dr. Hering in 1852, and was "proved" by Dr. Lippe, who gave an account of the symptoms it produced in healthy individuals, *American Homeopathic Review*, Vol. IV. p. 458, and the symptoms so produced were taken as an indication of its curative powers in cases where such symptoms were produced by disease. It was first included as an allopathic remedy in Martindale's *Extra Pharmacopeia*, 4th ed. 1885, p. 339. The formula given in the *American Homeopathic*



*Pharmacopeia* of the same date, 1885, pp. 284-285, differs from that given by Martindale in being made from the fresh herb and of greater strength. Mr. J. Britten is of opinion the plant should be called *Gyrotheca capitata*, Salisb., *Journ. Bot.*, 1902, p. 23.—*Pharmaceutical Journal*, February 8th.

---

## THE STRATIFICATION OF HYDROGEN, AND RADIO-ACTIVITY AND THE ELECTRON THEORY.

By SIR WM. CROOKES.

At a meeting of the Royal Society at Burlington House on February 6th the Prince of Wales was formally admitted a Fellow, signing the historic roll of fellows. Sir Wm. Crookes read two papers on "The Stratification of Hydrogen" and Radio-activity and the Electron Theory.

He described his attempts to prepare pure hydrogen and experiments on the stratifications exhibited by the purified gas under the influence of an induction current. The researches begun in 1884 have been continued at intervals to the present time. Some beautiful experiments in radiant matter were then shown, after which the lecturer said he had spoken of "radiant matter" and "electrons" as if they were identical. Nearly twenty-five years ago he was led by experiments in highly rarefied tubes to assume the existence of matter in an ultra-gaseous state. Later, in a lecture delivered before the British Association at the Sheffield meeting, 1879, he first used the expression "radiant matter." "In studying this fourth state of matter," he said, "we seem at length to have within our grasp and obedient to our control the little indivisible particles which, with good warrant, are supposed to constitute the physical basis of the universe. We have seen that in some of its properties radiant matter is as material as this table, whilst in other properties it almost assumes the character of radiant energy. We have actually touched the borderland where matter and force seem to merge into one another." In twenty-five years one's theories might change, although the facts on which they were based remained immovable. What he then called "radiant matter" now passed as "electrons," a term coined by Dr. Johnstone Stoney to represent the separate units of electricity, which was as atomic as

matter. What was puzzling and unexplained on the "radiant-matter" theory is now precise and luminous on the "electron" theory, and thus his early hypotheses fell into order by the substitution of one expression for the other. A chemical ion consists of a material nucleus or atom of matter, constituting by far the larger portion of the mass, and a few electrons or atoms of electricity. The electrons are the same as the "satellites" of Lord Kelvin and the "corpuscles" or "particles" of Professor J. J. Thomson. Electrons probably left the negative pole with a velocity nearly uniform, modified to a considerable extent by the degree of exhaustion, and to a less extent by the electromotive force behind them. Many experiments have shown that the liberated electrons do not behave as a gas; they have not properties dependent on intercollisions, mean free path, &c.; they act more like a fog or mist, are mobile, and carried about by a current of air to which they give temporary conducting powers, clinging to positively electrified bodies and thereby losing mobility, and settling on the walls of the containing vessel if left quiet. On the other hand, the crowd of hydrogen or mercury atoms, by virtue of molecular motion and intercollisions, act as gases. Whilst their mean free paths are conditioned by the degree of exhaustion, there might be amongst them a certain number of actual free paths differing widely on each side of the mean. Under the influence of the electromotive force, and at the right degree of exhaustion, those atoms arrange themselves in groups, while the rushing swarm of electrons driven from the negative pole meet them and render them visible. According to Professor J. J. Thomson the mass of an electron is about  $\frac{1}{700}$  part of that of the hydrogen atom, and as these masses start from the negative pole in a vacuum tube with a velocity of the order of half that of light, it is easy to see that their heating, phosphorescent, and mechanical power must be stupendous. The basis of the electron, as foreshadowed in 1879 in the case of radiant matter, is probably the same in all cases—the protyle from which the chemical atoms are assumed to be formed. On the two-fluid theory the electrons constitute free negative electricity, and the rest of the chemical atom is charged positively, although a free positive electron is not known. It seemed to him simpler to use the original one-fluid theory of Franklin, and to say that the electron

is the atom or unit of electricity. Then a so-called negatively charged chemical atom is one having a surplus of electrons, the number depending on the valency, whilst a positively charged atom is one having a deficiency of electrons. Differences of electrical charge might thus be likened to debits and credits in one's banking account, the electrons acting as current coin of the realm.

After Lord Kelyin and Lord Raleigh had briefly congratulated the lecturer, the President called on the Prince of Wales to say a few words, which he did, thanking Sir William Crookes for his clear exposition and assuring the fellows that he has a hearty sympathy with scientific research.—*Chemist and Druggist*, February 15th.

---

## REVIEWS.

---

### HOMEOPATHIC PHARMACOPEIA OF THE UNITED STATES.\*

WE have pleasure in announcing the appearance of the second edition of this important work. In homeopathic practice purity and exactitude in pharmacy are all-important, and happily, since it is not possible for every practitioner to be his own pharmacist, homeopathy has never lacked men of intelligence, integrity, and enthusiasm for homeopathy, which has ensured for practitioners perfect instruments for their use. Practitioners have often been too little mindful of this fact, and have taken little pains to see that the man who makes up their prescriptions is adequately rewarded for the care and trouble spent upon the preparations he dispenses. "Stores" have cut down prices to such an extent that the sons of homeopathic chemists are compelled to take up allopathic businesses if they want to make a living. If homeopathic doctors had a higher opinion of their art they would not allow those who aid them in carrying it out to be in this case.

\* *The Homeopathic Pharmacopeia of the United States*. Published under the direction of the Committee on Pharmacopeia of the American Institute of Homeopathy. Second edition. Boston: Otis Clapp & Son, Agents, 10, Park Square. 1901.

The Pharmacopeia is to the pharmacist what the *Materia Medica* is to the practitioner. It is a noteworthy fact that Hahnemann was the first pharmacist of his time before he was a homeopath, his *Apotheker-lexicon* being for a long time the standard authority on pharmacy.

To understand the position of the work under review it will be well to give the "official notice of the completion of the second edition of the *Pharmacopeia of the American Institute of Homeopathy*, now issued under the title of the *Homeopathic Pharmacopeia of the United States*." It is dated "Boston, December 10, 1901," and runs as follows:—

"The Publication Committee of the Committee on Pharmacopeia of the American Institute of Homeopathy desires to notify the profession of the United States of the completion of the second and revised edition.

"The Committee of Revision was appointed in June, 1899, and the result of their labours is embodied in the present volume. While this revision exhibits no alterations in the principles or methods of homeopathic pharmacy, it has been greatly perfected by many corrections and emendations, and it is believed that the new title, the *Homeopathic Pharmacopeia of the United States*, to which special attention is called, will be generally recognised as not only far more comprehensive than the old, but also much better calculated to enlarge its field of usefulness.

"Since the publication of the first edition, both France and Germany have issued homeopathic pharmacopeias which have been officially recognised as authoritative in their respective countries. While these pharmacopeias differ somewhat from those of England and America in methods of tincture preparation and designation, all adopt the process of maceration to the exclusion of the original Hahnemannian method of expression. It would seem, therefore, that while absolute international pharmaceutical uniformity is not likely to be attained in the immediate future, the methods now employed in the preparation of homeopathic remedies and the products obtained are more nearly alike than ever before.

"One of the chief objects of the Institute in its efforts to produce a pharmacopeia was to secure uniformity in the strength and composition of tinctures and triturations. To accomplish this and at the same time to make the dilutions or liquid attenuations correspond in actual strength with triturations, the dry crude drug was in each case made the UNIT from which to estimate strength. It should be understood, however, that it does not follow that because the dry crude drug has been made the unit of strength it is to be selected in the preparation of tinctures. On the contrary, the fresh succulent plants are used whenever practicable, the plant moisture in all cases being taken as part of the menstruum, and, with but few necessary exceptions, tinctures are made to represent a strength of ten per cent., the dried crude drug being the unit, and in the process of attenuation the mother tincture is to be regarded as the first decimal, or 1x.

"The Committee congratulates the profession upon the scientific exactness of this method—the mother tincture being 1-10 or 1x strength of the crude drug, the initial attenuation made from it is therefore the 1-100 or 2x strength of the crude drug, and thus every attenuation expresses its exact value in terms of the crude drug. It cannot diminish the strength of the tincture to consider it as 1x rather than unity in the preparation of the attenuations. In fact, the average strength of the tinctures made according to the standard pharmacopeia is fully equal to that of those heretofore prepared. In addition, uniformity of strength has been secured for tinctures and attenuations; liquid attenuations and triturations now agree in their designated strengths, and we have a knowledge of the exact proportion of crude drug present in each attenuation.

"The Committee is pleased to note the fact that the Institute Pharmacopeia has received the unanimous approval of the Association of Homeopathic Pharmacists of the United States.

"Committee on Publication,

"CHARLES MOHR, M.D., Chairman.

"J. WILKINSON CLAPP, M.D., Secy.

"T. H. CARMICHAEL, M.D."

The *Homeopathic Pharmacopeia of U.S.* does not differ materially from the *Pharmacopeia of the American Institute of Homeopathy*. It has the same construction, and contains exactly the same number of pages, and indeed it seems only yesterday that the Institute's Pharmacopeia made its appearance, though, in reality, it is four years since. As the official notice explains, the later work is a revised and corrected edition of the former, and to all engaged in the preparation of homeopathic medicine it will be indispensable.

The feature on which the compilers seem to pride themselves most is the one we like least—the alteration of the notations  $\phi$  or  $\theta$  for the strongest tincture to 1x. The object of this is stated to be the securing of uniformity between trituration and tinctures. We cannot see that this is in any way essential, and to abolish the sign  $\phi$  necessarily introduces confusion in prescribing.

The compilers of the *Pharmacopeia* have taken no note of the nosodes or sarcodes which have taken such a definite place in the materia medica of both schools. This omission will have to be made good in later issues.

---

## TWENTY YEARS' EXPERIENCE WITH DIABETES, AND ITS HOMEOPATHIC TREATMENT.\*

THIS unpretending little work is one of the kind that delights the heart of the true worker. The humdrum practitioner must perforce be content to jog along in the leading-strings of his academic preceptors. The practitioner of the art of curing—the healing artist, as he might be termed—cannot rest content therein. Brought face to face with nature in disorder, he must needs *know*, and know how to manipulate, nature's own forces in order to restore the balance. It is not enough for him to know what his *alma mater* has told him about these forces—he must be as familiar with them as a painter is familiar with his colours, or a pianist with the keys of his instrument. In Dr. Datta's work we find the refreshment that genuine, original observation always affords. The first part gives a very instructive account of the disease itself. The next part deals with the remedies Dr. Datta has most frequently found indicated, illustrating them with cases from his own practice. These cases are exceedingly well observed and reported, and we think that every homeopath would be the better for studying them. True homeopathy is a foe to routine; and Dr. Datta is a true homeopath. Hence his cures are not mere lucky hits, but the result of acute homeopathising, the guiding symptoms in each instance being given, so that the reader is put in a position to repeat and test the experiences. The account Dr. Datta gives of Lactic, Acetic, Carbolic, Nitric, Salicylic, and Sulphuric acids contains much that will be no less valuable than it will be new to most homeopathic practitioners.

Dr. Datta gives in addition a *materia medica* of remedies, with special indications for cases of diabetes insipidus; and concludes with an account of the treatment of carbuncles and cataract complicating diabetes. In this section he has some interesting information regarding some Indian plants, *Vitis pedata*, *Vellarisa indica*, and *Argyrcia nervosa*—about which we hope in future to learn more.

\* *Twenty Years' Experience with Diabetes, and Its Homeopathic Treatment.* By Dr. Atul Krishna Datta, with an Introduction by W. Younan, M.B., C.M. (Edin.). Calcutta: A. K. Roy & Co., 57/1, Great College Street. London: Homeopathic Publishing Co., 1901, pp. 200. Price 4s. 6d.

It would have perhaps been well if Dr. Datta had found an English friend to revise his MS., as he is not quite at home with our grammar, and his phraseology is sometimes quaint. However, his meaning is never doubtful, and that is the essential point.

The dedication of the work is of peculiar interest: it is to the memory of a well-known Anglo-Indian and a well-known lay homeopath. It runs:—

“To the memory of J. H. Bax-Ironside, C.B., late judge of Benares.

“Ironside was an iron-pillar of Homeopathy in the East. He founded Homeopathic Hospitals in Benares, Agra, and Allahabad. Although it may be too soon for us to know what his name will mean to posterity—we may tell posterity what service he has rendered to the cause of Homeopathy.

“To me he taught two great lessons. The first is to rely confidently on that order of the Universe which makes it always really worth our while to do our best, even though the reward may not be immediate; and the second was to have self-reliance enough to trust our own convictions and our own gifts such as they are, or may become, without either echoing the opinions or desiring the more brilliant gifts of others. It is these two doctrines of reliance on the compensations of Nature, and of a respectful self-reliance on our own individuality, that have the most invigorating influence on workers like myself.

“So now I go, in spirit, a pilgrim to that tall pine-tree that grows upon ‘the hill-top’ to the east of ‘Sleepy Hollow,’ and lay one more wreath upon an honoured grave.

“ATUL KRISHNA DATTA.”

(Judge Bax-Ironside, we may observe, was the father of Mr. H. O. Bax-Ironside, a well-known member of the diplomatic service who was *chargé d'affaires* at Peking in the absence of Sir Claud Macdonald before the troubles broke out). In the body of his work Dr. Datta makes this further reference to Mr. Bax-Ironside (p. 155): “Homeopathy has been virtually introduced into India by an amateur; and amateur-followers of this amateur-master have been the pioneers in spreading the new method of treatment all over the country. Mr. Ironside, late a judge in Benares, with an amateur expert in homeopathy, founded the Benares Homeopathic Hospital, which marked an era in the history of Medicine in this country. The place of the amateurs has now been strengthened by the *regulars*, and we have a right therefore to expect from them a regular improvement of homeopathy.” By this Dr. Datta means a systematic proving of Indian drugs.



# INTERNATIONAL HOMEOPATHIC DIRECTORY, 1902.\*

It would be difficult to exaggerate the importance to the world of homeopathy which this *Directory*, now in the eighth year of its issue, has assumed. Combination is the watchword of the new century, and the *International Directory* supplies a bond and a means of contact and communication between homeopaths in all parts of the world. Last year Central America was added to the list of countries included. This year South America is represented by names from Argentina, Uruguay, Brazil, and Venezuela. In addition to this, for the first time there appears a list of homeopathic physicians of the United States of North America. The proposal to insert the names of North American subscribers, indicated last year, has met with a response which the promoters of the *Directory* cannot fail to regard as most encouraging. This adds much to the value and interest of the work. We are glad to see, also, many new names in the British list; whilst the number of absentees has dwindled down to a figure which is altogether insignificant.

The number of changes in address and other important particulars that last year brought is very great, and we would urge on our readers the necessity of subscribing yearly to the *Directory* if they wish to avoid errors. Only the other day an instance of error from neglect of this came to our notice. A colleague writing to a friend about an important matter failed to receive a reply. On investigating the cause he found that his latest *Directory* was two years old and the friend had long vacated the address to which the letter was sent.

We observe two errors in the "London List" (pp. 52-55) subscribers had better put their pens through. The reviser of this list omitted to remove Dr. Newbery's name from the "North-Eastern District" when he inserted it under "Plymouth." The late Dr. Carfrae's name should have been erased from the "Western District."

\* *International Homeopathic Medical Directory*, 1902. New series. Eighth year of publication. London: Homeopathic Publishing Company, 12, Warwick Lane, Paternoster Row, E.C. Price in Great Britain, Australia, New Zealand, India, Cape Colony, &c., 2s.; Belgium, Switzerland, France, Roumania, Austria, and Italy, 3 francs; Germany, 2 marks 10 pfen.; Holland, 1 florin 25 cents; Portugal, 500 reis; Russia, 1 rouble; Spain, 3 pesetas; Norway, Sweden, and Denmark, 2 kroners; United States and Canada, 50 cents; or (in United States) with insertion of name and address, one dollar.

## PATHOGENIC MICROBES.\*

IN this brochure of 108 pages Dr. Pierre Jousset gives the best account of the natural history of disease-producing micro-organisms which it has been our good fortune to encounter. Dr. Jousset writes as no mere commentator of other men's labours; he is himself a bacteriologist who has devoted much time and thought to the study of the ways and doings of these important denizens of our planet which the microscope has brought to light. With all the lucidity of expression for which the French language is pre-eminent, Dr. Jousset sets forth his entrancing subject. It is a field which homeopaths cannot afford to neglect, as it is unquestionably their own, though it has, in its present phase, been mainly worked by "outlanders." Hering and Swan and Burnett, however, had been before them and pegged out the claims which cannot be confiscated; though we need not begrudge the others the credit they deserve for their share of the workings.

Our cordial thanks to Dr. Jousset for his brilliant and valuable little work.

---

---

ANSWERS TO CORRESPONDENTS, NOTES  
AND QUERIES.

---

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

"*Specific Bejeau*" (French).—In the July number, page 333, I asked a question about this patent medicine, of great repute in France for gout. The other day I showed it to a doctor friend, and he pronounced it a preparation of Wood Creosote, and said a book had been written by some Yorkshire doctor on the use of Wood Creosote for rheumatism. Can any reader kindly give me reference to such a book, writer, and publisher?—E. B. IVATTS.

---

\* *Les microbes pathogènes*, par le Dr. P. Jousset, médecin de l'hôpital Saint-Jacques, ancien interne (médaille d'or) des hôpitaux de Paris, directeur du laboratoire de bactériologie de l'hôpital Saint-Jacques. Paris: Librairie J.-B. Baillière et fils, 19, rue Hautefeuille. London: Homeopathic Publishing Co. 8vo, paper, pp. 108. Price 2s. 6d.

## GENERAL CORRESPONDENCE.

---

### *SULPHUR AURATUM ANTIMONII.*

DEAR SIR,—In the January number of THE HOMEOPATHIC WORLD there is an interesting article by Dr. Goullon on three preparations of Antimony. One of these, the *Sulphur auratum antimonii*, as Dr. Goullon terms it, but which is described in the *Homeopathic Pharmacopeia* as *Antimonium sulphuratum aureum*, I have had prepared in the 1st cent. trit. by a most reliable and conscientious homeopathic chemist, but its colour does not at all tally with Dr. Goullon's description, viz., "reddish, a pale rose colour." My first centesimal trit. is a pale yellow, or buff, and, as four different preparations of the drug have been obtained from four different chemists, and the resulting triturations produce the same colour in each case, would Dr. Goullon kindly explain further in your columns the source of his own preparation? There is nothing reddish or rose-coloured in the 1st cent. trit., but as its common name, Golden Sulphur, would imply, the colour is distinctly yellow.

Yours faithfully,

STANLEY WILDE.

Ingleside, Bayshill, Cheltenham.

Feb. 14, 1902.

[We will submit this point to Dr. Goullon.—ED.  
H.W.]

---

---

## VARIETIES.

---

TETANUS ANTITOXIN.—In reporting four cases of tetanus treated by antitoxin, strictly according to the precepts of Behring, B. Möllers (*Deut. med. Woch.*, November 21, 1901) points out that, although there is no unanimity of opinion with regard to the value of the serum treatment, there appears to be only a few cases reported which recovered in which the serum was injected within thirty hours of the initial symptoms, and in which at least a hundred units were used, and it is not at all certain that the recovery in these cases was due to the antitoxin. Animal experiments show that when injected soon after the infection with twelve times the lethal dose the rabbit can be saved, but, if the space of time after infection is increased, larger quantities are required until six hours, when antitoxin injections are useless. It is therefore not to be expected that in human

beings, when the infection has occurred a considerable time before, antitoxin could be of any avail. However, in case any unbound toxin is still circulating, antitoxin should be injected as soon as possible, but the most important use of it rests in its application at once in cases of wounds soiled in such a way as to render it possible for tetanus to develop therefrom. The cases reported were severe ones, large quantities of antitoxin were injected very early, and yet death occurred in all cases without any benefit having been observed which could be ascribed to the treatment.—*Brit. Med. Jour.*

**EUCALYPTI CLASSIFICATION.**—At a recent meeting of the Linnean Society of N.S.W., Mr. J. H. Maiden (President) showed that *Eucalyptus pulverulenta*, Sims, is conspecific with the "apple or peppermint" of Victoria (one of the trees known as *E. Stuartiana*, F. v. M.) and the "red or black peppermint" of New England (*E. novæ-anglicæ*, Deane and Maiden), both of which he considers to be lanceolar-leaved forms of the species. Mr. Maiden also showed that at least three species of trees have passed under the name of *E. Stuartiana*, F. v. M., and suggested that it be confined to the "apple or but-but" of Victoria and to the "apple or white peppermint" of New South Wales. Mr. Maiden divided the species *E. Gunnii*, Hook. f., into the type-form and four varieties—*vars. acervula, ovata, rubida, and maculosa*.—*Chemist and Druggist*.

**THE CONSTITUENTS OF KOUSSO FLOWERS.**—Lobeck (*Arch der Pharmazie*, 1901, 672) has re-examined the chief constituents of Koussou flowers, and has shown that ordinary kosin in reality consists of two compounds. Merck's kosin was found to consist of yellow needles melting at 142° C., and to possess the composition corresponding to the formula  $C_{23}H_{30}O_7$ . By a series of recrystallisations from absolute alcohol, a body was obtained melting constantly at 160°–161°. From the mother liquor a second compound of a deep yellow colour, melting at 120°–121° was obtained. One or more other compounds were also present, but were not fully examined. The compound melting at 160°, which the author terms *a*-kosin, gave analytical results which the author claims to agree with the formula  $C_{22}H_{26}O_7$ , but an inspection of the results of the combustions does not admit a good agreement. The second compound melting at 120° is claimed to have the formula  $C_{23}H_{30}O_7$ , the formula originally assigned to kosin by Leichenring, but in this case also we cannot consider the figures are in the best possible agreement with the suggested formula. The bodies protokosin, kosidin, and kosotoxin, all isolated from the flowers, are then described at length, and an examination of the extract of the flowers concludes a useful and interesting paper.—*Chemist and Druggist*.

**SUPRARENAL GLAND IN THE EPISTAXIS OF HEMOPHILIA.**—Dr. D. McKenzie, in a thirteen-year-old boy who for eighteen days had been suffering from nose-bleed which was incompletely controlled by tamponing, took three ordinary tablets of suprarenal extract, such as are put up by certain pharmacists, and mixed about a gramme of this with 100 grammes of water. A tuft of cotton was moistened with the clear fluid and pushed into the nostril. The bleeding ceased at once. On removing the tampon it recurred slightly, but it soon stopped after inserting a second one. By this measure the hemorrhage was easily brought to a standstill (*Centralblatt fuer Chirurgie*, No. 41, 1901). (Dr. E. A. Schaefer, in the *British Medical Journal*,

April 27, 1901, recommends it in cardiac weakness from shock, hemorrhage, poisoning, &c. He advises a filtered decoction in the proportions of 0.35:30. This is injected into a superficial vein, or through the thoracic wall into the heart itself. A decoction in the proportions of 3.0:4000.0, locally applied, will cause a violent contraction of the uterus.)—Frank H. Pritchard, M.D., in *Hahn. Monthly*.

## LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

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

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

- Bury** (Judson S.). The Bradshaw Lecture on Prognosis in Relation to Disease of the Nervous System. 8vo, pp. 34. (Sherratt and Hughes. Net, 2s.)
- Caird** (Francis M.) and **Cathcart** (Charles W.). A Surgical Handbook for the Use of Students, Practitioners, House Surgeons, and Dressers. 11th ed. 12mo, 1r. (C. Griffin. 8s. 6d.)
- Cheadle** (W. B.). On the Principles to be Observed in the Artificial Feeding of Infants: The Properties of Artificial Foods, &c., the Diseases which Arise from Faults of Diet in Early Life. 5th ed., edited and revised by F. J. Poynton. Cr. 8vo, pp. 284. (Smith, Elder, and Co. 5s.)
- Curschmann** (H.). Typhoid Fever and Typhus Fever. Edited, with Additions, by William Osler. (Notnagel's Encyclopedia of Practical Medicine.) Roy. 8vo, pp. 646. (Saunders. Net, 21s.)
- Delafield** (Francis) and **Prudden** (T. Mitchell). A Handbook of Pathological Anatomy and Histology. With an Introductory Section on Post Mortem Examinations and the Methods of Preserving and Examining Diseased Tissues. 6th ed. Roy. 8vo, pp. 840. (Baillière. Net, 21s.)
- De Tavera** (T. H. P.). The Medicinal Plants of the Philippines. Translated by J. B. Thomas. 8vo. (Rebman. Net, 8s. 6d.)
- Emery** (W. D'Este). Handbook of Bacteriological Diagnosis for Practitioners, including Instructions for the Clinical Examination of the Blood. Cr. 8vo, pp. 232. (H. K. Lewis. Net, 5s. 6d.)
- Hadley** (Wilfred J.). Nursing: General, Medical, and Surgical. With Appendix on Sick-Room Cookery. Cr. 8vo, pp. 336. (Churchill. 3s. 6d.)
- Hardesty** (Irving). Neurological Technique. Illust. 8vo, pp. 180. (Univ. of Chicago Press, Chicago. Net, 7s. 6d.)
- Herter** (G. A.). Lectures on Chemical Pathology in its Relation to Practical Medicine, delivered at the University of Belle Vue Medical School, New York City. Cr. 8vo, pp. 478. (Smith, Elder, and Co. 7s. 6d.)
- Keightley** (Archibald). The Recovery of Health. With a Chapter on the Salisbury Treatment. 2nd impression. Cr. 8vo, pp. 260. (H. J. Glaisher. Net, 5s.)
- Pye** (Walter). Elementary Bandaging and Surgical Dressing, with Directions concerning the Immediate Treatment of Cases of Emergency. For the Use of Dressers and Nurses. Revised by Thomas Carwardine. 9th ed. Illust. Roy. 24mo, pp. viii.-214. (J. Wright and Co., Bristol, Simpkin. 2s.)

## TO CONTRIBUTORS AND CORRESPONDENTS.

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

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

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

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

### CORRESPONDENTS.

Dr. Dudgeon, London.—Dr. Cooper, London.—Dr. B. W. Nankivell, Bournemouth.—Dr. Stanley Wilde, Cheltenham.—Mr. Dudley Wright, London.—Dr. Clifton, Northampton.—Dr. Burford, London.—Mr. F. Kopp, Greenwich, N.S.W.

### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Revist. Hom.—Calcutta J. of Med.—Med. Times.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica.—Maanedsk. f. H.—H. Maandblad.—La Homeopatia.—Hom. Envoy.—Hom. News.—Personal Rights.—Med. Century.—Rev. Hom. Française.—Hom. Recorder.—Wjestnik H. Med.—N. A. J. of H.—Clinique.—New Eng. Med. Gaz.—L'Art Médical.—Amer. Med. Mon.—Med. Advance, New Series, No. 1.

—Amer. Hom.—H. J. of Obst.—Revista Homeo. Catalana.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Ind. Hom. Rev.—Hahn. Adv.—Leip. pop. Z. f. H.—Lekarz Homeopata.—Jour. Brit. Hom. Soc.—Vital Force and Infinitesimals in the Light of Recent Investigations of Matter and Energy. By W. P. Wesselhøft, M.D.—14th Annual Report Leaf Homeopathic Hospital.—International Homeopathic Medical Directory, 1902.—Cats. By Edna K. Neel.

## The Homeopathic World.

### CONTENTS OF FEB. NUMBER.

#### LEADING ARTICLE.

The Cow-pox Epidemic.

#### NEWS AND NOTES.

#### ORIGINAL COMMUNICATIONS.

The Twentieth Century Fund. By Dr. R. E. Dudgeon.

Medicine *versus* Surgery—"Lest we Forget." By A. C. Clifton, M.D.

Cancer of the Breast. By Robert T. Cooper, M.D.

Materia Medica Miscellany. By J. R. P. Lambert, M.D.

Vesicaria.

For the Dictionary. By Dr. Clarke.

#### SOCIETY'S MEETING.

British Homeopathic Society.

The "Twentieth Century Fund" for the Extension of British Homeopathy.

#### EXTRACT.

The Care and Cure of Small-pox.

#### REVIEWS.

Forestry.

Physician's Diary and Case Book, 1902.

#### ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

"Nature Cure"—*Ethiops Antimonialis* and *Sulphur Auratum Antimonii*—*Cydonia Vulgaris*: Not in the Dictionary.

#### NOTIFICATION.

Dr. Chalmers.

#### OBITUARY.

Dr. Théophile Vanden Heuvel.

Dr. Francis Edmund Boericke.

Dr. Victor Chancerel.

M. Leon Kirn.

#### GENERAL CORRESPONDENCE.

Remedies for Patched Tongue.

#### VARIETIES.

#### MEDICAL AND SURGICAL WORKS.

#### TO CONTRIBUTORS & CORRESPONDENTS.

# THE HOMEOPATHIC WORLD.

---

APRIL 1, 1902.

---

## DEFINITIONS.

THERE is one aspect of the impending renaissance of homeopathy that must not be left out of account, and that is the practical aspect. It will not avail much to assert our claims and maintain our rights unless we improve our practice at the same time. In this particular every homeopathic practitioner can advance the cause even if he does it in no other way. The first step in reform is to reform oneself; and it will hardly be denied that there is ample room for this.

We have heard it said by some professing homeopaths that the two schools of practice have approached so closely in these advanced days that there is not sufficient difference remaining to make any trouble about; and we must confess that there is far too much truth in the saying as far as the practice of some homeopaths goes. But it ought not to be possible to have it said at all; homeopathy at the beginning of the twentieth century is no more like allopathy (by which we mean all the *other* "pathies," including no-pathy) than it was at the beginning of the nineteenth.

When we come to inquire into the reasons of this state of things we find prominent among them this: For the idea of homeopathy as a living principle in nature capable of development in an infinity of ways, there has been substituted the idea of it as a quasi-theological creed to be



defended and disputed about and settled (or left unsettled) in the way usual with such disputes. Such being the case it has become necessary to "define" homeopathy, the definition necessarily taking colour from the opponent in argument for whose benefit the definition is made.

A "definition" may be compared to a bottle made to hold precisely the amount of knowledge on any subject possessed at the time by the definer. Having once made it, your definer is, to all intents and purposes, closed to progress. It is impossible to put more of the same fluid into the bottle without spilling some of its contents, and this proceeding is objected to by the owner of the bottle and those who accept it as adequate. But there are certain to be some who object to the bottle on the score of shape or size, and hence other bottles are set up and a battle of bottles ensues.

But homeopathy is a living principle, and can no more be defined than can Music, or Art, or Love, or Life. Hahnemann devoted his *Organon*—perhaps the profoundest therapeutic work ever written—to the mere *statement* of homeopathy, but the *Organon* cannot be accepted as a definition of it.

As soon as a thing can be satisfactorily defined it is practically dead. Homeopathy is very much alive; and homeopaths should know it as a living power and seek to apprehend as much of it as they can use, without imagining that all outside their range of vision and scope in use is non-existent or illegitimate.

According to Ruskin, "a hundred men can talk for one who can think, and a thousand can think for one who can see." In medicine good observers—*i.e.*, seers—are rare, and as soon as they venture to describe their seeings the talkers and thinkers (who delight in definitions) immediately seek to extinguish them. In homeopathic ranks it has fared not otherwise. Those who have definite notions of what homeopathy is, or ought to appear, have done their best to make it uncomfortable for those who have ventured to open their eyes and see and realise

their visions in practice in spite of the definitions—whether actually formulated or tacitly accepted—into which the majority can quite comfortably pack all that has come within their ken or imagining.

But if homeopathy cannot be defined it can nevertheless be taught. And it *needs* teaching. It is just as difficult to master all the infinite details of homeopathic practice without a teacher of practice as it would be to learn to play any of the greater musical instruments without instruction and practice. This is the line which, it seems to us, the new movement should sedulously follow—providing a school in which students may find the instruction they seek, and practitioners may be able to refurbish some of their forgotten lore.

But we warn the leaders of the movement, as we warn all homeopaths, to beware of definitions. And this applies not to homeopathy alone but to other things. For example: once define cancer as “an incurable disease,” and accept the definition, and who will seek to cure cases of cancer? And the same may be said of consumption.

It is the duty of homeopaths to make curable things incurable hitherto; and to give every encouragement to those who venture to put to the test of practice the highest principles of our art. Enthusiasm of cure should be the mainspring of every homeopath. A generous emulation in curing should form the chief animating principle of the homeopathic body. If that were the case the gulph between homeopathy and allopathy would be visible enough to prevent any one falling into it unawares.

But if homeopaths are content to accept allopathic definitions of homeopathy and of diseases there is an end of progress, and the Thirtieth Century will find the world as much in need as the Twentieth of a fund for propagating homeopathy.

---

## NEWS AND NOTES.

---

### THE LATE DR. VAN DEN HEUVEL.

SOME additional particulars of the career of our deceased *confrère* having appeared in the Belgian journals, we think our readers will like to know them. The following are from Dr. Lambrecht's account in *Journal Belge d'Homeopathie* of February. Van den Heuvel had scarcely qualified as a doctor in 1870 when he volunteered under the Red Cross banner and devoted himself to the care of the wounded in the Franco-German War. In 1871 he commenced practice at Willebroech. Not content with the scientific equipment gained at college, on the advice of friends he took up with ardour the study of Hahnemann's doctrine, and in 1877 established himself at Antwerp as a homeopathic doctor. But he could not content himself with the narrow boundaries of his native country; and with his love of adventure in 1878 he joined Stanley in his expedition across the "Dark Continent." Van den Heuvel was the first Belgian doctor who crossed Africa with Stanley, and with him he founded the station of Tabora, now in German possession. There he remained for several years, and then visited the Upper Congo. In 1885 he returned to Belgium, and after a short stay there sailed for the Cape and finally settled at Kimberley. Van den Heuvel was a great promulgator of homeopathy in South Africa. By his talent and his remarkable cures he acquired an immense reputation. "In fact, as Madame du Toict, wife of a former minister of the Transvaal, stated several years ago, there is not a farmer of any note in that country who does not possess his *Guide* and his *Homeopathic Pharmacy*." Having been for so many years accustomed to tropical and sub-tropical climates, his constitution, severely shaken by many attacks of intermittent fever, was unhappily unequal to withstand a Northern winter.

---

### THE SALIVA CURE.

CURES are so simple and numerous nowadays that the wonder is that any one succeeds in dying of anything but

extreme old age. Here is a new cure for diphtheria (*Westminster Gazette*, January 4th) :—

“SALIVA AS A CURE OF DIPHTHERIA.

“Dr. Kurt, a well-known medical man in Vienna, has, according to the *Yorkshire Observer*, propounded a remedy against diphtheria which, besides being novel, is a marvel of simplicity. His prescription is to place in the mouth a piece of barley-sugar or other confection capable of producing free salivation, which should then be directed strongly against the affected part. According to Dr. Kurt saliva possesses bactericidal properties which destroy the microbes more rapidly than the most complex formula known to medicine.”

---

WATER-CURE FOR SMALL-POX.

FROM the *Westminster Gazette*, February 3rd :—

“Any one of the thousands who have at any time benefited by hydropathy will read with interest Mr. E. H. Spring’s letter in the *Daily News*: ‘During the epidemic in Gloucester in 1896 my friend, J. Pickering, and myself undertook the treatment of about 200 cases. These were treated most successfully in from a few days to two or three weeks by water only. The results were most striking as compared with “hospital” treatment, as they were obtained in the homes of the people, entailed but trifling expense, and infection was practically nil. You are facing an expenditure of nearly half a million and the possibility of London being boycotted at an important time. Surely if some simple and effectual and inexpensive method is known whereby the people and the nation can be benefited it is your duty to assist. If I can give further information I shall be pleased to do so.’ Mr. Edwin H. Spring writes from Ribson Hall, Gloucester.”

---

THE LAND OF THE FREE ?

THE following is from the *Westminster Gazette* of January 20th :—

“VACCINATION IN ‘THE LAND OF THE FREE.’

“Vaccination is indeed compulsory in Minneapolis. In consequence of an operator on ‘Change having developed small-pox, it was decided by the powers that be that all other traders should be vaccinated, and the New York correspondent of the *Telegraph* tells how it was done: The vaccinators had quietly prepared for operations on Saturday, and they appeared in the Chamber of Commerce just as the market was getting good and all the traders were present. In a twinkling all the doors were barred, and while policemen guarded all the exits 300 grain traders of the North-West were vaccinated.

“Millionaire and farmer alike had to undergo the process without favour, and when Mr. Alfred Pillsbury, a flour and grain king, sought to escape by a window he was rushed back by the police.

"About thirty visitors were in the gallery, and as many more in the hall ways and on the floor. An attempted stampede proved ineffectual, and there was more or less dodging about the building until noon, when the secretary announced that all the fire escapes were guarded and it would save time if all those present were to get into line and submit. The visitors in the galleries were caught in the building and shared the common fate."

This appeared in the same paper of February 21st:—

"VACCINATION OR GAOL.

"We have already had occasion to call attention to the drastic measures taken in the United States to ensure immunity from small-pox, and the *British Medical Journal* now gives further particulars of how even 'Saints' are dealt with. Thus a Michigan Central train was recently held up for three hours. There was a case of small-pox on board, and the health officer is said to have refused to allow the train to proceed until every person on board had been vaccinated. In Canada, too, the authorities have a short way with the conscientious objector in times of epidemic. The 'Saints,' a local sect near St. Catherine's, Ontario, have recently been giving trouble to the health authorities in that district. An outbreak of small-pox occurred among them, but they all refused on any terms to be vaccinated. They have therefore been quarantined *en masse*. The health officer has advised that the employment of force will be quite justified, and the 'Saints' will have to choose between vaccination and the gaol."

The era of the Inquisition is coming back in a new form. For the credit of British soil we are glad to see that there is at least the option of gaol in Canada.

---

DR. W. P. WESSELHOEFT ON U.S. VACCINATION LAWS.

DR. SKINNER has sent us two articles of great importance by Dr. W. P. Wesselhoeft, of Boston, Mass., on the new regulations in some of the United States relating to vaccination. These articles are in type but are held over for want of space until next month.

---

TWENTIETH CENTURY FUND.

THE first public meeting in connection with this Fund will be held in the last week of April in some well-recognised centre. Invitations will be issued through the various practitioners of our school to friends interested in homeopathy. It is expected that Earl Cawdor will preside.

## DR. J. T. ASHTON AND THE ELECTRO-THERAPEUTICAL SOCIETY.

IN his remarks from the chair after the reading of Dr. Ashton's paper before the British Homeopathic Society at its last session, Dr. Burford alluded to an incident of some importance to those who flatter themselves that there is any real *rapprochement* between the two schools. Dr. Ashton was the founder of the Electro-Therapeutic Society, and any one who has organised a new society will understand what trouble that means. All went well with the society and perfect amity and cordiality reigned among its members until Dr. Ashton accepted a post (perhaps it would be more correct to say *made* the post at his own expense) of electrician to the London Homeopathic Hospital. When this became known, the society promptly took means to rid itself of its Founder—though his theory and practice of electro-therapeutics in no way differed from theirs.

---

## CATS AND SMALL-POX.

To the house-fly we owe enteric fever, to the mosquito malaria, plague to rats, diphtheria to parrots, and now we have an impeachment of the domestic cat (*British Medical Journal*, March 1st):—

“CATS ?

“SURGEON R.N. writes : In respect to the present epidemic of small-pox in London and the neighbourhood, it has appeared to me that one source of the spread of the disease may have been overlooked. I have observed no mention, either in the daily press or in your paper, of the part played by cats in distributing this disease, and as it appears to me that these animals may be a great public danger at this time, prowling from house to house, searching every dustbin and heap of refuse, and then being petted indiscriminately by their owners, I feel constrained to write to you in order that my suggestion may elicit further expressions of opinion.”

Artemus Ward tells us a literary relative of his once wrote an essay entitled, “Is cats to be trusted ?” He omitted to say how the query was answered ; but “Surgeon R.N.’s” suggestion supplies the omission—They are not. But this is all very disturbing. What about mice ? The measles patient has a distinctly “mousy” odour ; and do not mice harbour favus ?

## BLUE LIGHT FOR TUBERCULOSIS.

THE following appeared in the *Vienna Letter* of the *Medical Press* of February 26th:—

## “TREATMENT OF TUBERCULOSIS BY BLUE LIGHT.

“Kaiser gave his experience of the treatment of tuberculosis by blue rays. The quality of the light was taken from the blue spectrum line of the solar analysis, with 32 candle power, and at a distance of 20 centimetres, or 7·88 inches. He used it on a tuberculous sore on his own hand that he had vainly laboured for two years to heal, which closed within two months after commencing the treatment. He showed two other cases of pulmonary tuberculosis with most favourable results.

“He concludes that the blue light acts adversely on the tuberculous bacilli, either inhibiting or killing the germ. He thinks the action of heat may be excluded in our estimate of the efficacy. That the real effect depends on the distance and intensity of the light; that the blue rays alone penetrate the body and thus affect the bacilli; that the rays act as an absorbent, and that they still pain by their anesthetic action.”

---

## COW-POX AND PSORIASIS—A VACCINATION

## “CASUALTY.”

THE following is from the *Medical Press* of March 5th, reporting the proceedings of the Harveian Society:—

## “PSORIASIS AFTER VACCINATION.

“Dr. Whitfield showed a young woman, the subject of psoriasis, which came on fourteen days after vaccination. The vaccination marks on the left arm were very severely affected, the right arm being more or less clear. The chest and back and knees and shins also showed the condition. He had not previously noticed such a strong tendency for the condition to affect the vaccinated arm as in this case, and he had no theory to advance to account for it. He was using creosote, which was especially useful in acute cases.

Most sensible persons would prefer small-pox to psoriasis; and for our part we don't envy this young woman if her doctors succeed in “curing” her psoriasis by “using creosote.” Homeopaths may take a hint from this case and give *Vaccininum* in the next troublesome case of psoriasis they meet. They may also remember this nosode in “left-sided complaints.”

---



“C. C. PERRY, M.D.”—WANTED.

THE following appeared in the *British Medical Journal* of March 8th :—

“ALLEGED IMPOSTOR.

“Our attention has been called to the following paragraph which appeared in the *Manchester Evening News* of March 4th; its republication here may serve as a warning to our readers: ‘This morning Alderman Snape, sitting at the City Police Court, granted a warrant for the arrest of a supposed swindler under the following circumstances. On the 11th of last month Dr. W. J. Sinclair, of Oxford Street, was visited by an American who represented himself to be Dr. C. C. Perry, of New York, and who took with him a message purporting to be from an old medical friend of the doctor formerly in practice in Manchester. He also represented himself as a friend of several medical men in America with whom Dr. Sinclair is acquainted. He explained that having missed a friend he was financially inconvenienced for the moment, and he asked for the loan of a few pounds, promising to return the money on his arrival in London. The doctor parted with the sum asked for, but soon had reason to fear that he had been victimised. He waited for some time for fear of doing the man an injury, although he found that he had made several false statements. Medical friends in New York were communicated with on the subject, and the cablegram reply was “Impostor; punish.”’

Perhaps C.C.P. will turn himself into a clergyman or a lawyer next.

---

METHYLENE-BLUE IN CHRONIC OTITIS WITH FOUL-SMELLING DISCHARGES.—Prof. H. Gaudier, of Lille, has found that a 2 per cent. solution of methylene-blue is a very useful local remedy in many cases of chronic otitis, and particularly in those cases in children with foul-smelling discharges which so often resist other antiseptics. After having washed out the auditory canal with a solution of soap and water, the child is instructed to hold its head on one side while fifteen to twenty drops of the solution of methylene-blue is dropped into the ear. With the head held thus for five minutes, the patient, by Val-salva's method, inflates his tympanum three or four times; this allows the fluid to penetrate into the middle-ear. In nine cases of chronic otitis with perforation, but without the formation of granulations or caries of the ossicles, but accompanied by a very abundant and fetid discharge, a complete cure was obtained in seven in twenty-five to thirty days. One left off treatment, and the other left off treatment on account of mastoid complications. Methylene-blue is both deodorant and antiseptic; indeed, surpassing the ordinary antiseptics in this condition (*La Semaine Medicale*, No. 43, 1901). (In a recent number of this same journal Dr. Hallopeau reported very good results in ozena from irrigation of the nasal passages with a 2.50 per cent. solution of methylene-blue; this is done at first three times, and later once a day. The inconveniences of this method are that it discolours the nostrils and the upper lip, but it soon brings about deodorisation of the nostrils and a cure in three to four weeks.)—Frank H. Pritchard, M.D., in *Hahn. Monthly*.

## ORIGINAL COMMUNICATIONS.

## SYNOVITIS OF KNEE-JOINT.

BY ROBERT T. COOPER, M.D.

ON September 19th last year a lady brought her daughter, a girl of eighteen, to see me about the condition of her knee, in which subacute bursitis existed, affecting the sub-tendinous bursa below the patella, as well as the knee-joint itself. There existed considerable swelling.

The history ran thus: The m.p. had ceased about April when on the Continent and remained away six weeks, but appeared naturally on June 15th; on the 22nd of June, after m.p. had ceased, her left knee began swelling, and on the 23rd was very much swollen and somewhat painful. Advice was sought, and ointment and strapping, with the usual blistering applications, were used for ten days. On the 16th of the July following the knee again swelled up, and upon *Iodine* being applied the entire limb became swollen and inflamed; since this the knee constantly inflames, but always worse before the m.p., which is regular and rather free.

About ten days before the period the knee begins to ache and swell and there is much undefined neuralgia about the body, which dates from influenza in the beginning of the year.

Some slight uterine tenderness exists in the uterine region, but otherwise functions are regular—sleep good, bowels regular, appetite fair.

The only treatment that had been suggested for this case was continuous lying up for some nine to twelve months, with the usual strapping—Scott's dressing—inunctions, blistering, and so forth.

I prescribed *Thuja occ.*  $\phi A$ , with a jelly of *Scrophularia nod.*, made with vaseline, to be used locally, and tablets of *Calcarea phosphorica* 4x to be taken two every fourth hour after the period.

October 15th.—M.p. came a week later and less in quantity, but the knee swelled up much as usual. On September 29th, ten days after dose, a blue spot, as from a vein, came over the patella, where a hardness could be felt by the finger, but now is not noticeable. Patient distinctly stronger and less easily fatigued.

As no real improvement had resulted in the swollen state of the knee from the *Thuja* or *Calcarea phosphor.*, I determined to change the selection of the remedy, and gave *Arnica mont.*  $\phi A$ , all else being discontinued.

On January 10th of this year I received a letter, of which the following is an extract, from the patient's mother: "I am sure you will be glad to hear that I believe you have cured my daughter's knee; it is not quite so small as the other knee, but she has been unwell three times without having had any pain in it. She never feels of it or complains of it now, and I am most grateful to you."

Up to the present (March 17th) the knee remains perfectly well.

---

## NEW CURE FOR TUBERCULOSIS, CHRONIC NEPHRITIS AND CARCINOMA.

By Dr. DUDGEON.

THE *Allgemeine Homöopathische Zeitung* in its number for January 16th of this year gives an account of a novel method of treating—or shall we say curing?—the above diseases by Dr. Edward Krull, of Güstrow, which is distinguished by originality, and according to its author, by success. The remedy employed is formic acid, which is secreted by female and neuter ants in considerable quantities, and has long been known to cause great irritation and even erysipelas and pustular eruptions on the skin of delicate persons. Ants have long been employed in medicine as a rubefacient, and as an external application for rheumatic and gouty pains, edema, paralysis, chronic ulcers, and cutaneous eruptions, and even sterility, in the form of cataplasms of crushed ants, aqueous solutions, and fumigations. Homeopathy employs the tincture of live ants, and numerous provings of this have been made and recorded chiefly by the late Dr. C. Hering in the *N. A. J. of H.* A tolerably complete pathogenesis of *Formica* will be found in Allen's *Encyclopedia* and in Dr. Clarke's *Dictionary of Materia Medica*.

Dr. Krull's paper is contained in the *Aertzliche Rundschau* for November 2, 1901. What led him to think of formic acid as a remedy was its constant occurrence in the internal organs and soft parts of the body, which led him to suppose that it must be of some use in the human

economy. He found it constantly present in the sweat of healthy persons, whereas in that of phthysical patients it was either in very much diminished quantity or was entirely absent. As it has anti-bacterial properties, he thought that it must play the part of a defensive agent in the organism. He thought to supply the defect of the acid in phthysical subjects by introducing it into the system in material quantities. But he found that it did no good when given in considerable doses by the mouth. So he had recourse to hypodermic injections of the watery solution. After two years of experiments he found to his surprise that the more he diluted the acid and the smaller the dose he gave, the better was the result obtained. Hence he concluded that the benefit caused was not owing to supplying from without the deficiency of formic acid in the system, but that his minute injections stimulated the cells to an increased secretion of the acid which became manifested in the increased amount of it in the sweat. He employed at first a solution of 1 of acid to 1,000 water, then 1 to 100,000, and at length one part of acid to several million parts of water. In fact, his dilutions corresponded to our 3rd and 4th centesimal potencies. Experience taught him that injections must not be frequently repeated, that it was best to wait five or six months before administering a second injection of this very diluted preparation.

He treated in this way, with success, external and internal tuberculosis, chronic nephritis, and malignant tumours. It was necessary for the success of the treatment that the nutrition of the body should be well maintained. In cachectic states the treatment is absolutely contraindicated. It will be remembered that Hering mentions the case of an anemic woman who died from the effects of an ant-vapour bath.

The general effects which were observed in all the cases treated by Dr. Krull's method were: Immediate increase of nutrition, the appetite improved, the weight increased; all this without any material change in the diet. In all the patients during the first months, sometimes every two or three days, sometimes at an interval of weeks, there occurred slight transient attacks of pain in the abdomen, on the right and left of the umbilicus, sometimes accompanied by urging to stool. If several copious fecal evacuations occurred this had no bad effect on the patient, they

seemed to have a critical character. After the injection the menses came on earlier and were more copious ; all diseased organs and parts showed greater activity.

In cases of pulmonary tuberculosis in the first stage, a cure was effected in from three to five weeks. If fever is present, this increases a little during the first eight to fourteen days, thereafter the temperature becomes permanently normal. If the temperature was normal before the injection it did not rise. The sputa are slightly increased during the first week, become yellow and cease altogether in about six weeks. By the end of two months physical signs are no longer detectable.

Pulmonary tuberculosis in the second stage is curable in most cases, but more time is required. The temperature rises during the first fortnight, then it declines. It rises again at the end of the second or beginning of the third month ; then it becomes normal. The expectoration increases, sometimes very greatly, in the second month, then gradually diminishes and ceases in the fourth or fifth month. Night-sweats disappear in the first weeks. Redintegration of the diseased portions of the lung, when it is possible, usually commences at the end of the second month.

The treatment has no good effect in the third stage of phthisis—on the contrary, the strength is thereby rapidly diminished.

The action of the remedy is most remarkable in *lupus*. During the first days after the injection the affected part commences to grow vividly red, rises up somewhat, and discharges moderately, and is the seat of shooting pains occasionally. Curative action usually begins in the third week.

In chronic nephritis, so long as there has been no shrinking of the renal parenchyma and no heart complication, the action of the formic acid injection is beneficial.

So also in carcinoma of breast and stomach. The tumour first increases in size and becomes very sensitive, and the skin over it feels warmer. The shorter the term the tumour has existed and the stronger the constitution of the patient, the sooner does reaction occur and the consequent cure of the disease.

We are of course unable to vouch for the efficacy of this treatment, as we know nothing from experience of the remedial power of formic acid ; and have no know-

ledge of Dr. Krull. But the curious circumstance that he found, as he says, the formic acid useless in large and moderate doses, but efficacious in proportion to the smallness of the dose and to the length of time between the doses, is interesting to the disciples of Hahnemann, as these are two of the characteristic features of his practice. *Formalin*, the latest remedy for phthisis in the old school, is prepared from formic acid.

Hitherto not much use has been made of ants or their acid secretion in homeopathy. Laville (*Brit. Jour. of Hom.*, xxv. 679) made a tincture of the ants from a trituration, and says he administered it with success in epilepsy. Formic acid is said to act specifically on the kidneys (*Med. Times*, Sept., 1845, p. 342, referred to in *B. J. of H.*, xi. 338). In Vogel's *Materia Medica* a distillation of ants in alcohol, administered internally, is said to have aphrodisiac and analeptic virtues; externally applied it is useful in atrophies and paralyses; boiled ants in a bath are good for rheumatic and atrophied limbs. The juice obtained from the eggs (meaning probably the larvæ) of ants by triturating them are employed for deafness and tinnitus aurium. In his *Apotheker Lexicon* Hahnemann says that red ants and their eggs are dried and enclosed in a bag and applied warm to rheumatic and gouty limbs, but he does not know if they do good or harm. A large number of ants with or without their eggs, in fact a whole ant-hill of them, enclosed in a bag and boiled, make a nerve-strengthening cataplasm for paralysed, shrunken limbs. Hahnemann tells how to make formic acid, but has no experience or knowledge of its use. It promises, he says, to be useful as a liniment in paralytic affections.

Tuberculosis, chronic nephritis, and carcinoma are not diseases in which we can claim a great amount of success. The remedial powers claimed for formic acid in these diseases by Dr. Krull may induce us to try his method, especially as his remedy, under the form of the animal source of the acid, is already introduced into our pharmacopeia, and its symptomatology affords what some "key-note" homeopaths may consider sufficient hints of its homeopathicity to some phenomena of these diseases. So when other remedies fail or cannot be discovered, we may take Solomon's advice and—

"Go to the ant."

## THE DICTIONARY OF PRACTICAL MATERIA MEDICA—SOME CRITICISMS AND A REPLY.

MY DEAR DR. CLARKE,—You have invited comments on your new *Dictionary* to the pages of your own journal. I have waited till the complete work was issued before sending you the following remarks, which, however, were penned after an examination of the first volume.

As I am not writing a review of your book, I will say nothing of our indebtedness to you for the industry and devotion which have resulted in such an exhaustive compilation as that which you have furnished us. That the kind of work you have done was needed is the general feeling; that we are grateful to you for doing it, *va sans dire*. The only question is whether it has been done so wisely and well that you and we can rest satisfied with it, and be content with supplementing it on the same lines as the years go on. To such a conclusion I have to make several reservations.

1. If there is canon for literary work now recognised as of imperative obligation, it is that original material should be used wherever practicable. One of the instructions given to the editors of the *Cyclopedia of Drug Pathogenesis* was, "Trace all versions and copies to their originals, and verify, correct, or reproduce therefrom." In our Introduction we observed, "This is a very important instruction. No one who has not analysed a number of pathogeneses, as now existing in Jahr or Allen, can have any idea of the number of errors there are to correct—errors resulting sometimes from haste or misapprehension, but most commonly from working with second-hand material. The fact is that all our book-makers have gone on copying one from another, and accumulating faults as they have advanced; so that our symptom-lists are made of shoddy instead of new cloth. In the revised materia medica we have, wherever possible (and it is rarely otherwise), gone back to the originals; so that in substance, as well as in form, its pathogeneses may be fresh from Nature's mint."

I should not have expected dissent on your part from this position. I was therefore much surprised to find you writing, "The sources from which the Schema is compiled are, mainly, Timothy Field Allen's *Encyclopedia of Pure Materia Medica* and Constantine Hering's *Guiding*



*Symptoms.* Without these two monumental works my work would have been scarcely possible." You have thus chosen to draw from two somewhat muddy ponds when you might have done so at the fountain-head. I speak of Hahnemann's pathogeneses, of which your only mention is that "Allen contains all their symptoms," compelling the inference that from this secondary compilation you have elected to draw them. Nor, I submit, have you done justice to your chosen reservoir. The "Commentary on Allen's *Encyclopedia*, which began to appear in the *British Journal of Homeopathy* in 1881; the "Critical Examination of our *Materia Medica*," commenced by Dr. Allen himself in the *North American Journal of Homeopathy* of November, 1880; and the "Critical Revision of the *Encyclopedia of Pure Materia Medica*," of which the author issued a first part in 1881—all these have shown how largely the material of the *Encyclopedia* was in need of sifting and emendation. They resulted in the *Handbook*, in which Dr. Allen has given a condensed, corrected, and expurgated edition of his *magnum opus*, containing all he judged worthy of preservation, and that in language which can be depended on for accuracy. You have known all this; and yet have gone back to the primary compilation, with all its errors, as the material from which to form the Schema of your *Dictionary*!

You may perhaps allege that, in preferring the *Encyclopedia* to the *Handbook*, you were influenced by a desire to present a complete and not an abridged symptomatology. You assured us in your Preface that you have done so; but curiously enough the body of the work tells a very different story. The symptom-list of *Aconite*, for instance, consists of about 320 items in your book, whereas these amount to 1650 in Allen. Some allowance has doubtless to be made for condensation and avoidance of repetitions; but these are more than compensated for by the clinical symptoms, which are numerous in your collection, few in his. I raise no objection to such abridgement, but it should surely have been avowed, and the principles on which it was conducted stated.

Nor have you even made the best of the *Encyclopedia* itself in point of purity of symptoms. There are two in Hahnemann's pathogenesis of *Aconite* which all the book-makers have copied one from another, in spite of its

having been shown that they were those of an existing malady rather than pathogenetic effects of the drug. One, "maniacal fury on the appearance of the menses," occurred in a maniac. The other, "leucorrhœa, copious, tenacious, yellow," was taken from a case of Stoerck's in which a tumour in the iliac region disappeared under the action of the drug, its subsidence being accompanied by the vaginal flux above described. This information is duly given in the *Encyclopedia*; but in your *Dictionary* the two symptoms appear again as part of the symptomatology of *Aconite*, without a word to indicate their (to say the least) very dubious connection with its action.

I have called the first of your sources a somewhat muddy pool, and have done so partly on the authority of its former. But what shall be said of your second? "Hering's *Guiding Symptoms*," you put it mildly, "includes, in addition to the chief symptoms of the older works, many clinical additions and glosses." Hering's own account of his work, however, is that it is "principally a collection of *cured symptoms*"—produced as well as cured, or simply cured. It only includes pathogenetic symptoms, unverified therapeutically, if they have been observed on more than one healthy person. When it is examined, moreover, it is found that the so-called "glosses"—in the shape of guesses, suggestions, comparisons, and so forth—play a large part in the lists; and that many of the latter are far more numerous than either the pathogenesis or the therapeutics of the drug will warrant. Hering, further, was no stickler for purity in his symptom-lists. He avowedly incorporates the contributions to the materia medica of the exposed impostor Fickel; and he swallows wholesale the monstrous inventions of the no less notorious Houat. Dr. Allen inserts these only with reservations in the body of his work, and omits them altogether from the references in his Index; but you, if you have relied on Hering, may find yourself saddled with their fallacies in respect of several medicines, as you have in your first volume in the case of *Anantherum*.

2. In another respect you have, I submit, failed to make the best of your chosen sources. Hering, in his *Guiding Symptoms*, has designated the items by marks which show whether they are pathogenetic, or curative, or both. One thus "knows where he is" in

prescribing from them; whether he is prescribing upon the rule *similia similibus* or from the *usus in morbis*. Allen also, in his *Encyclopedia*, followed a similar plan with regard to the few clinical symptoms he admitted into the first three volumes; while in his *Handbook* he has put all such information in the shape of notes to the text. I could have wished that you had followed this last example; but if you must needs mingle pathogenetic and curative symptoms, I must deeply regret that you have failed to imitate your predecessors (as also Hahnemann and Jahr) in distinguishing between them. You state and justify your practice thus:—

"In my Schema I have sometimes indicated when symptoms are of clinical origin, but not always, as the distinction is more academical than practical. My reasons for not always distinguishing the clinical symptoms are these: I *know* that symptoms removed by a remedy in a patient who is taking it are an indication of the remedy's power, even though the remedy may not have produced those symptoms in a prover. I *know* that many of the best indications we possess for different remedies were found out during the provings by the disappearance of symptoms from which the provers themselves were at the time suffering. I *know* that a remedy when being taken by a patient will often produce some new symptoms of its own whilst removing the others. I *know* that these new symptoms are available for practice; and what is more than this, I know that the practitioner who cannot recognise drug-symptoms in his patients loses the best materia medica teacher he is ever likely to find, and will spoil many of his cases while supposing them to be worse when they are really doing well on the right medicine and only require to have the medicine suspended or partially antidoted."

Now upon these allegations I would make the following remarks: (a) Your "not always" is hardly a correct description of your usage as regards clinical symptoms. I have looked through a number of the Schemas in your first volume, and nowhere have I found any sign indicative that the symptoms are other than pathogenetic. Unless your second volume (which I have not examined) exhibits a different usage, I must take you as having deliberately obliterated any distinction between the two as a rule and not as an exception.

(b) You are surely confusing in your statement two classes of symptoms observed on patients—those which have appeared and those which have disappeared while taking medicines. It is the latter which are described in your first two "I know"s: the last two belong to the former. About these last there is no dispute. All compilers of materia medica admit them, though from Hahnemann's time onwards it has been recognised that close discrimination is necessary to separate them from the features of natural disease. It is the symptoms which disappear while drugs are being taken which are in question; and the question is not (as you argue) whether they are useful, but whether they should be admitted without sign of distinction into our symptom-lists.

Why should this be done? It is, as I have said, against the best precedents; and the *onus probandi* lies with those who practise it. It works confusion, for ever since Hahnemann's day a catalogue of symptoms under the name of a medicine has meant that they were its pathogenetic effects; and others of a different origin should not be introduced without sign of their heterogeneous character. One constantly sees them quoted as symptoms which the drug *produces*,\* and so material falsehood is brought about. But the great objection is that the practice renders our symptom-lists unavailable for homeopathic prescribing. This, of course, is a carrying-out of the precept "let likes be treated by likes"; and how can we do so if our symptom-lists do not consist of likes—pathogenetic likes? We may think we are homeopathising, but we are actually empiricising: we are giving a medicine because it removed this or that in another subject, not because it induced this or that. It may again effect such removal, and may be an essentially homeopathic remedy; but it has not been chosen homeopathically, and so the law of similars has received no further application or verification.

You call this "academic" rather than practical; but it concerns the very mainspring of our practice. If it does not matter how a remedy is arrived at, so long as it is a remedy, then, of course, the short and easy method of rule of thumb will predominate, and the laborious process of searching for the *simillimum*, which Hahnemann

\* See instance in *Monthly Hom. Review*, xl. 132.

inculcated and which has made homeopathy what it is, will fall into the background. It is noticeable how little is made of *similia similibus* in the school to which you have affiliated yourself. I maintain that its genuine votaries and followers are the liberal homeopaths who are sometimes reviled as non-Hahnemannians, but who in this respect at least are much more faithful disciples of the Master.

That the symptomatology of your book is second-hand and vitiated; and that its employment of clinical symptoms favours empiricism rather than homeopathy—these are the objections which make me unable to welcome the *Dictionary* as I should wish to do. It, of course, contains a great deal of useful information about drugs, and will supply to many the lack of a library in which to make research for it. But it might have been made so much better. If you had but gone to original sources for your pathogenesis, and had distinguished (if you must incorporate) your clinical symptoms, I should have nothing but appreciation to express. As it is—well, I have written as I have; and there—*quantum valeat*—let it stand.

Believe me,

Your sincere friend and well-wisher,

RICHARD HUGHES.

---

MY DEAR DR. HUGHES,—In the year 1876, when I had made the discovery that there was "something in homeopathy," I inquired for books. I was offered that mighty torso, the *Hahnemann Materia Medica*, the *Cypher Repertory*, and your *Pharmacodynamics* and *Therapeutics*.

I need not say that the last-named works were those which best suited my infantine homeopathic appetite. I accepted them with gratitude—a gratitude which I still feel; for, as Burnett said to me when we were talking of them not long before he died, "Where should we have been without them?" But I soon found that these did not take me very far; and when my therapeutic milk-teeth were cut stronger food was needed, and was greedily devoured wherever it could be obtained. Still your works shaped my therapeutic ideas for many years after that; and the strictures you pass on my book

compel me now to refer to this, which I should otherwise gladly have left alone. I had not at that time learned to distinguish Hughes the purveyor of therapeutic fact from Hughes the critic. So please understand that in dealing with the latter, as you have now compelled me to do, I in no way forget my obligation to the former. You criticised Hahnemann's *Chronic Diseases* in very much the same fashion as you now criticise my work; and for years, thanks to your influence, that grand work was a closed book to me. It was dire necessity in the search of the means to cure that led me to throw off your paralysing yoke and see and act for myself. I *know* the value of Hahnemann's work, as I *know* the value of Hering's works, in my own cured cases. I also know through this experience how to value your criticisms of all that relates to practical homeopathy.

Let me recall to you the circumstances under which you commenced your writings. The first editions of your *Pharmacodynamics* and *Therapeutics* were in the form of letters addressed to a certain mythical allopathic doctor, "My dear —." That mythic personage sits on your neck still, and all your writings and all your criticisms are coloured by *what you think that he thinks that homeopathy ought to be*. You refer in your letter to Hering the Unmentionable—his depravity it is almost beyond your power to characterise. Hering introduced into homeopathy, among scores of others, two remedies of the first rank, *Apis* and *Lachesis*. In your *Pharmacodynamics*, 5th edition, p. 596, in the lecture (or letter) on *Lachesis* you use these words: "I must here repeat what I said under the head of *Apis*, that it is no longer necessary to apologise for our use of serpent-venom as a medicine introduced through the ordinary channel. It is now fully admitted, by those most qualified to judge, that such virus does act however admitted into the circulation, though most certain and rapid in its influence when it enters the blood direct." No need to *apologise*! Great Heavens!—To whom? To that allopathic Old Man of the Sea sitting on your neck, of course! "By those *most competent to judge*"—to whom does this refer? To Hering and his fellow-provers? Apparently not, but to some allopathic authorities of your acquaintance blundering along thousands of miles in the rear of Hering! What wonder is it that, under such inspiration as this, the

present state of British homeopathy is so parlous that a "Twentieth Century Fund" is needed to put some life into the machine? What wonder is it that numbers of homeopaths are never so happy as when they are licking the boots of the allopathic Establishment?

No, Dr. Hughes, homeopathy is not to be confined by the imaginary notions of your mythic monitor. Years ago I saw this; and I saw it was hopeless to look to you for any such practical work as that I have now produced. I also saw that it was of little avail to criticise your work and your canons until such a work as mine was in the field.

I did not send you a copy for review in the journal you edit (the *Journal of the British Homeopathic Society*) because you had already practically reviewed it, before you had seen a copy, in your speech at the Paris Congress; and also because I knew beforehand exactly what your opinion would be. Even now you launch your judgment before you have looked at the second volume, which contains the largest, most important, and most mature part of my undertaking. But it would have made no difference if you had; with your academic bent of mind, with the canons you accept, and the conditions you have imposed upon yourself, you could not decide otherwise. However, I am indebted to you for having taken the trouble to state your judgment again at length, because it is well that the issue should be put, for the future of practice lies with either you or me.

For your acknowledgment that the kind of work I have done needed doing, and for your expression of gratitude to me for doing it, I offer you my thanks. But when you go on to say: "The only question is whether it [the work] has been done so wisely that you and we can rest satisfied with it, and be content with supplementing it on the same lines as the years go on," I must demur. There are many other questions no less important.

I am not quite clear who the "we" of "you and we" are. If you speak *ex cathedra*, and mean yourself, I may say that your approval is the very last thing I either sought or expected. My work was undertaken because you neither would nor could do it, though the homeopathic profession were all the time looking to you to produce something practical. My work is, therefore, though unintentionally, none the less inevitably, a criticism of



yours in point of fact. Ever since I have had any acquaintance with your work you have been criticising and purifying the materia medica. But in all these years you have produced nothing in the shape of a *materia medica pura* that the busy practitioner can use. That well of pathogenesis undefiled, *The Cyclopedia of Drug Pathogenesis*, with its artificial limitations, is hopelessly out of the range of practice, despite its immaculate "purity."

You seem, moreover, to have overlooked a passage in my Preface, which has already answered your "only question": "If I had chosen to wait a few years before publishing," I said on p. x, "I have no doubt I could have improved my work; but if I had waited till doomsday I could not have made it perfect. In the meantime I want it every day for my own use; and if I could have found any one else to do the work for me, I should most gladly have spared myself the task."

The fact is you and I have approached the materia medica from two different standpoints. Your attitude is that of the critic, challenging every symptom on its *literal* merits and ruthlessly rejecting it if it does not come up to the supposed requirements of your mythic monitor. I have approached the materia medica in a different way: I have sought to find in it indications wherewith to cure my patients. In the search for these I have worn the covers off all the volumes of my copy of Allen's *Encyclopedia*; and the second set of bindings (half-morocco, very strong) is now much the worse for wear. Consequently, I know something of the *practical* value of that work, and in the course of my researches I think I have come to know a symptom when I see it. But Allen's *Encyclopedia* and Hering's *Guiding Symptoms* are by no means my sole authorities, as my Preface explains. I have gone to those who have used the materia medica for the same purpose as myself—to Hahnemann, Hering, Lippe, Guernsey, Jahr, Teste, H. C. Allen, and others, whose first object has been to cure their patients. Allen's *Handbook* has also done me much service; but the omission of so many remedies puts it out of comparison with Allen's larger work.

The work I have undertaken is not, as you would have it to be, to criticise or ticket each symptom of the materia medica: that has been your special field of work

for many years past, and I gladly leave it to you. It was the knowledge that nothing would come out of this at all comparable in practical value to the work I have now completed which led me to dissociate myself from the labours which you controlled years ago. If I had undertaken to criticise each individual symptom instead of taking symptoms from authors who had learned how to put them to the clinical test, I should have done nothing at all, or produced some more or less valueless fragment.

On your own lines you have produced your works—*The Cyclopaedia of Drug Pathogenesis*, and the *Index* thereto. I ask any practical medical man who possesses these works—and I will throw in your *Pharmacodynamics*, if you like—to study any dozen remedies in these works (if they happen to be there) and in mine and then leave him to say from which of these—from your three works or from my one—he can best obtain a practical, vital knowledge of the remedies in question to help him in his daily needs.

Bear in mind that my work only professes to be a *practical* work. Also it is *my* work and not yours. All I claim for my Schemas is that *in my opinion* the symptoms I have included are genuine indications of the action of the remedy. I have not called my work a "pure" materia medica; I have not even *called* it a *homeopathic* materia medica; and if any one is disposed to draw tweedledum-and-tweedledee distinctions between "practising homeopathy" and "prescribing homeopathically," these do not concern me at all. I stand by the passage you quote from my Preface. Under the term "Clinical Symptoms" I include both cured symptoms and produced symptoms. I am making no confusion, as you suggest; and I consider I am just as much entitled to include both kinds of symptoms observed in practice under this term as you and your allopathic monitor are to confine it to one. I repeat that I *know* both kinds are available for prescribing upon: in practical value I know of no difference, and therefore I have, as a rule, dressed them up in no distinguishing badge. Moreover, to do so in *all* cases was not possible, for from Hahnemann onward observers have not always made the distinction. Nor have I the smallest fear of any allopathic onlooker who may say that such and such a symptom was not produced on a healthy person, and that in using it I am not practising homeopathy. I refuse to accept bondage to

any word-tyranny, if I know it; and I refuse to confine myself to the shibboleths of any “school.” You speak of the “school” to which I have “affiliated myself.” I do not know that school.

Now, to go a little into detail. You object to my Schemas on the ground that they are compiled from “impure” and “vitiated” sources. Well, but you have already condemned Hahnemann for inventing the Schema at all—you consider it a “real calamity” that he ever did so. Then what is the use bothering about the “impurity” or “vitiation” of a “calamity”? Why not condemn me for using it at all, as you did Hahnemann for inventing it? Allen’s *Encyclopedia of Pure Materia Medica* is a “muddy pond.” Indeed! but it has your name on the title-page of every volume and foot-notes of yours profusely distributed throughout. Hering, of course, is unspeakable; he has even endorsed Houat, who is more so. I am not personally acquainted with Houat’s history; but I know this about some of his symptoms—they are genuine, for I have confirmed them. If I want to know the history of a symptom, where it is to be found, and who first mentioned it, I should very likely ask yourself; if I want to know what has been done with it, and the conditions under which it has been used with success, and under which it may be used again, I should assuredly ask Hering and not you.

You are almost as full of misleading metaphors as the once great Liberal Party, but I daresay I shall find their homeopathic antidotes before I finish this letter. My Schemas, you say, are taken from “second-hand” sources. Well, some things are not always the worse for being “second hand”—diamonds, for instance, and fiddles. You can’t very well cut glass or make a display with diamonds in the rough; and a fiddle that has been played on by a succession of masters is better than when it first left its maker’s hands. So with the symptoms of a homeopathic proving. It needs the experience of practice to bring out the full significance of any proving, and for my Schemas I have gone not to second-hand, but third- and fourth-hand sources when I could get them from writers who *have made their mark as practitioners*.

You object to a “muddy pond.” Well, when the mud consists of gold-dust I don’t object. Take that solid junk of mud, for instance, *Æthiops antimonialis*,

It only occupies a few lines of my book, it has had no proving; but its indications are broad and clear—and *it cures*. It may be mud in your estimation and require an apology to your Old Man of the Sea; but it is pure gold nevertheless from the practical point of view. I know how to prescribe it, and I am not going to apologise to anybody for doing so. I have taken much pains to cram into my work as much "mud" of this kind as I could collect.

Homeopathy is a living principle capable of development in all directions, and in all manner of ways. As I proved by the *Ceanothus* case in my reply to you in November, 1900 (HOMEOPATHIC WORLD, xxxv. 497), drugs can cause symptoms which they can remove, as well as remove symptoms which they can cause. (If, by the way, you had taken the trouble to look up *Ceanothus* in my *Dictionary* you would have seen that in cases where I have thought it desirable I *have* distinguished caused from cured symptoms.) Moreover, a homeopath is free to act on analogy: if he finds a remedy fail where he thinks it ought to succeed he may use an allied substance—*e.g.*, a plant of an allied species—and still be practising what I regard as homeopathy, though your monitor may not. I have introduced into the homeopathic materia medica two remedies of great importance—*Thyroidinum* and *Tuberculinum* (of Koch). Their pathogeneses are almost entirely composed of symptoms observed on the sick, and yet these remedies have done excellent homeopathic work in all attenuations. You would probably bar out both these as "muddy" and "vitiated," and make a present of them to the allopaths, or only accept them with profuse apologies to your monitor. That is not my view of homeopathy; and unless the homeopathic body can shake itself clear of notions so narrowing and pedantic the future is not very bright.

You criticise my work as if I was under obligation to carry it out in accordance with your ideas. Moreover, you confine your criticisms to one part of it alone. But I have myself given the best kind of criticism of the Schemas in the introductory part of each article. I have told the story of the remedy and *what has been done with it*. The Schemas, so far as possible, have been compiled from the works of those who have *done the work with them*; so that my work is in reality an entire library, or even

literature, of practical information regarding the whole list of remedies of the materia medica. I have laid out the materia medica, so to speak, with railroads, putting stations at every point where any one may need to stop. My next step will be to connect all the points with telephones. This does not seem to have struck you at all. You have turned a microscope on the Schemas, and have looked at the rest through the wrong end of a powerful telescope.

May I suggest that, as in the leisure of your retirement you will have little opportunity of testing my work in practice, it would be well if you would direct your energies to producing out of that excellent if imperfect mine of raw material the *Cyclopedia of Drug Pathogenesis* a practical work which fulfils your own idea of the "kind of work" which is needed and I ought to have produced.

In the meantime I am gratified to know that practising physicians all over the world have already recognised in my work that practical help which I intended it to be. If you can produce anything more practically useful to supersede it, no one will be more grateful to you than myself. For the present it must be allowed, with all its faults, to have superseded the *Cyclopedia of Drug Pathogenesis* and your *Pharmacodynamics* in the field of practice.

With all due acknowledgments to my ancient school-master in homeopathy, I remain,

Yours very sincerely,

JOHN HENRY CLARKE.

---

## MATERIA MEDICA MISCELLANY.

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

*Ratanhia in Anal Fissure.*—The following case, translated for *The Clinique* from the last number of the *Homeopatische Monatsblätter*, shows well the action of the remedy in fissures of the anus.

A gentleman suffered from violent pain in the anus, which had troubled him for months. In spite of discomfort he followed his occupation until the pain became so severe that he could no longer walk. After each passage the pains appeared, being of a burning nature, associated with tenesmus, and lasting several hours. The

bowels were inclined to constipation, and bleeding accompanied the stool. He had been treated for hemorrhoids and intestinal catarrh for several weeks. Examination showed a fissure of considerable length and depth, looking more like a deep wound than a fissure, which easily explained the violence of the pain. As there were present the precise symptoms of *Ratanhia*, namely, tenesmus and burning in the anus lasting for hours after stool, it was prescribed in the 2nd dilution, without any external application whatever. The patient returned after sixteen days and made the statement that he was much better, that from the first taking of the remedy the pain and pressure became better, and after three days the passages were much easier. The expression of suffering that the patient had, from so long a siege of pain, had visibly decreased. Examination showed that the wound was fully healed. This case is interesting from the fact that no external applications were used, no surgical measures, not even laxatives given to make the stool soft so as not to tear the fissure on its passage. It shows that the homeopathic remedy has no need of adjuvants of any description.

*Remedies for Blinding Headache.*—Dr. M. E. Douglas says: Blindness, accompanying or as a precursor of headache, is found under several drugs. *Gelsemium* has it quite marked. *Kali bich.* has the peculiar symptom of blindness preceding headache, but as the headache grows worse the blindness disappears. *Causticum* has blindness, with headache differing from *Kali bi.* in that the blindness does not diminish as the headache increases. The blindness of *Silicea* comes on after the headaches. There are some others—*Natrum mur.*, *Iris versicolor*, and *Psorinum* having blinding headaches. These six drugs will be most often indicated in blinding headaches.—*Am. Hom.*

*Diphtherinum : its Indications.*—It is especially adapted to the strumous diathesis; scrofulous, psoric, or tuberculous persons, prone to catarrhal affections of throat and respiratory mucous membranes.

Patients with weak or exhausted vitality: hence are extremely susceptible to the diphtheritic virus, when the attack from the onset tends to malignancy (*Lac. c.*, *Mer. cy.*).

Painless diphtheria; symptoms almost or entirely

objective ; patient too weak, apathetic, or prostrated to complain ; sopor or stupor, but easily aroused when spoken to (*Bap.*, *Sulph.*).

Dark-red swelling of tonsils and palatine arches, parotid and cervical glands greatly swollen, breath and discharges from throat, nose, and mouth very offensive ; tongue swollen, very red, little coating.

Diphtheritic membrane, thick, dark-gray, or brownish-black ; temperature low or subnormal, pulse weak and rapid ; extremities cold and marked debility ; patient lies in a semi-stupid condition ; eyes dull, besotted (*Apis*, *Bap.*).

Epistaxis or profound prostration from very onset of attack (*Ail.*, *Apis*, *Carb. ac.*) ; collapse almost at very beginning (*Crot.*, *Merc. cy.*) ; pulse weak, rapid, and vital reaction very low.

Swallows without pain, but fluids are vomited or returned by the nose ; breath horribly offensive.

Laryngeal diphtheria, after *Chlor.*, *Kali bi.*, or *Lac c. fail.*

When the patient from the first seems doomed, and the most carefully selected remedies fail to relieve or permanently improve.

The above are cured symptoms, verifications which the author has found guiding and reliable for twenty-five years.

Like all the nosodes it is practically worthless in potencies below the 30th ; its curative value also increases with increase of potency from the 200th to the m and cm. It need not and should not be repeated too frequently ; not more frequently than the crude antitoxin. It will cure in every case that crude antitoxin will, and is not only easy to administer, but safe and entirely free from dangerous sequelæ. Besides, it is homeopathic.

The author has used it for twenty-five years as a prophylactic—when it corresponds to case or epidemic—and has never known a second case of diphtheria to occur in a family after it had been administered.—*Am. Hom.* (quoted from *Medical Advance*).

---



INTERESTING CASES FROM TWENTY-FIVE  
YEARS' PRACTICE.

By OSCAR HANSEN, M.D., Copenhagen, Denmark.

*(Continued from p. 114.)*

*Case 9.*—A. S., sixteen years old, the son of an inn-keeper in Marianclund, Kvistgaard Stat., commenced treatment August 22, 1881. Quite well till three years ago. Has had allopathic treatment, with incisions and drainage, and improved but little. The lower half of the left leg is red, very thickened, especially the bone. There are ulcers with fistulæ, from which thick, yellow pus, and a great many splinters of bone have been extruded. Boring pains, especially in the night. The lungs normal. Appetite not good. Emaciation. Often coughs, with yellow, thick expectoration. Considerable debility, early. Prescribed *Calcareæ fluorica*, 6 trit., morning and evening for eight days, then four days interval, alternately; in the course of five months this cured all. Externally only ung. glycerini was used. I have seen the patient six months ago, and all has remained well. No thickening of the bones could be made out.

*Case 10.*—Mrs. A. H., thirty years old, Copenhagen. Beginning of treatment, December 23, 1881. Had been allopathically treated, but without improvement. Has had six children. The last child seventeen months old. All the parturitions normal. The disease has lasted eight to nine years. Squeezing headaches, often pressing from the back of the neck over the side of the head to above the left eye. Comes in paroxysms every eight days, and is accompanied by nausea and vomiting of food, phlegm, and bile. She has to keep to her bed; > lying and > vomiting. Menses and functions normal. *Sanguin. canad.* 30, five globules morning and evening fourteen days. Pause seven days.

January 12, 1882. Considerable improvement. Continue. In the beginning of March she was well.

*Case 11.*—Chr. R., forty years old, florist, Copenhagen. Formerly the patient had many serious diseases, often inflammation in the stomach, with vehement pains in the epigastrium, and vomiting of all food. As a young man had lues. The inflammation of the stomach is no doubt the result of the abuse of Bavarian beer, cognac,

and such-like. The illness has now lasted five to six days, and, as he was getting worse, he sent for me on May 22, 1882. For the last day or so has been shivering, alternately cold and hot. Heaviness in the forehead. Thirst, no appetite, and the day before yesterday he observed a small and very painful swelling over the last cervical vertebra. The swelling is very hard, and reaches from the seventh cervical to the second dorsal vertebra, and is three inches wide. The skin over it is bluish, and not movable. Severe burning pains, a little improved by warm fomentations. The health on the whole bad; no appetite; the above-named symptoms are all unaltered. Bowels normal. Urine normal. Pulse small, 120. Temperature (the evening) 39° Cels. *Arsenicum alb.* 3, three drops every two hours. An ointment of *Arsenicum alb.* 2, one part, and axungia porci, ten parts, spread on linen, was laid on the swelling.

The carbuncle became larger and larger, and on May 25th reached the fifth dorsal vertebra, and covered the inner edges of the shoulder-blades. The pains were vehement; no sleep. Temperature and pulse were as before. Cold shivers, prostration, emaciation, thirst, want of appetite, often delirious. On account of the bad constitution septicemia might easily be feared. Carbuncle very arched. *Arsenicum alb.*, 3rd cent. dil., and *Lachesis*, 12th cent. dil., three drops three times daily of each. Continue the external prescription.

May 27th. Carbuncle no larger. Three openings, out of which very many gangrenous masses were removed with the forceps. Shaking, cold and heat gone. On May 30th the pains are considerably better. He is very weak. Temperature now between 38 and 38·2° Cels. Pulse 100, stronger. He sleeps a little.

I let him continue the *Arsen.*, and on June 9th the whole surface of the swelling was a great gangrenous mass. Temperature and pulse normal. Appetite returning. He sleeps better; pains have ceased. Urine and bowels normal. On June 16th the whole gangrenous mass had sloughed away. There was now a cavity as large as a fist. I now prescribed *Lachesis* 12 and *Silicea* 12, three drops twice daily of each alternately. With this he continued to July 15th, when the cavity had nearly filled up, and was now very small. He then took *Silicea* morning and evening, and by the first week in August

was quite well. In the middle of June I stopped the *Arsenicum* ointment and applied *Calendula* cerate.

Let me remark here that in my practice I never have opened a carbuncle with the knife, and only seen good results. Older colleagues can surely confirm this, and our excellent colleagues Bähr and Jousset are quite right in saying that with the knife only harm is done.

*Case 12.*—Anna W., four years old, Copenhagen. Two years ago I treated the girl for pneumonia, which was followed by considerable icterus and liver enlargement, diarrhea, and all the symptoms of meningitis. With this complex illness the temperature was high, and emaciation considerable. Yet the child got well again. In the meningitis I saw a good effect from *Apis* and *Cuprum*, each in 12 cent. dilution. The mother was tuberculous (she has since died of phthisis pulm.). For this illness she came under my treatment on January 27, 1883. The disease had already lasted three weeks, but the parents did not consider the swelling of the abdomen a disease, but as the child became more and more emaciated they sent for me. The child had considerable ascites; lungs, heart, liver, and spleen were normal. Urine also normal. The appetite bad. Stool regular. Micturition frequent, but only a little each time. Prescribed *Apis* 2 and *Arsenicum* 3, and after that *Helleborus* 3, all without progress. The nose and the lips became cyanosed, the breath short, expression of the face anxious; no appetite; thirst; and blood-stained, mucous, watery diarrhea came on. Such was the state on February 22nd. The swelling of the abdomen was ten inches more than normal. The rest of the body considerably emaciated, and in the neck I felt very many small, hard, swollen glands. Scanty urine, once or twice in twenty-four hours. Diarrhea four or five times daily; the skin dry, warm; pulse quick and small. Cough, with large rhonchi over the back. She was now given *Iod.* 2, three drops three times daily. No change two days later. Then *Iod.* 2 and *Apocynum canab.*, three drops twice daily of each. Improvement in course of two days. Abdomen not so swollen, a little appetite, and from now a little improvement. The child got milk, beef-tea, wheaten bread, eggs.

In the second half of March there came a sudden vomiting of bile, high temperature (40° Cels.), comatose

condition, sunken eyes, thirst. Pulse small, thready. *Aconite* 3, three drops every two hours, cured this condition in the course of twenty-four hours, and then the child was again given *Iod.* and *Apocynum*. From now the amount of urine was very considerable, ascites fast disappeared, the appetite became excellent, and at the beginning of May the child was quite well, and remained so. An allopathic physician could not understand this recovery (!). No wonder; he does not know our *materia medica*.

*Case 13.*—Maren L., fourteen years old, daughter of a cottager, came under my treatment on April 6, 1884. She has been ill two years. Has had allopathic treatment, without any improvement. Suffers from fits, which begin with a cry, then she falls down. She loses consciousness, clonic cramp in the extremities, foams at the mouth, rolling movement of the eyeball. The thumbs firmly clenched in the hollow of the hands. Often passes urine and feces during the fits. No aura. The fits used to come three and four times in the week, now every two weeks. After the fits she sleeps five to six hours, and after that she has heaviness in the head, and feels faint and depressed. The memory is somewhat weakened. During the fits she is alternately pallid and red in the face. The patient is strongly built, yet no menses. She was given without result *Cuprum met.* 12, *Belladonna* 3, *Pulsatilla* 30, in globules, nine days at a time, with four days pause. No doubt the fits did not come so frequently, but they were still severe. On November 2nd the state was as before, the fits not so frequent; but the cramp was also severe in the face, which was often livid during the fits, and puffed. Ordered: *Enanthe crocata* 3, three drops morning and evening for nine days, pause four days alternately. Up to December 7th she had no fits, in January and February, 1885, two slight fits, after which she was quite well. The memory good, and all the functions normal; the complexion good; and when I saw her in February, 1886, she reported that menstruation occurred fourteen days previously for the first time, and that she was quite well. She took *Enanthe crocata* until August, 1885; then I gave finally *Sulphur* 30, three drops morning and evening.

(To be continued.)

## RELAPSING AND GENERALISED COW-POX.

THE following appeared in the *British Medical Journal* of February 22nd :—

## “RELAPSE OF VACCINATION.

“Amicus writes : Can some of our bacteriological friends explain the following curious deviation from the usual course of vaccination ? I vaccinated a lady on January 2nd : good vesicles—almost typical vaccine vesicles—followed, and the resulting scabs came off on or about January 19th. On February 5th the whole process commenced again in the old places, and the vesicles have gone through the same course as before.”

And these in the next issue, March 1st :—

“Dr. R. H. Norman (Canonbury Park North) writes : I note with interest the letter from ‘Amicus’ in the *British Medical Journal* of February 22nd p. 496. The same event has happened in three of my cases during the last two months, and the period of the relapse of the vaccination, as in his case, was about a month after the inoculation. I should appreciate an explanation from any of your readers.”

“Dr. F. G. Gardner (Warwick) writes : About an hour after reading a note with the above heading in the *British Medical Journal* of February 22nd, a young lady whom I had vaccinated about six weeks before came to say that her arm, after getting nearly well, had broken out afresh. And so it proved ; the marks were swollen just as in the revaccination, when she had almost typical vesicles. I am at loss for an explanation.”

## “A CASE OF GENERALISED VACCINIA.

“On January 21st I vaccinated a servant, aged about 23. When I inspected on the sixth day all four places had taken well, but there was some edema and swelling extending down to the elbow. About the left wrist and the back of the hand were nine large shotty papules, one or two of which were commencing to be vesicular. Upon the right wrist and the back of the hand were six similar papules.

“I mentioned the case to Dr. Alfred Ashby, medical officer of health for the borough, and he and I examined the girl together on January 29th. All the papules were then either vesicular or semi-pustular, and were umbilicated. The vesicles or pustules were multilocular. The palms were quite free from eruption, and there were no traces of either vesicles or pustules upon any other parts of the body than those mentioned. Upon this date the inflammatory area around the remains of the vaccination pustules was lessening. The woman had been vaccinated in infancy, and showed three typical foveated marks. Somewhat similar cases are mentioned in the *British Journal of Dermatology*, 1901, p. 433 (Dr. Morrow), and the *Medical Annual* for 1901, p. 244 (T. Colcott Fox, Haslund). Generalised vaccinia is probably bovine small-pox evidencing itself in the human subject. It is a very rare condition, and its infectivity as far as other human beings are concerned is almost certainly limited to actual inoculation.

“Reading.

“W. T. FREEMAN, M.D.”

Let us hope that this "almost certainly" is correct. It would be a startling climax if "bovine small-pox" should regain the infectivity it has apparently lost through its passage through the cow.

Further cases of relapse were published the following week (March 8th).

"RELAPSE OF VACCINATION.

"Dr. E. D. Fitzgerald (Folkestone) writes: In regard to the letter of 'Amicus' in the *British Medical Journal* of February 22nd, the following case may be of interest. The patient was vaccinated on February 5th; two well-marked vesicles developed by the fifth day, ran a rapid course, and the scabs came off on the tenth day, leaving the places well healed. Eleven days afterwards a secondary vesicle came out on one of the scars, even better developed than the original one, and is apparently running the usual course. It would certainly be of interest if this could be explained, as it rather upsets one's preconceived notions of the way in which vaccination protects against small-pox. My patient wishes to know if he is peculiarly liable to take small-pox."

"Dr. Richard A. Coles (Barham, near Canterbury) writes: A further instance of vaccination relapse, as described by your correspondent 'Amicus,' may be of interest. On January 23rd I vaccinated a nurse, aged 25, and her charge, aged 2, with lymph from the same source, the latter being a primary, the former a revaccination. In each case typical vaccine vesicles resulted, and in due time the scabs came off. I was called on February 20th to the nurse, and found that the whole process had begun again on February 16th in the old places, and was following the usual course. The case is of further interest in that the patient has heard from her mother since I vaccinated her that she had small-pox as a child, but this I have no means of verifying."

"Dr. St. George Eyre Harris (Bournemouth) writes: In three cases in which I used glyc. calf lymph (obtained from the same source) on January 9th last, I met with a similar result to that described by 'Amicus' (*British Medical Journal*, February 22nd). In No. 1, recurrence took place in three spots on the eighteenth day, and again two of these recurred for the third time on the twenty-eighth day. Nos. 2 and 3 respectively re-developed in one and two places on the twentieth day. These were all cases of re-vaccination, and in each four insertions were primarily made. Swelling and tenderness in the axilla as well as soreness at the site were complained of at the time of recurrence. I may mention that in the case of a child vaccinated for the first time at 13 years of age, about the same date, eight or nine secondary vesicles occurred about the sixth day, and ran an abridged course with the four inoculated vesicles."

---

ARGENTUM NITRICUM.—Dr. A. L. Fisher reports three cases illustrating the power of *Argentum nitricum*, even in high dilution, over upper abdominal affections brought on by undue mental exertion (*Indian Hom. Review*, July, p. 86).—J.B.H.S.

## SOCIETY'S MEETING.

### BRITISH HOMEOPATHIC SOCIETY.

THE sixth meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, W.C., on Thursday, March 6th, Dr. George Burford, President, being in the chair.

Charles John Greig, L.R.C.P.Ed., L.R.C.S.Ed., L.F.P. and S.Glasg., of 1, Florence Road, Ealing, W., was nominated for membership by C. Knox Shaw and J. R. P. Lambert, M.D.

Mr. Dudley Wright, F.R.C.S., read an interesting paper on "Calculi: their Formation and Prevention," which he discussed under the following heads:—

Urinary Calculi.—The physical factors—The physiological factors—  
The race and locality factors—The food factors—Prevention.

Biliary Calculi.—Facts concerning their formation—Deductions therefrom.

The latter part of his paper dealing with biliary calculi he did not read for want of time. His paper, though greatly appreciated, did not elicit much discussion. It was opened by Dr. Dudgeon, and Drs. Beale, Stonham, Wynne Thomas, Ramsbotham, and Burford also took part.

Dr. J. T. Ashton then read a paper on "The High Frequency Current." He first showed a few cases which had been under this treatment. His paper dealt with the history and character of the current, D'Arsonal's experiments, the apparatus used with a description of the two most popular forms, and its advantages over other forms of electricity. He then mentioned the class of cases suitable for treatment by it, and the method of its application. His paper was illustrated by an exhibition of apparatus kindly lent by Mr. Dean, which evoked great interest.

---

HEADACHE OF FERRUM PHOS.—A case of intense headache following injury to the head is reported in *Leipziger Populare Zeitschr. für Hom.*, September 1, 1901. The patient received *Arnica* directly after the injury, but the pain in the head did not abate. The pain was *relieved by cold application*, upon which observation *Ferrum phos.* was prescribed with good result.—C. Sigmund Raue, M.D., in *Hahn. Monthly*.



## INSTITUTIONS.

### LONDON HOMEOPATHIC HOSPITAL.

A FAIR attendance was secured at the annual meeting of governors of the London Homeopathic Hospital, held in the handsome board-room of the institution, under the presidency of Lord Cawdor, on Thursday, February 27th. Sir Henry Tyler, in a speech towards the close of the proceedings, which lasted about an hour, made special reference to the pleasure it gave him to see so many ladies present. Several good-humoured allusions were made by the speakers to the attitude of allopaths towards homeopathic doctors.

The Chaplain (Rev. E. C. Bedford) having opened the meeting with prayer, the secretary-superintendent, Mr. G. A. Cross, read the fifty-second annual report for 1901.

Lord Cawdor (treasurer and vice-president) moved the adoption of the report, and, referring to the expenditure from capital, said if they had this year to draw £2,000, they would have drawn the full amount of capital which they had authority to draw upon.

Mr. J. P. Stilwell, J.P. (chairman of the board), in seconding the motion, said that if this necessary expenditure—"which keeps us up to the high-water mark of efficiency"—continued to be withdrawn from capital, in five years from now they would come to an end of their available assets. Both speakers agreed that this year or next a vigorous attempt will have to be made to raise a fund of £12,000 to liquidate the amount already authorised, but the claims of the Coronation ceremonies upon so many people are deemed to render the present inauspicious to such an appeal. Appreciative hopefulness was expressed as to the results to be expected from the establishment of "The Ladies' Guild" referred to in the report, branches of which are to be shortly brought into being at Streatham, Denmark Hill, and Highgate. Allusion was also made to a "Twentieth Century Fund," proposed by the doctors, originating from a speech by Dr. G. H. Burford at the Homeopathic Hospital, having in view the establishment of a school or the provision of other educative facilities. Personal sorrow was expressed with reference to the death of Miss J. Durning Smith, whose portrait has been added to the numerous fine pictures adorning the board-room. Dr. Richard Hughes also spoke, and the report was unanimously adopted.

Mr. Stilwell proposed a vote of sympathy and condolence with the widow and family of Mr. A. E. Chambre, an old

friend and valuable coadjutor, who had died since the printing of the report, after an illness commencing last October. He had been connected with the hospital for many years, and took the greatest interest at the time of the rebuilding operations, having been Chairman of the Rebuilding Committee. Dr. Dyce Brown seconded, and the vote was carried.

The re-election of the managers and officers—including the election of Dr. Goldsbrough to replace Dr. Edwin A. Neatby, resigning—having been agreed to, as well as the usual votes of thanks, an abstract of the report of the Eastbourne Convalescent Home was read and adopted. This concluded the business.—*Hospital*, March 8th.

---

### CROYDON HOMEOPATHIC DISPENSARY.

THE annual meeting of the subscribers of the above dispensary was held in the Old School of Art Room, Public Hall, George Street, Croydon, on Saturday evening, February 15th, when in the absence of Mr. Samuel Taylor, Mr. H. K. Moore, B.A., B.Mus., presided.

The third annual report was submitted, and this showed that, although the minimum payments by patients had been increased and the price of the monthly tickets also increased, there had not been any considerable falling off in the public use of the institution. The committee stated that it must always be remembered that this cost is kept as low as it is by the small remuneration the medical officers are generous enough to accept. The committee were anxious to increase the charitable side of the dispensary, as there were, unhappily, always vast numbers of suffering persons who were too poor to afford any fee at all. Losses by death and removal had reduced the subscription list inevitably year by year, so that even to keep the charitable work at a level new subscribers were necessary. During the year there had been an addition of about seventeen new subscribers. The report of Drs. T. E. Purdom and H. W. Munster, the medical officers, stated that in 1901 the total number of consultations was 4,246, and the number of patients 1,078. Dispensary tickets were issued as follows: Weekly tickets 1,619, of which 862 were at 6d., during the first four months, when this was the weekly charge, and 757 were at 1s. during the remainder of the year. Monthly tickets 440, of which 173 were at 2s. during the first four months, when this was the monthly charge, and 367 were at 2s. 6d. during the remainder of the year. The total number of patients visited at their own homes was 506, and the value of these home visits could not be too highly rated. The

balance sheet showed that the income amounted to £222 14s., and after the payment of all expenses there was a balance at the bank of £4 9s. 8d.

The Chairman, in proposing the adoption of the report, congratulated the subscribers on having placed the dispensary on a sound financial basis. The committee's report showed that the dispensary was doing a great work in Croydon. Unfortunately they had not many doctors, and the work fell very heavily upon the devoted gentlemen who were at the head. (Applause.) It was pleasing to notice that although the fees had been doubled there had been no appreciable falling off in the number of the patients.

Dr. Burford (President of the British Homeopathic Society) seconded, and characterised the report as admirable in every way, an admirable report, admirably phrased, of admirable work done.

The report having been adopted, the committee were re-elected, with the addition of Mr. A. Pontifex, of Radcliffe Road.

A hearty vote of thanks was then passed to the medical officers, and Dr. Purdom, in reply, said that although homeopathy was going forward in England, it was not doing so at such a rate as in America. Both Dr. Munster and himself were willing to do all they could for the dispensary.

The meeting concluded with a vote of thanks to the committee, secretary, treasurer, and chairman.—*Croydon Advertiser*.

---

## PHILLIPS MEMORIAL HOSPITAL.

### ANNUAL MEETING OF SUBSCRIBERS.

THE thirteenth annual meeting of subscribers in connection with the above hospital was held on Wednesday evening, February 26th, in the large ward of the hospital. Amongst those present were Alderman G. Wyatt Truscott, J.P. (president), and Mrs. Truscott, Mrs. Madden, Miss Madden (secretary ladies' committee), Mrs. H. Wynne Thomas, Miss Duncanson, Miss Hyde (matron), Mr. T. J. G. Duncanson, Mr. Thomas Bennett, Mr. J. Borer, Mr. John G. Charles (treasurer), Mr. J. Churchill (chairman), Mr. A. S. Hose (vice-treasurer), Dr. Madden, Mr. J. A. Stoneham, Mr. J. M. Wyborn (secretary), Mr. Henry Wilson, Mr. W. Walter, and Mr. Sydney G. Thomas (secretary.) Alderman Truscott occupied the chair, supported by the honorary officials and several members of the committee.

The minutes of the last annual meeting were read and con-

firmed, after which a list of the names of the gentlemen who had sent letters of regret at inability to attend was read.

The President, in moving the adoption of the annual report, said that so far as the work of the hospital was concerned the report was satisfactory, but from a financial point of view it was unsatisfactory. Dealing with the items in the report, 128 in-patients had received treatment, whilst 961 visits were paid to patients at their homes. The number of attendances at the dispensary was 1,724—this seeming to be the most popular department of the hospital's work, and a department which was fully appreciated by the public. With regard to the patients' entertainment, arranged by Miss Hyde—whose devotion to the work of the hospital they all knew—it was fully appreciated, and they were also indebted to Dr. Wynne Thomas for his series of lectures. Coming to the income and expenditure, he was surprised to find the great amount of work done with so little money. It did great credit to all concerned, and more especially the ladies' committee. The income had grown, but, unfortunately, that growth was due to abnormal, rather than normal circumstances. For an institution standing in the sight of the inhabitants of Bromley, as the hospital did, it was strange they could only number 184 annual subscribers, out of a population of 27,000, or only about seven out of every 1,000 inhabitants. He knew it was a difficult task to obtain annual subscribers—it always was—but he trusted that between this and next year they would be able to report a considerable addition to their numbers in this direction. It was pleasing to note the advantage that had been taken of their treatment of serious surgical cases, and it was chiefly due to this that they could report the slight increase in the income. He regretted to notice that the hospital was not so well supported by collections at the places of worship in the town. One collection a year could easily be granted them, and he hoped this remark would come under the notice of those persons in authority at the various places of worship. The debt on the Building Fund had been diminished, thanks to the generosity of the family of the late Dr. Phillips and Mr. B. C. Waites, and he desired publicly to thank these for their generosity. He regretted that the committee had not been able as yet to realise on their asset of the old hospital site and building, and he also regretted that they had not been able to come to terms with the Urban District Council for a much-needed improvement at this corner, but he hoped before long that the Council would listen to the representations of the committee in this matter. He acknowledged their indebtedness to Mrs. Madden and Miss K. Scott for their special efforts on behalf of the hospital, which not only enabled them to erect

a shelter in the hospital garden, but added a balance to the general fund, and he also wished to thank Mr. Lindsay Bell for the excellent concerts he had given in their behalf. In conclusion he wished to make an appeal to the public of the town on behalf of the hospital, and asked for a substantial addition to the list of subscribers. What they wanted was a subscription list amounting to £1,000 a year, and any special donations outside that sum could be utilised for adding to and improving the hospital.

Mr. Henry Wilson seconded the resolution, and in so doing remarked that he regretted that the institution did not receive the support they desired from the public.

The resolution was unanimously carried.

The President proposed a vote of thanks to the committee, the ladies' committee, honorary medical staff, hon. solicitor, and the hon. architect for their respective services during the year, and paid a high compliment to Drs. Madden and Thomas for their work on behalf of the institution.

Mr. J. A. Stoneham seconded the proposition, which was carried.

Mr. J. Churchill (chairman of the committee) replied, and thanked them for the kind things said of himself and colleagues. He also emphasised the fact that an endeavour should be made to increase the subscription list.

Dr. Madden, on behalf of himself and Dr. Thomas, thanked them for their resolution. It was a matter of great pride and congratulation to them to be connected with the hospital. Those present might not know it, but at every meeting of the Homeopathic Society, or wherever homeopathic doctors congregated, their hospital at Bromley was held up as having reached that ideal state to which it was desirous of attaining. He urged them to continue to do their utmost in behalf of the institution.

Mrs. Madden replied on behalf of the ladies' committee, and spoke of the pleasure it gave them to be interested in the work.

Mr. W. Walter proposed that with the alterations as printed in the report, the president, committee, and officers be re-elected.

Mr. Wilson seconded, and the proposition was carried.

Mr. J. G. Charles (treasurer) urged the necessity of increasing their financial stability.

On the proposition of the president, seconded by Mr. Churchill, a vote of thanks was accorded those who had assisted the institution by means of special efforts.

Mr. J. M. Wyborn, in returning thanks on behalf of himself and his colleagues, gave a short address on the latest develop-

ments of physical science favourable to the principles and practice of homeopathy.

[In the course of this address Mr. Wyborn made excellent use of the facts adduced in the address by Sir William Crookes before the Royal Society which have already appeared in the March number of *THE HOMEOPATHIC WORLD*, p. 102.]

A vote of thanks to the president brought the proceedings to a conclusion.—From the *Bromley District Times*, Feb. 28th.

---

## REVIEWS.

---

### HOMEOPATHY: ITS EXTENSION IN GREAT BRITAIN BY A TWENTIETH CENTURY FUND.\*

THE appearance of this striking pamphlet follows closely on the publication of Dr. Burford's Presidential Address, and may be regarded as the first of what we have no doubt will form a new series of League Tracts. Evidently the promoters of the new movement are in earnest, and are not disposed to let the grass grow under their feet. The first part of the pamphlet gives a succinct account of the development of homeopathy in Great Britain from the year 1825, when Dr. Quin commenced to practice it in London. Part II. deals with the pressing wants of the present day, and first among them the need of an endowed school, with prizes and scholarships of sufficient value to command rising talent. The urgent call for a great increase in the number of qualified practitioners of homeopathy is eloquently dwelt upon. Part III. deals with the financial necessities of the case—the only motive power in these or in any days. Part IV. appears by way of an appendix, and gives an account of nine hospitals in the country now under homeopathic direction. This part is illustrated with excellent cuts.

This tract is intended for free distribution. It is an admirable "starter," and should be sent to every one who is able to help forward the movement. We would suggest that our readers should send to "The Executive Com-

\* *Homeopathy: its extension in Great Britain by a Twentieth Century Fund.* Issued by the Executive Committee of the British Homeopathic Society.

mittee of the British Homeopathic Society, Great Ormond Street, W.C.," a list of the names of those of their friends who take an interest in the movement or who are likely to do so.

---

### CARDIAC DEBILITY.\*

THIS pamphlet consists of a reprint of a paper read before the Annual Meeting of the British Homeopathic Congress, held in Liverpool on September 19, 1901. In his preface Dr. Nankivell tells us that during the last six years he has spent at least a month annually at Bad-Nauheim, and he rightly claims that he is therefore qualified in some degree "to speak of the special treatment which has there been developed." The pamphlet before us fully substantiates this claim. It is the work of one who evidently knows what he is writing about, and who has seen and practised the methods he describes. The plates and diagrams appended to the paper are of great value in illustrating the different forms of heart-weakness which respond to the Schott methods, and also in understanding the varying conditions that a quasi-normal heart may pass through. For a succinct account of the system we commend Dr. Nankivell's pamphlet as the best that has come under our notice.

The paper was read before a congress of homeopaths, and it was therefore to be expected that something should be said about the homeopathic treatment of weakened heart. This Dr. Nankivell has supplied, but he has relegated it to small print, and it evidently takes a back seat in the paper. Dr. Nankivell gives us no cases and no diagrams illustrating the action of the remedies; or, if remedies were given in the illustrated cases, he does not tell us what share, if any, they had in producing the improvement. He slumps together ("for want of time") *Ignatia*, *Nux*, and *Strychnine*, and, again, the various serpent poisons in the same sort of way we expect in works like Ringer's; and we fail to find those fine distinctions in individualising remedies which are all-important in homeopathy.

Homeopathy in this country has of late years shown a marked tendency to run to adjuvants with a dash of

\* *Cardiac Debility*. By Herbert Nankivell, M.D. With illustrations. London: E. Gould and Son, Ltd. 1901. Price 1s.



homeopathy thrown in. This is a natural result of looking at remedies as belonging to diseases, and the loss of the art of seeking and finding remedies for any case throughout the whole range of the materia medica irrespective of the name of the malady. — The freedom of the materia medica is lost to homeopaths; they are shut up to a limited string of remedies for any case, and it is a great chance if any one of the string will fit the particular case in hand. The failure to spot the simillimum throws the prescriber on some promising “adjuvant” of which the old school has a goodly supply, and presently he becomes what may be termed an “adjuvantist.”

Do not let it be supposed that we despise methods like those of the Schotts, or other therapeutic geniuses of the old school. They have our most cordial thanks and highest appreciation. For any system which *cures* we have a profound respect. Only our feeling is that our skill in homeopathy should be such that we should be able to do with the subtle powers at our command not only much that these methods cannot do, but also much that they can, and thereby save our patients a good deal of time and trouble. Another consideration is that homeopathy is so big that it will scarcely allow a therapeutic rival in the affections of its devotees. If a rival comes in, and the flirtation waxes, the old love cools in proportion, relations become strained, and not unfrequently broken.

Happily there is no fear of any such result in the case of Dr. Nankivell, and we crave his pardon for tacking this sermon on to his excellent pamphlet.

---

THE RELATION OF CANADINE TO BERBERINE.—As is well known there are three alkaloids present in the rhizome of *Hydrastis canadensis*. These are hydrastine, berberine, and canadine: the last was first so named by Schmidt. Gadamer (*Arch. der Pharmazie*, 1901, 648) now shows that the last base is the optically active form of hydroberberine. A small specimen of the natural base prepared by Dr. Schmidt melted at 132.5° C., and had an optical activity of -298°. By a series of re-crystallisations of the bromocamphorsulphonic acid salt of hydroberberine, the author has separated the last-named base into two optically active bases, which on examination proved to be dextro and lævo-canadine. In all its physical properties, and in its reactions, the lævo variety was found to be identical with the natural canadine above referred to.—*Chemist and Druggist*.

## ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

---

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

LISBON, February 28, 1902.

DR. CLARKE, London.

In the issue for January, 1902, of THE HOMEOPATHIC WORLD, on page 39, you speak of *Magnetis polus australis* and then of the 3m F.C. potency.

Again, in your *Dictionary of Practical Materia Medica*, just published, you speak of potencies, which are indicated with: 1m, 10m, and the like.

Will you kindly explain to me, in the next issue of THE HOMEOPATHIC WORLD, column "Answers to Correspondents," the meaning of all these abbreviations?

Where can I get all these potencies, the F.C. included?

Yours truly,

A. N. de VASCONCELLOS.

"3m" means "3,000," and stands for the 3,000th centesimal potency of the remedy as "30" stands for the 30th centesimal. F.C. means "Fluxional Centesimal," and implies that the potency was prepared on one of Dr. Skinner's Fluxional Centesimal potentisers. Any of the leading homeopathic chemists of London can supply the higher potencies.—ED. H.W.

---

NUX MOSCHATA AND "> BY PRESSURE."—After a shot-wound of the brain, during the second week of the patient's illness he complained of intense pain in the head. *Belladonna* and *Arnica* did nothing for him, and *Morphia* and *Atropine* failed to relieve. Dr. White carefully studied the case symptomatically, and found that the pain was only relieved when the nurse applied both hands to the head and pressed with all her weight. *Nux moschata* 2 and 3 was administered thereupon, and quickly cured the patient. Dr. White does not find this modality in his repertories [how, then, did he arrive at the choice of the remedy?—EDS. J.B.H.S.], and thinks it deserving of notice *Hahn. Monthly*, October, p. 667.—J.B.H.S. [To the query of the editors of *Jour. Brit. Hom. Soc.*, from which this note is taken, we may reply that the modality, "> from pressure" occurs in the proving in this symptom: "Colic in the umbilical region > by pressure." Clinical observations have shown that "> by pressure" may indicate *Nux mosch.* when qualifying symptoms in the head and elsewhere.—ED. H.W.]

## NOTIFICATION.

---

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

SWANSEA.—Mr. Morgan Jenkins writes to us that Swansea is still unprovided with a homeopathic doctor and is urgently in need of one.

---

## GENERAL CORRESPONDENCE.

---

THE COLOUR OF *ANTIM. SULPH. AUR.*—DR. STANLEY WILDE'S QUERY ANSWERED BY HIMSELF.

DEAR DR. CLARKE,—Since writing for information concerning the right colour of the 1st cent. trit. of *Antim. Sulph. Aur.* the chemist who prepared my trituration has been making some experiments with the drug, which show conclusively that it changes colour according to the amount of grinding it receives when triturated with sugar or milk. The 1st trit., when *insufficiently* triturated, approaches a flesh colour, or light terra cotta, but, by further trituration, the colour becomes lighter, loses the pinkish hue, and seems best described by the shade of yellow called buff.

A properly prepared 1st cent. trit. should therefore present this latter appearance.

The enclosed samples will afford you practical testimony of the fact.

Yours faithfully,  
STANLEY WILDE.

Ingleside, Bayshill, Cheltenham.  
March 9, 1902.

[The samples enclosed by Dr. Wilde fully bear out the statements of his letter. We have also received, too late for insertion this month, a letter from Dr. Goullon enclosing a sample from Schwabe's pharmacy.—ED. H.W.]

## LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

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

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

- Eccles** (W. McAdam). *Hernia: Its Etiology, Symptoms, and Treatment.* 2nd ed. 8vo, pp. 250. (Baillière. Net, 7s. 6d.)
- Galbraith** (Anna M.). *The Four Epochs of Woman's Life: A Study in Hygiene. With an Introductory Note by John H. Musser.* 8vo, pp. 200. (Saunders. 5s.)
- Galen** (Lucas). *Hospital Sketches.* Cr. 8vo, sd., pp. 158. (G. Richards. 1s.)
- Hardesty** (Irving). *Neurological Technique. Some Special Histological Methods employed for the Study of the Nervous System, together with a Laboratory Outline for the Dissection of the Central Nervous System and the Neurological Nomenclature (B.N.A.). Arranged in a Classified List. With 4 Engravings.* 8vo, pp. xii.-183. (W. Wesley. Net, 8s.)
- Hughes** (Alfred W.). *A Manual of Practical Anatomy.* Edited and completed by Arthur Keith. Part 2. *Abdomen and Thorax.* Roy. 8vo, pp. 322. (Churchill. 8s. 6d.)
- Immerman** (H.) and others. *Variola, Vaccination, Cholera, Erysipelas, Whooping-cough, Hay Fever.* Edited, with Additions, by John W. Moore, Authorised Translation from the German under the Editorial Supervision of Alfred Stengal (Northnagel's Encyclopædia of Practical Medicine). Roy. 8vo, pp. 684. (Saunders. Net, 21s.)
- Lawrence** (F. Mortimer). *Practical Medicine.* Demy 8vo, pp. 521. (Homeopathic Publishing Co. Net, 15s.)
- Mann** (J. Dixon). *Forensic Medicine and Toxicology.* 3rd ed., revised and enlarged. 8vo, pp. 704. (C. Griffin. 21s.)
- Nash** (E. B.). *Leaders in Homeopathic Therapeutics.* 2nd Ed. revised and enlarged. Cr. 8vo, pp. 42. (Homeopathic Publishing Co. Net, 12s. 6d.)
- Orr** (John). *Handbook of Public Health.* Illust. Cr. 8vo, pp. 248. (Livingstone. Net, 4s.)
- Semon** (Sir Felix). *Some Thoughts on the Principles of Local Treatment in Diseases of the Upper Air Passages. Being Two Lectures delivered at the Medical Graduates' College and Polytechnic on October 2nd and 9th, 1901. With an Appendix consisting of Two Letters published on November 23, 1901, and on January 11, 1902, in the British Medical Journal.* 8vo, pp. 130. (Macmillan. Net, 2s. 6d.)
- Walsh** (David). *The Röntgen Rays in Medical Work.* 3rd ed., 8vo, pp. 316. (Baillière. Net, 12s. 6d.)

## TO CONTRIBUTORS AND CORRESPONDENTS.

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

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

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

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

### CORRESPONDENTS.

Dr. Dudgeon, London.—Dr. Cooper, London.—Dr. Skinner, London.—Dr. Hughes, Albury.—Dr. Stanley Wilde, Cheltenham.—Mr. Dudley Wright, London.—Dr. Clifton, Northampton.—Dr. Burford, London.—Mr. F. Kopp, Greenwich, N.S.W.—Mr. de Vasconcellos, Oporto, Portugal.—Dr. H. Goullon, Weimar.

### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Revist. Hom.—Calcutta J. of Med.—Med. Times.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica.—Maanedsk. f. H.—H. Maandblad.—La Homeopatia.—American Physician.—Hom. Envoy.—Hom. News.—Personal Rights.—Medical Century.—Rev. Hom. Française.—Hom. Recorder.—Wjestnik H. Med.—N. A. J. of H.—Clinique.

—New Eng. Med. Gaz.—L'Art Médical.—Amer. Med. Mon.—Med. Advance—Minn. H. Mag.—H. J. of Obstetrics.—Revista Homeo. Catalana.—Hahnemannian Monthly.—Pacif. Coast Journal of H.—Hahn. Adv.—Leip. pop. Z. f. H.—Lekarz Homeopata.—Astrol. Mag.—Homeopathy: its Extension in Great Britain by a Twentieth Century Fund.—Vital Force and Infinitesimals in the Light of Recent Investigations of Matter and Energy. By Dr. W. P. Wesselhœft, M.D.—Ophthalmic Diseases and Therapeutics. By A. B. Norton, M.D. 3rd Edition.

## The Homeopathic World.

### CONTENTS OF MARCH NUMBER.

#### LEADING ARTICLE.

The Appeal to Cæsar.

#### NEWS AND NOTES.

#### ORIGINAL COMMUNICATIONS.

Cancer of the Breast. By Robert T. Cooper, M.D.

Interesting Cases from Twenty-five Years' Practice. By Oscar Hansen, M.D.

Materia Medica Miscellany. By J. R. P. Lambert, M.D.

Cases I have Come Across. By Frederick Kopp.

#### SOCIETY'S MEETING.

British Homeopathic Society.

#### INSTITUTIONS.

#### EXTRACTS.

Animals, Trees and Bogs.

*Lachnanthes Tinctoria*, Ell. By E. M. Holmes, F.L.S.

The Stratification of Hydrogen, and Radio-activity and the Electron Theory. By Sir William Crookes.

#### REVIEWS.

Homeopathic Pharmacopeia of the United States.

Twenty Years' Experience with Diabetes, and its Homeopathic Treatment.

International Homeopathic Directory, 1902.

Pathogenic Microbes.

#### ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

"*Specific Bejeau*."

#### GENERAL CORRESPONDENCE.

*Sulphur Auratum Antimonii*.

#### VARIETIES.

MEDICAL AND SURGICAL WORKS.

TO CONTRIBUTORS & CORRESPONDENTS.

# THE HOMEOPATHIC WORLD.

---

MAY 1, 1902.

---

HUGHES.

It is a strange paradox that though there is only one event in this phase of existence that we can reckon on with absolute certainty—the fact, namely, that we shall one day have to quit it—yet so strong is the instinct of continuity, and so closely interwoven with our view of the procession of external events, that whenever the inevitable happens to one of us, the rest cannot help a feeling of shock, and even of outrage, as if the course of nature had gone wrong. But a year ago we were lamenting the sudden departure, in the heyday of his fame, of the most original and strenuous *curer* in our ranks. Just one year and one day after BURNETT'S death homeopathy is deprived of a writer whose pen has been enlisted in its service for thirty-five years without a break. Through books, lectures, journals, societies, conventions, and transactions the personality of HUGHES is stamped indelibly on the homeopathy of the past generation. There is scarcely a practitioner of homeopathy throughout the world, we should think, who has not one or more of HUGHES' works in his library.

Among the laity the name of HUGHES is less well known than among professional homeopaths. The reason of this is not far to seek: HUGHES was essentially a *preacher* of homeopathy, and he preached to

the professional few rather than to the world at large. His first works—his *Manual of Pharmacodynamics* and his *Manual of Therapeutics*—were essentially tracts, in the form of “letters” addressed to the allopathic profession with the object of converting them to a more excellent way of practice. The success of these works, more especially of the *Pharmacodynamics*, was immediate, and the material was so good and so admirably put together for immediate practical use, that these two works became at once the text-books for students and beginners in homeopathic practice. The “letters” of the early editions of the *Pharmacodynamics* became expanded into the “lectures” HUGHES delivered from the chair of Materia Medica at the London School of Homeopathy during the time he occupied it. These were all embodied in the later editions of the above-mentioned work. The tract form was dropped, and the new material embodied greatly enlarged the scope and usefulness of the work; but the character of the work was otherwise in no way altered—it remained essentially an appeal to the allopathic profession.

The allopathic profession has not been slow to avail itself of the appeal in ways that were perhaps not displeasing to HUGHES, but which were certainly not relished by many of his colleagues. The fact of his having put so much homeopathy into a shape to be easily absorbed by the allopathic intellect was an opportunity not to be neglected by writers more enterprising than scrupulous of the other school. It is scarcely too much to say that many of the popular handbooks of therapeutics in the old school could never have been written but for the material HUGHES provided in such a tempting fashion. His name is rarely mentioned by them, and homeopathy never, so that these authors enjoy a reputation for originality which we trust they value at its proper worth. It must be owned that the entirely laudable endeavour of our departed colleague to draw the two schools together has proved completely futile. The lion



will lie down with just so much of the lamb as he can succeed in getting inside him—and no thanks to the lamb either.

There was in HUGHES a certain detachment from the actual facts of life, an unworldliness, which, whilst it lent great personal charm to his character, robbed much of his work of a permanency which it otherwise might have possessed. It did not occur to him to test his ideals by the touchstone of experience. He took his bearings from what he considered ought to be, and if events turned out otherwise, so much the worse for the events—he remained untouched, his ideals unaffected.

In our estimation the work of HUGHES which will endure is the *Cyclopedia of Drug Pathogenesis*. Though he was only the chief among many workers it was due to his initiation and persistence that the work was undertaken and carried through. In season and out of season, on both sides of the Atlantic, he pleaded the cause of this work and finally engineered it to completion. It is a mine of wealth of immense importance to future workers in materia medica. To him they will be ever in debt for having put these facts within their reach, and for having taken infinite pains to put them correctly.

But this great work provides another example of HUGHES' inability to achieve practical ends. The aim of this work was to provide at once a materia medica for everyday practice, and one which would meet the requirements of allopaths. It has done neither of these; but it has done something vastly more important than the latter at any rate. The allopathic audience, which was never absent from his view, determined the limits within which the scope of the work was to be confined. Still, granted the limits, the work is a noble production such as few men in their lives are privileged to achieve. It not seldom happens that men of great powers in striving to attain certain ends actually produce results other than they hoped but no less important, and such as they could never have compassed had not their ideals, in a sense, misled them.

HUGHES in his early works constructed a bridge leading from the old school to the new ; and he built it so large and majestic and spacious that many said, " It is good for us to be here, what need is there to weary ourselves with travel on the other side ? " A time has now arrived when it is felt that the bridge is but a bridge, and is no fitting place for sojourn : a whole world lies on the other side calling for explorers and workers. But the workers must be independent of all cries and threats from the regions of therapeutic chaos which they have left. Homeopathy must go forward with its work : there must be no hesitation and no looking back.

The passing of HUGHES marks the close of an epoch. The ideals to which he was ever true enhance his claims on our affection even when furthest removed from the touch of the practical. And if his ideals can no longer inspire us, he has left a legacy of solid work that will endure as long as time. To-morrow it is the practical which must rule. We are face to face with Nature : it is not " What may be ? " or " What ought to be ? "—the question we must put to Nature is—What IS ? To this we must accept no answer but the answer which Nature gives.

---

ACIDUM NITRICUM.—A boy, whose parents are healthy, weighed at birth eight pounds, was fat and apparently well. After two weeks he only weighed six pounds. He cried little, was almost always asleep, and seemed never to be hungry. The mother's milk was plentiful, but the child became always weaker ; he could not or would not suck properly. Skin cool and greasy. The mother continued to suckle him, but gave him for two weeks diluted cream in addition. But the child did not grow ; after another fortnight he only weighed five pounds. He lay with eyes closed, but when roused he would open his eyes, and he would still swallow. *Silicea* and *Arsenicum* and other remedies caused no change. On account of the great emaciation, and suspecting syphilis (though the father denied having ever had syphilis), he got *Acidum nitricum*. This medicine had a good effect in a few days. The child grew gradually stronger, increased in weight, and was quite cured. For the first year he got nothing but his mother's milk, the cream was left off soon after commencing the *Acid. nitr.* He is now five years old, a fine, healthy child (*A. h. Z.*, cxliii., 14).—*J.B.H.S.*

## NEWS AND NOTES.

---

### "THE TWENTIETH CENTURY FUND."

IN our last issue we intimated that the inaugural public meeting in connection with the above-named Fund for advancing homeopathy would take place at the end of April. In our present number we have pleasure in giving an account of this meeting, which was held on April 25th, under the presidency of Earl Cawdor. The lateness in the month has prevented us from giving a detailed report, which will, however, be published by the Association later on.

---

### *ANTIMONIUM SULPHURATUM AUREUM.*

WE have received from Dr. H. Goullon, of Weimar, a letter in reply to the query of Dr. Stanley Wilde, and enclosing a sample of *Ant. sul. aur.*, 1st centesimal trituration. This is of a brilliant pink colour. Dr. Goullon says that a preparation of one part of the substance to two parts sugar of milk is very effective.

---

### DR. HUGHES' LETTER.

SOME of our readers may be curious to know that Dr. Hughes never saw the reply to his letter in our last issue. But, as all who knew him intimately are aware, Dr. Hughes was never sensitive to the criticisms of others. Indeed, few critical writers were ever less so. He appeared to hurl his bolts from an empyrean which no hostile missiles could reach. As for the letter and its reply, neither was really intended for the person to whom it was addressed. Both were for larger audiences: the form was a convenience merely.

---

### THE CRUSADE AGAINST CANCER.

WE publish elsewhere an article from the *Times* of April 11th relating to the new scheme "for the systematic investigation of cancer" which has "received the sanc-

tion of the Royal College of Physicians and the Royal College of Surgeons." After duly setting forth the aims and scope of the great scheme, the *Times* writer proceeds to throw cold water on it in a very diverting fashion. He even goes so far as to suggest that the Executive Committee is not only too large, but is too exclusively professional: "It is true that cancer is a disease, and diseases are the peculiar province of medical men. But the medical profession has had cancer under observation for a very long period, and it has not arrived at any strikingly satisfactory conclusions." The following passage is also illuminative: "One of the most striking things about the science of the present day is recognition of the part played by the infinitely little. Investigation of quantities previously thought negligible has yielded some of the most striking discoveries of the age." It is pretty safe to conclude that there will be a very small halfpennyworth of curative bread, for the £100,000's worth of scientific sack to be consumed in this research. As Dr. Cooper would say, the commercial instincts of the profession are against cures, especially if wrought with single doses or infinitesimal quantities; and it is highly probable that the section of the profession which has learned to appreciate the powers of "the infinitely little" will be rigorously excluded from taking any part in this "research."

---

#### JAPAN AND HOMEOPATHY.

THE following appeared in the *British Medical Journal* of February 22nd:—

"PROHIBITION OF HOMEOPATHY IN JAPAN.—We learn from the *Philadelphia Medical Journal* that the American Minister at Tokio, in a despatch dated December 12, 1901, stated that on July 20, 1899, the Central Sanitary Council of Japan resolved not to permit the practice of homeopathy in Japan."

As we did not credit the truth of this statement we submitted the extract to the Council of the Japan Society. As the result of inquiries instituted by this body we are able to state that nothing is known of any such order at the Japanese Embassy, or by any of the

Japanese authorities in London. The matter will now be investigated in Japan itself, and we will let our readers know the result in due course. In the meantime we are confidently assured that any qualified practitioner of homeopathy will have in Japan exactly the same status as any other duly qualified person.

---

### THE RICHARD HUGHES MEMORIAL.

WE wish to draw the earnest attention of our readers to the very important letter addressed to us by Dr. Madden in reference to the above. All homeopaths who have been helped by Dr. Hughes' works owe it to themselves to join heartily in raising a memorial worthy of the man. As Dr. Madden points out, Dr. Hughes derived very small pecuniary profit for the work he lavished on the cause. It is only fitting, therefore, that those who have reaped profit should take a practical method of signifying the same. We shall be happy to forward to the treasurer of the fund any sums that may be entrusted to us for this purpose. The editor of this journal will be pleased to subscribe £5 5s. towards it.

---

**LECITHINE.**—The first important studies connected with the rôle of Lecithine in nutrition are due to Danilewski. In 1897 the Société de Biologie de Paris received on this subject an extremely interesting communication from Charrin. Selensky (a pupil of Danilewski) has been able to show that its action on the red corpuscles is remarkably beneficial. Numerous authorities have since studied the physiological effects of Lecithine, and all agree that it assists nutrition, favours assimilation of nitrogen and phosphorous compounds, so essential to the economy. The conclusions of Desgrez and Ali Zaky, recently published by the Société de Biologie, are on the same lines, so also are those of Gilbert and Fournier, who treated a number of phthisical and neurasthenic patients, with results showing improvement in appetite, weight, strength, and general health.

There is some difficulty in preparing and preserving Lecithine in a pure and active state. This, however, has been overcome by Vial, of Paris, by diluting it with oil and administering it in capsules, representing one grain each. By these means the disagreeable taste of Lecithine is avoided and its active properties preserved.

One capsule three times a day with meals is the usual adult dose,—*Medical Times*,

## ORIGINAL COMMUNICATIONS.

## DR. RICHARD HUGHES: A STUDY.

By ROBT. T. COOPER, M.D.

THE removal from the midst of us of a character like that of the gentle, placid, and cultivated Hughes is a loss not alone to homeopathy, whose earnest advocate he was, but a very serious loss to the science of medicine, a loss to humanity and to the world in its widest sense; not to speak of the irreparable loss sustained by a family by whom he was adored and who are indebted to him for the fondest of care and the most intense solicitude.

A purer mind, a more attractive and winning presence, a better regulated and disciplined worker in the great task of life it would be hard to find than Richard Hughes. While we may be sure that his virtues as a father and as a seeker of truth have many times been equalled, it would be hard to conceive of their ever being surpassed. Without selfishness, without thought of rivalry, and always as ready to acknowledge the purity of motive in others to be in every way equal to his own, he easily gained the confidence of his friends and fellow-workers and the respect and admiration of those who felt themselves obliged to differ from him.

All loved him, for he left them absolutely nothing else to do. He gave no grounds of offence, and if any man was his enemy it unquestionably arose from imperfect knowledge of him with whom he dealt. He fought and fought sturdily for truth but with the gentlest of weapons, and upon one and only one vantage ground—that chosen by himself. In criticism he hit resolutely and he hit home, but in all his hitting he never gave offence and never meant to; in all his strictures he never hurt the feelings of a single opponent. A man like this was sure to be popular, sure to gain friends, as all knew well he had no intention of doing other than his duty. Such was Hughes the writer, the physician, the *littérateur*, and the theologian.

Apart, however, from theology, his life's work can hardly be understood, and to touch even lightly upon this aspect of his character is perhaps unwise, as being proverbially likely to lead to controversial and therefore more

or less irritating discussions. I therefore refer to the matter as lightly as possible, and only so far as the exigencies of the occasion demand. Yet as a theologian, which he essentially was, as can be shown by the magnitude of his literary work in this sphere, as well as by other circumstances unnecessary to particularise, his life's work must be judged.

*The* great object, or must we say to avoid misunderstanding, *a* great object of his life's work was to bring about a reconciliation between the three great branches of the Christian Church—the Greek, Anglican, and Roman; and he heartily supported everything that contributed thereto, and that involved in his estimation no sacrifice of doctrine.

The reconciliation of the Churches and their union in one great body for the promotion of Christian interests was the ideal conception of his life; it was to him a consummation devoutly to be wished.

In like manner in medicine the man of peace as he essentially was by nature, aimed throughout and fought strenuously for the reconciliation of the old school of medicine with the new, of what is termed allopathy with the system of Hahnemann. He could see in the division of the profession nothing but a misunderstanding—a misunderstanding that arose in no sense from motives of expediency or unwillingness to inquire, and one that was in every way compatible with the loftiest of aim and the greatest purity of intention. Hence he conceived it to be his duty to indoctrinate his opponents in the simplest and most easily acceptable features of homeopathy.

That any effort in this direction should eventuate in the conversion of an allopath as such to a homeopath as such seems never to have entered into his philosophy. Indeed it seemed to pain him beyond measure to find that his advocacy of the principles of homeopathy had led to any result so undesirable as he conceived this to be. To indoctrinate the allopaths was one thing, to make them come out as the advocates of an improved system of investigation of medicinal action was quite another. Controversy of any kind he hated except so far as it enlightened the ignorant and led to an improvement of their principles. So much was this the case that instead of welcoming with enthusiasm the most distinguished



and by far the most learned of his converts into the bosom of homeopathy, the late Dr. Compton Burnett, he invariably looked askance at the man, and it is a noteworthy fact that it was Hughes himself who prevented the confirmation of Compton Burnett's appointment many years ago as co-editor of the *British Journal of Homeopathy*. It is an allowable inference that the untimely ending of that grand monument of able work, as the *British Journal* undoubtedly was, in defence of the teachings of Hahnemann, was due to a mistake that would never have occurred had a man of Burnett's intuitive perception of human nature been installed upon the editorial staff.

A great truth like that involved in homeopathy can be, and most assuredly was, advanced by such methods as those pursued by Hughes, but that it would never be advanced beyond an initiatory stage by such proceedings is equally true.

When opposing a great commercial organisation like that represented by allopathy, the pen that wields the sledge-hammer force of a Dudgeon is infinitely preferable to the milk-and-watery advocacy of a Hughes, albeit that in both cases the motives and the intelligence are, equally, beyond dispute.

---

## MATERIA MEDICA MISCELLANY.

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

*Pyrogen in Pyelitis.*—The following case is reported at length by Dr. S. E. Dienst:—

Mr. B., æt. 64, has travelled much, and been exposed to all kinds of weather, having slept out of doors for weeks, has had varied illnesses and accidents, and taken great quantities of drugs. Repeated attacks of influenza completely unfitted him for work. He had suffered for a year with severe pain in the back, loss of appetite, excessive acidity of stomach, for which he took *Sodæ bicarb.* He had to get up three or five times every night to pass urine, and noticed a thick yellow sediment in the vessel in the morning. He had been under both homeopathic and allopathic treatment without relief. In May he consulted Dr. Dienst, who elicited the following symptoms: Stomach and bowels very distended and

after eating but a little. Feels bad all the time, worse in end of afternoon and early evening; constipation; urine passed frequently, contains thick, yellow pus, is very acid and of pungent odour. Appetite poor, losing flesh; gloomy, discouraged.

Nearly all these symptoms were improved by *Lycopodium* 50m. except the pus. *Calc. s.* 30x was tried in vain. On June 29th he was given three powders of *Pyrogen* 30, one to be taken each evening. June 30th, no better; July 1st the pus "was cut up into atoms," and urine changed from acid to an alkaline reaction; July 2nd, no trace of pus found, back much better, though stomach slightly disturbed; July 16th, urine remains clear, and whole aspect and disposition of patient changed.—*Hahn Adv.*

*Natrum Carb. in Chronic Diarrhea.*—Dr. P. C. Majumdar reports case of a man, aged 54, who had suffered for some time from chronic diarrhea. He was of lethargic habit, not disposed to do any mental or bodily work, and suffered for some time from acidity and flatulence. He had been rather constipated till June, 1895, when he had an attack of diarrhea, from which he suffered off and on till he came under treatment in July, 1898. The stools were thin and of light yellow colour, preceded by colicky pains in the abdomen. There was also a constant rumbling in the abdomen. No particular time aggravation was noticed.

*Nux v., Bry. Sulph., and Podophyllum* were tried without much effect, and then on account of the disposition of the patient, the aggravation in summer, and the nature of the stools, *Nat. carb.* 30 was given twice daily. Improvement was very marked, and in about two weeks he got rid of his diarrhea and gradually improved in health.—*Ind. Hom. Rev.*

*Spigelia and Silicea in Headache.*—In *Spigelia* we have nearly all of the *Belladonna* symptoms (particularly the subjective symptoms) repeated. Thus we find under this drug headache extending to the eyes. Worse in stooping, motion or fresh air, from shock, jar; any quick movement converts the dull aching pains into acute, stabbing pains, causing pulsating pains in the temple and into or over the eye. *Silicea* has the same character of pain, located in the same regions, causing the same sharp, darting, or steady ache, the eyeball being sore and painful on rotation;

worse by noise, motion, jarring, even the jar of a footstep in the room causing an increase of the distress, and accompanied by a vibrating, shaking sensation in the whole head, when stepping hard, with tension and pressure in forehead and eyes.

Now, with these symptoms, if we find relief from lying down in a darkened room, with head warmly wrapped, we are led to *Silicea*.

If, however, we find the patient unable to lie down, but the sitting position must be maintained, even if the other symptoms so nearly correspond, we cannot hope to succeed with the exhibition of *Silicea*; the case calls for *Spigelia*. (C. G. Sprague, M.D., in *Med. Century*.)—*Clinique*.

*Sanguinaria Headache*.—These headaches commence in the morning, increase gradually during the forenoon, attaining the climax at noon, then gradually decrease and pass off at night. During these attacks the patient is obliged to lie down and preserve the utmost quiet; a slight motion is apt to bring on chills, nausea and perhaps vomiting of food and bile. There is scanty urine during the headache, but a copious flow appears as the attack passes off. *Gelsemium* also has this last-named condition, as do several other remedies for so-called nervous headaches. In speaking of the periodicity of *Sanguinaria* we do not want to forget that the recurrence frequently appears once a week, and, strangely enough, most frequently appears on Sunday. This condition is not confined to *Sanguinaria* alone, but is found under *Silicea* and *Sulphur* as well.—*Ibid*.

---

## WARTS CURED BY THE APPLICATION OF KIDNEY BEAN JUICE.

By R. H. BELLAIRS, M.A.

HAS any reader of the HOMEOPATHIC WORLD heard of such a case as the following? Two young girls (one of whom is in the writer's service) suffered from numerous warts (pedunculated) about the face. A neighbour recommended the application of the juice of a split kidney bean (*Phaseolus*) three times a day—a fresh bean to be used each time.

A rapid and thorough cure ensued.

Is there some unsuspected solvent or specific quality latent in this familiar bean? Anyhow, sufferers from warts may be confidently recommended to try what is a very effectual remedy.

It is to be hoped also that the matter may receive careful attention on the part of the profession. Some of Hahnemann's best remedies were derived from the humblest of herb simples.

---

### CASE OF LONG-STANDING VASCULAR DEAFNESS.

By ROBERT T. COOPER, M.D., formerly Physician Diseases of Ear, London Homeopathic Hospital.

A LADY, aged 32, who had suffered very severely from headaches seven years ago and had begun getting deaf soon afterwards, consulted me October 9, 1900, on hearing that her cousin had derived great benefit from my treatment when suffering from Menière's disease.

My patient was plethoric and healthy-looking, but extremely deaf, and could only hear on contact on the left side and at barely two inches on the right. Every kind of treatment had been tried without effect and the case was pronounced hopeless.

Her symptoms ran thus: Headache if frightened; noises have come on within the last year; different kinds, all at the same time—shrill noises for example, the violence of which goes away on reaching a height, but they are always present; sometimes three distinct noises go on at same time; worse if worried.

Lately has fainted and knees give way, along with palpitation of heart on going upstairs. Hearing gets worse if very anxious or when in a noise—omnibus, &c.—otherwise general health good, bowels regular, and m.p. regular, though, as she afterwards told me, very painful. Muscular action of heart extremely weak.

Her mother is quite deaf and one brother deaf.

The appearance of the patient led me to hope that *Bellad.* would cure her as it had done in the case reported by me and referred to in Dr. J. H. Clarke's *Dictionary of Materia Medica* (p. 259) under the heading "*Belladonna.*"

The tuning-fork hearing was very imperfect and only

detectable close to the ears and on the auricles ; and the wisdom teeth had not come—two very bad signs in cases of this description.

*Bellad.*  $\phi A$  was given on October 9th and report of November 19th testifies to great improvement in the tinnitus, "except one day, two weeks after dose, when tinnitus with fearful sick feeling came on, had to keep a basin before her when dressing ;" this soon passed off, but has had dyspnea and faintness with chilliness and sleepiness in attacks before coming under me.

Symptoms pointing strongly to *Bell.* cropped up from time to time after the doses, which were given at long intervals, and always with more or less improvement in her conversation and even in her watch-hearing until improvement seemed to cease towards the close of last year and the beginning of this (1902) ; the catamenia too became painless.

On February 7th reports : Much less indigestion and flatus, and phlegm in throat is less and no heart jerk, all of which symptoms she had had before taking *Bell.*  $\phi A$  on January 13th. Tuning-fork heard only round both ears and on mastoids, right 3 in., left  $1\frac{1}{2}$  in.

*Bellad.*  $\phi A$  was again given and on March 6th report was : Right ear hearing much better, left the same ; expresses a *great desire for light* and makes for the light when she wakes up at night, and on waking in the morning her face is always towards the window. For this symptom (*vide Dictionary of Materia Medica*) I gave *Stram.*  $\phi A$ , and on April 3rd had this report : Hearing conversation much better but at times comes over with extraordinary symptoms ; thus, one day felt as if her head were wrapped up in flannel and that wool were in her ears with almost complete but temporary loss of hearing, followed by a sensation as if all the parts round the *left* ear were being worked upon ; a sense of irritation in the fleshy parts, not in the meatus so much as round the ear and especially in front of it, obliging her to keep rubbing it with her hands. These sensations began one day at 11 a.m. and lasted till 4 p.m., going off only when she went to sleep, and she has not had any return of them.

Besides this, has been having very disturbed dreams, and two days after dose turned faint in an omnibus.

Hearing for watch 5 in. on right, and  $1\frac{1}{2}$  on left, and

tuning-fork is heard well all over forehead as well as round the ears.

Altogether the improvement in her hearing is most pronounced and is evidently progressing.

My directions to her are to remain untreated for an additional two months, but the grand effect of *Stram.* and the evident temporary medicinal thrill that followed upon its exhibition justifies my reporting the case at this stage of the treatment; besides the marked improvement in the tuning-fork hearing is particularly interesting.

---

### INTERESTING CASES FROM TWENTY-FIVE YEARS' PRACTICE.

By OSCAR HANSEN, M.D., Copenhagen, Denmark.

(Continued from p. 177.)

*Case 14.*—Mrs. W., forty-seven years old, Copenhagen, came under treatment on November 11, 1884. Formerly had often rheumatic pains in the wrists. For the last few years has had much palpitation of the heart, with constriction in the neck. All symptoms worse on movement, on deep breathing, and on holding the breath. Pressure and pricking in the region of the heart. Many years before the palpitation began she had severe one-sided, tearing headaches, especially supraorbital in the eyeball, the attacks being accompanied by fear. She had dyspnea and a dry cough. Bowels and menses normal. Lungs normal. The first heart sound much accentuated, the sounds often intermittent; apex beat is plainly visible and raises the stethoscope. Pulse intermittent, otherwise normal. Appetite good. Ordered *Spigelia* 3, three drops three times daily.

November 25th. Not much progress. She has a pressure in the pit of the stomach, aggravated on bending double and better when sitting straight; pressing downwards in the pit of the stomach. *Kalmia latifolia* 3, three drops three times daily. Considerable progress followed. Constriction and palpitation of the heart, dyspnea, pressure—all disappeared, and on January 10, 1885, she was almost well and had only slight dyspnea. This she had had for years, and it did not inconvenience

her much. She then discontinued the treatment, and she has since been quite well.

*Case 15.*—O. L., thirty-two years old, baker, Copenhagen, eight years ago had acute articular rheumatism, but without heart affection, and high temperatures. Six years ago had lues (ulcus penis, with dysphagia and mucous patches, especially on the tonsils). The present disease began suddenly on February 16, 1885, and the condition was this: Pressing headaches on the crown of the head as of a weight; dyspnea for the past few weeks; palpitation of the heart, especially on walking and lying on the side; constrictive feelings in the region of the heart, as if the heart was squeezed together; great fear; no appetite; stools normal; percussion of the heart shows a little enlargement, dulness commencing at the middle of the sternum, the length normal; no tearing noise; the first heart sound is followed by a scraping sound; the second sound is accentuated; pulse irregular and rather weak; the lungs normal, and also the urine. *Cactus grandifl.* 3, three drops every three hours.

No progress occurred, and on February 28th he complained of severe pains from the heart to the back of the neck, the left shoulder, and in the left arm. This pain was followed by fear of death. These attacks occurred frequently throughout the nights. Many remedies were given in vain, one after another, namely, *Aconite*, *Arsenic*, *Arnica*, *Spigelia*, *Kalmia*, *Phosphorus*, *Convallaria majalis*, and *Lachesis*. The condition by the end of March was but slightly improved, and he then complained of a dry cough from the trachea, with pains in the region of the heart. Ordered *Naja tripudians* 3, three drops four times daily. In course of two or three days the progress was manifest. The pains were less, and so were all the other symptoms. However, he slowly recovered, and by the middle of May he was quite well. There was still heard some roughness of the first heart-sound. *Naja* was continued for six weeks, but only morning and evening. My only indication for *Naja* were the headaches, pressure as of a weight, and the dry cough from the trachea, with the palpitation of the heart.

*Case 16.*—Mrs. B., thirty-four years old, Copenhagen, came under my care August 8, 1884. Had a miscarriage eight years ago, subsequently some gynecological opera-



tion. Has no children. She has now been ill six months and under allopathic treatment without result. Menses every three weeks, lasting six to eight days, with great pains over the loins and in the pubic region the first day. Strangury. Urine dark brown red, with much tough mucus on the bottom of the utensil. During and after urination she has cutting pains in the bladder and along the left ureter in the region of the left kidney. Appetite bad. Often vomits mucus and water. Urine contains no albumen or sugar. *Pulsat. nigric.* 3, five globules three times daily.

August 23rd. Tenesmus inconsiderable. Pains and appetite better. Uterus retroflexed and cervix uteri enlarged, hard, broad, and sensitive. Often has pains in the left side of the abdomen, as if she was pinched with the nails. Rectal tenesmus. *Bellad.* 3, in the same way.

September 9th. The whole state of health was now worse before menstruation. Chloasmata on the forehead and on the cheeks. *Sepia* 30, five globules morning and evening.

October 10th. Better and better. The evening pains in the abdomen are considerably diminished. Urine less dark, with only a little mucus. Pressing headaches, especially on the crown of the head, with burning heat in the skin of the head. *Sulphur* 30, in the same way.

January 2, 1885. She has continued the same medicine, as she always perceived improvement therefrom. Now the headaches are gone, but she complains often of nausea, especially in the morning, which disappears on eating. Often vomits food. Menses very scanty. *Sepia* 30, in the same way.

February 17th. She complains of constant nausea and pressing pains in the forehead and from this into the eyes and the nose. *Phos.* 6, three drops three times daily. Steady improvement followed, and at the end of April was quite cured.

(To be continued.)

## CASES I HAVE COME ACROSS.

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

XV.—*HYDRASTIS CANADENSIS* AND *MERCURIUS CORROSIVUS* IN GONORRHEA.

I HAVE come across several cases of gonorrhea, in which the principal symptoms were more or less irritation in passing water, and a thick, yellowish discharge. These always yielded promptly to *Hydrastis canadensis* 1x and *Mercurius corrosivus* 3x, 3m taken alternately every three hours, and the following injection used three times a day:—

R̄ *Hydrastis canadensis* φ 3j  
*Aqua pura* Ad 3vj

From one to two syringefuls to be used each time.

The effect of this treatment has been a gradual subsidence of the inflammatory symptoms and of the discharge, and the disappearance of every trace of the disease after a month's treatment. During the last ten or twelve days of the above treatment the medicines (*Hydrastis* and *Mercurius*) were taken in alternation every four hours, and the injection used only night and morning. In those cases where there is a burning and stinging sensation, either before or after urination, I have always found *Cannabis sativa* 1x to be of priceless value, administering it in 2m doses every two or three hours till the inflammatory symptom has subsided. Homeopathy has won golden laurels in the treatment of this far too common disease, its remedies acting very rapidly as compared with the old-school treatment. Its remedies, furthermore, are not only effective, but also pleasant and safe, and unlikely to leave any after-effects.

XVI.—*EUPHRASIA OFFICINALIS* IN CATARRHAL OPHTHALMIA.

In a case of the above (a young man) there were the following symptoms: Sensitiveness to light, an abundant watery secretion, pricking pain in the left eye (aggravated on moving the lid), a sensation as if there were sand in the eye, a great sensitiveness of the membrane to cold air, bright redness of the conjunctiva, and a secretion of mucus gluing the lids together in the morning. The patient had been using a weak *Belladonna*

lotion, taking the remedy internally at the same time, but without effect so far as a cure, or even an amelioration of the symptoms, was concerned. On seeing the condition that the eye was in, I immediately thought of *Euphrasia officinalis* as the remedy most likely to meet the case. I thereupon ordered the patient to make use of the following lotion, to be applied to the affected eye four or five times a day:—

R *Euphrasia officinalis* φ ʒiii.  
*Aqua dest. Ad* ʒvj.

while a tablespoonful of the following was to be taken three times a day:—

R *Euphrasia officinalis* 1x ʒjss.  
*Aqua dest. Ad* ʒviii.

The effect of this treatment resulted as I expected, and the inflammation soon left the eye, to the patient's great delight, as well as my own. In less than a week almost every trace of the complaint had disappeared. I have on several subsequent occasions found *Euphrasia* of priceless value in catarrhal ophthalmia and conjunctivitis.

#### XVII.—*FERRUM IODATUM* IN EPISTAXIS.

This was the case of a little girl, seven years of age, of dark complexion and slightly anemic. The symptoms were that the epistaxis would come on suddenly without any apparent cause, and continue for a considerable length of time. *Hamamelis virginica* φ, *Millefolium* φ, *Aconitum napellus* 1x, and *Belladonna* 1x had each been tried in turn, but without success. Owing to the frequent attacks, and the excessive loss of blood, the little patient was beginning to suffer in health, and her appetite also became very meagre. The following prescription was then administered:—

R *Syr. Ferrum iodatum* ʒijss.  
*Aqua dest. Ad* ʒiv.

ʒj three times a day after meals.

The effect was very remarkable. After the third day's treatment the attacks of epistaxis were less frequent, and the quantity of blood lost had diminished considerably. The medicine was continued, and, after six weeks' treatment, the patient had no further attacks, and her health was also much improved. A few years later the patient was again similarly attacked, owing to having received a violent blow on the nose through running down

an embankment and coming into collision with the rail of a fence. The same remedy, alternated with *Arnica* 2x, was again successfully administered, an *Arnica* lotion being at the same time made use of externally. It may not be out of place to state here that the little girl's mother suffered similarly in her childhood, the latter having a consumptive tendency, inherited on her mother's side. In the above case *Ferrum iodatum* was prescribed, owing to this fact, and also to the anemic symptoms present.

(To be continued.)

---

## SOCIETY'S MEETINGS.

---

### BRITISH HOMEOPATHIC SOCIETY.

THE seventh meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, W.C., on Thursday, April 10th, at eight o'clock. In the absence of the President, who was abroad, Dr. Roberson Day, Vice-President, occupied the chair.

Leonard Jno. Minter, M.D.Brux., M.R.C.S., L.R.C.P. Lond., L.S.A., of 63, Brunswick Road, Hove, Brighton, was nominated for membership by Jas. Searson, M.D., and Jas. Johnstone, F.R.C.S. Charles John Greig, L.R.C.P., having been duly nominated, was elected a member.

The following specimens were exhibited:—

1. Sarcoma of knee-joint successfully removed by amputation at the hip-joint with microscopical section, Mr. Knox Shaw and Mr. Frank Watkins.
2. Spiculated renal calculi, Dr. Epps and Mr. F. Watkins.
3. Water-motor centrifuge, Mr. F. Watkins.
4. Uterine myofibroma removed by abdominal retro-peritoneal hysterectomy; recovery, Dr. Neatby.
5. Double pyosalpinx removed by celiotomy; recovery, Dr. Neatby.
6. Large broad ligament cyst, enucleated, Dr. Neatby.
7. Recurrence of mammary carcinoma removed by excision of the pectoralis major muscle, Dr. Neatby.

After the formal business of the evening had been disposed of, Dr. Day referred to the grievous loss the

Society had sustained since its previous meeting in the death of Dr. Hughes, and called on Dr. Dudgeon to move a resolution of condolence to Mrs. Hughes and the bereaved family.

Dr. DUDGEON, in proposing the motion, pointed out that whilst homeopaths throughout all the world besides our country were that day celebrating the anniversary of Hahnemann's birth, it had been a melancholy one for British homeopaths. They had that day laid to rest the greatest of Hahnemann's followers and their own well-beloved colleague and friend. Dr. Dudgeon had been present at the funeral at Albury that afternoon, and he told of the poignant grief of the bereaved family, and especially of Mrs. Hughes, who has been blind for many years.

Dr. CLARKE in seconding the motion said that the Society could do no less than pass this vote with the deepest sympathy, for, with few exceptions, it was through the works of Dr. Hughes that those present were members of the Society at all. Dr. Hughes had been untiring and unsparing of himself in serving the Society and its interests, and it was difficult to imagine what it would be now that his inspiring presence was for ever removed.

The vote having been proposed and seconded was put to the meeting and unanimously carried.

Dr. MADDEN then moved that the Society should forthwith proceed to raise some suitable memorial to our late colleague. He pointed out that Dr. Hughes had been entirely unselfish and unworldly in all his labours, and had not sought first as most men do to "feather his own nest." It therefore behoved all homeopaths throughout the world who had benefited by his works to join in contributing to this memorial fund. He moved that the Society should take the initiative and invite others to join.

Dr. SEARSON seconded this motion, and it was carried unanimously.

Dr. Day was to have read a paper that evening, but he asked leave to postpone the reading and moved to adjourn the Society out of respect to the memory of Dr. Hughes who filled the thoughts of all. This was unanimously assented to.

## BRITISH HOMEOPATHIC ASSOCIATION.

THE first public meeting of this new Association for the advancement of Homeopathy in Great Britain took place at the Hall of the Stationers' Company, Ludgate Hill, on Friday afternoon, April 25th, under the presidency of the Earl of Cawdor. The meeting was very well attended, and was of an enthusiastic character. A detailed account will be given in our next issue. At this short notice we must content ourselves with giving the text of the resolutions, with the names of those who supported them.

## RESOLUTION I.

That an Association be formed, to be called the "British Homeopathic Association," for the development and extension of Homeopathy in Great Britain in general, and in particular for the creation and endowment of Lectureships, the provision of the means for Original Research, and the dissemination of a knowledge of Homeopathic Therapeutics among the Medical Profession.

Proposed by Dr. Burford, seconded by J. P. Stilwell, Esq., and supported by C. Knox Shaw, Esq.

## RESOLUTION II.

That this meeting nominate as officers of the Association for the ensuing year the following gentlemen:—

<i>President</i> ...	...	...	...	The Earl of Cawdor.
<i>Vice-Presidents</i> ...	...	...	...	{ The Earl of Dysart. Lord Calthorpe.
<i>Treasurer</i> ...	...	...	...	
			...	Mr. Howard.

Proposed by Dr. Dyce Brown, seconded by Sir Robert Hunter, supported by Colonel Clifton-Brown.

## RESOLUTION III.

That this meeting nominate as a General Committee to carry out the objects of the Association:—

The President;

The Treasurer;

and the following gentlemen, with power to add to their number:—

R. W. Perks, Esq., M.P.  
J. P. Stilwell, Esq.  
Captain Cundy.  
W. L. Arbuthnot, Esq.  
Sir Robert Hunter.

The members of the Executive  
mittee of the British Homeo-  
pathic Society.  
Dr. Dyce Brown.  
Dr. Clarke.

Hy. Manfield, Esq.  
W. MacArthur, Esq., M.P.  
Colonel Clifton-Brown.  
J. J. Bowley, Esq.

Dr. Madden.  
Dr. Cash Reed.  
Dr. Spencer Cox.  
Dr. Goldsbrough.  
Dr. P. Stuart.

All donors of £1,000 and upwards to the Fund shall be entitled to a seat on this Committee.

Proposed by Joseph Howard, Esq., M.P., seconded by Dr. Clarke.

#### RESOLUTION IV.

That a Twentieth Century Fund be organised of at least £10,000 to enable the Association to carry on its work.

Proposed by Captain Cundy, seconded by Alderman Truscott.

#### RESOLUTION V.

That a Ladies' Committee be formed, to act in concert with the General Committee, and consisting of the following ladies, with power to add to their number:—

The Countess Cawdor.  
Lady Hunter.  
Mrs. Clifton-Brown.  
Mrs. Arbuthnot.  
Mrs. Cundy.  
Mrs. William McArthur.

Mrs. Henry Wood.  
Mrs. J. M. Maclean.  
Mrs. Compton Burnett.  
Mrs. Peter Rylands.  
Mrs. Stephenson.  
Mrs. Torrens Johnson.

Proposed by Dr. Madden, seconded by Dr. Neatby.

#### RESOLUTION VI.

Votes of thanks to the Master (Alderman Wyatt Truscott) and the Court of the Stationers' Company.

Proposed by Dudley Wright, Esq., seconded by Dr. Byres Moir.

This resolution was carried by acclamation and acknowledged by Alderman Truscott.

A vote of thanks to the noble chairman also met with a very cordial reception, and a few words from the chair brought a most successful meeting to a close.



## EXTRACTS.

## I.

## COMPULSORY VACCINATION.\*

By WILLIAM P. WESSELHOEFT, M.D.

THE Law : "The Board of Health of any city or town shall require, *and enforce* the vaccination, or re-vaccination of all the inhabitants thereof, whenever, in the opinion of said Board, the public health or safety requires such action. Every person over twenty-one years of age, not under guardianship, who neglects to comply with such requirements, shall forfeit the sum of five dollars."

Explanation by one of the members of the Board of Health : "You will see that this places an *arbitrary power* in the hands of the Board of Health of any city or town when they deem it requisite for the safety of their people that it should be enforced."

Explanation by another member of the Board of Health : "The sooner the people recognise that they must submit to the law, the better for them and the community at large."

I quote from the public press, not from personal interviews.

How can this compulsory vaccination law be enforced in the case of a citizen who objects ?

It may be done in three ways : by assault ; by intimidation and threats of being taken to a station house in a patrol waggon, and brought before a court ; or by the imposition of a fine of five dollars. According to the latest ruling of the Board of Health (as quoted in the daily press) this fine of five dollars protects a citizen in his freedom for only twenty-four hours. An unlimited number of five dollar bills can be abstracted from his pocket, as they are demanded from him day by day, until,

\* This and the following paper were sent to us by Dr. Skinner. The importance of the matter cannot be over-estimated. It is well to remember that the father of Dr. W. P. Wesselhoeft, also a doctor, escaped from political imprisonment and fled from Continental tyranny to the free soil of the United States in the revolutionary period of the last century. Alas for poor human nature ! In the fatness of its amazing prosperity the Government of the United States threatens to become the most "scientific," most nervous, most tyrannical of modern powers !  
—ED. H.W.

in the opinion of the Board of Health, the necessity for enforcing this rite is at an end.

Now let us consider the workings of this tyrannical law with its machinery in full operation.

The rich man who wishes to protect himself and his family from personal injury can do so by merely paying out five dollars daily for each member of his family, until the Board of Health sees fit to let up in its demands. But how shall it fare with the citizen equally intelligent, equally anxious to protect himself and his family, who is not fortunate enough to possess the means to buy his security? He may be the father of a family, and a man who has convictions, which are quite as sound as those of the Board of Health, *deepened, perhaps, by sad experience*, but if he is poor he has no chance for freedom, only a choice between two hard alternatives; he must either submit or go to jail, and his family may go begging until he is again allowed to earn means for their support, when the Board of Health shall sanction his release.

The law as it stands on the statute books is an outrage against personal rights. It delegates to a salaried body (which originally was instituted to protect citizens of this Commonwealth against filth diseases) a right to enter houses, backed by policemen, club in hand, and to compel protesting citizens to submit their persons to wounds and the introduction of an artificial disease. In our eyes this is too much like a bit of "paternal government," a plant imported from foreign countries ruled by tyrants, with its ugly roots at present defiling the free soil of Massachusetts.

England, indeed, our so-called mother country, has a law which respects the sanctity of an individual's body, and protects homes against the insolent invasion of itinerant vaccinators.

Our protest, however, is not against vaccination, *but against compulsion in vaccination*,—it is a plea for individual liberty.

On so momentous a subject as this the minority have a right to be heard, and our protest against a personal outrage is entitled to respectful consideration.

In the history of medicine we find many instances of arbitrary assumptions, based upon theories, which have had their right of way for many years, yes, centuries. These false theories while upheld by the majority, have

been combated by the minorities, who were generally considered, by their contemporaries, to belong to the great category of cranks. But as time went on these dissenters, with the assistance of the thinking, common people, were able to break down the fine-spun theories of so-called science.

There exists to-day a strong and intelligent minority among physicians, scientists and the people, against *compulsory* vaccination. So long as the question is an open one, represented on both sides by investigators, the least we can demand is that both sides should have their rights of personal freedom secured.

If the majority of the community think their safeguard rests in vaccination, let them be vaccinated to their heart's content. According to their theory vaccination protects them from the possibility of contagion from others, even when they come in direct contact with the disease. They are protected and consequently secure against contagion.

Now all we dissenters ask is that we may be allowed equal privileges; if we prefer the slight chance of getting variola to the risk of vaccinia, surely it is not an unreasonable request to allow us to choose between the two; and the vaccinated who are sincere in the faith they profess cannot possibly feel that we endanger them, whatsoever risks we may prefer for ourselves. For the vaccinated to cry out against the unvaccinated as a "menace" is to abandon their cardinal doctrine that they are protected.

This by no means implies that *we* consider vaccination a prophylactic against variola.

To sum up: The law now standing upon the Statutes of this Commonwealth is an infringement of personal rights and an insult to every citizen of the State. It delegates to a Board composed of physicians and laymen such arbitrary powers that every fair-minded citizen (no matter what his convictions or persuasions may be) should arise in indignation, and by every possible legal method oppose the enforcement of a law which violates the sanctity of a person's body, and makes it possible for a delegated band to break and enter homes.

The State Board of Health has laid itself open to the grave charge of disregard for the safety of the public. It acknowledges, as we all do, that small-pox is one of the most contagious of diseases in existence. Innumerable

instances are recorded of its transmission through the agency of a third person, and even of its being carried long distances in letters or merchandise sent through the mails or other conveyance. Yet in open disregard and defiance of this universally acknowledged characteristic of the disease, which it talks so valiantly about "stamping out," the members and agents of the Board of Health do not hesitate to visit a small-pox patient without taking the precaution to cover their clothing or other exposed parts with an overdress, leave without being disinfected, and go directly from the bedside into crowded cars, mingling freely with the public; in the case of others, who have been in the remotest way exposed, taking them to the Island as "suspects" to await the result of two weeks' incubation. The officers of the Board of Health during the same period go about freely between the public and the small-pox patients. How do they explain this apparent inconsistency? An agent naïvely says that the Board of Health "*has such confidence in its physicians, that it does not think they need take the same precautions that are required by others.*" Confidence of that order of sublimity is less than a step from the ridiculous; common sense refuses to endorse it. Or is it perhaps claimed that vaccination prevents the carrying of small-pox contagion? That not only is the "successfully vaccinated" immune, but that he is rendered incapable of transmitting the disease through the agency of his clothing? A wholly new theory, and may be labelled: "important if true." Can the judgment of men capable of such inconsistencies be safely relied upon? They have now the power to inflict vaccination upon every unvaccinated person over the age of twenty-one living in the State, whether sick or well, robust or in delicate health, the aged and infirm, the paralytic, the victim of scrofula or tuberculosis, &c. *No one is exempt by law.* Do you say vaccination would not be insisted upon in such cases? I ask what security have those persons? None, only the hope that the Board of Health may spare them at its discretion. Are they not entitled to a more adequate protection?

Our immunity for many years from the devastations of zymotic diseases is not due to the introduction of serums and viruses into healthy organisms; it is simply and solely the result of improvement in sanitary conditions, which during the last half century have received so much

attention. Nothing can be more convincing on this point than the results obtained by sanitation in Cuba, that pest-hole of yellow fever under Spanish rule. For the first time in sixty years the Island was reported free from even a single case of yellow fever. Has this immunity been achieved by the inoculation of yellow fever serum? No, the experiment was so acutely pernicious that, although heralded with trumpets and drums throughout the world, it had only a year's lease of life. It proved so quickly to be the serum that killed that for decency's sake it had to be abandoned. The other serums and viruses of vaccine, antitoxin, &c., have proved less acutely destructive, nevertheless they have caused not only many deaths directly attributable to their introduction, but in many instances left long ailments as their sequelæ.

Those countries which recognise the fundamental importance of cleanliness in every detail of living, and who will insist that the Boards of Health enforce such cleanliness among the ignorant, with proper and humane isolation, must be safer from contagious diseases than those who rely upon the enforcement of laws based upon false theories, contrary to common sense, and backed by deceptive and treacherous statistics, and in conflict with a freeman's rights. These inalienable rights vouchsafed to every American citizen cannot be encroached upon by any statute which delegates to any man, or any body of men, the right of personal attack upon the bodies of citizens, or in case of resistance demands a penalty in money.

## II.

### DR. S. H. DURGIN'S BILL.

No. 178

#### AN ACT RELATIVE TO VACCINATION.

"SECTION 139. Any person over twenty-one years of age who presents a certificate signed by the registrar of a probate court, that he is under guardianship, shall not be subject to the provisions of section one hundred and thirty-seven; and any child who presents a certificate, *signed by a physician designated by the Board of Health*, that the physician has personally examined the child and that he is of the opinion that the physical condition of the child is such that his health will be endangered by vaccination, shall not, while such con-

dition continues, be subject to the provisions of section six, of chapter forty-four, or of the three preceding sections; and the parent or guardian of such child shall not be liable to the penalties imposed by section one hundred and thirty-six."

Gentlemen, you are asked by the petitioner to assist in fastening upon the people of this Commonwealth a complete medical tyranny; to delegate to an official body almost plenary power over the citizens of Massachusetts in a matter of opinion; to force a medical practice upon them regardless of their wishes.

I protest against such action as unjust and un-American. It is unjust that in a matter as vital as life itself the minority, because they cannot conscientiously share the opinions of the majority, shall suffer and be oppressed; that they shall be delivered absolutely and literally into the hands of those whose views they challenge, and whose judgment they question.

It is un-American because it sets up a true medical oligarchy. It recognises a *State Medicine*, a thing as foreign to a free country as a State Religion. In medicine, as in religion, every man must be free to hold his own beliefs and convictions, undisturbed by governmental persecution, else we are citizens of no free country.

The petitioner wishes to obtain for the Board of Health additional powers which shall make them complete autocrats. They have already executive, and by this interpretation legislative, authority; if now, as the petitioner desires, they be endowed with judiciary functions also, they shall stand before the world in the full majesty of omnipotence and omniscience. Yet after all, gentlemen, Boards of Health with all their powers will be only human, and therefore fallible; as liable to error as the "regular practicing physician," whom it is sought to ignore in this proposed amendment. A "regular practicing physician" is one who has satisfied the proper authorities of the Commonwealth of his ability and fitness to practice his profession, and is permitted by law to take upon himself those responsibilities of life and death which are inseparable from such practice. Shall he be held unfit to decide whether or not a person is a fit subject for vaccination? Why should such a decision be made only by a delegate from the Board of Health? What are to be the peculiar qualifications of the

“designated physician” ? The question needs no answer. Once started on this policy to medicate by act of Legislature, where shall we stop ? Who knows which one of the serums, championed as a sure preventive against zymotic disease, will be next to take the fancy of the “majority.” Whatever it is, we may expect to be forcibly inoculated with it, and so achieve “immunity.” And remember the next theory of medical practice to be forced upon the community may be one about which *you* have doubts or scruples.

The founders of our Commonwealth fled to these shores to escape tyranny of a State Religion ; to make a home for themselves where they could be free from persecutions for their religious and political beliefs.

Shall we in this Twentieth Century set up over ourselves a tyranny which shall persecute those who do not conform to its theories of medicine ?

WILLIAM P. WESSELHOEFT, M.D.

---

#### HOW CLEVELAND STAMPED OUT SMALL-POX.\*

MAYOR TOM L. JOHNSON of Cleveland, Ohio, is unquestionably the bravest, strongest, most sanely progressive, and fearlessly true municipal chief in America to-day. He has achieved victories for honest economic and social government in the face of the most powerful and determined opposition, and the only reason that his victories have not been more sweeping and State-wide in influence has been due to the almost invincible influence of corrupt interests long intrenched in power and waxing great through injustice and at the expense of the people. The true statesmanlike qualities that mark Mr. Johnson's public work are as conspicuously illustrated in his wisdom in selecting men to assist him in municipal duties as in his magnificent personal fight made in the interests of juster social and economic conditions, and in his effort to call American citizens back to the old democratic ideals that are the hope of free government.

A striking illustration of this keen discernment in the selection of men charged with the most weighty responsibilities is seen in his choice of a head for the health office of Cleveland. Through the happy selection of Dr. Martin

\* From the *Arena* of April, 1902. We are glad to be able to append this extract to Dr. Wesselhoeft's articles as evidence that some parts of the States are able to take a calm view of the epidemic and act upon it.—*Ed. H. W.*



Friedrich, Cleveland to-day enjoys an immunity from small-pox, while other cities are filled with the dreaded disease, and armies of physicians and boards of health are vainly trying to cope with it through vaccination. It would be difficult to overestimate the importance of Dr. Friedrich's victory. He has opened the way for the stamping out of this scourge without running the risk of sowing the seeds of disease or corrupting the blood and endangering the life of the people. His method is strictly scientific and in perfect alignment with twentieth-century thought, and, if promptly acted upon by other municipalities, not only will small-pox be controlled, but there will be a marked diminution in the ravages of other "germ diseases." So significant is the victory for science, so important and far-reaching is its promise for cities threatened with small-pox epidemics, that, in conformity with the settled policy of the *Arena* to keep abreast with the best progressive thought of the period, we requested Dr. Friedrich to furnish us with full and authentic data as to his method of procedure and the results that have followed its inauguration. In reply he has kindly prepared the following important statement for the *Arena*:

"It affords me great pleasure to state that the house-to-house disinfection freed Cleveland from small-pox. Since August 23, 1901, to this very hour of writing, not a single case has originated in this city, but seven cases were imported. The disease raged here uninterruptedly since 1898. We relied upon vaccination and quarantine as the most effective weapons to combat it, but in spite of all our efforts it doubled itself every year and was in a fair way of repeating the record of last year, as in 1900 we had 993 cases, and from January 1st to July 21, 1901, the number amounted to 1,223. On this date I was called to take charge of the health office, with seventeen cases on hand. I had been in the city's employ ever since 1899, and it had fallen to my lot to investigate and diagnose most of the cases of small-pox that occurred in Cleveland. During that time I observed that, after disinfection with formaldehyde of a house in which we had found small-pox, never another case could be traced to this house. On the other hand, vaccination had given us many untoward symptoms. Frequently it did not 'take' at all. One-fourth of all cases developed sepsis instead of vaccinia. Some arms swelled clear down to the wrist-joint, with pieces of flesh as big as a silver dollar and twice as thick dropping right out, leaving an ugly, suppurating wound, which to heal took in many cases over three months. Finally, four cases of tetanus developed after vaccination, so that the people became alarmed, and rightly so.

"I laid these facts before Mayor Johnson and proposed to stop vaccination entirely and instead of it disinfect thoroughly with formaldehyde every section of the city where small-pox had made its appearance; also to give the city a general cleaning up. The Mayor not only consented to my plan, but also gave me all aid needed. I formed two squads of disinfectors, preferring medical students for

the work. Each squad consisted of twenty men, with a regular sanitary patrolman at their head, and each man was provided with a formaldehyde generator. Thus equipped they started out to disinfect every section of the city where the disease had shown its head, and every house in this section, no matter if small-pox had been within or not, and every room, nook and corner of the house, special attention being paid to winter clothes that had been stored away, presumably laden with germs. It took over three months to do the work, but the result was most gratifying. After July 23rd seven more cases developed, the last one August 23rd.

"In order to give you an adequate idea of what we did here to get rid of small-pox, I have to mention the investigation department, consisting of physicians who were thoroughly familiar with every phase of the disease. They were day and night at the disposal of the health department. They had to investigate every suspicious case in town, and whenever they found a case of small-pox they asked the patient the following questions:

" 'Who visited you during the last two weeks ?

" 'Whom have you visited during the last two weeks ?

" 'Have you been at any public meeting during that time, and who was present, to your knowledge ?

" 'Where do you work ?

" 'Where do the children attend school ?

" 'Where does your family attend divine worship ?'

" 'This information obtained, they started out to all the indicated addresses. They asked the foreman, preacher, and teacher for all absentees during the last month from shop, church, or school, and then visited the house of every one of them. They 'phoned their findings to the health office, and disinfectors with formaldehyde generators were kept ready to follow the step of the investigators and disinfect where there was the slightest suspicion of an exposure to small-pox. Along with this the regular sanitary police force was given orders to make a house-to-house canvass to tell the public to clean up their yards, barns, and outhouses, and abate all nuisances that could be found. As a result of it Cleveland is now free from small-pox, and from the worst infected city it has become the cleanest."

The results of Dr. Friedrich's campaign of disinfection confirm the recent observations of Dr. H. Valentine Knaggs, M.R.C.S., of London, England, who in a recent number of the *Medical Brief* says: "Small-pox is generally conceded to be a filth disease, propagated by a definite microbe, which, like the microbe of tuberculosis, typhoid fever, and diphtheria, flourishes and spreads in unsanitary, overcrowded areas. Any treatment to be effectual would have to be preventive as well as curative."

Dr. Knaggs, although he has for many years practised vaccination, inclines to the belief that the wedding of the profession to vaccination has proved unfortunate in that it has served to prevent the same concentration of thought, by experts and scientific physicians, on small-pox that has been given to

diphtheria, typhoid fever, "and other analogous scourges of mankind for which vaccination is not an accepted form of treatment." This physician has great faith in the efficacy of sulphur in time of small-pox contagion. He makes the very significant observation that "it is known to be absolutely impossible to vaccinate a person successfully who is taking sulphur, or even onions—a vegetable that is very rich in sulphur constituents."

If persons taking sulphur are immune from the effect of vaccine virus, might not this powerful enemy of germ diseases also fortify them against the germs of small-pox? This certainly is a thought worthy of consideration, especially in the light of further evidence that Dr. Knaggs advances from numerous recognised authoritative sources in England, Scotland, Canada, and elsewhere, where sulphur, administered externally in ointment and internally, first in glycerine and later as sulphurous lemonade, has proved most effective in drying up the small-pox pustules and causing them to fall away without a particle of pitting, while its administration has also greatly modified the severity of the disease.

The observations of the English scientist and the practical demonstration of the American physician suggest a method of attack that we believe will prove effective in controlling if not in entirely stamping out small-pox during the next few decades. Both aim at attacking the disease by eradicating the microbe with powerful germ destroyers; and, moreover, the procedure is strictly rational, scientific, and in harmony with the best progressive thought of the age. Dr. Friedrich has done far more than deliver Cleveland from the scourge of small-pox: he has given the world one of the most important object-lessons in the practical value of sanitation to be found in the history of modern science.

---

### CANCER RESEARCH\*.

WE publish to-day a scheme for the systematic investigation of cancer, which has received the sanction of the Royal College of Physicians and the Royal College of Surgeons. Any scheme for systematic research is to be welcomed in this country on general grounds, were it only as an example and an educative agency, but there are few subjects of investigation which appeal more directly to the public than this dreaded and hitherto mysterious disease. It is proposed to raise a fund of £100,000, which is to be administered by a General Committee of at least twenty members, and an Executive Committee of twelve

\* The Times, April 11th.

members representing various learned and scientific bodies. The duties of the Executive Committee will be to erect and carry on laboratories for the study of cancer, to assist similar laboratories which may be maintained by other agencies for the same purpose, to invite the consultative co-operation of men of science whose special studies may in any way throw light upon the main problem, to encourage and systematise all observations likely to prove helpful, and generally to co-ordinate and focus all attainable information bearing directly or indirectly upon investigation of the nature, causes, distribution, prevention, and treatment of cancer. The scheme, it will be seen, is sufficiently comprehensive, and if carried out with vigour and in a thoroughly scientific spirit, ought to produce beneficial results. The machinery proposed will probably strike many people as being somewhat cumbrous. Considering the functions of the Executive Committee, it is not quite clear what the General Committee will find to do. It seems to be rather in the nature of a decorative body, and its existence does not enhance the attractiveness of the scheme as a business movement. The Executive Committee itself is quite sufficiently large. It is a matter of common experience that the efficiency of a committee is usually in inverse ratio to its number, some cynics say to the square of its number. Then as to its composition, we venture to doubt whether the committee is not too exclusively professional. It is true that cancer is a disease, and that diseases are the peculiar province of medical men. But the medical profession has had cancer under observation for a very long period, and it has not arrived at any strikingly satisfactory conclusions. It is at least conceivable that medical investigation is somewhere wanting in the breadth and scientific penetration required to grapple with this difficult problem. In that case the inclusion of one or two men of science, untrammelled by medical predispositions, might greatly facilitate the search for truth.

Again, without in the least depreciating laboratory research, one can hardly help noting that, while it produces most elaborate papers upon the pathological changes induced by or accompanying disease, it does not add in an equal degree to the ability of our physicians to cure or prevent disease. Diagnosis becomes a fine art, and the patient has the advantage of knowing that his case will be classified with rigorous exactitude, but his chances of recovery, which he excusably regards as the main thing, are not always appreciably better than they were before his malady was described in a string of sesquipedalian words. In this case the knowledge which chiefly concerns the public must apply to a period antecedent to the qualification of a patient to become the subject of laboratory research. So far as

can be seen, cancer is a perversion of the ordinary processes of cell-growth and tissue-repair. That perversion presumably comes from some persistent defect, possibly a small and inconspicuous defect operating over a long period, in the general chemical processes of his system. That, again, may presumably be due to some chronic error of nutrition, to the persistent withholding of some element necessary, perhaps in the minutest quantity, to the normal metabolism, or to the persistent ingestion in water or food of minute quantities of something that interferes with healthy cell-growth. One of the most striking things about the science of the present day is recognition of the part played by the infinitely little. Investigation of quantities previously thought negligible has yielded some of the most striking discoveries of the age. But it may be doubted whether conceptions, very familiar to the chemist, have yet made much way in the medical profession. From that point of view the one vital discovery about cancer—namely, how to prevent it or to stay its course—is more probably to be sought in minute and patient study of the living organism and its environment than in the investigations of the laboratory. That study must include investigation of the action of infinitesimal quantities of various elements and their cumulative effects.

---

### THE ETIOLOGY OF ACUTE HEMORRHAGIC ENCEPHALITIS.

E. STRÄUSSLER (*Wien. klin. Woch.*, No. 3, 1902) relates the history of two cases, to prove that acute hemorrhagic encephalitis may be caused by auto-intoxication arising from the intestines. The first was that of a lad, 16 years of age. He was admitted into hospital on March 14, 1896, with a history that from January he had suffered from sleeplessness, fatigue, delirium, fever, headache, pain in abdomen, and anorexia. He was seen to be restless, there were twitchings of both extremities, he slept very little, and passed everything under him. He was apathetic, and took no notice of anything in the ward. There was some loss of power both in the arms and in the legs. The pulse-rate was 120. The tongue was furred. Urine contained a trace of albumen and a large quantity of acetone. On March 16th he had nine epileptiform attacks, and the temperature rose to 105° F. On March 17th he was found to be hemiplegic and comatose. Death followed early on March 18th. Post-mortem capillary hemorrhages were found in the frontal and temporo-sphenoidal lobes (cortex), as well as larger hemorrhage in the latter. The

liver and kidneys showed parenchymatous degeneration. The intestines contained hard roundish lumps of fæces, with corresponding swelling and redness of the mucosa. In the rectum one scybalum had produced a circular fold of reddened and swollen mucous membrane, which occluded the bowel and so cut off the contracted anal portion from the upper portion of the rectum. The second patient was a forty-five-year-old woman. Admitted on April 15, 1901, she gave the impression of an extremely anxious, complaining, excited individual. She had been seized in June, 1900, with fits, which were followed by mental disturbances. The condition improved, but shortly before admission the mental condition of the patient had again become disorganised and the fits had returned. The speech was defective, there being "stumbling" over syllables. The pupils did not react to light. Until June she appeared in fairly good bodily health. On the 7th a subcutaneous hemorrhage was noted in the left groin. Other hemorrhages followed and were distributed over the whole body. There were petechiæ and ecchymoses. In the evening she became unconscious, and paralysis of all extremities was detected. She died early next morning. The necropsy revealed small and large patches of cortical softening, atrophy of the brain, chronic internal hydrocephalus, hemorrhages in the subdural spaces and in the cortex, fatty degeneration of the heart muscle, liver, and kidneys, hemorrhages in the intestinal mucosa. In the ascending and transverse colon a fine, pigmented, flat scar, about 10 inches in length, and two smaller ones in the descending and transverse colon, were found. The large intestine was blocked with hardened, ball-like fæces.—*Brit. Med. Jour.*, February 15th.

---

### SPONTANEOUS ESCAPE OF CEREBRO-SPINAL FLUID FROM THE NOSE.

FREDENTHAL (*Virchow's Archiv*, Bd. clxi., Heft 2, 1900) reports the case of a married woman, aged 50, who had a persistent frontal headache for nine weeks, most intense just above the nose. Under ice-cold compresses, constantly changed, there was some improvement. Exactly a year later, in October, 1898, there was a pyrexial attack, which was followed by "a kind of bronchial cough" and a constant discharge of watery fluid from the left nostril. Simultaneously the pain was relieved, and though still without much energy, the previously apathetic patient became cheerful and talkative. The hearing, previously impaired through chronic catarrhal otitis media,

improved. Anosmia had been present since the beginning of the illness, and this persisted ; it was probably due to increased intracerebral pressure. In December, 1899, the discharge ceased temporarily, and the symptoms of cerebral compression—headache, dulness, disturbed nights, and muscular twitchings—reappeared until the discharge was re-established. In June, 1899, when seen by the writer, the discharge required more than twenty handkerchiefs a day, and the pillow was saturated every morning. It increased when the head was tilted forwards, and apparently ceased when the dorsal position was assumed ; in reality it ran down the pharynx and produced the "bronchial cough." Two polypi were removed from the left nostril, but as it was otherwise normal, they were doubtless due to the irritation of the discharge. Their removal, as in other reported cases, had no influence on the condition. The pupils reacted, and there was no ophthalmoplegia. The visual fields were contracted. There were left neuro-retinitis and slight right optic neuritis. The function of the cranial nerves, other than the first and second, was normal, except that the sense of taste was deficient in the anterior two-thirds of the tongue. The cause of the symptoms was probably a tumour situated in the hypophysis cerebri, and involving the optic chiasma. The discharge almost certainly consisted of cerebro-spinal fluid. It contained 0.06 per cent. of sugar, or a reducing substance, a small quantity of albumen, and 0.31 per cent. of mineral salts. Mucin was absent, as also, somewhat unexpectedly, was phosphorus. It was alkaline, and the specific gravity was 0007.2. How it escaped from the cranial cavity is obscure. In a case mentioned by StClair Thomson, a small aperture was found by the side of the crista galli. Of the few other reported cases, where death occurred with symptoms of cerebral pressure, the track of the fluid was discovered in only two. In two cases there appeared to be no communication between the brain and the nose, although the brain and its membranes were extensively diseased, and in one case nothing abnormal was found. Doubtless the fluid must then escape through the cribriform plate of the ethmoid, though why some cerebral tumours should cause such unusual pressure as to force the cerebro-spinal fluid through, or why the cribriform plate should be so weak as to allow its passage it is impossible to say. In most of the reported cases the discharge was from the left nostril. No treatment is possible or desirable. The condition must be distinguished from hydrorrhea nasalis and from hay fever, both of which are pure neuroses. The chief distinction between nasal hydrorrhea and spontaneous escape of cerebro-spinal fluid through the nose is that in the former the discharge is intermittent and generally periodic, while in



the latter it is continuous. In the former mucin is present, but there is no sugar; in the latter mucin is absent, but a reducing substance is present.—*Brit. Med. Jour.*, July, 1901.

## ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

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

“<” AND “>.”

DEAR SIR,—Being a new reader of your publication, *THE HOMEOPATHIC WORLD*, I have come across a sign in this month's issue which I cannot quite understand. It is the sign included in the following:

“*Nux Moschata acid* and > by pressure.”

I shall esteem it a favour if you will explain the above sign in next month's issue of *THE HOMEOPATHIC WORLD*.

Thanking you in anticipation,

Luzley Brook, Shaw, Lancashire.

I remain, respectfully yours,

PERCY LOMAS.

April 12, 1902.

[“>” is the sign for amelioration as “<” is the sign for aggravation; “> by pressure” means ameliorated or relieved, or better by pressure.—ED. H.W.]

### RHEUMATOID ARTHRITIS.

Can any of your readers kindly give me any references to the homeopathic treatment of this complaint by the use of *Guaiacol* ( $\text{OH C}_6 \text{H}_4 \text{OC}_3$ ), and *Guaiacol Carbonate* and *Beechwood Creasote*? A Dr. Bannatyne of Bath has written a work on the allopathist use of these drugs (1896, John Wright and Co., Bristol). Also any reference to *Gaultheria*?—E. B. IVATTS.

THYROIDIN.—Dr. Ley had a patient of 37, who, since she was 21, had been subject to severe attacks of asthma, and in addition laboured under ciliary blepharitis and obstinate constipation. During her pregnancies, of which she had had two, all these troubles disappeared. Remembering that the thyroid normally enlarged during the gravid state, Dr. Ley treated this patient with small doses of tablets made from the gland. The result was surprising; all the troubles vanished, and for three years, up to the time of report, she had enjoyed perfect health (*L'Art Médical*, October, p. 299).—*J.B.H.S.*

## Obituary.

### RICHARD HUGHES, M.D.

It is with profound regret that we have to record the death of Dr. Richard Hughes, which took place at Dublin on April 3rd, in the 66th year of his age. Dr. Hughes was a Londoner by birth and education. He was a student of King's College and took his M.R.C.S. of England in 1857, and the L.R.C.P. of Edinburgh in 1860. In recognition of his great services to homeopathy he received the honorary degree of M.D. conferred on him by the Universities of New York, Philadelphia, and St. Louis. In 1861 he became a member of the British Homeopathic Society. He was Secretary of the Society from 1879 to 1884, Vice-President in 1885 and 1886, and in 1887 he was elected President. From 1892 to 1896 he was member of the Council, and he has edited the Society's *Journal* since its revival in the present form in 1892.

Early in his medical life Dr. Hughes joined the late Dr. Madden in practice at Brighton, and eventually succeeded Dr. Madden when the latter removed to London. Dr. Hughes continued to practice in Brighton until his recent retirement. During the active period of the London School of Homeopathy, when it was revived through the efforts of Dr. Bayes, Dr. Hughes did consulting work in London as well; but this was afterwards relinquished and it is as "Dr. Hughes of Brighton" that he has always been best known.

Dr. Hughes' literary work began the year after he became a member of the British Homeopathic Society. In 1862 he joined Drs. Drysdale and Dudgeon on the staff of the *British Journal of Homeopathy* and continued to be one of its editors till that journal was brought to a close with its forty-second volume in 1884. In 1867 appeared the work on which the fame of Dr. Hughes has chiefly rested during his lifetime, his *Manual of Pharmacodynamics*, with its companion work, *A Manual of Therapeutics*. Both these works appeared first in the form of letters addressed to a supposed inquirer, and they were rapidly discovered by genuine inquirers, and were thus the means of making many converts to the new school of therapeu-

tics. They also contained such a wealth of therapeutic matter arranged for immediate use, that they largely replaced the older authorities in the field of practice—Jahr, Bœnninghausen, and the Repertories. Six editions of the *Pharmacodynamics* have appeared, though the changes in the latest of these consist of appendices devoted to additional remedies.

But no one knew better than Dr. Hughes that these tractarian works of his, however popular and successful they might be, were no sufficient basis for homeopathic practice. Hence he set himself to provide this in the way which seemed to him most desirable. The four volumes of the *Cyclopedia of Drug Pathogenesis*, with its *Index*, are the result of this endeavour. The *Introduction* to that work fully sets forth the hopes and aims of its editors, and more especially of its editor-in-chief, Dr. Hughes. There will be found the rules finally adopted by the Committee—rules which in our opinion are largely arbitrary and artificial, framed rather to meet the views of an allopathic critic than the requirements of homeopathic practice. However, within the limits prescribed, an immense amount of matter has been brought together describing in the order of their occurrence symptoms experienced by individual provers and in poisoning cases. This is a most desirable piece of work. But Dr. Hughes expected it to be something more: he imagined it was going to replace the Schema in practice.

In point of fact Dr. Hughes was more fascinated by the doctrine of homeopathy than he was by the practice of it. His aim was to keep the doctrine—as he conceived it—pure, rather than to develop and perfect the practice.

The British Homeopathic Society, of which he had been a member forty-one years at the time of his death, was the scene of a very large part of his activities. In his time he held almost all its offices, and for many years past he has been its dominating spirit. He was rarely absent from its meetings and his voice was seldom absent from its councils. A ready and practised speaker—a faculty trained also in his Church work—he was always sure of an attentive audience, which he generally managed to carry with him, even if his hearers were not altogether convinced. His absence from the

Society's meetings will leave a great blank, and it was nothing more than due to him that it should have adjourned its last meeting immediately after the votes of condolence had been passed.

The shock of Dr. Hughes' death was so much more keenly felt in that few remembered his ever having had a day's illness. He had, however, been liable to attacks of faintness; and two years ago he had an attack of pericarditis, through which he was under the care of Dr. Dudgeon. Later on he had an attack of gout. He was, however, apparently quite well at the meeting of the Society in March. Immediately preceding his death he had crossed over to Dublin with some friends on a tour of inspection of the churches of his communion. In the afternoon he complained to one of his friends staying at the hotel with him that he did not feel very well, and said he would not go out then. He sat down in a chair, and his friend left the room. On his return he found that Dr. Hughes had passed away.

The sympathies of the homeopathic community throughout the world will be extended to the widow and family of our departed *confrère*, to whom they were devoted in no ordinary degree. To Mrs. Hughes, in particular, will this sympathy be given, for she was the object of his devoted care, having been for many years past totally blind. He leaves four daughters, three of whom are married, and one son, who has nearly completed his medical curriculum.

The following account of the funeral (which took place on April 10, the 147th anniversary of Hahnemann's birthday) appeared in the *Sussex Daily News* of April 14th:—

#### "FUNERAL AT ALBURY.

"The funeral of Dr. Richard Hughes, M.R.C.S., whose sudden death at the age of 65 was announced a few days ago, took place in Albury churchyard. Evidences of the wide-felt affection and respect with which Dr. Hughes was regarded were the large number of sincere mourners present at the graveside in the Albury churchyard, and the abundance of beautiful wreaths which were laid around the grave. Upon the coffin was a magnificent cross of arum lilies, extending the whole length—a tribute of love and honour from his children—and among the rest was a wreath of white eucharist lilies on behalf of his ten grandchildren. Those who also sent flowers included the following: Colonel and Mrs. Emelius Hughes, Colonel and Mrs. Brandreth, Mrs. Donald Alexander, the Rev. and Mrs. Hargreave Curtis, Mrs. Row, Miss Jessie Row, Colonel and Mrs. Fagan, Mr. and Mrs. Robert Christie, Lord Richard Howe Browne,

Mr. and Mrs. Nash-Wortham, Miss Mainwaring Sladen and Miss Everitt Green, Mrs. Leslie, the Misses Leslie, Mrs. King-Church and Miss Woodhouse, Miss Symes, Dr. and Mrs. Capadose, Miss Rhoda Marsh, Mr. and Mrs. Cuthbert Layton, Mrs. Parsons, Dr. and Mrs. Hilbers, Mr. and Mrs. Lancaster Burne and Mrs. Louis Hughes, Mr. and Mrs. Edward Heath, Miss Olive Heath, Miss Eleanor Heath, the Hon. Mrs. Newdigate Burne and the Misses Burne, Miss Wood, Miss Trimen, Mrs. Bayes, Mrs. Crichton, Miss Dora Crichton and Miss Clara Home, Mr. Kenneth A. Bray, Miss Boase, and Miss du Guerin, Mr. and Mrs. Worringer, Mr. and Mrs. Wright, Miss Tarbet, Mr. and Mrs. Egerton, Mr. and Mrs. Douglas Adamson, Miss Smithers, Mr. and Mrs. Thiersch, Mr. and Mrs. Charles Birch, Mr. and Mrs. Coe, Mr. Norman King-Church, Dr. and Mrs. Cooper; the Fellows and Members of the British Homeopathic Society ("In affectionate remembrance of an honoured and greatly esteemed colleague"), the Brighton Homeopathic Dispensary ("In grateful remembrance"). The service was taken by the Rev. Canon Dundas, assisted by the Rev. William Sellwood. Among the many who gathered to pay their last respects were a number of Dr. Hughes' medical colleagues, including Drs. R. E. Dudgeon, Dyce-Brown, Hawkes (representing the homeopathic doctors of Liverpool), E. Madden, James Johnstone, Bennett, Searson, Gilbert, and Goldsbrough (fellow editor with Dr. Hughes of the *Journal of the British Homeopathic Society*). Among those present who were attached to the deceased by other ties were Colonel and Mrs. Hughes, Mr. Claude Hughes, the Rev. Hargreave Curtis, Captain Richard Trimen, Mr. Edward Trimen, Mr. and Mrs. Nash-Wortham, Mr. and Mrs. Leybourne Goddard, Mrs. Fagan, Mr. Robert Christie, Mr. Percy Browne, Miss Marion Browne, Mr. Lancaster Burne, the Rev. Canon Connor, Sir John Macdonald, Colonel Martindale, Mr. Edward Heath, Mrs. and Miss Letchworth, Mlle. Boulard, and Mr. George Grant. All his children and most of his grandchildren followed him to the grave. The Duke and Duchess of Northumberland had sent some beautiful cut flowers, and these were placed in the grave, which was lined with moss and white roses by Mrs. Nash-Wortham and her family. The scene at the graveside in the quiet country churchyard was a beautiful and peaceful one; and the heartfelt esteem and respect shown by all those who were present was deeply affecting."

The same journal in its obituary notice (April 10th) gave some interesting details of Dr. Hughes' life and his connection with Brighton:—

"He was a prodigious worker, and had a wonderful method in his work. He used to start at six a.m., and work steadily in his study until nine o'clock, and midnight often found him still busily engaged reading or writing. He was a prolific writer, and had a most interesting style of writing, and was also a very excellent speaker. He was the author of several works regarded as text-books on the materia medica, perhaps the best known being *Pharmacodynamics*, and also a book on therapeutics. His forte was materia medica, he being considered an authority upon drugs and their action. He was also editor of the *British Journal of Homeopathy*, a quarterly medical

magazine. His name was very well known in America, and twice during his professional life in Brighton he was invited to America to lecture at some of the American medical colleges. He was of a modest and retiring disposition, and took no part in the public life of the town in which he resided for so many years; but his kindness of heart and perfect amiability of disposition caused him to be as greatly loved as his ability caused him to be respected. He was very good to the poor, and used to assist a great many patients gratis. He was also consulting physician to the Brighton Homeopathic Dispensary, Middle Street, where he used to see a large number of patients gratuitously every Saturday morning. He was a man of almost Spartan habits, was a non-smoker, and practically an abstainer, and enjoyed his cold bath to the end. He lived absolutely by rule, and was always most punctual in keeping his appointments. He took considerable interest in theology, and was a prominent member of the Catholic Apostolic Church, Carlton Hill. He left Brighton about twelve months ago, and went into virtual retirement at Albury, near Guildford, Surrey. During the last two years of his residence in Brighton he was in partnership with Mr. Searson, who has succeeded him in his practice at Sillwood Road. His wife was the founder of the Crèche which is now such a successful and useful institution in Bristol Road, Kemp Town. She took a great interest in its welfare, and for many years was its mainstay and chief organiser. The cause of his death is stated to be cardiac syncope. The sympathies of all those who knew him will go out towards his widow and family in their bereavement."

From the notices which appeared in the Daily Press we select the following: From the *Times*, April 14th:—

"The homeopathic section of the medical profession has suffered a severe loss in the death of Dr. Richard Hughes, formerly of Brighton and latterly of Albury, Guildford. Dr. Hughes was born in London in 1836. He became member of the Royal College of Surgeons of England in 1857, and was the possessor of many honorary degrees. He was a voluminous writer on medical subjects, his *Pharmacodynamics*, which appeared first in 1867, having been a text-book on homeopathic materia medica with the homeopathic school since its first appearance. It has passed through six English editions and has been translated into most European languages, a Russian translation having appeared only a year or two ago. Among his other works is *A Manual on Therapeutics*, and the Hahnemannian oration of the year 1881, entitled *Hahnemann as a Medical Philosopher*. The *Cyclopaedia of Drug Pathogenesis*, a compilation of the effects of drugs on healthy persons, in four large volumes, is perhaps the chief of his works. He was editor of the *Repertory*. Dr. Hughes was at one time on the staff of the London Homeopathic Hospital, and he was lecturer on materia medica at the London School of Homeopathy for a number of years. He was past president of the British Homeopathic Society, and at the time of his death was editor of the journal of that society. He had been for many years one of the editors of the quarterly *British Journal of Homeopathy*. Another important position held by Dr. Hughes was that of permanent honorary secretary of the series of international homeopathic congresses held

every five years. In 1881 he was chosen president of the congress when it assembled in London. He was a member of the Catholic Apostolic Church, in which he had for many years held a high official position."

From the *Westminster Gazette*, April 10th :—

"THE LATE DR. RICHARD HUGHES.

"A well-known homeopath has passed away in the person of Dr. Richard Hughes, formerly of Brighton. Dr. Hughes died suddenly at Dublin, the result of syncope following a chill, in the sixty-sixth year of his age. His best known work was his *Pharmacodynamics*, a work on materia medica, which has been a kind of text-book in the school of Hahnemann for some thirty-five years, having run through many editions and been translated into nearly all the European languages. It is said that this work has inspired much that is new in the materia medicas of certain popular allopathic authors. Dr. Hughes was president of the International Homeopathic Congress of 1881, which assembled in London. He was at one time Lecturer on Materia Medica at the London School of Homeopathy; was former president of the British Homeopathic Society, and at the time of his death was Editor of the *Journal* of this society.

---

HENRY USSHER, B.A., M.B., T.C.D.

ANOTHER distinguished homeopath has left the scene of his labours, and one whose loss will be regretted by readers of THE HOMEOPATHIC WORLD as the loss of a dear old friend. The present writer cannot remember the date when the pages of our journal were not illuminated from time to time by the very practical "Notes by the Way" of Dr. Ussher. These have appeared at lengthening intervals of late years, but the last will be found so recently as in the issue of last November. Dr. Ussher was a genuine homeopath and an uncommonly good observer. Many of his observations have been confirmed over and over again by other observers, and the practical hints he contributed to our literature have helped many a practitioner out of a difficult case.

Dr. Henry Ussher passed away at his residence, Lorne Villa, 10, Geraldine Road, Wandsworth, on Easter Sunday afternoon, March 30th, in his seventieth year. He was a graduate of Trinity College, Dublin, where he took his B.A. in 1854, and M.B. in 1857; the same year he took his L.R.C.S. Edinburgh, and L.M. His first appointment was as Clinical Practising Assistant to the Meath Hospital for one year, and then he entered the Royal



Navy; only remaining a short time, however, as it was providentially ordered for him not to return as arranged by a certain vessel, which was lost with all on board. After various changes in Kent and London he became Resident Medical Officer for the Wandsworth Provident Dispensary, where he remained for some years, till he took up private practice in the same town. For the last eighteen years he had been a great sufferer from rheumatic gout and various complications of disease, which latterly had almost incapacitated him for practice.

---

## GENERAL CORRESPONDENCE.

---

### RICHARD HUGHES MEMORIAL FUND.

*To the Editor of THE HOMEOPATHIC WORLD.*

SIR,—At the last meeting of the British Homeopathic Society, on April 10th, after the announcement of the death of our beloved veteran, Dr. Richard Hughes, and the votes of regret and condolence had been passed, I proposed, and all present were unanimous in approving, that a “Richard Hughes Memorial Fund” should be initiated.

It was decided that the Council of the Society should appoint one or two members of the Society to act as a small committee in conjunction with others who would represent his private friends and patients, who, we already know, are moving in this same direction.

As, however, the Council has not yet met, and as it is highly desirable that no time should be lost in bringing this matter practically before his friends and colleagues, I am venturing to write this preliminary letter to you in the hope that you will not only be able to insert it in your next issue, but will also sympathetically refer to it in your editorial columns.

It is confidently hoped that besides the personal friends and colleagues of Dr. Hughes in this country some at all events of his American colleagues and fellow-workers may wish to be associated with us in this movement.

Briefly, then, the object of this Memorial will be worthily to express our gratitude for the invaluable lifelong work of Dr. Hughes for the furtherance and

development of homeopathy—a work which, while it has done more than that of any other one man (in this country at least) to attain this end, and has been of untold value to each of us in our daily work, has undoubtedly not been of a very remunerative kind in itself, but has, on the contrary, prevented his time and energies being devoted to work which would have been to his more personal advantage.

We feel, then, that it will be only right and fitting, not for this reason only, but also because we all loved him as a man as well as revered him as a teacher, that we should do all we now can to add to the comfort and administer to the needs of those he has left behind and who were dependent upon him during his life, and it is to this end that the greater part, if not the whole, of the proposed fund will be devoted.

I will only now add that to do this in at all an adequate manner will need a very generous and general response to this appeal.

I am, yours faithfully,

EDWARD M. MADDEN.

Bromley, Kent, April 21, 1902.

---

#### DR. ASHTON AND THE BRITISH ELECTROTHERAPEUTIC SOCIETY.—A CORRECTION.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR SIR,—Will you kindly rectify the inaccuracy in reference to my association with the new Electro-Therapeutic Society which appears in the April number of your journal? The facts are as follows: Dr. Chisholm Williams was the organiser and founder of the society. He kindly invited me to attend the preliminary meeting held at his house, at which I was appointed one of the provisional committee to draft rules, &c., for the new society. At my suggestion it was called the “*British*” Electro-Therapeutic Society, a fact which hardly seems worth recording except that it may account for the mistake in your calling me the founder. I attended two committee meetings of a cordial and amicable character and was surprised to be informed a few days afterwards by Dr. Williams that my being on the staff of the London Homeopathic Hospital was

considered objectionable to certain individuals whose support of the society was desirable, and that whilst I should be welcomed personally by many as a member, that I would inevitably be blackballed at the ballot for membership. Thanking Dr. Williams for his courtesy and congratulating him as the founder of the society, I retired with regret, simply saying that gratitude for benefits to my own health received from homeopathic sources decided me to remain a homeopath. I must also state that the post of electrician to the London Homeopathic Hospital existed efficiently before my appointment. I can only claim to have introduced the high-frequency current there in the treatment of disease. Whilst appreciating the kindly spirit of your notice, I am anxious to disclaim any credit to which I am not entitled, and trust you will correct the wrong impression at the earliest opportunity.

I am, yours sincerely,

JAMES T. ASHTON.

5A, New Burlington Street, W.

April 7, 1902.

[We regret the inaccuracies, and are obliged to Dr. Ashton for correcting them. Our note was based on our understanding of the remarks made by the President of the British Homeopathic Society.—Ed. *H. W.*]

---

---

## LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

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

---

---

## TO CONTRIBUTORS AND CORRESPONDENTS.

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

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

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

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

### CORRESPONDENTS.

Dr. Dudgeon, London.—Dr. Cooper, London.—Dr. Skinner, London.—Mr. Jesper, Southport.—Mr. Howard Ussher, London.—Mr. C. Copus, Shepherdswell.—Dr. Heath, London.—Messrs. E. Gould & Son, London.—The Principal of Poona Training College.—Mr. Bellairs, Oxford.—Dr. Ashton, London.—Dr. Madden, Bromley.—Dr. Stanley Wilde, Cheltenham.—Mr. Dudley Wright, London.—Dr. Clifton, Northampton.—Dr. Burford, London.—Mr. F. Kopp, Greenwich, N.S.W.—Mr. de Vasconcellos, Oporto, Portugal.—Dr. H. Goullon, Weimar.

### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Revist. Hom.—Calcutta J. of Med.—Med. Times.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica.—Maanedsk. f. H.

—H. Maandblad.—La Homeopatia.—American Physician.—Hom. Envoy.—Hom. News.—Personal Rights.—Medical Century.—Ind. Hom. Rev.—Rev. Hom. Française.—Hom. Recorder.—Wjestnik H. Med.—N. A. J. of H.—Clinique.—J. of Homeopathics.—New Eng. Med. Gaz.—L'Art Médical.—Amer. Med. Mon.—Zeit. Berl. Ver. H. A.—Med. Advance.—Minn. H. Mag.—H. J. of Obstetrics.—Revista Homeo. Catalana.—Hahnemannian Monthly.—Pacif. Coast Journal of H.—Hahn. Adv.—Leip. pop. Z. f. H.—Lekarz Homeopata.—Astrol Mag.—Diseases of the Skin. By J. Henry Allen.—Therapeutics of Fevers. By Dr. H. C. Allen.

## The Homeopathic World.

### CONTENTS OF APRIL NUMBER.

#### LEADING ARTICLE.

Definitions.

#### NEWS AND NOTES.

#### ORIGINAL COMMUNICATIONS.

Synovitis of Knee-joint. By Robert T. Cooper, M.D.

New Cure for Tuberculosis, Chronic Nephritis and Carcinoma. By Dr. Dudgeon.

*The Dictionary of Practical Materia Medica*—Some Criticisms and a Reply.

*Materia Medica Miscellany.* By J.R.P. Lambert, M.D.

Interesting Cases from Twenty-five Years' Practice. By Oscar Hansen, M.D.

#### SOCIETY'S MEETING.

British Homeopathic Society.

#### INSTITUTIONS.

#### REVIEWS.

Homeopathy: Its Extension in Great Britain by a Twentieth Century Fund. Cardiac Debility.

#### ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

#### NOTIFICATION.

#### GENERAL CORRESPONDENCE.

The Colour of *Antim. Sulph. Aur.*—Dr. Stanley Wilde's Query Answered by Himself.

#### VARIETIES.

#### MEDICAL AND SURGICAL WORKS.

#### TO CONTRIBUTORS & CORRESPONDENTS.

# THE HOMEOPATHIC WORLD.

---

JUNE 2, 1902.

---

## THE FIRST RESOLUTION.

Now that the British Homeopathic Association has been fairly launched, rigged, and manned the next thing to be decided is, What shall be its course? That it has got to go somewhere no one who was present at the inaugural meeting can for a moment doubt. We gave in our last issue a brief account of that meeting. The full report we hope soon to see published in pamphlet form, as we find it too extensive for our own pages. We think there cannot be two opinions that regarded as a meeting it was a solid success. The speeches were full of vigour and conviction, and were one and all inspired by the feeling that homeopathy is a very fine thing and that homeopaths ought to combine to make much more of it than has been made heretofore.

How is this to be brought about? The first step is the provisioning and coaling of the ship—in other words, the collection of funds. A very respectable start has been made with this and we trust the first list will quickly be followed by others of still larger dimensions.

When all is ready for a start in what direction is the good ship “B.H.A.” to be steered? We turn for enlightenment to “Resolution I.” The first resolution reads:—

“That an association be formed to be called the British Homeopathic Association, for the development

and extension of Homeopathy in Great Britain in general, and in particular for the creation of endowed Lectureships, the provision of the means for Original Research, and the dissemination of a knowledge of Homeopathic Therapeutics among the Medical Profession."

It will not be questioned that there is plenty of scope for adventurous navigation in the course here sketched out. The objects of the association fall under four heads—or rather three, for the last three particulars are covered by the first. (1) The development and extension of homeopathy in Great Britain. This is general and includes these particulars:—

- (a) The creation and endowment of Lectureships;
- (b) The provision of the means for Original Research;  
and
- (c) The dissemination of a knowledge of Homeopathic Therapeutics among the Medical Profession.

When a theatre manager advertises the caste of a play he is producing he often saves his star of the first magnitude for the last mention in the list. Whether the drafters of this resolution were acting on this principle we cannot say, but it does strike us that there is rather a "last but not least" flavour about that "dissemination of a knowledge of homeopathic therapeutics among the medical profession."

That such dissemination of knowledge is a consummation devoutly to be wished we think there will be no dispute. Whether we are to be content with wishing, and, if not, how we can best tackle the job are the points demanding consideration. "The medical profession" is a wide term: it includes homeopaths and allopaths, hydropaths, hypnotists, anatomists, physiologists, general practitioners, and specialists of all kinds, teachers in medical schools *and* medical students." Now where in all this extent of territory is the dissemination of a knowledge of homeopathy to commence? It is plain, we think, that it is no use wasting good seed on ground that is not in some way prepared for it. Much of the ground

is rocky, much is full of thistles, and infested with wire-worms. The only part of the medical profession that is at all open to receive the teaching homeopathy has to give is the medical-student class and the newly qualified. When once a man has settled down in practice he *cannot afford* to learn homeopathy. It is a question of bread-and-butter with him, and he cannot be expected to sacrifice that. With the student and the newly-qualified the question is different. These have not yet shed all their youthful enthusiasms, and they possibly still retain some hope and expectation of *curing* somebody of something sometime.

To this section of the profession homeopaths have a very real debt; they owe it to them to let them know that there is something better than the negations and scepticisms of the schools; and they owe it also to them to provide the means of their learning that something if they have a mind to do so. If this is what is meant by the last clause of the First Resolution, we are in entire sympathy with it, and the B.H.A. cannot do anything better than to take this part of their business in hand at once. But we think the subscribers to the Twentieth Century Fund should strenuously object to spending one farthing's worth of money or effort in any appeal to the profession at large.

We take it that the three last clauses of the Resolution, whilst they are to be taken as explaining the first, are not to be regarded as limiting its scope. These are aimed chiefly, if not exclusively, at the medical profession; but "the development and extension of homeopathy in Great Britain" is not to be summed up in establishing lecture-ships, providing for original research and disseminating homeopathic knowledge among the profession: the public must not be left out of sight. It is the ignorance of the public on matters of homeopathy which gives *Odium Medicum* its chief power; and side by side with the education of medical students the dissemination of a knowledge of homeopathy among the public must go on. After all, it is the public who will want the homeopathic



doctors, and the public who will have to pay for them. The more the public know about homeopathy, the sooner will they take the means to obtain what they want. As soon as a knowledge of homeopathy becomes a recognised advantage to a man in starting practice, there will be plenty of students for the Twentieth Century Homeopathic School.

---

## NEWS AND NOTES.

---

### “WHAT IS A ‘CURE’?”

WE have received from the office of the *Lancet* an unmarked copy of that journal of May 24th, and wondering what its editor might consider of especial interest for us, we ran our eyes through its entertaining pages till we came to an editorial article, entitled, “What is a Cure?” In the course of this article, which is based on an address by Dr. James Jamieson delivered to a medical congress in Australia, the writer says—and that, we imagine, is why the copy was sent to us:—

“An interesting passage in the address which has inspired these remarks points out how the rise of homeopathy, mistaken though its tenets are, helped on the destruction of a blind faith in drugs. It was not that HAHNEMANN himself was sceptical, but those who could not accept the fundamental doctrines of homeopathy, in its peculiar mode of practice, were at any rate obliged to admit that results equal to those from their own practice often attended a method of treatment which was tantamount to giving no drugs at all.”

We will spare ourselves the trouble of attempting to enlighten the understanding of the writer of this passage, and pass on to give his much more entertaining account of what is the *Lancet's* idea of a cure. “Cure,” we are told, is “a word that the medical man, knowing its full significance, seldom employs without reservation.” Further, “The answer of modern opinion to the question, ‘Can we Cure?’ partakes strongly of the nature of modified scepticism.” On the other hand, “Antitoxin in diphtheria, thyroid gland in myxœdema, and the nitrites in angina pectoris,” are instances of the legitimate therapeutic faith which replaces the ignorant credulity of our ancestors. Very good. Now

how does this work out from the patient's point of view. Let us imagine a patient affected with boils, say, or indigestion, or colic, applying to our enlightened, highly qualified, scientific medical men of the *Lancet* stamp. He presents himself in the august consulting-room, and wishes the eminent one to cure him. "My good man," replies the man of science, "you don't understand. Cure is a word which the medical man, knowing its full significance, seldom employs without reservation." "But," persists the affected one, "*Can* you cure me?" To which unscientific question the learned leech responds: "The answer of our science to this thoughtless query of yours partakes strongly of the nature of modified scepticism. The nearest thing to a cure which our science can effect is by administering antitoxin in diphtheria, thyroid gland in myxœdema, and nitrites in angina pectoris. If you will have the goodness to catch or contract any one of these diseases I think I can legitimately promise you some assistance. Your uninteresting malady comes not within our range."

We are much obliged to the *Lancet* for putting its case so baldly. Homeopathy has nothing to fear in the field of practice, because it has no opposition: the impotence of the old school stands confessed.

#### "MINOR AILMENTS."

THE following very pertinent comment is by "Xrayser" in the *Chemist and Druggist* of March 22nd and may be fitly appended to the foregoing note.

"'Minor Ailments' is the title of a rather startling leading article in last week's *Lancet*. The young practitioner, according to this authority, when he has finished his education and secured his licence to mutilate, and inoculate, and generally maltreat our bodies at his good pleasure, '*realises to his surprise (!)* that now *for the first time (!)* he is called upon to deal with some common ailment of which he has often heard—from which, indeed, he may have suffered—but to which *he has never had his attention directed* during his pupilage.' The italics are mine, and surely it is right that such an astonishing confession should be emphasised. The minor ailments specifically instanced in the article are colds, bilious attacks, warts, headaches, and rheumatism, and these are only named as examples.

"Such complaints are of course 'not seen, or thought of little account in hospital-work.' What the young practitioner has learned all about during his curriculum has been, as the *Lancet* indicates, 'the etiology of pernicious anemia, Friedrich's hereditary ataxia,' and

the like. This is in addition to the algebra, Greek, botany, geography, and a modern language, which are among the subjects insisted on by the Medical Council. The moral is obvious, though the *Lancet* man misses it. It is that when you have got pernicious anemia or locomotor ataxy you had better go to the certified young practitioner, but that for colds, rheumatism, bilious headaches, warts, rheumatism, and the many minor disorders of this harp of a thousand strings, the prescribing chemist who has studied these things, and can meet with them without surprise, is a better person to appeal to."

---

### THE BRITISH HOMEOPATHIC ASSOCIATION.

OUR last issue contained an account of the entry of this Association into public life. The good to be accomplished by it will depend on the energy and sagacity of its officers, no less than on the free co-operation of its members in town and country. We are able to state that the Committee elected at the public meeting has set to work, allotting the main functions of the Association's programme to the superintendence of various sub-committees, each responsible for its own department. We would urge every homeopath without distinction, and every one who values the progress of rational medicine, to join the membership of the British Homeopathic Association.

At present the Fund stands at about £1,100; it is desired to make it up to £10,000 as soon as practicable. We commend the objects of the Association to the substantial consideration of our readers.

The editor of the Journal will be happy to receive, and to acknowledge in these columns, any subscriptions or donations remitted through him.

The following have been received:—Mrs. John Mews, £3 3s.; Mr. E. L. Vinden (collected), 10s.

---

### BOVINE AND HUMAN CANCER AND VACCINATION.

DR. CLIFTON, of Northampton, has sent us the following letter from the *Daily News* of March 14th. He adds that it would be interesting to know what Mr. Hurndall has to say in regard to it:—

#### "COWPOX—VACCINATION—CANCER.

"SIR,—I understand that the theory for vaccination rests on the supposition that the cow is subject to, and suffers from, a disease analogous to that of small-pox in the human family. I will not

venture to say there are no grounds whatever for this theory, but with your kind permission will give my experience (as a rather large dairy farmer) on the question. For over forty years I have had from thirty to forty cows annually in milking condition on my farm, and I can positively affirm there was never the least indication that one of them was suffering from any disease in the slightest degree resembling small-pox in man. If the disease did exist it was not discernible to the naked eye. Further, I have not heard of any such disease existing in the herd of my neighbours.

"Milking and dairy work is a very healthy occupation, and that, in my opinion, is the reason why the milkmaids of Somerset in Jenner's time did not catch small-pox.

"Your correspondent, Mr. Wileman, refers to the spread of vaccination and the increase of cancer. Whether this is cause and effect I will not affirm, but it is a fact that the bovine animals (both ox and cow) are the only animals subject to cancer on the farm, and during my experience I have had many cases among my own herd, and it is no unusual thing to hear of cases among other herds.

"It does seem a risky business to introduce into the human system matter from an animal subject to such a dreadful disease as cancer. The importance of the question has induced me to write this letter.—I am, &c.,

"NORTH DEVON FARMER,

"Umberleigh, R.S.O., North Devon, March 11th."

---

### A CASE OF VACCINOSIS.

WE take the following from the *Homeopathic Envoy* of April. It illustrates the point brought out by Burnett that in many cases where the "vaccination" is supposed not to have "taken" the virus is present in some form, and has lost none of its morbid potentiality:—

"J. W. Washbourn reports the case of a child with undoubted scarlet fever without unusual features. The child had been vaccinated two years previously in four places, only one of which took, and that very slightly. With the onset of the fever the old vaccination spots seemed to take on life, and in a few days presented all the features of a fresh vaccination at the seventh day. Examination of the patient revealed very slight impetigo of the scalp, and the skin was clear elsewhere. The appearance of the marks on the arm and their arrangement were quite unlike anything in the way of secondary infection from impetigo. There was no doubt that the child was suffering from scarlet fever, and the only explanation given was that the vaccination had remained latent during two years and had started afresh with the onset of scarlet fever."—*Medical Record*, March 22nd.

---

## MORE RELAPSING VACCINIA.

The following appeared in the *British Medical Journal* of March 15th:—

“Dr. John Robert Williams (Ardre, Penmaenmawr, N. Wales), writes: The interesting notes in the *British Medical Journal* of February 22nd and March 1st will probably remind many medical men of some curious anomalies they have experienced from time to time, the explanation of which it is difficult to fathom. A gentleman whom I vaccinated the other day had typical vesicles forming on one of his scars of childhood, in addition to those on the parts I scarified. I know the case of a young lady who was recently vaccinated on her left arm, but as it did not ‘take,’ she again requested to be vaccinated on the right arm. This, too, proving unsuccessful, she decided to try what the effect would be on her left leg, the result being that well-formed vesicles appeared on both arms and legs simultaneously. Again, I believe, it sometimes happens in cases of revaccination there may be some constitutional disturbance, without the formation of vesicles, but with intolerable itching at the seat of scarification, or occasionally rheumatic pains in the vaccinated limb. Early in January Dr. Hughes of Penmaenmawr vaccinated a lady who was anxious it should be done before proceeding to London, but strange to say there was absolutely no trace of anything for twenty days, when there appeared a large crop of vesicles. This latter case raises an interesting point, as to whether it may be inferred that a long incubation period is any criterion of a greater power of resistance in the individual, thus ensuring more immunity from the influence of small-pox. I await an explanation of these phenomena.”

## ALLOPATHIC “PROGRESS.”

THE *Zoophilist* of May makes some pertinent quotations from the *Medical Annual*. It says:—

“The *Medical Annual* for 1902, just published, contains as an introductory article ‘A Review of Therapeutic Progress for 1901. By William Murrell, M.D., F.R.C.P., Physician and Joint Lecturer on Medicine, Westminster Hospital.’ Dr. Murrell is certainly not an Anti-vivisectionist, so that he may be considered an unprejudiced witness to the barrenness of the physiological fig-tree when he commences his review of the medical year which has closed by saying, ‘There has been no striking development in the domain of therapeutics during the past twelve months. New remedies have been introduced, and are constantly being introduced, but do little to advance our knowledge of the treatment of disease. The recent boom in organic-therapeutical preparations, or opo-therapy, is on the wane.’ Several animal extracts, we are told, have their advocates, ‘but no one seems to be very enthusiastic about them.’ And has there been nothing to show for all the laboratory experimentation of 1901? Have the countless thousands of animals bled and suffered in the laboratories of the world during that time yielded nothing to advance

the healing art? Well, we learn (p. 2) that "the recent tuberculosis congress has not added much to our knowledge of the treatment of phthisis, and there are indications that the open-air method has seen its best days." And there is nothing at all to show for the researchers' toil and cruelty? *Risum teneatis, amici?* There is Plasmon. Dr. Murrell says, "Amongst food products Plasmon is the favourite, and its various preparations are now extensively employed." But the vivisectors did not give us Plasmon. But what about drugs? Dr. Murrell reminds us of Dr. Goodhart's address on medicine delivered before the meeting of the British Medical Association when he pointed out that "we give drugs not only to cure disease, but for many other reasons. For example, drugs are often given, not because the disease demands one, but because the patient is not happy till he gets it; too often he is not happy even then. They are given sometimes to hide our ignorance or to mark time, while we watch and wait; and we often give drugs as an experiment, in the hope that they may do good."

No wonder the powers that be are opposed to the method of Hahnemann! The only "progress" they can effect is in a backward direction, and vested interests forbid that they should allow others to go forward if they can help it. They have in good old *Odium Medicum* a champion who has served them effectually in ages past, and will for ages to come if vigorous measures are not taken to prevent it.

---

#### WORK FOR THE B.H.A.

A CORRESPONDENT has sent us the following choice cutting from the *Family Doctor* of May 3rd:—

"W.H.S.—No homeopathic treatment will help in any way whatever, either for this condition or any other. It is a fantastic farrago of therapeutical absurdity. The patient, we take it, is a lady, and she would do wisely to consult one of the lady doctors at the New Hospital for Women in the Euston Road."

This journal, which professes to be the people's medical adviser, is presumably edited by a member of the medical profession. We should think this gentleman's (or lady's) mind would form virgin soil for the dissemination of a knowledge of homeopathy.

---

#### MINNEAPOLIS HOMEOPATHIC SOCIETY.

WE congratulate Dr. H. C. Aldrich (Editor of the *Minneapolis Homeopathic Magazine*) and his coadjutors

on the formation of the above-named society. The *Minneapolis Journal* of March 28th gives the following account of it with portraits of the officers:—

“The Minneapolis Homeopathic Medical Society has just been successfully reorganised with a membership of fifty, which includes practically all of the homeopathic practitioners of the city. Its purpose is to secure united action in all matters affecting its members and to strengthen homeopathy in the community. One of the specific pieces of work likely to be undertaken by the society is a renewal of the efforts to secure a separate medical college at the State university. The meetings of the society are to be held the second Wednesday of each month at the homes of the members. The April meeting will be held at the home of Dr. Adele S. Hutchinson. The officers of the society are: President, Dr. H. C. Aldrich; vice-president, Dr. Adele S. Hutchinson; secretary, Dr. O. K. Richardson.”

---

#### THE BIRMINGHAM HOMEOPATHIC HOSPITAL.

HOMEOPATHY in the Midlands should receive a decided impetus from the magnificent send-off given to the newly completed Homeopathic Hospital in Birmingham. The hospital was reopened on May 14th, having been closed for a year for the alterations. An account of the function will be found in another part of our present issue. The institution has our cordial good wishes in its new career.

---

#### THE HUGHES MEMORIAL.

DR. COOPER has asked us to put his name down as a subscriber of £5 5s. to the Hughes Memorial.

---

#### DR. H. C. ALLEN'S *THERAPEUTICS OF FEVERS*.

WE have under review Dr. H. C. Allen's new work on *The Therapeutics of Fevers*. It is a greatly enlarged and extended edition of his classic *Therapeutics of Intermittent Fever*—so greatly extended as to constitute a new work. We regret that we have to postpone our notice of the work to our next issue.

---



### DEATH OF DR. RANSFORD'S WIDOW.

THE following item from the obituary column of a recent issue of the *Daily News* will recall to the minds of some of our elders the memory of a well-known homeopath of a generation ago :—

RANSFORD.—April 21st, at Santa Barbara, California, in her 92nd year, St. Clair Inglis, widow of Charles Ransford, M.D., late Fellow Royal College Physicians, Edinburgh.

---

## ORIGINAL COMMUNICATIONS.

---

### CANCER OF THE BREAST.

By R. T. COOPER, M.A., M.D.

(Continued from p. 110)

CASE X.—Mrs. B., plethoric and well nourished, aged 37, married fourteen years, no family. Date of case, July 8, 1901.

History of patient: Always subject to abscesses: abscesses in the fingers as a child and afterwards for years discharging sores in the sole of right foot; abscess in left breast at 13 or 14 years of age; and, after this, at about 21, abscess in the rectum with fistula. Had three operations in 1889 in connection with rectal fistula.

Father's cousin and grandmother died of cancer, father himself died of cancer; mother of some form of tumour, nature unrecorded.

Left breast has been noticed enlarging for nine months and lately has been getting very painful; her family doctor has taken her to a noted specialist, and both are agreed as to its being cancer and as to the necessity for immediate removal.

Local examination: both breasts hard and lumpy, but left is much the worst, and is very tender to touch.

Symptoms: Severe pain in left breast, dragging from the nipple to the shoulder and to below breast, also a pulling from one breast to the other, from right to left.

Bowels regular and appetite fair, m.p. too frequent and loses too much for the last three months, and there is much leucorrhœa, worse in the daytime.

In this case everything looked as if the disease would

run a rapid course; in fact Mr. J. H., the consulting surgeon, said as much, and as the patient was extremely nervous and seemed inclined for an operation, I felt a certain responsibility in taking her case in hand, the more so as she put the question plainly to me: "Had I not better be operated upon, and then you can treat me?" To this I tendered a firm and absolute refusal, knowing very well that it would be much more difficult to bring about recovery should the disease return after operation, as it was almost sure to do.

On July 8th I prescribed *Matthiola Græca* φA, and on July 22nd had in this the first report:—

Nothing noticed from the medicine; has had some *bruised* and *sore* feeling in the left breast with a dragging soreness under the arm. The pain below the breast is gone, and the pulling from right to left gone, but has more pain from the left breast up the vessels and the side of the neck which affects the entire shoulder and axilla. M.p. freer and more leucorrhea.

Here the evidence of the medicine acting was obvious as the character of the pain had changed, and the bruised, sore feeling showed increased activity in the breast, and constituted a symptom indicative of *Kali hydriod.*, which was given in unit dose of 30th.

August 7th reports: Sleep good, still pain up side of neck; breast and under arm tender, but much less than before. Interval of repose from medicine.

September 9th. Getting on very well, much freer from pain. Both breasts are hard with large vessels coursing down to nipples, but left much less swollen and less sensitive; the pains do not last so long and are less severe; still pain below and to the right side of left breast; this part has been very painful, but is now much better, and the pain up the side of the neck is much less. Interval of repose, but to use locally Figwort Ointment (*Scrophul. nod.*).

September 23rd reports: Arm feels heavy and had a good deal of pain, leaving a beaten feeling in the breast in the early part of the interval; the breast "draws" as from deep down and affects the arm-pit and shoulder. Arm (left) feels sore. Bowels acted twice yesterday and thrice to-day—very watery: no colic, leucorrhea slight.

The inference from this description was that the

Figwort was in too active operation, so it was discontinued and *Matthiol. Græca*  $\phi$ A. alone given.

On October 14th reported complete absence of pain for two weeks, and since then only occasional aching. The rectum discharged through the fistula very freely the first fortnight. The deep-down drawing in the breast is gone: the right breast is still lumpy, but the left breast is *much* less so. Has a cold which has brought back the aching pain after getting up in the morning, and the leucorrhea which had ceased has returned; m.p. showed a week before time; then ceased and then appeared naturally.

The meaning of this last report I took to be that the profuse discharge from the rectal fistula was an effort of nature promoted by the last remedy to relieve the breast. This was evidenced by a steady and satisfactory improvement, the details of which need not be given; so much so that when seen on April 28, 1902, the patient looked and felt in every way well, "free from pain of any kind, and especially comfortable the last week," although the fistula discharges freely. The lumpiness in the right breast is gone, that in the left very much less.

The patient considers herself cured, though, of course, time can alone prove this, and is delighted she had not had the operation performed.

CASE XI.—A lady, aged 60. Date of case, May 15, 1901. History of abscesses after all her confinements in the breasts; married thirty-six years, five children; much uterine trouble up till 1891, when had to have the womb curetted, after which had less uterine trouble and fewer bilious headaches; up till this winter had much rheumatism and sciatica.

For two years has had a large scirrhus mass in the left breast, which, of course, was condemned to operation, and which has gone on gradually increasing but giving no pain till in November of last year the pain in the breast and the left shoulder became very severe; this was much relieved by Dr. Compton Burnett's treatment. However, the pain again set in with much intensity in the beginning of March, and the breast looked as if it would burst and has been worse since; is unable to use her arm in sewing.

The patient is anemic and has lately been troubled

with phlebitis of the right leg, and both legs are swollen.

Functions fairly regular. *Comium maculat.*  $\phi A$  was given without affecting any change, and on June 3rd *Melampyr. silvat.*  $\phi A$  was given with decided benefit; for, in her report of June 20th the breast was felt to be less in size and the veins of the leg much more comfortable, and she was able to walk better. To allow unmedicated interval.

On July 10th reports herself as feeling well; breast is smaller and lighter to the feel; patient looks brighter and is less easily exhausted, no pain about heart. Unmedicated interval.

July 25th. No acute pain, but breast tender; has had a great mental shock which has put her back considerably. *Melampyr. silv.*  $\phi A$  again.

On August 7th *Magnes. carb.* 200 unit dose was given, and on August 30th *Pulsat*  $\phi A$ ; no special change. On September 24th she declared herself to be feeling stronger than for years.

On October 28th reports everything going on well, except that a patch of phlebitis, size of half-a-crown, was found on right thigh. *Salix mollissima*  $\phi A$  was given, and on November 16th reported immediate improvement after the dose. Growth seeming to point and slightly sore. General health good. Unmedicated interval.

On January 11, 1892, reports: Very little pain in the part, only slight soreness such as is usual in winter. Tongue furred and gums sore. *Matthiola Græca*  $\phi A$ .

On January 24th reports: Has been having a spot of phlebitis; tongue clean, mouth well.

During March of this year (1902) the breast became irritable, "an internal irritation," with sense of fluctuation and painful soreness, which was at once relieved by *Mezereum*. The cancerous mass is (March 20th) about 4in. by 3in., which is less than at first coming under treatment, but more than it was two months ago.

On April 22nd reports: Quite free from pain, but has persistent swelling of the left leg from calf to ankle. *Apis m.* 100. unit dose.

On May 3rd: No pain whatever, and very little tenderness of the breast, which is declining in size; swelling of the leg much less.

In other words this patient is in a perfectly comfortable condition, and although a scirrhus mass exists in her breast, she enjoys in every way the free use of the arm and the best of good health and spirits. That the disease is working off I am very much inclined to believe from the absence of all local disturbance, and more especially from the fact that constantly recurring phlebitis is being set up.

In the former case we saw the disease discharging through the old fistulous surface in the rectum, now we see it dispersing through the venous channels, a very frequent outlet for morbid material in these cases. Whether the case will ultimately get well remains to be seen. My object for reporting it is that there is much of clinical interest in connection with it, and that most certainly the lady is in a far better condition in every possible way than she was twelve months ago when she began my treatment.

The attention of the public is being drawn more and more to the subject of cancer, and even the daily papers teem with wonderful descriptions of the important advances that are being made by celebrated doctors; and the worst of it all is that the poor cancer patient is, after all, in no way the better. Indeed, he may consider himself fortunate if, after all these researches, he is nothing the worse. The fact of the matter is that the clinical features of the cancers, by which I mean the majority of malignant growths, are very simple—too simple for rewards and expensive treatments.

For example, in the breast, as well as in other parts of the body, we find that the cancers develop in regions of the body that have been exposed to injuries, especially blows that give rise to contused wounds. Extensive bruised surfaces, especially when overlying granular structures, are often pointed to by these patients as mapping out the situation of their disease.

In other instances we find a long-lasting irritation of a mucous surface will often, in time, become the seat of cancerous deposit.

It is a very general dread among women that a blow on the breast gives rise to cancer. It does nothing of the kind, but what occurs is this.

The effect of a severe blow upon an organ like the female breast, especially when great changes in the

reproductive sphere are taking place, lessens the power of the involved tissues to resist the onslaught of morbid material floating through the system. Such material is thus enabled to deposit in this the least resistant and consequently the most suitable resting-place.

Women who receive such blows should at once resort to a dose of *Arnica montana*, *Calendula offic.*, *Ruta graveolens*, or of *Ulmus fulva*, according as their other symptoms and bodily condition indicate. Of all these remedies the most generally useful for the purpose of restoring the resisting power of the injured tissues is, so far as our present researches go, most certainly *Arnica*, the tincture of which should be made from a fresh plant, and not from the dry, drug-impregnated flowers in the shops.

Mental shocks, as well as shocks by direct and indirect mechanical injury, may also lessen the resisting powers of the organism, and in these cases *Magnesia carbonica*, *Kali bromidum*, *Ignatia amara*, in high dilution, ought, as in the above instances, to be at once resorted to.

Almost any morbid material that finds entrance into the tissues may in time give rise to cancerous collections, but it is particularly frequent in persons who have had medicinal or other unnatural substances injected subcutaneously; even, for instance, bee- and wasp-stings are known in time to be followed by cancerous collections.

Any climatic or mental conditions that tend to lower the vitality of the body conduce to cancer; such as a residence close to water-logged and low-lying tracts of country, more especially if a habit of morbid apprehension and of querulousness be indulged in.

Cancerous collections, whether these take the form of scirrhus, carcinoma, sarcoma, or of encaphaloid cancer, are, I repeat, easily acted on by internal remedies, and the progress of the disease to a very large extent depends upon whether the necessary repose be or be not granted that the disease requires while its elimination is in progress.

By the term *repose* I do not mean mere *rest* from movement, either of the disease itself or of the body generally, but I do mean rest (or more properly *cessation*) from the tissue movement occasioned by the exhibition of the indicated dose.

This movement or outflow is often succeeded by great disturbance, which is sure to frighten the patient if not

warned beforehand, and which hitherto has scared the doctors and nurses to such a degree that immediately they have set to work injecting all kinds of things into the system to the annihilation of all hope of ever seeing the disease eliminated from the system.

Though *distress* is, when a cancer collection is in some situations, the necessary consequence of the outpouring of the disease, I have in every instance found this distress attended by complete cessation of the terrific cancer pains, the lancinating, stabbing pains particularly.

A very great distinction must be made between *distress*, great though it be, and pain. I have seen patients bent double with flatus and its consequent restlessness and sleeplessness without there being any attendant pain, and I have seen the entire mucous lining of the mouth and throat swollen and raw looking with complete inability to take food while the disease was coming away, and yet a rapid and painless improvement has resulted.

---

## MATERIA MEDICA MISCELLANY.

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

*Apocynum in Strangury*.—Dr. T. L. Bradford reports case of a man æt. 50, who had frequent desire to urinate; the pressure came suddenly, as if he could not wait, after straining greatly, with discharge of only a few drops, the desire would pass off, only to return in short time with same result. He gave *Apocynum*  $\phi$  min. v. in half a glass of water, a teaspoonful every hour. It not only cured the strangury but also an incontinence of urine of some years' standing. He has since used it successfully for incontinence in old men.—*Amer. Hom.*

*Chronic Diarrhea cured by Aloe*.—Mrs. —, age 40. Morning diarrhea for many years past, comes on every morning after rising, and continuing till 10 a.m. Stools yellowish, thin, fecal, accompanied by much flatus, and an immediate irrepressible desire for stool; cannot delay one minute. *Aloe* 30 was prescribed for the case, a powder dry on tongue night and morning. Having taken only four doses of the *Aloe*, the stool became of normal consistency, and the case became one of scabies over the entire body. Upon inquiry it was ascertained that she had itch when about ten years of age, and that it was



treated by inunction of sulphur and lard, and she was of opinion that the diarrhœa had been her constant companion since about that time, a period of thirty years. She received no further medicine, and in three days' time the power of the drug that had reproduced the scabies also effected a cure of the same, with no return of diarrhœa.—(Dr. Lewis Whiting, M.D., *Hahnemann Advocate*, Dec. 15, 1898.) *Calcutta Jour. of Med.*

*A Proving of Antimony.*—In the *New England Medical Gazette*, F. P. Bercy, M.D., publishes the report of a case of chronic antimony poisoning occurring in a chemist who was engaged in the manufacture of the double lactate for commercial use. This salt is one that is taken up readily by the skin. The patient's account, as given by himself, is strikingly suggestive of the homeopathic indications, and is as follows:

"Shortly after beginning the manufacture of this, I noticed a decided lowering of the general health and great sensitiveness to cold. I was only comfortable in a room at 80° to 85°, and was obliged to give up cold baths, to which I was regularly accustomed up to this time. There was also a great digestive disturbance, much gas in the intestines, watery and mucous discharges from the intestines, but no pain; a nasty coated tongue, torpid liver, and yellow skin. The whites of the eyes showed yellow as well. The heart, which had always been quick and strong, became most erratic, jumping from fifty-six to a hundred and fifty beats per minute, and from weak to strong and *vice versâ*. The mental disturbance was more pronounced than the physical. An extreme listlessness was accompanied with the most extreme melancholia. The thing which finally led me to the cause of the trouble was the breaking out of watery pustules on the wrists and arms, principally an intense itching of the inflamed parts. 'The pustules resembled ivy (*Rhus*) poisoning.'"

*Rhododendron in Chronic Rheumatism.*—Mrs. C., aged 60, has been an invalid for two years due to rheumatism. It was confined to the arms at first, but now it involves the hands and shoulders as well. She can neither raise the arms nor use the hands, they are so painful. The pains are worse while at rest and before a storm, but there is relief when the storm has commenced. The muscular and fibrous tissues are most involved. She was

given *Rhododendron* 6x four times a day, while later it was given in the 12x three times a day. After two months' treatment the pains were gone, she was able to resume her household duties, and she considered herself well. *Rhus toxicodendron* is often given when *Rhododendron* should be. Under the latter remedy the pains are such that the limbs cannot be at rest, while under *Rhus* the pain is most pronounced when beginning to move, and there is relief from continued motion. The pains of *Rhododendron* are most marked after midnight and toward morning, while those of *Rhus* are worse toward evening. *Rhododendron* is worse during hot weather, while *Rhus* is worse during cold.—Dr. A. L. Blackwood in the *Clinique*.

*Carduus Marianus* in *Passive Congestion of the Liver*.—Dr. Blackwood also reports a case of a woman, 43, suffering from tricuspid regurgitation secondary to disease of the left heart, in whom the liver reached the level of the umbilicus. She was slightly jaundiced, and had a sense of discomfort in the right hypochondrium < by lying on the left side, and by tight clothing. *Card. m. φ min. v.* every three hours soon produced a marked improvement and reduction in size of liver.—*Ibid*.

*Three Remedies in Chronic Rheumatism*.—Dr. Cartier, in the *Revue Homeopathique Française*, says that although we have several excellent and well-known remedies for acute rheumatism, in combating the chronic form we are too often at a loss. He has often employed *viscum album* in the 3x and 6x potencies, and with good success.

In the sciatic form, and also where the joints are affected, and appear to be "lacking in oil" he gives *Gnaphalium* with confidence.

Lastly, he recommends *Derris pinuata*, a remedy now entirely out of fashion, but which is of great service in neuralgic headaches that seem to be of rheumatic origin.—*Ibid*.

INTERESTING CASES FROM TWENTY-FIVE  
YEARS' PRACTICE.

By OSCAR HANSEN, M.D., Copenhagen, Denmark.

(Continued from p. 209.)

*Case 17.*—The wife of a sculptor, forty-eight years old, the mother of eleven children. Came under my treatment on the 2nd of July, 1885; she had always been well till two years ago. Menses stopped nine months ago. Status præsens: Pulling pains in the right half of the face below the eyes extending downwards to the zygoma and the upper lip. The pains are worse by day, especially in the forenoon; otherwise she is well. Ordered *Spigelia* 3, three drops three times daily. On August 13th there was no improvement, but rather aggravation of the pains. She was then given many other remedies on various indications. An improvement certainly followed many remedies, the pains decreasing, but then a relapse followed. On the 22nd of December, 1886, I prescribed *Kalmia latif.* 2, three drops daily, on these indications: tearing pains in the right half of the face, especially under the eye and in the zygoma. Lame feeling in the right arm.

January 12, 1887. The pains improved after three doses. Continued.

February 2nd.—The pains in the face have ceased. Diarrhea, for the most part consisting of mucus and dark-green water with strong tenesmus, demanded the use of *Mercur. sublim.* 3, three drops every three hours.

February 24th.—Cured.

*Case 18.*—The daughter of a teacher, P., twenty-one years old. Two years ago she was treated by me for hemoptysis. Now, on the 7th of January, 1886, she has been ill six months, complaining of debility, emaciation, giddiness, pricking pains in the forehead over the eyes, is better in the air. Every two months nausea and faintness with cramp in the arms, with loss of consciousness. Pressure and squeezing in the epigastrium. Menses very abundant, yellow thick; leucorrhea, especially in the morning. Stool hard and difficult once in a week. Appetite and sleep are very bad. Thirst. In both the supraclavicular regions the breath sounds are rough and weakened. Uterus much antelected, con-

siderable sensitiveness to pressure on the right parametrium. Urine normal. *Sepia* 12, three drops three times daily.

February 10th.—Unchanged. *Sepia* 30, three drops morning and evening.

February 27th.—The condition is worse; is very depressed; is more emaciated. Palpitation of the heart. Pricking as of knives in the vagina. The complexion often changes. *Calc. carb.* 30, three drops morning and evening.

April 3rd.—Considerable improvement, appetite and sleep good; is cheerful. Continued.

She was quite cured in the beginning of June. During the treatment she has used warm water injections.

Case 19.—R., fifty-six years old, bricklayer. Has been ill in three months, was first allopathically treated for six weeks at home, and after that four weeks on the surgical side of the hospital, all without improvement. Status præsens, November 12, 1886: Emaciation, no appetite, thirst, belching, flatulence. Stool normal. Severe, burning pains in the region of the bladder, during and after making water, worse during the act. Tenesmus vesicalis. Urine is dark-brown, scanty, contains often mucus, never blood or gravel. No prostatic enlargement or calculus. He took without improvement in the pains *Cantharis* 3, *Cannabis ind.* 1, and *Arsen. alb.* 3. The tenesmus disappeared under *Cantharis*. On the 11th of December, since a red, gravelly sediment now frequently appeared in the urine, I gave him *Lycopod. clavat.* 6, three drops three times daily, and after rapid improvement he was quite well by the middle of January, 1887. That which guided me to *Lycopod.* was his report that he was worse in the afternoon, between five and seven o'clock.

Case 20.—Mrs. R., thirty-seven years old, came under treatment December 31, 1886. She has been ill fourteen days. Burning, tearing pains from the right supraclavicular region, through the right arm, with tingling in the finger-tips. The pains are nightly, and are aggravated by cold air, as well as cold water; movement does not make it worse. Otherwise nothing abnormal. *Arsen. alb.* 3, three drops every three hours.

January 11, 1887.—The pains are considerably better. Continue three times daily.

February 1st.—Tingling and creeping in both hands, especially in the night; otherwise well. *Rhus tox.* 3, three drops three times daily.

February 16th.—Quite well.

(*To be continued.*)

---

## BEER AND CANCER.

THE following article from the *Polyclinic* of May will make beer-drinkers feel rather uncomfortable.

“It appears very possible that the observation that the long-continued use of arsenic tends to cause cancerous processes may attain a wholly unexpected importance. In the first instance the observation concerned only the skin, but it has since received more extended application. Although it has obtained but little attention in England, it has been confirmed in America, and to some extent in Italy. The revelations just made before the Royal Commission as to the almost inevitable presence of arsenic in all beer which is made from malt dried over coke make it seem more than probable that for the last few centuries certain sections of the community have been habitually consuming arsenical salts. During this period coal and coke have been gradually superseding wood for the drying of malt. Now it is precisely during those years that cancer is supposed to have been increasing. During this period, no doubt, a considerable number of cases have been registered as “peripheral neuritis,” “vagabond’s melasma,” “pernicious anemia,” “Addison’s disease,” “multiple cancer of skin,” and under other names, which in reality had their origin in the dietetic imbibition of arsenic. The differences of opinion which arose in the recent cases at the Halifax Union Poor Law Hospital\* are very instructive in this direction. Now if, as seems proved, the continuous use of arsenic, in small medicinal doses, can predispose the skin to multiple cancer there seems no good reason for doubting that it may do the same for the other tissues and for mucous membranes and the viscera. It is to be regarded, in all probability, as being in almost all cases a contributory rather than an efficient

\* *Lancet*, April 26, p. 1,221.

cause. There must be also the constitutional tendency, the appropriate age, and in some instances the local irritation. A due recognition of these will serve to anticipate the easy objection that many persons have taken long courses of arsenic, and many more drunk large quantities of beer, and yet have never become the victims of cancer. A very remarkable fact which came out in the investigation of the recent Manchester epidemic of arsenical poisoning from beer, was that some of those who suffered most severely had, so far as could be ascertained, taken only very small quantities of beer. The quantities of arsenic contained in the worst specimens of beer were exceedingly small. It would seem, then, either that idiosyncrasy in the subject or something peculiar and possibly variable in the potency of the mineral in connection with its solvent takes a large share in the result.

“It would be an interesting subject for future inquiry whether the recent supposed increase of cancer has occurred chiefly in beer-drinking populations, and whether the risk of arsenical contamination occurs in all countries where beer is made. It must not be assumed as certain that arsenic may not gain access to other articles of food nor that other allied minerals may not possibly have similar effects. The facts which we have to keep in mind are that arsenic can predispose to cancer and that it may be taken unwittingly in articles of food.”

---

### ROBINIA PSEUDO-ACACIA AS A REMEDY IN ACIDITY OF THE STOMACH.

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

*Robinia Pseudo-Acacia*, or “False Locust,” as it is commonly termed, is one of our most valuable remedies in those affections caused by acidity of the stomach; in fact, the keynote of its drug-symptoms is *acidity*. It has for its analogues *Pulsatilla nigricans*, *Rheum*, *Magnesia carb.*, and that prime remedy for biliousness and acidity—*Iris versicolor*. In the *Robinia* symptoms the patient is low-spirited and irritable. He complains of neuralgic pains in the temples, and of a dull headache (mostly frontal in character), the latter being greatly aggravated

as he moves about. Or, again, he may be suffering from what is usually known as "sick-headache." In this case there is great acidity of the stomach—so much so that there are frequent eructations of a sour fluid, and also vomiting, the matter brought up being intensely sour. In the *Robinia* vomiting, it must be understood, the fluid is *intensely* sour, so much so that it has the property even of "setting the teeth on an edge." The stomach, and also the bowels, are greatly extended with flatulence, the latter very often to their utmost extent. This extension of the intestines is accompanied by another very unpleasant symptom—namely, colic. This colic is by no means of a mild nature, but is apt to become of a very severe character, doubling the patient in two. There are also heavy, dull, contracting pains in the stomach. These are very apt to occur after the patient has partaken of any food, and a strange peculiarity that has been noticed is that, should the patient have partaken of water before his last meal at night, in the morning the water will be brought up *sour*, and of a *greenish* colour. This is one of the characteristic symptoms of *Robinia*. As soon as the patient lies down at night he is troubled with acidity of the stomach and heartburn, which prevents him sleeping.

In those cases in which, though there is a desire for stool, the only result is a flatulent discharge, and the patient is troubled with constipation, *Robinia* will be found to be a remedy of the first importance, and one that can be relied on.

In the "sour" stools of infants *Robinia* may be administered with confidence, as it stands in direct homeopathic relation to this symptom. In the sour regurgitations and sour vomiting of infants it is a remedy *par excellence*. Should the infant smell "*sour*," it will be a further indication for the administration of the drug.

It will be seen by the above that the prime cause of the symptoms amenable to *Robinia* is an acid state of the stomach. Here, in *Robinia*, we have a reliable remedy, and one that does not leave any "after effects." It must be admitted that this mode of treating acidity of the stomach is far preferable to the administration of chalk, soda, or other alkalis—so much made use of by some of our allopathic practitioners.



In preparing the tincture of *Robinia* it is important that only the bark and flowers should be made use of, and not the leaves. The bark of the genuine tree is rough and dark, and the flowers occur in numerous, axillary, pendulous racemes—not unlike those of *Wistaria senensis alba* (a well-known garden climbing plant). In colour they are white, and very fragrant.

In administering the drug the  $\phi$  tincture may be used, and also the 1x dilution, but in my opinion the results obtained from the 2x dilution are in every way satisfactory. Two or three minims of the latter, repeated every two or three hours, according to the severity of the case, will be found sufficient to restore the patient promptly to a normal condition of health, and cure him of his acidity.

---

## SOCIETY'S MEETING.

---

### BRITISH HOMEOPATHIC SOCIETY.

THE eighth meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, W.C., on Thursday, May 1, 1902, at eight o'clock, Dr. George Burford, President, in the chair.

Dr. Leonard J. Minter, 60, Brunswick Road, Brighton, was balloted for, and duly elected member of the Society.

George Black, M.B. (Torquay), read a paper on "*Æsculus hippocastanum*: its Pathogenesis and Therapeutics; with Illustrative Clinical Cases."

Arthur A. Beale, M.B., followed with a paper entitled "The Law of Unity and Homeopathy," of which the following is the synopsis:—

*Synopsis.*—Common basis of all phenomena—Law of analogy—Analytical and synthetical periods in history—Consciousness universal—The atom—Prof. Crookes and his radiant matter and fractionation—Compound elements—Gradation of differentiation—Weismann's investigations in cell life—The cosmos and the cell—Phenomenon of karyokinesis—Deductions—Polarity and affinity—Instability and hermaphroditism—Examples in colour—Thermal and electrical colours—Law of colour com-

binations—Selective affinity and homeopathy—Dynamisation determines selective attraction — Natural and artificial dynamisation—Similia similibus law of selection, dissimilia law of action.

Both papers gave rise to a lively discussion.

---

## INSTITUTION.

---

### BIRMINGHAM HOMEOPATHIC HOSPITAL— REOPENING CEREMONY.

THE history of homœopathy in Birmingham has been one of steady progress. Since Dr. Fearon introduced the practice in 1845 its adherents have grown year by year, rendering absolutely necessary from time to time an extension of the accommodation provided for patients. The dispensary founded in the Old Square in 1847 soon proved quite inadequate to the requirements; indeed, in the very first year of its existence the receipts from paying patients amounted to £325. In 1859 a hospital was added, but in course of time even this was found to be insufficient, and after some difficulty a site for a new hospital was secured in Easy Row, opposite Baskerville's house. Upon part of the ground a handsome Gothic building was erected from designs by Mr. Yeoville Thomason, and an old house on the other part was adapted for hospital purposes. The hospital was opened in 1875. The arrangement was inconvenient, and the effect not altogether pleasing. From the very first the completion of the original scheme has been desired by the friends of the institution. An opportune legacy of £2,000 from the late Mr. Thomas Avery enabled a building fund to be started, and it was augmented by liberal donations from the Earl of Dysart, Lord Calthorpe, Mr. R. L. Chance, Mr. A. Albright, Mr. J. H. Chance, Mr. Richard Peyton, Mr. George Colmore, Mr. Felix Hadley, and others. A much-needed extension of the Nurses' Home at the rear of the hospital was first undertaken, and now the old house at the front has partially disappeared to make way for an extension of the façade on lines harmonising with those of Mr. Thomason's older building. The back portion of the house has been retained and adapted to form a useful part of the hospital. Messrs. Crouch and Butler, who designed the new buildings, have done their work in a thoroughly satisfactory manner. The hospital, whilst quite up-to-date, has about it an appearance of homeliness and comfort which is not found in some institutions of the kind. Roughly speaking, the alterations will

make room for 20 additional beds, bringing the total up to 50. An operating theatre on most modern lines has been provided, there are three wards where patients can have private nursing, and there is conveniently arranged administrative and domestic accommodation. Up to the present about £20,000 has been spent upon the institution, and the fact that the debt upon it only amounts to £1,500 speaks volumes for the energy of those who have managed its affairs.

#### WHAT THE HOSPITAL DOES.

With the presentation of a record of uninterrupted success it was but natural that there should be congratulatory speeches on the occasion of the reopening on Wednesday, May 14th. There was, however, serious business sandwiched in, for the committee took advantage of a large gathering of the general public to hold the annual meeting, and were thus able to set forth to a larger circle than can usually be reached particulars of the useful work which is being done.

Mr. A. M. Chance presided, and there were also present, amongst others, Lieutenant-General Phelps, Mr. Robert L. Impey (treasurer), Mr. G. J. Johnson, Councillors G. H. Johnstone and C. T. Bishop, Messrs. T. W. Ryland, J. Courtenay Lord, Arnold Harris, P. W. Walker (secretary), E. L. Tyndall, G. Haseler, Dr. Burford (president of the British Homeopathic Society), Dr. Avent, and Dr. Rodrigues, C. E. Bragg, W. Wilkinson, T. Robinson, the Rev. A. J. Stockham, and the Rev. A. D. Robson. Amongst a large number of ladies present were Mrs. Knox, Mrs. Johnstone, Mrs. Phelps, Miss Peyton, Miss Bean (lady superintendent), Miss Lloyd (lady superintendent of the Children's Hospital), Miss Archibald (matron of the Ear and Throat Hospital), Miss Jones (matron of the General Hospital), Miss Marriott (matron of the Eye Hospital), Miss Peterkin (lady superintendent of the District Nursing Society), Mrs. Menke, Miss Jane Martineau, and Mrs. Rabone.

In the annual report, which was read by Mr. P. W. Walker, no statistics were given as regards in-patients because the hospital was closed from March to the end of the year on account of the alterations. The out-patients numbered 2,718, as against 3,164 in 1900, but the attendances went up to 19,074, as compared with 17,412 in 1900. The home patients numbered 475, as against 587, and the house surgeon paid 2,681 visits, as compared with 2,984 in 1900. Regret was expressed at a further reduction in the annual subscriptions, but an increase of £55 was recorded in the receipts from out-patients. The large reduction in the cost of maintenance, consequent upon the closing of the wards, enabled the committee to appropriate £203 to pay off the accumulated deficiency in current account and to carry £265 to the credit of the furnishing account.—Mr. Chance, in moving the adoption of the report and accounts, remarked that he had been asked to preside, not because he had been a subscriber to the hospital for thirty years, but because he was a near relative of the late Mr. Robert Lucas Chance, who for forty years rendered it yeoman service—(hear, hear). Referring to the first report of the hospital, issued in 1841,

Mr. Chance paused to mention that it contained the name of Mr. Corfield, whose grandson was amongst those present on this occasion, and as other instances of continuity of interest he pointed out that the names of Chance and Peyton had appeared in every report published from 1848 down to the present time. Passing on to the work of the hospital, Mr. Chance said he ventured to think the battle of the medical schools had been won by the homeopaths.

#### PROGRESS ALL ALONG THE LINE.

He claimed that the report showed progress all along the line, and set forth a record of efficiency which should enlist the sympathy of all good citizens. During the last ten years both in-patients and out-patients had increased by 50 per cent., whilst the expenditure, owing to wise and careful management, had only increased by 20 per cent. Whilst in the same period the subscriptions had slowly diminished, as was the tendency in these days, the receipts from in-patients had increased 50 per cent., and the new departure of supplying nurses for patients at their homes brought in £411 in 1899, as compared with £66 in 1895. In conclusion, Mr. Chance lamented the fact that in Birmingham there were only about 3,000 subscribers to hospitals where there should be 30,000, and threw out a suggestion that those concerned in the management of the different hospitals might meet once or twice a year to discuss methods and exchange views.—The motion was seconded by Lieutenant-General Phelps, who commended the suggestion for what he described as a "hospital Parliament," and said that by this means it would be possible to co-ordinate the work of the different institutions.—The motion was then agreed to.—The Earl of Dysart having been re-elected president, Mr. R. L. Impey was thanked for his efficient services as treasurer and chairman of the committee, and re-elected.—Mr. Impey, in reply, pointed out that balancing the surpluses of the last twenty years with the deficits there was £20 on the right side.—The committee, the honorary medical officers, and the ladies who act as Wardrobe and Relief Committee were all thanked for their services.

The formal business completed, Mr. Impey, as chairman of the committee, called upon Mr. Chance to declare the new buildings open, and presented him with a golden key, a gift from Mr. Charles Bragg and his partners. The key bore an appropriate inscription upon one side, and upon the other Mr. Chance's crest and monogram, whilst "1902" was made to form the ward.—In the course of a brief speech Mr. Chance referred to the charming homeliness of the hospital as one of its most pleasing features. For £20,000 they had now one of the best hospitals not only in the Midlands, but in the whole country. With all the modern improvements they had retained the old-fashioned comforts.—Dr. Burford then congratulated the Board upon the success of their undertaking. He referred to the enthusiastic meeting at the Stationers' Hall, in London, on April 25th, in connection with the "Twentieth Century Fund" for the spread of Homeopathy, and expressed a hope that its effects might be felt throughout the country, resulting in an increased growth of Homeopathy. After a vote of thanks had been accorded to Mr. Chance, he proceeded to open the hospital; subsequently the visitors were entertained to tea and afforded facilities for inspecting the building.—From the *Birmingham Daily Gazette*, May 15th.

## EXTRACTS.

### THREE REMEDIES INFREQUENTLY USED : \* *DOLICHOS—PHASEOLUS—VESICARIA.*

By FRANK KRAFT, M.D., Cleveland.

#### *DOLICHOS.*

SINCE some time last fall (1900) I have had a patient, lady, married, past middle age, who has been suffering in various ways, in the majority of which ailments I have been able to furnish relief. For over two months during the winter there was a severe and at times dangerous condition of the heart, complicated with sciatica. Eventually, however, the remedies prevailed, and the lady rose from her bed and continued fairly well. Within the last month there suddenly appeared—and all her troubles came on in one-time-and-two motions—there came on a bladder trouble, which kept me studying and guessing. I took a good deal of time with the repertories, and was frequently sure that I had the indicated remedy. It would help for a space, and then the incontinence and the strangury would return. To recount all that I prescribed would give the usual routine bladder remedies, and some that were not routine—which I would not dare to repeat in a high-potency church. I began to dread the visits of this patient. One afternoon, however, she came to me with a report of intense itching all over her body, added to the more or less ardor urinarius, and I noted that her former fairly florid face was turning a golden hue. The immediate symptoms pointed to *Sulphur*, yet she could not by any stretch of imagination be made out a *Sulphur* patient. I gave the urine a number of tests, but found nothing of any grave import. So I kept on at the unseen itch. At last she said this to me: "If I permit myself to touch any itching spot, and rub it ever so lightly, it will spread over my body; then I am in agony until I follow with a brush or a towel. It begins usually on one of my hands. If I look at it closely it seems as if it would raise in a blister if I touched it." Here instantly flashed upon me an experience I had when a young man. I was rooming and bedding with a lad of my own age who had been a drug clerk. During the Christmas holidays the two daughters of the gentleman of the house in which we were living, and the head of which house was also our employer, took it into their pretty heads to tease us and play all manner of pranks with us and in our absence. Eventually my drug store comrade grew tired, and prepared something for them

\* For the Cleveland Hom. Med Soc. (*Amer. Physician*, 1902).

which made trouble for several days. He had gone to a nearby drug store and purchased what sounded to me as "cow-itch," and placed it—well, where it would do the most good. It was most effective. When I asked what it was he was using, he answered by putting a few of the hairs upon the back of my hand, and in a moment I wanted to tear the hair and "hide" off with it. And for a good many days I couldn't get rid of that itch. If I wore a glove and the hand got warm I was in trouble. In fact, I can almost feel it now, at this interval of a good many years. The association of ideas brought that Christmas holiday prank of 1870 to my mind as my patient was telling me about the hand and the itch. I reached in my drawer and drew forth the bottle marked *Dolichos*, medicated a few pellets, with directions how to take, and dismissed her. Next morning the telephone called me, and to my great relief and satisfaction the report was that the itching had stopped in less than two hours, and that nothing was now at fault except the bladder, which also seemed better.

Yesterday evening, while I was "blocking" the first few pages of notes for this paper, I turned to Clarke's *New Dictionary of Materia Medica* (which I had received through the Customs House in the morning) to see if *Dolichos* was given, and to my amazement found that there was incorporated in the story of the remedy a case I had reported in 1890 in the *North American Journal of Homeopathy*, which had been a case of jaundice. I remembered then that that was the only time in which I had used *Dolichos*. That paper also showed me, what I could not have told you otherwise, for the printed label was missing from the bottle, that it was the 1,200th I had used in both instances.

According to Gould's *Dictionary*, cowhage is a Brazilian plant of the mucuna variety, and used at one time as an electuary—for worms. Hering in his *Guiding Symptoms* and Allen in his *Encyclopedia* say that it is a climbing plant in the West Indies and tropical countries of America, bearing a fruit pod about four inches long, covered with reddish bristly hairs. From the pod and hair the alcoholic tincture is prepared. How it got its name of *Dolichos pruriens* I do not know. Allen says it is from the Latin. Dr. Jacob Jeanes introduced the remedy into our practice through a paper contributed to the *North American Journal of Homeopathy*. He used the 2nd cent. dilution.

In a general way, looking desultorily over the proving in Hering, I find that one of its prime centres of action seems to be about the gums and at the angle of the right jaw, which interferes with swallowing. Jaundice is marked with swelling

of the face, and especially the lips. The stool, as might be expected in jaundice, is white. There is obstinate constipation, the bladder is implicated, twitching of the muscles, and at night the itching and burning from the application of cold water is intolerable. Or, if the cold water relieves the itching temporarily, it causes great trembling. It is a right-sided remedy. *Aconite* will antidote the dynamic effect. What will antidote the local effect I don't know. It follows well after *Rhus*.

#### PHASEOLUS.

While I was at Richfield Springs in attendance upon the American Institute meeting this past summer, I had a front-porch talk with the sage of Springfield, Mass., Dr. A. M. Cushing, the father of a number of new remedies, chief among which are *Mullein oil* and *Ratanhia*. I was reciting to him the difficulty I had had with certain forms of heart troubles; that in most of my cases I had had some form of relief from the English hawthorne—*Cratægus oxyacantha*—but the one case that troubled me most was of an elderly gentleman, who had been a steamboat captain, a great over-user of tobacco in every form, but mainly in chewing, and who had had rheumatism and gone to a sanatorium at Mount Clemens with some relief, but that latterly, since I had him in tow, his heart was giving him many a bad quarter of an hour. Dr. Cushing said instantly, "I will give you a graft of my *Phaseolus nana*, and if that doesn't help him I'm very much mistaken." Any port in a storm, I thought, and accepted the twenty-fifth in small pellets. When I returned home the captain had had several smothering spells, and was once given up for lost. I hurried to his side, prepared the wonderful remedy, and, to my astonishment, in a few hours the patient was about with great comfort, and declaring that he could lie on either side now—like the expert attorney. What is *Phaseolus nana*? Dr. Cushing had made a proving of the common white bean. In his trial upon himself he nearly suffocated, and his heart gave him all forms of anxiety. And those were the sole symptoms upon which I gave them to my captain—"trouble about the heart!"

#### VESICARIA.

Last Wednesday, which, as you may recall, was a terribly disagreeable day, cold and windy and lowering, it was my unhappy lot to have to stand on the corner a long while waiting for a street car that was not heated except with the several and variegated breaths of the shivering passengers. When I eventually reached the end of the cold ride, which took me some distance into the interior of Ohio, I was ushered upstairs



into the spare room—usually reserved for the visiting preacher—where no stove was up, but at nightfall something was kicked open in one corner of the floor, and the accumulated warmth and odours from the dining and kitchen underneath were permitted to heat the room above and as well nourish the sleeper. In that room I sat twenty-eight minutes, my teeth almost chattering. I had the same cold ride back to the city and to my office, where I promptly had a good old-fashioned Indiana fever and ague chill. This was followed by a fever, in which I could have written a historical novel in a few hours with the heroine engaged to seven separate and distinct but respectable characters, so active had become my cerebrum. *Belladonna* seemed indicated, and was taken, but without relief—the fever burned on and on. Towards evening suddenly I discovered that I was having trouble somewhere lower down, and began to believe that *Belladonna* was acting all right, because the disease was going downward, and, I hoped, outward, according to the law of the disappearance of the disease. At seven o'clock I was in such misery with cystitis that I could have cried aloud, and profanely—and probably did. I was doubled over on the couch, suggesting *Colocynth*. The calls for evacuation of the viscus came regularly every four minutes, which made me think of another infrequently used remedy—*Oxalic acid*—especially since the more I thought of it the more I was sure it was the right remedy. Still, I was afraid to get up off the couch. When help came the *Oxalic acid* bottle was empty, its contents evaporated. So I continued to groan and suffer. I was at length unable to bear the agony any longer, and rose to find my hypodermic, when, as I approached my desk, I saw on it a bottle of *Vesicaria communis*, which I had received a week or more before from the Tullahoma Botanic Drug Company, sent me as a specimen, with literature and a copy of the plant to assure me of the reality of such plant and such medicine, since I had asked the question in an editorial shortly before written. I had paid no attention to the literature, believing it to be one of many products sent to doctors and editors for advertisement of special wares; and I suppose each of you has his monthly house-cleaning spell, when the accumulated samples of oils and salves and foods are swept into the trash box. I took up the bottle, looked for directions, found none, then referred to the correspondence, and refreshed my memory as to its vaunted values. It was most highly extolled in all bladder difficulties. That was enough for me in my agonising condition. I cut the chamois skin cover, drew the cork, put a half-dozen drops of the liquid in a half glass of warm water, and drank it. Then I lay down again. In less than twenty minutes I felt

relieved. The intervals for urination had grown in length, and in about an hour and a half I fell asleep. When I woke after two or three hours of disturbed sleep I realised that the cystitis had disappeared. Next day I was at work again, though very weak.

*Vesicaria communis*, as the literature says, is a plant of the mustard family found in Middle Tennessee, which for its common names has "Short's bladder pod," "Lesquereux bladder," "Common bladder pod," "German bladder pod." Its medical properties—how these were ascertained I do not know—are said to be the following: "Diuretic, slightly hemostatic; used in kidney and bladder diseases, gonorrhea, cystitis—acute and chronic—albuminuria, nephralgia, suppression of urine, retention of urine, acute prostatitis." So that out of all these possible pathological conditions I was safe in making use of the remedy, and was promptly helped. The controversy concerning this remedy arose from the fact that it was believed by certain pharmacies that that which was advertised as *Vesicaria communis*—as a specific for bladder troubles—was not so, but in reality *Stigmada maidis*—corn-silk.

From my experience with these three remedies infrequently used I am inclined to believe that there is a vast mine of splendid and outcropping material near at hand which will repay abundantly for the careful study and proving by leisure-loving homeopaths. No one here is more opposed to "characteristic" or "specific" prescribing than I am. It is not at all improbable if I could have had the abundant leisure necessary I might in time have found the well-proven homeopathic remedy and produced the same results. I had worked hard with the two former patients, for they were chronics, and I had opportunity to refer to the texts. In my own case—being a doctor and impatient, and, as usual, highly sceptical on the therapeutics in my then condition of mind and body—I would have taken anything that promised even ten minutes of relief.

---

### RADIO-ACTIVE BODIES.

THE Friday evening discourse at the Royal Institution on March 7th was in French, Professor Henri Becquerel being the lecturer. Sir Wm. Crookes was in the chair, and the audience was exceptionally large. The subject, "Radio-active Bodies," was illustrated by a series of excellent lantern-slides. It was six years ago, said the Professor, since the discovery of Professor Roentgen led him to the study of the radiations of matter. The salts of uranium were investigated owing to their exceptional properties, it being shown that they emit a phosphor-

escence which is capable of impressing a photographic plate. The lecturer showed some slides of the impressions made by uranium salts on sensitive plates, and produced a small piece of metallic uranium given him by M. Moissan, which had a beautiful steel-blue phosphorescence in the dark. The occurrence of radiant bodies in other substances besides uranium, such as barium and bismuth, led M. and Mme. Curie to endeavour to isolate a general radio-active body from the several sources. They succeeded in extracting from a variety of pitch-blende containing barium a body called radium, and from another kind containing bismuth a body which they named polonium. A pretty experiment was then shown of the property possessed by these bodies of discharging electricity from a gold-leaf electroscope. The electroscope was charged, and radium brought within a few feet, when the leaves at once fell together. Another brilliant experiment showed the strong electrical properties possessed by radium. A coil was set in action, and on placing a piece of radium at one pole the sparking at once stopped. Photographically polonium is more active than radium; and later, speaking of the relative penetrability of radiant bodies through metals, the Professor remarked that probably all bodies would affect the photographic plate in time, but it might take a thousand years in some cases. Platinum stops the radiations reaching the photographic plate. Aluminium is easily penetrated, but with lead it takes a few days before the radiations affect a sensitive surface. Mention was made of Sir Wm. Crookes's work on the spectrum and atomic weight of radium, and to the fact that a solution of radium is radiantly active.—*Chemist and Druggist*, March 15th.

---

#### ADONIS VERNALIS.

A YOUNG physician, an epileptic, under my care was directed to take *Adonis vernalis* in three-drop doses. He stated, having taken the remedy for some period of time, that each time, almost immediately after taking it, he felt chilly and then had a severe chill; it seemed as though the teeth were on edge, the same sensation that would be caused in suddenly rasping a file or running the finger along the B-string of a violin and at the same time drawing the bow over it. An aura would invariably come on about two minutes after taking the medicine. He was directed to continue in half-drop doses, but the results were the same, and the remedy was discontinued.—*H. R. Arndt in Pacific Coast Journal of Homeopathy*.

## SYMPTOMATOLOGY OF COCAINE.

*Mental.*—From acute poisoning. A sort of intoxication, at first gay, then depressed. Or first depression, then exaltation. *Great excitement.* Unusually jolly and talkative. Constant talking and loud laughing. Talks about hallucinations; delirious. Mental apathy; dull, sleepy while the eyes are wide open. Cannot think very well nor remember. Loss of consciousness. From chronic poisoning. Persistent nervous excitement with mental confusion, complete incapacity for mental occupation, loss of will power, diminution of memory. Diffuseness in written and verbal intercourse. Change of mood, now exceeding well-being; then great irritability, apprehension, and anxiety, with dulness of moral perception. Hallucinations of hearing; hears reproaches, threats, innuendoes as to his former life. Hallucinations of vision, of small objects about him, small animals (fleas, bacteria, &c.). Melancholia. Imagines he is persecuted. Suicidal tendency. Jealousy.

*Nervous System.*—Sensory-local anesthesia (from topical application). Cutaneous sensibility diminished or lost. Feels faint; faintness. Feels as though his legs did not belong to him. Sensation of nervous tension all through the body; feels that he possesses the strength of three or four men and the need of violent muscular exertion. Feels in the belly "as though dead." Neuralgic. Paresthesia. Motor: Slight tremblings all over, especially in the hands. Walk swaying; could only walk with assistance. Staggering walk. Extreme weakness and trembling of the muscles, so he is utterly unfit for any work, for nine weeks. Paralysis of the muscles of deglutition, of the face, of the extremities. Complete loss of motion. Exaggeration of reflexes. Tonic and clonic spasms in the extremities. Choreic movements in the muscles. Epileptiform seizures. Chronic epilepsy.

*Sleep and Dreams.*—Sleeplessness; great restlessness all through the night; cannot sleep until towards four a.m. Does not go to sleep for five hours after retiring. Heavy sleep.

*Fever.*—Sensation of coldness, culminating in a chill. Sensation of coldness all over the body, with intense pallor. Temperature 101 deg.; pulse 170.

*Skin.*—Pale; lifeless, anemic. Itching all over. Sensation as though insects were crawling all over. Exanthem like scarlatina, especially on the neck. Eruption looks like rupia syphilitica. Increased sweating.

*Head.*—Head feels dull. Headache; unbearable; frontal headache. Pulsating and feeling as if head were being pressed

asunder. Often distinct supraorbital neuralgia. Dull beating in left forehead, with neuralgic pain in the region of the left orbit, without attacking the eye.

*Eyes and Vision.*—Eyes staring, expressionless. Pupils much enlarged, do not react. Converging strabismus. Nystagmus. Defects in the field of vision, diplopia, amblyopia and amaurosis. From topical use: pupillary enlargement, lessening of intraocular pressure, paresis of accommodation; attack of glaucoma, protrusion of eyeball. Conjunctivitis. The veins of the retina are normal, but the arteries are contracted and abnormally pale.

*Ear and Hearing.*—Roaring and ringing in the ears. Hallucinations of hearing. Deafness.

*Nose and Smell.*—Loss of smell.

*Face.*—Pallor of the face. Cyanosis; congestion. Twitching of facial muscles. Paralysis of facial nerve (lasting six weeks). Neuralgia of trigeminus.

*Mouth.*—Tongue furred. Bitter taste; loss of sense of taste. Hallucinations of taste.

*Larynx and Pharynx.*—Dryness, burning, tickling in the throat. Salivation. Difficulty of swallowing. Sensation as though he must get rid of something in the throat, but attempts are useless, and provoke choking. Feeling as though food had lodged in the throat. Constriction in the throat. Feels as though there were fur in the throat. Cannot swallow. Paralysis of muscles of deglutition. Speech very difficult, even though the feeling of fur in the throat and the difficulty of swallowing have disappeared. Indistinct speech.

*Stomach.*—Appetite diminished; hot; aversion to all food. After complete loss of appetite sudden voraciousness (chronic poisoning). Nausea and inclination to vomit. Choking and vomiting. Cardialgia, often for days.

*Abdomen.*—Violent pain in lower belly (from very heavy dose). Atrophy of hepatic cells, observed in dogs after chronic poisoning.

*Urinary Organs.*—Increased urine. Anuria.

*Genitalia.*—Sexual desire is either increased or lessened.

*Respiration.*—Rapid breathing. Breathing rapid, but normally deep. Irregular, periodical breathing. Cheyne-Stokes breathing. Dyspnea. Voice feeble and muffled.

*Chest.*—Sense of constriction (for three days after being poisoned). Sensation of choking and constriction in the chest. Pain in the upper chest.

*Circulation.*—Spasm of blood-vessels. Palpitation. Pre-cordial anxiety. Extreme weakness of the heart. Faintness. Intermittent apex impulse. Degeneration of the cardiac ganglia. Cell proliferation and hyaline degeneration of the

spinal vascular membranes (meninges?). Often increased frequency of pulse beat, so fast it cannot be counted. Pulse 160; hardly perceptible. Rarely slow pulse (40 per minute). Arythmia. Violent throbbing of the carotids.

*Neck and Back.*—Crawling sensation along the spine, especially in cervical. Unendurable pain in the back, especially in the lumbar region.

*Extremities.*—Paralytic weakness of the extremities. All the limbs are limp. Tonic and clonic spasms. Coldness of the extremities. Arms: Motions with the hands in the air as though about to grasp something. Light trembling of the hands, as though they were constantly trying to get hold of something or to do something. Arms as though paralysed. Legs: Walk swaying, unsteadily; as though he had not control of his legs. Legs lame, weak, without sensation.—(Dr. A. Pfander in *Zeitschr. des Berliner Ver. hom. Aerzte*, October, 1901.)—*Pacific Coast Journal of Homeopathy.*

---

## NEW PREPARATIONS.

---

### CASSIA BEAREANA.

WE have received from Messrs. Thomas Christy & Co., of 25, Lime Street, E.C., a sample of their Fluid Extract of the root of *Cassia Beareana*, the new remedy for Black-water fever and Bilious Remitting fever. We say "new" remedy because it is new to civilised medicine. Here is what Messrs. Christy have to say of it:—

"An English medical man who has resided for some years in Africa has reported to us that in cases of hematuria and black-water fever, the native medicine men employ a local remedy which appears to be a specific for these complaints. It consists of a decoction made from the root of a tree belonging to the natural order Leguminosæ, which grows abundantly throughout certain districts of Equatorial Africa. We have received the inflorescence and seed, but have not been able as yet to determine the exact species. The native method of preparing and administering the decoction is as follows: They chop a portion of the root into pieces, each about one inch in length, and of these pieces they boil from six to a dozen in a gallon of water for half an hour or so. The result is a red-coloured fluid, which the patient, whether suffering from hematuria or from black-water fever, drinks either hot or cold as often as he feels thirsty. It is non-poisonous in its action and apparently may be consumed in an unlimited quantity. Where the patient does not suffer specially from thirst, the decoction is administered in doses of about a teacupful

every three or four hours. In the simple form of hematuria, *i.e.*, unaccompanied by marked febrile symptoms, the decoction of what we have termed 'black-water fever root' prepared and administered as above described would seem to be a true specific."

The dose of the Extract is one teaspoonful to be taken in water every four hours; a larger dose, it is said, can be given at times with advantage.

The manifest failure of Quinine to counteract malarial fever of this type makes it imperative on those who, for trade or other purposes, visit Equatorial Africa to provide themselves with a supply of this promising remedy.

---

### HYDROZONE, GLYCOZONE, AND GLYCO- THYMOLINE.

WE have also received from Messrs. Thomas Christy & Co. samples of the above-named preparations. Hydrozone and Glycozone are oxygen preparations in highly convenient form for both internal and external use. Hydrozone is a solution of ozone in water which we have found of great service. It may be used for all the purposes for which Oxydol (Eau Maiche) was advocated. The latter is now no longer manufactured, to the no small inconvenience of those who had come to rely on it. Hydrozone, which is a much stronger preparation and therefore capable of more dilution, will be found to completely fill its place. Glycozone is a compound of ozone and glycerine. Glyco-thymoline is a combination, of which the formula is given, having the properties of a bland antiseptic.

---

## ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

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

### GAULTHERIA.

*Gaultheria procumbens* is a trailing North American plant belonging to the Heath family. Lindley says, "Its fruit contains an aromatic, sweet, highly pungent volatile oil, which is antispasmodic and diuretic. A tincture has been useful in diarrhea.



Coxe states that the infusion is useful in asthma." Mr. Ivatts would be able to ascertain its homeopathic uses by referring to Allen's *Encyclopedia*. Dr. Clarke's *Dictionary of Materia Medica* also contains it.

Besides *G. procumbens*, the Student's *Encyclopedia* mentions *G. Shallon*, a shrubby plant of North America, the berries of which make excellent tarts, and are also much relished by game. *G. hispida*, of New Zealand, produces white berries which are eaten.—FERRUM.

---

## NOTIFICATION.

---

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

DR. H. RICHARDSON, *Bourneville, near Birmingham*.—Dr. H. Richardson has removed from Harrogate and settled at London Road, Bourneville, near Birmingham, having been appointed medical officer to the works of Messrs. Cadbury Brothers, Limited.

---

## GENERAL CORRESPONDENCE.

---

### HUGHES AND BURNETT.

*To the Editor of the HOMEOPATHIC WORLD.*

SIR,—There is a passage in Dr. Cooper's appreciation of Dr. Hughes in your last number which calls for some remark from me. It is this: Dr. Hughes "instead of welcoming with enthusiasm the most distinguished and by far the most learned of his converts into the bosom of homeopathy, the late Dr. Compton Burnett, he invariably looked askance at the man, and it is a noteworthy fact that it was Hughes himself who prevented the confirmation of Compton Burnett's appointment many years ago as co-editor of the *British Journal of Homeopathy*. It is an allowable inference that the untimely ending of . . . the *British Journal* . . . was due to a mistake that would never have occurred had a man of Burnett's intuitive preception of human nature been installed upon the editorial staff."

I am not qualified to give an opinion as to whether Dr. Burnett was "the most distinguished and by far the most learned" of Dr. Hughes's converts. You, sir, being as you tell us a convert of our lamented friend, are better able to decide that point, but I don't know what authority Dr. Cooper has for his statement that Dr. Hughes "invariably looked askance at the man." I don't know exactly what is meant by the expression, surely nothing so bad as this:

"His wannish eyes upon them bent askance,  
And when he saw their labours well succeed,  
He wept for rage, and threatened dire mischance."

But probably Dr. Cooper means nothing more than that Dr. Hughes did not like Dr. Burnett, or perhaps did not feel that amount of enthusiasm at his conversion to homeopathy which Dr. Cooper thinks the convert merited. I never heard Dr. Hughes say an unkind or disparaging word about Dr. Burnett; I know that he appreciated Dr. Burnett's skill as a practitioner of homeopathy; and it will be found when Dr. Hughes's work on the Principles and Practice of Homeopathy, of which he had not finished correcting the proof-sheets when he died, is published, that he gives Dr. Burnett credit for many valuable additions to our therapeutic knowledge. What authority Dr. Cooper has for his statement that Dr. Hughes "prevented the confirmation of Compton Burnett's appointment many years ago as co-editor of the *British Journal of Homeopathy*" I know not; but I know this, that there never was any question of Dr. Burnett's joining the editorial staff of the *British Journal*, at least I never heard of it, and surely if there had been I would have heard of it.

What Dr. Cooper means by saying that the "untimely ending" of the *British Journal* "was due to a mistake that would never have occurred had a man of Dr. Burnett's intuitive perception of human nature been installed upon the editorial staff," I am quite at a loss to understand. Cessation of a medical quarterly after forty years of life can hardly be called an "untimely ending." Few British medical quarterlies have attained that age. Our reasons for ceasing the publication are stated in the last number of the *Journal*, and I am not conscious that we made any mistake in the matter. What Dr. Cooper means by "Dr. Burnett's intuitive perception of human nature,"

or how that incomprehensible quality would have saved the *Journal* from an untimely ending, I cannot comprehend.

Yours faithfully,

R. E. DUDGEON.

22, Carlton Hill, N.W., May 12, 1902.

[The story of the invitation given to Burnett to become one of the editors of the *British Journal of Homeopathy* we heard from Burnett himself, and, as we understood it, it came about in this way. Drysdale was at one time very desirous of having Burnett on the staff of that journal, and asked him if he would be willing to join. Burnett said he would. Later on, Drysdale told Burnett that he had been overruled by Hughes, to whom he had mentioned the proposal. Hughes would not hear of Burnett's being made one of the editors. Nothing, therefore, came of the matter. Drysdale's wish was a very natural one, for between him and Burnett there always was a very strong bond of affection and regard. When Drysdale died Burnett wrote: "A big slice of my life is buried in his grave."

Perhaps the best idea of how Hughes regarded Burnett may be obtained by quoting a passage from the obituary notice of him written by Hughes in the *Journal of the British Homeopathic Society* for July, 1901 (p. 281):—

"His [Burnett's] practice, as shown by his books, was singularly eclectic. Now borrowing organ-remedies from Rademacher, and giving them in ten-drop doses of their tinctures; now practising isopathy with the 100th dilutions of '*Bacillinum*'; now treating every chronic case with *Thuja* where there was a suspicion of 'vaccinosis,' pure homeopathy assumed less and less place in his therapeutics; yet he clung to our system as his home and starting-point, and was never ashamed of identification with it. *Sit levis ei terra*: we shall hold him in kindly memory."

The writer who penned this never took a frank view of Burnett. That Hughes could have thought it a compliment to say of Burnett that he was "never ashamed" of his association with homeopathy proves that he never knew the man—the author of "Fifty Reasons"—at all. As well think of complimenting the Gracchi by saying they were never ashamed of their mother! The idea that homeopathy was something to be ashamed of, or apologised for, could never by any possibility have found lodgment

in Burnett's mind when once he had apprehended the principle: the idea seems never to have been wholly absent from the mind of Hughes.—ED. H. W.]

---

*ANTIM. SULPH. AUR.*

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR DR. CLARKE,—Many thanks for your letter and enclosures.

Unfortunately, I cannot read German, and so Dr. Goullon's letter is a "sealed book" to me. I have subjected his sample of *Antim. sulph. aur.* 1 to a further fifteen-minutes' trituration in a small glass mortar, and enclose it to you. You will see that your description of a "brilliant pink colour" no longer holds good with regard to it, and that it is now of a yellowish buff. This confirms the experiments made by the chemist who prepared my trituration, and goes to show that Dr. Goullon's trituration was insufficiently ground.

I was giving this drug the other day to a lady for a laryngeal cough, and she complained that every dose caused *nausea*, although it relieved the cough. I have not found any aggravation from its use before, but I should be disinclined to use it in the strength of one part to two, as suggested by Dr. Goullon.

Sincerely yours,

STANLEY WILDE.

Ingleside, Bayshill, Cheltenham.

April 28, 1902.

[The following letter from Messrs. Gould and Son, which was crowded out last month, will show that there is another possible explanation of the change of colour; and that it does not necessarily show that Dr. Goullon's trituration was "insufficiently ground."—ED. H. W.]

---

THE COLOUR OF *ANTIM. SULPH. AUR.*

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR SIR,—As it might be inferred from the remarks of Dr. Stanley Wilde in your April number that all 1st cent triturations of *Antim. sulph. aur.* corresponding

to Dr. Goullon's description as to colour are either "insufficiently triturated" or not "properly prepared," we beg to be allowed to point out that while recently triturated preparations of this drug present the buff colour alluded to by Dr. Wilde, they nevertheless acquire, after being kept some months in bottle, the colour described by Dr. Goullon.

This change occurs in most thoroughly triturated preparations and the colour again changes on slight rubbing.

In a similar manner *Mercurius dulcis* when triturated acquires a pale yellow colour, but after a time resumes its original white appearance.

Triturations of *Ant. sulph. aur.* are therefore likely to differ in colour to some extent according to age, and it is not a medicine which is prescribed every day.

Yours faithfully,

E. GOULD & SON, LTD.

59, Moorgate Street, E.C., April 7, 1902.

---

## RELATIONSHIPS OF REMEDIES.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR EDITOR,—Will you or one of your able readers enlighten me and people like me who, I know, must be many, on the subject of the relationship of remedies. What remedies can be alternated with each other well, what remedies can follow each other well, what are antidotal to each other? How is one remedy to be determined as chronic of another? I want the laws which determine these relations. Certain authors try to give such laws, but I find they are very vague and general, and if they are tested by the facts of relationships already established, or if they are made use of in determining remedies in actual practice, they are either found to be insufficient or they are found to fail. To descend to particulars I am unable in all cases to know how Dr. Farrington determines his complementary and antidotal remedies as he gives them in his valuable *materia medica*; the laws he gives for determining these in the introductory part of his work at least I do not find to be sufficient to determine all the relations he gives. Some of the relations he gives come to me as regular

revelations. Then, Dr. H. C. Allen give relationships of remedies in his keynotes, but I do not understand how he derives them from the provings of remedies. Dr. T. F. Allen gives the relationships of remedies in his edition of Bœnninghausen's *Pocket Book*, but I am unable to make proper use of them because in the introductory part of the book what he, or rather Bœnninghausen, says about these relationships is insufficient and much of it unintelligible, at least to me.

2. The relationships referred to in the above paragraph I take to apply both to acute and to chronic cases. With regard to chronic cases alone I have my difficulties. If they are treated by single doses of medicines we come to two situations. Sometimes the medicine acts for some time and then the improvement stops. How is this medicine to be followed definitely and with confidence? In other cases the medicine acts for some time, and the improvement effected begins to disappear gradually, and the original condition comes on. Under these circumstances even if the same medicine is repeated in the same or altered dilution no action or change takes place. What is to be done in such a case?

3. The above two paragraphs contain some of the difficulties that people like me come to with regard to the relationships of remedies; and I request you kindly to throw some light on these. You may either mention works in which I can find satisfactory solutions of my difficulties, or better still, you kindly devote a few articles thoroughly and satisfactorily to deal with the subject of the relationships of remedies. The provings of remedies are the data on which everything is to be based. I want rules sufficient, with illustrations, as to how the different relationships are to be derived from the provings of remedies.

Yours sincerely,

A LOVER OF HOMEOPATHY.

Poona, Bombay, India, March 19, 1902.

[We leave the way open to any of our contributors to satisfy the wants of our correspondent if they can. It seems to us he is not by any means alone in his requirements; and we rather fancy it will be some long time before they are all "thoroughly and satisfactorily" cleared up.—ED. H.W.]

## CANCER RESEARCH.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR SIR,—I notice that in the May issue of your valuable journal you give some prominence to an extract from the *Times* of April 11th last on the above subject, and that you draw attention to same under the head of “News and Notes”; but the way in which you deal with the matter is so extremely mild, not to say “milk and watery,” that I fear your readers will not recognise that anything like a grave danger is looming in the medical horizon.

I therefore desire to make known to all who read the HOMEOPATHIC WORLD that whenever anything like “research” is promulgated and laboratories are to be established for systematic investigation, it is pretty safe to conclude that a series of vile cruelties are contemplated for perpetration upon helpless animals—dogs in particular—and it behoves all who take an interest in protecting animals from falling into the hands of those who manage these horrible chambers of torture in the name of science, falsely so called, to make themselves acquainted with actual facts. So long as this proposed investigation is confined to the clinical aspects of cancer or the investigators think well to operate upon themselves, well and good; but the subjection of animals to untold tortures, it is to be hoped, will not be permitted. The committee of the Canine Defence League is doing what it can to bring this aspect of the question to the notice of the gentleman who has contributed so handsomely to the object of cancer investigation, and I sincerely trust that all readers of the HOMEOPATHIC WORLD will recognise the danger ahead, and do what they can, by exercising their individual powers, to prevent any of this money being spent in the torture of the lower animals.

I am, dear sir,

Yours faithfully,

J. SUTCLIFFE HURNDALL, M.R.C.V.S.

Sussex Villas, Kensington, W.,

May 20, 1902.

---



## VARIETIES.

**RHUBARB AND URTICARIA.**—Dr. G. Norman Meachen (London, W.) writes; The cases of urticaria acuta following the ingestion of stewed rhubarb, described by Dr. Palmer in the *British Medical Journal* of April 12th, is, I believe, unique. The various pharmacopœial preparations of the plant are stated by the late Professor Kaposi in his *Diseases of the Skin* to be responsible for certain cases of toxic erythema. Dr. Herman Goldenburg (*New York Medical Journal*, December 14, 1889) records the case of a sailor, aged 64, in whom a symmetrical, papular eruption appeared upon the face and hands, following the administration of a rhubarb mixture. The papules became pustular, and ultimately dried up, leaving behind a slight bluish pigmentation, but no scars. Dr. Palmer lays stress upon the "facial erythema," and in this connection it may be noted that many of the symptoms closely correspond with the local manifestations produced by poisoning by chrysarobin, to which the toxic effects of rhubarb are, in all probability, due.—Mr. George Pernet (London, N.W.) writes with reference to the same case: I think he (Dr. Palmer) is right in considering the stewed rhubarb as the *fons et origo mali*. I have myself seen urticaria occur repeatedly in an adult male after the ingestion of stewed rhubarb, especially the rough kind; the forced variety, on the other hand, giving rise to little or no rash. The wheals that formed appeared chiefly about the face, were very irritating and rather persistent. They were few in number. Of course, as is well known, sweet dishes are frequently at the bottom of urticaria, but in the above case the ingestion of other kinds of stewed fruit did not lead to wheals.—*British Medical Journal*.

**HYDRASTIS CANADENSIS IN GOITRE.**—William Cuthbertson read a paper on goitre before the Chicago Medical Society on March 19th (*Med. News*, April 5th). He said that goitre was a non-inflammatory enlargement of the thyroid body, either general or partial. He divided goitre clinically into (1) vascular; (2) hypertrophic or parenchymatous, (a) simple, (b) miasmatic, (c) exophthalmic; (3) adenomatous cystic; (4) pneumatic; (5) malignant. The goitre of puberty and pregnancy belongs to the vascular and simple hypertrophic types, and formed the principal subject for consideration in the author's paper. The different forms of treatment of the various tumours of the thyroid gland were about as numerous as the writers on the subject. With the exception of the surgical cases, the treatment of goitre seemed to have been purely empirical, no definite classification with its appropriate treatment apparently having been attempted, with the exception of the iodides and iodine having been recognised as a specific. Cuthbertson found in one case that hydrastis canadensis proved efficacious in effecting a cure in a goitre of pregnancy, and this led him to the investigations which he had detailed. In each of the twenty-five cases of goitre of puberty and pregnancy which came under his care a cure was effected in from six weeks to three months by the administration of hydrastis canadensis, three times daily, after eating. He was well aware that some of these cases might have got well without treatment, but he made no selection of them, taking them as they presented themselves. One of the cases

which was cured by this means had been treated with iodine and the iodides and with thyroid extract, becoming much worse under both forms of treatment. Immediately on instituting the hydrastis treatment the patient began to improve and was cured in six weeks. He presented *hydrastis canadensis* as a new and successful remedy in the goitre of puberty and pregnancy.—*British Medical Journal*, April 26th.

## LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

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

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

- Ballantyne** (J. W.). *Manual of Antenatal Pathology and Hygiene. The Fœtus.* Roy. 8vo. (Churchill. Net, 20s.)
- Blake** (Edward). *Eczema and its Congeners. The Pathology and Bacteriology, with Some Recent Improvements in their Treatment.* 8vo, pp. 156. (H. J. Glaisher. Net, 3s. 6d.)
- Caspari** (Charles). *A Treatise on Pharmacy for Students.* 8vo. (Hirschfeld. Net, 19s.)
- Cheyne** (W. Watson) and **Burghard** (F. F.). *A Manual of Surgical Treatment. Part 6. Section 1. Treatment of the Surgical Affections of the Tongue and Floor of the Mouth, the Pharynx, Neck, Œsophagus, Stomach, and Intestines.* Roy. 8vo, pp. 500. (Longmans. 18s.)
- Church** (Archibald) and **Paterson** (Frederick). *Nervous and Mental Diseases. With 322 Illusts.* 3rd ed., thoroughly revised. Imp. 8vo, pp. 868. (Saunders. 21s.)
- Edwardes** (Edward J.). *A Complete History of Small-pox and Vaccination in Europe.* Cr. 8vo, pp. 150. (H. K. Lewis. Net, 2s. 6d.)
- Elliott** (Dr. C. S.). *Electro-Therapeutics and X-Rays.* 8vo, pp. 550. (Homeopathic Publishing Co. Net, 12s. 6d.)
- Freyer** (P. J.). *Clinical Lectures on Stricture of the Urethra and Enlargement of the Prostate.* 2nd ed. 8vo. (Baillière, Tindall & Cox. Net, 5s.)
- Hood** (Wharton P.). *The Treatment of Injuries by Friction and Movement.* Cr. 8vo, pp. 194. (Macmillan. 4s. 6d.)
- Horridge** (Frank). *Dynamic Aspects of Nutrition and Heredity.* Cr. 8vo. (Baillière, Tindall & Cox. Net, 5s.)
- Jackson** (G. T.). *The Ready Reference Handbook of Diseases of the Skin.* 4th ed. Cr. 8vo. (Hirschfeld. Net, 12s. 6d.)
- Jacobson** (W. H. A.) and **Steward** (F. J.). *The Operations of Surgery. Intended especially for the use of those recently appointed on a Hospital Staff.* 2 vols. 4th ed. With 550 Illusts. Roy. 8vo, pp. 740, 784. (Churchill. 42s.)
- White** (W. Hale). *Materia Medica, Pharmacy, Pharmacology, and Therapeutics.* 7th ed. 12mo, pp. 676. (Churchill. 7s. 6d.)
- Yarr** (M. T.). *Manual of Military Ophthalmology. For the Use of Medical Officers of the Home, Indian, and Colonial Services.* 12 mo, pp. 244. (Cassell. 6s.)

## TO CONTRIBUTORS AND CORRESPONDENTS.

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

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

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

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

### CORRESPONDENTS.

Dr. Cooper, London.—Mr. Fredk. Boehm, London.—Hovis Bread Flour Co., Ltd.—Ferrum—Dr. Aldrich, Minneapolis, U.S.A.—Dr. Richardson, Bourneville—Dr. Burford, London.—Mr. F. Kopp, Greenwich, N.S.W.

### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Revist. Hom.—Calcutta J. of Med.—Med. Times.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica.—Maanedsk. f. H.—H. Maandblad.—La Homeopatia.—Medecin Homeopathe.—Hom. Envoy.—Hom. News.—Personal Rights.—Medical Century.—Ind. Hom. Rev.—Rev. Hom. Française.—Hom. Recorder.—Wjestnik H. Med.—N. A. J. of H.—Clinique.—

J. of Homeopathics.—New Eng. Med. Gaz.—L'Art Médical.—Amer. Med. Mon.—Astrol. Mag.—Jour. Belge d'Hom.—Med. Advance.—Minn. H. Mag.—Homeopathic Journal of Obstetrics.—Revista Homeo. Catalana.—Hahnemannian Monthly.—Pacif. Coast Journal of H.—Hahn. Adv.—Leip. pop. Z. f. H.—Lekarz Homeopata.—Facts about Flogging. By Joseph Collinson.—Humane Review—Merk's Annual Report on Year 1901.—Minneapolis Journal.—Holidays to Eastern Counties.

## The Homeopathic World.

### CONTENTS OF MAY NUMBER.

#### LEADING ARTICLE.

Hughes.

#### NEWS AND NOTES.

#### ORIGINAL COMMUNICATIONS.

Dr. Richard Hughes: A Study. By Robert T. Cooper, M.D.

Materia Medica Miscellany. By J. R. P. Lambert, M.D.

Warts Cured by the Application of Kidney Bean Juice. By R. H. Belairs, M.A.

Cases of Long-standing Vascular Deafness. By Robert T. Cooper, M.D.

Interesting Cases from Twenty-five Years' Practice. By Oscar Hansen, M.D.

Cases I Have Come Across. By Frederick Kopp, M.D.

#### SOCIETY'S MEETINGS.

British Homeopathic Society.

British Homeopathic Association.

#### EXTRACTS.

How Cleveland Stamped out Small-pox.

Cancer Research.

The Etiology of Acute Hemorrhagic Encephalitis.

Spontaneous Escape of Cerebro-Spinal Fluid from the Nose.

#### ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

#### OBITUARY.

Richard Hughes, M.D.

Henry Ussher, B.A., M.B., T.C.D.

#### GENERAL CORRESPONDENCE.

Richard Hughes Memorial Fund.

Dr. Ashton and the British Electro-Therapeutic Society—a Correction.

#### VARIETIES.

#### TO CONTRIBUTORS & CORRESPONDENTS.

# THE HOMEOPATHIC WORLD.

---

JULY 1, 1902.

---

## PATRIOTISM.

WITHIN the last half-century the world has seen mighty changes in the consciousness of nations. The many little kingdoms of the Italian peninsula have merged into an united Italy. New nationalities have sprung up from the break-up of European Turkey. The congeries of kingdoms comprised within the area of the map of Germany have been welded into the unity of the German Empire. In the Far East, as well as in the West, the consciousness of nations has developed in a startling manner; more especially in the instance of Japan.

But nowhere has the organisation of national sentiment been more apparent or more rapid in recent years than in the scattered portions of the British Empire. The purpose and the function of such pageants as London has witnessed within the last two decades is to quicken and emphasise the consciousness of the unity of national life, the consciousness of the organism of the Empire.

The sentiment of national enthusiasm is commonly known by the name of Patriotism. Of patriotism there are many kinds. There is one form of patriotism which is ever ready to shout, "Our country—right or wrong!" and to condemn as traitors any who can think of suggesting that the nation's doings may not always be above criticism. There is another kind of patriotism which recognises the spiritual forces wherein reside the nation's

true strength, and which seeks, above all things, to secure for these spiritual forces the freest possible play.

Now there is no true greatness, national or individual, without liberty and honesty: the question which we must ask of events so swiftly moving around us is this: Will the quickening of national consciousness in the British Empire tend to the fostering of these sentiments in our national life? The answer to this query remains with the future. We are apt to find in Nature that the higher the pitch to which organisation is carried the less freedom is there of individual parts. The very looseness of organisation of the parts of the British Empire has hitherto conduced to the development of these individual parts, and the high degree of individual liberty enjoyed by Britons has been the means of spreading British influence widely over the surface of the globe.

The new patriotism is a power to be reckoned with in the Empire. Is it going to liberate us from the national defects? will it free us from the worship of the great goddess "YDGRUN"? or is it going to fix us more firmly under her sway? In the imperishable pages of *Erewhon*, SAMUEL BUTLER—the great satirist, who, to the world's loss, passed away from the scene of his labours but a few days ago—has depicted the sway of "Mrs. Grundy" over the people who "never, never will be slaves." For the pioneers in thought who are perpetually fighting with the inertia of ignorance, with superannuated notions entrenched in vested interests and academical establishments, with the *odium academicum* which all reforms encounter, the only patriotism they can evince is the enthusiasm for British liberty—liberty of mind—liberty to see and think and act according to the inspirations of Nature.

The vulgar form of patriotism—which wants all the best of everything for its own nationality exclusively—is only an inflated form of selfishness. It is not patriotism of this kind which has made the British Empire the power it is to-day; and it is not this which will keep it strong. National and individual liberty and national and indi-

vidual honesty alone can do this. How far we are, as a nation, from having reached the ideal in either of these respects homeopathsists, among others, know by experience. However, we have at least the liberty to contend for them. Only we must be careful whilst fighting for our own liberty and for honest treatment of ourselves, not to forget that these blessings are not to be the private property of individuals or parties. The greatest patriots and KING EDWARD'S most potent supporters are to be found among those who strenuously uphold the national ideals in the face of uninstructed public opinion and the prejudices of class.

---

SULPHURETTED HYDROGEN IN RHEUMATIC HEART DISEASE.—R. Bensen (*Therap. Monatsh.*, March, 1902) is of opinion that the proper treatment of rheumatic heart affections by means of inhalations of  $H_2S$  is gradually becoming more definitely recognised. The action of the vapour is that of slowing the pulse. Bensen does not give any clinical details in support of his views, but contents himself with generalised praises of the effects of sulphuretted hydrogen inhalations. He regards the bactericidal action of the vapour as insignificant, and believes that this property is not exercised actually in the living body. His results in Bad Eilsen appear to have been very satisfactory.—*British Medical Journal*, April 26th.

NATRUM SILICIUM AND EGG PRESERVATION.—Few subjects have brought us so many inquiries this year as the use of solution of sodium silicate in preserving eggs. We have replied to all, and now quote a useful paragraph from the *Times* based on observations made in the Rhode Island Experimental Agricultural Station:—"Of all the substances experimented with, however, water glass solution proved to be the most worthy of commendation. This material may be obtained of druggists at about 2s. 6d. a gallon. It is easily manipulated, and the solution may be repeatedly used. The eggs should be completely immersed in the solution, and, if any eggs float, an inner cover which will sink them below the surface of the liquid should be used. In several tests where the eggs were placed in stone jars inverted saucers were used for this purpose. The water glass, or soluble glass, which was employed was of sp. gr. 1.2, and was diluted with water to a 10 per cent. solution—that is, one pint of water glass added to nine pints of boiled water. It was found, however, that the strength could be reduced to as low as 3 per cent., and the solution still retained a complete preservative power over eggs after an interval of ten or eleven months. The outlay on water glass at 2s. 6d. a gallon would amount to about a third of a penny per dozen eggs. In addition there would be the cost of the jars or other receptacles, which may be of stoneware, glass, or wood."—*Chemist and Druggist*, May 10th.

---

NEWS AND NOTES.

---

## “THE ROMANCE OF MEDICINE.”

SIR FREDERICK TREVES waxed eloquent at the prize-giving of the Charing Cross Medical School on the theme of “The Romance of Medicine” (*Brit. Med. Journ.*, June 14th). Among the romantic exploits of the knights of the profession he instanced the deeds of Pasteur, Lister, and Koch. He said nothing of the mighty works of Hahnemann. Surgery has its triumphs, no doubt, and of them Sir Frederick knows much. But of medicine in the real sense of the word—of the Art of Curing—Sir Frederick and his heroes know nothing, or next to nothing. Medicine is the Art of Curing, and medicine without Hahnemann is the play of *Hamlet* with the part of the Prince of Denmark left out. The real romance of medicine comes in when the practitioner can recognise mighty forces in the trees of the forest, in the flowers and shrubs of the field and garden, in the weeds or grass underfoot—forces which in skilful hands can save Sir Frederick and his brother surgeons nine-tenths of the work by which they make their living.

---

## A HOMEOPATHIC HOSPITAL FOR SWITZERLAND.

DR. ANTON NEBEL, of Montreux, writes to us that a generous lady of Basle has bequeathed 700,000 francs for the founding of a homeopathic hospital in that city. We congratulate the homeopaths of Switzerland on their good fortune, and trust that the gift may greatly stimulate the advance of homeopathy in the Swiss Republic.

---

## BEQUESTS TO HOMEOPATHIC HOSPITALS.

FROM the *Lancet* (June 14th) we learn that the late Mr. Benjamin Buck Greene bequeathed £100 to the London Homeopathic Hospital; and from the *Times* (June 11th) that Mr. Thomas Bentley, of Richmond House, Acocks Green, Birmingham, gunmaker, left £150 to the Birmingham Homeopathic Hospital.



### VACCINIA AND CHELOID.

THE following appeared in the *British Medical Journal* of May 24th, with an illustration, showing large cheloids on three vaccination marks on the left shoulder and left hand and ear:—

#### “CHELOID FOLLOWING VACCINATION.

“The photograph accompanying this short account of a case of cheloid occurring as a result of vaccination may be interesting.

“The patient was a prisoner on board the transport *Kildonan*, and first came to me complaining of pain caused by any movement of the deltoid, especially in ‘squeezing’ the deck. On examination the man showed normal old vaccination scars, the result of the operation when a child. He was revaccinated on entering the army about three years ago, which was followed by a ‘swelling.’ This was removed by ‘cutting out.’ It recurred, and in the accompanying photograph one can see the condition fairly well. Beside those which are well marked and prominent on the arm two others will be noticed, one in the interdigital cleft, between the thumb and index finger, and a second on the back of the pinna of the left ear. I tried flexible collodion, as recommended by Da Costa, but without, as far as I could see, any appreciable alteration in the condition.

“L. LAMMING BURTON.

“Longton.”

“M.D. Brux., F.R.C.S. Edin.

---

A similar case occurred in the practice of the editor of this journal. A young lady, on applying for a post under Government, had been required to be revaccinated. After the pocks had fallen off the scars commenced to grow until three well-developed cheloids appeared in their place. There was much rheumatic pain in the arm at the same time. Under *Thuja* the pain disappeared but not the cheloids. After prolonged treatment, by *Malandrimum* 30 chiefly, the cheloids steadily diminished, and now have almost disappeared. These cases show that the vaccinal poison is capable of setting up new growth of a semi-malignant type. We would warn our readers, lay and medical, against the danger of vaccination where there is any history of cancer in a patient's pedigree.

---

#### “VITAL ECONOMICS: PASSIVE MURDER.”

UNDER the above heading Dr. Petrie Hoyle (Boericke and Tafel) has issued a striking tract which ought to do much good. It is based on a letter written to the *Lancet*

in 1851 by Dr. Thomas Ballard, which contained this passage: "*In case of death occurring in this institution [the London Homeopathic Hospital] would it not be proper that the Coroner should inquire whether all due means had been employed to prolong life, and if found to be otherwise, would not some one be guilty of manslaughter at the least, or PASSIVE MURDER?*"! Dr. Hoyle neatly accepts the argument and applies it to the other side by the impregnable logic of official statistics. The price of the pamphlet is 7s. 6d. per 100, and may be obtained of the Homeopathic Publishing Co., 12, Warwick Lane, E.C.

### RHEUM RHAPONTICON.

THE following note appeared in the *British Medical Journal* of May 3rd:—

#### "RHUBARB AND URTICARIA.

"Dr. Frederick S. Palmer (London) writes: The evidence afforded by the instance quoted by Mr. Pernet in the *British Medical Journal* of April 26th is particularly valuable, and appears to confirm the suspicion that in susceptible persons urticarial troubles do occasionally follow the ingestion of rhubarb. The facial erythema I noted was, I believe, due to scratching or rubbing for the relief of the irritation produced by the wheals. Some years ago I gave Unna's treatment of *tinea tonsurans* by the local application of *Unguentum chrysarobini* (so strongly advocated by Mr. Hutchinson) a fair trial, but it occasioned so much erythema and staining of the skin beyond the limits of its topical use that I was obliged to discard it for milder parasitocides. Whether the toxemia of rhubarb be due to an excess of calcium oxalate or to its colouring matter, chrysophan, it is very difficult to say, but I incline to the opinion that the former is to a certain if not to a large extent responsible for some of its toxic effects. One of the most severe cases of intestinal colic which have come under my notice, and presented many of the symptoms of acute irritant poisoning, occurred after the consumption of a salad at dinner consisting largely of sorrel. I can assert very positively that the subject was in perfect health a few hours before the attack from the fact that he was playing tennis with me in his own garden the same afternoon, and I know that he had not partaken of any rhubarb. On looking over the clinical study of Dr. Prince A. Morrow on Drug Eruptions, edited by Dr. T. Colcott Fox in the New Sydenham Society's *Selected Monographs on Dermatology*, published in 1893, I find at page 525 various rashes attributed to rhubarb—scarlatini-form, erythematous, papulo-pustular, hemorrhagic taches, and pemphigoid, described by Kucher, Litten, and Goldenberg, some of them accompanied by rigors, fever, and limb pain. Dr. Batten has called my attention to the following paragraph taken from Dr.

Donkin's *Diseases of Childhood*, p. 105-6: 'I may mention an interesting case, lately reported to me by Mr. Scott Battams, of a little boy who was brought to him suffering from profuse hematuria after eating for several days immoderate quantities of rhubarb supplied to him by his mother in the belief that it was very good for him. The extent and suddenness of the bleeding, which was a first attack, prompted inquiry as to diet, and this at once revealed the true cause—the oxalate of lime in the rhubarb. The hematuria rapidly and permanently disappeared on the discontinuance of this manner of feeding.' These inferences are only small links in the chain of evidence, but I think they are sufficient to establish the fact that rhubarb is not quite the harmless vegetable which the laity regard with such health-promoting properties."

---

### SOME POINTS ABOUT CANCER.

THE following is from the *British Medical Journal* of April 10th:—

#### "LINGUAL VARICES IN ŒSOPHAGEAL CANCER.

"Le François draws attention to the existence (*Journ. de Méd. et de Chir. Prat.*, November 25, 1901) of varices at the base of the tongue in œsophageal cancer. Such a varicose condition is by no means rare, and very many causes, such as alcoholism, menorrhagia, and certain nervous disorders, have been quoted, but the writer, from personal observation, states that he has met with them in several instances in which the diagnosis pointed to malignant disease of the œsophagus. He quotes three cases in which no other sign was present. In one of the patients the varices increased with the spread of the disease to such an extent that it was quite impossible to regard it as a mere coincidence. In the other cases subsequent history proved the correctness of the diagnosis."

These are from the *Medical Press* of May 7th:—

#### "PIGMENTED MOLES AND THEIR CLINICAL SIGNIFICANCE.

"It is an open question whether the cells of which pigmented moles are composed are derived from epithelium, or have a mesodermal origin. Unna favours an epithelial origin, and his view has been confirmed by other investigators, but clinically it is admitted that malignant growths starting from nævi partake of a sarcomatous, rather than of a carcinomatous, character. Leaving this purely academic question for further study, the importance of moles as the starting-point of intensely malignant and pigmented growths cannot be too strongly insisted upon. The great thing to bear in mind is that the slightest sign of growth in a pigmented mole is an indication for immediate and thorough removal. Any operation which falls short of free ablation is a mistake not unlikely to be attended by serious consequences, for there lurks in the cells of pigmented moles a malignant potency too generally overlooked."

#### "CUTANEOUS PRECURSORS OF CANCER.

"The presence of multiple cutaneous angiomas, rapidly increasing in number, is regarded by certain observers as an early sign of what may be called the cancerous diathesis, indeed it has been asserted that their existence justifies the suspicion of malignant growth. Statistics, it is true, do not seem to confirm this view to any great extent, apart from the fact that similar developments are met with in persons who have not manifested any tendency to cancerous degeneration. The features upon which special emphasis is laid, from a diagnostic point of view, are their sudden appearance and their number. In the subjects of cancer, moreover, the existence of these naevoid formations has coincided with the appearance of other cutaneous manifestations, such as a tendency to pigmentation of the skin and the development of a large number of warty outgrowths. According to certain authors, this pigmentation is particularly characteristic, especially in intestinal cancer. In these cases the surplus pigment is distributed in the form of patches, resembling freckles, from which they can be distinguished by their darker hue, their less regular outline, and the fact that they make their appearance in parts of the body where freckling proper does not take place."

---

#### VACCINATION CAUSES PEMPHIGUS.

THE following is from the *Pacific Coast Journal of Homeopathy* of April:—

##### "VACCINATION FOLLOWED BY ACUTE FATAL PEMPHIGUS.

"M. R., a female child of five years, was admitted to the St. Christopher's Hospital, Philadelphia, on October 19, 1900. The father stated that his daughter had always enjoyed good health, and her only illness had been measles and whooping-cough. The child had been vaccinated on October 2nd by the district vaccine physician; the vaccination took, and with the exception of a considerable degree of swelling and inflammation was in no way abnormal. Ten days after it was performed there occurred upon the shoulder of the arm a number of pea-sized blebs. In a few days lesions of a similar character developed upon the neck, and from this point the eruption gradually spread over the body. On admission to the hospital, the trunk was extensively covered with tense shining blebs, varying in size from a pea to a hickory nut. The lesions rise abruptly from the skin and have very little inflammatory areola. Anteriorly, there was scarcely a healthy area of skin the size of a silver half-dollar. The blebs were then not numerous on the back, but there were large patches of skin denuded in whole or in part of epidermis, and suggesting the appearance of a scald. The vulva is involved in the same process, as is also a portion of the mucous membrane of the vagina. Numerous discrete blebs were present upon thighs and arms and some were beginning to develop upon the face. The patient complained much of burning, particularly about the vulva, and wherever the skin is denuded. Two days later the following notes were made: 'Heart sounds distant, breathing feeble, eyes sunken;

the temperature fluctuated between  $101^{\circ}$  and  $103^{\circ}$ ; the pulse, which on admission was between 140 and 150, slowed down 110 to 120. The patient developed diarrhea with green stools, sank rapidly, and died three days after admission to hospital. The clear fluid of recent blebs from our patient was examined for bacteria, and was found to contain myriads of micrococci, some extremely minute in size. The child was in thoroughly good health before the vaccination; ten days later it was seized with a generalised bullous outbreak, which ended its life in ten days more. It is not improbable that some infection may have taken place at the site of the vaccine inoculation. One of the writers saw a similar case of acute pemphigus about a year ago in a boy of eight years, who had been vaccinated two weeks previously. Other cases of this disease following vaccinia are on record."—*Annals of Gynecology and Pediatrics*.

---

#### VACCINATION CURES WHOOPING-COUGH.

WE take the following from the *Medical Times* of May. We have seen cases of the same kind recorded before. *Vaccinum* is evidently a remedy to be considered in cases of whooping-cough.

##### "VACCINATION AS A THERAPEUTIC MEASURE IN WHOOPING-COUGH.

"D. Lofruscio (*Semana Medica*) says that children were vaccinated for the first time in 121 cases, and revaccinated in 31 out of the 152 cases of whooping-cough, complicated with bronchitis or pneumonia in many instances, which he had occasion to treat last year. He is convinced that vaccination solves the therapeutic problem of whooping-cough. Five typical cases are described in detail; in most of them pneumonia and the convulsions ceased as if by magic after the vaccination, and although the cough persisted for a few weeks in some cases, it was merely as an ordinary catarrhal cough."

---

#### A HOMEOPATHIC HOSPITAL FOR BRISTOL.

THE *Bristol Times and Mirror* (May 22nd) announces that "a movement is afoot to establish a homeopathic hospital in Bristol. There is a dispensary in Brunswick Square, and the promoters of the hospital say they have a suitable house, but want about £500 to equip it." We are very glad to hear it, and wish the movement every success.

---

---

## ORIGINAL COMMUNICATIONS.

## RELATIONSHIP OF REMEDIES.

By DR. R. GIBSON MILLER.

IN the June number "A Lover of Homeopathy" seeks for information with regard to the various relationships of remedies, a subject that should be of vital importance to every homeopathic physician.

Let us first consider the question "Why certain remedies follow better than others, and what law governs this relationship."

The law as enunciated by Kent is, "That the second remedy must bear a complementary relation to the first," or as Jahr has it, "The pathogenesis of the second remedy must strongly resemble that of the first."

If we look at what happens in actual prescribing, the reason for this law, which is really not a separate law, but merely an extension of the law of *similia*, will be apparent. Theoretically we endeavour to find a remedy that has produced symptoms exactly the same in character and grade as those experienced by the patient; and while in acute disease this may frequently be done with the result that a single remedy is sufficient to completely cure, yet in chronic diseases, owing to their complexity, it is rarely possible to find such a remedy, and in accordance with Hahnemann's advice we have to choose that which corresponds best to those symptoms that are most prominent and characteristic. Accordingly the first remedy being only partially similar to the whole group of symptoms, we find that though the symptoms are more or less completely removed for two, three, or even eight weeks, yet after that time the majority will return, but not exactly the same as formerly, for we usually find that some have been permanently removed, and that one or two new ones have appeared, and on account of this modification, especially in view of the law that the last symptoms to come (the new ones) are the most important, the first remedy is no longer sufficiently similar to act curatively.

But it must be borne in mind that this second group still very closely resembles the original one, and it is for

this reason that the second remedy must be capable of producing symptoms very similar to those of the first.

Long experience has demonstrated that only a comparatively limited number of remedies are likely to be indicated by these modified symptoms, and hence the lists of "remedies that follow well." It must, however, be remembered that all such lists are mere labour-saving appliances, and that the law of *similia* is the only guide to the choice of the second, as it was to the choice of the first remedy, and if the modified symptoms call for a remedy not included in the lists it must be given.

Your correspondent also asks what remedies are antidotal, and I suppose he desires not merely a list of dynamic antidotes but also the law that governs this relationship. Here again the law is merely an extension of the law of *similia* and runs as follows: "Remedies that are capable of producing very similar symptoms either antidote one another or are inimical."

In the matter of antidotes there is one apparent exception to this law, for the action of *Camphor*, which is antidotal to so many remedies, cannot always be explained thereby. Hering suggests that in such cases its action is not antidotal but merely palliative and is so in virtue of its power to produce the symptom, "Pain better while thinking of it." Just as with regard to remedies that follow well, so here also experience teaches that only a limited number of remedies are likely to be called for, but it may be necessary to select one not in the list of commonly accepted antidotes if the symptoms point to it.

Why some remedies with very similar symptoms should have an antidotal relation and others with just the same degree of similarity should be inimical, has not, so far as I know, received any reasonable explanation. There are two varieties of disagreement, certain remedies always quarrelling when one directly follows the other, as *Apis* and *Rhus*, but others only do so if a special one is given first; and as an illustration of this we have the fact that *Calcarea carb.* does not follow *Lycopodium* well, but *Lycop.* follows *Calcarea* with excellent results.

It is to be noted that remedies only act inimically when the first given has been sufficiently similar to the symptoms to influence the case in some degree. For example, if *Phosphorus* has been given in, let us say, a case of hoarseness, and it neither improves nor aggravates



the symptoms, and we now perceive that *Causticum* was the proper remedy, we can, with perfect safety, give the latter, whereas if *Phosphorus* had acted at all, to now give *Causticum* would make the case infinitely worse than if we had left it to nature alone.

Upon a third point your correspondent seeks information, viz., "How is one remedy determined to be the acute complement of another."

Before considering this question it may be well to point out that there are two classes of acute disease—(1) Acute intervening disease, and (2) acute exacerbations of chronic disease. By the first is meant any acute disease such as a cold, an infectious fever, &c., which has no connection with the chronic disease and must be treated in the ordinary way. On the other hand, in acute exacerbations of chronic disease we have not so much a new set of symptoms as an intensification of the old ones, though, as a rule, they are not all equally intensified. It might be asked, if the symptoms are still in the main the same, why not just repeat the remedy for the chronic disease? but the law of *similia* not only requires that the symptoms of the medicine and those of the disease must be similar in character, but also that their grade or intensity must be similar, and owing to the change that has taken place in the relative prominence of the symptoms and the increased pace of the whole disease, the old deep-acting remedy is no longer similar enough to cure.

Here, as always, the new remedy is to be chosen in accordance with the law, and while it has been found that in a large proportion of the cases a certain medicine is needed—the so-called "acute complement"—yet it should never be given unless the symptoms point to it.

Your correspondent asks a good many other questions which cannot be taken up just now, as this reply has already run to an inordinate length, but I will be happy to supply him with a fairly complete list of all the relations of the better-known remedies if he desires it.\*

10, Newton Place, Glasgow.

\* Dr. Gibson Miller has kindly promised to let us have this list revised to date, for publication in the HOMEOPATHIC WORLD.—ED. H. W.

## A NOTABLE CASE.—CHRONIC SPLENITIS.

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

ON the 14th of last November I was wired from Southampton to see a gentleman aged 68, who was supposed to be dying of a disease, about the nature of which, according to information tendered me, there was much doubt. No obvious disease had been detected in any organ, but as I have subsequently heard it was generally supposed he was suffering from cancer of the liver.

On examining my patient I could find no abnormality present beyond a slight enlargement of the spleen, evidenced by its being easily felt and also by a well-marked tenderness on deep pressure. The symptoms, as well as other particulars, are necessarily few, as the patient was in an extreme state of exhaustion and incapable of affording much information. This can be easily understood when I affirm that he has since declared that he remembers nothing whatever of this, my first visit, to him.

His condition appears to have begun with marked weakness some two years back, but he had rapidly got worse for the last two or three weeks. Every part of the body feels tired and he has to change his position as he lies in bed repeatedly; cannot keep his arms or legs long in one posture. Beyond that he has always suffered from biliousness, he has been a very healthy man, and even now he has no sickness though often feels bilious.

He has a weighty pain round the cardiac region and suffers from palpitation—a symptom I regarded as due to the spleen. Urine is high-coloured, and the bowels have been regular though now inclined to be confined. The patient is markedly anemic and cadaverous-looking, and has been losing flesh and strength rapidly, and his temperature is, I understood, subnormal, and urine free from albumen.

Having examined the patient, on coming downstairs from the bedroom, I was treated to a most pleasing *quart d'heure* with the consulting physician and the ordinary family attendant, whose questions were so minute and searching that I verily felt, notwithstanding my mature years, that the youthful pleasure of an Examination Hall had returned; and one of the gentlemen, the distinguished

consultant, as he bade me a polite goodbye, had the goodness to volunteer the information that the case was one that should be seen every day, and, moreover, that "the man was dying and must die." I felt, after such assurance, that the incubus of responsibility weighed heavily upon a frame grown slender and more or less enfeebled with advancing years. My sense of responsibility was all the more increased by the pleasing assurance that the post-mortem would prove that no spleen affection whatever existed. This was shivering: it gave me a considerable rigor.

On returning to town next day (15th) I had sufficiently recovered to send down *Pulmonaria officin.*  $\phi A$ , and on 19th had in, as I considered, a very good report: the patient had begun to take his nourishment better though he was sick the morning following upon the dose. Nothing further was sent, and on the 22nd of November this was reported: Sleep and appetite fair, once sick, pulse has dropped. Repeated same dose. On November 25th report came in that *Castor oil* had been given as the bowels were confined, and that he had slept fairly but felt weaker and that he had begun expectorating a good deal and had had some dyspnea.

It was certainly a mistake to have given this second dose, still more to have allowed *Castor oil*—a mistake that was very nearly sacrificing the patient's life; but then the difficulty was to keep the patient and his friends quiet.

On November 27th a dose of *Verat. vir.* 30 was given; but as he continued to be sleepless and to have a good deal of phlegm on his chest I gave *Ver. vir.*  $\phi A$  a couple of days after, but without decided improvement, and followed it up on December 5th by *Ceanothus Amer.*  $\phi A$ , as his symptoms were great depression with shivering fits, expectoration, thirst, and much restlessness and fits of vomiting—all of which I considered due to the spleen.

The subsequent progress of the case will be better understood from the letters received. On December 8th his son writes: "My dear father seems to be getting weaker and weaker—in fact he has to-day been weaker than he has been at all. He takes no solid food, continues to be very thirsty and parched, consequently he frequently wants something to drink, and this feeling

seems to increase. He is very short of breath and keeps his mouth open most of the time. The wheezing is still very troublesome, giving rise to phlegm. The bowels have not acted for a fortnight, but he makes water frequently, and this of a fair colour. He is more restful now, but I'm afraid that this is owing to his great weakness, as he can scarcely move. His face is very yellow to-day, and his legs very thin.

"We keep cheerful, thanks to your optimistic letters, although we do feel very anxious indeed. He can't turn in bed unless helped, as he is so weak." Nothing given, as dose is evidently acting.

On December 13th the report was: Better, only he felt a lodgment in the throat as if sickness would relieve him, and on this occasion I repeated the *Ceanothus* again, after which a swelling came outside the throat and under the left ear; this became painful on swallowing and hard and seemed to rapidly increase, but with manifest improvement in the patient's general condition.

Still he remained weak, though the bowels had become regular, and for two days I gave *Ac. sulph.* 3x. gtt. vij—3ij five drops every third hour.

A letter of December 26th from his son explains the condition that had now been reached: "Yesterday at times my father suffered great pain from the swelling, which is very inflamed and swollen, very hard and red all down the left side of the face. It pains him to swallow and talk, and consequently he does not take much food, and what he does take is in liquid form. Is," the letter goes on, "the swelling likely to burst inside or out or not at all? We have never seen anything of the kind before, and do not know quite what to expect. The bowels act more regularly now and the pulse is just over 80."

In reply to this I called on December 29th to see the patient and found a manifest improvement in his general condition, though this parotid swelling looked extremely angry and had extended down the neck. The patient himself was extremely cheery and seemed delighted at being able to lie on his right side, which he had not been able to do for a long time.

On returning home next day I forwarded *Matthiola Græca* φA with the pronouncement, which my acquaintance with the remedy (*vide* J. H. Clarke's *Dictionary of Materia Medica*) as well as the progress of the case

justified me in doing, that if he could only keep from taking any other medicine he would be, at the end of a fortnight, in a much better state of health.

It was therefore no surprise to me to receive this letter, dated January 16, 1902:—

“DEAR DR. COOPER,—The reason why I have not worried you with any communication lately is because there has really been nothing to worry about.

“The fortnight has expired during which my father was to leave off the strengthening drops (*Ac. sulph.*) and we wish to know if he is now to resume them. He has really been making excellent progress. The powder (*Matth. Græ.*) rendered him exhausted and weak for a day or two, which I daresay you anticipated, and since then everything has been going well. The discharge from the abscess has continued ever since, though not now in the quantity it did at first, and the swelling is much smaller than it was; there are still two local risings in the chest and neck [due, I believe, to overstimulation of the *Ac. sulph.*—R. T. C.], but my father says that everything seems to be working in accordance with your last letter, and he is anxious to resume the strengthening drops.

“With regard to his diet, he is getting his appetite and wants all sorts of things. He sits in a chair during the day, and that makes a change, and yesterday he leaned on our shoulders and paced the room for a minute or two.

“When he lies down on his back he is troubled, through loss of flesh, with two or three bones rubbing, and has a soft pillow put at the bottom of his back.”

This letter gives a very good illustration of the difficulty of treating this case owing to the deep-rooted prejudice in favour of continued medication no matter what may happen to be the nature of the disease. We all dearly love our physic, and perhaps the medical profession ought to be the last to complain of this truly human weakness; but the fact still remains that some forms of disease cannot be treated successfully save with single doses, and that the above case affords a happy example of this fact.

The subsequent progress of the case has simply been that of uninterrupted recovery, for which thanksgiving has been offered in his place of worship.

## A COCCUS CACTI CASE.

By D. RIDPATH, M.D.

X., a girl aged  $7\frac{1}{2}$  years, was brought to me on account of a troublesome cough, with which she (and her parents) was troubled, and with which she awoke every night before midnight. There was nausea accompanying the cough.

The patient was said by her attendant to be quite well with the exception of the cough, and I could not obtain any other symptoms.

In Kent's *Repertory* (p. 756) "waking from cough at night," I find given the following remedies: *Am. m.*, *Bell.*, *Caust.*, *Cocc.*, *Coc. c.*, *Coff.*, *Hep.*, *Hyosc.*, *Kali c.*, *Kali nit.*, *Lach.*, *Mag. m.*, *Nit. ac.*, *Phos.*, *Ruta*, *Sang.*, *Sep.*, *Sil.*, *Squil.*, *Stront.*, *Sulph.*, *Zing.*

Nausea with cough (p. 501): *Coc. c.*, *Hep.*, *Kali c.*, *Lach.*, *Nit. ac.*, *Ruta*, *Squil.*, *Sep.*

Cough 11.30 p.m. (p. 756). *Coc. c.*

I gave her a dose of *Coc. c.* cm dry on the tongue, and S.L. gr. ii., to take three times a day.

I saw the girl some months afterwards in the street, and was told by her relative that the cough had left her since the date of my prescription and that it has not since returned.

This case is interesting as showing the great remedial power developed in what is ordinarily and in its crude state an inert drug, frequently used by the old school for colouring their mixtures. Here it was given in high potency as recommended and introduced by Hahnemann.

---

## MATERIA MEDICA MISCELLANY.

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

*Tin Poisoning from Silk Stockings.*—A case is reported in the *Wien. Med. Presse* of a woman of twenty-seven who had attacks of partial paralysis of the legs, with anesthesia, a feeling of coldness, and an ataxic gait. Whenever these symptoms were most marked she noticed that her feet were discoloured yellow. Oesterreicher found that this was derived from light yellow silk stockings. There was hyperidrosis pedum after the symptoms had recurred frequently for more than a year. The

patient was emaciated, the stomach dilated, and there was marked ataxia, especially with the eyes closed. The patellar reflexes were exaggerated, the ocular reflexes normal. Analysis of the stockings showed considerable quantities of tin used for "weighting" silk.

The urine contained large quantities of albumose, with a smaller amount of serum albumen and globulin and a few hyaline casts, and tin was also detected. Ataxia nervosa and albuminuria due to chronic tin poisoning was diagnosed. Light diet with faradization of legs, *Sodium iodide*, warm, and also sulphur baths were used, and in three months she could walk fairly and lost the subjective sensations. Urine still contained traces of albumen and albumose, but no casts. Oesterreicher considered that tin poisoning was the sole cause of the albuminuria, and that the ataxia, though possibly hysterical, was aggravated by the intoxication, and concludes that persons who suffer from hyperidrosis should not wear silk next the skin.—(Post Graduate) *P. C. J. H.*

*Sepia for Hemicrania and Irritable Skin.*—Dr. S. M. Ockford reports the case of a man of twenty-six who had from childhood attacks of right-sided hemicrania which lasted all day and were relieved by sleep. These with "other symptoms" pointed to *Sepia*, which was given in 6th trit. with no result. Next attack 30th was given and relieved in five hours, the shortest attack he had experienced, but the headache returned and *Sep.* 200 completely relieved in less than one hour. The same potency and dose as soon as the pain came on never failed to relieve, and the attacks instead of coming once or twice a month recurred less often and finally ceased; five years after, he had had none for two years. The medicine also altered his skin. From childhood he had been unable to wear woollen undergarments, the irritation of which developed a vesicular eruption. After taking the *Sepia* he could wear the roughest woollen garments without discomfort.—*Am. Phys.*

*Phytolacca in Abscess of the Breast.*—Dr. W. S. Mills reports case of a young woman about twenty-six years old, who was nursing her second child. She sent for him November 15, 1901, to see the baby, but he found she was the one who needed attention. Her left breast, on the outer aspect, presented a bluish discolouration a half-inch or more wide at the end nearest the nipple, and



broadening and getting less discoloured until it disappeared in healthy skin near the axillary line. A small, round spot at the nipple end was apparently about to break down. The breast was much swollen, tender, and "caked." Nursing was extremely painful, and the milk from that breast was vomited by the child. *Phytolacca* 2x in water was given that night.

Next morning the breast was emptied with a breast pump, and fluid extract of *Phytolacca*, one part to seven of water, was used as a lotion. The breast was kept wet with it. *Phytolacca* 2x was continued internally. Under this treatment the breast became soft, the nodules disappeared, and the discolouration ceased to exist. The bad spot broke through the skin on the 16th. On the 17th all symptoms of pain and distress had disappeared. The only thing left was a perfectly clean wound, which healed nicely. The baby began feeding at that breast on the 19th.—*Clinique*.

---

## CASE OF VERY OBSTINATE DEAFNESS.

By ROBERT T. COOPER, M.D.

THERE is a form of very obstinate deafness the symptoms of which are very fairly uniform and the pathology of which as an ear affection is remarkably obscure, but which can be met almost invariably by *Viola odorata*—the Common Violet.

The corresponding affection of the eyes is characterised by a like train of symptoms, save the deafness, which is seldom present, and a remarkable and well-ascertained pathology—chronic glaucoma and chronic choroiditis.

My business, however, is with the ear.

The Editor of this Journal sent me this patient, whose case well illustrates the effect of *Viola*.

A. H. D., a man of 39, of a spare, lithe figure and sanguine temperament, complained of singing and buzzing, with inability to hear in left ear for two years; the singing came suddenly and is sharp and hissing, worse perhaps in damp and after fatigue.

The father of the patient has been deaf for many years (æt. 70), otherwise family history good. Bowels regular, sleep good, but gets indigestion, with violent headaches,

after partaking of pastry or of mutton, and at 16 years old used to be very sick in such attacks. The pain is across the forehead and at the top of the head; in bad attacks head gets tender and sensitive to light and noise. Hearing 1 inch left, normal right. On December 2, 1898, I gave a dose of *Kali hydriod.* 30, 3 globules, and a snuff of *Sacch. lactis*, and on January 18th report came in that the noises were still bad, but not so exhausting; had a nervous headache a fortnight ago across the forehead; pressure in temples less. L. hearing distance 4 inches.

There was thus manifest improvement, but my impression was that it would not go far, and as the headache had been so markedly across the forehead I gave *Viola odor.*  $\phi A$ .

On February 18th, when I next saw him, his report was: On the next day after dose had a very bad headache all day, with sickness at night, and has had more headaches this month than ever—more continuous—right across the forehead, with improvement on pressure against the temples; can hardly hold head up and feels dizzy with it; buzzing less; indigestion none (except headache and sickness). The headaches are more concentrated, he says, than ever, right across forehead and in temples; used to be in the vertex and occiput. Hearing in left 6 inches.

I knew from this concentration of the headache across the forehead—the *Viola* patient always draws his finger across the forehead—that it was acting, and gave nothing.

On March 23rd reports: Hears much better; no headache whatever; hearing, *left* ear 20 inches.

May 19th.—Scarcely any headache, and hearing improves; scarcely any tinnitus. Hearing, left 22 inches.

This was no ordinary case; the *Viola* concentrated all its energies upon the frontal sinuses, and kept working during the latter half of January and the first half of February to the advantage of the middle ear—an adjoining cell—and the consequent disposal of the disturbing symptoms.

The patient is, I am told, quite well, though I have not seen him since above report.

---

## INTERESTING CASES FROM TWENTY-FIVE YEARS' PRACTICE.

By OSCAR HANSEN, M.D., Copenhagen, Denmark.

(Continued from p. 262.)

*Case 21.*—A. L., needlewoman, twenty-eight years old, and living in Copenhagen, came under my treatment June 12, 1896. She had lues five years ago, and was treated with Sublimite pills and Mercurial plaster. The disease began with a hard ulcer on the inner side of labia, then mucous patches in the fauces, on the vulva, and by the anus. All this disappeared under the allopathic treatment, but this had no effect on the present affection, which began about two months ago. On the upper third of the right femur there is a very large swelling, well defined, not at all tender, with two openings, from which there issues, on pressure, thin yellow pus. There is no edema to any extent. The perforations occurred fourteen days ago. Menses were normal. The state of health in general good. *Mercur. jodatus ruber* 1st cent. trit., as much as a pea three times daily every two days, alternating with *Hepar sulph.* 3rd cent. trit. in the same way every two days. Poultice of linseed meal on the exterior. Under this treatment the swelling became softer and decreased in extent, the secretion was more abundant, white and thick, and one opening closed.

September 7th.—Very little white and thick secretion. The swelling is but little in extent, and thin pus, clear as water, comes from the one opening. Otherwise she is well. *Kali hydriodicum* Kafka five drops three times daily in a dessertspoon of water, increasing one drop every third day. This was continued up to fifteen drops, and maintained at that dose. The medicine was occasionally stopped, as on November 9, 1897, when there was a little hardness about the sinus, and the secretion was abundant, thick, and yellowish white, and *Merc. biniodat.* 1st cent. trit., as a pea morning and evening, was again prescribed.

July 16, 1898.—All the hardness about the sinus was gone. The swelling totally disappeared, and in December the same year the sinus was healed, and the patient was discharged entirely cured. She has since remained well.

*Case 22.*—N. N., miller, twenty-three years old, com-

menced treatment September 6th. Six years ago the patient had coxitis, and was laid up seven weeks with extension of leg. The left leg was then one and a half inches shorter than the right. Sometimes pulling pains in the left hip and knee. The left gluteal fold is higher than the right, and the hip itself more prominent. The pains are worst at rest after motion and on commencing motion. The left leg is emaciated; otherwise the state of health in general is good. *Rhus tox.* 2x, five drops in a tablespoon of water three times daily. This was continued till January 12, 1898. Then the pains were darting and wandering—now in the hip, then along the thigh and over the loins. Appetite very bad. *Pulsatilla nigric.* 3 in the same way.

February 14th.—Considerable improvement. The pains almost gone. The appetite is good. The same prescription. While taking the *Pulsatilla* he was constantly better till October 21st, then the pains were more burning, and he must stand up and go about to get relief. *Arsen. album* 2, five drops in a tablespoon of water three times daily. Already on December 8th there was more strength in the leg, and he could walk very well. The leg is fuller than before. The same prescription.

January 21, 1899.—Now there is again darting pains in the evening, in the bed, so that he must constantly change the position of the leg. The pains improve by continued movement. Further, the state of health in general is good, and the leg is fuller. *Rhus tox.* 3, in the same way.

April 4th.—The pains are a little better, but often bad when at rest or sitting still. They improve on slow movement. *Ferrum muriat.*, 1st cent. dil., in the same way.

As there subsequently reappeared uneasiness at night, with darting pains and perpetual changing of the position of the leg, and considerable emaciation of the same, *Iodium* 2 was given in the same way with good result, and the pains had in this patient a very changing character. Soon *Rhus tox.* 3 was given, as before, with improvement by continued movement, and at other times *Bryonia* 2x was ordered, when the pains were worse on movement. The patient was treated in this way till March 21, 1901. Then the pains were worse on bending the leg backward, and in the night on lying on the painful side and resting. The pains were then more

boring. I prescribed now *Kali hydriodicum*  $\phi$ , five drops three times daily, and in September patient was quite well.

Case 23.—N. N., forty-four years old, telegraphist, and living in Copenhagen. He began the treatment April 15, 1898. Has been ill three months and treated with *Salicyl* and *Fachingenwater*. He had formerly had rheumatism. He complained of pains of a pricking character in the knee- and ankle-joint, and several of the finger-joints. Swelling of the joints, with soreness by pressure and movement. The heart sounds are hard, there is no abnormal sounds. The urine is clear, acid, and contains neither albumen nor sugar. Appetite and sleep good. The stool is normal, and otherwise there is nothing abnormal. He has used *Urtica urens* and *Ledum palustre* without improvement. *Bryonia alba* 2x, five drops three times daily in a teaspoonful of water.

June 11th.—The joints are less sensitive. Walking is easier. The pains are inconsiderable. Continue.

June 12th.—The joints quite normal. All the swelling and sensitiveness has gone. Complains of soreness in arms and legs, in the muscles. Worst on rising up and beginning to move, but improvement on continued movement. *Rhus tox.* 2x in the same way.

August 13th.—Quite well.

---

## CASES I HAVE COME ACROSS.

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

### XVIII.—*FERRUM IODIDUM* IN STOMATITIS.

I HAVE come across several cases of stomatitis in which the inflammatory symptoms were very severe, accompanied with a very rapid spread of the ulceration and a severe burning pain. In one case, that of a young man, aged 24, almost the whole surface between the under lip and the lower gum was one mass of ulceration, from which exuded a most sickly and fetid smell. At first two or three small ulcers appeared. These rapidly grew in size, and eventually spread to such an extent, that they became one large one. In the other cases, those of children, the ulcers formed in groups or patches. I traced the cause in each case to gastric derangement,

In the first case alluded to above, that of the young man, *Arsenicum album* 3x, 2m every four hours, was first administered; the external treatment being cotton-wool dipped in the following lotion:—

R̄ *Arsenicum album* 3x mxxv.  
m *Ad aqua dest.* ʒi.

This was placed on the ulcer, and renewed three or four times daily. This treatment was continued for four or five days, but had no effect whatever on the ulceration. The following glycerole was then applied:—

R̄ *Pulv. Boracis* ʒj.  
*Glycerine* ʒiv.

This eased the symptoms somewhat. The internal administration of *Arsenicum album* was then discontinued, and the following substituted:—

R̄ *Syr. ferrum iodidum* ʒiij.  
*Ad aqua dest.* ʒvj.

*Dosis*: One tablespoonful three times a day in a wine-glassful of water. The effect was almost immediate, and in a few days the ulceration had been reduced to one-half, and at the end of a week's treatment had entirely disappeared. The glycerole of *Boracis* was continued during the administration of the *Ferrum iodidum*, and its soothing effect gave great relief to the patient. In the cases of the children the *Ferrum iodidum* was administered one teaspoonful of the above formula three times a day, aided by the external application of the *Boracis* glycerole, and the inflammation and ulceration disappeared in each case.

#### XIX.—*BRYONIA ALBA* IN PLEURITIS (PLEURISY).

A few years ago the potent power of *Bryonia alba* as a remedy in the treatment of pleuritis was strikingly brought under my notice, the case being that of a young man, aged 28, with the following prominent symptoms: He complained of burning, shooting, and often stinging pains in the left side, greatly aggravated on movement or by breathing. The respirations were short, rapid, laboured, and anxious, being performed almost entirely by the abdominal muscles; he had a constant desire to

lie on the affected side. The cough was dry and painful, and there was an expectoration of a glairy sputum. He was irritable and restless, and inclined to retain a recumbent posture. He also complained of great weariness. He stated that the attack had first come on suddenly and violently, with rigors and fever, and that the least attempt to take a deep inspiration gave him acute pain. He stated that he had been taking some "mixture" prescribed by an allopathic physician, and added that he "might as well have been taking water," for all the good it did him! Although I did not see this prescription, I thought at the time that he might have done better by taking simply "water," considering some of the old-school prescriptions it had been my fortune to see prescribed in the treatment of this complaint in times past. On examination I found the pulse 100, and the stethoscope revealed that the "friction sound," noticeable in the early stage of pleuritis, was absent, and the respiratory murmur lost. The patient was at once ordered the following prescription: *Bryonia alba* 1x, 2m in a tablespoonful of water every hour. On seeing him the following day he stated that he felt greatly relieved, and I thereupon requested him to take the medicine every two hours instead of hourly. At the end of three days the pulse had fallen to 98, the breathing greatly improved, and the pain on inspiration only slight. At the end of a week the pulse was normal, and all the troublesome symptoms had disappeared. He continued with the *Bryonia*, of which after the fourth day he had taken a dose every three hours until the seventh day, when he took it only twice a day to the end of the fortnight. There was no recurrence of the complaint. Since then I have come across several other cases of pleuritis, in which the symptoms were similar to the one quoted above, but in a modified degree, all of which made a good recovery through the administration of *Bryonia alba* 1x. I may add that, in the case described above, no poultices of any description were used externally; but the patient was kept on light diet, consisting of gruel and broth, till recovery had taken place. It is needless for me to add further that no mustard plasters, which the old-school practitioners seem so much to delight in, were applied. Homeopaths have no need of torturing their patients when they take them in hand to cure them.



XX.—*CALENDULA OFFICINALIS* IN A SEVERE WOUND  
IN THE LEFT THIGH.

In this case a man, aged about 35, had fallen from the rigging of a ship, which at the time was in dock at Cockatoo Island, Sydney Harbour, N.S.W., undergoing repairs. In some way or other he landed on some glass, which inflicted a nasty gash in his left thigh. This in a day or two after the accident became much inflamed, and in a state of suppuration. On examination I discovered several small pieces of glass in the wound, which I carefully removed, and then got the patient to make use of a lotion composed of—

R. *Calendula officinalis*  $\phi$  3j.  
Ad aqua dest. 3vj.

The wound was kept moist with this lotion, and was also bathed with warm water night and morning to remove the impurities that had collected therein. Of course, the wound took several weeks to heal up, but the suppuration rapidly diminished, and the injury soon assumed a more healthy appearance. I have on numerous other occasions found *Calendula officinalis* to be of priceless value in promoting the union of wounds, in controlling suppuration, and in healing without the usual resulting of unsightly scars, which would otherwise undoubtedly have occurred had the *Calendula* lotion not been made use of.

XXI.—*CANTHARIS VESICATORIA* IN RETENTIO URINÆ.

In this case an old man, aged about 65, was suffering from retentio urinæ. He stated that he felt a constant urging to urinate, which was accompanied with tearing and cutting pains. He also complained of a sensation of tenderness in the lower part of the abdomen. As these symptoms undoubtedly pointed to *Cantharis vesicatoria*, I put him on the 3x dilution, 2 m every two hours. After taking four or five doses he was able to pass a little urine, but the act of urinating was accompanied with a burning and scalding pain. He continued with the medicine, and the pain next day was less, while the quantity of urine passed had increased. The remedy was now given every four hours, and at the end of the week all the inflam-

matory symptoms had disappeared, and the flow of urine was normal in quantity and perfectly healthy.

## XXII.—*STELLARIA MEDIA* IN SYNOVITIS.

This was the case of a young man, aged 27, whom I was asked to see, suffering from synovitis of the left knee. It was very painful, so much so that he was unable to get about. Owing to the rheumatic-like character of the pains I diagnosed the case as one in which the synovitis was induced by rheumatism. On questioning him further, I discovered that I was correct in my opinion, as he stated that he had on several occasions suffered from rheumatism, which left him for an indefinite period (or, at least, appeared to do so), and then returned, without there being any apparent cause for a fresh attack. I did not wait for any more, but immediately put him on *Stellaria media* 2x, 3m every two hours, and ordered the knee to be wrapped in bandages kept constantly moist with a lotion composed of 60m *Stellaria media*  $\phi$  to six ounces of water. Relief was obtained before the patient had been under treatment six hours, and on the second day he felt so much better that the medicine was administered internally every three hours instead of two, the interval between the doses being further reduced on the fourth day to four times daily. At the end of a week the patient had fully recovered from his painful complaint, and every trace of synovitis had disappeared. A dose of *Stellaria media* was, however, given internally every evening for three weeks afterwards, to prevent any recurrence of the complaint. The cure turned out to be permanent.

## XXIII.—*MAGNESIA CARBONICA* IN POISONING BY PHOSPHORUS.

Early one evening I was called to see a child (a boy, aged about five years) who had got hold of a bottle of "cough mixture," and swallowed the greater portion of it, probably for the reason that it was sweet and had a pleasant taste. The child was suffering from severe pain in the stomach, nausea, intense thirst and vomiting. The matter vomited had a strong garlicky smell. He appeared to be in a very bad condition, was in a cyanosed state, and, judging by the symptoms, I speedily came to

the conclusion that he was suffering from *Phosphorus* poisoning. Fortunately, he had been vomiting freely, and I did not think it necessary to give him an emetic. I made up a mixture of one part of *Magnesia carbonica* to four of water, and told the mother to administer two tablespoonfuls at once, to be followed by a tablespoonful every few minutes, till the symptoms showed a sign of ameliorating, directing her to shake the mixture well each time before pouring out a dose. I also instructed her to give him frequently *linseed-tea*. I stayed for about two hours, and the patient not getting any worse, I left, leaving instructions for the treatment to be continued, but at longer intervals. In the morning I found the patient much improved and out of danger, he eventually making a good recovery from his mishap.

(To be continued.)

---

## SOCIETY'S MEETING.

---

### BRITISH HOMEOPATHIC SOCIETY.

THE ninth meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, W.C., on Thursday, June 5, 1902, Dr. George Burford, President, taking the chair.

Philip McKinnell Corbould Wilmot, M.B. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), of 6, Sussex Terrace, Plymouth, proposed by Edwin A. Neatby, M.D., and A. Spiers Alexander, M.D., was nominated for membership.

The following specimens were exhibited:—

- |  |                                       |
|--|---------------------------------------|
| 1. Specimen from a case of dyspeptic<br>membranous colitis ... ..  | Dr. Andrew Neatby.                    |
| 2. A gall-stone removed post mortem<br>from the ileum; ulceration between<br>gall-bladder and duodenum; perfora-<br>tive peritonitis; death ... .. | Dr. Stonham.                          |
| 3. Tubal pregnancy removed by operation;<br>recovery ... ..  | Dr. Johnstone.                        |
| 4. Ascending colon successfully resected<br>for carcinoma ... ..   | Dr. Spencer Cox and<br>Mr. Knox Shaw, |
| 5. Microscopical sections of above.  |                                       |

A letter from Dr. Cartier, Secretary of the French Hom. Soc., was read, expressing their sympathy with us in the loss of Dr. Hughes.

Dr. Edwin A. Neatby read a full and instructive paper on "The Clinical Features of Early Extra-Uterine Pregnancy." The discussion was opened by a communication on the subject from Dr. Cash Reed, which was read by the President. Drs. Wynne Thomas, James Jones, and Burford also took part.

Dr. Spencer Cox and Mr. Knox Shaw then presented notes on a "Case of Successful Resection of Six Inches of the Ascending Colon for Carcinoma." An interesting feature of the case was that after the operation the patient ceased to suffer from bilious headaches, which had previously occurred periodically for years. The discussion, which was opened by Dr. Day, centred mostly round this point. Dr. Goldsbrough suggested that the operation had disturbed the nerve cycle of which the headaches were one feature and thus cured the attacks. Dr. Ed. Neatby, Lestock Reid, Wynne Thomas, and the President also took part in the discussion.

---

## INSTITUTIONS.

---

### THE BRITISH HOMEOPATHIC ASSOCIATION TWENTIETH CENTURY FUND.

THE full report of the recent meeting at Stationers' Hall is being issued by the Association for free distribution, and copies may be had on application to the Secretary, Mr. King, 29, Monument Street, E.C. We understand the Association is also publishing a "prospectus" of its constitution and objects at an early date. Further, that a quarterly issue of its "Transactions," with other information germane to its aims, is likely to be published, chiefly for the information of subscribers.

The Ladies' Committee is also doing excellent work, and ladies desirous to help in its undertakings are cordially invited to communicate with its honorary secretary, Mrs. Henry Wood, 34, Clanricarde Gardens, W.

Subjoined is a list of the essential requirements of the Association for its educational objects:—

1. The endowment of a Lectureship for a systematic course of Lectures on Materia Medica and Therapeutics ... £2,000.

2. The endowment of one or more travelling scholarships for past Resident Medical Officers in British Homeopathic Hospitals... .. £1,500 each.

3. The endowment of a Research Scholarship for original investigation in a specified branch of Medical Science or Art—*e.g.*, Cancer, Tuberculosis, Diseases of Modern Life, &c. £1,500.

4. The endowment of a Drug provership for the proving of new and other drugs for Homeopathic use ... £1,000.

Benefactors endowing in full any of the foregoing objects shall have the right—

(1) To a permanent seat on the Executive Committee of the British Homeopathic Association.

(2) To have the donor's name permanently incorporated in the title of the bequest.

The donation of a capital sum for endowment may at the benefactor's option be spread over a period of three years.

Subscriptions and donations in aid of the Association Fund may be sent to Joseph Howard, Esq., M.P. (Treasurer), 18, Kensington Court, W.; or to Mr. F. King (Secretary), 29, Monument Street, E. C.; or to the Editor of this Journal.

## BRITISH HOMEOPATHIC CONGRESS, 1902.

THE following circular has been issued :—

*President* : C. Knox Shaw, M.R.C.S. *Vice-President* : Percy Wilde, M.D. *Hon. Secretary* : D. Dyce Brown, M.D. *Hon. Treasurer* : E. M. Madden, M.B. *Hon. Local Secretary* : James Johnstone, M.B., F.R.C.S. Eng. *Council* : The President, the Vice-President, the Hon. Treasurer, the Hon. Secretary, A. C. Clifton, M.D., and the Hon. Local Secretary.

Dr. Burwood (of Ealing) was last year elected Vice-President, but, owing to ill-health, he felt it his duty to resign, and the Council appointed Dr. Percy Wilde to fill this office. There is a vacancy on the Council owing to the lamented death of Dr. Hughes.

29, SEYMOUR STREET,  
PORTMAN SQUARE, W.  
May, 1902.

DEAR SIR,—The Annual Congress is to be held this year in London. It was therefore thought to be very desirable that the meetings of the Congress and of the British Homeopathic Society should be made to synchronise, in order that members of both should have the opportunity of attending the meetings

of the Society and of the Congress at the same time. The Councils of the Society and the Congress having met, it was resolved that the joint meetings should be held on Wednesday, Thursday, and Friday, the 9th, 10th and 11th of July.

The British Homeopathic Society will hold its annual meetings on (1) the evening of Wednesday, the 9th, and (2) on the afternoon of Thursday, the 10th. Of this due notice will be issued by the Secretaries of the Society. Friday, the 11th of July, will be devoted entirely to the Congress.

On that day, Friday, the 11th of July, the Congress will meet at the London Homeopathic Hospital, by the kind permission of the Board of Management, at 10 o'clock a.m. punctually.

The Presidential Address will be delivered by Mr. C. Knox Shaw. Subject—"Signs of the Times."

Any strangers, ladies as well as gentlemen, who may desire to hear the President's Address will be welcome.

After an interval of half an hour, to enable the treasurer to receive the members' subscriptions, it had been arranged that our late lamented colleague, Dr. Hughes, should read a paper on "Homeopathy among the Allopaths."

Owing to the grievous loss by death of Dr. Hughes, the Council, who had selected the subject of the paper in December, resolved that the same subject should be still adopted, and as Dr. Hughes had left no manuscript of his paper, and had probably not begun it at the time of his death, they requested Dr. Dyce Brown to fill his place.

The first paper will therefore be read by D. Dyce Brown, M.A., M.D., on "Homeopathy among the Allopaths," to be followed by a discussion.

At 1 o'clock the Congress will adjourn for luncheon at the Holborn Restaurant. The President hopes the members will do him the pleasure of being his guests on this occasion.

At 2 o'clock punctually the Congress will reassemble at the Hospital. It has hitherto been the custom to transact the business of the Congress at this stage; but it has been found that on several occasions the necessary business was prolonged to such an hour that the remaining papers were driven to the latter part of the afternoon. That was annoying to the Congress and discouraging to those gentlemen who had taken the pains to write the papers. The Council have therefore resolved that in future the papers shall come first of all, on the reassembling of the Congress at 2 o'clock.

The second paper will be read by Thomas H. Hayle, M.B., Lond., of Rochdale, on "The Methods of Choosing Drugs Homeopathically."

The third paper will then be read by James R. P. Lambert,

M.D., C.M., of London, on "Pathological Prescribing, from a Homeopathic Standpoint."

These two papers will follow one another, and the discussion on both will be taken together. This the Council thought it best to arrange, as the subjects of the papers being somewhat akin, repetition in discussion will be avoided.

At 4 to 4.30 o'clock, after the discussion, the Medical Staff of the London Homeopathic Hospital will entertain the members of Congress at afternoon tea, in the Nursing Institute of the Hospital, with the kind permission of the Board of Management.

On reassembling, the Congress will take up the general business, select the place of meeting for 1903, elect officers, and transact any other business which may be necessary.

The members of Congress will, with their friends, dine together at the Holborn Restaurant at 7 o'clock. The Council this year resolved that ladies should not be invited to the dinner.

The President of the British Homeopathic Society will give a reception on the evening of Thursday, the 10th, to the fellows and members of the Society, to the members of Congress, and friends. The place and hour of the reception will be intimated in due time by personal invitation.

The subscription to the Congress is, as usual, ten shillings and sixpence. The dinner ticket alone, *for guests only*, will be Seven Shillings and Sixpence.

Should you know of any colleague who has not received this circular, will you kindly let me know?

The enclosed post-card is to be filled up and returned as early as possible, but not later than June 28th. Of course, if any colleague cannot make his arrangements so early, the post-card would be received up to the day of meeting; but it is earnestly hoped that all will return the post-card as early as possible, as arrangements for the lunch, dinner, reception, and private social functions are much facilitated thereby.

I remain, yours very truly,

D. DYCE BROWN,

*Hon. Sec.*

---

GANGRENE OF THE EYELIDS.—Messrs. Roget and Weil report the case of a vigorous adult male who, in the plenitude of his health, was suddenly seized with gangrene of his eyelids. The attack was neither preceded nor accompanied by conjunctivitis nor any lesion of the eyelids. It commenced by a simple edema of the lids, and in four days the temperature rose to 104 deg. F.; there was no pain, but a strange feeling of tightness in the skin of the face; he suffered from anorexia and albuminuria. The case is one of those of which, in 1870, Druit wrote. It is now known to be due to an aerobic microbe, and usually runs an active course.



## EXTRACT.

### A CASE OF *TRIONAL* POISONING.

By C. H. DOBSON, M.D., Ardmore, Pa.

BECAUSE of the apparent lack of information as to the poisonous effects of *Trional*, the following case is of interest:

The patient, a thin and anemic woman of 50 years, took at a single dose two 15-grain powders of *Trional* for the relief of sleeplessness and sciatica, from which she was a chronic sufferer. Five minutes later, while sitting up in bed, she complained of feeling stupid and numb, even to the lips. Her tongue seemed thick, and she almost immediately fell backward on the pillows. This was followed by inco-ordination of the movements of the arms. She then lapsed into a semi-comatose state from which she could be aroused, but would immediately sink back into the former condition. Vision seemed gone, and when aroused she did not recognise the members of the family.

When she had remained in this condition for eighteen hours I was sent for. On my arrival I found her in a convulsion, which lasted about fifteen minutes; during this period the eyelids twitched, the hands were clenched with thumbs in palms, there was partial paralysis of the tongue, and both upper and lower limbs were rigid. The tongue was coated white, with red edges and tips; the pupils were widely dilated. Hardly a drop of urine had been passed during the entire eighteen hours, nor had the bowels moved.

Three hours after the first convulsion a second spasm attacked her, and in this she became very violent, exhibiting great strength, and trying to bite and scratch. In other respects the attack was similar to the first. A period of stupor, with cold, clammy sweat, followed. Two hours later a third spasm developed suddenly, with general convulsive movements, the patient screaming, fighting her nurse, and trying to bite any one who came near. A fourth and last attack occurred in four hours more; it was much like the preceding ones, but less severe.

The temperature before the spasms was 101° to 101.5° F., and from 102° to 102.5° F. after they subsided. During the greater part of the first day the thermometer registered 101°, while the pulse rate was 82; on the second day, a temperature of 102.5° and pulse rate of 90. On the third day the former rose to 104° and the pulse jumped to 110. This continued until the next day, when the temperature dropped to 103°, and continued to decrease until it became normal.

As soon as consciousness returned, which was on the second

day, the patient complained of intense temporal headache, with a numb, drawing sensation in the occiput, and sharp, lance-like pains in the region of the heart. These latter continued almost constantly for twenty-four hours, and then every two or three hours for the next day, until they were controlled by *Spigelia* and *Cactus*. If the patient dropped asleep for a few minutes, she dreamed of ugly faces floating about her, and these caused her to waken with a start. At times, during the dreams, she felt as though some one were trying to drag her from the bed.

On the third day she seemed brighter, but still had some headache, together with a sensation as of scum over the eyeball and a great deal of lachrymation. The kidneys and bowels reacted to diuretics and purge on the second day, but refused to do their work for a week or more, except with the assistance of drugs.

The patient continued to improve until, on the tenth day, the only results were sluggishness of kidneys and bowels, and some nervousness.—*Hahnemann Monthly*, April, 1902.

## REVIEWS.

### THE THERAPEUTICS OF FEVERS.\*

AMONG the books which we have never allowed to be far out of the reach of our right hand, H. C. Allen's *Therapeutics of Intermittent Fever* has long occupied a conspicuous place. Not that we live in an agueish district, or that malarial fevers have formed any considerable portion of our practice; but because the work contains a vast amount of information on different remedies, properly arranged and repertorised, that we were able to find nowhere else. The symptoms relating to intermittent fever, with their conditions and concomitants, apply no less to other febrile states and to many states that are not strictly febrile at all.

We are very glad therefore to see that Dr. Allen has taken a wider range in the work before us, which includes all that is in the older work and much besides. *The Therapeutics of Fevers* comprises 540 pages as against 340 in the *Therapeutics of Intermittent Fevers*.

\* *The Therapeutics of Fevers*—Continued, Bilious, Intermittent, Remittent, Pernicious, Typhoid, Typhus, Septic, Yellow, Zymotic, &c. By H. C. Allen, M.D. Philadelphia: Boericke & Tafel. London: Homeopathic Publishing Company. Pp. 543. Cloth, £1.

The homeopathic method of prescribing medicines is so entirely different from that which obtains in the old school that systematic works arranged on the old-school plan are either exceedingly imperfect or altogether out of place in homeopathy. In homeopathy any remedy may be called for in a case of any disease. It follows that a comprehensive work on the therapeutics of any class of disease should have the matter so arranged that the prescriber has the best possible chance for finding the remedy for his case with the minimum amount of trouble. Such arrangement must describe each remedy so as to give in full the symptoms it possesses relating to the leading features of the disease in question, together with the conditions and concomitants and the leading general characteristics. This Dr. Allen has done for some 120 remedies. This constitutes in effect a keynote materia medica of these remedies in addition to their special symptoms of chill, heat and fever. This is necessary to enable the prescriber to test each possible remedy on the totality of its symptoms when working up a case. The homeopathic prescriber needs much more than the special symptoms of the disease in order to make his selection with confidence.

In his admirable introduction Dr. Allen has given some practical directions in the art of homeopathic prescribing which every student should be compelled to learn by heart before being admitted to graduation; and every homeopathic practitioner who has not already done so should make himself master of them without delay.

The following are the headings under which each remedy is described: (1) Characteristics (describing the type of person to whom the remedy is suited and general characteristics); (2) Relations; (3) Aggravation; (4) Amelioration; (5) Type; (6) Time; (7) Cause; (8) Prodrome; (9) Chill (describing the type, locality, conditions, and concomitants); (10) Heat and (11) Sweat (similarly described); (12) Tongue; (13) Apyrexia; (14) Analysis (giving the special form of the affection to which it is particularly suited).

The *Repertory* comprises 150 pages. In this the symptoms will be found indexed under the following headings: (1) Type; (2) Time; (3) Cause; (4) Prodrome; (5) Commencement of Chill; (6) Chill, Location of; (7) Chill Aggravated; (8) Chill Ameliorated; (9) Chill

Absent; predominating, &c.; (10) Chill, Character of; (11) Chill, Symptoms during; (12) Chill followed by. "Heat" and "Sweat," are analysed and indexed in the same way as Chill. Symptoms of the apyrexial period come next, and finally the general concomitants, from Mind and Sleep in the Schema order, ending with an index of Constitutions. Every homeopath should hasten to make himself master of this work. Quite apart from its special use it is a splendid training in the art of homeopathic prescribing. There may be homeopaths who have never felt the want of a work of this kind; all we can say of them is that it is high time they learned to want it, for until they do they cannot be said to have cut their milk-teeth in homeopathy.

---

#### PROTOPLASM.\*

WE recently noticed Dr. Hayward's essay on "The Origin and Nature of Matter and Force, and Life and Mind." This essay forms the substance of the little volume before us. It is published "with emendations and additions," and the author acknowledges his indebtedness to the works of Prof. Dolbear, the Rev. Dr. Dallinger, and Dr. Schofield.

---

#### NOUVEAU PROCÉDÉ DE DOSAGE DES ALCALOÏDES.†

IN this work Dr. Ecalle describes a new method of estimating the amount of alkaloids contained in different pharmaceutical preparations, taking *Aconite* as the type.

It is both interesting and important to know the exact contents of any plant preparation; but we doubt if the quantity of alkaloids is always the chief factor in the drug's action. Dr. Cooper's experience goes to show that it is the *life* of the plant which is the most efficient agent, and the life is contained in every living part of the plant,

\* *Protoplasm: its Origin, Varieties, and Functions.* By John W. Hayward, M.D. Bristol: John Wright & Co. London: Simpkin Marshall, Hamilton, Kent & Co., Ltd. 1902.

† *Nouveau Procédé de Dosage des Alcaloïdes.* Par Henri Ecalle, Docteur en Pharmacie de l'Université de Paris. Paris: J. B. Ballière et Fils, 19, rue Hautefeuille. 1902.

and is imparted to alcohol poured upon it. The practitioner is in a better position than the pharmacist to test the efficacy of different preparations on the sick; though the practitioner must ever be indebted to the researches of the pharmacist for the assistance he brings. We offer our thanks to Dr. Ecalle for the interesting and ingenious work he has carried out, and for bringing it before us in this convenient volume.

---

### MERCK'S ANNUAL REPORT.\*

FOR those who want to know what is being done with the newest pharmaceutical preparations Merck's Annual Report is indispensable. The sterling merit of Merck's preparation is recognised all over the world. Amongst the most important items dealt with in this issue may be mentioned—the *Cacodylates*, which are dealt with at such length as is warranted by the attention which they are now arousing, *Aconitine*, *Dionine*, *Eumenol*, *Jequiritol*, *Lecithin*, *Tannoform*, *Hydrogen Peroxide*, *Compressed Oxygen*, *Hermophenyl*, *Calcium Glycerino-Arsenate*, *Amyl Salicylate*, *Glyconic Acid*, *Ko-Sam*, *Casimiroa Edulis*, various new medicinal extracts and tinctures, and a number of dietetic preparations.

In the course of the preface Mr. Merck says:—

“This year I have the gratification of publishing the fifteenth volume of my Annual Report. I cannot but regard the appreciation which these booklets have received in the medical world as an indication that they have fully realised the aims repeatedly professed in their introductory pages. I regret that, in spite of the clearly discernible character of this publication, it is nevertheless frequently passed over without editorial notice and classed together with the market and drug reports of other firms. Reports of this latter kind are exclusively concerned with the work or productions of individual houses, whereas the editor of these Reports has from the outset undertaken the task of reviewing in an impartial spirit all new and sufficiently important pharmaceutical preparations and information relating thereto which have come under his notice. The short articles contained in these Reports, supplemented as they are by references to their original sources, are intended, whilst being intrinsically informative, to suggest, at the same time, further study. The original articles forming a portion of the Report serve the exclusive purpose of bringing certain interesting investigations incidental to

---

\* *Annual Report of the Year* 1901. E. Merck, Darmstadt. London Office: 16, Jewry Street, E.C.

the work carried out in my scientific laboratories to the notice of a wider public. In future this part of the Report will probably be discontinued and its matter more appropriately appear in suitable periodicals."

## HAY FEVER AND CATARRH.\*

THIS little treatise has the advantage of having been written by one who is subject to hay fever, and hence knows it by personal experience. There is much information of a practical nature in the volume.

## PREPARATION.

### HOVIS FOODS FOR INFANTS AND INVALIDS.

WE have received from the Hovis Food Company preparations of their Foods for Infants and Invalids, No. "1" and "2." Not content with feeding the adults and athletes, this enterprising company aspires to embrace within its nutritive sphere the entire span of human life. The following are the points claimed for the new foods:—

"A rational scheme for feeding infants, therefore, naturally divides itself into two stages. In the first, milk must be modified in such a manner that farinaceous substances form no part of the prepared food, which must be quite soluble and as thin as milk itself. In the second stage, milk modified as in the former stage should still be the main article of diet, but it may with much advantage contain *small* quantities of wholesome ingredients calculated to exercise the growing digestive powers.

"In the Foods recently introduced by the Hovis Company it is believed that these various requirements have been satisfactorily fulfilled. Two grades of Food are supplied, No. 1, for infants up to eight months of age, and No. 2, for older infants and for invalids. Regarding these products the *Lancet*, in a recent issue, says: 'The advantages of these foods are that they are almost entirely soluble and that by the addition of them to diluted cow's milk a milk is obtained presenting the same composition as human milk. Their addition to milk affords a diet lacking no physiological requirement.' They are in the form of dry, free powders, of agreeable taste, and are prepared for use in a very simple manner—No. 1, by dissolving it in warm, diluted milk; No. 2, by boiling it for one minute with diluted milk. Owing to their appetising character, the prepared Foods are taken with avidity by infants, and their use is attended with the most

\* *Hay Fever and Catarrh of Head and Nose, with their Preventive and Curative Treatment.* By E. B. Faning, M.D. Philadelphia: Boericke and Tafel. London: Homeopathic Publishing Company, 1901.

satisfactory results, as they contain nothing which is not freely assimilable by the infant economy. They are of cereal origin and are rich in phosphates, which have been derived entirely from the cereals themselves. Cane and beetroot sugar, which are objectionable constituents of infants' foods, are absent. No. 1 Food contains no farinaceous matter, in accordance with the principles set forth above, while No. 2 contains a small proportion of such substances as will develop the digestive powers.

"An important application of the No. 2 Food is its use by invalids and the aged. It forms a very agreeable preparation, and will be welcomed by convalescents and persons of weak digestion to whom a *régime* of arrowroot and gruel presents few attractions. Its use for invalids has been commended by the medical press."

---

## Obituary.

---

### WILLIAM TOD HELMUTH, M.D., LL.D.

It is with profound regret that we learn that the Nestor of Homeopathic Surgery, and one of the most brilliant surgeons and brilliant minds of any school which America has produced, has passed away. The personality of William Tod Helmuth is one of the best known and best loved on both sides of the Atlantic in homeopathic ranks. A major surgeon and a minor poet, and a thoroughgoing homeopath, Tod Helmuth has been a great factor in the homeopathic school of the United States for nearly half a century, and he was but 69 at the time of his death. We take the following particulars from the *Medical Century* of June 1st :—

"William Tod Helmuth, the father of homeopathic surgery in the world, was born in Philadelphia in 1833, being at the time of his death nearly sixty-nine years of age. His early education was had in St. Timothy's College, of Baltimore. He commenced the study of medicine under the preceptorship of his uncle, Professor William S. Helmuth, in the Homeopathic Medical College of Pennsylvania, where he graduated in 1853. Among his classmates was the late lamented I. T. Talbot, of Boston. In 1855 he was elected professor of anatomy in his alma mater, and the same year published the first work on homeopathic surgery. This work, with a slight change in title, passed to its fifth edition, and has been



the text-book of the school of surgery for the past forty-five years. At the time of his death he was engaged in writing the sixth edition. In 1858 he removed to St. Louis, Missouri, and became one of the organisers of the Missouri Homeopathic College. In 1870 he removed to New York and accepted the chair of surgery in the New York Homeopathic College, occupying the same until his death. In 1867 he was made president of the American Institute of Homeopathy. He was a member of many of our State, the British Homeopathic, the French, and other foreign societies. He was editor of the *Western Homeopathic Observer*, the *New York Journal of Homeopathy*, and has occupied associate editorships on a large number of our periodicals.

“For some time past he had been suffering from heart trouble, and, although his death was not wholly unexpected, when it came on May 15th it came as a shock to his family and his vast number of friends throughout the homeopathic world.

“The position attained by Professor Helmuth was owing to the endeavours of none but himself. His entire career and life was marked by indomitable energy, brilliant talents, rare ability, pluck and extraordinary skill in his chosen speciality. Homeopathic surgery and its literature owes more to him than to any other man in the country. His life's work was for its cause and recognition. As a lecturer and teacher he had no equal, a fact to which all can bear witness whose pleasure and honour it was to listen to his lectures.

“Not only in medicine and surgery were his abilities spent; several volumes of poems have appeared from his pen, and he was known throughout the profession as the poet surgeon of homeopathy. In 1891 Yale University, with great honour to itself, conferred the degree of LL.D. upon him.”

---

### GUSTAVE ADOLPHE VAN DEN BERGHE, M.D.

HOMEOPATHY in Belgium has suffered a great loss in the death of Dr. Gustave Adolphe Van den Berghe, who passed away at Ghent, on May 18th, just nine days after completing his 65th year. Dr. Van den Berghe, sen., was a homeopath of the old school, and was one of the best

known and most esteemed practitioners of his country. To his colleagues and his bereaved family we offer our sincere condolence, and especially to his son, Dr. Samuel Van den Berghe, who has many personal friends in this country and in America.

---

## GENERAL CORRESPONDENCE.

---

### "THE FIRST RESOLUTION."

*To the Editor of THE HOMEOPATHIC WORLD.*

SIR,—I always enjoy reading your editorial articles; they so frequently point the way to the attainment of higher aims. The editorial in the June issue upon the First Resolution of the British Homeopathic Association suggests some remarks.

The Resolution runs as follows: "That an association be formed to be called the British Homeopathic Association for the development and extension of homeopathy in Great Britain in general, and in particular for the creation of endowed lectureships; the provision of the means for original research and the dissemination of a knowledge of homeopathic therapeutics among the medical profession."

You pertinently put the question, "Where is the dissemination of a knowledge of homeopathy to commence?" With all due respect, I would suggest that it should begin in the British Homeopathic Society, where, instead of exhibiting pathological specimens, instruments, and such like, the Society might with advantage study and discuss the teachings of Hahnemann as laid down in the *Organon* of the art of healing.

In that monumental work every one can find "the provision of the means for original research" in the instructions given upon the method of making provings of drugs. I certainly do not know any other "provision of the means for original research" which the British Homeopathic Association can contemplate which would be of any service to a disciple of Hahnemann.

As you put it, the difficulty seems to be that "once a man has settled down in practice he *cannot afford to*

learn homeopathy. It is a question of bread-and-butter with him, and he cannot be expected to sacrifice that."

I say, why not?

If the British Homeopathic Society would deal with homeopathy as taught by Hahnemann, it would be able to teach homeopathy. What is wanted in England is a teaching school.

The preceding are the views of one who has felt it his duty to study and adopt homeopathy and sacrifice his

BREAD-AND-BUTTER.

---

### BOVINE AND HUMAN CANCER AND VACCINATION.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR SIR,—In "News and Notes" for this month appears a communication from our esteemed friend, Dr. Clifton, of Northampton, under the above heading. As a practical agriculturist and a veterinary surgeon I can lay claim to quite as many years' experience among cows and oxen as does "North Devon Farmer," but I never came across a case of cancer among bovines in all that time. In order to learn the experience of others upon the subject I have consulted several brother practitioners who are in the same state of ignorance as myself, but Professor MacFadyen, Principal of the Royal Veterinary College, whose association with the Royal Agricultural Society affords special opportunities for obtaining information on such a subject, has kindly replied to my inquiry as follows: "There is no doubt whatever that both bovine animals and sheep are liable to true cancer; the disease is certainly not common among these species, but I would not like to say it is rare." Of course I am not in a position to estimate the real value of "North Devon Farmer's" assertions respecting his own stock, but that he is incorrect in stating that "bovine animals are the only animals subject to cancer on the farm" there can be no manner of doubt, for not only are sheep the subjects thereof occasionally, but also horses and dogs.

It is not competent for a professional man to positively determine that he is dealing with a case of true cancer without the aid of a microscope, and with that instrument

he must be an adept at examining tissues to be sure of his ground. It is quite true that a practitioner who is well up in symptomatology may form a sufficiently shrewd opinion to make it fairly safe for him to form a qualified diagnosis; but that is not being positive. Whether "North Devon Farmer" is in this position I cannot say, but I can form an opinion, and I conclude by stating that I am very doubtful about the reliability of his statements.

I am, dear sir, yours faithfully,

J. SUTCLIFFE HURNDALL, M.R.C.V.S.

Sussex Villas, Kensington, W.

June 9, 1902.

---

## TINCTURES OR "FLUIDS"—WHICH?

*To the Editor of the HOMEOPATHIC WORLD.*

DEAR SIR,—A recent writer in *The Hahnemannian Monthly* (Edward A. Bender, Ph. G., Philadelphia) discredits the "almost superstitious belief in the superior efficacy of the old pharmaceutic products," including, of course, fresh-plant tinctures. "At present," he asserts, "the tendency on the part of leading therapeutists is towards the use of alkaloids, active principles, rather than continued use of the inexact, often faulty, solutions of the drug."

The "new class of liquid preparations called fluids" are the ideal representatives of the vegetable drug, not the green drug tinctures; so he would have us infer. These "fluids" are solutions of dried plants in 95 per cent. alcohol, in the proportion of one part of the plant to two parts of alcohol.

"Dr. So-and-So" tells him that a tincture of *Digitalis*, prepared according to the method of the homeopathic pharmacopeia, is utterly unreliable when given for its physiological effect; and in the case of *Gelsemium* Messrs. So-and-So, themselves manufacturers of a green drug tincture (and, it may be added, specialists in the preparation of the new fluids), made a careful investigation into the matter, and it was proven to their satisfaction that a preparation made from the dried drug was not only quite as active, but was more uniform in its strength and results.

Are these statements entirely borne out by the facts?

Let us first take a familiar example of a drug universally employed in the dry state, though, as a seed, possessing the vital germ, with its albumen and other ingredients, provided for its sustenance, unimpaired.

The fluid (liquid) extract of *Nux vomica*, prepared as directed in the British Pharmacopeia, 1898, will yield, without the shadow of a doubt, when submitted to chemical action, 1.5 gramme of strychnine from each 100 cc. of liquid at 15° 5 c., showing that one gramme is dissolved in, or is obtainable from 67 cc.

Now let us try and redissolve this strychnine in cold alcohol of any strength. We shall find 67 cc. are utterly incapable of effecting the solution of one gramme, and according to Squire its solubility will be 1 in 160 of alcohol, 90 per cent.; about 1 in 400 of alcohol, 60 per cent.; 1 in 300 of absolute alcohol.

Hence it is clear that the strychnine did not exist as such, or uncombined, in the fluid extract. Other substances must have been united with it to render it soluble to the extent of 1 in 67.

In the case of bitter almonds or the fresh leaves of cherry laurel similar combinations exist, and it is only by means of heat or chemical action that prussic acid, their supposed active principle, can be separated from them. It would be easy to separate hydrochloric acid by similar chemical means from salt beef, and as well might this acid be declared to contain the virtues of that article of food.

Such being the case we may fairly infer that the medicinal action of the active principles supposed to represent the properties of the seeds of *Nux vomica* and of other trees, varies in a corresponding degree, when thus artificially obtained, from that of the natural group from which they are extracted.

So much for the alkaloids as representatives of the drugs they are derived from.

It is, however, between fresh living plants and their dead and dried substitutes that the difference becomes most marked. In the animal organism the formation of cadaveric alkaloids and poisonous albumose quickly follows death, and it is therefore not surprising that similar changes, and the loss of volatile acids and active ingredients, should occur after death and during the drying of the fleshy roots, stems, &c., of plants.

To cite only one instance, that of the genus *Anemone*, including *Pulsatilla*.

Beckurts (*Chem. Centr.*, 1885, 776-778, and *Arch. Pharm.* 230, 182-206) has shown that several species of *anemone* owe their acrid taste to the presence of *anemon camphor*, which has a powerful irritating odour and a vesicant action.

This readily decomposes during the drying of the plant into *anemonin* (*anemonic anhydride* and *isoanemonic acid*, the latter being insoluble in water, alcohol and ether. To this decomposition he ascribes the loss of acidity in the plant when kept, and in the pharmaceutical preparations of *pulsatilla*. Other volatile constituents of the plants were obtained, which, when recovered from the distillate, took the forms of *anemonic* and *anemoninic acids*. The experience of those who have carefully studied and compared the results obtained respectively from the fresh-plant and dried-plant tinctures of *pulsatilla* tallies with these researches of Beckurts, and were it necessary to multiply instances of the kind numerous examples are available.

The question for the homeopathic physician must always be, not "What is the most active and definite preparation?" but "What is the best representative of the substance used in the proving which yielded certain groups of symptoms?"

It has been evidently shown that this is not usually the alkaloid, "fluid," or dried-plant tincture in cases where the fresh living plant or its essence or fresh-plant tincture has been so employed.

Yours faithfully,

JOHN M. WYBORN, F.C.S.

---

[illegible]



## LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

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

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

- Brower (Daniel R.) and Bannister (Henry M.).** A Practical Manual of Insanity. For the Medical Student and General Practitioner. Roy. 8vo, pp. 426. (Saunders. Net, 9s.)
- Colenso (Robert J.).** Landmarks of Artistic Anatomy. With 6 Original Plates. 4to, pp. 64. (Baillière. Net, 3s. 6d.)
- Crothers (T. D.).** Morphinism and Narcomanias from Other Drugs. Their Etiology, Treatment, and Medicolegal Relations. 8vo, pp. 352. (Saunders. Net, 13s.)
- Datta's (Dr. A. K.)** Twenty Years' Experience of Diabetes, and its Homeopathic Treatment. Cr. 8vo, pp. 199. (The Homeopathic Pub. Co. Net, 4s. 6d.)
- Eckley (W. T. and C. B.).** Regional Anatomy of the Head and Neck. 8vo. (Hirschfeld. Net, 12s. 6d.)
- Gibson and Russell's** Physical Diagnosis. 3rd ed., Revised and Rewritten by Francis D. Boyd. With 144 Illusts. Cr. 8vo, pp. 468. (Pentland. Net, 9s.)
- Glaister (John).** A Text-Book of Medical Jurisprudence. Toxicology and Public Health. With 238 Illusts. 8vo, pp. 842. (Livingstone. Net, 15s.)
- Hayden (J. R.).** Venereal Diseases. 3rd ed. Cr. 8vo. (Hirschfeld. Net, 7s. 6d.)
- Hayward (John W.).** Protoplasm: Its Origin, Varieties, and Functions. Cr. 8vo, pp. 51. (J. Wright & Co., Bristol; Simpkin. Net, 1s. 6d.)
- Hughes (Alfred W.).** A Manual of Practical Anatomy. Edit. and Completed by Arthur Keith. Part 3. The Head, Neck, and Central Nervous System. Roy. 8vo, pp. 406. (Churchill. 10s. 6d.)
- Hutchinson (Robert) and Rainy (Harry).** Clinical Methods. A Guide to the Practical Study of Medicine. New and enlarged ed. 12mo, pp. 624. (Cassell. 10s. 6d.)
- Jewett (C.).** Essentials of Obstetrics. 2nd ed. Cr. 8vo. (Hirschfeld. Net, 10s. 6d.)
- Jones (H. Macnaughton) and Others.** The Practitioner's Handbook of Diseases of the Ear and Naso-Pharynx. 6th ed. Cr. 8vo, pp. 384. (Baillière. Net, 10s. 6d.)
- Lewis (C. J.) and Balfour (A.).** Public Health and Preventive Medicine. Roy. 8vo. (Churchill. Net, 25s.)
- Poore (George Vivian).** A Treatise on Medical Jurisprudence. Based on Lectures delivered at University College, London. With illusts., 2nd ed. 8vo, pp. 560. (J. Murray. Net, 12s.)
- The Earth in Relation to the Preservation and Destruction of Contagia. Being the Milroy Lectures delivered at the Royal College of Physicians in 1899, together with other Papers on Sanitation. Cr. 8vo, pp. 268. (Longmans. 5s.)
- Report on a Visit of Inspection to Colonies and Hospitals for Epileptics, the Feeble-Minded, and the Insane in the United States of America, with Illustrations by J. Milson Rhodes and E. W. Marshall.** (King & Son. Bds. 2s. 6d.; 3s. 6d.)
- Schafer (E. A.).** The Essentials of Histology, Descriptive and Practical. For the Use of Students. 6th ed. 8vo, pp. 428. (Longmans. Net, 9s.)
- Walsh (David).** The Hair and its Diseases. Including Ringworm, Greyness, and Baldness. An Introductory Handbook. Cr. 8vo, pp. 96. (Baillière. Net, 2s. 6d.)

## TO CONTRIBUTORS AND CORRESPONDENTS.

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

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

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

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

### CORRESPONDENTS.

Dr. Cooper, London.—Mr. Hurndall, London.—Hovis Bread Flour Co., Ltd.—Dr. Lardinois Watermael, Belgium.—Dr. Gibson Miller, Glasgow.—Dr. Beale, London.—Dr. Ridpath, Sunderland.—Dr. Madden, Bromley.—Dr. Burford, London.—Mr. F. Kopp, Greenwich, N.S.W.

### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Revist. Hom.—Calcutta J. of Med.—Med. Times.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica.—Maanedsk. f. H.—H. Maandblad.—La Homeopatia.—Amer. Physician.—Minn. Hom. Mag.—Hom. Envoy.—Hom. News.—Personal Rights.—Medical Century.—Ind. Hom.

Rev.—Rev. Hom. Française.—Hom. Recorder.—Wjestnik H. Med.—N. A. J. of H.—Clinique.—J. of Homeopathics.—New Eng. Med. Gaz.—L'Art Médical.—Amer. Med. Mon.—Astrol. Mag.—Jour. Belge d'Hom.—Med. Advance.—Minn. H. Mag.—Homeopathic Journal of Obstetrics.—Revista Homeo. Catalana.—Hahnemannian Monthly.—Pacif. Coast Journal of H.—Hahn. Adv.—Leip. pop. Z. f. H.—Lekarz Homeopata.

## The Homeopathic World.

### CONTENTS OF JUNE NUMBER.

#### LEADING ARTICLE.

The First Resolution.

#### NEWS AND NOTES.

#### ORIGINAL COMMUNICATIONS.

Cancer of the Breast. By R. T.

Cooper, M.A., M.D.

Materia Medica Miscellany. By J. R. P.

Lambert, M.D.

Interesting Cases from Twenty-five Years' Practice. By Oscar Hansen, M.D., Copenhagen, Denmark.

Beer and Cancer.

*Robinia Pseudo-Acacia* as a Remedy in Acidity of the Stomach. By Frederick Kopp, M.D.

#### SOCIETY'S MEETING.

British Homeopathic Society.

#### INSTITUTION.

Birmingham Homeopathic Hospital.

#### EXTRACTS.

Three Remedies Infrequently Used:

*Dolichos—Crataegus—Vesicaria*. By Frank Kraft, M.D., Cleveland.

Radio-Active Bodies.

*Adonis Vernalis*.

Symptomatology of *Cocaine*.

#### NEW PREPARATIONS.

Cassia Beareana.

Hydrozone, Glycozone, and Glyco-Thymoline.

#### NOTIFICATION.

Dr. H. Richardson.

#### GENERAL CORRESPONDENCE.

Hughes and Burnett.

*Antim. Sulph. Aur.*

The Colour of *Antim. Sulph. Aur.*

Relationships of Remedies.

Cancer Research.

#### VARIETIES.

MEDICAL AND SURGICAL WORKS.

TO CONTRIBUTORS & CORRESPONDENTS.

# THE HOMEOPATHIC WORLD.

---

AUGUST 1, 1902.

---

## GIVING THE CASE AWAY.

THE Annual Congress of British Homeopathy is an amiable institution affording an opportunity for friendly foregathering, and for discussing, once in a way, some points relating to homeopathic practice; and, no doubt, it takes itself sufficiently seriously. But if the Annual Homeopathic Congress were really of serious import, the recent presidential address of Mr. KNOX SHAW would be not to say a sign of the times—it would be a portent. To begin with, if the Congress had any sort of enthusiasm of homeopathy in its constitution it would hardly elect for its figure-head a surgeon who proclaims that “his investigations for many years past had not been into the action of drugs and the pathology of drug diseases, but into the methods and technique of the art of surgery” (we quote from the report in the *Times* of July 12th). Still, in spite of this admitted neglect of all that is vital in the art of cure, Mr. SHAW professes an interest in therapeutic reform. He regard it a “sign of the times” that the new British Homeopathic Association has been started on its career since the last Congress met.

Now what is Mr. SHAW's idea of what the new Association has to do? In the first place he is anxious to set forth what it is *not* to do—it is not to hope to

establish a fully-equipped medical school. Your whole-hearted reformer does not trouble himself about negatives—a kind fate will settle these without any waste of energy on his part: he is only concerned with what *can* be done and with the *doing* of it. Having decided what the Association is not to do, let us hear what he would have it attempt: “By means of literature and lectures they could place an up-to-date exposition of the principles and claims of homeopathy before the medical profession. . . . The disciples of homeopathy had something to offer, and it would be one of the duties of the British Homeopathic Association to proffer with no stinting hand the knowledge they possess, and to assist in penetrating the darkness with which ignorance and prejudice clouded the mind”—of the medical profession, of course.

Very well. Now what would be the burden of Mr. SHAW'S up-to-date message to the beclouded mind of the allopathic establishment? Here it is: “He believed that in the great majority of [surgical] cases a well-considered homeopathic prescription would do more for a patient than a remedy given on any other lines; but”—and this is the real gist of his sermon to the benighted allopath—“but he felt at the same time that they must not have too blind a faith in the all-powerful curative effects of drugs. *The Hahnemann standpoint had changed paripassu with the century's advance* (italics ours). There was hardly an organ of the human body in connection with which they did not occasionally meet with conditions where the physician and the surgeon must act conjointly if the best interests of the patient were to be considered. It was important for a physician to recognise when drugging should cease and the more (*sic*) mechanical means of surgery be employed.”

There we have the burden of the gospel of the Annual Homeopathic Congress to the allopathic heathen in the year 1902. All we can say of it is that we should heartily despise any allopath who allowed himself to be seduced

from the sweet paths of orthodoxy by such poor temptation as this. To us it seems just about equivalent to giving away the whole homeopathic show. "The HAHNEMANN standpoint has changed!" No, Mr. SHAW, that is not so: the standpoint of certain persons who fancy themselves homeopaths (or at any rate who condescend to be members of the British Homeopathic Society) is different from that of HAHNEMANN, but HAHNEMANN took his stand on a cardinal fact in nature, and that is a point which can never be changed.

The wife of a homeopathic doctor and the mother of an allopathic-doctor son was heard to remark the other day that in twenty years' time there would be no homeopathic doctors at all—meaning, apparently, that the allopathic establishment would have swallowed them up. She was speaking, no doubt, from what we may call the KNOX-SHAW standpoint. And if that were the only basis we had to stand upon doubtless the lady would prove a true prophet. There is, of course, a good deal of truth in what Mr. SHAW says about the aid surgery can give to medicine. He speaks of it as being "more" mechanical than medicine; but medicine is not a mechanical art at all. Surgery (*χείρ-ἔργον*) is "handicraft"—"knife-carpentry" BURNETT used to call it; and a large part of BURNETT'S work consisted in saving patients from the need of knife-carpentry. Mr. SHAW regards homeopathy as a useful adjunct to the surgeon; and he would have the British Homeopathic Association accept this as the burden of the up-to-date message it is to offer to the allopathic profession!

We think the homeopathic profession is under obligation to Mr. SHAW for putting the case from his standpoint so clearly, because the thing has to be fought out, and fought out now. Is the British Homeopathic Association going to be led in this direction, or, if not led, is it going to be checked and hindered at every turn by a strong element of this kind in its councils? Until this is settled we do not expect to see very much enthusiasm got up on its

behalf. We have reason to know that there are many who are waiting to see how things trend before opening their purses and spending their energies to forward the Association's objects.

In his speech at the Congress banquet Dr. BURFORD was able to announce that £5,000 of the £10,000 he had asked for was already practically assured. This is very good. But to our thinking the most significant of all the remarks at the banquet were contained in the admirable speech of ALDERMAN TRUSCOTT. He rightly dwelt on the value of festive gatherings in forwarding any good cause, and he dwelt on the necessity at the present juncture of unity within the homeopathic body. This is essential. There is no use in tying two diametrically opposite policies together and calling that unity. If Mr. ALDERMAN TRUSCOTT had known that both the President of the Congress and the Vice-President (who is also President-elect for next year) declined to allow their names to appear in the *Homeopathic Directory* he would have seen how very much more to the point his remarks were than even he knew.

But the significance of ALDERMAN TRUSCOTT's remarks did not end here—there was even more in the fact that the remarks came from a layman. The Homeopathic Congress and the British Homeopathic Society take themselves very seriously, no doubt; but as a matter of fact they are of no serious account whatever in advancing either the practice or the polity of homeopathy. The hope of the new Association lies in the fact that it is predominantly a lay institution and has absolutely no connection with the traditions of any older institution. Attempts will possibly be made to saddle it with these traditions, and if these succeed they will effectually sterilise its usefulness. But we do not believe that they will succeed, and for this reason—there are level-headed business men at the head of it who simply cannot understand the futilities and inanities of Turveydrop-ethics.

The spread of homeopathy in Great Britain is first and last a layman's question. It is the laity who want to have doctors who know how to treat people homeopathically. It isn't homeopathic doctors who want this—or, at least, only in an abstract sort of way. The old-established homeopath, in spite of the isolation he sometimes complains of, is not always keen on having a young homeopathic rival put up his brass-plate next door. If any layman, having the means, liked to endow lectureships in materia medica and homeopathic practice—if he liked to appoint the best teaching talent that was available to them—if he liked to found scholarships to enable students who wished to study homeopathy to attend the lectures—and if he liked to advertise the lectures and the lecturers in the *Times* every day of the week, and to call his foundation "The British College of Homeopathy"—no one could hinder him from doing so, or even hinder his seeking Government recognition for his institution. He would be under no obligation to ask leave of the allopathic authorities, or of the British Homeopathic Congress, or of the British Homeopathic Society. These would not have a word to say in the business, or, if they had, it would not matter one brass farthing—which comes to the same thing.

In our estimation, the British Homeopathic Association occupies some such position as that of this hypothetical layman. Medical men may be extremely useful to it as agents, and as forming one of the channels through which the homeopathic public may be most conveniently reached; but we offer the Association this piece of advice, namely, to purge itself of the policy of negation and abnegation from the start. Homeopathy has nothing to apologise for, and there is nothing about it calling for apology save the attitude of some who pass under its name. Mr. KNOX SHAW is quite right to keep his name out of the *Homeopathic Directory*; he has a much better reason for this than the one he gave in his famous circular of some ten years ago.



## NEWS AND NOTES.

---

### "MEDICAL ETHICS" IN NEW ZEALAND.

THEY don't seem to appreciate the beauties of medical ethics at the Antipodes. We have received a copy of the *Otago Daily Times* of May 19th, in which the editor devotes nearly two columns to a leading article on a case of "ethics" which has stirred up the inhabitants of Dunedin in no small degree. Dr. Stephenson, who represents homeopathy in Dunedin, was attending a confinement case in which a complication was suddenly developed. Dr. Stephenson required the aid of a second medical man, and the husband of the patient, Mr. E. T. Marshall, was despatched to seek it. After finding several medical men away from home Mr. Marshall was directed to a Dr. Davies, whom he found very much at home and determined to stay there. This is Mr. Marshall's account of the interview:—

"I lost no time in getting to Dr. Davies's place. As I rang the bell I noticed a speaking-tube at the door, and in a moment or so Dr. Davies spoke to me through it. I told him the circumstances and impressed the urgency of the case upon him. He replied: 'Dr. Stephenson is a homeopathist and I cannot meet him in consultation.' I replied: 'For God's sake, doctor, don't say that. It's a case of life or death.' He answered; 'I can't help that; it's all the more reason why I cannot come.' I pressed him, but he simply repeated that he could not come."

The next call was on a Dr. Close, who did not belie his name. He refused to go to meet Dr. Stephenson, although pressed to go: he "shut the window" and left the distracted husband in the street. At last Mr. Marshall found in Dr. Macpherson a doctor sufficiently unethical to respond to his appeal. With all possible speed Dr. Macpherson was at the bedside, but, alas! the precious time lost in appeals to the others could not be made good, and the patient had passed beyond the reach of help.

---

### "ETHICS" VERSUS HUMANITY.

"A DEAD man," says one of Molière's doctors, "is but a dead man; whereas, the rules of the profession infringed

—that is a very much more serious affair!" The editor of the *Otago Times* is not aware that the medical profession has not greatly changed in essential sentiment since Molière's day, and he is therefore naturally severe on Dr. Davies, who has merely been true to the dictates of the *odium medicum* which is instilled into every medical student from the start. The writer says:—

"It would be idle for members of the profession to say, as Dr. Davies does, that they do not regard Dr. Stephenson as a professional brother, and to carry that view to the extreme of refusing to associate with him in cases where surgical help is called for. Any duly qualified medical man, placed on the register of the colony by virtue of his diploma, should be placed in the position of being able to secure help, even though he prefers to practise homeopathy, in cases where an allopathic practitioner would have a right to look for it. The general interests of the public should be of first importance in considering the question, not points of professional etiquette or prejudice, and we sincerely trust that liberal counsels will prevail when consideration is given to the matter, and that such a scandal as that to which attention is now being directed will never again be allowed to sully the name of the medical profession in New Zealand."

It is to be hoped not; but the scandal is not in Dr. Davies, but in the "Code of Ethics," which the authorities of the allopathic school impose on its members. One of the "laws" of this famous Code reads thus: "*It is degrading to the true science of medicine to practise homeopathy.*" In the interests of this "law," the late Mr. Ernest Hart, editor of the *British Medical Journal*, went on a mission to the United States to impress the solemn duty of boycotting homeopaths on the American allopaths. The British Medical Association, at its meeting held at Brighton in 1851, passed this resolution, which has never been rescinded as far as we know: "*It is degrading to the honour of this Association to hold any kind of intercourse with homeopaths.*" Dr. Davies has the sanction of his superiors—he was holding up the "honour and dignity" of his party in letting a patient die rather than extend his help to a homeopathic colleague. "A dead woman is but a dead woman; but the rules of the profession," &c., &c.! The *Otago Times* calls on the Otago Medical Association to promptly condemn the action of Dr. Davies. Perhaps it will; but if it has any regard for consistency, its verdict will be that Dr. Macpherson is the real culprit—it is he who has broken the "law" and stained the "honour" of the allopathic profession.

Perhaps when Mr. Seddon returns to New Zealand he will be able to make all this clear to the good people of Dunedin. The prime object of the "ethics" (or etiquette) of the medical hierarchy is to persecute homeopathic practitioners, to exterminate homeopathic patients, and to extinguish homeopathy wherever it ventures to show its pestiferous head. The very existence of homeopathy is a stain on its "honour and dignity"; for has it not been preaching for a hundred years that there is no such thing?

---

### THE APPENDIX.

It is generally supposed that the little wormlike appendage which finishes off the blind-gut or cæcum, where the small gut ends and the great gut begins, was only designed by nature to catch cherry-stones and buttons, and give the surgeon an opportunity of cutting them out. However, two correspondents of the *British Medical Journal* (June 5th and July 12th) think it may have another function after all.

"Dr. J. Tregelles Fex (Strathpeffer Spa) writes: 'A few weeks ago a healthy man happened to notice alongside a good normal evacuation of fæces a piece of mucus of a whitish, gelatinous substance, roughly cylindrical, long, and rather tortuous, about  $\frac{1}{4}$  in. to  $\frac{3}{8}$  in. in diameter, and 3 in. long. I sent a portion of it to a research association for microscopical examination, and the histologist reports that it was composed of degenerated epithelium cells and *débris* coated with intestinal mucus such as is met with in the so-called plastic or membranous catarrh of the bowels. There were, before and after, absolutely no symptoms of any intestinal catarrh, and no other mucus was present at the time, nor has any been noticed since, though looked for. The idea at once occurred to me that the above-described formation had been formed and moulded in the vermiform appendix: and that it is possible that the true function of that so-called rudimentary organ may be to secrete a lubricant to aid the passage of the normal fæces, or even to extrude an occasional semi-solid cast to act as companion or pilot for the fæces something like a natural suppository! Whilst this idea seemed to be rather fanciful and to require confirmation, I hesitated to broach it prematurely, but noting in the *Daily News* of June 26th that a correspondent, 'H. M.,' states that 'a leading surgeon at Denver' has advanced a somewhat similar theory in an American magazine, I think the observation and suggestion may be worth recording at the present time.'"

"Major G. H. Fink, M.R.C.S., I.M.S. (Ret.), writes, with reference to the note of Dr. J. Tregelles Fox in the *British Medical Journal* of July 5th, p. 88, to state that in an article on Typhoid Fever Immuni-

sation, published in the *Indian Medical Record* of July 16, 1896, he made the following observation: 'The vermiform appendix, whose utility does not seem to be recognised, has probably the function of an oil tube and can, reserving some lubricant for the coming process in hand.'"

---

### THE TREATMENT OF APPENDICITIS.

IN his masterly "Cavenish Lecture" on "Some Phases of Inflammation of the Appendix" (*British Medical Journal*, June 28th), Sir Frederick Treves states some general truths which are worth bearing in mind. He says, for instance, that—

"The greater proportion of cases of appendicitis recover spontaneously, and it is probable that the general mortality of the disease—if examples of all grades be included—is not above 5 per cent."

This, of course, is under allopathic treatment. Homeopaths have much better means of dealing with acute attacks, and preventing recurrence than allopaths have. Burnett's chief remedy in such cases was *Dioscorea*. A new remedy, which has very distinct symptoms referred to the cæcal region, is *Iris tenax*. *Lachesis* has cleared up many cases, and *Arsenicum* many more. The choice, however, is by no means confined to these: *Mercurius*, *Hepar*, *Pyrogen*, and many others may be required as their symptoms come to the front.

---

### EUCALYPTUS IN DIABETES.

THE following is from the *British Medical Journal* of May 24th:—

"New remedies for diabetes are not uncommon: but none of them has so far stood the test of experience. Nevertheless a suggestion which we owe to the late Mr. James Dick, the Glasgow millionaire, and to Mr. A. G. Faulds, of the Glasgow Royal Infirmary, is one which should be tried by those who have opportunities of treating diabetic patients. The origin of the suggestion as told by Mr. Faulds is that some years ago Mr. Dick was travelling in New Zealand, and knowing that an old schoolmate of his was in the country, he determined to hunt him up. After considerable journeying he found his old friend, and a most agreeable interview followed. During this meeting the settler complained that his health had failed some years after he had settled in New Zealand, and that the doctors had treated him for diabetes with but little effect. One day, however, having contracted

a horrible cold or influenza, a neighbouring old native lady informed him that if he went to a certain eucalyptus tree and gathered some of the fresh leaves, and partook of an infusion of them twice or three times daily, it would cure his influenza. The patient acted upon this advice at the earliest opportunity. He made an infusion of the fresh leaves, and took a small teacupful night and morning, with the result that it not only cured his influenza, but caused his diabetes also to vanish with all its symptoms. Mr. Faulds has endeavoured to test this remedy in the following manner: He obtained some of the dried leaves of *Eucalyptus globulus*, of which an infusion was made in a teapot by taking one tablespoonful of the broken leaves, about 60 gr. in weight, and adding 6 oz. of water, allowing it to infuse for half an hour, and then adding a little saccharin. This quantity was given twice daily, and the remedy has been tried upon 46 cases, in 15 of which Mr. Faulds reports total disappearance of the disease, and so far as can yet be judged a complete cure. The substitution of eucalyptus oil and eucalyptol was followed by no effect at all upon the sugar, and Mr. Faulds is unable to indicate to what constituent in the chemical composition of the infusion the therapeutic effect is due."

---

### THE *LACHNANTHES* INQUIRY.

WE are getting on. Professor P. W. Latham has submitted a "standardised extract" of *Lachnanthes* to scientific inquiry, and these are the results (*Chemist and Druggist*, July 12th):—

1. "The chief constituents of *Lachnanthes* appears to be a resin and a substance which, after the removal of the resin, is precipitated by lead subacetate and which is soluble in water.

2. "*Lachnanthes* is a powerful drug, and in small doses kills guinea-pigs; death being preceded by paralysis of the extremities.

3. "*Lachnanthes* does not delay, but rather hastens, the fatal termination of tuberculosis in animals."

These results, we are given to understand, are not to be accepted as final. By the time this investigation is finished, when the drug has been thoroughly tested on frogs, cats, rabbits, and dogs, as well as guinea-pigs, we may be perfectly certain that it won't have a scrap of therapeutic reputation left—with the allopaths.

---

### THE BALANCE OF DISEASE.

OUR contemporary the *Zoophilist* quotes from the *Practitioner* the following piece of advice given by

“an eminent French medical specialist,” to one of his patients :—

“A man who has only one disease often finds that it develops with a rapidity all the greater since he does not carry within him any morbid element to banish it. Follow me well : the matter is very simple, but, all the same, requires a good deal of attention. Each person has an amount of blood given him which is distributed throughout the body, and which, in its entirety, is almost always the same. When each one of your organs receives the share of this blood that normally belongs to it, all goes well. But it is evident that if too large a part of the blood is diverted and violently drawn towards a particular organ by the disturbance of which it is the seat, this abnormal and exaggerated afflux of blood will induce a local phlegmasia—that is to say, a considerable congestion—which may have serious consequences. If, on the other hand, four or five organs are disordered at the same time, they balance each other, and, each of them drawing the blood towards a different point, the afflux thus divided will be much less strong, and the multiple congestions resulting therefrom will lose much of their intensity and gravity. This explains how it is that, with your five diseases, you are much better off than if you only had one. For this reason, you should content yourself solely with keeping them on a level with each other, so that none of them shall gain on the others. You should, therefore, carefully abstain from taking the waters anywhere, for whichever spring you choose is certain to act more effectually on one of your diseases than on the others, and thus would disturb the precious equilibrium on which your safety depends.”

The *Zoophilist* and the *Practitioner* found some difficulty in taking in this dictum. Homeopaths, without accepting the explanation advanced, will be able to see a basis of fact underlying the proposition ; and those who know how to use the nosodes see it exemplified every day in their practice. In the case of acute diseases the writer has seen a persistent and recurring hematuria left by scarlatina completely cured, after severe aggravation, by an attack of measles contracted by the patient, a girl, some months later, as soon as she was able to get about.

---

#### COFFEA CRUDA (HUSKS) IN MALARIA.

THE following appeared in the *British Medical Journal* of May 31st :—

“THE HUSK OF THE COFFEE BEAN IN MALARIAL FEVERS.

“Professor Thorpe, Principal Chemist, Government Laboratory, London, has been good enough to forward to us a translation of a report which he has received through official channels from the

British Legation, Bogota, Columbia, by Dr. L. Restrepo, of Medellin, on the use of the husk of the coffee bean in malarial and other fevers. He states that he was led to the use of this material by the experience that crushed coffee in the husk as distinct from the husked bean proved efficacious in several cases of malaria which had resisted treatment with quinine. His prescription is as follows : Coffee husk, 30 grams ; water, 400 grams ; boil for five minutes and strain ; a small cupful six times a day. In addition to malarial fevers, cases of influenza and chronic dysentery are stated to have benefited by this treatment, and the malarial cases are said to have recovered without complications and with freedom from the prostration which usually accompanies attacks. Dr. Restrepo is anxious that analysis of the husk should be undertaken to discover to what principle it owes the medicinal properties he describes. Preparations of unroasted coffee have long been used in malaria, notably by the Dutch in their East Indian possessions, and other parts of the plant are also active, but the therapeutic use of the husk is a new suggestion. As a rule the beans are far inferior to quinine in malaria, and it appears on the face of it unlikely that the husk contains any active substance peculiar to itself. The uniformly good results which Dr. Restrepo has obtained by the preparation he describes entirely justify, however, his suggestion that chemical investigation of this part of the plant should be undertaken."

Homeopaths have long recognised in *Coffea* a remedy in intermittent fevers. Coffee belongs to the same natural order as *China* and *Ipecacuanha*, both of which have great anti-periodic properties.

---

#### LORD DYSART AND THE B.H.A.

THE Earl of Dysart has promised to give £2,000 towards the Twentieth Century Fund for the Extension of Homeopathy on condition that the rest of the £10,000 asked for is raised within the next twelve months.

---

#### LECTURE ON HOMEOPATHY.

DR. CLARKE has in the press a booklet comprising a Lecture on Homeopathy which he gave to the sisters and nurses of the Homeopathic Hospital in May last.

---

#### DEATH OF DR. TALCOTT.

As we go to press we learn with deep regret that Dr. Selden Haines Talcott has passed away. He was in his seventieth year.



## ORIGINAL COMMUNICATIONS.

### CRATÆGUS OXYACANTHA.

By ROBERT T. COOPER, M.D.

A LADY asked me to prescribe for a servant girl, aged 30, who had just been condemned to operation at St. George's Hospital, as she was being rapidly pulled down by severe hemorrhage from the bowel. This hemorrhage had been going on for nine years "off and on," but had been much worse for the last year, and had been incessant for the last six weeks, so much so that, though a well set-up girl, she had become very weak and anemic. Dyspnea going up stairs, heart flutter, and many of the signs of an anemic heart and of a general anemic condition were present. M.p. very slight, but regular; no leucorrhea. Bowels act regularly, but has a great deal of irritation of anus, which is surrounded with redundant folds, "external cutaneous piles," some varicosis of right thigh, appetite very bad, no very great pain anywhere.

On May 23, 1902, gave *Cratægus oxyacanth.*  $\phi$ A.

On June 6th reports: Very much better. The hemorrhage, which was coming on every day before the dose, is gone; only one slight attack; still much irritation of the bowel, and she describes the bowel as coming down still, but no irritation at stool as formerly.

Ordered *Pyrus malus*  $\phi$ A.

July 4, 1902, writes: "Has gone back to work, as she feels so much better, and has been comfortably at work for four weeks."

Ordered *Viola arvensis*  $\phi$ A.

July 9, 1902, writes: "I am writing to thank you for the little dose you so kindly sent me. I most certainly feel much better."

This is a fine example of "the very real" harm that is being done by following out the principles of Hahnemann, and allowing the indicated dose to expend itself upon the disease. There has been an operation lost to St. George's Hospital which would have afforded an excellent opportunity of study to the students, and would have given employment to praiseworthy nurses, students, surgeons, not to mention anæsthesists and surgical instrument makers.

Mr. Editor, your commercial policy in the matter of medicine is *bad*! It does not meet with the approval of the *têtes montées* of allopathy, nor even those of homeopathy. A murrain upon you for a bad man! What party in medicine do you belong to that you can allow such cases as these to be published? Do you never think of the interests of your profession and its renowned hospitals? Has it never occurred to you that 36,000 medical men have to find a living by their profession in Great Britain? Does the thought never enter your head that you are taking the very bread out of their mouths, and meeting with the fevered execrations of their wives and families? How on earth can you sleep in the face of all this? Is it true that your perturbed mind causes you, like Catiline, to walk sometimes fast and at other times slow?

---

## TREATMENT OF INGUINAL HERNIA.

By ARTHUR A. BEALE, M.B.

THE object of this paper is to show what can be done for a patient suffering from inguinal hernia, which has not become strangulated, short of the ordinary radical cutting operations.

Hernia is a very common complaint, and some estimate the proportion of sufferers to the whole population of this country as high as 10 per cent., but this is open to doubt and criticism.

The fact remains that the number of sufferers is extremely great, and it calls for more serious consideration at the hands of general practitioners, who seem for the most part to limit their responsibilities to the recommendation of a truss, or the radical cutting operation. The latter measure is repugnant to a large class of patients, and others, not so reluctant, cannot stand the financial strain, and dread the alternative resort to hospital or even the necessary loss of time. The following remarks will show that much can be done for the suffering without resorting to the above, though, as will be pointed out, a small minority will still find such measures necessary if permanent relief is to be obtained.

After getting the history, the first duty of the surgeon is to examine the condition and discover the position and nature of the hernia, its reducibility or non-reducibility,

and the ease with which it relapses. The next is to select and cause to be supplied a truss that will be effectual in giving relief, comfort, and in retaining the hernia under all conditions of strain and attitude of body, and on this subject I will repeat what I wrote in the *Medical Times and Hospital Gazette* in 1897:—

“The first duty towards the patient is to replace the part extruding, and to retain it in its place as permanently as possible by means of a support. This is not an easy duty, and, unless accurately applied, may permit the contents of the hernia sac to escape *below* the pad. The causes for this may be many, but the principal are:—

1st. The pad pressure being in the wrong spot.

2nd. The construction of trusses which allow the pads too much free movement and displacement.

3rd. The non-adaptability of the shape of truss to the pelvis.

In reference to the first point, most trusses in England have thin pads to cover the external ring. The objections to this arrangement are: That the pads so placed cause a constant pressure on the pelvic bones, making the parts sore by resistance; moreover, the pressure is less effectual than when placed higher up—*i.e.*, over the inguinal canal. With appropriate pads I believe it is possible to retain almost every reducible hernia.

The points, then, to be noted in selecting a truss are as follows:—

1st. Always use a double truss in preference to a single one, even where only singly ruptured, as otherwise there is a danger of the other side failing.

2nd. The pads should occupy that space over the inguinal canal—*i.e.*, from a spot midway between the symphysis pubis and anterior superior spine of ileum, downwards and inwards, to the spine of the symphysis pubis; and not press on the bone.

3rd. The material of which the truss is composed should be washable and non-absorptive (the ordinary leather covering, by absorbing the perspiration, are a constant source of annoyance by their odour, and by producing great irritation of the skin and helping to rust the steel part).

4th. Some gentle pressure being necessary, it can be acquired in various ways. Some trusses have a spring applied to the pad; some adjust the pressure by means of a strap; but the most convenient is a steel band properly tempered and protected. It should be made light and sufficiently non-resistant to prevent too great and constant a pressure, by which means the tissues might be atrophied. Brass, with proper precautions, is good, and has the advantage of not rusting.

5th. Trusses should be adjustable to the figure, especially as some pelvises are round and some flat. This can be accomplished by making the truss to order, or by covering the steel band with such materials as vulcanite or celluloid, and so enable it to retain a certain shape. These materials, moreover, are clean, and allow the patient to wear the instrument in the bath, a point of the greatest importance in the treatment I am about to speak of.

6th. In large herniæ with a widely dilated canal and obliterated internal ring, and also in stout people, a deep, rather than large, pad is indicated, and where others fail a glycerine pad, such as made at

my request by Messrs. Maw, Son, and Thompson, has proved of the greatest advantage.

7th. From experience, I prefer a truss that fastens behind rather than in front, though from custom a patient at first may select the latter; a rigid bridge joining the two pads is desirable for my purpose."

The question is often asked, Will a truss cure the hernia? and I fear a careless affirmative or negative is often given. The answer is Yes and No! according to circumstances. In children, very young, a well-fitting truss has often effected a cure, but then it has as often failed, often the health of the patient preventing such a desirable end. In some cases of adults after wearing a truss the hernia has disappeared and shown no signs of existence by the usual tests, but in many of these cases, after discarding the truss for months or years, some inadvertent strain or twist has brought the condition again into evidence. In adults it would be unfair to the patient to offer any hope unless some accessory treatment is applied at the same time.

But short of a cutting operation much can be done in a large selection of cases, though not in all.

The objects of such treatment should be threefold.

1. To close the sac and curtail the calibre of the canal.
2. To improve the efficiency of the supports of the canal.
3. To, if possible, relieve the internal ring from the intrusion of the invading viscera by improving its general tone, and it is surprising how much can be done in all these directions.

In all three objects we should aim at imitating the natural processes. We know that in adults the peritoneal diverticulum we call the sac has not, what might be called the *plastic initiative* of early infancy. In the latter case all that seems to be required is to prevent the walls of the sac from being constantly separated, *i.e.*, to permit them to come in constant apposition, and adhesions easily form, as is usual, with peritoneal surfaces. In the former (adults) some incentive must be offered, as in the freshening of surfaces in surgical operations.

Dr. Heaton, of America, instituted a method of radical cure by injecting into the canal an astringent material, *viz.*, a preparation of *Quercus alb.* The process is ingenious and interesting. He used one of two methods, the liquid and solid. In the liquid method he used half an ounce of Thayer's fluid extract of *Quercus alb.*,

trituated with gentle heat with fourteen grains of solid alcoholic extract of *Quercus alba*, adding *sulphate of morphia* in the proportion of one grain to each ounce; these must be trituated for a long time. The *solid method* differs only in the character of the substances. The solid extract is mixed with the fluid extract of *Quercus* until a thick paste is formed. In the latter a much smaller amount is necessary. A special syringe made of silver, and a needle made of solid steel bored, is required, a good length and strong, with a peculiar duck-bill point.

*Method of Injection.*—Invaginate the scrotum with the right forefinger, reducing the hernia and sac, if possible, into the abdomen, and find the position of the external ring; with the left forefinger press perpendicularly on the integuments directly over the ring, and use sufficient force to press the integuments together into the canal, pushing the spermatic cord and sac on one side, so that nothing will remain between the external pillar of the ring and the forefinger except the integuments and superficial fascia; then with the right hand, liberated, so insinuate the beak of the syringe into the canal just beneath the external pillar as not to touch it, withdraw the other finger, and gently insinuate the needle farther into the canal, being careful not to injure the cord. Dr. Helmuth, from whose book the writer borrowed the description, found in his own cases so treated that half succeeded; he found, as a rule, one injection sufficient, but sometimes two are necessary. The patients have to remain in bed during the after-results, and are required to wear a well-fitting bandage.

There have been various modifications. The objections are, the pain caused, the necessary imposed rest, and the uncertainty of the results.

The method I employ is less heroic, absolutely safe in competent hands, there is practically no inconvenience, and no confinement to house, much less to bed. The treatment can be carried on at the patient's home or the consulting-room, the only instrument required being an ordinary hypodermic syringe with needles, preferably platino iridium, graded in three sizes, 1 in.,  $\frac{3}{4}$  in., and  $\frac{1}{2}$  in., to suit the different patients, these being the estimated distance from the outside surface of the in-

tegument to the internal ring,  $\frac{3}{4}$  in. being usual, 1 in. in obese patients, and  $\frac{1}{2}$  in. in children.

The patient lies on a couch with the legs extended. The position of the internal ring is then located, viz., half-way between the anterior superior spine of the ileum and the external ridge of the symphysis pubis, and about half an inch above Poupart's ligament. From this point it is easy to trace the direction of the canal. The patient is directed to cough, and so more fully decide the position of the greatest impact of the hernia.

With the syringe charged with the requisite amount of the fluid to be used, the needle can be directed to any point required. I generally aim to inject first of all in the immediate region of the internal ring, and work slightly downwards, being careful not to injure the cord, which otherwise becomes very painful and edematous, which lasts for many days. The fluid varies in strength and ingredients, but my favourite remedies are Hazeline, Kennedy's distilled white extract of *Pinus Canadensis* (Rio Chemical Co.), extract of *Quercus alb.*, and glycerine. Other substances I have used are *Hydrastis*, *Arnica*, extract of Chin. bark, Tannic Acid. The last mentioned, though very effective, should be warned against. Undoubtedly the most important of these is the preparation of *Pinus Canadensis*, which is pure, clean, astringent, and slightly antiseptic. *Quercus alba* also requires care, as it causes more pain than the others. Cocaine can be used before or at the time of the injections. The treatment should commence with small doses, 2 to 3 minims, and increase up to 10 or 15 minims, according to the reaction of the parts.

The aim should be to strike the sac without injuring the cord, one of the guides also being the epigastric artery. Ten to fifteen injections are necessary, at intervals of two, three, or seven days.

The result is an exudation of non-inflammatory or sub-inflammatory lymph, which induces the closure of the neck of the sac and contracts the calibre of the canal, especially if the exudation organises into connective tissue simulating a scar. A swelling as large as a thrush's or even a pigeon's egg can be produced, and the patient calls and returns to his occupation with little if any inconvenience or pain. The truss should be continued for two or three months after completion of the

treatment with diminished pressure, and then left off gradually.

But this is only one incident in the course of treatment. I encourage the patient in a general reform of habits by a more healthy *régime*. Clothing, fresh air, diet, baths, and exercise all play their part.

*Clothing*.—A light, porous, preferably woollen set of garments are best, and not too many. This allows the air to reach the skin and the perspiration to escape, and so in itself starting a more healthy incentive.

*Fresh air*.—The patient is encouraged to participate more in respiring as fresh and clean air as possible, by living out of doors more, and when at home keeping the windows open night and day. The general atmosphere of living rooms is absolutely poisonous (maybe a slow poison), and depress the body greatly, and is not a minor factor in producing hernia by lowering the tone of all the tissues.

*Food*.—Stimulants of the alcoholic order, and, further, the excessive use of tea and coffee, are condemned, and such indigestible materials as white bread, pastry, confectionery, cooked greasy foods, pickles, relishes, condiments, ices, spices, and excessive sugar come under like condemnation.

Besides being active factors in producing dyspepsia, flatulence, and constipation, they react on the health of the body and tissues, and interfere with the results required. Fresh meat, green vegetables, and greenstuff, fruit, milk puddings, eggs, custards, fish occasionally, poultry, and the substitution of the wholemeal for white bread, in themselves produce a wholesale revolution in the system, and pave the way to health and tone. Sometimes special diets, as the Salisbury, have to be called in to combat indigestion and other undesirable conditions.

*Practice of deep breathing*.—Nothing has so much benefit on the abdominal muscles and tissues as the regular practice of properly regulated deep breathing. The patient, whilst standing, is taught and encouraged to take deep breaths, care being taken that the lungs are filled from below upwards, viz., after expelling as much air as possible, with the abdomen as well as the chest contracted inwards, the patient is exhorted, in the act of inspiration, to protrude the abdomen first, and then



expand the costæ. As this is not the usual method of breathing, the patient must be educated.

Six deep breaths in this way should be advised before each meal.

*Baths.*—That most useful for this complaint is a hip bath, as cold as the patient can stand it without getting an unpleasant reaction. Friction in the region of the abdomen and hips whilst in the bath is necessary, and a brisk rub down afterwards. This might be used every morning or evening, if the condition of the patient permits. Cold compresses may be worn day or night, and these may be medicated with a mixture of equal parts of Kennedy's *Pinus Canadensis*, *Hazeline*, *Sanitas*, *Quercus*, and glycerine. Other forms of baths can be used.

*Exercise.*—Some ordinary forms of exercise are useful and some detrimental. All special strains, heavy lifting, gymnastic exercise involving big strains, swimming, long bicycle rides, are all to be deprecated, especially during the early part of the treatment. But many of these cease to be either a danger or objection after the treatment is well advanced, and granted that the truss is well fitting.

But there is a course of exercises of a less violent character which from the first, after fitting the truss, may be carried out. Such movements are well described in a little book on Home Gymnastics, by Professor Hartelius.\* A few samples will suffice:—

1. Standing, arms raised (over head), and then stretching them up and allowing them to relax.

2. Bending exercises, stooping, the harvesting movement (in this the arms are flexed over the chest without touching, and then with energy the body is rotated on the hips, with the latter and the legs fixed).

3. With the hips fixed and the hands on the same (so-called wing position), the patient bends over first on one side, then on the other (with a jerk), and then forwards and backwards, with the hands in the same position.

4. Standing wing position, first the right and then the left leg is forcibly flexed on the abdomen.

5. In the supine position on a couch, which should be level from head to foot; the head *unraised* by a pillow; with the hands either folded or placed behind the head; the body is raised gently into the sitting posture, and

\* Published by Isbister & Co., Covent Garden.

then gradually allowed to assume the supine again, the strain of the control falling on the abdominal muscles.

6. In the same position as the last, instead of the head and body, the legs are raised into the air and then allowed to sink. The two last should not be tried at first, as they might be too much of a tax.

All of these must be done whilst wearing the truss.

There are many others which might be described, and are in many text-books on these exercises. There are many patients in which, under my supervision, these instructions, with the treatment, have been carried out with remarkably good results.

The earlier cases, which have not had the benefit of the more lately evolved additional treatment, did not fare so well, but with an ordinary hernia, if the patients carry out the instructions, there should be no hesitation in giving a most favourable prognosis.

4, Acacia Road, St. John's Wood, N.W.

---

## MATERIA MEDICA MISCELLANY.

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

*Ferrum Met. for Itching of Anus in Children.*—Dr. J. A. Wakeman recommends *Ferrum* for the following symptoms: Itching of anus in young children, which occurs soon after being put to bed. The child is restless, kicks, throws his legs about, claws at the anus, rolls over and cries out, and in a moment goes to sleep again, only to be disturbed again in the same way. If you examine the anus by pulling the nates apart you will usually find it redder than natural, showing irritation from some cause, and that cause is ascarides. He says, "the 30th and 200th, a few doses repeated daily, has nearly always cured my cases and I have had many of them." He further quotes Prof. W. Williamson as saying that the remedy low in these cases will do no good.—*Amer. Med. Monthly.*

*Indications for Salix Nigra.*—The following indications for this drug are based on a proving recorded in the *Chironian*: Fever with fulness in stomach and forehead, sleepiness, face red and swollen, especially the end of the nose; eyes bloodshot and sore to touch and on motion;

soreness and lameness all over the body worse on motion, sweat relieves. Right nostril feels obstructed, no discharge. Pain in neck worse when the head is thrown back. A sore pain across the sacral and lumbar regions, which also runs up the spine to the neck and occiput, and thence into the forehead and eyes. He walks stooping because it hurts in the lumbar and sacral regions to straighten himself up. Unable to step out as quickly as usual from lack of power to move the knees quickly; no pain in knees or soreness. The roots of the hair of the head and moustache "hurt" when the skin is touched. Bootlaces hurt when they pressed on the foot. It also produced chill at noon; hands looked blue, could not get warm in hot sun, had to put on heavy underwear. Later fever came, face felt flushed, had pressure outwards in forehead and fulness in the stomach. Sweat came at 5.30 p.m., followed by relief.—*N. A. J. H.*

*Ipecac. in Laryngitis.*—Dr. Cartier writing on laryngitis says: *Ipecac.* has been for many years my favourite remedy for hoarseness more or less complete in inflammatory laryngitis. I know no better remedy for rapidly dissipating hoarseness at the end of a cold. Nearly no cough, but complete aphonia. I have happened to give *Ipecac.* 30 several times, one drop every half-hour, resting the voice several hours. When the voice returns and the cough increases we must diminish or even stop *Ipecac.* This excellent remedy is unhappily very little used by homeopaths and deserves an important place in inflammatory aphonia.—*Amer. Med. M.*

*Cough Cured by Mephitis Putorius.*—Dr. P. C. Majumdar reports the following case: A young boy about nine years of age came under my care for a very distressing cough from which he was suffering for about a fortnight before he came to me in December, 1894. He had taken both allopathic and homeopathic medicines without any effect for two weeks. I examined him thoroughly and found nothing wrong in the chest or throat. The cough was increased at night and was of a spasmodic character. It was almost without expectoration. By repeated coughing and great exertion the boy became exhausted, and something like a sticky, whitish sputa came out. Each paroxysm of cough was attended with a painful sensation in chest, and at the end there was a prolonged respiration like a whoop. I at once

gave him *Drosera* 30 three times a day. He took the medicine for four days without the least abatement of the trouble. It was followed by *Bellad.* 6x with the same result. After consulting my *Materia Medica* I administered three doses of *Mephitis* 6 and the effect was magical. The next day the boy was quite free from cough and no more repetition was required.—*Indian Hom. Rev.*

---

## INTERESTING CASES FROM TWENTY-FIVE YEARS' PRACTICE.

By OSCAR HANSEN, M.D., Copenhagen, Denmark.

(Continued from p. 311.)

*Case 24.*—N. N., twenty-six years old, table-decker. On beginning the treatment on January 22, 1899, he had been ill  $3\frac{1}{4}$  years, and has been treated allopathically. He complains of vehement, pricking pains, often as pinching with nails, just over the right anterior superior iliac spine in the ascending colon. The pains are paroxysmal and < at rest, but never occur when he lies in bed. Percussion over the transverse and descending colon is dull. The eyes are slightly icteric. Nothing abnormal in the liver or stomach. Often hot flushing of the face. The appetite is but little. The stool hard, dark, knotty, with frequent and useless tenesmus, and feeling as if something remained in rectum. Otherwise nothing abnormal. He uses Castor-oil pills for the bowels. The urine is normal.

*Belladonna* 3x, five drops morning and afternoon in a teaspoonful of water. *Nux vom.* 3, five drops forenoon and evening in a teaspoonful of water.

February 4th.—The pains are a little better; the stool light. Continue.

February 16th.—The appetite good. The pains very much decreased. No rectal tenesmus, or feeling as if something remained behind. The same prescription.

March 8th.—The pains are no more pinching, but pricking now and then, and worse on movement. *Bryonia* 3x instead of *Belladonna*. Continue *Nux vom.*

After this the pains decreased, and on September 5th he was quite well and was discharged.

*Case 25.*—N. N.,  $16\frac{1}{2}$  years old, came under my treat-

ment August 19, 1899. He has had influenza 2½ years ago, after which the present disease began. On the upper part of the left leg on the inner side, a little below the knee, there is a little fluctuating swelling, with redness of the skin, and filling up around it. No displacing on the parts below. Darting and boring pains, especially in night from the warmth of the bed. The state of health in general is good. *Hepar sulph.* best suited the fluctuating swelling, but on account of the boring night pains there was prescribed *Merc. sol. Hahn.*, 3x trit., as much as a pea in a dessertspoonful of water, three times daily.

September 20th.—Perforation has occurred with thick, yellow secretion. The pains have disappeared. *Silicea* 3rd cent. trit. in the same way.

November 20th.—The filling up has almost gone, the secretion less. Same prescription.

January 20, 1900.—At the perforation there has formed an ulcer as large as a finger-nail. The ulcer discharges thick yellow pus.

It bleeds slightly; otherwise he is well. *Hepar sulph. calc.* 2nd cent. trit. in the same way. Externally: Boracic ointment on the ulcer.

March 26th.—The ulcer is cured. No filling up or pains. Quite well. Discharged.

Case 26.—Mrs. N. N., twenty-eight years old, Copenhagen. The treatment began May 31, 1900. Two children. Five years ago she had rheumatic fever and has not been quite well since. Complains of palpitation of the heart, forcible and visible objectively. Constrictive and anxious pressure in the region of the heart and the pit of the stomach. No dyspnea or cough. She cannot take coffee. Menses and functions are normal. The heart-sounds at the apex of the heart are hard and metallic, no abnormal sounds. There is aggravation on movement and from noise. *Spigelia anthelminthica* 3x, five drops in a teaspoonful of water, three times daily.

June 12th.—As before. The pulse, which last time was rather vigorous, is now slow and weak. *Naja tripudians* 5x in the same way.

July 9th.—Great improvement. The same prescription.

August 2nd.—All the heart symptoms have disappeared. She complains only of faintness and weariness in the pit

of the stomach and in the left hypochondrium towards the dorsal region, a sensation as if something was tightened, and then let loose in the chest. *Pulsatilla nigric.* 3x in the same way.

August 23rd.—Quite well. Nothing abnormal heard in the heart.

Case 27.—Girl, nineteen years old, Copenhagen. Came under treatment June 26, 1900. She has for ten years had psoriasis, but with periods of amelioration and aggravation; five years ago had scarlet fever with considerable desquamation. Lately the psoriasis has been much worse. The eruption is papulous, red, with much desquamation and but little itching. Appears at times in small, at times in large, patches and collections. It comes on the hairy scalp, on the extensor side of the hands, and on the knees in great collections. The appetite is not good, menses and functions normal. But little thirst. The urine is normal. She has been allopathically treated with Traumaticin externally, and internally, *Iodhalium* and *Arsenic*; the last remedy has always made her worse. Ordered *Sepia* 3x trit, as much as a pea in a teaspoon with water, three times daily, cleaning the skin in the morning with tepid water and soft soap.

July 4th.—The eruption is paler. Appetite good. The same prescription.

There was improvement till August 25th, when the eruption became worse and the itching increased. As the desquamation had increased, and she complained that the itching was aggravated in the evening by scratching, I ordered *Kali arsenicosum* 3x trit., as much as a pea, three times daily in a dessertspoon of water.

September 15th.—The eruption is more smooth, the desquamation and itching less. The same prescription.

November 9th.—The eruption has largely disappeared. The same prescription.

December 29th.—No eruption on the scalp. Elsewhere it is inconsiderable, pale, and peels but a little. The same prescription.

Under the use of the powder the eruption increased a little in March and April, 1901, but decreased again, and in October, 1901, she was well.

## PATHOLOGY v. REPERTORY AT THE HOMEOPATHIC CONGRESS.

Two papers were read and discussed at the Congress bearing on methods of selecting the homeopathic remedy. The first was by Dr. Thomas H. Hayle, of Rochdale, who held that there were two ways of choosing medicines homeopathically, the repertorial and the diagnostic. The repertorial method was unsatisfactory, and they must fall back on the diagnostic or pathologic method. He believed strongly in evolution, as probably most of them did, and if evolution was true in botany and zoology he believed it was true in drugs too—that each plant or poison that was active on the human body had gradually been evolved from a common stock in different directions till we had a variety of drugs each developed to meet the diseases of the various organs—and what we had to do was to arrange those drugs in an ascending and descending scale of power according to their family relations. He did not think it was chance which had given us drugs, but that everything in nature had been worked out in beauty and order, and it was our part and our privilege practically to unravel that order and evolution. He did not think anything had arisen by chance, but all things had been worked out by a great and master mind.

Dr. Hayle's paper was immediately followed by Dr. Lambert's on "pathological prescribing from a homeopathic standpoint," in which he showed that the pathological method of selecting drugs according to the diagnosis of the disease is unscientific, the scientific method on the other hand recognising all the symptoms of the case and thus taking into account the patient's constitution and idiosyncrasies. He based his paper mainly on five points.

1. That provings of drugs cannot go the length of producing gross pathological changes, which can only be obtained from poisonings (which are limited to few drugs), and from experiments on animals, which are unsatisfactory and of uncertain value.

2. A drug is homeopathic and therefore curative not to its known pathogenesis only, but to its potential pathogenesis, *i.e.*, all the symptoms it could possibly produce in suitable conditions and provers. To which he added a



rider: that the curative effect of a drug may even go beyond its potential pathogenesis in some cases.

3. The ordinary pathological method ignores the patient's constitution and idiosyncrasies as set forth in modalities and aggravations from heat and cold, climate, &c.

4. It cannot be applied in early cases of disease before diagnosis is possible, or where this is doubtful, or in diseases whose counterpart has not been produced by drugs.

5. That every symptom (unless imaginary) has a pathology, and all must be taken into account, objective and subjective, the drug which covers the whole, alone meeting the true pathology of the case.

The two papers were then discussed together. It was opened by Dr. Goldsbrough, who said that the diagnosis of the disease and the diagnosis of the remedy must be two separate processes. Dr. Blackley said it was important that the order in which the symptoms are produced must correspond in the disease and the remedy. Dr. Byres Moir agreed with Dr. Lambert that every symptom represents pathology, and he also emphasised the necessity for accurate diagnosis. Mr. James Johnstone said that having devoted many years to pathology, he naturally inclined to that side, and said that in children the pathological changes were the only things to go by. Dr. Day agreed with Mr. Johnstone and mentioned a case of vomiting due to cerebral tumour as a case where symptomatic prescribing would fail. He did not say that success attended the pathological method.

Dr. J. W. Hayward spoke of the value and necessity of the repertory. Dr. Cash Reed said that gastric crises might be due to varied causes and could not all be treated merely by the symptoms without disaster resulting occasionally.

Dr. Wolston (Edinburgh) said that the cure of the patient was the great point. He was a little afraid of pathology. He mentioned two cases, one to illustrate the necessity for diagnosis and the other to show the value of the repertory, in a case of obstinate vomiting which threatened to be fatal, where *Silica* proved to be the remedy. Mr. Dudley Wright also agreed that symptoms represent pathology and that a repertory therefore is full of pathology. He thought the repertory should be used more.

Drs. Dyce Brown, A. C. Clifton, Pullar, Hawkes (Liverpool), and Watson (Liverpool) also took part in the discussion, and the writers of the papers were then asked to reply, but no adequate reply was possible through lack of time, the discussion as usual being conducted on a faulty principle. Dr. Hayle, in the course of his reply, spoke of the importance of interpreting reflex symptoms rightly. He, for instance, regarded all occipital headaches as reflex from the pelvic organs, and would not think in such a case of giving a medicine which had not an action on the uterus or ovaries.

Dr. Lambert did not attempt to reply to speakers in detail, but in regard to Mr. Johnstone's remarks he denied that the pathological method was alone applicable in the case of children, since various objective symptoms, as restlessness, thirst, refusing to be covered though cold, might be observed and were of value in prescribing. He expressed great surprise that his paper had been on the whole so favourably received.

---

## FOR THE *DICTIONARY*.

By DR. CLARKE.

### *APIUM GRAVEOLENS.*

An American lady, Mrs. F. (a hay-fever subject), has given me her experiences with celery. She had many illnesses from it before the cause was finally discovered. Dr. W. P. Wesselhœft, who is an authority on *Apium*, will doubtless be interested in the case. After celery salad for supper this occurred: Waked in the middle of the night with the throat swollen so she could not speak, the condition lasting for hours. The throat seemed entirely closed. Dyspnea. At the same time indigestion; oppression at epigastrium. Itching of chest, hands, and in throat and eyes like hay fever.

The worse attack of all occurred in the West Indies. Mrs. F. had taken breakfast at 11 a.m. and celery formed part of it. Three hours later fulness, oppression, dullness, and sleepiness came on. Then the symptoms became too painful to allow her to sleep.

The throat gradually swelled; then the face and hands. The swelling of the face was so great that the eyes

entirely disappeared, being represented by two longitudinal slits. Great itching in eyes and throat.

Then an intense shaking chill came on. Everything warm was piled on the bed, and this was not enough, for she felt the bed itself strike cold from below. She was then raised up in order to have something warm put under her, and the act of raising her caused perspiration to break out profusely, giving complete relief. In an hour or two she was perfectly well, though the attack gave her friends intense alarm.

---

[A correspondent, "C. C.," sends me some valuable notes on remedies which subscribers will do well to enter in the margins of their copies. I take the liberty of reproducing part of his appreciatory letter accompanying the notes.—J. H. C.]:—

"DEAR SIR,—Fear of encroaching on your precious time has until now deterred me from tendering to you an expression of my humble appreciation of your splendid *Dictionary of Materia Medica and Prescriber*, and my profound gratitude that you have been able to render to our race such monumental service as those works comprise.

"If, however, I can render you a little assistance in your work, you may possibly regard it as atoning for my intrusion; and the hope of it makes me venture.

"On enclosed sheets are some experiences of mine, which you may think worthy of noting and perhaps of verifying; and on others I have noted what seem to be of the nature of omissions, and in one case an obvious error, in the *Dictionary*.

"Will you allow me to add that the literary skill, which is a conspicuous and essential feature of the value of your works, is most satisfactory and delightful?"

*ACTÆA RAC.* ACTS ON THE THROAT AND IS ANTIDOTED BY  
*PHYTOLACCA.*

Prescribed for rheumatism; caused inflammation of the tonsils, pain, accumulation of thick mucus. *Phytolacca* promptly cured me.

*Actæa* has often produced head and throat trouble with me, and *Phyto.* promptly antidotes and also cures the symptoms for which *Actæa* was taken.

*BRYONIA* AND "ACHING" OF CHEST.

P. 318, par. 18, add: Aching of chest (Laurie's *Domestic Med.* under Pleurisy says "Aching," and I have found that a marked feature in pleurisy yielding to *Bry.*).

*HYDRASTIS CAN.*—CONSTIPATION AFTER CHILDBIRTH.

Constipation following childbirth. Fæces hard lump about 2½ inches diameter. *Hydrast.*, three doses, cured.

*LYCOPODIUM*—ACHING PILES.

P. 342, par. 13, add: *Aching* piles. Laurie (*Domestic Med.*) gives this indication, and *Lyc.* has cured it in my experience.

*MENTHA PIPPERITA*.

A strong peppermint lozenge (or half one) I have found to relieve oppression after eating, and discomfort after a rich dinner, and promote digestion, as well as sleep at night.

*MERC. SOL.*

P. 448, par 9, add: White specks on tonsils (Laurie's *Domestic Med.*, p. 148).

*NUX VOM.*

P. 617, antidotes *Bry.*, vide p. 313. *Nux.* 200, when other medicines, including *Ignatia* and lower potencies of *Nux*, had failed, cured tickling spasmodic cough supervening on influenza with irritation at throatpit as of sulphurous vapour, worst towards midnight; and along with it disappeared the raising of a little clear mucus or phlegm with slate-coloured flakes in it, chiefly on rising in morning, which had troubled me for many years.

*Nux* 200 continued for other symptoms I blame for causing a whistling in left ear similar to railway whistle, noticed at night on retiring and on waking. Relieved by *Actæa r.* and *Phyto. Æsculus h.* has about cured it.

*SULPHUR* CURES NUMBNESS ABOUT NAVEL.—COUGH AFTER DINNER, &c.

Mrs. X. observed a few days after the birth of her first child that about the navel a surface the size of palm of hand was numb. A homeopathic physician gave her about twenty-four powders (? *Sul.*), which had no effect. I cured with three doses *Sul.* 200.

*Sul.* 200 promptly cured vomiting after dinner. No flatulence complained of, but doctor said in his opinion caused by flatulence. Returned in six months, and again cured promptly by *Sul.* 200.

*Sul.* 200 (after *Puls.*, which did not benefit) quickly cured deafness remaining from a cold.

First and second finger on right hand of Miss C., 19, skin inflamed over a year. Often showed pimples. Often could scarcely bend fingers because skin was dry, tight, and cracked on bending. Sometimes dry and scaly. Very changeable. Sometimes itched badly—always terribly if dipped in warm or hot water. *Sul.* 3 and 200 relieved, < *Calc. c.*; *Merc. sol.* relieved but produced oozing. *Sul.* 1. m., one pileule nearly cured in a week; then progress slower. Another dose taken. Cure proceeding. Remarkable improvement.

*Sul.*, p. 1,304 (21). Poor breakfast eaters, add *Thuja*.

*VERATRUM VIR.*—CONSTIPATION AFTER CHILDBIRTH.

Severe constipation following childbirth. Supposed due to inflammation of os uteri. *Ver. v.* three doses, cured.

*CALC. CARB.* AND *SPONGIA*.

Par. 2. Vertigo < "ascending flight of stairs." *Spongia* has < ascending stairs.

*ÆSCULUS HEP. AND RUMEX.*

P. 32. Sensation in rectum as of "little sticks." *Rumex c.* has sensation as if a rough stick was forced up rectum.

*MEDORRHINUM.*

*Medorr.*, p. 413. Salt-water bathing < sore throat.

On p. 415, par. 9, it is given as >. Which is correct? [I am obliged to my correspondent for pointing out this discrepancy. It occurs also in Hering's *Guiding Symptoms* which is my chief authority for this nosode. I have little doubt that "> by bathing in salt-water" is the correct reading. *Medorrh.* has "> at the sea-side," which agrees with this.—J. H. C.]

*SILICA AND PSORINUM.*

*Silica*: "Must have head covered. Compare *Psorinum*."

---

*NARCISSUS POETICUS.*

A LADY correspondent, writing from the country about the end of May, sent me this experience. A specimen of the culprit-flowers was enclosed; it is the beautiful *Narcissus poeticus* :—

"Without knowing it I have been doing a bit of testing on myself which may be interesting to you, or you may already know the results of these flowers on throat and head and eyes—anyway, this is how they affect me.

"Here the daffodils are over and these narcissi have taken their place. Cart-loads are sent off every day to one place or another. As there are no other flowers in bloom just now, of course I got these for the table, the first about a fortnight since. They had not been in the room long before my throat became very sore, and such a heavy feeling about the head and eyes came on I could not keep awake—an unnatural sort of sleep. I never thought of the flowers, and gave way to it, awaking in about an hour with eyes smarting and throat worse than ever. Of course I began to wonder if my liver was wrong, but concluded, as there was no backache and other symptoms of liver, it could not be that. Then I thought, Is the water bad here? When suddenly I spotted the flowers and felt they were the culprits, and put them out of the room at once. With their absence the throat and eyes grew rapidly better. You remember I cannot smell, so feeling and sight with me are everything. I can both feel and see a smell.

"Well, a week later, thinking I might have been mistaken, and as it had become warmer so that doors and windows could be open, I ventured to have a few more in the room, and as long as there was plenty of air I did not notice any ill-effects. But to-day it was colder, and never thinking about the flowers I shut the windows when I came in for dinner. In less than two hours all the old sensations came back—sore throat, heavy head, smarting eyes, and before I knew it I was in a wretched, heavy sleep, which continued for two hours, and when

I did awaken I could scarcely shake it off. Of course the flowers were sent to Coventry at once, and in very short time I was all right, throat included."

Under "NARCISSUS" the effects of the Daffodil—*Narcissus pseudonarcissus*—are given in the *Dictionary*. They closely resemble those of the above experience.

---

## SOCIETIES' MEETINGS.

---

### BRITISH HOMEOPATHIC SOCIETY.

THE first meeting of the annual assembly was held at the London Homeopathic Hospital, Great Ormond Street, W.C., on Wednesday, July 9th, Dr. George Burford, President, taking the chair.

Dr. Philip M. C. Wilmot, of 6, Sussex Terrace, Plymouth, having been duly nominated, was elected by ballot.

During the evening a series of seventeen interesting cases was exhibited, together with pathological specimens, drawings, and photographs. There was also a lantern demonstration of microscopical slides and pathological photographs. This was followed by a discussion of the clinical cases.

The second meeting of the annual assembly took place on Thursday afternoon, July 10th, at three o'clock. The report of the Council and the treasurer's statement were presented, and also a report from the Index Committee. The Meeting then proceeded to the election of officers for the next session. Dr. Roberson Day was elected President. The Meeting then elected the members (five each) of the sections, viz.: Materia Medica and Therapeutics, Medicine and Pathology, and Surgery and Gynecology. During the afternoon there was an exhibition of microscopic slides, pathological specimens, books and instruments. After the meeting, tea was served in the Medical Staff Room of the Hospital.

### RECEPTION BY DR. AND MRS. BURFORD.

The retiring President of the British Homeopathic Society, with Mrs. Burford, gave a Reception on the

occasion of the annual assembly to the members of the Society, the members of the British Homeopathic Congress, and to members and friends of the British Homeopathic Association, at the Galleries of the Royal Society of British Artists, Suffolk Street, Pall Mall, at 9.20 p.m. on Thursday, July 10th.

The gathering was a brilliant one, and its complete success is likely to establish a precedent. The lay element in homeopathy was very strongly represented, and the number of ladies present was of hopeful augury for the new forward move on which homeopathy has embarked. Among the ladies present, in addition to the hostess, were Mrs. Henry Wood, the energetic secretary of the Ladies' Committee of the B.H.A., Mrs. Compton Burnett, and Mrs. Searson, who had journeyed purposely from Brighton to be present. Many of the doctors were accompanied by their wives and daughters. Among prominent lay homeopaths may be mentioned Mr. Joseph Howard, M.P., Alderman and Mrs. Truscott, Mr. and Mrs. Burroughs. The following excellent programme was rendered throughout the evening: Suite, Valse, Slavonic Dance, Minuet (Borowski), The Tristram String Orchestra; song, "A Song of Thanksgiving" (Allitsen), Miss Grainger Kerr; orchestra, "Three Dances from Nell Gwynn" (German); short stories, Mr. Earle Douglas; songs, "Morgenhymn" (Henschel), "Hush-a-ba" (Bunten), Miss Grainger Kerr; orchestra, "Reverie Valse" (Waldteufel); song, Dr. Leo Rowse; short stories, Mr. Earle Douglas; song, "White Roses" (Rolt), Miss Grainger Kerr (accompanied by the orchestra); orchestra "Czardas" (Michiels). Accompanist, Miss Aïda Blackmore.

## BRITISH HOMEOPATHIC CONGRESS.

THE Annual Meeting of the British Homeopathic Congress was held on Friday, July 11th, at the London Homeopathic Hospital, Great Ormond Street. Mr. C. Knox Shaw, the President, occupied the chair, and among the officers of the Congress present were Dr. Percy Wilde, Vice-President; Dr. D. Dyce Brown, Hon. Secretary; Dr. E. M. Madden, Hon. Treasurer; Dr. James Johnstone, Hon. Local Secretary; Dr. A. C. Clifton, a member of the Council; and Dr. D. M.



Bhorkar, personal physician to the Maharajah of Kolapur, and Dr. Tengshe, both of the Bombay Presidency.

Mr. C. Knox Shaw read his presidential address, taking for his subject "Signs of the Times." He said that they were meeting in support of and to advance a principle in therapeutics admitted and practised by many hundreds of medical men throughout the world, but, alas! still not generally recognised by the bulk of the medical profession as a valuable aid in the selection of the remedy and as a mode of cure. His investigations for many years past had not been into the action of drugs and the pathology of drug diseases, but into the methods and technique of the art of surgery and ophthalmology, and at this moment it was the relation of surgery to the practice of the homeopathy of to-day that concerned him most. He believed that in the vast majority of cases a well-considered homeopathic prescription would do more for a patient than a remedy given on any other lines; but he felt, at the same time, that they must not have too blind a faith in the all-powerful curative effects of drugs. The Hahnemann standpoint had changed *pari passu* with the century's advance. There was hardly an organ of the human body in connection with which they did not occasionally meet with conditions where the physician and the surgeon must act conjointly if the best interests of the patient were to be considered. It was important for a physician to recognise when drugging should cease and the more mechanical means of surgery be employed. For the past ten years or more they had been strengthening their position and extending their earthworks, and there were signs that they were now ready to take the field. Since the Congress met last year in Liverpool the British Homeopathic Association had been started under very favourable auspices and they wished it success and prosperity in its propaganda. In this country, with its very conservative educational interests, it was chimerical to hope to establish a fully-equipped medical school in their present position, but that need in no way prevent them from attempting such educational work as was indicated in the programme of the new Association. That work would, he took it, be mainly of two kinds: first, the expounding, by means of lectures and literature, their science of therapeutics; and, secondly, providing the means for investigation and research into all matters con-

cerning the development and elucidation of that science. They must remember that they were the only school that had held an opinion of the science of therapeutics for a century. They claimed that there was a therapeutic science, and as long as the old school disbelieved in a science of therapeutics so long must therapeutics be more or less at a standstill; and so long, too, must there be a vital difference between the two schools of medicine. By means of literature and lectures they could place an up-to-date exposition of the principles and claims of homeopathy before the medical profession, amongst many of the members of which there was a strong feeling as to the unsatisfactory condition of therapeutic science, a condition which hampered them considerably in their daily practice. The disciples of homeopathy had something to offer, and it would be one of the duties of the British Homeopathic Association to proffer with no stinting hand the knowledge they possessed and to assist in penetrating the darkness with which ignorance and prejudice clouded the mind. If he read the signs of the times aright, they might go forward in their work of advancing therapeutic knowledge with hope and confidence, feeling sure that modern thought and investigation were all tending to prove the truth of the principle for which they had been fighting so long. (Cheers.)

Dr. George Wyld (London) and Dr. A. C. Clifton (Northampton) respectively moved and seconded a vote of thanks to the President for his paper, and the resolution was carried.

Dr. D. Dyce Brown (London) next read a paper on "Homeopathy among the Allopaths," in which he dealt with fifty-three drugs which, he said, were used by allopaths in a homeopathic method. He said it was strange that their professional opponents should run their theories down and stigmatise them as absurd and unscientific when they themselves often adopted the same methods.

Dr. J. W. Hayward (Liverpool) said there was scarcely a medicine that the homeopaths used that the allopaths had not filched, or at any rate adopted the use of it.

Dr. Ord (Bournemouth) said it was sometimes the case that a drug which the homeopaths had been using for half a century was brought forward as a valuable aid by some allopath and then dropped. He believed that was

because they did not use the drug in accordance with homeopath principles.

Dr. Percy Wilde (Bath) said that whatever stimulated a vital element exhausted it, and there was scarcely any exception to that rule in the case of drugs.

Dr. Wolston (Edinburgh), Dr. Hawkes, and the President also took part in the discussion.

After luncheon Dr. Thomas H. Hayle (Rochdale) read a paper on "The Methods of Choosing Drugs Homeopathically," and Dr. James R. P. Lambert (London) read a paper on "Pathological Prescribing, from a Homeopathic Standpoint." A discussion followed. The medical staff of the London Homeopathic Hospital entertained the members of Congress at tea in the Nursing Institute of the hospital. Afterwards Dr. Percy Wilde (of Bath) was elected President for the ensuing year, Dr. McLachlan (of Oxford) was elected Vice-President, and the Hon. Secretary and Hon. Treasurer were re-elected. It was decided that the Congress should meet next year at Oxford, on July 23rd.—From *The Times*, July 12th.

---

## BRITISH HOMEOPATHIC ASSOCIATION.

A GENERAL Committee Meeting of this Association was held at 16, Upper Wimpole Street, on Friday, July 25th. Important matters were discussed and decided upon. A verbatim report of the FOUNDATION MEETING of the Association was laid before the meeting and approved. This important document constitutes the charter of the Association. It makes a pamphlet of 24 pages, and may be obtained of the Secretary of the Association, 29, Monument Street, E.C.

---

CHILDREN: THREE FACTS WORTH KNOWING.—1. A child cannot raise its head from the pillow before the second month. 2. A child cannot sit erect before the fifth month. 3. A child cannot walk before the tenth month, and should walk at the twelfth month. If the preceding facts could be borne in mind, and mothers be instructed as to just what a child can do, and cannot do at certain periods of its early existence, then there would be less work for the orthopedic surgeon. If the young infant is allowed to sit or stand at too early an age the superincumbent weight of the large head tends at once to exaggerate the physiological curves of the spine to a point where they may become pathological.—*Calcutta Journal of Homeopathy*, January, 1902.

## INSTITUTION.

---

### LEICESTER HOMEOPATHIC PROVIDENT DISPENSARY—PROPOSAL TO FOUND A COTTAGE HOSPITAL.

WE have received the report of this institution for 1901, from which we quote the following:—

“In the provident department 307 cards have been issued, representing 521 members. The appreciation of homeopathy among the poorer classes is manifested by a steady increase in the numbers attending from year to year, this issue of cards being larger than in any previous year. In the non-provident department 249 cards have been issued. In this department, also, the numbers are larger than ever before. In addition to these, cards have been given by subscribers to poor patients, who thus receive medical attention entirely gratis. The balance-sheet shows an increase in the provident department of £5 10s. 3d., and in the non-provident of £5 8s. 10d. The amount of subscriptions, your committee is pleased to say, shows an increase of £6 10s. 2d. After paying all claims up to December 31st there remains a balance at the bank and in hand of £79 8s. 6d. The chemist's return for the past year shows that 4,442 prescriptions have been dispensed. The committee has great pleasure in acknowledging the valuable services rendered by Drs. Mason and Capper as medical officers to the dispensary, and also those of the honorary treasurer and secretary. Since the removal of the dispensary to its present premises in Dover Street, we have been able now and then to take indoor patients. A charge had to be made to cover all expenses, and naturally, with the limited accommodation available, closed in as we are by tall factories, and often disturbed by a noisy neighbourhood, this department of our work could only be carried on under many difficulties and disadvantages. Nevertheless, some thirty or more patients, many of whom required serious operations, have been admitted. It is satisfactory to be able to record that, almost without exception, these cases have been uniformly successful. There has been no mortality, and the results have been equal to those of any of our large and well-appointed hospitals.”

### COTTAGE HOSPITAL.

The success of this department has determined the Committee to establish a cottage hospital in connection with the dispensary. Donations and subscriptions to this may be sent to A. Bolus, Esq., Pares' Bank, Leicester, or to John Milne, Esq., The Rowans, Ashleigh Road, Leicester.

---

---

## EXTRACT.

## THOMAS DOVER.

By XRAYSER.

DOVER's powder, which secured the tiniest reference among the seven personally named remedies of the German Pharmacopeia quoted from the *Apotheker Zeitung* of March 5th, had been famous 150 years when tuberculinum Kochi came into the physic-market, and few there are who would not back the old compound against the young one as a stayer yet. "Thomas Dover," says the German journalist, "was a London doctor, and died in 1741." That is all he tells of him; what a generous record! Old Dover was no *savant*; he discovered no bacillus; he was a good way on the road towards quackery; and yet I fancy his life is better worth narrating than are those of half of the famous men of medicine stamped with the hall-mark of any university whatsoever.

"The Ancient Physician's Legacy to his Country—Being what he has collected himself in Forty-nine Years' Practice. Or an Account of the Several Diseases incident to Mankind, described in so plain a Manner that any Person may know the Nature of his own Disease. Together with the several Remedies for each Distemper faithfully set down. Designed for the Use of all Private Families." That was Thomas Dover's sole contribution to literature, and therein his famous formula is contained. It was published in 1732, when he was past 70, and he lived nine years longer. But Thomas felt he had a message to deliver, and he had but little faith in the "clan of prejudiced gentlemen," as he termed the Royal College of Physicians. They returned his contempt; or more probably they began the squabble, for Dover tells us in his book that they had referred to him in derision as "the quicksilver doctor." But it was a title in which he gloried. He had immense faith in quicksilver, "this precious jelly of metals, as it may be called." It makes a pure balsam of the blood, he says; that is why it cures venereal complaints. You all give it, he adds, but you disguise it. I give it in an honest, open manner. You give it combined with sulphur, the worst excipient you could find, in the form of Ethiop's mineral. That is like striking a man with a sword in a scabbard. They (the clan of prejudiced gentlemen) say it is a poison. "Their opinion is a sign they have travelled far at home." He advises them to "take a trip to Hungary and visit the mines where the quicksilver is dug. They may there see slaves working entirely naked to prevent

them stealing the mettal." But these slaves, it appears, dodged their taskmasters "by swallowing every day so much that they buy a choppin of drink with it at night."

Dover was born somewhere in Warwickshire in 1660. How he got his medical training is not known, but sometime in his youth he lived in the house of the famous physician Sydenham. There he had small-pox, and his treatment is worth recording. First he was bled to the extent of 22 ozs.; then he had an emetic. It was January; he had no fire in his room, the windows were always kept open, and the bedclothes were only allowed up to his waist. The medicine he took was twelve bottles of small beer, acidulated with spirit of vitriol, every twenty-four hours. Having resisted both the disease and the treatment, he is first heard of in practice at Bristol in 1684. He plodded on there till 1708, when at the age of 48 he set out with a privateering party on a voyage round the world. They had two ships, the *Duke* and the *Duchess*. Captain Woodes-Rogers, who has left an account of the expedition, was in chief command, and Dover, who had charge of the *Duke*, was his second. He must have been on the sea in his early life, or he would hardly have been chosen to command a vessel. The buccaneers were away from England three years, and they come back with a Spanish frigate of twenty-one guns and lots of loot. Among the other events of the voyage was one of world-famous importance. On February 2, 1709, Dover touched at the island of Juan Fernandez, and brought away from it Alexander Selkirk, who had been there alone four years and four months, and who was to be the prototype of the immortal Robinson Crusoe.

A few months later the expedition landed at Guayaquil, in Peru. Having sacked the city and stored their plunder in the ships, the sailors slept in the churches, and Dover records quaintly how they were annoyed by the smell of the corpses. For plague was raging in the place at the time, and the victims were laid just below the floor with only a plank or two to cover them. Forty-eight hours later, after they had again put to sea, a large number of the sailors were attacked by the disease. One hundred and eighty of them altogether had it. Dover, who had four surgeons under him, ordered them to be bled freely, and he says about 100 ozs. of blood was taken from each man. The surgeons went round and started the bleeding, and only stopped it when they had made their rounds. Then he gave them spirit of vitriol, and only seven or eight died. Returning to England, Dover practised in Cecil Street till 1728, when he is again missed for two or three years. From 1731 to 1736 he lived in Arundel Street, Strand. There he wrote his book, in the preface of which he quotes Dr. Radcliffe's

opinion that it is expedient that young gentleman entering our profession should travel. "If travelling be necessary to make an accomplished physician," Dover remarks, "I am very sure that I have travelled more than all the physicians in Great Britain put together."

His diaphoretic powder is described in his book in a chapter on gout. The formula differs, but the resulting compound is practically the same thing that we call Dover's powder. The original formula was as follows:—

"Take opium 1 oz., saltpetre and tartar vitriolated each 4 oz., liquorish 1 oz., ipecacuanah 1 oz. Put the saltpetre and tartar into a red-hot mortar, stirring till they have done flaming. Then powder them very fine; after that slice in your opium; grind these to a powder, and then mix the other powders with these. Dose: from 40 to 60 or 70 gr., in a glass of white wine posset going to bed, covering up warm, and drinking a quart or three pints of the posset drink while sweating.

"In two or three hours at furthest the patient will be free from pain; and, though before not able to put his foot to the ground, 'tis very much if he cannot walk next day. The remedy may be taken once a week or once a month."

A sidelight on the relations between doctors and apothecaries in the early years of the eighteenth century is thrown by Thomas Dover's treatise. In a chapter on ague (for which he says bark is the best medicine known to mankind, though he wishes he could have the resinous quality of it separated from the earthy part) he remarks that he cannot prescribe to please the apothecaries. He cannot bring a fever case to £3, though he has known apothecaries who have run up their bills in such cases to £40, £50, or £60. Every time a physician writes, he says, it is supposed to put 10s. or 12s. in the apothecary's way. Then, as a postscript, he prints the following on the last page:—

"N.B.—Having taking notice of some errors in the practice of other physicians, I shall frankly own one in my own; I have hitherto been too zealous in recommending one particular apothecary, but am resolved, for the future, to let all my patients make use of any apothecary they like best, which I think is but doing justice to the gentlemen of that profession."

Whether this was a really honest repentance, or whether the one particular apothecary had offended Master Dover, doth not appear.—*Chemist and Druggist*, March 15th.

In an interesting letter in the *Medical Press* of June 18th, Dr. George Foy gives some additional particulars of Dover and Selkirk:—



"SIR,—I ask permission to supplement the interesting account you gave in your issue of May 14th of Thomas Dover, one of the pupils of the great Sydenham, by an account of a few less known incidents of his memorable voyage. And I would draw attention to the fact that Dr. Thomas Dover was selected to be the surgeon of the fleet because of the high reputation he had already acquired in his profession. The name 'buccaneer,' as applied to Dover, gives a wrong impression; neither he nor his companions were in any sense 'filibusters' or buccaneers. On the contrary, he was one of a body of gentlemen who sailed as privateers under commission from good Queen Anne; one of the heroes of the people that went from the banks of the Thames and the Avon and the Plym and the Dart, 'self-taught and self-directed, with no impulse but what was beating in their own loyal hearts, went out across unknown seas fighting, discovering, colonising.'

"Dr. Thomas Dover sailed under his friend Captain Woodes Rogers, who in 1708 was called from being Governor of the Bahamas to be admiral of the little fleet of two vessels, the *Duke* and *Duchess*, that some patriotic inhabitants of Bristol had furnished and equipped to fight against the Spanish in the South Seas. Woodes Rogers sailed in the *Duchess*, and William Dampier, who had just published his memorable 'Vindication of his Voyage to the South Sea in the ship *St. George*,' was master of the *Duke* and pilot of the expedition, Rogers, it would seem, having no personal knowledge of the Pacific. Dampier, besides being a bold seamen, had also studied navigation as a science. Dr. Thomas Dover's official title was 'Second Captain of the *Duke*, President of the Council, and Chief Medical Officer.' The expedition sailed from King's Road on August 2, 1708, and after touching at Cork, steered for the Canary Islands. Rogers, a strict disciplinarian, suppressed a mutiny by having the principal offender flogged, and he as regularly conducted Divine service and required a religious life of his crew, as did Drake, who excommunicated a petty officer for swearing.

"Off Teneriffe they captured a Spanish bark laden with wine, which they added to their own stores, and made for Cape Horn in the beginning of January, 1708-9. Here they encountered violent storms, and were driven as far south as  $61^{\circ} 53'$ , and it was resolved to make for the Twin Islands—Mas-a-Tierra and Mas-a-Fuera—the former of which is known as Juan Fernandez, from the Spanish pilot who is credited with discovering it. On arrival, Dr. Dover went on shore in a boat, and brought off a man dressed in goat-skin and speaking English with difficulty, who turned out to be no other than Alexander Selkirk, who in 1703 had joined Dampier's Privateering Company, and was put on shore by Captain Thomas Stradling, with whom he had quarrelled, with a few books, his nautical instruments, a knife, boiler, axe, gun, powder and ball. Before the ship left he begged to be re-admitted, but Stradling refused, with the curious result that Selkirk became a hero for all time.

"Dampier at once recognised his old shipmate, who was a good seaman, and as such was welcomed by Rogers and appointed mate of the *Duke*. After refitting at Juan Fernandez, they cruised off the coast of Peru for some months, capturing some small vessels and one larger one, in attacking which Thomas Rogers, a brother of the admiral, was killed by a shot in the head. They then sailed for Santiago de Guayaquil, and sacked the city, an operation which

Dampier had performed some three years previously. On December 21, 1709, he captured a Spanish treasure-ship off the coast of California, in capturing which Rogers got a bullet wound in the mouth which smashed his upper jaw, the bullet being extracted six months afterwards, presumably by Dr. Dover. They retained the vessel as a prize. Dr. Dover was placed in charge, with Alexander Selkirk as his sailing master. On December 27th they sighted a rich Manila treasure-ship bound for Spain; the *Duke* and the new prize, now named the *Marquis*, were becalmed, but the *Duchess* attacked the Spaniard, who proved a Tartar, for she beat off the *Duchess*, and later on both the *Duke* and *Marquis*, and sailed away with the rich cargo of silver ingots. In this fight Rogers had his heel bone shot off and his ankle broken—the principal medical officer of the fleet held no sinecure. Since they left Santiago de Guayaquil the men had been suffering from an epidemic of a dysenteric character, supposed to have been due to the bad water they had shipped, and for which Dr. Dover prescribed his celebrated powder.

"This outbreak of disease decided Rogers to seek Guam, in the Ladrões, then, as now, celebrated for its abundant and pure water; there they refitted and rested the crews. Hence they sailed for Batavia, where they took in provisions, and started on their voyage to round the Cape of Good Hope, which they successfully accomplished on December 27th, and arrived in the Downs on October 1, 1711. During the return journey the epidemic of dysentery so occupied Dr. Dover's time that Rogers appointed the mate of the *Duchess*, E. Cook, captain of the *Marquis*, to allow of Dr. Dover giving his undivided attention to the sick. How well he performed his professional duties is shown by the fact that during the voyage there was not a single death from scurvy.

"Selkirk's share of the spoils of war was £800 (a large sum in those days), Dover secured considerably over £10,000, and Rogers was commissioned by Robert Walpole as Captain-General and Governor-in-Chief of the Bahama Islands, where he died at Nassau on July 16, 1732.

"Soon after the expedition returned Selkirk was introduced to Sir Richard Steele, who made his life in Juan Fernandez the subject of a paper in the *Englishman*. This paper is said to have been the source of Defoe's inspiration for his classic 'Robinson Crusoe.' Dover settled down in practice in London, and increased his wealth and reputation by his wonderful powder, the history of which I may some day find time to give, and late in life took to writing. His 'Treatise on Mercury' appeared in 1733, and in the same year his 'Ancient Physician's Legacy,' which called forth a rejoinder, 'Physical and Physiological Remarks on Dr. Dover's late Pamphlet,' by H. Bradley.

"I am, Sir, yours truly,

"GEORGE FOY.

"Dublin, June 9, 1902."

## ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

---

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

### ARBORIVITAL DOSES.

Dr. G. Delgado Palacios, of Caracas, Venezuela, asks: 1. What is the quantity of tincture which Dr. Robert T. Cooper gives in his arborivital doses?

Answer: Dr. Cooper uses the sign " $\phi$  A" to represent a single dose allowed to act without interruption. The quantity given is one or sometimes two drops of the  $\phi$  tincture. This may be the usual homeopathic fresh-plant tincture, but is generally a tincture made by Dr. Cooper himself by simply pouring a little proof spirit on a freshly gathered part of the living plant—generally a bit of a leaf and leaf-stalk or twig.—[ED. H. W.]

2. May the mineral and animal substances be administered according to this system, and if so in what doses and attenuations?

Answer: Dr. Cooper considers that in his *arborivital* work he is dealing with the life force of *plants*. This, of course, does not apply to animal or mineral substances. There is, however, no reason why these should not be given, as Dr. Cooper gives his plant medicines, in single doses, allowing them to expend themselves without repetition. In chronic cases, when it is possible to observe the action continuously, this is often the best practice. Such doses may be given in nearly any potency, but it is usual to give mineral and animal substances in attenuations from the 3x upwards.—[ED. H. W.]

---

## Obituary.

---

### HENRI LOUIS MARTINY, M.D.

BELGIUM has suffered yet another grievous loss through the death of the *doyen* of Belgian homeopaths, Dr. Henri Louis Martiny. Dr. Martiny, who was born at Habay-la-Neuve on January 7, 1839, died at Brussels on June 30th last, in the sixty-fourth year of his age—a very critical age, it would seem, for men who have lived strenuous lives in the medical profession. Dr. Martiny was the founder of the *Revue Homéopathique Belge*, a

journal which has had very great influence in Belgium and elsewhere, and in which invaluable clinical material has been preserved. He continued to edit this journal to the end, though its appearance of late years has not been continuous. Dr. Martiny was corresponding member of several learned societies, and he was also honoured by the Belgian Court. He was Chevalier of the Order of Leopold, and was decorated with the Civic Cross of the First Class. The funeral took place on July 4th, in the Cemetery of Saint Josse-ten-Noode.

We offer our sincere condolences to Madame Martiny and the bereaved relatives of our departed colleague, and also to the Belgian homeopaths, among whom he has so long occupied a distinguished place.

---

---

## GENERAL CORRESPONDENCE.

---

### THE TEACHING OF MEDICINE AT THE HAHNEMANN COLLEGE OF PHILADELPHIA.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR SIR,—During a recent visit to Paris I made the acquaintance of a young American M.D. who was furnishing up his knowledge at the Continental schools. In the course of conversation the question of homeopathy came up, and I asked him how it was getting on in his country. I may say he was an allopath. He said homeopaths were gradually coming over to old-school practice, and as an instance of this he said that at the Hahnemann College of Philadelphia, which he considered a very representative institution, the authorities *insisted on the students learning therapeutics from an allopathic text-book*. Not crediting this statement, and at the same time not being in a position to deny it, I appeal to you, Sir, to tell me what are the facts.

Yours, &c.,  
VIATOR.

[We will submit this query to the Dean of the Hahnemann Medical School.—ED. H. W.]

## HUGHES' MEMORIAL.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR SIR,—I enclose a further list of subscribers to the Hughes' Memorial Fund. There are still many who, we are certain, would wish to subscribe whose names have not been sent in, and we would urge all wishing to help us to send in their promises or cheques without delay. I also enclose copy of a letter received by Dr. Burford in reply to one sent by him, as Chairman of our Committee, to the American Institute of Homeopathy, which is most satisfactory and encouraging in every way.

Yours faithfully,

ED. M. MADDEN.

Secretary to Hughes' Memorial Fund Committee of  
the British Homeopathic Society.

### SUMS RECEIVED OR PROMISED SINCE LIST PUBLISHED IN JULY.

	£	s.	d.
Mr. A. P. Welch, J.P. ....	3	3	0
„ Jas. Epps .....	5	5	0
The Misses Madden (per Dr. Madden).....	10	0	0
Dr. Sandberg .....	1	1	0
„ G. Scriven .....	2	2	0
„ T. E. Purdom.....	3	3	0
„ F. Neild .....	5	5	0
„ J. W. Ellis .....	2	2	0
„ H. V. Münster .....	0	10	6
„ Percy Cox.....	1	1	0
„ Proctor.....	2	2	0
„ Pullar .....	2	2	0
„ S. Morgan .....	2	2	0
„ A. Reynolds.....	1	1	0
	40	19	6
Amount previously reported .....	227	11	0
Total.....	£268	10	6

### DR. WOOD'S LETTER.

CLEVELAND, *June 24, 1902.*

Dr. GEO. BURFORD,  
35, Queen Anne Street,  
Cavendish Square, West,  
London, Eng.

DEAR DR. BURFORD,—You will be glad to know that we raised nearly \$800 for the Hughes' Memorial Fund in less than twenty minutes on the first afternoon of our Institute meeting. We hope to

make it an even \$1,000.00 before we get through with it. I presented the matter to the Institute and then turned it over to Dr. J. H. McClelland, which, as you know, places it in excellent hands. I think that all who subscribed considered it a real pleasure to be able to testify in a somewhat substantial way our high regard for the memory of Dr. Hughes. Will you kindly express to Mrs. Hughes my profound sympathy?

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

With warm regards, I beg to remain,

Sincerely yours,  
JAMES C. WOOD.

## VARIETIES.

**LOTUS ARABICUS.**—Traditionally the lotus has a sinister reputation; and in practice the military and civil authorities in Egypt have found that it is highly poisonous in certain stages of its growth to the horses, sheep, and goats for whom it has been used as fodder. Some time back investigations were undertaken by Mr. Wyndham Dunstan, F.R.S., and Mr. T. R. Henry to discover the poisonous element in the Egyptian lotus—*Lotus Arabicus*, and they found that its poisonous constituents included prussic acid. The poisonous property of the lotus appears to be due to the action of an enzyme, lotase, on a glucoside, lotusin, which breaks up into prussic acid and other constituents. The amount of prussic acid given by the plant differs according to the stage of its growth. The formation of the poison seems to reach its maximum at about the seeding period, and after that to diminish rapidly. The Arabs are aware that the plant itself is safe to use as a fodder when the seeds are quite ripe, but not before. During the ripening of the seeds the lotusin which contains the prussic acid disappears.—*Medical Press*.

**"CANCRON."—Cancroin** is, according to Adamkiewicz, a toxin obtained from the parasite coccidium sarkolytes Adamkiewiczii. The material which he uses, however, appears to be called neurin or Cancroin II., which he states to be a substance whose chief physiological properties correspond with those of the original cancroin. The original toxin, he states, cannot be obtained in sufficiently large quantities for therapeutic purposes. The doses of Cancroin II. vary, but he advises that it should be gradually increased until  $11\frac{1}{2}$  grs. (= 0.75 gram.) is reached. It is injected into some "indifferent" part, that is, the abdominal wall, and this is carried out daily until there appears to be a "complete cure." In one case he reports that a rather long interval followed, but he found it necessary to complete the treatment by a second course. Adamkiewicz does not mention in the available literature where he has obtained Cancroin II., but there is little doubt that the name and address of the manufacturing

chemist in Vienna can easily be procured from the professor himself. For further details see (1) *Untersuchungen über der Krebs*. Wien (Braunmüller) 1893; (2) *Wiener med. Wochen.*, 1895, 1896, and 1892; (3) *Wiener med. Presse*, 1892-82 (*inter alia*).—*Brit. Med. Journ.*

## LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

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

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

- |  |   |
|--|---|
| <p><b>Albert (E.).</b> The Diagnosis of Surgical Diseases. 8vo. (Hirschfeld. Net, 18s.)</p> <p><b>Allen (H. C.).</b> Therapeutics of Intermittent Fevers. Demy 8vo. (Hom. Publishing Co. Net, 20s.)</p> <p><b>Bailliere's Popular Mannikin.</b> Edited by W. S. Furneaux. Obl. fol., bds. (Baillière. Net, 3s.)</p> <p><b>Bowhill (Thomas).</b> Manual of Bacteriological Technique and Special Bacteriology. 2nd ed., enlarged, and thoroughly revised. With numerous original illu. Roy. 8vo, pp. 340. (Oliver &amp; Boyd, Edinburgh; Simpkin. Net, 21s.)</p> <p><b>Gee (Samuel).</b> Medical Lectures and Aphorisms. 12mo, pp. 304. (Smith, Elder. 6s.)</p> <p><b>Heath (Christopher).</b> Clinical Lectures on Surgical Subjects Delivered in University College Hospital. 2nd series. 12mo, pp. 352. (Churchill. 6s.)</p> <p><b>Knoff (S. A.).</b> Tuberculosis as a Disease and How to Combat it. 8vo. (Rebman. Sd., Net, 1s.)</p> <p><b>Marsh (Howard).</b> Clinical Essays and</p> | <p>Lectures. 8vo, pp. 316. (Churchill. 7s. 6d.)</p> <p><b>Norton (A. B.).</b> Ophthalmic Diseases and Therapeutics. With 90 illu. and Plates. 3rd ed. Demy 8vo, pp. 659. (Net, 15s.)</p> <p><b>Philip's Popular Mannikin.</b> Edited by W. S. Furneaux. Fol., bds. (G. Philip. Net, 3s. 6d.)</p> <p><b>Shoemaker (J. V.).</b> A Practical Treatise on Diseases of the Skin. 4th ed. 8vo. (Hirschfeld. Net, 21s.)</p> <p><b>Thorne (A. Bezly).</b> The Schott Methods of the Treatment of Chronic Diseases of the Heart, with an Account of the Nauheim Baths, and of the Therapeutic Exercises. 4th ed. 8vo, pp. 138. (Churchill. 6s.)</p> <p><b>Wanklyn (J. Alfred).</b> Arsenic. 2nd ed., revised. Cr. 8vo, pp. 116. (Trübner &amp; Co. 2s. 6d.)</p> <p><b>West (Samuel).</b> Diseases of the Organs of Respiration. A Treatise on the Etiology, Pathology, Symptoms, Diagnosis, Prognosis, and Treatment of Diseases of the Lungs and Air Passages. 2 vols. Roy. 8vo, pp. 410, 524. (Griffin. Net, 36s.)</p> |
|--|---|



## TO CONTRIBUTORS AND CORRESPONDENTS.

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

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

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

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

### CORRESPONDENTS.

Dr. Cooper, London.—Mr. Hurndall, London.—Hovis Bread Flour Co., Ltd.—Dr. Lardinois Watermael, Belgium.—Dr. Gibson Miller, Glasgow.—Dr. Beale, London.—Dr. Ridpath, Sunderland.—Dr. Madden, Bromley.—Dr. Burford, London.—Mr. F. Kopp, Greenwich, N.S.W.—Dr. Delgado Palacios Caracas, Venezuela.—Dr. Clifton, Northampton.—Dr. Beale, London.—Mr. Ivatts, London.—Mr. Joseph Lowden, Dunedin, N.Z.—Mr. Bill, Leicester.

### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Revist. Hom.—Calcutta J. of Med.—Med. Times.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica.—Maanedsk. f. H.—H. Maandblad.—La Homeopatia.—Amer. Physician.—Minn. Hom. Mag.—Hom. Envoy.—

Hom. News.—Personal Rights.—Medical Century.—Ind. Hom. Rev.—Rev. Hom. Française.—Hom. Recorder.—Wjestnik H. Med.—N. A. J. of H.—Clinique.—J. of Homeopathics.—New Eng. Med. Gaz.—L'Art Médical.—Amer. Med. Mon.—Astrol. Mag.—Jour. Belge d'Hom.—Med. Advance.—Minn. H. Mag.—Homeopathic Journal of Obstetrics.—Revista Homeo. Catalana.—Hahnemannian Monthly.—Pacif. Coast Journal of H.—Hahn. Adv.—Leip. pop. Z. f. H.—Lekarz Homeopata.—Otago Times.—The Vaccination Delusion. By Dr. Hadwen.

## The Homeopathic World.

### CONTENTS OF JULY NUMBER.

#### LEADING ARTICLE.

Patriotism.

#### NEWS AND NOTES.

#### ORIGINAL COMMUNICATIONS.

Relationship of Remedies. By Dr. R. Gibson Miller.

A Notable Case—Chronic Splenitis.

By Robert T. Cooper, M.A., M.D.

A *Coccus Cacti* Case. By D. Ridpath, M.D.

Materia Medica Miscellany. By J. R. P. Lambert, M.D.

Case of Very Obstinate Deafness. By Robert T. Cooper, M.D.

Interesting Cases from Twenty-five Years' Practice. By Oscar Hansen, M.D., Copenhagen, Denmark.

Cases I Have Come Across. By Frederick Kopp, M.D.

#### SOCIETY'S MEETING.

British Homeopathic Society.

#### INSTITUTIONS.

The British Homeopathic Association

Twentieth Century Fund.

British Homeopathic Congress, 1902.

#### EXTRACTS.

A Case of *Trional* Poisoning. By C. H. Dobson, M.D., Ardmore, Pa.

#### REVIEWS.

#### PREPARATION.

Hovis Foods for Infants and Invalids.

#### OBITUARY.

William Tod Helmut.

Gustave Adolphe Van Den Berghe, M.D.

#### GENERAL CORRESPONDENCE.

#### VARIETIES.

#### MEDICAL AND SURGICAL WORKS.

#### TO CONTRIBUTORS & CORRESPONDENTS

THE

# HOMEOPATHIC WORLD.

---

SEPTEMBER 1, 1902.

---

## THE HOMEOPATHIC REVIVAL AND THE BRITISH HOMEOPATHIC SOCIETY.

A PUBLISHER of homeopathic writings was once offered by an author a book of a propagandist description. He declined the offer, with thanks, and gave this as his reason: "*The public of the present day are not interested in homeopathy—they are only interested in their own complaints.*" Like a good business man, he did not see the use of publishing books if the public were not disposed to buy them. However, the British Homeopathic Association is now in the field, and it is going to change all that. The Association has undertaken to make the public interested in homeopathy or to know the reason why.

But if homeopathy has ceased to be a burning question there must surely be a centre of red-hot interest kept alive in the professional homeopathic circles? Well, scarcely; and it is a matter of no little curiosity to see whether the homeopathic revival now in progress will quicken the homeopathic interest within the British Homeopathic Society. How do matters stand at present? First let us recall the past, still within the memory of some of the older members. In those years the interest in homeopathy was sufficiently great to secure a paper on some homeopathic question for every night of the session, and the honorary secretary was able to secure the papers

single-handed. In these latter days homeopathy as a subject is relegated to three nights only in the session, and a five-barred committee is required to secure papers for three nights.

The section of materia medica and therapeutics has been allotted the following evenings during next term : January 8th, April 2nd, and July 1st. A wicked suggestion was made the other day to the effect that if a good chemical paper could be secured for January 8th, it might be discussed on April 2nd, and the adjourned discussion might be held on July 1st, and then there would be nothing in the proceedings of the Society to offend the susceptibilities of the most sensitive allopath !

Seriously speaking, is it seemly that three nights in the entire year devoted to homeopathy can be supposed sufficient to satisfy the interest of the members of this Society, with all the thousand and one points of practice needing vital canvassing amongst men who are every day face to face with crucial practical problems ? How can the enthusiasm and interest of homeopathy be kept alive from January to April, April to July, and from July to the following January ? If this is all the interest that the British Homeopathic Society can show, is it surprising that the public have lost interest in homeopathy, and only retain such interest in it as exists in its relation to their own complaints ?

This splitting up of the Society into sections is all very well for the purposes of the different specialties carried on at the Hospital ; but if the Society is to be "homeopathic" as its name implies, the specialties must look after themselves by providing societies of their own and let homeopathy again take first place in the Society's proceedings. If the Society were really interested in homeopathy there would not be room for the other subjects except as they served to illustrate *homeopathic* practice. And homeopathic practice is distinctly not specialist practice, for homeopathy is general, universal.

In saying this we by no means seek to decry or belittle

the value of specialists' work in dealing with and investigating special regions and organs. We are constantly only too happy to avail ourselves of their special knowledge. But their special knowledge is outside homeopathic practice, and it should not be able to oust homeopathy from being the *pièce de résistance* of every meeting of the British Homeopathic Society. Will the new forward movement restore homeopathy to its former place in the Society's proceedings? We shall be interested to see.

---

## NEWS AND NOTES.

---

### COPPER-CHEWING FOR CHOLERA IN CHINA.

"THE enclosed cutting," writes a correspondent who knows China well, "is an extract from the *North China Herald* of 2nd July, 1902, and is part of the matter contributed by that paper's own Soochow correspondent. You may perhaps think it interesting enough to be reproduced in the pages of the HOMEOPATHIC WORLD as illustrating the use of *Cuprum* in cholera even when the drug is administered in so crude a form as the chewing of copper cash. The Chinese are not nice in their medicines. They prove a great many substances that are disgusting to us":—

"All kinds of remedies are used by the Chinese to cure cholera, but the strangest which has come under my notice so far is this; the patient attacked with cholera chews up a number of large cash, the old ones of better days when they were made large and of copper. After chewing them he spits them out and his cure is effected. I was called to see a patient who had done this, and to my surprise he showed me a handful of small bits of copper which he said he had chewed up—forty-two cash! I naturally looked at his teeth to see what effect this work had had upon them. He explained to me that it was not at all a difficult thing to do, as the saliva of a true cholera patient softens the copper and makes it an easy undertaking. I saw the bits of copper and a few cash which he had not yet masticated, but where these bits came from is more than I can explain unless his story is true. The man was cured without any foreign medicine, and from his symptoms he undoubtedly had cholera. Despite this and many other means, large numbers of people are dying daily and the disease is spreading all over the city."

*TARENTULA.*

THE following is from the *Westminster Gazette* of August 12th :—

“ A Seville correspondent of the *Kleine Zeitung* reports a veritable plague of ‘tarentela’ spiders in that part of Spain. Men, women, and children have been bitten, and are suffering cruelly. Although it has been scientifically proved that the bite of the tarantula is not really dangerous, and does not of itself inspire the bitten with the dancing mania, it is impossible to disabuse the ordinary Spaniards of their ancient superstition. As soon as the bite begins to work, the sufferer believes that he is compelled to dance and that his automatic saltatory impulses can only be allayed by the tones of the ‘tarentela-guitarre.’ In Orsuna, as in other towns, there is a ‘Guild of Tarantula-players,’ says the writer, who earn considerable fees by sending round their members to heal the sufferers from the tarantula bite. The victim lies in bed, and as soon as his musical physician begins the monotonous clang of the ‘tarentela-guitarre’ the patient rolls about wildly in the bed until he has worked himself into a fearful sweat, which carries the mild tarantula poison out of his body and with the poison his mad desire to dance.”

We are always interested to know when it has been “scientifically proved” that some drug or poison does *not* do something or other ; because we can then be tolerably certain that it *does*. The tarantula-bite does not inspire the dancing mania ! Well, when three-months-old babies are bitten they show signs of suffocation and become convulsed, and when music is played they make rhythmic movements, which are followed by sweat and relief. This can hardly be said to be due to superstition. Though the dancing mania is the process of cure, it is the effect of the poison on the organism *plus* the influence of music.

---

WHAT IS VELDT BUCHU ?

IN the course of an interview with the correspondent of the *Manchester Guardian* (quoted in *Westminster Gazette*, July 28th), the late General Lucas Meyer made the following remark accounting for the freedom of the Boers from enteric fever: “ We rarely had sickness—never, as far as I remember, enteric. In every case we used veldt medicines, as we had no ambulances nor any medicine. Buchu—at least a species of bush they called buchu—is considered a prophylactic against enteric, and I must say it served us excellently.” This is a far better record than that of inoculation.

SURGERY AMONG THE BOERS AND THE EFFECT OF  
LYDDITE.

DR. JOHANN REINECKE, who served as Field-Surgeon to the Boers, has just had the degree of M.D. conferred on him at the Berlin University (*Standard*, July 29th), and in his inaugural dissertation made some interesting remarks on the treatment of wounds in the field. He accepted Bergmann's dictum that gunshot wounds are not to be regarded as infected, and are not to be touched with the probe or with the hand, but cleansed with soap-spirit, and have a septic bandage applied.

"For this conservative method of surgical treatment the Boers were just the proper material. They bore even serious injuries with stoical calm. One Johannesburg Commander who, in the battle at Pieter's Hill, on February 27, 1900, had been shot through the left lung above the heart and also through the right upper arm, was taken to a neighbouring hospital soon after he was wounded. The following night the Boers retired, and next morning the English patrol came and its officer took down the names of the wounded Boers to order their transport to Ladysmith. This, however, was not to the liking of the Johannesburg Commander. He got up at night, inspanned a waggon with four mules, and placed a young Field Cornet, who was covered with wounds, on the cart. The Commander had to drive the waggon and to hold the whip himself. After a week's travelling, during which time they were obliged to make a long detour to evade another English patrol, they arrived at Dr. Reinecke's Field Hospital on Van Reenen's Pass. The strain of the journey had apparently not done them any special harm, as, owing to the excellence of the first bandaging, the process of healing had gone on uninterruptedly. Dr. Reinecke says that the effect of the lyddite bombs was disappointingly small. Probably the explosive power of lyddite, when used in a high and very dry atmosphere, is much inferior to its effect when used in the damp atmosphere of the sea-coast, where the trials were originally made in England. When lyddite did take effect, however, the results were most curious. On January 17, 1900, a foggy day, two Free Staters were killed near the Tugela by the explosion of such a bomb without showing the slightest injury. At other times Boers were thrown down unconscious, remaining for a longer or shorter period in a death-like condition. They gradually regained consciousness, and were extremely excitable on their recovery, suffering from terrible headache, as well as from pains in the spine and the extremities, lacking appetite and sleep, and having a discoloured tongue. The ears of victims are especially liable to be affected."

*Plumbum picricum* is worth a proving. These indications would give a good starting-point.

A POINT ABOUT *COLOCYNTH*.

THE *Homeopathic Envoy* of June quotes the following

from an article by Dr. H. C. Allen in the Transactions of the American Institute of Homeopathy :—

“Several years ago a banker, a friend of mine, was visiting a friend of his in Indiana, and while out riding one day he pointed out something in a field, and he noticed that this friend, the banker, when he attempted to look at it, turned his body around in the buggy. The visitor asked him what was the matter, to which his host replied: ‘I could not turn my head without turning my body to save my life. I have not been able to do so for years. If I should turn my head suddenly to the left in this carriage, or in walking on the street, I would fall as if I had been shot.’ My friend wrote to me stating this strange thing. He told me that the man had been treated for years, and that he could find nothing to give him relief. He asked me to send him some medicine for him. I sent him a dose of *Colocynth* 200th, and it cured that man completely, so that he could turn his head in any direction.”

The symptom is one which occurred in Stapf’s proving : “Vertigo on suddenly turning the head, as if arising in the left temple ; it seems as if he would fall ; with tottering of the knees.” The old provers knew how to prove although they knew comparatively little about microbes !

---

#### HERING COLLEGE.

WITH its eleventh annual announcement the Hering Medical College notifies that it has become affiliated with the Midland University of Chicago and Dixon, Ill., of which it now forms the medical department. We congratulate both institutions, and wish them a prosperous and united career.

---

### ORIGINAL COMMUNICATIONS.

---

#### ADVANCES IN SCIENTIFIC MEDICINE.

By DR. R. E. DUDGEON.

THE orator chosen by the British Medical Association to deliver the annual address in medicine this year is Sir Thomas Barlow, Bart., K.C.V.O., Physician to His Majesty’s Household. I am ashamed to confess that I know nothing about the achievements of Sir Thomas which have gained for him his baronetcy—if the title is not derived from his father—and his other honour indicated by the four letters which adorn his name, but



I think I remember that his name appeared among the King's medical attendants when we were informed that his Majesty's disease was lumbago, which it was not, but something very different. At all events he must be considered a very eminent physician, otherwise he would not have been selected to be the physician to the King's Household or to deliver the address.

He says that "it would be impossible even to enumerate all the advances which medicine has made during the quarter of a century which has elapsed since we last met in" Manchester, so he contents himself with telling what advances it has made during the last year or so. "There are," he says, "those who still maintain that medicine has no claim to the title of an exact science, and yet some of the most estimable of our fellow-citizens do all that lies in their power to hinder the employment of one of the methods which contribute towards making medicine an exact science." The meaning of this mysterious sentence seems to be that because some estimable people disapprove of vivisection, without, however, being able to stop its practice, they prevent medicine becoming an exact science, which it would become, were it not for their futile attempts to put down the torturing of animals in physiological laboratories. The logic of this passage is not very apparent. But as the orator has convinced himself that medicine, owing to the action of these estimable fellow-citizens, cannot become an exact science, he says, "let us frankly admit that the basis of our practice is empiricism, and the basis of all our practical life is empiricism," which is, of course, the exact antithesis of exact science, but that does not seem to make him at all unhappy; for a little further on he says, "In some definite instances medicine has justified for itself the designation of an exact science"; but as he does not tell us what these "definite instances" are, we are left "groping in the dark" in reference to the claims of medicine to be an exact science.

He next proceeds, as he says, "to draw attention to some recent notable advances in the healing art," which, of course, means that he is going to give us a full dose of bacteriological speculations. His first example of these notable advances refers to diphtheria, which can hardly be called recent, as the presumed success of the investigations into its nature and of its treatment has formed

the theme of scientific medical self-congratulation for a good many years past. He scornfully alludes to "the chaotic and bewildering state of the doctrine on this disease only a dozen years ago," which he contrasts with the certainty and lucidity of the doctrine that now prevails. But on reading his account of the latter I do not see much to boast of in comparison with the doctrines and opinions prevalent a dozen years ago. The bacillus discovered by Klebs in connection with the false membrane in the throat of diphtheric patients was first held to be the cause of the disease. Then uncertainty was introduced by the discovery of the polymorphism of the bacillus. Did the different shapes it assumed imply that there was a corresponding difference in the character of the disease it was held to produce? Nobody knows. Then the varying virulence of the bacilli, "going down to an actual vanishing point with little morphological difference," was a puzzler. Then the presence of the diphtheria bacillus "in cases at first clinically indistinguishable from follicular tonsillitis," "the persistence of the bacillus, sometimes for months, in the fauces of those who have passed through an attack of diphtheria," and its presence "in the fauces of doctors and nurses attending cases of the disease" without doing them any harm, raised doubts about the causal connection between diphtheria and its accredited bacillus. The discovery that many apparently diphtheric sore throats have no Klebs bacillus in their false membrane, that a quite different microbe, the streptococcus, is the only pathogenic bacterium found there, was a staggerer. Of course, the partisans of the Klebs bacillus tried to get over this difficulty by calumniating the streptococcus, and asserting that the diphtheria it caused was not the true disease, but a sort of bastard malady which they contemptuously called pseudo- or streptococcous diphtheria. Some bacteriological experts, unable, I suppose, to reconcile all these irreconcilable facts and fancies, boldly denied that the Klebs bacillus had anything to do with the production of diphtheria, that when it was present it was only there accidentally as it were, but that the diphtheria could exist without the bacillus and the bacillus could be present without causing anything like diphtheria. Then some observers, anxious to save the reputation of the Klebs bacillus, but struck by the fact that it is only found in the

throat of diphtherics, whereas the disease attacks many and distant parts of the body, accounted for this to their own satisfaction by crediting the bacillus with the secretion of a virus or toxin that spread through the whole body and produced the manifold symptoms observed in cases of the disease. So, on the whole, the doctrine on this disease seems to be not a whit less "chaotic and bewildering" than it was a dozen years ago.

If the doctrine is unsatisfactory, even in the account given by this eulogist of bacteriology, the treatment by antitoxin is, according to him, perfectly satisfactory. He does not say, as Lord Lister said a couple of years since, that the mortality has by it been "reduced to zero," but he tells us that the statistics "show a reduction of mortality between one-third and one-half." He does not tell us where or by whom these statistics have been prepared, but they seem rather irreconcilable with the Register-General's sixty-second report, from which it appears that whereas the death-rate per million from diphtheria was 143 in 1878, and 246 in 1897, it had risen to 293 in 1899.

With regard to tetanus he does not claim much success for the antitoxin treatment, but he says that "later investigations point to the necessity of subdural injections into the cerebral substance itself;" that is to say, we are to bore a hole in the skull, perforate the dura mater, and inject an antitoxin into the substance of the brain. I am not sure whether this heroic—or South Sea Island—treatment is to be employed for the cure or for the prevention of tetanus. If for the latter, then, I suppose, every person who gets a wound whereby it is apprehended that lockjaw might ensue—and lockjaw has been known to follow all sorts of wounds—so I may say every one who is wounded in any manner should send for the nearest surgeon to trephine his skull, slit open his dura mater, and inject a sufficient dose (the orator says that far larger doses are needed than at first advised) into the substance of his brain, and then he may go to bed happy in the assurance that he has done the best that scientific medicine can devise to ensure his escape from a horrible death by tetanus. But as tetanus is nearly as often idiopathic as traumatic (this is the case in India at any rate) then all are equally liable to get lockjaw, whether wounded or not; so to guard against the possibility of catching

that fearful disease, would it not be better to inject a sufficient quantity of the antitoxin into the brain-substance of babies as soon as they are born? There is a soft bit in babies' heads which would render the operation easy without the necessity of trephining. A Pravaz syringe is all that is required. It would easily go through scalp and dura into the cerebral substance and inject any quantity of the antitoxin. Could anything be simpler? I have not seen that this truly scientific procedure has yet been proposed, but, as I am completely altruistic on the subject, I offer it freely to any ambitious surgeon who desires to gain a fleeting immortality by the connection of his name with a novel and striking immunization invention. But perhaps the protective power of tetanus-antitoxin injections, like that of vaccination and many other prophylactics, only lasts for a few years or months, in which case the surgeon may have an excuse for repeating his antitoxin injections at frequent intervals, when the victim's skull is sufficiently hard and thick to allow him the pleasure of dexterously employing his trephine. That the skull can thus be bored repeatedly without killing the patient is evident, for most museums contain specimens of the skulls of savages honeycombed with holes, painfully scraped by native doctors with pieces of sharpened flint, which of course is not nearly so scientific an operation as the trephining of civilised surgeons.

Of course our orator is a firm believer in Pasteur and his anti-rabic injections. "We are," he says, "still ignorant as to the micro-organism, which we are none the less convinced is the cause of the disease." That is quite in keeping with the style of reasoning of the microbomaniacs. "All diseases," says their arch-advocate, "are divisible into two classes, those in which a microbe has been found and those in which a microbe will be found." Hardly the correct line to be taken by an exponent of an exact science. But when once a man has been bitten by bacteriology there is no knowing where his credulity will stop. "There can surely," he says, be no doubt of the prophylactic value of Pasteur's methods." "M. Pasteur ne guerit pas la rage, il la donne," is the verdict of all sensible people.

"Of plague, cholera, and typhoid I will not speak, for the inoculation methods are still *sub judice*." At all

events he might have spoken of the inoculation method in typhoid, as that I should have thought was not *sub judice*, but in the light of the thousands of cases of soldiers sent to South Africa inoculated with typhoid antitoxin and the frightful mortality from typhoid among the troops, it has been thoroughly judged and condemned as a pernicious delusion. Surely it is as much the duty of a medical instructor to warn his hearers against disastrous, as to recommend to them successful, methods of treatment.

The next subject touched upon by Sir Thomas is "the treatment of tuberculosis in the light of modern discoveries." It is a relief to the worried practitioner to find that there is no suggestion of tubercle-antitoxin injections here, and that our old friends—fresh air, sunlight, and good food—are the only means advocated. That these were not first suggested by any modern discoveries—meaning, of course, bacteriological—is shown by the orator himself, who says that they were first proposed and successfully employed by a village practitioner, of the name of George Boddington, sixty years ago, consequently long before the discovery of the tubercle bacillus by the illustrious Koch. Mr. Boddington recommended that his hygienic measures should "be carried out under the assiduous daily and even hourly supervision of a doctor living under the same roof or close by," which would be all very well if the doctor had nothing else to do and the patient could pay him a handsome salary, but as things actually are would be hardly possible. Sir Thomas accepts the fashionable doctrine that phthisis is not a hereditary disease, but is caused by the bacilli ejected by tuberculous patients, and so he joins in the disapproval of spitting in public places. Though Koch has abandoned the idea of bovine tuberculosis being transmissible to man, our orator insists upon us scalding our milk for fear of its containing tubercle bacilli. Some persons are much interested in Dr. Garault's histrionic attempt to overthrow Koch by inoculating himself with bovine tubercle bacilli, but M. Nocard, one of the greatest French authorities on tuberculosis, says that Garault's experiments are futile, as he did not first ascertain if he was not tuberculous before commencing them. *Apropos* of the tubercle bacillus, I think it right to mention here that Dr. Hansen, the great Norwegian authority on

leprosy, according to a conversation with Mr. J. Hutchinson, reported in this month's *Polyclinic*, "asserted with emphasis that it was not possible to distinguish the isolated bacillus of leprosy from the bacillus of phthisis." If this is so then there is at least one more reason for supposing that neither phthisis nor leprosy is caused by a bacillus, but that the bacillus which is everywhere about flourishes equally well in the degenerated tissues of both these diseases; just as many microbes grow equally well in agar, veal broth or sliced potato, and the blue-fly maggot is equally at home on the decayed flesh of beast or bird.

Sir Thomas next gives an account of the micro-organism which is found in the blood of malarial patients. This, as every one knows, is not a bacterium but a microzoon or amœba which goes through its metamorphoses in the blood corpuscle. Sir Thomas introduces the subject in these words: "In the whole range of medicine there is scarcely a disease which illustrates our opening thesis more forcibly than does malaria." Now the opening thesis, as I imagine, is expressed in the title of the address, which is "The study of the natural history of disease the basis of all advance in its treatment." But the study of this disease, the discovery of its microzoon and of the part played by gnats in its propagation, certainly suggests the desirability of the extermination of gnats, but throws no light on its treatment whatever.

The treatment of myxedema, which next occupies our orator's attention, is rather ancient history, and cannot therefore be rightly included in the list of "recent advances." The remainder of the address is not interesting. He has a word or two to say about cancer, but I don't think the following would bring much comfort or conviction to his audience. "Can there be any reasonable doubt that we are on the eve of a fuller elucidation of cancer, and that when the history of the organism *which we suspect to be behind it* [italics mine] has been learned, then the fragmentary and isolated pieces of knowledge which have been painfully and slowly acquired during past generations will slip into their proper places like the blocks in the puzzle of a child?" Is not that a lovely example of old-school hopefulness of future perfection? It reminds me of the

opening sentence of Johnson's "Rasselas"—I quote from memory—"Ye who listen with credulity to the whispers of fancy, and pursue with eagerness the phantoms of hope, who expect that age will perform the promises of youth, and that the deficiencies of to-day will be supplied by to-morrow, attend to the history of Rasselas, Prince of Abyssinia," or as we should say, "attend to the Address on Medicine annually delivered by some eminent protagonist of the allopathic sect." Perhaps the best comment that could be made on this hopeful anticipation of the future achievements of scientific medicine is a passage from the address of Dr. W. J. Sinclair, which immediately follows that of Sir Thomas Barlow: "With regard to the parasitic theory of cancer, some very confident statements as to progress in discovering the causation come to us from America. . . . In the course of a paper on hysterectomy for uterine cancer, the author said: 'Are we not justified in the hope that the so-called parasitic theory of the origin of cancer may evolve something?' . . . Of certain work in support of the yeast theory of the etiology of cancer, it has recently been said: 'Roncali apparently thinks the *ipse dixit* of enthusiasm is an adequate substitute for the details of scientific proof.' . . . Senn, of Chicago, said that the parasitic origin of carcinoma has not been established by experimental research, bacteriological or histological, or by implantation or inoculation experiments. This year we have the report of the Cancer Commission of the Harvard Medical School. It informs us that the work done during the past two years in the study of the etiology of cancer has been wholly negative in its results. . . . An opinion is given that the long series of admirably conducted experiments went to show that the search for a cause of cancer has not been furthered, and is not likely to be, by a continued prosecution of research on the lines just mentioned." Alas for Sir Thomas's "eve of a fuller elucidation of cancer," and for the discovery of "the organism which we suspect to be behind it!" It is to be hoped that he does not "think that the *ipse dixit* of enthusiasm is an adequate substitute for the details of scientific proof," though no doubt he is disposed that way.

Some more passages from Dr. Sinclair's address are amusing reading: "Since the advent of the modern developments of pathology, and especially of bacteriology,



the unknown or misunderstood is accepted as magnificent by the whole medical profession, and a certain distinction can be achieved without much talent or industry." Yes, certainly; discover some new microbe and introduce it with a flourish of trumpets as the cause of some disease, and your fame is made and will endure as long as bacteriology lasts. Here is the opinion of the eminent professor of gynecology upon the present furor operativus for uterine mutilation: "From a careful and laborious attempt to keep up with the record of proceedings, I have no hesitation in saying that a large portion of the extended radical hysterectomies for cancer are homicidal vivisections, which nothing hitherto advanced in their support appears to palliate, much less to justify. Most of the cases recorded have been too far advanced for any operation however radical. 'The radical nature of these operations,' says one German critic, 'is expressed only in the sad immediate and remote results, a high primary mortality, and injuries to the ureters and bladder in those who survive for a time.' The operators profess to dissect out the pelvic lymphatic glands, iliac, hypogastric, sacral, inguinal, lumbar; and they resect the ureters and reimplant them in the bladder when they interfere with the scope of their proceedings. The immediate mortality is terrific, but then, as Jacobs said at Amsterdam, 'The operation mortality is no longer an argument capable of arresting our efforts.'" *Fiat operatio, ruat vita!* in fact.

Dr. Sinclair merely alludes to the suggestion that arsenic may be a contributing cause of cancer. Mr. Jonathan Hutchinson has no doubts on the subject. In the last number of the *Polyclinic*, besides following up his former opinion that malt and hops from the way they are dried communicate a certain amount of arsenic to beer, he makes a statement as to the increase of the medicinal use of arsenic which is highly suggestive. Messrs. Allen and Hanbury, from an examination of prescriptions made up by them during many years, found that from 1834 to 1840 arsenic occurred only once in 565 prescriptions. Since then the proportion has gradually increased until in 1901 arsenic occurred once in every fourteen prescriptions. "Thus," he says, "we may apparently assume that sixty years ago a drug which now appears in one out of every fourteen prescriptions for private patients was scarcely in use at all. It is a curious coincidence, if it be nothing

more, that it is precisely during this interval that the increase in cancer has occurred which has claimed so much attention." So not beer alone, but doctors themselves, may be to blame for the great increase in cancer of late years. Few medical men, of our school at least, can have failed to witness cases of arsenical poisoning in patients who have come into their hands from allopathic treatment. The eminent men forming the Cancer Research Commission will perhaps find a more fruitful field for their inquiries in the food, drinks and environment of the victims of the disease, than in the methods adopted by previous inquirers which have proved so barren of results.

---

PER JACOB LIEDBECK.

A MEMORIAL FESTIVAL HELD IN THE CHURCHYARD OF  
SOLNA, AT STOCKHOLM, SWEDEN.

Translated by OSCAR HANSEN, M.D., of Copenhagen.

THE clouds hung heavy and threatening over the tree-tops on Solna Churchyard, this spot so rich in grand and sorrowful memories. Yesterday (June 16, 1902) a gathering of people in festal garb stood before a high Banta stone; around the stone was hung a wreath of flowers; the grave itself was covered with many garlands. The occasion was a memorial festival in honour of Per Jacob Liedbeck, M.D., the first homeopath in Sweden, and who now already for over a quarter of a century has rested within this grave. A hundred years have passed since the date of his birth, and therefore on this day relations, friends, and former patients gathered together here in solemn memory of the past. There are still to be found in Stockholm many old people who remember the renowned physician, the man of original genius, with characteristic head and heavy grey beard, who yet in his old age was always willing to watch at the bedside of the sick, and who was renowned all over the country for his remarkable cures. The adherents of the doctrine of homeopathy honour him as their Swedish leader and the first homeopath in Sweden. Amongst those assembled was noticed a son of the deceased, the engineer A. Liedbeck, and also a daughter married to the well-known Professor Georgii, Miss Ling, and also many adherents of homeopathy in Sweden.

The Rev. Kielmann-Göranson stepped forward to the grave and delivered a memorial speech:—

“To-day, June 16, 1902, a hundred years have passed since the man who sleeps in this grave first saw the light of day. Much could be said at this place and on this occasion. But I shall only in a few words call the deceased to mind and talk about his position in life.

“Per Jacob Liedbeck was born in the small town of Trosa, where his father was a merchant. He received here a fundamental education preparatory to his call in life, until he in the year 1840 took the degree of M.D.

“The high reputation he acquired amongst the physicians raised hopes that he would be attached to the University with which he had already been previously connected as Prosector. But as this was connected with promotion he drew back in favour of a brother physician, whom he, in his modesty, thought nearer to the place. When this one, later on, left the University, Liedbeck’s action raised opposition against him, and prevented him from becoming a professor, so much the more as they hoped thereby to keep him at the University as Prosector. Nevertheless, this hope was not realised. In 1848 Dr. Liedbeck started as a practising physician at Stockholm.

“Although he was a teacher in anatomy at the “Gymnastiska Centralinstitut”—he was married to a daughter of Ling, the father of Swedish Gymnastics—still he carried on at the same time the work of a busy physician. I remember still that when a little boy I heard him mentioned for his great ability, and even lately I have heard old people talk about how unwearied and self-sacrificing he was to the sick that came under his care. He was the first thorough-going homeopath in our country, and through the writings he has published his name is known beyond the boundaries of our country.

“I could say a great deal more, but this is sufficient. It is not necessary, as a great man once said, to give out grand words by the grave to his memory, for his memory lives.”

A song-chorus now sang “Integer Vitæ.” Then a poem in memory of the deceased was read by the writer, Dr. Adolf Grundal, Stockholm, the present representative of homeopathic practice in Sweden. This simple but solemn memorial was brought to a close by the singing of “Stilla Skuggor” (“Quiet Shadows”) by the Bellmannchorus.—*From “Nya Dagligt Allehanda.”*

## TABLES OF RELATIONSHIP OF REMEDIES.

By R. GIBSON MILLER, M.D.

- AUTHORITIES.—\* {
1. Hering's *Guiding Symptoms* and *Condensed Materia Medica*.
  2. J. T. Kent's *Lectures on Materia Medica*.
  3. Guernsey's *Key-notes to Materia Medica*.
  4. Jahr's *New Manual*.
  5. Boenninghausen's *Manual*.
  6. *Therapeutics of Intermittent Fever*. By H. C. Allen.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
ACET-AC.			After Borax caust., <sup>1</sup> nux, <sup>1</sup> ran-b., <sup>1</sup> sars. <sup>1</sup>		14-40 d.
ACON.	Coff., <sup>1</sup> sulph. <sup>1</sup>	Ars., <sup>1</sup> arn., <sup>1,3</sup> bell., <sup>1,3</sup> bry., <sup>1,3</sup> canth., <sup>3</sup> cactus, <sup>1</sup> coce., <sup>1</sup> hep., <sup>1</sup> ipec., <sup>1</sup> kali-bro., <sup>1</sup> merc., <sup>1,3</sup> puls., <sup>1,3</sup> rhus, <sup>3</sup> sep., <sup>1,3</sup> spong, <sup>1</sup> sulph., <sup>1,3</sup> sil. <sup>2</sup>		Acet-ac., <sup>1</sup> bell., <sup>1</sup> paris, <sup>1</sup> wine, <sup>1</sup> coff., <sup>5</sup> cham., <sup>5</sup> nux, <sup>2</sup> verat. <sup>5</sup>	1 hour to several weeks.
AGAR.		Bell., <sup>1,3</sup> cal., <sup>1,3</sup> cupr., <sup>1</sup> merc., <sup>1,3</sup> op., <sup>1,3</sup> puls., <sup>1,3</sup> rhus, <sup>1,3</sup> sil. <sup>1,3</sup>		Calc., <sup>1</sup> puls., <sup>1</sup> rhus, <sup>1</sup> camph., <sup>5</sup> coff., <sup>5</sup> wine. <sup>5</sup>	40 d.
AGNUS.		Ars., <sup>1,3</sup> bry., <sup>1,3</sup> ign., <sup>1,3</sup> lyc., <sup>1,3</sup> puls., <sup>1,3</sup> selen., <sup>1</sup> sulph. <sup>1,3</sup>		Camph., <sup>1</sup> ntr-m. <sup>1</sup>	8-14 d.
ALOE.	Sulph. <sup>2</sup>	Kali-b., <sup>2</sup> sep., <sup>2</sup> sulph., <sup>2</sup> sulph-ac. <sup>2</sup>	All-s. <sup>1</sup>	Camph., <sup>1</sup> lyc., <sup>1</sup> nux, <sup>1</sup> sulph. <sup>1</sup>	30-40 d.
ÆTHUSA.	Calc. <sup>2</sup>			Vegetable acids.	20-30 d.
ALUM.	Bry., <sup>1</sup> ferr. <sup>1</sup>	Arg-m., <sup>1</sup> bry., <sup>1,3</sup>		Bry., <sup>1</sup> camph., <sup>1</sup> cham., <sup>1</sup> ipec., <sup>1</sup> puls. <sup>5</sup>	40-60 d.

\* As a rule I have only given one authority, for to have done otherwise would have made the lists clumsy, but where there is some doubt, as, for example, whether *Phosph.* and *Rhus* are inimical or not, I have given all. In this case, T. Allen holds they are, but Hering, Guernsey, and Kent state that they follow well, and accordingly I give the three numbers. There is often a discrepancy between Hering's *Condensed Materia Medica* and his *Guiding Symptoms*, especially in the matter of inimicals and antidotes; and as a rule I have followed the former book rather than the latter, as the *Condensed* was throughout his own work, whereas the last six or seven volumes of the *Guiding Symptoms* were completed and edited by other hands.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
AMBRA.		Lyc., <sup>3</sup> puls., <sup>3</sup> sep., <sup>3</sup> sulph. <sup>3</sup>		Camph., <sup>1</sup> coff., <sup>1</sup> nux., <sup>1</sup> puls., <sup>1</sup> staph. <sup>1</sup>	40 d.
ALL-SAT.	Ars. <sup>1</sup>		Aloe, <sup>1</sup> cepa, <sup>1</sup> squil. <sup>1</sup>	Lycop. <sup>1</sup>	
AM-CARB.		Bell., <sup>3</sup> calc., <sup>3</sup> lyc., <sup>3</sup> puls., <sup>3</sup> phosph., <sup>3</sup> rhus, <sup>3</sup> sepia, <sup>3</sup> sulph. <sup>3</sup>	Laches. <sup>1</sup>	Arn., <sup>1</sup> camph., <sup>1</sup> hep., <sup>1</sup> lach. <sup>2</sup>	40 d.
AM-MUR.		Ant-cr., <sup>3</sup> coff., <sup>3</sup> merc., <sup>3</sup> nux., <sup>3</sup> phosph., <sup>3</sup> puls., <sup>3</sup> rhus. <sup>3</sup>		Coff., <sup>1</sup> nux., <sup>1</sup> camph., <sup>5</sup> hep. <sup>5</sup>	20-30 d.
ANACARD.		Lyc., <sup>3</sup> puls., <sup>3</sup> plat. <sup>1</sup>		Coff., <sup>1</sup> juglans, <sup>1</sup> ran-b., <sup>2</sup> clem., <sup>2</sup> crot-t., <sup>2</sup> rhus. <sup>2</sup>	30-40 d.
ANGUS-TURA.		Bell., <sup>3</sup> ign., <sup>3</sup> lycop., <sup>3</sup> sep. <sup>3</sup>		Coff. <sup>1</sup>	20-30 d.
ANT-CRUD.	Squill. <sup>1</sup>	Calc., <sup>3</sup> lach., <sup>3</sup> merc., <sup>1</sup> puls., <sup>1,3</sup> sepia, <sup>1,3</sup> sulph. <sup>1,3</sup>		Calc., <sup>1</sup> hep., <sup>1</sup> merc. <sup>1</sup>	40 d.
ANT-TART.		Bar-c., <sup>3</sup> cina., <sup>1</sup> camph., <sup>1</sup> ipec., <sup>1,3</sup> puls., <sup>1,3</sup> sepia, <sup>1,3</sup> sulph. <sup>1,3</sup> tereb. <sup>1</sup>		Asaf., <sup>1</sup> chin., <sup>1</sup> cocc., <sup>1</sup> ipec., <sup>1</sup> lauro., <sup>1</sup> op., <sup>1</sup> puls., <sup>1</sup> rhus, <sup>1</sup> sepia. <sup>1</sup>	20-30 d.
APIS.	Ntr-m. <sup>1</sup>	Ars., <sup>1,3</sup> graph., <sup>1</sup> iod., <sup>1</sup> lyc., <sup>1</sup> puls., <sup>1,3</sup> stram., <sup>1</sup> sulph. <sup>1</sup>	Rhus, <sup>2</sup> phosph. <sup>2</sup>	Ipec., <sup>1</sup> lach. <sup>1</sup> lactic-ac., <sup>1</sup> canth., <sup>2</sup> led., <sup>1</sup> plant. <sup>1</sup>	
ARG-MET.		Calc., <sup>1</sup> puls., <sup>1</sup> sepia. <sup>1</sup>		Merc., <sup>1</sup> puls. <sup>1</sup>	30 d.
ARG-NIT.		Calc., <sup>3</sup> kali-c., <sup>3</sup> lyssin., <sup>1</sup> lyc., <sup>3</sup> merc., <sup>3</sup> puls., <sup>3</sup> sepia, <sup>3</sup> sil. <sup>3</sup>		Ars., <sup>1</sup> calc., <sup>1</sup> iod., <sup>1</sup> lyc., <sup>1</sup> merc., <sup>1</sup> ntr-m., <sup>1</sup> puls., <sup>1</sup> phosph., <sup>1</sup> rhus, <sup>1</sup> sepia, <sup>1</sup> sulph., <sup>1</sup> silic. <sup>1</sup>	30 d.
ARNICA.	Acon. <sup>1</sup> ipec., <sup>2</sup> verat. <sup>2</sup>	Ars., <sup>1</sup> acon., <sup>1</sup> bry., <sup>1,3</sup> bell., <sup>3</sup> cactus, <sup>1</sup> calc., <sup>3</sup> cham., <sup>2</sup> chin., <sup>3</sup> con., <sup>3</sup> hep., <sup>1</sup> ip., <sup>1</sup> iod., <sup>1</sup> nux., <sup>3</sup> puls., <sup>3</sup> phosph., <sup>3</sup> rhus, <sup>1,3</sup> sulph., <sup>3</sup> sul-ac. <sup>1</sup>	Wine. <sup>5</sup>	Acon., <sup>1</sup> ars., <sup>1</sup> chin., <sup>1</sup> ign., <sup>1</sup> ipec., <sup>1</sup> camph., <sup>3</sup> cic., <sup>5</sup> ferr., <sup>5</sup> senega. <sup>5</sup>	6-10 d.
ARSEN-A.	All-s., <sup>1</sup> ntr-s., <sup>2</sup> phosph., <sup>1</sup> carb-veg., <sup>1</sup> thuj. <sup>2</sup>	Apis, <sup>3</sup> aranea, <sup>1</sup> bell., <sup>1</sup> cactus, <sup>1</sup> cic., <sup>1</sup> chel., <sup>1</sup> cham., <sup>3</sup> chin., <sup>3</sup> ferr., <sup>3</sup> fluor-ac., <sup>3</sup> hep., <sup>3</sup> ipec., <sup>3</sup> iod., <sup>1,3</sup> kali-b., <sup>2</sup> lyc., <sup>3</sup> merc., <sup>3</sup> nux., <sup>1,3</sup> sulph., <sup>1,3</sup> verat. <sup>1</sup>		Camph., <sup>1</sup> chin., <sup>1</sup> chin-s., <sup>1</sup> ferr., <sup>1</sup> hep., <sup>1</sup> iod., <sup>1</sup> carb-veg., <sup>5</sup> lach., <sup>5</sup> ipec., <sup>1</sup> graph., <sup>1</sup> nux-m., <sup>1</sup> nux., <sup>1</sup> samb., <sup>1</sup> sulph., <sup>1</sup> tabac., <sup>1</sup> verat. <sup>1</sup>	60-90 d.
ARUM-T.		Euphm. <sup>1</sup>	Calad. <sup>1</sup>	Bell. <sup>1</sup>	1-2 d.
ASAF.		Chin., <sup>3</sup> merc., <sup>3</sup> puls. <sup>3</sup>		Caust., <sup>1</sup> camph., <sup>1</sup> china, <sup>1</sup> merc., <sup>1</sup> puls., <sup>1</sup> valer. <sup>1</sup>	20-40 d.

Remedy.	Comple- mentary Reme- dies.	Remedies that Follow Well.	Inimical Reme- dies.	Antidotes.	Duration.
ASAR.		Bism., <sup>1</sup> caust., <sup>3</sup> puls., <sup>3</sup> sil. <sup>3</sup>		Acetic-ac., <sup>1</sup> camph. <sup>1</sup>	8-14 d.
ASTER-R.			Coff., <sup>1</sup> nux. <sup>1</sup>	Plb., <sup>1</sup> zinc. <sup>1</sup>	
AURUM.		Acon., <sup>3</sup> bell., <sup>3</sup> calc., <sup>3</sup> chin., <sup>3</sup> lyc., <sup>3</sup> merc., <sup>3</sup> nitric-ac., <sup>1</sup> puls., <sup>3</sup> rhus., <sup>3</sup> sep., <sup>3</sup> sulph. <sup>3</sup>		Bell., <sup>1</sup> chin., <sup>1</sup> cocc., <sup>1</sup> coff., <sup>1</sup> camph., <sup>1</sup> cupr., <sup>1</sup> merc., <sup>1</sup> puls., <sup>1</sup> spig., <sup>1</sup> sol-n.	50-60 d.
AUR-M-NAT			Coff., <sup>1</sup> alcohol. <sup>1</sup>		
BAR-C.	Dulc. <sup>1</sup>	Ant-t., <sup>1</sup> con. <sup>3</sup> (calc. <sup>3</sup> ), puls., <sup>3</sup> phosph., <sup>3</sup> rhus., <sup>3</sup> sepia, <sup>3</sup> sil., <sup>3</sup> sulph. <sup>1-3</sup>	Calc. <sup>1</sup>	Ant-t., <sup>1</sup> bell., <sup>1</sup> camph., <sup>1</sup> dulc., <sup>1</sup> merc., <sup>1</sup> zinc. <sup>1</sup>	40 d.
BADIAGA.	Iod., <sup>1</sup> merc., <sup>1</sup> sulph. <sup>1</sup>	Lachesis. <sup>3</sup>			
BELLAD.	Calc. <sup>1</sup>	Acon., <sup>3</sup> ar., <sup>1</sup> cact., <sup>1</sup> calc., <sup>1-3</sup> cham., <sup>1</sup> carb- veg., <sup>1</sup> chin., <sup>1</sup> con., <sup>1</sup> dulc., <sup>1</sup> hep., <sup>1</sup> hyo., <sup>1-3</sup> laches., <sup>1-3</sup> merc., <sup>1</sup> mosch., <sup>3</sup> mur-ac., <sup>1</sup> nux., <sup>3</sup> puls., <sup>3</sup> rhus., <sup>1</sup> sepia, <sup>3</sup> silic., <sup>1</sup> stram., <sup>1</sup> sulph., <sup>3</sup> senega, <sup>1</sup> verat., <sup>1</sup> valer. <sup>1</sup>	(Dulc. <sup>5</sup> ?) vinegar. <sup>5</sup>	Acon., <sup>1</sup> camp., <sup>1</sup> coff., <sup>1</sup> hep., <sup>1</sup> hyo., <sup>1</sup> op., <sup>1</sup> puls., <sup>1</sup> sabad. <sup>1</sup>	1-7 d.
BENZOIC-AC			Wine. <sup>1</sup>		
BISM.		Bell., <sup>3</sup> calc., <sup>3</sup> puls., <sup>3</sup> sepia. <sup>3</sup>		Calc., <sup>1</sup> caps., <sup>1</sup> coff., <sup>1</sup> nux. <sup>1</sup>	20-50 d.
BORAX.		Calc., <sup>3</sup> nux., <sup>3</sup>	Acetic- ac., <sup>1</sup> wine. <sup>1</sup>	Cham., <sup>1</sup> coff. <sup>1</sup>	30 d.
BOVISTA.		Alum., <sup>1</sup> calc., <sup>1</sup> rhus., <sup>1</sup> sepia. <sup>1</sup>	Coff., <sup>1</sup>	Camph. <sup>1</sup>	7-14 d.
BROM.		Arg-n., <sup>1</sup> kali-c. <sup>1</sup>		Am-c., <sup>1</sup> camph., <sup>1</sup> magn-c., <sup>1</sup> op. <sup>1</sup>	20-30 d.
BRYON.	Alum., <sup>1</sup> rhus. <sup>1</sup>	Alum., <sup>1</sup> ars., <sup>1</sup> bell., <sup>3</sup> cactus, <sup>1</sup> carb-veg., <sup>1</sup> dros., <sup>1</sup> hyos., <sup>2</sup> kali-c., <sup>1</sup> mur-ac., <sup>1</sup> nux., <sup>1-3</sup> phosp., <sup>1-3</sup> puls., <sup>1-3</sup> rhus., <sup>1-3</sup> sepia, <sup>3</sup> sil., <sup>1</sup> sabad., <sup>6</sup> sulph. <sup>1-3</sup>		Acon., <sup>1</sup> alum., <sup>1</sup> camph., <sup>1</sup> cham., <sup>1</sup> clem., <sup>1</sup> coff., <sup>1</sup> chel., <sup>1</sup> ign., <sup>1</sup> mur-ac., <sup>1</sup> nux., <sup>1</sup> puls., <sup>1</sup> rhus., <sup>1</sup> senega. <sup>1</sup>	7-21 d.
CALAD.	Nitric-ac. <sup>1</sup>	Acon., <sup>3</sup> caust., <sup>3</sup> puls., <sup>3</sup> sepia. <sup>3</sup>	Arum-t. <sup>1</sup>	Caps. <sup>3</sup>	30-40 d.
CALC- ARSEN.		Con., <sup>1</sup> glon., <sup>1</sup> op., <sup>1</sup> puls. <sup>1</sup>		Carb-v., <sup>1</sup> glon., <sup>1</sup> puls. <sup>1</sup>	

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
CALC-CARB.	Bell. <sup>1</sup> rhus.	Agar. <sup>3</sup> bism. <sup>3</sup> bell. <sup>3</sup> dros. <sup>1</sup> ipec. <sup>3</sup> graph. <sup>1</sup> lycop. <sup>1</sup> nitric-ac. <sup>1,3</sup> ntr-c. <sup>3</sup> nux. <sup>1,3</sup> puls. <sup>3</sup> phosph. <sup>1</sup> plat. <sup>1</sup> rhus. <sup>1</sup> sil. <sup>1</sup> sepia. <sup>3</sup> sars. <sup>1</sup> therid. <sup>1</sup>	After Kali-b.	Bry. <sup>3</sup> camph. <sup>1</sup> chin. <sup>1</sup> iod. <sup>1</sup> nitric-ac. <sup>1</sup> nit-s-d. <sup>1</sup> nux. <sup>1</sup> sepia. <sup>1</sup> sulph. <sup>1</sup>	60 d.
CALC-PHOS.	Hep. <sup>1</sup> ruta. <sup>1</sup> sulph. <sup>2</sup> zinc. <sup>2</sup>	Rhus. <sup>1</sup> sulph. <sup>1</sup>			60 d.
CALENDULA	Hep. <sup>1</sup>	Arn. <sup>1</sup> ars. <sup>1</sup> bry. <sup>1</sup> nitric-ac. <sup>1</sup> phos. <sup>1</sup> rhus. <sup>1</sup>	Camph. <sup>1</sup>	Arn. <sup>1</sup>	
CANTHAR.	Camph. <sup>2</sup>	Bell. <sup>1,3</sup> kali-b. <sup>1</sup> merc. <sup>1,3</sup> phosph. <sup>1,3</sup> puls. <sup>1,3</sup> sepia. <sup>1,3</sup> sulph. <sup>1,3</sup>	Coff. <sup>1</sup>	Acon. <sup>1</sup> apis. <sup>2</sup> camph. <sup>1</sup> kali-nit. <sup>1</sup> laur. <sup>1</sup> rheum. <sup>1</sup>	30-40 d.
CAMPHOR.	Canth. <sup>2</sup>	Ars. <sup>3</sup> ant-t. <sup>1</sup> bell. <sup>3</sup> cocc. <sup>3</sup> nux. <sup>3</sup> rhus. <sup>3</sup> verat. <sup>3</sup>	After- Kali-nit. <sup>1</sup>	Nit-s-d. <sup>1</sup> op. <sup>1</sup> phosph. <sup>1</sup> canth. <sup>2</sup>	1 d.
CANN-S.		Bell. <sup>1,3</sup> hyo. <sup>1</sup> lyc. <sup>1,3</sup> nux. <sup>1,3</sup> op. <sup>1,3</sup> puls. <sup>1,3</sup> rhus. <sup>1,3</sup> verat. <sup>1,3</sup>		Camph. <sup>1</sup>	1-10 d.
CAPSIC.		Bell. <sup>1,3</sup> lyc. <sup>1,3</sup> puls. <sup>1,3</sup> sil. <sup>1,3</sup>		Calad. <sup>1</sup> camph. <sup>1</sup> chin. <sup>1</sup> cina. <sup>1</sup>	7 d.
CARB-AN.	Calc-ph. <sup>1</sup>	Ars. <sup>1,3</sup> bell. <sup>1,3</sup> bry. <sup>1,3</sup> (carb-veg. <sup>3</sup> ) nitric-ac. <sup>1</sup> phosph. <sup>1,3</sup> puls. <sup>1,3</sup> sep. <sup>1,3</sup> sil. <sup>1,3</sup> sulph. <sup>1,3</sup> verat. <sup>1</sup>	Carb-veg?	Ars. <sup>1</sup> camph. <sup>1</sup> nux. <sup>1</sup> vinum. <sup>1</sup> coff. <sup>5</sup> lach. <sup>5</sup>	60 d.
CARB-VEG.	Dros. <sup>2</sup> kali-c. <sup>1</sup> phosph. <sup>2</sup>	Ars. <sup>1</sup> acon. <sup>3</sup> chin. <sup>1</sup> dros. <sup>1</sup> kali-c. <sup>1</sup> lyc. <sup>3</sup> nux. <sup>3</sup> ph-ac. <sup>1</sup> puls. <sup>3</sup> sepia. <sup>3</sup> sulph. <sup>3</sup>	Carb-an?	Ars. <sup>1</sup> camph. <sup>1</sup> coff. <sup>1</sup> lach. <sup>1</sup> nit-sp-d. <sup>1</sup>	60 d.
CAULO-PHYLL.			Coff. <sup>1</sup>		
CAUST.	Petrosel. <sup>1</sup> coloc. <sup>2</sup>	Ant-t. <sup>1</sup> calc. <sup>1,3</sup> guaia. <sup>1</sup> kali-i. <sup>1</sup> lyc. <sup>1,3</sup> nux. <sup>1</sup> puls. <sup>3</sup> rhus. <sup>1,3</sup> ruta. <sup>1</sup> sep. <sup>1,3</sup> sil. <sup>1</sup> sulph. <sup>1,3</sup> stan. <sup>1</sup>	Phosph. acids. <sup>1</sup> coffea. <sup>1</sup>	Asaf. <sup>1</sup> coff. <sup>1</sup> coloc. <sup>1</sup> nux. <sup>1</sup> nit-sp-d. <sup>1</sup>	50 d.
CEPA.	Phosph. <sup>1</sup> puls. <sup>1</sup> sars. <sup>1</sup> thuja. <sup>1</sup>	Calc. <sup>1</sup> sil. <sup>1</sup>	All-s. <sup>1</sup>	Arn. <sup>1</sup> cham. <sup>1</sup> verat. <sup>1</sup>	1 d.
CHAM.	Bell. <sup>1</sup> mgn-c. <sup>1</sup>	Acon. <sup>3</sup> arn. <sup>2</sup> bell. <sup>1,3</sup> bry. <sup>3</sup> cact. <sup>1</sup> calc. <sup>1</sup> cocc. <sup>1</sup> form. <sup>1</sup> merc. <sup>3</sup> nux. <sup>3</sup> puls. <sup>3</sup> rhus. <sup>1</sup> sep. <sup>3</sup> sil. <sup>3</sup> sulph. <sup>3</sup>		Acon. <sup>1</sup> alum. <sup>1</sup> borax. <sup>1</sup> camph. <sup>1</sup> cocc. <sup>1</sup> coff. <sup>1</sup> coloc. <sup>1</sup> ign. <sup>1</sup> nux. <sup>1</sup> puls. <sup>1</sup> valer. <sup>1</sup>	20-30 d.



Remedy.	Comple- mentary Reme- dies.	Remedies that Follow Well.	Inimical Reme- dies.	Antidotes.	Duration.
CHELID.		Acon., <sup>3</sup> ars., <sup>1</sup> bry., <sup>1</sup> ip., <sup>1</sup> lyc., <sup>3</sup> led., <sup>1</sup> nux., <sup>3</sup> sepia, <sup>3</sup> spig., <sup>3</sup> sulph., <sup>3</sup>		Acon., <sup>1</sup> cham., <sup>3</sup> coff., <sup>3</sup> acids, <sup>1</sup> wine. <sup>1</sup>	7-14 d.
CICUTA.		Bell., <sup>3</sup> hep., <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> op., <sup>3</sup> sep. <sup>3</sup>		Arn., <sup>1</sup> op., <sup>1</sup> tabac. <sup>1</sup>	
CINA.		Calc., <sup>3</sup> chin., <sup>3</sup> ign., <sup>3</sup> nux., <sup>3</sup> plat., <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> sil., <sup>1</sup> stann. <sup>1</sup>		Camph., <sup>1</sup> caps. <sup>1</sup> chin., <sup>1</sup> pip-n. <sup>1</sup>	14-20 d.
CISTUS.			Coff. <sup>1</sup>	Rhus, <sup>1</sup> Sepia. <sup>1</sup>	
CIMICI- FUGA.				Acon., <sup>1</sup> Bapt. <sup>1</sup>	8-12 d.
CLEMATIS.		Calc., <sup>3</sup> Rhus, <sup>3</sup> sep., <sup>3</sup> sil., <sup>3</sup> sulph. <sup>3</sup>		Bry., <sup>1</sup> cham., <sup>3</sup> Anac., <sup>2</sup> rhus, <sup>2</sup> crot-t., <sup>2</sup> ran-b. <sup>2</sup>	14-20 d.
CHINA.	Ferr. <sup>1</sup>	Arn., <sup>3</sup> ars., <sup>1,3</sup> asaf., <sup>3</sup> acet-ac., <sup>1</sup> bell., <sup>3</sup> carb- veg., <sup>3</sup> calc., <sup>1</sup> calc-ph., <sup>1</sup> ferr., <sup>3</sup> lach., <sup>3</sup> merc., <sup>3</sup> puls., <sup>3</sup> phosph., <sup>1</sup> ph- ac., <sup>1</sup> sulph., <sup>3</sup> verat. <sup>1,3</sup>	After Dig., <sup>1</sup> after selen. <sup>1</sup>	Arn., <sup>3</sup> ars., <sup>1</sup> arana., <sup>1</sup> apis, <sup>1</sup> asaf., <sup>3</sup> bell., <sup>3</sup> calc., <sup>1</sup> carb-veg., <sup>1</sup> eupat., <sup>1</sup> ferr., <sup>1</sup> ipec., <sup>1</sup> laches., <sup>1</sup> lyc., <sup>1</sup> ntr-c., <sup>1</sup> ntr- m., <sup>1</sup> nux., <sup>1</sup> puls., <sup>1</sup> sepia, <sup>1</sup> sulph., <sup>1</sup> verat. <sup>1</sup>	7 d.
COCCUL.		Ars., <sup>3</sup> bell., <sup>3</sup> hep., <sup>3</sup> ign., <sup>3</sup> lyc., <sup>3</sup> nux., <sup>3</sup> rhus, <sup>3</sup> puls., <sup>3</sup> sulph. <sup>3</sup>	Coffea. <sup>1</sup>	Camph., <sup>3</sup> nux., <sup>3</sup> cham., <sup>5</sup> cupr., <sup>5</sup> ign. <sup>5</sup>	30 d.
COFFEEA.	Acon. <sup>1</sup>	Acon., <sup>1</sup> aur., <sup>3</sup> bell., <sup>3</sup> lyc., <sup>3</sup> nux., <sup>3</sup> op., <sup>3</sup> sulph. <sup>1</sup>	Canth., <sup>1</sup> caust., <sup>1</sup> cocc., <sup>1</sup> ign. <sup>1</sup>	Acon., <sup>1</sup> acet-ac., <sup>1</sup> cham., <sup>1</sup> merc., <sup>1</sup> nux., <sup>1</sup> puls., <sup>1</sup> sulph. <sup>1</sup>	1-7 d.
COLCH.		Carb-veg., <sup>1</sup> merc., <sup>3</sup> nux., <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> sepia. <sup>3</sup>		Bell., <sup>1</sup> camph., <sup>1</sup> cocc., <sup>1</sup> led., <sup>1</sup> nux., <sup>1</sup> puls. <sup>1</sup>	14-20 d.
COLOCYN.		Bell., <sup>3</sup> bry., <sup>3</sup> caust., <sup>2</sup> cham., <sup>3</sup> merc., <sup>3</sup> nux., <sup>3</sup> puls., <sup>3</sup> spig., <sup>3</sup> staph. <sup>2,3</sup>		Camph., <sup>1</sup> coff., <sup>1</sup> staph. <sup>1</sup>	1-7 d.
CONIUM.		Arn., <sup>1</sup> ars., <sup>1</sup> bell., <sup>3</sup> calc., <sup>1</sup> cic., <sup>1</sup> dros., <sup>1</sup> lyc., <sup>3</sup> nux., <sup>3</sup> phosph., <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> stram., <sup>3</sup> sulph. <sup>3</sup>		Coffea, <sup>1</sup> nitric-ac., <sup>1</sup> nit-sp-d., <sup>1</sup> (wine). <sup>3</sup>	30-50 d.
COR-RUB.		Sulph. <sup>1</sup>		Calc. <sup>4</sup>	
CROCUS.		Nux., <sup>3</sup> puls., <sup>3</sup> sulph. <sup>3</sup>		Acon., <sup>1</sup> bell., <sup>1</sup> op. <sup>1</sup>	8 d.
CROT-TIG.		Rhus. <sup>3</sup>		Anac., <sup>2</sup> clem., <sup>2</sup> ant- t., <sup>1</sup> rhus, <sup>2</sup> ran-b. <sup>2</sup>	30 d.
CUPRUM.	Calc. <sup>1</sup>	Ars., <sup>1</sup> bell., <sup>3</sup> calc., <sup>1</sup> caust., <sup>1</sup> cic., <sup>1</sup> hyo., <sup>3</sup> kali-n., <sup>1</sup> puls., <sup>3</sup> stram., <sup>3</sup> verat. <sup>1,3</sup>		Aur., <sup>5</sup> bell., <sup>1</sup> chin., <sup>1</sup> camph., <sup>1</sup> con., <sup>1</sup> cocc., <sup>5</sup> dulc., <sup>1</sup> hep., <sup>1</sup> ipec., <sup>1</sup> merc., <sup>1</sup> nux., <sup>1</sup> puls., <sup>1</sup> verat. <sup>1</sup>	40-50 d.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
CYCLAM.		Phosph., <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> sepia, <sup>3</sup> sulph. <sup>3</sup>		Camph., <sup>1</sup> coff., <sup>1</sup> puls. <sup>1</sup>	14-20 d.
DIGIT.		Bell., <sup>3</sup> bry., <sup>1</sup> cham., <sup>1</sup> chin., <sup>3</sup> lyc., <sup>3</sup> nux, <sup>3</sup> op., <sup>1</sup> phosph., <sup>1</sup> puls., <sup>3</sup> sepia, <sup>1</sup> sulph., <sup>3</sup> verat. <sup>3</sup>	Nit-sp-d. <sup>1</sup>	Apis, <sup>1</sup> camph., <sup>3</sup> (colch.), nux, <sup>1</sup> nitric-ac., <sup>1</sup> op. <sup>1</sup>	40-50 d.
DROS.	Nux. <sup>1</sup>	Calc., <sup>3</sup> cina, <sup>1</sup> puls., <sup>3</sup> sulph., <sup>3</sup> verat. <sup>1</sup>		Camph. <sup>1</sup>	20-30 d.
DULC.	Bar-c. <sup>1</sup>	Bell., <sup>3</sup> calc., <sup>3</sup> lyc., <sup>3</sup> rhus, <sup>3</sup> sepia. <sup>3</sup>	Bell., <sup>1</sup> lach., <sup>1</sup>	Camph., <sup>1</sup> cupr., <sup>1</sup> ipec., <sup>1</sup> mere. <sup>1</sup>	30 d.
EUPAT-PERF.		Ntr-m., <sup>1</sup> sepia. <sup>1</sup>			1-7 d.
EUPHRASIA.		Acon., <sup>1</sup> calc., <sup>1</sup> con., <sup>1,3</sup> nux, <sup>1,3</sup> phosph., <sup>1,3</sup> puls., <sup>1,3</sup> rhus, <sup>1</sup> sil., <sup>1</sup> sulph. <sup>1,3</sup>		Camph., <sup>1</sup> puls. <sup>1</sup>	7 d.
EUPHORB.		Ferr., <sup>3</sup> lach., <sup>3</sup> puls., <sup>3</sup> sepia, <sup>3</sup> sulph. <sup>3</sup>		Camph., <sup>3</sup> acet-ac. <sup>1</sup>	50 d.
FERR.	Alum., <sup>1</sup> chin., <sup>1</sup> ham. <sup>1</sup>	Arn., <sup>1</sup> acon., <sup>3</sup> bell., <sup>1</sup> chin., <sup>3</sup> con., <sup>3</sup> lyc., <sup>3</sup> merc., <sup>1</sup> puls., <sup>3</sup> phosph., <sup>3</sup> sulph., <sup>3</sup> verat. <sup>1</sup>	Acetic-ac. <sup>2</sup>	Arn., <sup>1</sup> bell., <sup>1</sup> ars., <sup>1</sup> chin., <sup>1</sup> hep., <sup>1</sup> ip., <sup>1</sup> puls., <sup>1</sup> thea, <sup>3</sup> verat., <sup>1</sup> beer. <sup>1</sup>	50 d.
FLUOR-AC. GELS.	Silic. <sup>1</sup>	Graph., <sup>3</sup> nitric-ac. <sup>3</sup>			30 d.
		Baptisia, <sup>1</sup> ipec., <sup>1</sup> cactus. <sup>1</sup>		Chin., <sup>1</sup> coff., <sup>1</sup> ntr-m. <sup>1</sup>	30 d.
GRAPH.	Ars., <sup>1</sup> caust., <sup>1</sup> hep., <sup>1</sup> ferr., <sup>1</sup> lycop. <sup>1</sup>	Euphm., <sup>1</sup> ntr-s., <sup>2</sup> sil. <sup>1</sup>		Acon., <sup>1</sup> ars., <sup>1</sup> nux, <sup>1</sup> wine. <sup>5</sup>	40-50 d.
GUAIAC.		Calc., <sup>3</sup> merc. <sup>3</sup>		Nux. <sup>1</sup>	40 d.
HAM.	Ferr. <sup>1</sup>				1-7 d.
HELLEB.		Bell., <sup>3</sup> bry., <sup>3</sup> chin., <sup>3</sup> lyc., <sup>3</sup> puls., <sup>1,3</sup> nux, <sup>3</sup> phosph., <sup>3</sup> sulph., <sup>3</sup> zinc. <sup>1</sup>		Camph., <sup>1</sup> China. <sup>1</sup>	20-30 d.
HEPAR.	Calend. <sup>1</sup>	Acon., <sup>1</sup> arn., <sup>1</sup> bell., <sup>1</sup> bry., <sup>3</sup> iod., <sup>1</sup> lach., <sup>1</sup> merc., <sup>3</sup> nit-ac., <sup>6</sup> nux, <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> sep., <sup>3</sup> spong., <sup>1</sup> silic., <sup>1,3</sup> sulph., <sup>3</sup> zinc. <sup>1</sup>	Spong. does not follow (C. C. Smith).	Acet-ac., <sup>1</sup> bell., <sup>1,3</sup> cham., <sup>1</sup> sil. <sup>1</sup>	40-50 d.
HYOSC.		Bell., <sup>1,3</sup> puls., <sup>1,3</sup> stram., <sup>1,3</sup> verat. <sup>1,3</sup>		Acet-ac., <sup>1</sup> bell., <sup>1</sup> chin., <sup>1</sup> citric-ac., <sup>1</sup> stram. <sup>1</sup>	6-14 d.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
IGNAT.	Ntr-m. <sup>2</sup>	Ars., <sup>1,3</sup> bell., <sup>1,3</sup> calc., <sup>1,3</sup> chin., <sup>1,3</sup> lycop., <sup>1,3</sup> nux, <sup>1,3</sup> puls. <sup>1,3</sup> rhus, <sup>1,3</sup> sep., <sup>1,3</sup> sil, <sup>1</sup> sulph. <sup>1,3</sup>	Tabac., <sup>1</sup> Coff. <sup>1,5</sup>	Arn., <sup>1</sup> acet-ac., <sup>1</sup> cham., <sup>1</sup> cocc., <sup>1</sup> camph., <sup>1</sup> nux, <sup>1</sup> puls. <sup>1</sup>	9 d.
IOD.	Bad., <sup>1</sup> lycop. <sup>1</sup>	Acon., <sup>1,3</sup> arg-n., <sup>1</sup> calc., <sup>1</sup> kali-b., <sup>1</sup> lyc., <sup>3</sup> merc., <sup>1,3</sup> phosph., <sup>1,3</sup> puls., <sup>3</sup>		Ant-t., <sup>1</sup> ars., <sup>1</sup> apis, <sup>1</sup> bell., <sup>1</sup> camph., <sup>1</sup> chin., <sup>1</sup> chin s., <sup>1</sup> coff., <sup>1</sup> ferr., <sup>1</sup> graphit., <sup>1</sup> hepar, <sup>1</sup> op., <sup>1</sup> phosph., <sup>1</sup> spong., <sup>1</sup> sulph., <sup>1</sup> thuja. <sup>1</sup>	30-40 d.
IPEC.	Cupr., <sup>1</sup> Arn. <sup>2</sup>	Ars., <sup>1</sup> arn., <sup>2</sup> ant-t., <sup>1</sup> bell., <sup>1,3</sup> bry., <sup>1,3</sup> calc., <sup>1</sup> chin., <sup>1</sup> cham., <sup>3</sup> cupr., <sup>1</sup> cadm., <sup>1</sup> ign., <sup>3</sup> nux, <sup>1,3</sup> phosph., <sup>1</sup> puls., <sup>3</sup> rheum., <sup>1</sup> sep., <sup>1</sup> sulph., <sup>1</sup> taabc., <sup>1</sup> verat. <sup>1,3</sup>		Arn., <sup>1</sup> ars., <sup>1</sup> chin., <sup>1</sup> nux, <sup>1</sup> tabac. <sup>1</sup>	7-10 d.
KALI-B.		Ant-t., <sup>1</sup> puls. <sup>6</sup>		Ars., <sup>1</sup> laches., <sup>1</sup> puls. <sup>1</sup>	30 d.
KALI-CARB.	Carb-veg., <sup>1</sup> nux. <sup>2</sup>	Ars., <sup>3</sup> carb-veg., <sup>1</sup> fluor-ac., <sup>1</sup> lyc., <sup>3</sup> nitric-ac., <sup>1</sup> phosph., <sup>1,3</sup> puls., <sup>3</sup> sep., <sup>3</sup> sulph. <sup>3</sup>		Camph., <sup>1</sup> coff., <sup>1</sup> nit-sp-d. <sup>1</sup>	40-50 d.
KREOS.		Ars., <sup>1,3</sup> bell., <sup>1,3</sup> calc., <sup>1,3</sup> kali-c., <sup>1,3</sup> lyc., <sup>1,3</sup> nux, <sup>3</sup> nitric-ac., <sup>1,3</sup> rhus, <sup>1,3</sup> sepia, <sup>1,3</sup> sulph. <sup>1,3</sup>	After carb-veg. <sup>1</sup>	Acon., <sup>1</sup> nux. <sup>1</sup>	15-20 d.
KALI-NIT.		Bell., <sup>3</sup> calc., <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> sep., <sup>3</sup> sulph. <sup>3</sup>	Camph. <sup>1</sup>	Nit-sp-d. <sup>1</sup>	30-40 d.
KALI-SUL.		Acet-ac., <sup>1</sup> ars., <sup>1</sup> calc., <sup>1</sup> hep., <sup>1</sup> puls., <sup>1</sup> rhus, <sup>1</sup> sep., <sup>1</sup> sil., <sup>1</sup> sulph. <sup>1</sup>			
LACHES.	Hep., <sup>1</sup> lyc., <sup>1</sup> nitric-ac. <sup>1</sup>	Ars., <sup>1,3</sup> acon., <sup>3</sup> alum., <sup>1</sup> brom., <sup>1</sup> bell., <sup>1</sup> carb-veg., <sup>1</sup> caust., <sup>1</sup> con., <sup>1</sup> cactus, <sup>1</sup> cic., <sup>1</sup> chin., <sup>1</sup> euphm., <sup>1</sup> hep., <sup>1</sup> hyo., <sup>1,3</sup> kali-b., <sup>2</sup> lyc., <sup>1,3</sup> lac-c., <sup>1</sup> merc., <sup>1,3</sup> merc-i-fl., <sup>1</sup> nitric-ac., <sup>1</sup> nux, <sup>3</sup> ntr-m., <sup>6</sup> phosph., <sup>3</sup> puls., <sup>3</sup> rhus, <sup>1</sup> sil., <sup>3</sup> sulph., <sup>3</sup> tarant. <sup>1</sup>	Am-c., <sup>1</sup> sepia. <sup>1</sup> acetic-ac., <sup>1</sup> dule., <sup>5</sup> nitric-ac., <sup>5,6</sup> psor. <sup>5</sup>	Ars., <sup>1</sup> bell., <sup>1</sup> carb-veg., <sup>1</sup> led., <sup>2</sup> merc., <sup>3</sup> op., <sup>1</sup> cham., <sup>2</sup> calc., <sup>2</sup> alum. <sup>2</sup>	30-40 d.
LAURO-CER.		Bell., <sup>3</sup> carb-veg., <sup>1</sup> phosph., <sup>3</sup> puls., <sup>3</sup> verat. <sup>3</sup>		Camph., <sup>1</sup> coff., <sup>1</sup> ip., <sup>1</sup> op., <sup>1</sup> nux-m. <sup>1</sup>	4-8 d.
LEDUM.		Acon., <sup>3</sup> bell., <sup>3</sup> bry., <sup>3</sup> chel., <sup>1</sup> nux, <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> sulph. <sup>3</sup>	chin. <sup>5</sup>	Camph. <sup>1</sup>	30 d.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
LYCOP.	Iod., <sup>1</sup> lach. <sup>1</sup>	Anac., <sup>1</sup> bell., <sup>3</sup> bry. <sup>3</sup> (calc. <sup>3</sup> ), colch., <sup>1</sup> dros., <sup>1</sup> graph., <sup>1</sup> hyo., <sup>3</sup> kali-c., <sup>1</sup> laches., <sup>1</sup> led., <sup>1</sup> nux. <sup>3</sup> phosph., <sup>1,3</sup> puls., <sup>3</sup> stram., <sup>3</sup> sil. <sup>1</sup> sepia, <sup>3</sup> therid., <sup>1</sup> verat. <sup>3</sup>	After sulph., except in cycle of sulph., calc., lyc., sulph., etc. <sup>2</sup> coff. <sup>2</sup>	Acon., <sup>1</sup> camph., <sup>1</sup> caust., <sup>1</sup> cham., <sup>1</sup> graph., <sup>1</sup> puls. <sup>1</sup>	40-50 d.
MGN-CARB.	Cham. <sup>1</sup>	Caust., <sup>3</sup> phosp., <sup>3</sup> puls., <sup>3</sup> sep., <sup>3</sup> sulph. <sup>3</sup>		Cham., <sup>1</sup> rheum. <sup>1</sup>	40-50 d.
MGN-MUR.		Bell., <sup>3</sup> lyc., <sup>3</sup> ntr-m., <sup>3</sup> nux., <sup>1</sup> puls., <sup>3</sup> sep. <sup>3</sup>		Ars., <sup>1</sup> cham., <sup>1</sup> camph., <sup>3</sup> nux. <sup>1</sup>	40-50 d.
MAN- GANUM.		Puls., <sup>3</sup> rhus, <sup>3</sup> sulph. <sup>3</sup>		Coff., <sup>1</sup> camph. <sup>3</sup>	40 d.
MARUM.		Chin., <sup>3</sup> puls., <sup>3</sup> sil. <sup>3</sup>		Camph. <sup>3</sup>	14-21 d.
MERC.	Bad. <sup>1</sup>	Ars., <sup>1,3</sup> asaf., <sup>1,3</sup> bell., <sup>1,3</sup> calc., <sup>1,3</sup> carb-veg., <sup>1</sup> chin., <sup>1</sup> guaiac., <sup>1</sup> hep., <sup>1</sup> iod., <sup>1</sup> lyc., <sup>1,3</sup> mur-ac., <sup>1</sup> nitric-ac., <sup>1</sup> phosph., <sup>1,3</sup> puls., <sup>1,3</sup> rhus, <sup>1,3</sup> sepia, <sup>1,3</sup> sulph., <sup>1,3</sup> thuj. <sup>1</sup>	Silic. <sup>1</sup>	Ars., <sup>1</sup> aur., <sup>1</sup> asaf., <sup>5</sup> bell., <sup>1</sup> calad., <sup>1</sup> carb-v., <sup>1</sup> china, <sup>1</sup> dulc., <sup>1</sup> ferr., <sup>1</sup> guaiac., <sup>1</sup> hep., <sup>1</sup> hydr., <sup>1</sup> iod., <sup>1</sup> kali-i., <sup>1</sup> kali-m., <sup>1</sup> lach., <sup>1</sup> mez., <sup>1</sup> nitric-ac., <sup>1</sup> nux-m., <sup>1</sup> op., <sup>1</sup> ruta, <sup>1</sup> sars., <sup>1</sup> staph., <sup>1</sup> sep., <sup>1</sup> sulph., <sup>1</sup> stram., <sup>1</sup> thuja. <sup>1</sup>	1-3 d.
MEZER.		Calc., <sup>3</sup> caust., <sup>3</sup> ign., <sup>3</sup> lyc., <sup>3</sup> merc., <sup>3</sup> nux., <sup>3</sup> phosph., <sup>3</sup> puls. <sup>3</sup>		Calc., <sup>1</sup> merc., <sup>1</sup> bry., <sup>5</sup> nux., <sup>1</sup> rhus, <sup>1</sup> camph., <sup>5</sup> acids. <sup>5</sup>	30-60 d.
MILLEF.			Coff. <sup>1</sup>		1-3 d.
MUR-AC.		Calc., <sup>3</sup> kali-c., <sup>3</sup> nux., <sup>3</sup> puls., <sup>3</sup> sepia, <sup>3</sup> sulph., <sup>3</sup> silic. <sup>3</sup>		Camph., <sup>1</sup> bry. <sup>1</sup>	35 d.
MENY- ANTH.		Caps., <sup>1,3</sup> lyc., <sup>1,3</sup> puls., <sup>1,3</sup> rhus. <sup>1,3</sup>		Camph. <sup>1</sup>	14-20 d.
NTR-CARB.		Calc., <sup>3</sup> nux., <sup>3</sup> nitric-ac., <sup>1</sup> puls., <sup>3</sup> sepia, <sup>3</sup> sulph. <sup>3</sup>		Camph., <sup>1</sup> nit-sp-d. <sup>1</sup>	30 d.
NTR-MUR.	Apis, <sup>1</sup> sepia, <sup>2</sup> ign. <sup>2</sup>	Bry., <sup>3</sup> calc., <sup>3</sup> kali-c., <sup>1</sup> puls., <sup>3</sup> rhus, <sup>3</sup> hep., <sup>2</sup> sepia, <sup>1,3</sup> sulph. <sup>3</sup>		Ars., <sup>1</sup> phosph., <sup>1</sup> nit-sp-d., <sup>1</sup> camph. <sup>3</sup>	40-50 d.
NTR-SULP.	Ars., <sup>2</sup> thuj. <sup>2</sup>				30-40 d.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
NITRIC-AC.	Ars., <sup>1</sup> calad. <sup>1</sup>	Arn., <sup>1</sup> calc., <sup>1,3</sup> carb-veg., <sup>3</sup> kali-c., <sup>1</sup> kreos., <sup>1</sup> merc., <sup>3</sup> phosph., <sup>3</sup> puls., <sup>1,3</sup> sil., <sup>1</sup> sulph., <sup>1,3</sup> secale, <sup>1</sup> sepia, <sup>3</sup> thuj. <sup>1</sup>	Laches. <sup>1</sup> After Calc.—Hahne-mann.	Calc., <sup>1</sup> con., <sup>1</sup> hep., <sup>1</sup> merc., <sup>1</sup> mez., <sup>1</sup> sulph. <sup>1</sup>	40-60 d.
NUX-M.		Ant-t., <sup>3</sup> lyc., <sup>3</sup> nux, <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> stram. <sup>3</sup>		Nux, <sup>1</sup> camph., <sup>3</sup> gels. <sup>1</sup>	60 d.
NUX-V.	Sulph., <sup>1</sup> sepia, <sup>2</sup> kali-c. <sup>2</sup>	Ars., <sup>3</sup> act-sp., <sup>1,3</sup> bell., <sup>3</sup> bry., <sup>1,3</sup> carb-veg., <sup>1</sup> cactus, <sup>1</sup> calc., <sup>1</sup> cocc., <sup>1</sup> colch., <sup>1</sup> hyo., <sup>1</sup> lyc., <sup>3</sup> phosph., <sup>1</sup> puls., <sup>1,3</sup> rhus, <sup>3</sup> sepia, <sup>2,3</sup> sulph, <sup>1,3</sup>	Zinc, <sup>1</sup> acids. <sup>5</sup>	Cham., <sup>1</sup> ars., <sup>1</sup> coff., <sup>1</sup> acon., <sup>1</sup> cocc., <sup>1</sup> ign., <sup>3</sup> op., <sup>1</sup> puls., <sup>1</sup> thuja. <sup>1</sup>	1-7 d.
OLEAND.		Con., <sup>3</sup> lyc., <sup>3</sup> ntr-m., <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> sepia, <sup>3</sup> spig. <sup>3</sup>		Camph., <sup>1</sup> sulph. <sup>1</sup>	20-30 d.
OPIUM.		Acon., <sup>3</sup> ant-t., <sup>3</sup> bell., <sup>3</sup> bry., <sup>1,3</sup> hyo., <sup>3</sup> nux-m., <sup>3</sup> nux. <sup>3</sup>		Camph., <sup>3</sup> bell., <sup>1</sup> cham., <sup>2</sup> ipec., <sup>3</sup> nux, <sup>1</sup> wine, <sup>1</sup> verat., <sup>1</sup> plb., <sup>5</sup> coff. <sup>5</sup>	7 d.
PARIS.		Calc., <sup>3</sup> led., <sup>1</sup> lyc., <sup>1</sup> nux, <sup>3</sup> puls., <sup>3</sup> phosph., <sup>3</sup> rhus, <sup>1,3</sup> sepia, <sup>3</sup> sulph. <sup>3</sup>	Fer-ph. <sup>1</sup>	coffea., <sup>1</sup> camph. <sup>5</sup>	2-4 d.
PETROL.		Bry., <sup>3</sup> calc., <sup>3</sup> lyc., <sup>2</sup> nux, <sup>3</sup> nitric-ac., <sup>1</sup> puls., <sup>3</sup> sepia, <sup>3</sup> sil., <sup>3</sup> sulph. <sup>3</sup>		Nux, <sup>1</sup> acon. <sup>1</sup>	40-50 d.
PALLAD.	Plat. <sup>1</sup>			Chin., <sup>1</sup> bell., <sup>1</sup> glon. <sup>1</sup>	
POD.	(Sulph. <sup>2</sup> )			Lact-ac., <sup>1</sup> nux. <sup>1</sup>	30 d.
PHOSPH.	Ars., <sup>1</sup> cepa, <sup>1</sup> carb-veg. <sup>2</sup>	Ars., <sup>1</sup> bell., <sup>1,3</sup> bry., <sup>3</sup> carb-veg., <sup>1</sup> china, <sup>1</sup> calc., <sup>3</sup> kali-c., <sup>1</sup> lyc., <sup>1</sup> nux, <sup>1,3</sup> puls., <sup>3</sup> rhus, <sup>1,2</sup> sepia, <sup>3</sup> sil., <sup>1</sup> sulph., <sup>1,3</sup>	Apis, <sup>2</sup> caust. <sup>1</sup>	Coff., <sup>1</sup> chlorof., <sup>2</sup> nux, <sup>1</sup> sepia, <sup>1</sup> tereb., <sup>1</sup> camph., <sup>5</sup> wine. <sup>5</sup>	40 d.
PHOS-AC.		Ars., <sup>3</sup> bell., <sup>3</sup> chin., <sup>1,3</sup> caust., <sup>3</sup> ferr., <sup>1</sup> lyc., <sup>3</sup> nux, <sup>3</sup> puls., <sup>3</sup> rhus, <sup>1</sup> sepia, <sup>3</sup> sulph. <sup>3</sup> verat. <sup>1</sup>		Camph., <sup>1</sup> coffea. <sup>1</sup>	40 d.
PLAT.		Arg-m., <sup>1</sup> anac., <sup>1</sup> bell., <sup>3</sup> ign., <sup>3</sup> lyc., <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> sepia, <sup>3</sup> verat. <sup>3</sup>		Pulsat., <sup>1</sup> nit-sp-d. <sup>1</sup>	35-40 d.
PLUMB.		Ars., <sup>1,3</sup> bell., <sup>3</sup> lyc., <sup>3</sup> merc., <sup>3</sup> phosph., <sup>3</sup> puls., <sup>3</sup> sil., <sup>3</sup> sulph. <sup>3</sup>		Alumen., <sup>1</sup> alum., <sup>1</sup> ant-cr., <sup>1</sup> bell., <sup>1</sup> cocc., <sup>1</sup> hyos., <sup>1</sup> nux, <sup>1</sup> nux-m., <sup>1</sup> op., <sup>1</sup> petr., <sup>1</sup> plat., <sup>1</sup> stram., <sup>1</sup> sulph-ac., <sup>1</sup> zinc. <sup>1</sup>	20-30 d.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
PSOR.		Carb-veg., <sup>1</sup> chin., <sup>1</sup> sulph. <sup>1</sup>	Sepia ?	Coffea. <sup>1</sup>	30-40 d.
PULSAT.	Lyc., <sup>1</sup> silic., <sup>2</sup> sulph-ac., <sup>1</sup> stann., <sup>1</sup> cepa. <sup>1</sup>	Ars., <sup>3</sup> anac., <sup>1</sup> ant-t., <sup>1</sup> asaf., <sup>1</sup> bell., <sup>3</sup> bry., <sup>3</sup> calc., <sup>1</sup> euphm., <sup>1</sup> graph., <sup>1</sup> ign., <sup>3</sup> kali-b., <sup>1</sup> lyc., <sup>3</sup> nitric-ac., <sup>1</sup> nux, <sup>3</sup> phosph., <sup>3</sup> rhus, <sup>3</sup> sepia, <sup>1,3</sup> sulph. <sup>3</sup>		Coff., <sup>1</sup> ign., <sup>1</sup> nux, <sup>1</sup> cham., <sup>1</sup> stann., <sup>2</sup> acids. <sup>5</sup>	40 d.
RAN-B.		Bry., <sup>3</sup> ign., <sup>3</sup> kali-c., <sup>3</sup> nux, <sup>3</sup> rhus, <sup>3</sup> sepia. <sup>3</sup>	Sulph., <sup>1</sup> staph., <sup>1</sup> nit-sp-d., <sup>1</sup> wine. vinegar.	Bry., <sup>1</sup> camph., <sup>1</sup> puls., <sup>1</sup> rhus, <sup>1</sup> anac., <sup>2</sup> clem., <sup>2</sup> rhus, <sup>2</sup> cro-t-t. <sup>2</sup>	
RAN-SC.		Bell., <sup>3</sup> lach., <sup>1</sup> phosph., <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> sil. <sup>3</sup>		Camph. <sup>3</sup>	
RHEUM.	Magn-c., <sup>1</sup>	Bell., <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> sulph. <sup>3</sup>		Camph., <sup>1</sup> cham., <sup>1</sup> coloc., <sup>1</sup> merc., <sup>1</sup> nux, <sup>1</sup> puls. <sup>1</sup>	2-3 d.
RHOD.		Arn., <sup>3</sup> ars., <sup>3</sup> calc., <sup>3</sup> con., <sup>3</sup> lyc., <sup>3</sup> mere., <sup>3</sup> nux, <sup>3</sup> puls., <sup>3</sup> sepia, <sup>3</sup> sil., <sup>3</sup> sulph. <sup>3</sup>		Bry., <sup>1</sup> clemat., <sup>1</sup> nux-m., <sup>1</sup> rhus. <sup>1</sup>	35-40 d.
RHUS.	Bry., <sup>1</sup> calc. <sup>2</sup>	Ars., <sup>1,3</sup> arn., <sup>1</sup> bell., <sup>3</sup> bry., <sup>1,3</sup> calc., <sup>1,2</sup> con., <sup>1</sup> calc-ph., <sup>1</sup> cactus, <sup>1</sup> cham., <sup>1</sup> dros., <sup>1</sup> graph., <sup>3</sup> hyo., <sup>2</sup> laches., <sup>1</sup> merc., <sup>3</sup> mur-ac., <sup>1</sup> nux, <sup>1,3</sup> puls., <sup>1,3</sup> phosph., <sup>1,3,2</sup> Sepia, <sup>3</sup> sulph. <sup>1,3</sup>	Apis. <sup>1</sup>	Anac., <sup>1</sup> bell., <sup>1</sup> bry., <sup>1</sup> camph., <sup>1</sup> coff., <sup>1</sup> cro-tig., <sup>1</sup> graphites, <sup>1</sup> sulph., <sup>1</sup> sepia. <sup>1</sup> clem., <sup>2</sup> ran-b. <sup>2</sup>	1-7 d.
RUTA.	Calc-ph. <sup>1</sup>	Calc., <sup>3</sup> caust., <sup>3</sup> lyc., <sup>3</sup> ph-ac., <sup>3</sup> puls., <sup>3</sup> sepia, <sup>3</sup> sulph., <sup>3</sup> sul-ac. <sup>1</sup>		Camph. <sup>3</sup>	30 d.
RUMEX.		Calc. <sup>2</sup>		Camph., <sup>1</sup> bell., <sup>1</sup> hyo., <sup>1</sup> con., <sup>1</sup> lach., <sup>1</sup> phosph. <sup>1</sup>	
SABAD.	Sepia. <sup>2</sup>	Ars., <sup>3</sup> bell., <sup>3</sup> mere., <sup>3</sup> nux, <sup>3</sup> puls. <sup>3</sup>		Con., <sup>3</sup> puls., <sup>1</sup> camph. <sup>5</sup>	
SABINA.	Thuja. <sup>1</sup>	Ars., <sup>1,3</sup> bell., <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> spong., <sup>3</sup> sulph. <sup>3</sup>		Camph., <sup>1</sup> puls. <sup>1</sup>	20-30 d.
SAMBUC.		Ars., <sup>3</sup> beil., <sup>3</sup> con., <sup>3</sup> nux, <sup>3</sup> phosph., <sup>3</sup> rhus, <sup>3</sup> sepia. <sup>4</sup>		Ars., <sup>1</sup> camph. <sup>1</sup>	3-4 hours.
SARSAP.	Merc., <sup>1</sup> sepia, <sup>1</sup> cepa. <sup>1</sup>	Bell., <sup>3</sup> cepa, <sup>1</sup> hep., <sup>1</sup> merc., <sup>3</sup> phosph., <sup>1,3</sup> rhus, <sup>1</sup> sepia, <sup>1,3</sup> sulph. <sup>1,3</sup>		Bell., <sup>1</sup> merc., <sup>1</sup> sepia. <sup>1</sup>	35 d.

Remedy.	Complementary Remedies.	Remedies that Follow Well.	Inimical Remedies.	Antidotes.	Duration.
SECALE.		Acon., <sup>3</sup> ars., <sup>3</sup> bell., <sup>3</sup> chin., <sup>1</sup> merc., <sup>3</sup> puls. <sup>3</sup>		Camph., <sup>1</sup> op. <sup>1</sup>	20-30 d.
SELEN.		Calc., <sup>3</sup> merc., <sup>3</sup> nux., <sup>3</sup> sepia. <sup>3</sup>	China, <sup>1</sup> wine. <sup>1</sup>	Ign., <sup>1</sup> puls. <sup>1</sup>	40 d.
SENEGA.		Calc., <sup>3</sup> lyc., <sup>3</sup> phosph., <sup>3</sup> sulph. <sup>3</sup>		Arn., <sup>3</sup> bell., <sup>3</sup> camph., <sup>3</sup> bry. <sup>1</sup>	30 d.
SEPIA.	Nux., <sup>2</sup> ntr-m., <sup>1</sup> sabad. <sup>2</sup>	Bell., <sup>3</sup> calc., <sup>3</sup> con., <sup>3</sup> carb.-veg., <sup>1</sup> euphm., <sup>1</sup> graph., <sup>1</sup> lyc., <sup>3</sup> nux., <sup>1,3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> sars., <sup>1</sup> sil., <sup>3</sup> sulph. <sup>3</sup>	Bry., <sup>2</sup> laches. <sup>1</sup>	Ant-cr., <sup>1</sup> ant-t., <sup>1</sup> acon., <sup>1</sup> nit-sp-d., veget. acids, sulph. <sup>1</sup>	40-50 d.
SILICEA.	Fluor-ac., <sup>1</sup> puls., <sup>2</sup> thuj. <sup>2</sup>	Ars., <sup>3</sup> asaf., <sup>3</sup> bell., <sup>3</sup> calc., <sup>3</sup> clem., <sup>1</sup> fluor-ac., <sup>1</sup> graph., <sup>6</sup> hep., <sup>1,3</sup> lyc., <sup>1,3</sup> laches., <sup>1</sup> nux., <sup>3</sup> phosph., <sup>1</sup> puls., <sup>3</sup> rhus, <sup>3</sup> sepia, <sup>1</sup> sulph. <sup>3</sup>	Merc. <sup>1</sup>	Fluoric-ac., <sup>1</sup> hep., <sup>1</sup> camph. <sup>3</sup>	40-60 d.
SPIG.		Ars., <sup>1</sup> acon., <sup>1</sup> arn., <sup>1</sup> bell., <sup>3</sup> calc., <sup>3</sup> cimic., <sup>1</sup> dig., <sup>1</sup> iris, <sup>1</sup> kali-c., <sup>1</sup> nux., <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> sepia, <sup>3</sup> sulph., <sup>3</sup> zinc. <sup>1</sup>		Aurum, <sup>1</sup> cocc., <sup>1</sup> puls. <sup>1</sup>	
SPONG.		Brom., <sup>1</sup> bry., <sup>3</sup> con., <sup>3</sup> carb.-veg., <sup>1</sup> hep., <sup>1,3</sup> kali-bro., <sup>1</sup> nux., <sup>3</sup> phosph., <sup>3</sup> puls. <sup>1</sup>		Camph. <sup>1</sup>	20-30 d.
SQUIL.		Ars., <sup>3</sup> ign., <sup>3</sup> nux., <sup>3</sup> rhus, <sup>3</sup> sil. <sup>3</sup>	All-s. <sup>1</sup>	Camph. <sup>3</sup>	
STANN.	Puls. <sup>1</sup>	Calc., <sup>3</sup> lyssin., <sup>1</sup> nux., <sup>3</sup> phosph., <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> sulph. <sup>3</sup>		Pulsat. <sup>1</sup>	35 d.
STAPH.	Caust., <sup>1</sup> coloc. <sup>1</sup>	Calc., <sup>3</sup> caust., <sup>1</sup> coloc., <sup>2</sup> ign., <sup>3</sup> lyc., <sup>3</sup> nux., <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> sulph. <sup>3</sup>	Ran-b. <sup>1</sup>	Camph. <sup>1</sup>	20-30 d.
STRAM.		Acon., <sup>3</sup> bell., <sup>3</sup> bry., <sup>3</sup> cupr., <sup>1</sup> hyo., <sup>3</sup> nux. <sup>3</sup>	Coff. <sup>1</sup>	Bell., <sup>1</sup> hyo., <sup>1</sup> nux., <sup>1</sup> op., <sup>1</sup> puls., <sup>1</sup> tabac. <sup>1</sup>	
SULPH.	Aloe, <sup>1</sup> ars., <sup>2</sup> acon., <sup>1</sup> nux., <sup>2</sup> bad. <sup>1</sup>	Acon., <sup>1</sup> alum., <sup>1</sup> ars., <sup>2</sup> bell., <sup>3</sup> bry., <sup>3</sup> calc., <sup>1,3</sup> carb.-veg., <sup>1</sup> dros., <sup>1</sup> euphm., <sup>1</sup> graph., <sup>1</sup> guaiac., <sup>1</sup> merc., <sup>1,3</sup> nitric-ac., <sup>1</sup> nux., <sup>1</sup> phosph., <sup>1,3</sup> puls., <sup>3</sup> rhus, <sup>1,3</sup> sars., <sup>1</sup> sepia. <sup>1,3</sup>	Lycop., <sup>2</sup> after calc.	Acon., <sup>1</sup> camph., <sup>1</sup> cham., <sup>1</sup> china, <sup>1</sup> merc., <sup>1</sup> puls., <sup>1</sup> rhus, <sup>1</sup> sepia, <sup>1</sup> silic., <sup>1</sup> thuja. <sup>1</sup>	40-60 d.
SULPH-AC.	Puls. <sup>1</sup>	Arn., <sup>3</sup> calc., <sup>3</sup> con., <sup>3</sup> lyc., <sup>3</sup> plat., <sup>3</sup> sepia, <sup>3</sup> sulph. <sup>3</sup>		Puls. <sup>1</sup>	30-40 d.



Remedy.	Complementary Remedies.	Remedies that Follow well.	Inimical Remedies.	Antidotes.	Duration.
STRONT.		Bell., <sup>3</sup> caust., <sup>3</sup> kali-c., <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> sepia, <sup>3</sup> sulph. <sup>3</sup>		Camph. <sup>3</sup>	
TEUCRIUM.	See MARUM.				
THUJA.	Ars., <sup>2</sup> ntr.s., <sup>2</sup> sabin., <sup>1</sup> sil. <sup>2</sup>	Asaf., <sup>1</sup> calc., <sup>3</sup> ign., <sup>3</sup> kali-c., <sup>3</sup> lyc., <sup>3</sup> merc., <sup>1,3</sup> nitric-ac., <sup>1</sup> puls., <sup>3</sup> sabin., <sup>1</sup> sil., <sup>3</sup> sulph. <sup>3</sup>		Camph., <sup>1</sup> cham., <sup>1</sup> cocc., <sup>1</sup> merc., <sup>1</sup> puls., <sup>1</sup> sulph., <sup>1</sup> staph. <sup>1</sup>	60 d.
TARAX.		Asaf., <sup>3</sup> ars., <sup>1</sup> bell., <sup>3</sup> chin., <sup>3</sup> lyc., <sup>3</sup> rhus, <sup>3</sup> staph., <sup>3</sup> sulph. <sup>3</sup>		Camph. <sup>3</sup>	
TABAC.		Carb-veg., <sup>1</sup> lyssin. <sup>1</sup>		Ars., <sup>1</sup> ip., <sup>1</sup> ign., <sup>1</sup> nux., <sup>1</sup> phosph., <sup>1</sup> puls., <sup>1</sup> clem., <sup>1</sup> sepia, <sup>1</sup> lyc., <sup>1</sup> verat. <sup>1</sup>	
VALER.		Puls., <sup>3</sup> phosph. <sup>3</sup>		Bell., <sup>1</sup> camph., <sup>1</sup> cina, <sup>1</sup> coff., <sup>1</sup> puls. <sup>1</sup>	8-10 d.
VERBASC.		Bell., <sup>3</sup> chin., <sup>3</sup> lyc., <sup>3</sup> puls., <sup>3</sup> rhus, <sup>3</sup> sepia, <sup>3</sup> stram. <sup>3</sup>		Camph. <sup>1</sup>	8-10 d.
VERAT.	Arn. <sup>2</sup>	Ars., <sup>1</sup> arn., <sup>1</sup> acon., <sup>1,3</sup> bell., <sup>3</sup> chin., <sup>1</sup> cham., <sup>3</sup> carb-veg., <sup>1</sup> cupr., <sup>1</sup> dros., <sup>1</sup> ip., <sup>1</sup> puls., <sup>3</sup> rhus, <sup>3</sup> sepia, <sup>3</sup> sulph. <sup>2</sup>		Ars., <sup>1</sup> acon., <sup>1</sup> camph., <sup>1</sup> chin., <sup>1</sup> coff. <sup>1</sup>	20-30 d.
VIOL-OD.		Bell., <sup>3</sup> cor-r., <sup>1</sup> cina, <sup>1</sup> nux., <sup>3</sup> puls. <sup>3</sup>		Camph. <sup>3</sup>	2-4 d.
VIOL-TR.		Puls., <sup>3</sup> rhus, <sup>3</sup> sepia, <sup>3</sup> staph. <sup>3</sup>		Camph., <sup>3</sup> merc., <sup>1</sup> rhus, <sup>3</sup> puls. <sup>1</sup>	8-14 d.
VESPA.			Arg-n. <sup>1</sup>	Apis. <sup>1</sup>	
ZINC.		Hep., <sup>1</sup> ign., <sup>3</sup> puls., <sup>3</sup> sepia, <sup>3</sup> sulph. <sup>3</sup>	Nux., <sup>1</sup> cham., <sup>1</sup> wine. <sup>1</sup>	Camph., <sup>3</sup> hep., <sup>1</sup> ign. <sup>1</sup>	30-40 d.

## ANTI-PSORICS (KENT).

Abrotanum.	Carb. an.	Kali b.	Phos. ac.
Agaricus.	Carb. veg.	Kali c.	Psorin.
Alumina.	Caust.	Kali i.	Plat.
Amm. carb.	Cistus.	Kali n.	Plumb.
Amm. mur.	Clem.	Lachesis.	Ruta.
Anac.	Con.	Lyc.	Rumex.
Antim. cr.	Cupr.	Mag. c.	Sars.
Apis.	Dule.	Mag. m.	Sep.
Arg. m.	Euphorb.	Manganum.	Silic.
Arsenic.	Ferr.	Mezer.	Stram.
Aurum.	Fluoric ac.	Mur. ac.	Spong.
Bar. c.	Graph.	Natr. c.	Sulph.
Brom.	Guaiaac.	Natr. m.	Sulph. ac.
Bufo.	Hep.	Nitric ac.	Zinc.
Calc. carb.	Hydr.	Petrol.	
Calc. ph.	Iod.	Phos.	

ANTI-SYPHILITICS (KENT).

<i>Ars.</i>	<i>Cor. r.</i>	<i>MERC.</i>	<i>Sars.</i>
<i>Ars. l.</i>	<i>Crotal.</i>	<i>MERC. COR.</i>	<i>Sil.</i>
<i>Asaf.</i>	<i>Fluor. ac.</i>	<i>Merc. i. f.</i>	<i>Staph.</i>
<i>AUR.</i>	<i>Hepar.</i>	<i>Merc. i. r.</i>	<i>Stillingia.</i>
<i>Aur. mur.</i>	<i>Kali b.</i>	<i>Mez.</i>	<i>Sulph.</i>
<i>Bad.</i>	<i>KALI I.</i>	<i>NITR. AC.</i>	<i>SYPHIL.</i>
<i>Benz. ac.</i>	<i>Kalmia.</i>	<i>Petrol.</i>	<i>Thuja.</i>
<i>Carb. an.</i>	<i>Lac. c.</i>	<i>Phos. ac.</i>	
<i>Carb. v.</i>	<i>Lach.</i>	<i>Phos.</i>	
<i>Cinnabar.</i>	<i>Lyc.</i>	<i>PHYTO.</i>	

ANTI-SYCOTICS (KENT).

<i>Alum.</i>	<i>Bry.</i>	<i>Graph.</i>	<i>Petrol.</i>
<i>Alumen.</i>	<i>Calc.</i>	<i>Hepar.</i>	<i>Phyt.</i>
<i>Anac.</i>	<i>Carb. an.</i>	<i>Iod.</i>	<i>Pier. ac.</i>
<i>Ant. c.</i>	<i>Carb. v.</i>	<i>Kali c.</i>	<i>Sars.</i>
<i>Ant. t.</i>	<i>Caust.</i>	<i>Kalmia.</i>	<i>Selen.</i>
<i>Apis.</i>	<i>Cham.</i>	<i>Lach.</i>	<i>SEP.</i>
<i>Aran.</i>	<i>Cinnabar.</i>	<i>Lyc.</i>	<i>Silic.</i>
<i>Arg. m.</i>	<i>Con.</i>	<i>MEDORRH.</i>	<i>Secale.</i>
<i>Aster. r.</i>	<i>Dulc.</i>	<i>Merc.</i>	<i>STAPH.</i>
<i>Aur.</i>	<i>Euphras.</i>	<i>Mez.</i>	<i>Sulph.</i>
<i>Aur. mur.</i>	<i>Ferr.</i>	<i>NATR. S.</i>	<i>THUJ.</i>
<i>Bar. c.</i>	<i>Fluoric ac.</i>	<i>NITR. AC.</i>	

MATERIA MEDICA MISCELLANY.

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

*Natrum Muriaticum in Marasmus.*—Dr. Dienst reports the case of a child of four months old which, though weighing 7 lbs. and quite healthy when born, began to wither when it was two weeks old. The mother, who was healthy, seemed to have abundance of milk, but as the child rapidly lost flesh she weaned him and gave cow's milk and some prepared food, but the child continued to emaciate till it was nothing but skin and bone and very pale and blue and unable to move itself. The child was the youngest of seven, and all the others healthy. *Arg. nit.* 200 was given one dose and placebo and instructions to report in a week if the child was alive. No improvement occurred. The fact was then elicited that during gestation the mother had an unusual craving for salt. On the strength of this two powders of *Natrum. mur.* 30x were given, each to be dissolved in three teaspoonfuls of water, and a teaspoonful given each hour till finished, a powder each day, and on third-day placebo. In a few days the child was reported to be dying, and found in a

pitiable condition, cold, very pale, with involuntary evacuation of bowels of a slightly diarrhetic yellow stool, and excessively weak. The condition was treated as a proving of *Natrum*, and a placebo given. Improvement was reported next day, and continued gradually, till complete recovery. Only one more powder of *Natrum* 30x was given some months later.—*Hahn. Advoc.*

*Hepar Sulphur in Angeioneurotic edema.*—Dr. F. F. Laird, in a paper on this subject, says that his experience leads him to use *Apis* for the acute manifestations and *Hepar* for its radical cure. He quotes three cases illustrative of this fact:—

A man, thirty-eight, of neurotic family, whose father suffered from the same disease, began to suffer from it in 1892, when his upper lip became enormously swollen and right eye closed. Attack began suddenly, lasted a few hours, and gradually disappeared. From then till August, 1900, when he came under treatment, not a month passed without the appearance of these swellings. Sometimes they came on the arms, legs, hand, or penis. All functions were performed normally, and apart from a nervous manner he was a picture of health. His skin chafed easily, was slow in healing, and his lips chapped in cool weather. *Hep. s.* 3x t.d. for six months. No recurrence after the first month.

Case 2.—Man, twenty-eight, neurotic history, suffered from 1895, came under treatment October, 1900, with extensive edema of prepuce, with severe nausea. This patient would faint at sight of blood, craved pickles, skin chafed easily, and was always better in damp weather. *Hep.* 3x, as in former case, was followed by gradual decrease in frequency and severity of attacks, which vanished in January, 1901.

A third similar case in leucophlegmatic man of forty-five, in whom the neurotic element was almost absent, is also mentioned. Same medicine gave a similar result.—*Hahn. M.*

*Nux Moschata—a Poisoning Case.*—In a case of poisoning by this drug reported in the *Albany Medical Annals* the following symptoms were produced: The patient complained of an intense dryness of the mouth and throat, a feeling of constriction amounting almost to pain across the frontal region, vertigo on the least exertion, and numbness of the legs and hands. All objects

appeared to be very distant, and as she looked at those near by they quickly receded. Objects on the left half of the field of vision appeared to be a chocolate-brown colour, while those on the opposite side were normal in colour. Sounds were also apparently distant. She was too weak to turn in bed, and when she was raised everything became black before her eyes. The most peculiar symptom present was a tendency to pass into a dreamy sleep with the eyes wide open. Even while talking she would suddenly stop speaking for a moment or two and lie perfectly still, looking directly at the person in front of her, winking occasionally, and then resume her conversation, remarking that she had been asleep, and been dreaming of doing various things.—*Med. Cent.*

*Phosphorus in Purpura Simplex.*—The following is reported by Dr. Dearborn: Man, age twenty-three; single; tall and slender, without history of antecedent disease or of a family history of hemorrhagic disorders.

The attack began without any premonitory symptoms, the spots on the legs being first noted by the patient while dressing in the morning. These multiplied during the day, when he felt a sense of heaviness in the legs and body while about his daily work. He partook of his regular meals without loss of appetite and his sleep was undisturbed the second night. When he appeared at the clinic the next day numerous claret-coloured lesions were found on the legs and thighs, varying in size from a pin-head to a thumb-nail, the larger spots being irregular in outline and situated on the legs from the ankles half-way to the knees. The distribution of the eruption was symmetrical, scarcely appreciable to touch, and with the exception of a few more recent and lighter reddish spots, did not change colour or feel sensitive to pressure. The patient stated that he felt dull and a general sense of heaviness or languor, as though over-tired, but otherwise did not feel in any sense ill. He thought a few new spots had continued to appear from the first. *Phosphorus* was prescribed in the sixth decimal, to be taken every two hours. The patient reported later that the languid or heavy feeling disappeared before the end of twenty-four hours. At the end of a week little trace of the eruption could be seen, showing that resolution had occurred with more than average rapidity.—*N.A.J.H.*

INTERESTING CASES FROM TWENTY-FIVE  
YEARS' PRACTICE.

By OSCAR HANSEN, M.D., Copenhagen, Denmark.

(Concluded.)

*Case 28.*—N. N., seventeen years old, messenger. He has for fourteen days been in hospital for the following disease, but is no better. He complains of pricking pains in the right leg on walking in the day time. The whole right leg above the knee is red and swollen with prominent veins, and sensitiveness to pressure along these. The appetite is poor. Otherwise there is nothing abnormal. *Hamamelis virg.* 1, five drops four times daily in a teaspoonful of water.

July 10th.—The same. The pains bad at night also. The appetite good. The same prescription.

July 31st.—The pains are less, more burning, but still they are worse at night. Redness and swelling of the leg are much decreased. It is worse on beginning to move, but improved by continued movement. Thirst. Drinks often and but little at the time. *Arsen. album* 2, five drops forenoon and evening. *Pulsatilla nigr.* 2, five drops morning and five afternoon.

Aug. 14th.—The pains but slight. Redness and swelling inconsiderable. The same prescription.

Aug. 25th.—The pains now cease at night; they are pricking and worst in the morning on getting up and on movement. Redness and swelling of the leg quite gone. *Bryonia alba* 3x, five drops three times daily in a teaspoonful of water.

After this he was quite well on October 6th, and was discharged.

*Case 29.*—A woman, twenty-five years old. Ill for three weeks and no cause known. There is adenitis in the right groin, with swelling of other glands, redness and sensitiveness to pressure. No ulcer was found on the legs, nor on the external genitals. No children. She has been married seven years. Boring pains on movement at night in the glands. The appetite scanty. Menstruation normal. *Mercur. solub. hahnem.* 3x trit., as much as a pea, every three hours in a teaspoonful of water. Linseed-meal poultice outwards.

July 17th.—Great improvement. No redness or

swelling. Sensitiveness to pressure very slight. Same prescription.

July 27th.—Better. There is swelling of the glands, but no inflammation or sensitiveness to pressure. She was then given first *Kali hydroiodicum* (*Kafkæ φ*), five drops three times daily; later, when the skin was red and fluctuating, *Hepar. sulphur. calcar.* 2 trit., as much as a pea, three times daily, and hereafter the swelling, redness, and fluctuation disappeared.

On October 10th the riddle was solved, when there appeared in the back of the neck, the scalp, on the arms by the elbow, on the flexor side, and scattered on the legs, brown, crust-covered exanthem, without itching. Mucous patches on the tonsils, but no dysphagia. Slight salivation. *Mercur. iodatus flavus* 2x trit three times daily, as much as a pea.

October 30th.—All the exanthem much decreased, but a little on the left arm and in the palm of the left hand. The mucous patches gone. The glandular swellings have quite disappeared. Hungry feeling and much appetite. Often vomits food without pains. *Ferrum carbon.*, 1st cent. trit., morning and afternoon, as much as a pea. Continue *Merc. iodat. flavus* forenoon and evening.

December 7th.—Complains of headaches with hammering in the temples and over the eyes, as well as much redness in the face. Otherwise the exanthem has disappeared, and the hungry feeling with vomiting has gone. *Glonoin* 2, five drops three times daily in a teaspoonful of water.

Quite well, and discharged on December 27th.

Case 30.—N. N., forty-seven years old, journeyman tailor, well till three months ago. On the dorsum linguæ is an oval ulcer, one inch in length and half an inch broad. The appearance is granular, grey-coloured, but still with thick yellow secretion. Single fissures towards the edges of the tongue. The ulcer is not deep. Pricking pains in the tongue, both on eating and on movement of the organ. The glands along the lower jaw not enlarged. He has never had syphilis. Pressure in the pit of the stomach, with sharp darting pain up through the œsophagus. Cough with expectoration of yellow-white, tough mucus. The appetite good, the sleep troubled. The functions are in order. The lungs and heart show nothing abnormal

on examination. *Hydrastis canad.* 1x, three drops three times daily in a teaspoonful of water. *Hydrastis canad.* φ, one part to ten parts glycerine for pencilling of the ulcer and the fissures morning and evening.

November 24th.—The ulcer is cleaner. Otherwise the same. The same prescription.

December 4th.—The sleep much better. The tongue somewhat better. The wound clear. Secretion inconsiderable. No pains in the tongue. The same prescription.

December 13th.—The tongue nearly cured. The sleep is good. No stomach-aches or pains in the œsophagus. Irritation in the throat, with dryness and expectoration of white-yellow, tough mucus in the morning. Sour taste. Continue *Hydrastis can.* morning and afternoon. *Phosphor.* 5x, five drops forenoon and evening in a teaspoonful of water.

December 24th.—The throat almost well. The ulcer and fissures on the tongue cured. The same prescription.

In the middle of January, 1901, he was discharged cured.

## EXTRACTS.

### PROFESSOR SCHULZ, OF GRIEFSWALD.

[We have much pleasure in reprinting the following passage from a letter addressed by Dr. Walter Wesselhoeft, of Boston, to the Hughes Medical Club, and dated from Berlin, May 17, 1902. It refers to a very remarkable personality whose acquaintance our readers will be glad to make. The work of Professor Schulz seems to us to show that homeopaths have only to go right ahead on their own lines and honest allopaths will be compelled to follow. To Professor Schulz we can extend a cordial hand; but to make overtures to unenlightened allopaths, and to allopaths who refuse enlightenment, is worse than bad policy, it is a particularly base species of toadyism.—ED. H.W.]

“THIS brings one to the matter which has most fully absorbed my interest and attention, and indeed has constituted my strongest motive in the somewhat rash course I have adopted, of leaving home and friends and practice to spend at least a year in Europe. I mean the desire to come in contact with those men here who, in my estimation, are doing the most to further the soundest therapeutic principles. Among these the foremost is Professor Schulz, of Griefswald. Griefswald is a small University on the Baltic up in the North. It has long



been noted for the excellency of its medical faculty, among whom are a number of the most strenuous of the younger teachers of the day, and some of them do not enjoy the same consideration on the part of the Government accorded, for example, to Professor Leyden, for the reason that they are a shade or two more independent in thought and in the character of their teaching. Dr. Schulz, among others, has for some twelve years been preaching to his students and publishing doctrines which by no means meet the approval of the great and mighty, for which reason he is somewhat under a cloud, and, in fact, so much out of favour, that for his department nothing is done, while for others the Government is spending money most lavishly. You shall judge of his peculiar position, and of the attraction he has had and continues to exert upon me, when I tell you of my experience during a short visit to him.

“After having assured myself that an avowed homeopath would be welcome, I called on him by appointment in his laboratory (he is professor of pharmacology and medical chemistry), and was most cordially received. After a two hours’ chat on medical subjects, I was invited to attend the opening lecture of the course on *materia medica*, which was to take place late in the afternoon, in the little, rather neglected-looking and old-fashioned lecture-room, in such marked contrast to the new and well-appointed halls of more orthodox men. About thirty students of the usual type came dribbling in, in a listless sort of fashion, showing, as I thought, by their manner that they came only because the course was obligatory. To some, I know this attitude on the part of the audience would have been discouraging, but Dr. Schulz mounted his platform with a determined air, and at once informed his hearers that, if they came with the expectation of being made familiar with an indefinite number of boxes and bottles containing ointments and mixtures, they would be disappointed. The same if they looked for distinct drugs for every disease, or for animal experiments and vivisections. These things he was aware were made the subjects of interesting lectures and demonstrations elsewhere, but as they were either of the nature of absolute teaching or intended only to have a sensational effect as being highly scientific, they could lead neither to correct therapeutic thinking nor to

practical knowledge. He showed the futility of animal experiments with drugs, such as the learned perform with so much skill in the presence of their classes, and of the clinical experiments at the bedside with drugs about which nothing was known save the crude effects, and emphasised the need of thorough proving of drugs on the healthy as the important, in fact essential, link to connect animal experiments and clinical ones. He then spoke of the limited field of drug therapeutics in practice, showing its importance, however, and insisting that the general law of drug action should be determined and applied in contradistinction to the crudely empirical methods everywhere in use, by which pharmacotherapeutics had been brought into disrepute.

“Arnot’s law, he showed, was one of the laws to be considered, the operation of which was seen in the fact that a slight or gentle irritation aroused vital activity to a normal point, a stronger irritation to an abnormal one, while a very strong irritation checked or paralysed it, citing many instances, among them the effect of almost infinitesimal quantities of corrosive sublimate in stimulating the fermentation of yeast, and the deadening effect of appreciable quantities of the same poison on the fermentative process. Another law, he said, to be borne in mind in the demonstration of drugs, was the Rilterballi law, which proves that the more feeble, the more depressed or exhausted the controlling centres of various physiological functions are, the more powerfully they respond to the gentler irritation. A healthy nerve freshly exposed calls for a vigorous irritation to cause it to respond, while a feeble nerve long exposed and nearing the extinction of its vitality will promptly react on the application of a stimulus so gentle that the healthy nerve could remain unaffected. ‘What does all this mean?’ he asked, ‘if not that drug action is subject to laws as well as every other vital process?’ Such experiments he hoped to show there, while mere poisoning of animals proved nothing. But how are we to produce such stimulating effects on enfeebled or pathologically changed processes, unless by bringing our drugs into direct contact with the nerve centres, or organs, tissues, or cells affected? And how can we succeed in directing our drug action to the affected parts unless we know by the most careful drug provings the elective affinity of these organs,

tissues, and cells for certain medicinal substances? This again points to a law, namely this, that drugs in order to produce a curative effect in a given class of cases must have a specific relation to the parts affected, and this specific relation is expressed by the formula—*similia similibus curantur*. 'But this,' he said, 'smacks too strongly of homeopathy. It does, and if any of you are distressed by this teaching, I have the profoundest sympathy for you, but for all the opposition it has met, no one has been able to prove that this teaching is not scientifically sound and of great practical value.'

"He then spoke of the therapeutic value of physiological effects of drugs, and pointed out with many illustrations taken from daily life, such as the effects of tobacco in minute or in larger quantities, or of alcohol, opium, &c., the difference in the method of approaching curable pathological conditions with drugs, always insisting on the limitations of each method, and the importance of exact experimentation such as has been but little known in pharmacology.

"Of course this is but a mere sketch of what I heard. It seemed to me of so much interest because it would have been highly appropriate in the presence of the Boston University class. You can easily understand that such teaching fills the souls of students here with fear and confusion, and also that the Ministry of Education frowns upon it heavily. But so far no harm has come to Dr. Schulz directly. His department is neglected, and his writings ignored, but he has taken his position and intends to hold it while he has any fight in him. He is now conducting a series of experiments with the view of determining the amount of different mineral substances in human tissues—silica, magnesia, manganese, fluorine, &c., &c.—and hopes to demonstrate in time the elective affinity of the various tissues for all these substances. I do not know whether this will lead to practical results, but I am determined to spend the next two months or more in Griefswald in order to see as much as possible of Professor Schulz.

"You must pardon the hasty character of this letter. The hope of getting it off by the first mail, and thus in time for your last meeting, has made it impossible to write more deliberately, and alas, more legibly.

"With kindest remembrances to you all,

"Cordially yours, WALTER WESSELHOEFT."

## NOTES ON PYROGEN.\*

[THE following Notes were sent to me by request from my son-in-law, William H. Leonard, M.D., of Minneapolis, Minn., and he also sends some from Dr. Kent and Dr. Sherbino.—W.]

Dr. L. writes: "Have used it in commencing stages of typhoid; also in intermittents; in a case of lung trouble with a malarial background, with prompt and remarkable results. Some cases of miscarriage it is excellent, and the after-effects of child-bearing."

From Kent, doctor gives: "Full of anxiety in morning; full of insane notions; morbid imaginations; restlessness; prostration; great sense of weakness; aching in the bones; and *relief from motion*."

"It has all the aching in the bones of *Eupatorium perf.*; the restlessness of *Rhus*; the soreness in the flesh of *Arnica*; diarrhea is similar to that of *Aloes*; the loquacity to that of *Lachesis*; the cough of *Bryonia*; the rattling in the chest of *Ant. tart.*; soreness in the chest of *Arnica*; pain in region of left nipple; sensation as if heart was enlarged—distinct consciousness of a heart." Sherbino says: "Tired feeling about the heart, would like to take it out and let it rest; high fever, *slow* pulse, and in low temperature rapid pulse; aching as if in the bones; aching all over the body as in a severe cold; aching with soreness of the flesh; bed feels too hard, with *amelioration by motion*; similar to *Rhus*; chilly at night; chill all night accompanying a fever."

Sherbino says: "Don't forget *Pyrogen* with rapid heart action, with normal or subnormal temperature, and in heart failure."

Miss C. T., aged twenty years (whose mother had just died of phthisis), rather short in stature, inclining to be stout; colour, yellowish white, or rather a greenish, half-transparent, dirty appearance; cough, with muco-purulent, putrid expectoration; pulse 100 to 110, temperature 101 to 103; night-sweats; amenorrhea. Leucorrhea also putrid and excoriating; breath, urine, perspiration, and alvine discharges, even the exhalations from the body, all had the same putrid odour.

Patient very weak, scarcely able to be out of bed, and

\* From Notes on Remedies sent to the *Old Guard*, by J. A. Wakefield, M.D., Centralia, Ill. (*Hahnemannian Advocate*, December 16, 1901).

did not look as if she was worth the effort to try and save her.

This was fifteen years ago, and to-day (September 27th, 1901) I met her on the street, a wife and mother, and in apparently good health.

All I did for this lady was to give her one dose of *Pyrogen* cm. and placebos and watched her progress back to health.

Am positive she took no other medicine.

What do you make of it?

Lady, thirty years old, married, and mother of several children, came crippling to my office in great pain from an acute attack of inflammation of both knees, which, on examination, I found hot, red, and considerably swollen, and as she sat I noticed she was *constantly moving* her feet, could not sit still a moment, as each move afforded relief from pain for the instant, but it immediately returned on ceasing to move the feet and limbs; differing from *Bryonia*, where all motion aggravates the pain; from *Rhus tox.*, which is worse from moving, but relief comes from *continued gentle exercise*. *Pyrogen* cm. one dose cured in twenty-four hours. *Relief* comes in the *very act* of moving.

This patient is Mrs. Helen Dunn, wife of C. M. Dunn, M.D., of our city. She and her husband both graduates of the Hahnemann, in Ludlam's time. I only gave her one dose of *Pyrogen* cm., "a contact potency," from a bottle obtained from Dr. Kent, in Philadelphia, some ten years since.

This case also goes to prove the value of this symptom "relief in the very act of moving." It don't come after moving, "but in the act of moving," and an instant rest makes another movement necessary for relief.

Hope I am understood.

---

PLUMBUM IODATUM IN INDURATION OF THE BREAST.—Prof. Allen considers this remedy of great value in inflamed indurated masses in the female breast. They become extremely painful and sore. It seems to suit best chronic slowly developing cases. It will often cause a lessening of the induration, which becomes decidedly soft, and a cessation of the acute inflammation. Allen reports success in a number of cases prescribed on the basis of Plumbum symptoms. The hard, unchangeable character, the tendency to slow development, and the supervention therein of the acute painful inflammations, are elements of decision.—*Medical Century*.

## Obituary.

### DR. SELDEN HAINES TALCOTT.

IN our last issue we briefly alluded to the lamented death of Dr. Talcott, who was almost as well known to homeopathy on this side of the Atlantic as he was in his own country. We quote the following from the *North American Journal of Homeopathy* of July:—

“Dr. Talcott was a big man—big bodied, big hearted and big brained. His splendid physique enabled him to perform most arduous and continued labour; his cordiality won for him hosts of friends, and his eminent ability made him one of the foremost men of the day. From the time of the commencement of his services at Middletown, a quarter of a century ago, he dedicated his entire powers to the work before him. He laboured for the unfortunates committed to his care; for the upbuilding of the institution of which he was superintendent; and for the advancement of homeopathic therapeutics. In and for all these things he was zealous, untiring and sagacious. From humble beginning in 1877 the asylum over which he was called to preside has grown to be the great Middletown State Homeopathic Hospital with its 1,500 patients, and a reputation that extends over the civilised world. The methods of treatment for mental diseases instituted by Dr. Talcott upset old theories and revolutionised systems. The results that he attained by his new and advanced methods in sanitation environment, physical treatment, diet, and the strict application of the law of similars were startling. They made Talcott and Middletown famous and the commanding position then gained he never lost. It is a source of great gratification to his friends that he was enabled to be present at the dinner given in his honour at the Waldorf-Astoria on May 14, 1902. He deeply appreciated the tribute of his friends, and often referred to it during his last illness. Dr. Talcott was a great superintendent. His services to homeopathy cannot be over-estimated, and his death is a severe loss.

Dr. Talcott was a son of the late Jonathan Talcott, of Rome, and was born on the Talcott homestead there July 7, 1842. He was graduated from the old Rome Academy, and in 1864 enlisted in Company K, Fifteenth New York Volunteers, and served till the close of the war. He then returned to Hamilton College, which he had entered just before his enlistment, and was graduated from there in 1869. In 1872 he was graduated

from the New York Homeopathic Medical College. The same year he began practice in Waterville. In 1875 he was appointed chief of staff of the Homeopathic Charity Hospital on Ward's Island, New York.

In 1877 Dr. Talcott received the appointment from the Board of Trustees as superintendent of the Middletown State Homeopathic Hospital.

Few physicians in the entire country had a larger practice or were more frequently called into consultation than Dr. Talcott.

He was Professor of Nervous and Mental Diseases of the New York Homeopathic College, and for four years he lectured on mental and nervous diseases at the Hahnemann Medical College at Philadelphia. Among the medical societies with which he was connected or had been connected may be mentioned the Orange County Homeopathic Medical Society, of which he had served as president; the Oneida Homeopathic Medical Society, of which he was president in 1875; the New York County Homeopathic Medical Society, the New York State Homeopathic Medical Society, of which he had been president; the American Institute of Homeopathy, of which he had been president; the Northern Homeopathic Medical Society of New York; the Interstate Homeopathic Medical Society of New York and Pennsylvania, and he was an honorary member of the Massachusetts Homeopathic Medical Society. He was also an associate member of the Royal Society of Medicine in Belgium. To the International Penal Association held at Christiania, Norway, in 1891, he was sent as a delegate by the New York Medical Legal Society of New York city, of which he was a member. In 1879 he was appointed a member of the State Board of Medical Examiners by the Regents of the University of New York.

Dr. Talcott had spent much time in travel in the interest of his profession. In 1883, 1888 and 1891 he travelled through the British Isles, France, Switzerland, Italy, Holland, Belgium, Prussia, Austria, Denmark, Sweden, and Norway. On each visit he made a study of the asylum management in Scandinavia, Great Britain and the German states. He visited from forty to fifty asylums, and in 1891 made a report giving the results of knowledge acquired.

Dr. Talcott had written much on medical subjects which was published in pamphlet form and in medical journals.

His last book was entitled *Mental Diseases and Their Modern Treatment*.

---



## DR. T. C. DUNCAN.

THE July number of the *Hahnemannian Advocate* contains an appreciative article on Dr. Talcott by Dr. T. C. Duncan, and at the same time an obituary notice of Dr. Duncan himself. There are few American doctors whose articles are better known than those of "T. C. D." His little work on *Acid and Alkaline Babies* we favourably noticed only a short time ago. The *Advocate* gives this account of the good doctor who passed away like so many more in the fateful early sixties:—

"Thomas C. Duncan, Ph.D., M.D., LL.D., died at his residence, 590, W. Adams Street, Chicago, July 16, 1902, of heart failure, after an illness of only a few hours, age 62 years."

Such, in substance, was the notice appearing in the paper Tuesday morning, July 17th. Altogether unexpected and apparently without the slightest warning. The doctor was down town on the 14th, and in seemingly perfect health, with many plans for aggressive work during the coming winter. It seems quite probable that he has had evidence of danger in this direction, because for a number of years he has been a close student of the actions of the abnormal heart and the therapeutic indication found in his materia medica for the same. It would be interesting to know which antedated the other, because it is not an infrequent occurrence for a physician to die of that upon which his special study has been directed—the power of the mind over the body.

Dr. Duncan was born in Kincross, Scotland, in 1840, and came to America with his parents seven years later, settling in Wisconsin. He graduated from Milton College in 1862, and the same year enlisted in the army as a private in the 1st Wis. Vol. Cavalry. His promotion was rapid, and at the close of his service he retired with the rank of major.

In 1864 he married Miss Emma Osborn, of Kenosha, Wis., and moved to Chicago. The same year he entered Hahnemann Medical College, and graduated from the same in 1866.

The doctor was of a kind and loving disposition, but very earnest and aggressive in character; a natural leader among men by reason of the fact that he was always ready to work for anything that met with his approval. He believed in homeopathy, and was untiring in his efforts to advance its cause with the public. Shortly after leaving college he became editor of the *U.S. Investigator*, and in the same year was enrolled as a member of the American Institute of Homeopathy.

He was not an original investigator, and his writings do not show that care and study that mark the student, but he looked for results, and appeared at best advantage when planning the accomplishment of some definite plan.

For about twenty-five years he was prominently engaged in college and hospital work, and during this time wrote and published several books, and contributed very liberally to the medical literature of the day—his latest official position being that of associate editor of the *Hahnemannian Advocate*.

A wife and son, Dr. Frank Duncan, survive him.

---

### DR. THEODOR KAFKA.

WE learn with deep regret that Dr. Theodor Kafka, of Carlsbad, the younger of that name, has passed away, at the early age of 54. Theodor Kafka was born at Prague in 1846, and, like his father, Jacob Kafka, was a staunch and original homeopath. Theodor Kafka represented homeopathy at Carlsbad for many years, and was an authority on the action of Carlsbad waters. He had not enjoyed robust health for some years past, and he succumbed in a few days to an attack of pneumonia. Dr. Kafka has been an occasional contributor to our pages.

---

## ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

---

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

SEA-WATER.—Can you give me any reference to the effects or action of sea-water taken internally beyond the ordinary provings of salt. I have been visiting Margate, where the water is reputed chalky, and chalky water with persons troubled with constipation makes matters worse. It is stated that sea-water has percolated into the Margate fresh-water supply. However this may be, I found my ordinary constipation reversed, and free purgation. It might be the change of air or food. If, however, a spoonful of sea-water in a glass of chalky water, or other water, relieves constipation, we have a very simple remedy. Query: What chemical combination arises by the mixture of chalky water with sea-water?—E. H. IVATTS.

[Allen gives a proving on four provers. Pure sea-water was taken, and also the fourth and fifth dilutions. Neuralgic pains, nausea, and sore throat were produced, but no disturbance of the bowels was noted. Perhaps some of our colleagues who practice at seaside resorts can enlighten our correspondent on the points he raises.—ED. H. W.]

## GENERAL CORRESPONDENCE.

## THE STUDY OF HOMEOPATHY.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR SIR,—I beg to address you on a subject of great importance to myself, namely, the profession I wish to follow. I am a young man, twenty years of age, and my desire is to be a homeopathic physician and surgeon, but I do not see a way to realise my aims. I have passed a part of my preliminary exam. in medicine in Edinburgh University. After I have passed it I have to study allopathy five years in order to get a degree; after that I will study homeopathy in a hospital in London, or elsewhere. Something is very far wrong when the best years of a young man's life are spent in the study of allopathy. The Americans are far before us in this respect. They have colleges equipped for homeopathic study, and can give degrees, why can we not do the same? I would like to have your advice on what I ought to do—if I should take my degree at Edinburgh, or study anatomy, physiology, chemistry, &c., and then come and study homeopathy. I have a suggestion to make, namely, that students should take anatomy, chemistry, biology, physiology at an allopathic school, and the practice of medicine, materia medica, surgery, clinical medicine and surgery, midwifery, disease of eye, ear, throat and nose, and mental diseases at a homeopathic college and hospital. Kindly give me your advice on this. If you can see your way to give me an opportunity of studying homeopathy I shall feel pleased, and do my best to avail myself of it.

Yours truly,

JOHN INCH, JUN.

Howburn, Biggar, N.B., July 29, 1902.

[Our correspondent's letter very pointedly illustrates the work which the British Homeopathic Association has before it. At present the only advice we can give our correspondent is to concentrate his energies on acquiring the knowledge the schools prescribe whose degrees he is bound to take. By the time he has taken these degrees we think we can answer for the Association that it will

have provided a school in which our correspondent, and many like him, may find the teaching they seek.—ED. H.W.]

---

## A PROFESSORSHIP OF HOMEOPATHY IN THE UNIVERSITY OF MUNICH.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR EDITOR,—I think that this extract from our Liverpool *Daily Post* is worthy of insertion in the HOMEOPATHIC WORLD:—"A Berlin correspondent says that the two Bavarian Chambers have decided to endow a professorship of homeopathy." This is a spirited and vigorous step in the direction of *true* therapeutic teaching, and is worthy of the great University of Munich, which I recently visited.

J. MURRAY MOORE, M.D.

Liverpool, August 12, 1902.

---

## RICHARD HUGHES MEMORIAL FUND.

*To the Editor of THE HOMEOPATHIC WORLD.*

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

Yours, &c.,

ED. M. MADDEN,

Secretary to Hughes Fund Committee  
of B.H.S.

Burlington House, Bromley, Kent,

August 21, 1902.

---

## VARIETIES.

---

HAMAMELIS.—Dr. Stillman Bailey was attending a case of confluent small-pox, in which a complication of profuse intestinal hemorrhage caused grave anxiety. One night the patient swallowed by mistake a whole tumblerful of Pond's Extract, which, instead of hurting him, stopped the loss of blood immediately, and initiated a rapid convalescence (*Clinique*, October, p. 556).—J.B.H.S.

**SEPIA IN DYSPEPSIA.**—Sepia is a remedy of great use in dyspeptic conditions and in constipation, and one that is often lost sight of by the routinist. It is especially suitable to a form of chronic dyspepsia that is characterised by nausea in the morning before eating, and a disposition to vomit after eating, especially in hysterical females. It has a burning at the pit of the stomach or a pressure as of a stone in the stomach after eating, an abdominal distension, accompanied by headache, which may be semi-lateral or a sense of weight and pressure on the vertex. It is a remedy only thought of in females, but it will cure many conditions of dyspepsia in males. It is a mistake to consider any remedy as belonging exclusively to one sex. It rather smacks of routinism than of homeopathy. *Lilium tigrinum*, while eminently a female remedy, is often most useful in heart affections in the male. *Sepia* has longing for acids and pickles, and is a most useful remedy for gastric disturbances from the over-use of tobacco.—*Medical Century*.

**HEMORRHAGES INTO THE SKIN AND MUCOUS MEMBRANE IN A HYSTERICAL WOMAN; DEATH FROM APOPLEXY OF THE PANCREAS.**—Dr. S. Holth, of Christiania, Norway, reports a very interesting case, which is worthy of study. A hysterical woman who was under observation from her twenty-third to her thirty-first year frequently after emotional excitement would be afflicted with more or less vast cutaneous hemorrhages; the mucous membrane, and particularly that of the mouth, would be affected with blebs filled with bloody serum, which quickly healed, though twice several large ones in the sublingual region were followed by necrotic ulcers with a greyish base, which were very slow, more than two months, in healing. Certain of these hemorrhages appeared without any preceding emotional cause, as after slight traumatism, as, for example, after turning a key in a lock which "worked hard." Once the writer traced a cross on her arm, pressing lightly with his forefinger. Twenty-four hours later a bloody cross appeared, which he photographed; this had disappeared about eight days later. The patient related that she had been subject to these hemorrhages after emotions and traumatism since her twelfth year. Mineral water was tried with some degree of success. *Arsenic* was given in increasing doses until she was taking 12 mgms. a day. This was continued in this dose for two years. While taking the drug she felt better than ever, and showed no signs of arsenical poisoning; she increased in weight and the hemorrhages ceased entirely. Several times the author tried in vain to bring out by pressure with his finger the "bloody cross." In the early part of 1900 the patient suddenly died. The necropsy revealed an enormous development of omental and retroperitoneal adipose tissue, together with two litres of blood in the free peritoneal cavity, which came from an apoplectic area in the tail of the pancreas. All the other internal organs as well as the great blood-vessels were apparently normal. The writer attributed this over-development of fat to the *Arsenic*. The patient was not in the ordinary sense of the word a "bleeder," for hemorrhage after minor surgical operations, as, for example, drawing a tooth, was insignificant. Neither was she anemic, diabetic, nor albuminuric. Except her hysteria and a local tubercular affection of the foot, she had been free from constitutional and local disease (*Norsk Magazin for Laegevidenskaben*, No. 6, 1901). (I once observed a similar case in a man of 50 years, who finally

died apoplectic. Before making a diagnosis of hysteria it is well to exclude, above all, diseases of the blood and blood-making organs.)—Frank H. Pritchard, M.D., in *Hahn. Monthly*.

## LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

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

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

- |   |  |
|---|--|
| <p><b>Allen</b> (Dr. H. C.). The Therapeutics of Fevers, Continued Bilious Intermittent, Malarial Remittent, Pernicious Typhus, Septic Yellow Zymotic, &amp;c. Demy 8vo, pp. 541. (Homeopathic Publishing Co. Net, 20s.)</p> <p><b>Bacteriology</b> (Catechism Series). Cr. 8vo, sd., pp. 96. (E. &amp; S. Livingstone, Edinburgh. Net, 1s.)</p> <p><b>Bigg</b> (H.). Caries of the Spine. Being an Advance Chapter of the Spine, its Deformities, &amp;c. 8vo. (Churchill. 2s. 6d.)</p> <p><b>Brown</b> (Haydn). Worry and How to Avoid It. Nar. 8vo. (Allenson. 3d.)</p> <p><b>Cunningham</b> (J.). Text-Book of Anatomy. Illust. with 824 Wood Engravings from Original Drawings, many Printed in Colours. Imp. 8vo. pp. 1342. (Pentland. Net, 31s. 6d.)</p> <p><b>Fanning</b> (Dr. E. B.). Hay Fever and Catarrh of Head and Nose, with their Preventive and Curative</p> | <p>Treatment. F'cap. 8vo, pp. 170. (Homeopathic Publishing Co. Net, 4s.)</p> <p><b>Gradle</b> (Henry). Diseases of the Nose, Pharynx, and Ear. Illust. 8vo, pp. 548. (Saunders. Net, 15s.)</p> <p><b>Hughes</b> (Dr. Richard). The Principles and Practice of Homeopathy. Demy 8vo, pp. 790. (Homeopathic Publishing Co. 16s.; <math>\frac{1}{2}</math> bd., 18s. 6d.)</p> <p><b>Northrup</b> (William P.) and <b>Jurgensen</b> (Theodore Von). Diphtheria, Measles, Scarlatina, German Measles, Edit. with Additions by William P. Northrup. (Nothnagel's Encyclopædia.) Roy. 8vo, pp. 672. (Saunders. Net, 21s.)</p> <p><b>Practitioner</b> (The). New Series. Vol. 15. 8vo. (Cassell. 15s.)</p> <p><b>Watkins</b> (R. L.). Diagnosis by Means of the Blood. 8vo. (Low. Net, 21s.)</p> <p><b>Wilson</b> (Dr. Andrew). Brain and Body. The Nervous System in Social Life. F'cap. 8vo. (Allenson. 1s. 6d.)</p> |
|---|--|

## TO CONTRIBUTORS AND CORRESPONDENTS.

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

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

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

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

### CORRESPONDENTS.

Dr. Cooper, London.—Dr. Ashton, London.—Dr. Gibson Miller, Glasgow.—Dr. Umberto Auletta, Naples, Italy.—Mr. Charles Spencer, Ashton-under-Lyne.—Mr. John Inch, Biggar.—Dr. Oscar Hansen, Copenhagen.—Dr. Murray Moore, Liverpool.—Mr. Ivatts, London.

### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Revist. Hom.—Calcutta J. of Med.—Med. Times.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica.—Maanedsk. f. H.—H. Maandblad.—La Homeopatia.—Amer. Physician.—Minn. Hom. Mag.—Hom. Envoy.—Hom. News.—Personal Rights.—Medical Century.—Ind. Hom. Rev.—Rev. Hom. Française.—

Hom. Recorder.—Wjestnik H. Med.—N. A. J. of H.—Clinique.—J. of Homeopathics.—New Eng. Med. Gaz.—L'Art Médical.—Amer. Med. Mon.—Astrol. Mag.—Jour. Belge d'Hom.—Med. Advance.—Minn. H. Mag.—Homeopathic Journal of Obstetrics.—Revista Homeo. Catalana.—Hahnemannian Monthly.—Pacif. Coast Journal of H.—Hahn. Adv.—Leip. pop. Z. f. H.—Lekarz Homeopata.—Zeit. Berl. h. v. A.—Hering Medical College Eleventh Annual Announcement.

## The Homeopathic World.

### CONTENTS OF AUGUST NUMBER.

#### LEADING ARTICLE.

Giving the Case Away.

#### NEWS AND NOTES.

#### ORIGINAL COMMUNICATIONS.

*Crategus Oxyacanthus.* By Robert T. Cooper, M.D.

Treatment of Inguinal Hernia. By Arthur A. Beale, M.B.

*Materia Medica Miscellany.* By J. R. P. Lambert, M.D.

Interesting Cases from Twenty-five Years' Practice. By Oscar Hansen, M.D., Copenhagen, Denmark.

Pathology *v.* Repertory at the Homeopathic Congress.

For the Dictionary. By Dr. Clarke. *Narcissus Poeticus.*

#### SOCIETY'S MEETING.

British Homeopathic Society.

British Homeopathic Congress

British Homeopathic Association

#### INSTITUTION.

Leicester Homeopathic Provident Dispensary—Proposal to Found a Cottage Hospital.

#### EXTRACT.

Thomas Dover. By Xrayser.

#### ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

Arborivital Doses.

#### OBITUARY.

Henry Louis Martiny, M.D.

#### GENERAL CORRESPONDENCE.

The Teaching of Medicine at the Hahnemann College of Philadelphia.

Hughes' Memorial.

#### VARIETIES.

MEDICAL AND SURGICAL WORKS.

TO CONTRIBUTORS & CORRESPONDENTS.



THE

# HOMEOPATHIC WORLD.

---

OCTOBER 1, 1902.

---

## THE LINE OF PROGRESS IN HOMEOPATHY.

WE sometimes see in our streets the grotesque figure of a man loaded up with musical instruments, all of which he is playing at the same time. He is blowing a Pan's pipe at his chin, beating a drum with one elbow, working cymbals with one leg, playing a set of bells by the shake of his head, and using up other parts of his anatomy in making music out of other instruments. The general effect is remarkable, and it is usually possible to divine the air that is aimed at, though the artist who distributes his talent into so many different channels would never make a PAGANINI, not to mention a BEETHOVEN. We have known medical practitioners who cut a figure which reminds one not a little of this musician. Not content with one pathy they must have a dozen or so to satisfy their numerous talents. Hydropathy, allopathy, homeopathy, massage, lavage, gavage, seropathy, photopathy, Salisburiopathy—all must be combined to make therapeutic music for the overflowing abilities of these up-to-date doctors—as they generally consider themselves. There is one thing certain about these gifted persons, and that is, that however much success they may achieve of a kind, they will never make great homeopaths, and will never advance the therapeutic art.

It has been the dream of some adherents of the homeo-

pathic school that by uniting allopathic science with homeopathic art, something very much finer than Hahnemann ever dreamed of would be evolved. The therapeutic world has seen the production of this cross and has had no particular cause to be enamoured of the breed. If there is one thing more certain than another in relation to all arts it is this—*concentration is the price of excellence*. In the case of the homeopathic art this is particularly true, and the reason why homeopathy has not made more progress than it has in the world of therapeutics is that the homeopathic point of view has not been adhered to by homeopaths.

Ask some homeopaths what homeopathy consists of and they will tell you—"Oh, it is giving *Bryonia* in rheumatism, *Aconite* for high temperatures, *Nux* for constipation, and *Sulphur* for boils—that's homeopathy." This description is about on a par with the schoolboy's description of a cow—"a cow has four corners, and at each corner a leg." There is a certain amount of truth in it, but it would not enable a stranger to recognise the beast if he had never seen one. The idea that certain diseases ought to be treated by certain remedies belongs entirely to the allopathic school. When so-called homeopaths write long sermons as to whether this or that drug can or cannot cure this or that disease, they are not advancing homeopathy one particle, they are, on the contrary, obscuring the issue; and they are wandering very far away from the line of homeopathic progress.

The essential service which HAHNEMANN rendered to the world was in throwing open to any who chose to accept it the FREEDOM OF THE MATERIA MEDICA.

He did this through bringing the therapeutic art home to Nature. Before his time therapeutists imagined when they had observed any particular action of a drug that they added to the sum of knowledge by giving the drug a name after that action. Instead of adding to knowledge by this name they limited knowledge, because when a thing is named one thing it is not expected to be some-

thing else at the same time. Now, all drugs are many things at the same time. HAHNEMANN was the first who learned to thoroughly understand their language, and to question them in their own tongue.

We have all heard of a language of flowers. Flowers can talk to the therapist in a language much more important than that in which they talk to lovers. The language of drugs is symptoms—symptoms which they can produce and symptoms which they can remove. A drug does not talk to us in terms of the vagus nerve ; it talks to us in pains and aches, unusual sensations, motions, appearances ; in disordered functions, in altered tissues. Diseases speak to us in exactly the same language. The idea of some homeopaths that they can improve on Nature by translating this natural language into the ever-fluctuating language of the pathology and nosology of the schools, is as if a passage of English could only be really understood by an Englishman after it had been translated into Chinese—if the Celestial Empire will pardon the simile. The language of school pathology and nosology is purely conventional and tentative ; and though highly convenient and indeed essential for certain purposes, is in general confusing so far as the art of healing is concerned. HAHNEMANN taught us *how to let diseases talk to drugs*. Drugs talk to us in the symptoms they produce and in the symptoms they remove. Drugs do not talk the language of cellular pathology, humoral pathology, or of microbiology, neither do diseases. Drugs produce their own diseases, and these are not identical with diseases of other kinds, but they touch and overlap and run parallel with them at many points. It is in these points of contact that the opening for therapeutic relationship occurs.

There are some homeopaths who will not give in a case of pneumonia any drug which has not to their knowledge produced the actual state pathologists recognise as pneumonia. These practitioners are at liberty thus to limit their own scope if they like ; but Nature has put no

such limit on the therapeutic art. Any drug may be called for in any case of disease if the peculiar symptoms of that drug are evolved by the disease, no matter what the mandarins of pathology may call it. The homeopath possesses the FREEDOM OF THE MATERIA MEDICA. Let him once consent to give up this, then goodbye to *his* chance of making progress in homeopathy!

In homeopathy the possibility of progress is infinite, but the line of progress is the line that is true to Nature. The flowery path of those who love to translate natural phenomena into terms of the conjectural and unknown is the path that leads to the bottomless pit of therapeutics.

---

## NEWS AND NOTES.

---

### OCTOBER.

THE month of October is of interest to doctors no less than to pheasants and sportsmen. Holidays are over; medical schools commence their year's work, and medical societies re-open. The British Homeopathic Society has its opening meeting on Thursday, October 2nd, when the President, Dr. Roberson Day, will inaugurate the session with an address on "Efficiency in Homeopathy." Dr. Day has invited the members to supper at the Hotel Russell after the close of the meeting.

---

### BRITISH HOMEOPATHIC ASSOCIATION.

THE month of October will also be marked by an early meeting of the Executive Committee of the British Homeopathic Association. After a period of rest, unavoidable at this season of the year, it will attack with renewed vigour the task it has set itself to perform. In another part of our present issue we reproduce the Circular of the Association, and we would urge all our readers to enrol themselves without delay as either Members or Associates. The annual subscription of

Members is one guinea; of Associates, half a guinea. Those who have not received the "Foundation Meeting Report" should apply to Mr. Frederick King, 29, Monument Street, E.C., for a copy.

---

#### A LIVERPOOL ITEM.

WE take the following notice from the *Times* of September 12th:—

"Sir William Henry Tate has given £1,000 to the David Lewis Northern Hospital, Liverpool, to endow a bed to be named after his father, the late Sir Henry Tate."

It seems that our Liverpool *confrères*, in their indecent haste to make graceful concessions to allopathy, have succeeded in handing over to the enemy whilom generous patrons of the homeopathic cause. Would it not save time and trouble and misunderstanding if the concessionists were to follow their patrons "across the floor of the house," so to speak?

---

#### INFINITESIMAL DOSES BECOMING RESPECTABLE AT LAST!

WHY homeopaths should be hankering after allopathic patronage is more than we can understand, when the irresistible march of events is daily compelling the "establishment" to lick the dust in some fashion or other. Witness this paragraph by "Xrayser," which appeared in the *Chemist and Druggist* of August 30th:—

"Infinitesimal doses are not a necessary adjunct of homeopathy, but the followers of Hahnemann have had to suffer all the ridicule that could be manufactured out of them. And now comes Professor Liebreich and a meeting full of orthodox doctors who agree generally in a discussion on the superiority of natural over artificial medicinal waters, that there is something in the natural waters which cannot be detected even by the skilled analyst, but which undoubtedly exercises a distinct therapeutic action."

An article by Dr. W. P. Wesselhœft, of Boston, which we reprint in this issue, will be found of especial interest in connection with this subject.

---

## HARD LINES.

THE writer of the following letter, which appeared in the recent number of the *British Medical Journal*, has forwarded a copy to us. It reveals a beautiful example of Circumlocution Office government. We admire the writer's pluck in deciding to enter the lists in this country and wish him and his expatriated compatriots every success. If they would only avail themselves of the advantages a mastery of homeopathy confers they would certainly command it:—

## “PLAGUE WORK IN INDIA.

“SIR,—Your correspondent ‘Medicus Indicus’ says that the India Office will not send out well-qualified Indians to minister to their own countrymen. Is such a thing possible—and can it really be true? If the best appointments in India are open to Europeans only, the only course open to educated Indians is to come to England and compete for the most lucrative posts here. Several years ago, I applied at the India Office for a civil medical appointment under the Indian Government. I was told that such vacancies were filled up by the local authorities in India—the only ‘open door’ being the Indian Medical Service. On making application to the Viceroy of India and the Lieutenant-Governor of Bengal, I was referred to the authorities at home. As nothing definite was ever offered—though I belong to a well-known high-caste Hindu family, and have passed my examinations in England with credit—I started practice in England at the cost of a lifelong separation from my own people, as private practice does not allow long leave of absence. My nationality is very seldom rightly guessed by my patients. I have most often been taken for a Spaniard; others have thought me to be a Frenchman, a Portuguese, or a Brazilian. My birth (of which I am proud) has not hindered my getting on in England, my practice being a large one, including all classes. This must, therefore, be the solution of the difficulty. If India is not for Indians; Indians—as British subjects, as descendants of an ancient race proud of its intellect and civilisation—must come to England, and by sheer dint of merit wrest from the hands of the natives appointments which in this country cannot be debarred to them on the question of race alone.—I am, &c.,

“MEDICUS INDICUS II.

“September 8th.”

THE YELLOWNESS OF *SANTONIN*.

MOST persons, if asked what colour *Santonin* is, would reply “yellow.” But *Santonin* only becomes yellow after exposure to light. Normally it consists of “colourless, lustrous, right rhombic prisms, odourless, and of a bitter taste.” Why does *Santonin* become yellow on exposure

to light? To this query the *Chemist and Druggist* (September 20th) gives the following interesting "don't know":—

"YELLOW SANTONIN.—The production of a yellow colour in *Santonin* which has been exposed to the light has not yet received a satisfactory explanation. Montemartini (*Chem. Zeit.*, 1902, 64) states that the change is not a superficial one, but affects the whole of the *Santonin*. No change in weight is noticed, and the combustion of the yellow body yields the same results as in the case of white *Santonin*. The name chromosantonin is proposed for the yellow body, which is regarded as some peculiar isomer of *Santonin*, possibly stereoisomeric. Chromosantonin yields a series of derivatives isomeric with the corresponding ones from *Santonin*, differing only in colour and in rotatory power. On breaking down the molecule, for example, when it is converted into santonic acid, the derivatives from the two bodies are identical."

Homeopathy provides an interesting addition to this: *Santonin* in the poisonings has caused *yellow vision*. It causes disturbances of vision of various kinds, but yellow predominates: "Coloured vision: yellow soup looks red; blue evening sky looks green; objects look green; *white looks yellow*; objects as if in *yellow haze* or *yellow light*."

---

DR. A. B. NORTON.

WE have recently had a pleasant visit from Dr. A. B. Norton, of New York. He was passing through London on his way home from a Continental holiday, and his call served to renew memories of the London Congress of 1896 and some of its happy reunions. We have on our shelves for early review the third edition of his *Ophthalmic Diseases and Therapeutics*.

---

A HOMEOPATHIC DISPENSARY FOR HOVE.

AN effort is being made to establish in Hove a Branch Dispensary in connection with the Brighton Homeopathic Dispensary (Middle Street). Suitable rooms have been secured, and a start will be made in October if £15 can be secured in new subscriptions. Subscriptions may be sent to Miss Garstang, 28, Sackville Gardens, Hove.



## ORIGINAL COMMUNICATIONS.

NOTE ON WARTS.—ACTION OF *FERRUM PICRICUM*.

By A. PULLAR, M.D.

Miss H., aet. 35, had been troubled for several years with warts on her hands. On the little finger of right hand there were two very large and rather painful warts which had existed for about three years; and on the middle finger of the left hand there were three similar growths. Patient wished to try medicinal treatment, as she told me the warts had been on two occasions removed by electric cautery, but began to grow again within a month after each operation and were soon as bad as ever. The warts were extremely sensitive, aching always worse during night. Patient being of the type described by Dr. Cooper as peculiarly responsive to the action of *Ferrum Picricum* (namely of dark complexion and "bilious"), on May 5, 1901, I prescribed that remedy in the third decimal tincture every six hours. After continuing the medicine for three months the warts became much less prominent and sensitive; in another three months they had entirely disappeared and there has never been any recurrence. The general health of patient has also much improved.

## MATERIA MEDICA MISCELLANY.

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

*Cytisus Laburnum*: A Newly-Proven Remedy.—In the *Zeitschrift des Berliner Vereins Homeopathischer Aerzte*, Haft vi., January, 1901, Dr. Schier, of Mainz, presents a most interesting paper on *Cytisus Laburnum*, a remedy that was proven first and exclusively by the Provers' Society of the Homeopathic Central Society of Germany, 1900-1901. A long list of toxicological reports is also given, and the physiological action and pharmacology is thoroughly reviewed.

The active principle, cytisin, is a highly poisonous alkaloid. It is also found in other plants, notably in the seeds of *Baptisia tinctoria*. Every part of the plant

seems poisonous, notably the rind and the roots. The fatal dose to a dog weighing 10 kilograms is 1·2-2 milligrams of the nitrate of cytisin. The physiological action is a profound depression of the psychic and animal spheres, preceded by a brief period of excitation. Death results from paralysis of the respiratory centre, heart's action continuing even after cessation of respiration, making it possible to restore life by artificial respiration.

Vomiting is a prominent symptom. Distressing, difficult, plainly audible, respiratory efforts are associated with the nausea and vomiting. Vomiting is no doubt of central origin, although sufficient gastric irritation has been produced by the drug to induce it directly.

The vaso-constrictors are stimulated and the blood pressure is raised. Paleness, vertigo, violent headache, mainly left-sided and stitching, and nose-bleed are accompanying symptoms.

The cord and peripheral nerves are markedly affected by cytisin. At first there is an irritation similar to strychnine poisoning, namely, twitching of muscles, convulsions and tetanus. This is followed by motor paralysis, progressing from the centre to the periphery. The muscles are not affected by the poison. One of the most prominent symptoms experienced by the provers was heaviness and weariness in the lower extremities. Hyperesthesia and sticking pains in the soles of the feet is a strong phenomenon observed by the provers. Dr. Schier mentions that a strong characteristic was the selective affinity for the left side manifested by the drug.

Fever, with cold sweat and cold extremities, was frequently seen in cases of poisoning; also dryness of the throat and constriction.

Dr. Schier believes *Cytisus* may prove a valuable remedy in cerebro-spinal meningitis on the strength of the following symptoms: Irregular fever; intense headache; cerebral vomiting; abnormalities of the pupils; stiffness of the back of the neck; convulsions, followed by motor paralysis; difficult breathing and delirium. He compares it to *Zincum cyanatum*.

In typhoid fever, particularly the meningeal type, it bears promise. The close relationship of the remedy

to *Baptisia*, in the identity of their alkaloids, should be borne in mind.

*Cocculus* is similar in many respects, notably in vertigo ; but in *Cocculus* there is a fiery red, congested face, while in *Cytisus* there is paleness.

*Nux vomica* and *Cytisus* are very similar in their action upon the respiratory tract.—*Hahn. M.*

*Arnica in Acute Tonsillitis and Pharyngitis.*—Dr. Richard Haehl, of Stuttgart (*Homeopathische Monats-Blatter*, December, 1901), claims that *Arnica* will check any case of acute tonsillitis or pharyngitis in the first stages if the following symptoms are present : Severe pain on swallowing, shooting into the ears. The patient cannot take solid food, and finds it more comfortable to take large swallows of liquids than small ones. Difficulty in opening the mouth. The tonsils are swollen, bright red, and the process extends to the soft palate and uvula. The neck is swollen externally, and there is chilliness.—*Hahn. M.*

*An Argentum Nit. Case.*—Girl, fourteen, dark hair, blue eyes, rosy complexion, no menstruation. While in school grew languid, lost colour and appetite, was irritable and nervous. Became greatly emaciated, legs weakened and trembled when she walked. Received *Phos. ac.*, as she had been growing quite tired. No benefit. Then tested urine, but found no albumen or sugar. Was going into a decline. Tried *Helonias*, with no result. Finally learned that, coupled with loss of appetite for food in general, was an *irresistible desire for sugar*. Then gave one dose *Argentum nit.* 200, and within a month she was the healthiest appearing girl in town.

An examination of *Argentum nit.* will disclose the fact that all her symptoms were covered by that remedy. But there are other remedies that cure all but this one just as well. This case is reported not only as a case of remarkable cure with a potency, but to impress upon all the value of what are called in the *Organon* peculiar and characteristic symptoms (*Organon*, p. 153). Also to prove that it is not necessary to name a disease condition in order to cure the patient.—E. B. Nash in *Homeopathic Recorder*.

*Phosphorus in Eczema.*—Dr. A. Berghaus reports the case of a lady, forty or thereabouts, who suffered from

an eczema extending from each ear into the scalp. He at first gave *Rhus tox.* Then he prescribed *Graphites*. Fortunately, as it afterwards proved, the patient developed a cold with a cough, which was relieved by pressure upon the chest. The cough seemed to shake her entire frame, and there was complete loss of voice. These and other symptoms suggested *Phosphorus* to Dr. Berghaus. He gave that remedy in the 30x potency. Within a week, not only was she cured of her cough, but the eczema had almost entirely disappeared. Four years having elapsed, and no return, the doctor rightly concluded that she had been cured. Such cases are very suggestive. The lesson they convey should not be overlooked by homeopaths who are really interested in the success of homeopathy.—*American Phys.*

## CASES I HAVE COME ACROSS.

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

### XXIV.—*IGNATIA AMARA* IN PROLAPSUS ANI.

In this case the specific action of *Ignatia amara* in the treatment of prolapsus ani was clearly shown and proved. The patient was a young man, about twenty-two years of age, dark in complexion, and of sedentary habits. The symptoms were: Straining and frequent ineffectual urging to stool. There was present difficult passage of the feces, itching of the anus, and prolapsus of the bowel. The bowel protruded every time he went to stool, and was with difficulty replaced. The symptoms pointed to *Ignatia amara*, and he was given 2 minims of the 1x dilution every four hours for three days, and afterwards a dose morning and night. The protruded portion of the bowel was replaced with the forefinger, previously lubricated with *olive oil*, and carried beyond the sphincter muscle of the anus. The treatment was highly successful, as at the termination of a week's treatment he was perfectly cured of the complaint, and has had no return of the trouble, although it is now over fifteen years ago since he discontinued the medicine. One cannot help contrasting the above result, achieved by homeopathic treatment, with the selection of *one drug only*, with that

of the allopathic school, in which the patient would have had to put up with weeks, if not months, of needless suffering, and then perhaps come out of the ordeal but half cured, owing to the after-effects of the "mixtures" he would have been compelled to swallow. Truly our remedies are safe, prompt, and permanent in their curative powers, and what is more, *there are absolutely no after-effects.*

#### XXV.—*ARNICA MONTANA* IN AN INJURY TO THE LEFT TESTICLE.

A young man, a gardener by trade, was engaged one day in digging with a garden-trowel, when, by some means or other, he slipped, and ran the handle of the trowel with some force against his left testicle. He suffered, as may be supposed, excruciating pain, and the injured part became much swollen and tender to the touch. I ordered a lotion composed of 20m of *Arnica montana* to 3vj of water. The affected part was well bathed with *cold* water, and the lotion then applied, namely, linen cloths, saturated therewith, and kept constantly renewed, being placed on the injured testicle. The swelling gradually diminished, and the pain subsided, and after a few days of the treatment all the symptoms induced by the injury had disappeared. He was given, at the same time, 2m of *Arnica montana* 1x, three times daily, to assist the curative action of the external use of the lotion.

#### XXVI.—*COLOCYNTHIS* IN OVARITIS (ANOTHER CASE).

It has been well said that *pain* is the principal and most essential indication of *Colocynthis*. In the digestive system it plays an important part in the treatment of colic, when the pains are of a *gripping* or *cutting* nature, and in dysenteric diarrhea, in which the colic is *severe*. In the nervous system it is indicated in neuralgic hemi-crania (in which there is a sensation as if the head were in a vice, and there is present a *cutting*, *burning*, or *pressive* pain in the eyeball); in facial neuralgia (left side chiefly), accompanied with toothache and headache (the pains being of a *stitching*, *tearing* character); and in sciatica (the pain being of a *lancinating* nature, and

*darting* down the leg from the hip to the foot. I came recently across a case, that of a young lady, who was suffering from stitching and colicky pains in the left ovary, which was greatly inflamed and very tender to the touch. She stated that the pains were almost unbearable, and extended through the left groin down the leg as far as the left knee. A week's treatment of *Colocynthis*  $\phi$  2 minims, every three hours for the first few days, and three times daily afterwards, speedily removed the pain and inflammation, and restored the ovary to a normal and healthy condition. By referring to the HOMEOPATHIC WORLD for March of this year, the reader will find another case of ovaritis reported by me, and successfully treated by *Colocynthis*.

(To be continued.)

HELLEBORUS IN LACK OF REACTION.—In the lack of reaction is *Helleborus* most always indicated, says Dr. Mohr, of Philadelphia, no matter what the disease is. As soon as a couple of doses are given the vital powers seem fanned into action, new and stronger reaction appears, and the patient goes on to rapid recovery.—*Medical Century*.

SEVERE POISONING AFTER INJECTIONS OF SALICYLATES OF MERCURY.—The patient was a woman, aet. 36, who, having undoubted syphilis, had received three injections of solution of mercury salicylate at intervals of about five days. As a precaution the surgeon had injected at first only 0.05 gramme, and afterwards 0.1 gramme, the usual dose. As diarrhea supervened no further injections were given and opium was administered. Three weeks after the injections a typical mercurial rash appeared. The patient was then sent into the Charité Hospital. The exanthem healed with exfoliation of large scales. The diarrhea ceased after enemata of starch and tannin. The urine showed  $\frac{1}{2}$  per cent. of albumen. On February 27th (about three weeks later) a large necrotic piece was expelled from the vagina, which was proved to be the whole mucous surface of the uterus and vagina. It appeared that there was a wide communication between the rectum and the vagina. At the time of reporting the patient's condition was so bad that an unfavourable prognosis must be given. The patient must have had an idiosyncrasy in regard to mercury. He thought in future that smaller doses should be administered. Hr. Lippmann uttered a warning against the use of insoluble salts of mercury. Hr. Jaffa reported a fatality after a second injection of salicylate of mercury. After the second injection bloody stools appeared and the patient died. It appeared that intoxication had taken place for the reason that on account of paralysis the patient could not get rid of the mercury excreted. In mercurial diarrhea no efforts should be made to check it.—*Med. Press*, Berlin Letter, April 23rd.

## INSTITUTION.

### BRITISH HOMEOPATHIC ASSOCIATION.

FOUNDED 1902. FOR THE EXTENSION AND DEVELOPMENT OF  
HOMEOPATHY IN GREAT BRITAIN.

*President*: The Earl Cawdor. *Vice-Presidents*: The Earl of Dysart, the Lord Calthorpe. *Trustees*: Joseph Howard, Esq., M.P.; J. P. Stilwell, Esq., J.P.; Wm. Willett, Esq. *Treasurer*: Joseph Howard, Esq., M.P. *Vice-Chairman of Executive Committee*: Henry Manfield, Esq., J.P. *Secretary*: Mr. Fredk. King, 29, Monument Street, E.C.

This Association has been formed for the extension and development of Homeopathy in Great Britain. It is desired to enlist the personal co-operation of Homeopaths throughout the kingdom in this timely movement.

Hitherto no national organisation has existed for the furtherance of national requirements in the extension of British Homeopathy, or for keeping pace with the increasing modern necessities for the development of Homeopathic Science and Art.

At present the number of Homeopathic medical men in Great Britain is far below the demand. This factor is the most serious in the existing situation.

Next, there is as yet no medical school or college, or examining body, for the systematic training of medical men in the practice of Homeopathy. This want it is which is largely responsible for the above-named deficiency.

Connected with these needs is the absence of an academic foundation or specified endowment for the further prosecution of original research, more especially in new drugs after the Homeopathic method of "proving."

And as the diffusion of Homeopathy throughout the kingdom is largely dependent on the further establishment of cottage hospitals, it is required to give some official impetus and encouragement to the foundation of such institutions in new centres, as well as to aid in the continuous development of the larger hospitals.

To meet the pressing necessities of British Homeopathy is the prime object of the Association. The work is a national work, and national aid is therefore sought. The three following methods have been decided on in order to attain the ends of the Association.

1. The British Homeopathic Association invites the individual co-operation of all who are interested in the movement, by



enrolment as Members or as Associates. The annual subscription for Members is a guinea; it entitles to the receipt of the Journal of the Association, to inclusion in the published list of Members, and to the usual voting powers. The Associates' subscription is half a guinea per annum; and enrolment is acknowledged in the Journal of the Association. A subscription of ten guineas confers permanent Membership; and one of five guineas a permanent Associateship.

Intimations of desire for Membership or Associateship will be cordially received by any Homeopathic practitioner, or may be made direct to the Secretary of the Association.

2. For the permanent endowment of the work a "Twentieth Century Fund" of at least £10,000 has been inaugurated by the Association. All donations over £25 are invested. Benefactors endowing in full a Lectureship, or Travelling or Research Scholarship, or any other definite part of the work, have the right to a permanent seat on the Governing Body, as well as to have the donor's name permanently incorporated in the title of the endowment. The donation of a capital sum for endowment may, at the benefactor's option, be spread over a period of three years.

3. A Central Ladies' Committee has been appointed to co-operate with the Executive Committee in the work of the Association. This Central Committee has decided, in the first instance, to collect by December, 1904, the necessary funds (£1,500) for the permanent endowment of a Scholarship in Homeopathy. The London Centre is desirous of establishing local branches over the kingdom, to work conjointly to the same end. Material progress has already been made in the necessary arrangements. The Secretary of the Central Ladies' Committee is Mrs. Henry Wood, 34, Clanricarde Gardens, Hyde Park, W., who will be happy to communicate directly with any ladies who may be able to organise local branches, or otherwise aid in this work.

It is hoped that every friend of Homeopathy throughout the kingdom will be personally associated with one or other of these alternative methods of aid. The time for assistance is the present time—*Bis dat qui cito dat*. It is of prime importance to support this active movement, and to take every advantage of the present wave of enthusiasm in order to accomplish the object in view.

Subscriptions and donations will be received and at once acknowledged by the Secretary, Mr. Fredk. King, 29, Monument Street, E.C.

Cheques should be crossed "Union Bank," Bayswater, and made payable to the Secretary.

LIST OF SUBSCRIPTIONS AND DONATIONS TO THE "TWENTIETH  
CENTURY FUND" UP TO JULY, 1902.

	£	s.	d.		£	s.	d.
The Right Hon. the Earl of Dysart (under condition that £10,000 be obtained within a year) ... ..	2,000	0	0	Charles A. Russell; Esq., K.C. ... ..	5	5	0
Capt. Cundy ... ..	250	0	0	Dr. W. Spencer Cox	5	5	0
Col. Clifton Brown...	100	0	0	Mrs. C. Bader... ..	5	5	0
Dr. Peter Stuart ...	100	0	0	Joseph Howard, Esq., M.P. ... ..	5	5	0
Mrs. Clifton Brown...	100	0	0	Dr. Searson ... ..	5	5	0
Dr. Dyce Brown ...	50	0	0	Dr. Wynne Thomas	5	5	0
W. Willett, Esq. ...	26	5	0	Dr. Nicholson... ..	5	5	0
Mrs. Mason ... ..	25	0	0	F. H. Shaw, Esq. ...	5	5	0
Dudley Wright, Esq.	25	0	0	Dr. W. Cash Reed... ..	5	5	0
Dr. J. W. Hayward	25	0	0	Miss Cruikshank ...	5	5	0
Dr. J. Roberson Day	25	0	0	Allen Stoneham, Esq.	5	5	0
Dr. Burwood ... ..	25	0	0	J. Potter Rudhall, Esq. ... ..	5	0	0
Dr. Byres Moir ...	25	0	0	Isaac Thompson, Esq.	5	0	0
Mrs. Compton Bur- nett ... ..	25	0	0	Dr. Ramsbotham ...	5	0	0
Dr. Clarke ... ..	25	0	0	Miss Paget ... ..	5	0	0
Mrs. Mason ... ..	25	0	0	Mrs. Coxeter ... ..	5	0	0
Hy. Manfield, Esq., J.P. ... ..	25	0	0	Miss Annie Paget ...	5	0	0
Dr. George Burford	25	0	0	Mrs. John Mews ...	3	3	0
C. Knox Shaw, Esq.	25	0	0	Dr. A. M. Cash ...	3	3	0
Dr. E. A. Neatby ...	25	0	0	W. G. Freeman, Esq.	2	2	0
Dr. Percy Wilde ...	20	0	0	Dr. Purdom ... ..	2	2	0
Miss Flora Smith ...	15	0	0	Dr. Wingfield ... ..	2	2	0
Dr. Eugene Cronin...	10	10	0	G. M. Saunders, Esq.	2	2	0
J. P. Stilwell, Esq....	10	10	0	Mrs. Schloss ... ..	2	2	0
W. R. Arbuthnot, Esq. ... ..	10	10	0	Dr. A. E. Reynolds...	2	2	0
Jas. Johnstone, Esq.	10	10	0	Dr. F. Stanley Wilde	2	2	0
A. Marshall Jay, Esq.	10	10	0	Dr. T. G. Stonham...	2	2	0
Mrs. White ... ..	10	10	0	Miss Swain ... ..	2	2	0
A. J. Woodhouse, Esq.	10	10	0	Sir P. G. Julyan ...	2	2	0
Dr. E. M. Madden...	10	0	0	R. F. Horton, Esq., M.A., D.D. ... ..	2	2	0
Frederick Ames, Esq.	10	0	0	Mrs. Kimber ... ..	2	2	0
C. A. Kelly, Esq. ... }	10	0	0	J. M. Saunders, Esq.	2	2	0
Mrs. Kelly ... .. }	10	0	0	C. W. A. Stewart, Esq.	2	0	0
Dr. H. Nankivell ...	10	0	0	W. Mather, Esq. ...	2	0	0
B. C. Wates, Esq. ...	10	0	0	Dr. S. B. Brooks ...	1	11	0
A. Backhouse, Esq....	10	0	0	Mrs. C. V. Stephenson	1	1	0
Mrs. Shaw ... ..	10	0	0	Dr. Theophilus Ord...	1	1	0
W. B. Liddiard, Esq.	10	0	0	Mrs. Elizabeth Butler	1	1	0
Dr. E. B. Roche ...	10	0	0	Dr. Rowland Wilde...	1	1	0
J. G. Adair Roberts, Esq. ... ..	10	0	0	George Osborne, Esq., J.P. ... ..	1	1	0
Peregrine Purvis, Esq.	5	5	0	E. Rowse, Esq. ...	1	1	0
				Miss Clara Sugden...	1	1	0
				Dr. W. B. Scriven ...	1	1	0
				Dr. C. Wilkinson ...	1	1	0
				Miss S. Berney ...	1	1	0

	£	s.	d.	ANNUAL	SUBSCRIPTIONS	PRO-
					MISED ;—	
Miss J. Berney ...	1	1	0			
Thomas Letchworth, Esq. ... ..	1	1	0	C. Knox Shaw, Esq. ...	£ 5 5 0	
Dr. V. A. Jagielski...	1	1	0	Dr. E. M. Madden ...	2 2 0	
Mrs. Jagielski... ..	1	1	0	Sir P. J. Julyan ...	2 2 0	
Rev. C. Hardy Little	1	1	0	Thomas Letchworth, Esq. ... ..	1 1 0	
Miss Gregson... ..	1	1	0	Dr. V. A. Jagielski, for 5 years only ... ..	1 1 0	
Mrs. E. White ...	1	1	0	Mrs. V. A. Jagielski, for 5 years only ...	1 1 0	
Charles Sugden, Esq.	1	1	0	Rev. C. Hardy Little, for 5 years only ...	1 1 0	
H. E. Sugden, Esq.	1	1	0	Miss Gregson, for 5 years only ... ..	1 1 0	
F. Bigge, Esq.... ..	1	1	0	Mrs. Elizabeth Butler	1 1 0	
Mrs. Bigge ... ..	1	1	0	Mrs. L. Baildon ...	0 10 6	
S. Robinson, Esq. ...	1	1	0	Dr. Chapman ... ..	0 10 6	
Miss Drysdale... ..	1	0	0			
Amounts received under One Pound..	2	10	6			
Total ...	£3,318	10	6			

## EXTRACTS.

## THLASPI BURSA PASTORIS IN EXOSTOSIS.\*

By Dr. PFLEIDERER, of Ulm.

LATELY I was treating an old woman who had croupous pneumonia. Instead of wrapping her whole chest with sheets wet with water, to which one coffeespoonful of the tincture of *Bursa pastoris* to the quart of water was added, I simply applied some compresses of this mixture. *Bursa pastoris* is an old remedy for the heart and blood-vessels. In applying the solution I dipped a double linen cloth in the solution and wrung it partly dry and applied it in the region of the lobe of the lung affected, covered it with a dry woollen cloth, and left it there two hours.

The woman was nursed by her daughter, who was about twenty-five years old. After several days, the daughter noticed that owing to the application an exostosis on the back of the right hand which had been there for four years, and had several times been treated ineffectually, became red and itched; it continued to diminish in size, and in two weeks it had disappeared.

\* Translated for the *Homeopathic Recorder* from *Allgem. Hom. Zeit.*, June 19, 1902.

I have no hesitation in ascribing the cure of the exostosis to the *Bursa* applied.

[NOTE BY THE EDITOR OF THE *Allg. Hom. Z.*].—Rademacher supposes that *Bursa pastoris* acts not only on the capillaries of the kidneys and of the intestinal canal, but also on other organs. By increasing the action of the finest blood-vessels, it may well contribute to resolve thickened, indurated secretions, as has been observed by Robert Cooper. The cure of the osseous excrescence of so many years' standing may thus be understood, especially if we consider the fact that also dropsies sometimes disappear as the consequence of acute diseases which strongly affect the circulation. Such ganglionic tumours do not always contain pure fluid synovial liquid, but often a substance much richer in albumen resembling a stiff gooseberry-jelly or the *Corpus vitreum*, and in which at times also cartilaginous concretions are imbedded, which cause the peculiar grating or crepitating sounds noted in some ganglia, especially when situated on the wrist. Clinical experiments will have to decide whether *Bursa pastoris* will be found useful also in cases of this kind.—*Hom. Recorder*, Aug. 15, 1902.

#### WHAT A REPERTORY DID.—*SALICYLICUM ACIDUM*.\*

FROM a review by Dr. Mossa of the latest publication of the *Instituto Omiopatico Italiano* we excerpt the following interesting case:—

“Dr. Bonino gives us an interesting indication of *Salicylic acid*. The case in question was that of a man of 54 years, formerly member of a military musical band, and later a fireman. He was a passionate smoker and a moderate drinker with a voracious appetite. Some blotches on the skin pointed to Hahnemann's ‘*Sycosis*.’ For eight years he had been troubled with dyspepsia with frequent sour eructations which he had combated with copious doses of *Natrum bicarb.* The ailment became worse and he finally applied to Dr. Bonino. He complained of pains in the epigastrium extending to the liver

\* Translated for the *Homeopathic Recorder* from *Allg. Hom. Zeit.*, May 8, 1902.

and the spinal column, attended with the vomiting of mucus, tough or sour or bitter masses. He could not bear any food in his stomach except cold milk; constipation. *Arsenicum* and *Capsicum* in a few days gave some relief, but in the last two weeks the ailment had returned in a more violent form, with very frequent vomiting of blood, which looked like coffee, and attended with stools of a similar sort with much mucus.

"Repeated examinations showed a very painful spot in the cardiac region and further on to the left, also a resisting tissue deeper down, but no pronounced tumour. Was this an *ulcus rotundum* or a cancrous formation on the cardiac and the posterior wall of the stomach?

"The copiousness of the blood ejected would point to the former, as also the appearance of pains in the stomach on the ingestion of food, continuing until this was vomited up; but the second seemed to be favoured by the seat of the ailment, the pains which extended to the region between the shoulder-blades, the abuse of tobacco, the age and sex of the patient, as also the special sensation of dysphagia near the cardiac orifice, where the food seemed to be held back as by a valve, and which allowed, as it were in rhythmical jerks, the partial passage of the food. The pale, waxy complexion which had appeared in the last days might be due to either of these two causes. But, however the case might be diagnosed, the severity of the disease and the unfavourable nature of the prognosis was undeniable. *Phosphorus* seemed indicated by the fact that fluid and cold food was momentarily borne by the stomach; *Kali bichrom.* by the ejection of mucus that could be drawn out in threads, and by the local pains. These remedies brought some alleviation, but it was not lasting. *Carbo veg.* and *C. animalis* succeeded in checking the vomiting of blood, so that the state of the patient, while subsisting on simple, half-liquid food was endurable. This treatment was continued for about a month with satisfactory results, but an error in diet and a return to the tobacco which had been forbidden caused a new, violent, piercing, burning pains, then vomiting, sometimes at rare intervals, then again more frequent of mucus and blood resembling black bran, and also slimy, bloody evacuations. In two weeks several remedies, including *Carbo anim.*, *Phosphorus*, and *Arsenicum* were tried; but as there was no settled progress Dr. Bonino

studied Allen's Repertory of the *Encyclopedia*, and was directed to *Acidum salicyl.* showing the following symptoms:—

"Burning in the mouth and in the region of the epigastrium. Concentrated solutions of 1 to 1,000 act in a corroding manner on the mucous membrane and at once make it chlorotic. Burning in the fauces, pharyngitis hemorrhagica with dysphagy. Redness, tumefaction and small ulcerations on the posterior wall of the fauces, leading to the ejection of small lumps of cheesy, fetid, matter, with traces of blood, frequent vomiting, erosions of the stomach and of the intestines, ecchymoses and ulcerations of the stomach, burning in the epigastric region."

Dr. Bonino accordingly gave 25 centigrammes of the fourth trituration of salicylic acid, every four hours for two days, then for one month, a dose every six hours, and two weeks after that once a day before dinner.

Strange to say, from the taking of the first dose, the vomiting ceased, and it has not returned within the last two months, the pains in the epigastrium diminished considerably and progressively, so that there was no pain except when it was strongly pressed upon; the sour eructations and the expectoration of mucus ceased; and the patient, who had become very much emaciated, increased eight pounds in weight within a month. The diet had been limited to milk and eggs in gradually increasing quantities, to which latterly beef broth and a little meat were added. Dr. Bonino requests his colleagues to try the remedy in similar cases, so as to further develop the indications for its use.—*Hom. Recorder*, Aug. 15, 1902.

## VITAL FORCE AND INFINITESIMALS IN THE LIGHT OF RECENT INVESTIGATIONS OF MATTER AND ENERGY.\*

By W. P. WESSELHOEFT, M.D.

"OUR vital force, that spirit-like dynamis, cannot be reached nor affected except by a spirit-like (dynamic) process, resulting from the hurtful influences of hostile agencies from the outer world acting upon the healthy organism, and disturbing the harmonious process of life. Neither can the physician free the vital force from any of these morbid

\* Reprinted from the International Hahnemannian Association Transactions.

disturbances, *i.e.*, diseases, except by spirit-like (dynamic, virtual) alterative powers of the appropriate remedies acting upon our spirit-like vital force, perceiving this remedial power through the omnipresent susceptibility of the nerves of the organism. Thus, healing remedies can and actually do restore health and vital harmony only by virtue of their dynamic action upon the vital force, after those changes in the health of the patient (totality of symptoms), perceivable by our senses, have represented the disease to the attentively observing physician, as completely as possible for the purpose of its cure."—*Organon*, par. 16.

"Here the question arises, what is this most suitable degree of minuteness for sure and gentle remedial effect; how small, in other words, must be the dose of each individual medicine, homeopathically selected for a case of disease, to effect the best cure? To solve this problem, and to determine for every particular medicine what dose of it will suffice for homeopathic therapeutic purposes and yet be so minute that the gentlest and most rapid cure may be thereby obtained, to solve this problem is, as may easily be conceived, not the work of theoretical speculation; not by fine-spun reasoning, not by specious sophistry can we expect to obtain the solution of this problem. Pure experiment, careful observation, and accurate experience can alone determine this; and it were absurd to adduce the large doses of unsuitable (allopathic) medicines of the old system, which do not touch the diseased side of the organism homeopathically, but only attack the parts unaffected by the disease, in opposition to what pure experience pronounces respecting the smallness of the doses required for homeopathic cures."—*Organon*, par. 278.

"This pure experience shows universally, that if the disease does not manifestly depend on a considerable deterioration of an important viscus (even though it belong to the chronic and complicated diseases), and if during the treatment all other alien medicinal influences are kept away from the patient, the dose of the homeopathically selected remedy can never be prepared so small that it shall not be stronger than the natural disease, and shall not be able to overpower, extinguish and cure it, at least in part, as long as it is capable of causing some, though but a slight preponderance of its own symptoms over those of the disease resembling it (slight homeopathic aggravation), immediately after its ingestion."—*Organon*, par. 279.

These three paragraphs are of fundamental importance to those of us who through many years of observation and carefully kept records have had abundant opportunity to test their correctness.

It is an easy thing to ridicule the hypothesis of a vital force, which (to use Hahnemann's words) is a "spirit-like dynamis." Nevertheless thousands of phenomena in the microcosm (as well as in the macrocosm) can be explained by no other theory. Tate said that to deny a vital force seemed to him like being unable to distinguish between a cadaver and a living body. The substance is all there, "the matter"—but something is gone. What that "something" is we do not know, no chemical, physical or microscopical test will reveal "the thing." It can be observed only in its expression, but its existence is a fact we are forced to recognise.

The forms of energy at present recognised are kinetic, gravitation, heat, elasticity, cohesion, chemical, electrical and



radiant. Vital energy is excluded and spoken of in this manner: "It is not an independent form, but a complex manifestation of the above-named forms. A *condition* certainly exists in animate objects to which is due energy changes, which would otherwise not occur. To what this condition is due *remains to be discovered*. The experimental difficulties attendant upon investigations of energy changes in living organisms are so great that progress has been prevented in this direction, so that *perhaps* the most that can be at present asserted is that there is no evidence of any form of energy peculiar to living things."

This was written two years ago by a prominent physician and here at least we have an admission that such a thing as vital energy (or vital force) may exist, the only obstacle to a more complete acceptance being the difficulties attendant upon experiments.

To us it appears that Hahnemann surmounted this difficulty and solved the question when he potentised substances and observed their effects upon the "vital energy" of human beings.

Hahnemann knew nothing of many hypotheses by whose aid chemical and physical science has achieved its triumphs, and which have given impulse to its mighty strides of progress. Among these the molecular theory has done valiant service. It has had its day of usefulness and honour; but like many another theory, once revered as infallible, and with an imposing air of finality proclaimed as a law of matter, it now shows signs of decadence.

Our own experience with "matter" was sufficient to disprove the molecular theory half a century ago. We have been told with scientific arrogance that Hahnemann's and our own observations of facts regarding high potencies were myths, that our results obtained from remedies above the 12x were phantoms of our brains and must be relegated to the domain of "mystical and occult science"; but this only showed how blind to facts men can become, when theories appeal to them more strongly than everyday facts, which, for the time being, may be inexplicable under any hypothesis thus far advanced.

As far back as 1844, referring to the doubters of facts, Dr. Gross says: "Their assertions were so positive, that for a short while they seemed to silence all voices in opposition, behaving most unmannerly and heaping even ridicule upon the founder of the law, when a true disciple of Hahnemann's had the audacity to stand up in his defence. These men remain adherents to their peculiar medical theory, which has nothing in common with homeopathy." As soon

as men began to doubt facts, which had accumulated in overwhelming numbers, and put their whole trust in a theory which indeed explained much in the realm of physics and chemistry, but failed to solve or elucidate numberless phenomena in nature, as, for instance, the action of highly potentised substances, they hastened to throw overboard everything which did not square with the "rational" molecule or atom.

Fourteen years ago I tried to answer these materialists by adducing, among many other things, Darwin's experiments with insectivorous plants, showing that the one-thirty millionth of efficient matter when absorbed by a gland of *Drosera* transmitted a motor impulse down the length of the tentacle. Darwin was so astounded by this observation that he likened it to the scent of a dog who perceived the odour of an animal a quarter of a mile distant although the dog was standing to the leeward of the object from which the odorous particles emanated. He says, "Yet these particles must be infinitely smaller than the one-thirty millionth of a grain of phosphate of ammonia."

The action of the one-thirty millionth part of a grain may possibly find an explanation in harmony with the molecular theory, but that theory can hardly be made the basis of a solution in the case of the dog.

In the same paper I recorded the fact that cattle enveloped in dense clouds of dust could smell water four miles distant although there was not a suggestion of change in the vegetation whereby they might be led to know that they were approaching water.

Is it possible to explain Charcot's experiments upon sensitives through the molecular theory? Is it possible to explain according to this theory the fact that a woman faints away in a large room where a spray of heliotrope has been standing for half an hour? Is it possible to explain the fact that the presence of a cat for one half-hour in a large room should affect a woman in such a manner that she grows cold and her extremities numb and that she is unable to rise from her bed for several days, all the while ignorant of the fact that the cat was in the room? "As there is no firm reason to be rendered why he (or she) cannot abide a harmless, necessary cat, so I can give no reason, and I will not."

These are facts, and there are thousands of others right under our noses which cannot be accounted for by the action of measurable molecules or atoms.

Later, in 1898, I brought to your notice the remarkable observations of Nägeli on *Spirogyra* which approached the

nicer observations of Hahnemann on human beings. Nägeli showed that a solution of copper 1:100,000,000 was capable of transferring its medicinal properties to the walls of a series of glasses, each glass having been carefully cleansed by washing and rinsing and boiling. (This reminds us of Jenichen's experience, who found the medicine he intended to give in the 30th potency dried up, and all the alcohol evaporated. He refilled the vial with alcohol, and to his astonishment obtained a potency of exceedingly powerful curative properties. This experience induced Jenichen to prepare his high potencies.)

Nägeli could not explain this energy as originating from a soluble combination, and therefore was forced to recognise "something" as active beyond the atom. He called it oligodynamis, *i.e.*, he recognised a force of energy emanating from matter which transcended the possibility of measurement.

So far as I know no botanist has yet discovered the vis inherent in a seed or a bulb which determines the colour of the flowers, by microscopic or spectrum tests. Yet no one can deny that "something" must be inherent in the cells of the seed or bulb which determines and fixes their colour.

I am also tolerably sure that no physiologist or biologist could solve the problems of heredity, even if they had the opportunity of examining the semen, which transmits from one generation to another certain traits and configurations to the offspring. Just here an observation may be applicable; a daughter gets a wart just above her eyebrow in her 13th year. The father had just such a wart exactly in the same place over the left eyebrow, which appeared in his 14th year. This wart must have been represented in the semen of the father, and like his own wart remained latent till the time of puberty. No one can convince me that this wart snowed down from the sky at this opportune time, and I do not believe that you would accept as reasonable such an explanation. The dermatologist would soon solve the problem by saying, Warts are merely a local affection, and simply a degeneration of the skin, called "verucca." He takes no heed of the wonderful energy which at puberty threw this wart to the surface, which must have had its dynamic origin in the semen of the father when the child was conceived—are there any known tests which could have discovered the origin, source, or cause of this wart in the semen of the father? *Yet here is a fact.*

In the science of physics not much of interest to us seems to have happened up to the time of the discovery of X-rays in 1895. Although the Kathode rays, discovered

thirty-five years before by Plücker, had received much experimental attention, it was not till 1892 when Herz ascertained that these rays were able to penetrate through sheets of gold foil, aluminium, and glass, that new thoughts regarding the constitution and nature of "matter" began to be recognised.

Crooke's theory was that Kathode rays consisted of a stream of negatively electrified particles projected at a high velocity from the negative electrode.

It was thought by some physicist that Kathode rays were composed of particles of metal *torn loose* from the electrode.

J. J. Thomson and Schuster proved that this was not the case.

It is now held that Crooke's theory of "extremely small particles" at present surmounts the difficulties in the way of other theories, but this requires the admission that particles of matter exist which are infinitely small compared with atoms, and that these particles either carry a much larger charge than is carried by an ion in electrolysis, or else that they are smaller than the hydrogen atom. The latter alternative is the one at present accepted.

One physicist a year ago sums up the question at issue in the following words:—

"The Kathode rays consist of negatively charged particles or corpuscles, which are smaller than the atom of hydrogen. The corpuscles are present as a constituent part of the molecule in *all substances*. Whether only one such corpuscle is present for each molecule, possibly revolving about it like a satellite, or whether each molecule consists of an aggregation of corpuscles, it is not yet possible to say. Under the influence of the intense electric field at the negative terminal of a vacuum tube, the *corpuscles are in some cases freed from the forces that hold them to the remainder of the molecule*, and shoot off at enormous speed to form the Kathode rays."

Here is another quotation from the same author: "The suggestion has recently been made that perhaps the whole mass of the corpuscle is fictitious; that we really have to do with free electric charges, or electrons, *existing apart from matter*. This view is even more startling than that which makes the corpuscle smaller than atoms. *The novelty of the suggestion is certainly not to be regarded as a serious objection.*"

Such words as these emanating from one of the foremost scientists of the present day, come like a soothing balm to the disciples of Hahnemann, who have persistently upheld their position that no theory can ever deserve that order of credence which attaches to an observed fact. All theories are tentative,

and involve propositions which are incapable of absolute demonstration.

Those of us who have placed Hahnemann's discovery of potentiation on a higher plane of scientific revelation, than the great light he threw upon the law of similars, have at least the comfort of knowing that the century just begun, seems to be revealing experimental truths which are somewhat in accordance with his discoveries nearly a century ago. It seems that science is coming up to Hahnemann, that facts are to count instead of theories, hypotheses, and the microscope.

It is not my purpose in this paper to discuss the recent theories relating to matter and energy, viz., the vortex-atom theory, and the theory of Electrolytic Dissociation, but to give you the deductions and conclusions of experts based upon these hypotheses, which interest us as being somewhat related to the experiments of Hahnemann, and his own deductions regarding the character and constitution of "matter."

Goethe says: "Gray, friend, is all theory, but green the golden tree of life." The golden tree consists of facts, and from facts the discovery of nature's laws. Theories are of value only as they endeavour to explain the facts which one by one are revealed to us by our senses. Theories have done much good, and also much harm, especially the theories which before Hahnemann's time reigned supreme in the art of medicine.

A year ago Professor Harry Jones wrote these words: "If chemical action is due mainly to ions, it is very probable that pharmacological action of many chemical substances is largely ionic. This probability is increased when we consider how many electrolytes are used in medicine, and that they are either taken in solution or pass into solutions in the fluids of the body. *It is quite safe to predict that many interesting and important results await the investigation of the relation between the dissociation of drugs, and their action upon the human body.*" (The italics are mine.)

Here is a most interesting proposition, which we all hope may be acted upon speedily. Let the anions and kations of these drugs be tested, and perhaps we shall soon have experiments made on healthy human beings instead of deductions based upon experiments with animals. It may be that the dawn of a new era in pharmacology is heralded by this suggestion. Is it too much to hope that instead of sitting at the feet of Mercks and a vast horde of other manufacturers of pharmaceutical preparations (who at present seem to instruct the medical profession when and how to use their wares) physicians may begin ere long to experiment upon themselves, *and others in health*, with these ions and learn something

more definite regarding their action on the human system before giving them in disease merely on the authority of a pharmaceutical chemist?

Here is another quotation from the same author in speaking of the complete dissociation of acids and bases in infinite solutions and their toxic action: "Since a very dilute solution is completely dissociated, the poisonous properties of such a solution must be due to one or both of the ions which it contains, since there are no molecules present. If the toxic action of acids on plants is due only to the hydrogen ion, then solutions of different acids containing the same number of hydrogen ions should be equally poisonous. Solutions of hydrochloric acid, nitric acid, and sulphuric acid are completely dissociated at a volume of about one thousand litres; hence solution of these acids which are of this strength, *or more dilute*, should have the same toxic action since the ions  $\text{Cl}$   $\text{NO}_3$   $\text{SO}_4$  have none. This has been experimentally tested, by finding the strength of the solution of the acid in which *the plant would just live*. . . . The root of the plant was placed in a more concentrated solution of the acid. If this was found to kill it, another root was placed in a more dilute solution and so on until a dilution was reached in which the root just lived. In the case of strong acids, the root would just live in a solution which contained a gram-molecular weight of acid in 6,400 litres of solution. . . . This expresses the toxic action of the hydrogen ion, and it is the same for all strong acids. . . . The effects of the ions of certain salts was also studied. The copper ion was especially toxic. The roots would just survive in a solution which contained a gram-molecular weight of copper ions in *51,200 litres of solution*."

These observations were published by Kahlenberg and True in 1896, more than ten years after Nägeli commenced his experiments on *Spirogyra* with simple aqueous solutions of metallic copper, and found a solution of 1:100,000,000 still capable of transferring its toxic qualities to the walls of neutral glasses.

How much nicer, more ingenious and exact than the experiments of Kahlenberg and True, were those of Nägeli, who discovered that toxic qualities were transferred to a series of neutral glasses from a solution of 1:100,000,000! This fact, and this alone, prompted him to proclaim a new energy, which could not be explained by the molecular hypothesis. Neither Kahlenberg nor True seem to have taken note of this observation, and allowed their solution of ions to be transferred to neutral glasses, and then observed the effect on the plants. They say their plants "*just lived*," but it would have been desirable to know at what division of matter they ceased to be sick.

Darwin's experiments with the salts of ammonia preceded those of Nägeli, also about a decade, therefore we may assume that Hahnemann's "absurdities" may approach recognition about the middle of this century. When we consider that all these practical experiments have so far been made on plants, *organisms devoid of a nervous system*, it is not surprisingly strange that predictions should be made regarding experiments with infinitesimals or organisms *not* devoid of a nervous system, which may astonish pharmacologists and biologists.

I will close my remarks by a few quotations from recent literature which have come under my notice during the last two years.

"Natural science considers the world a mechanism, and for that purpose transforms the reality in a most complicated ingenious way. It puts in the place of perceivable objects, unperceivable atoms, which are merely products of mathematical construction, quite unlike every known thing; and nevertheless these atoms are scientifically true, as their construction is necessary for that special logical purpose. To affirm that they are true means that they are of objective value for thought. *But it is absurd to think, with the materialistic philosopher, that these atoms form a reality which is more real than the known things*, or even the only reality, excluding the right of all not space-filling realities. There is no physical object in the world, which natural science ought not to transmute into atoms; but no atom in the world has reality; and these two statements do not contradict each other." . . .

"To deduce materialism from physical science demands either an illogical mind or procedure, or the addition to that science of some propositions not pertaining to it." . . .

"The assumed perfectly elastic molecule with its attendant supposed forces and properties plays satisfactorily the *rôle* of a unit in a great company whose effect as a whole only is to be considered. . . . But as far as any ultimate explanation or even simplification of the forces, forms of energy, or views of matter are concerned, it is of small effect. . . . The molecular theories offer no account of energy, of elasticity, or of the energy which must be present in the molecule or atom to give it shape, hardness," &c.

"The formation of energy as a power to change the state of motion of a body, is free from the logical and other embarrassments attaching to the current definition. . . . It permits the introduction of the idea of energy *in advance of that force, work, or even matter*. . . . Everything which we observe, that is, all phenomena and observed properties, are due to energy, or its changes of form or location. All experience has there-



fore to do with energy, and with that alone. As it is foremost and ubiquitous in experience, so should it be, if possible, in the treatment of physics. Two or three decades ago this was impossible, but it is so no longer. Forces and work must now be dealt with as action of *energy*, and *matter must be regarded, for the present at least, as an inference one step more remote than energy.*"

With all this recent evidence and hypothetical explanation of facts as presented by physicists, Hahnemann's concept of "matter" cannot seem quite so absurd and untenable to those of his materialistic followers, as it evidently did a decade or two ago. His assertion, in paragraph 279, "that the dose of a homeopathically selected remedy can never be prepared so small that it shall not be stronger than the natural disease . . . to extinguish and cure it, at least in part," must certainly seem less preposterous now than when the molecule and atom were the Ultima Thule of speculation.

The genius of Hahnemann still holds the fort. It has been bombarded with the most effective artillery which science could construct, but there it stands still flying its colours upon which are emblazoned not only the words, *Similia similibus curantur*, but also *simile, simplex, minimum*.

---

## VACCININUM.

[A NUMBER of useful indications for the use of this nosode may be gleaned from the following article which appeared in the *Brit. Med. Jour.* for July 5th.—Ed. H.W.]

### THE COMPLICATIONS OF VACCINATION.

By T. COLCOTT FOX, M.B., F.R.C.P.

In a healthy subject the inoculation of pure vaccine lymph is followed by local manifestations of a very definite character, with periods of incubation, evolution, and decline, and by general symptoms, which we do not need to describe here. These symptoms, local and general, vary within certain limits, and, when they pursue a certain definite and recognised sequence, the vaccinia is to be considered normal. Some variation will probably always occur, in so far as it depends on the state of the tissues of the subject, and on modifications in the activity and amount of the vaccine lymph inoculated; but a greater uniformity will be reached as the preparation of the vaccine lymph becomes perfected, and as the best method of vaccination, including after-treatment of the pocks, becomes more generally adopted. The reaction may vary considerably

in intensity, and a successful revaccination in the adult is generally accompanied by more intense inflammatory phenomena than a primary inoculation in a child (Brouardel). The reaction to calf lymph is also apt to be somewhat more severe, with more local swelling, edema of the arm, adenitis, and radiating pains.

At present it is not rare to meet with variations from the normal which must be set down as abnormal, and they chiefly depend on the conditions and susceptibilities of the subject, on the quantity and quality of the virus and its contamination with undesirable organisms, on the degree of disinfection of the skin, on the method of inoculation, and on the subsequent treatment of the pocks and contamination from without.

A *Lancet* Special Commission which investigated all the glycerinated calf lymphs on the market and the Local Government Board lymph, had the satisfaction of reporting \* "that although the lymphs then on the market differed very greatly as regards their bacterial purity, they were, taking them as a whole, eminently satisfactory. And in a further report † the Commission confirmed this conclusion, but added that "there is still room for improvement, since there is yet much diversity in respect to the degree to which extraneous bacteria are present." "The results," it is added, "of the investigation carried on by the Commission appear to indicate still more clearly that the efficacy of the vaccine is not necessarily impaired in those cases in which the glycerinisation has been carried to such a point that practically all the bacteria have been got rid of."

The vagaries, anomalies, and complications of vaccination have been fully dealt with by Dr. Theodore Acland in an elaborate and scholarly essay in Professor Clifford Allbutt's *System of Medicine*, with which every vaccinator should be cognisant. His observations refer no doubt chiefly to the old system of vaccination, but are also applicable to the modern calf-lymph inoculation. The latter, whilst exciting some increased reactionary effects, eliminates almost entirely the possibility of the inoculation of such diseases, amongst others, as syphilis, leprosy, and tuberculosis.

Many of the *variations in the development of the vaccine pocks* are of comparatively little importance, and need only a brief reference. For example, the incubation period varies. The pocks may develop unequally, or they may be somewhat accelerated or retarded for a fortnight or even, it is said, up to thirty days. In this connection we may note the assumption of activity under the influence of a revaccination at points

\* *Lancet*, April 28, 1900.

† *Ibid.*, June 7, 1902.

where the inoculation performed a week or more previously appeared to come to nothing. The recrudescence, or relapse, or revivifying of a pock after some weeks is said by some to be not infrequent. The cause is not clear, and the occurrence may be of little moment, but has been found associated with grave events. The contents of the pocks may remain watery, or form pus too rapidly, or become hemorrhagic; and when the latter is not due to injury these symptoms may mean contamination. Then it is not uncommon to find the pocks arising at the original sites of inoculation surrounded by supernumerary or extra vesicles, and to this we shall refer again.

In revaccination the pocks may be altered and not fully developed according to the degree of immunity possessed by the subject. The lesions may form only a pink papule perhaps more or less vesiculated, and these were denominated *vaccinoids* by Hervieux.

In America a peculiar complication known as the "raspberry sore" has been written about. P. A. Morrow, writing on the Incidental Effects of Vaccination,\* said it had been recognised from the introduction and general use of animal vaccination in America, but doubted it being a specific product of the bovine lymph, as it displayed certain points of resemblance with the red tubercle described by Bousquet occurring after the use of human lymph. It has been noted exceptionally on the calf, and is probably not infrequent in this country. The writer of the present article was alarmed by its appearance on his own arm. In the special number of the *Philadelphia Medical Journal*, November 23, 1901, on small-pox, the "raspberry excrescence" is mentioned by Welch and Schamberg, who say it usually appears from three to seven days after vaccination, beginning as a red elevation at the site of inoculation, quite similar to the papule of true vaccinia, but instead of advancing to the vesicular stage it remains hard, dense, bright red in colour and nodular in form, looking not unlike a small nævus. They add that it is very persistent, remaining usually weeks or months, is not followed by a scar, and does not confer immunity. F. S. Fielder says it only protects temporarily, and is evidence of a poor lymph. Morrow, however, stated that it disappeared spontaneously in four to eight weeks. In my own case the excrescence was rapidly dissipated by a mercury and carbolic acid plaster applied by Radcliffe Crocker's advice. F. G. Gardner described in these columns a case in which two of the inoculations out of four became the seat of a granuloma.

\* *Journ. Cut. and Ven. Dis.*, vol. i., 1883.

Sobel \* draws a distinction between "exuberant granulations" and the dry exuberant raspberry growth of granulation tissue.

With regard to an *excessive degree of local inflammatory reaction*, we have mentioned that some excess may occur after the use of bovine lymph and in revaccinations. Idiosyncrasy also often plays a great part, and a too free use of a vaccinated arm is sometimes to blame. Impure lymph, however, and secondary infections with pyogenic microbes, due to unclean instruments, or at a later period to contact with contaminated coverings or hands, are mostly at fault. In association with these conditions, the inflammatory areolæ may be very pronounced or extensive (so-called pseudo-erysipelas); edema of the arm may be pronounced, and more or less tenderness and swelling of the related glands may be set up. Glandular suppuration is rare. The confluence of pocks, too closely placed or supernumerary, or the severity of the local inflammation may lead to loss of tissue and ulceration over a comparatively large area or limited to each inoculation. If simple, this loss of tissue may soon heal, but if unhealthy the ulceration may extend deeply, be protracted, and even take on phagedenic characters. Such untoward results may affect one out of a batch of healthy operations, and is then probably due to secondary influences; or, as in the epidemic investigated by Leloir, the chancriform ulcers may affect many of the batch, and be due to bad lymph.

Lastly, we have *variations in the healing and formation of scars*. Vaccination wounds should be well and firmly healed before the end of the third week. Such preventable causes as injuries, dirty shields, and dressings may delay healing for weeks or months. Sometimes the state of the child is at fault. Hypertrophied scars may occur as after other wounds, but tend to flatten down in time. True keloid is rare and more troublesome. I have seen one or two cases in which there was a tendency to keloid throughout life after the formation of any scar, showing some constitutional tendency.

Amongst the *complications of vaccination*, eruptions on the skin attract the particular attention of the public, as in their view evidence of blood poisoning in the vicious sense. The rare spontaneous generalised vaccinia eruption and the auto-inoculated vaccine pocks are probably the only ones peculiar to vaccination. As already stated, local supernumerary vesicles are not infrequent, and are of interest as similar to the occurrence in inoculated small-pox; but in the later a

\* *Medical News*, August 11, 1900.

generalised eruption followed about the ninth to the fourteenth day. Very rarely also vaccination is complicated by a exanthematised generalised outburst of true pocks. Its date of appearance varies considerably, but is generally from one or two days before to one or two days after the maturity of the original pocks. A similar generalised eruption can arise from the introduction of the virus through the digestive, circulatory, or respiratory systems, as, for example, by a child sucking its vaccination pocks. The elements continue to evolve for seven, ten, or fifteen days. M. L. Heidingsfeld \* quotes Chauveau to the effect that generalised vaccinia occurred only 6 or 8 times in 500,000 to 600,000 vaccinations, and Bondersen reported only 3 cases out of 170,596 vaccinations in Denmark. This exanthematic generalised vaccinia must be carefully distinguished from the dissemination of supernumerary vesicles due to the auto-inoculation of the contents of the primary and subsequently other pocks in a hundred and one ways. Such a multiplication may be scanty and localised, or copious over a particular region, especially eczematous surfaces, or generalised. In this connection Acland says that observations go "to show that under ordinary circumstances the receptivity of an individual to successive vaccinations in series gradually diminishes during the second week, and usually becomes extinct before the fourth." Cory found immunity was attained after the ninth day. In diagnosing these eruptions from herpis iris, impetigo contagiosa, and other vesicular, pustular, and bullous outbursts, let us remember that the true vaccine pocks are capable of inoculation in the animal or child.

Of the eruptions not peculiar to vaccination there is a group embracing all types, from the erythematous to bullous and hemorrhagic; and they may accompany typical local pocks. Sobel † found about 2 per cent. of 4,160 cases had a generalised eruption. These eruptions are probably for the most part due to some chemical irritant, for one may meet with them on occasion in the course of almost any infection—for example, after the injection of antitoxins, serums, and physiological saline solutions (subcutaneous or intravenous) following enemata, and the administration of drugs by inunction, subcutaneously, or by the mouth. These coincident, or incidental, or indirect vaccinal eruptions fall into two categories. They may undoubtedly be directly due to the absorption of the pure vaccine virus, and are then benign, temporary, and of little importance. On the other hand, they may be due to the inoculation of impure lymph, or to the subsequent contamination of the

\* *Journ. Cut. and Gen. Urin. Dis.*, February, 1902.

† *Loc. cit.*

pocks or sites of vaccination. It is obvious that the latter group may be of considerable significance. These eruptions occur from the ninth to the fourteenth days, most frequently on the tenth to twelfth, sometimes as early as the fifth, sometimes as late as the fifth week. In accepting the vaccinal origin of the late eruptions one must bear particularly in mind the adage *post hoc propter hoc*. The pathogeny of these eruptions is not well understood. They only occur in a small proportion of cases of any given infection or intoxication, and idiosyncrasy seems to play a considerable rôle. The eruption may consist of fugitive rose blotches, or it may be of the congestive rash type such as scarlatiniform, or like rôtheln or morbilliform, or of a larger macular type, often called roseola, or again of a still bolder and more pronounced inflammatory type such as we commonly include under the symptom-complex erythema multiforme. Even the extreme phases such as the so-called herpes iris and bullous erythemata may be met with. In diagnosis it should be borne in mind that a subject may be incubating one of the acute specific fevers at the time of vaccination.

(To be continued.)

## HOMEOPATHIC THERAPEUTICS OF SHOCK.

THE tendency to neglect our remedies in the treatment of shock is a growing one. Cardiac stimulants, spinal stimulants, injections of saline solutions have well nigh superseded the older methods of prescribing for the patient homeopathically. The writer has seen more than one patient overstimulated with injections of *Strychnine*—in other words, poisoned by the drug; and it is his belief, founded upon an observation of twenty years, that such patients have less chance of recovery when stimulating measures are used than when the patient is treated with the homeopathic remedy. It is a too prevalent belief, and unfortunately one taught by some of the chairs in our colleges, that conditions like shock, pain, leucorrhea and even constipation are beyond the pale of action of the homeopathic remedy, that only heroic measures are able to cope with these conditions, and this feeling has nearly banished homeopathic therapeutics from the chairs of gynecology and surgery. To one who sat under the teachings of a Helmuth, whose knowledge and application of the indicated remedy was not less than his wonderful surgical knowledge, it suggests the question, Whither are we drifting? But *revenons a nos moutons*. We have a number of remedies whose usefulness in shock is hardly appreciated. Let us call them up before us.

*Camphora*.—This remedy suits the shock of a sudden and unexpected injury when the body becomes suddenly cold and clammy, when the pulse is feeble, when the respiration is slow, the lips livid and the patient shows, if he does not express, utter prostration. Helmuth speaks favourably of its action in these sudden shocks where the patient is cold and clammy. Dr. John C. Morgan says it has done him great service, giving relief in a few minutes: he gives slow, sighing respiration, stupefaction and trembling as additional indications. There is a cold sweat present if any, thus differing from *Opium*, which has a warm sweat and which might also be indicated in shock if the symptoms called for it.

*Veratrum album*.—Here we have extreme coldness of the extremities, pallor of the face, relaxed muscles, tetanic spasms, imperceptible breathing and a Hippocratic countenance. It requires courage in such cases to rely on *Veratrum*. Those who do rely on it, however, know that it is far safer than *Strychnine* injections and followed by no reaction to appear later and retard recovery. Even total loss of consciousness with these characteristic symptoms will do well on the remedy, or at least as well as under any treatment. *Veratrum*, *Arsenicum*, *China*, and *Camphora* are the principal remedies mentioned by Helmuth in shock. It should be borne in mind that the use of other measures will not in most cases interfere with the action of the remedy. It is unjust to our patients to neglect its exhibition.

*Arnica*.—This is one of our most reliable remedies for shock. It has stupefaction, low, muttering delirium, and unconsciousness. Loss of sight and hearing and the unconsciousness not complete, but patient in a dazed, stupid condition—here it is the remedy. It is very useful to prevent the extravasation of blood in severe cases. Franklin says it should be given every ten or fifteen minutes, according to severity of the case, until reaction has been established. It is said to be more useful when diarrhea is present.

*Carbo vegetabilis*.—Useful in profound cases where there is stupor, diarrhea, and cold sweat, a quick, filiform pulse, and a death-like countenance. Another remedy, according to Franklin, useful when the tissues of organic life are involved, is *Ammonium causticum*. *Hypericum* suits when the shock is due to actual injury of the nerves, a symptom calling for it is shuddering all over. *Arsenicum* suits cases with great prostration and *China* where the shock is from loss of blood rather than from nervous cause.

*Opium*.—Another drug useful in comatose conditions is *Opium*. It has the stertorous breathing and, what is quite characteristic, namely, a warm sweat. This condition of warm



sweat is probably due to a paralysis of the sweat glands; the skin may even be cold but the sweat is warm. The eyes remain half closed and have a glassy look. In such cases the patient may be aroused, but will relapse into the stuporous condition again very soon.

Many other remedies may be indicated in shock, but these will cover most cases; the temperament of the patient should be considered, for much aid will be thereby derived for the selection of the remedy. Remedies may be given previous to operations to avoid shock or to modify it. In one case coming under the writer's observation *Nux vomica* did good service, in another *China* was the remedy prescribed on the indication of an exhaustive drain on the system which necessitated the operation. It not only modified the shock but gave the patient strength, and a rapid recovery was the consequence.—*Medical Century*, January 1, 1901.

### HODGKIN'S DISEASE.

MARTIN (*Journ. Med. Research*, Vol. i. No. 1) records a case exhibiting some undescribed lesions of Hodgkin's disease. Clinically all the superficial lymph glands were enlarged, there was marked diminution of the red and increase of the white blood cells, enlargement of the spleen and milky fat, containing fluid in both pleural cavities and in the peritoneal cavity. At the necropsy there were found abundant masses of enlarged superficial lymph glands and the mediastinal and peribronchial glands showed moderate enlargement. The pleural surfaces were covered with a deposit which looked like granulation tissue; the abdominal viscera were matted together, and almost the whole surface of the peritoneum covered with a diffuse granular deposit, villous-like in character, for the most part close together and presenting a velvet-like surface. This deposit could be easily detached with the finger, and the underlying peritoneum was smooth and glistening. Microscopically it was seen to consist of lymphoid cells without any signs of inflammation, and with a fairly abundant reticulum. The case is evidently to be classed with those examples of Hodgkin's disease to which the term lymphosarcomatosis is applicable. In Martin's opinion the term "Hodgkin's disease" is a purely clinical one, and is associated with very different pathological conditions, the two main varieties being those which belong to the infective granulomata (including tuberculosis) and those which are properly termed lymphomatous. The lymphomatous variety is indistinguishable from lymphosarcoma. Hitherto it would appear that no such case as the present, exhibiting this extensive lymphosarcomatous growth on the serous membranes, has been recorded.—*Brit. Med. Journ.*, Nov. 30, 1901.

## REVIEWS.

### PRACTICAL MEDICINE.\*

THE aim of this work is fairly set forth in the author's preface :—

"This book is intended for students, not advanced workers. The endeavour has been to set forth concisely those fundamental facts which are requisite to the successful practice of medicine. Pathological processes rather than the details of morbid anatomy have been described, with the object of co-relating the symptoms of disease to the underlying changes. In connection with diagnosis the more important modern laboratory methods have been included; and in addition, each section is preceded by a brief *résumé* of the essential points to be ascertained by interrogation of the patient, and of the physical methods by which the examination should be completed."

The term "Medicine" in its general sense must be taken on the *lucus a non lucendo* principle, it is *medicina a non medendo*. "Medicine," so far as systematic works on the subject go, has nothing to do with the art of curing. These works tell all about disease, how to recognise it and distinguish the different forms of it; but as for curing patients, the most to be got out of them are vague hints and some general rules of "treatment." With textbooks on "Medicine" coming from the homeopathic school the case is not very different. The scope of homeopathic treatment in any disease is so vast that an attempt to give a brief account of it only results in squeezing most of the homeopathy out. The only exception to this rule that we are acquainted with is Raue's splendid work on *Special Pathology and Therapeutic Hints*. Of course, we are speaking of *general* works, not of *special* works like the classic treatises of Bell on Diarrhea and H. C. Allen on Fevers.

Dr. Laurence has done his describing work admirably, and for students who want to pass in "Medicine" this book will be extremely useful. But it comes to be a question whether it was necessary to write such a work from the side of homeopathic therapeutics, seeing that in the limits of such a work it is impossible to do justice to

\* *Practical Medicine*. By F. Mortimer Laurence, A.M., M.D. Philadelphia: Boericke & Tafel. London: Homeopathic Publishing Company. 1901. Price 15s.

this topic. We will give a few examples. Under Hypertrophy of the Tonsils we find this:—

“*Treatment.*—If the tonsil is hard and fibrous tonsillitis is advisable; but if the tissues are soft improvement can often be secured by the persistent administration of *Mercur. biniod.*, or the *Iodides of Iron, Lime, Sulphur, &c.*”

Under Hematemesis:—

“*Treatment.*—Rest, abstention from food, and the use of ice locally are advisable. Administer such remedies as *Ipecac.*, *Hamelis*, *Hydrastinine hydrochlorate*, *Turpentine*, or various other medicines, selected according to the cause and the associated conditions. Intravenous saline injection may become necessary in extreme cases.”

Now it seems to us that to tell this to one who does not know a vast deal more is simply equivalent to telling him nothing at all. To tell a student to give this “*or*” that remedy, “*&c.*” will not do in homeopathy; nor will it do to tell him to give “such remedies as” this or the other. The allopaths can do as much as this, and when homeopaths endeavour to get their homeopathy into allopathic shape they generally succeed in bringing about that “union of the two systems” which is in every way undesirable—meaning, as it does, the obliteration of all that is distinctive and valuable in the science and art of prescribing.

---

### A LECTURE ON HOMEOPATHY.\*

THIS brochure consists of a lecture delivered to the sisters and nurses of the London Homeopathic Hospital in May last. The object of the lecturer was to put his audience in possession of a clear idea of homeopathic medication, and the difference between this and the practice of allopaths. It has seemed to him that possibly a larger audience might be interested in his theme, hence the appearance of the Lecture in its present form.

\* *A Lecture on Homeopathy.* By John Henry Clarke, M.D. London: Homeopathic Publishing Company, 12, Warwick Lane, London, E.C. 1902. Pp. 68. Cloth, 1s. net. Paper covers, 6d. net.

## Obituary.

### MARTIN DESCHERE, M.D.

WE greatly regret to learn that Dr. Martin Deschere, of New York, died in that city on July 22nd. Dr. Deschere was a frequent contributor to American homeopathic literature, and he belonged to that not very numerous class whose writings are distinguished by genuine therapeutic insight. He made a speciality of children's diseases. The *American Physician* states that an affection of the heart was the cause of his death. We had heard for some time past that his health had not been good.

### J. CLIMENSON DAY, M.D.

ANOTHER veteran has passed away in the person of Dr. John Climenson Day, of 121, Camden Road, N.W., who died on August 17th. Dr. Day took the M.R.C.S. Eng., and L.S.A. of London so long ago as 1846. In 1884 he became M.D. of London University with honours and gold medals, the same year that his son, Dr. Roberson Day, the present President of the British Homeopathic Society, took the London M.B. In 1888 Dr. Climenson Day published a pamphlet entitled, "The More Excellent Way in the Practice of Medicine." In this pamphlet (which he dedicated to Dr. Yeldham) he tells the story of his conversion to homeopathy.

---

## GENERAL CORRESPONDENCE.

### UNDER WHICH FLAG?

*To the Editor of THE HOMEOPATHIC WORLD.*

SIR,—In your editorial articles you have already pointed out some of the cross-currents that appear likely to hinder the progress of the enterprising craft now commissioned to extend and develop homeopathy. The outlook certainly is favourable enough in some respects, but at the same time it would be futile to ignore the fact that unless thorough unity of aim prevails in the executive there is

little chance of navigating the rapids of the Twentieth Century. The rise and progress of homeopathy may be compared to that of a great river, taking its origin in the uplands, and in its course finally diverging into so many channels that it is not easy sometimes to distinguish the main current. How to unite these widely divergent streams of tendency, is the problem on the practical solution of which will depend the success of the new enterprise. Is the word Division to be no longer heard in the land, and the word Unity to go out to tell the world that at last the flowing tide has swept away every obstacle? If this were the message success would indeed be assured, but the signs of the times unfortunately do not point in this direction. The latest evidence of contrary influences arrives by post in the form of a circular letter bearing the signature of a prominent representative of homeopathy. The purport of this communication is to test the feeling of our men towards "the propaganda of the semi-popular Homeopathic Association"; and it contains the fitting ingredients for the mush of concession. The choice therefore is brief and yet endless: whether, in fact, we are to sink all differences in some sort of neutral waters and live happily (?) ever afterwards in the haven reserved for those sailing under the orthodox flag, or whether homeopathy is to retain its individuality as a school. That is the only question, and until it is definitely answered the policy of the new enterprise must remain an unknown quantity.

Yours truly,

ALFRED PULLAR, M.D.

Denmark Hill, S.E.

September 10th.

---

### THE LATE DR. TALCOTT.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR SIR,—I am sure that every one who saw in the July number of the HOMEOPATHIC WORLD the notice of the death of Dr. S. H. Talcott felt that Homeopathy had sustained a great loss. Dr. Talcott's hospital was almost an ideal one, and not only did his patients respect him, but actually loved him.

Having of late come into contact with a great many

cases of mental derangement, and having seen the glorious effect of homeopathy upon them, and knowing also the lamentably backward state of treatment—medical and otherwise—which obtains in our English asylums, both public and private, I long to see an institution, such as the late Dr. Talcott's, in full swing in our own country, where mental diseases are so alarmingly on the increase. If such a hospital be established, I shall gladly become a yearly subscriber.

Some months ago, I had occasion to consult Dr. Talcott with regard to one of the many mentally deranged who fancy themselves eternally lost, and I append the Doctor's reply, which I think will not be uninteresting to the majority of your readers. Some of the statements contained therein are direct answers to questions.

Yours faithfully,

W. T. GRIFFITHS.

#### “STATE OF NEW YORK—MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

“MY DEAR MR. GRIFFITHS,—Your kind favour of 27th ult. came duly to hand. I am very glad that you have enjoyed reading my little book on *Mental Diseases and their Modern Treatment*, and that you do not feel that I am an utter stranger to you. It is an inspiration to know that friendly relations exist everywhere between those who are working for the cause of suffering humanity. Let us clasp hands, and move on together for the accomplishment of more good work.

“The case which you present is interesting, yet not altogether an unusual one. It is a sad commentary upon human experiences that those spiritual forces which tend most surely to the uplifting and the consolation of the human race, are, when misinterpreted, the sad messengers of evil and disaster. Very few can understand the mystery of the unpardonable sin, or the blasphemy against the Holy Ghost; and when a poor, frail woman gets entangled in religious meshes, which she cannot comprehend or understand, then mental aberration almost inevitably follows. Sexual abnormalities and spiritual disturbances are frequently inseparable companions.

“The relief of such patients is a slow and uncertain process. The work must be inaugurated with comprehensive care, and continued with the utmost persistence. Such patients are frequently benefited by protracted rest, by suitable refreshment, and by seclusion from all things which tend to work injury or self-abasement.

“I would suggest that you might urge the patient to go to bed early in the evening, and to sleep as late as possible in the morning. She should be carefully attended by a skilful and conscientious nurse, who should seek to prevent self-injury of every form and nature. Oil rubs, over the entire body, may be given every evening from eight to nine o'clock. Pure olive oil, as warm as can be comfortably borne,

should be applied, especially over the spine, and hips, and abdomen, and arms, and, in fact, over pretty much all of the body. A sponge bath of alcohol and water—one part of the former to four of the latter—may be given every morning, or every other morning.

"The food administered should be plain, nourishing, and palatable. Hot milk, if it agrees, may be given every three hours, from 6 a.m. to 9 p.m.; and even in the middle of the night if the patient be wakeful and restless. We always put a pinch of salt into each glass of milk to relieve any tendency to constipation.

"After the patient has rested sufficiently, and gained strength by the use of suitable diet, then exercise may be gradually increased from day to day; but at the outset of the treatment the words of the great Healer of Gennesaret may be happily used in the patient's behalf: 'Come unto Me, all ye that labour and are heavy laden, and I will give you rest.' When the patient is well enough, outdoor walks and carriage drives may be indulged in, and at such times the patient should be encouraged to breathe properly. Slow, deep, full inspirations should be taught and encouraged in every possible way. Sometimes a system of calisthenics is an aid to this end. Without proper respiration you cannot have pure blood, and without pure blood you cannot have health and hope and happiness to any considerable extent.

"As regards the use of medicine, I would say that we generally administer the third centesimal dilution, drop doses every two or three hours during the day. If the remedy called for is a mineral, we use the third centesimal trituration, a two- or three-grain powder about once in six hours, or before meals and at bedtime. I should think that the first centesimal dilution of *Veratrum alb.* might, under some circumstances, produce an aggravation. We sometimes come down from the third centesimal to the third decimal; and again, we rise to the sixth, thirtieth, and two hundredth potency. We do not administer the higher potencies every day, but we sometimes think that we get good effects from their use, and I believe we are coming to the use of the higher potencies more frequently than formerly. I remember one case where the patient would have sudden and violent outbursts of the fiercest kind of anger, due to hallucinations of hearing, which caused her to indulge in protracted fights with imaginary enemies. At last I gave *Belladonna* in the highest potency that I could find in a box of these remedies secured from Dr. Samuel Swan. A few days later the supervisor told me that the last medicine I gave to the patient was the only remedy that had ever effectually relieved all her symptoms.

"I recall a patient similar to the one you refer to in your letter, who came under our care December 1, 1883, and who was discharged recovered September 30, 1886. The treatment covered a period of a little less than three years. The patient appeared to be in an intractable, and almost hopeless condition; but we persevered in the administration of indicated remedies until, finally, she was restored to both physical and mental health.

"While this patient was under our care she took, at first, *Ignatia* 1. After that, on account of the great sexual excitement, she had *Picric Acid* 3, followed by *Cantharis* 3. Again, when she

'Walked with demons, ghouls, and things  
Unightly, terrors, and despairs,'



we gave *Stramonium* 30 with good results. On account of a subsequent tearfulness and depression, she received *Pulsatilla* 3; and again, for an acute attack of influenza, she received *Gelsemium*. Finally, when she suffered with a recurrence of great mental and physical excitement, with red face, dilated pupils, throbbing carotids, &c., she received *Belladonna* 1.

"Perhaps a brief statement of the remedies used in behalf of a patient with delusions very much like those now held by your patient may be of some service to you in the treatment of the case. I should say that the remedies which you have already given—*Arsenicum*, *Picric Ac.*, *Veratrum alb.*, and *Sulphur* are sometimes very effective in relieving the symptoms of such a case.

"In conclusion, I have to state that we have treated at this institution during the past quarter of a century nearly six thousand patients, and we have always administered the homeopathic treatment in accordance with the Law of Similars, so far as we could discover the symptoms of each individual case. Homeopathic treatment is, I believe, the most successful form of treating the insane that has yet been discovered. Hence I can commend homeopathic remedies, after a long and varied experience in the task of ministering to 'minds diseased.' Mental invalids should be cared for just as we would care for patients suffering with physical disorders. The relations of the body and the mind are most intimate. There is scarcely any disease in the category that does not in some way affect the general status of the mind. And again, the inspiring influence of a cheerful soul has its beneficial effect upon the various diseases of the body.

"With sentiments of esteem,

"I am, faithfully yours,

"SELDEN H. TALCOTT."

"Rev. W. T. Griffiths,

"Newport, Mon., England."

---

## VARIETIES.

---

THYMUS GLAND IN RICKETS.—Mendel (*Münch. med. Woch.*, January 28, 1902) quotes Friedleben to show that the function of the thymus gland is intimately associated with a proper development and growth of bone. The symptoms of rickets are in part due to a disturbance of the function of the thymus, and its existence depends on the latter. He points out that the enlargement of the spleen in rickets may be regarded as a vicarious hypertrophy. During the last five years he treated over one hundred cases of rickets with thymus. At first he used fresh gland, minced and given as a thick soup, in doses of as many grams as the child was months old. Later he used tabloids. In no case did he meet with any untoward effects of the gland, and he believes it to be absolutely harmless. The symptoms, including the early anemia, sweating, and restlessness, the bone changes, the nervous symptoms—for example, spasm of the glottis and the splenic enlargement—all gradually diminished and eventually

disappeared. The treatment had mostly to be continued for some months, but less energetic treatment rapidly produced an arrest of the disease. He describes the beneficial effects in glowing language.—*British Medical Journal*.

**EUPION IN CRAMP OF CALVES.**—A man, aged 62, of dry, gouty constitution, for years under treatment for chronic pneumonia, with a cavern at the base of the right lung posteriorly, complained that every night he had to get up frequently on account of cramp in the calves, very painful, and which was only allayed by rubbing the painful parts and walking about the room. Owing to this and his sleepless nights thereby caused, his disease increased. He got *Eupion* 30, a dose three times a day. From the first night the cramps ceased, and he slept well, and his general health improved so that he lived till he was 75, but continued to cough and expectorate, yet had no return of the cramps. He died of inflammation of the bladder in consequence of a chill.—Van den Berghe, *A. h. Z.*, cxlii., 200.

A man, aged 42, asthmatic, thin, who had several attacks of gout in the joints, some of which involved his lungs and heart, complained of painful attacks of cramp in calves at night. He had to get up, compress and rub his calves and legs, and walk about before he could lie down again. He could get little or no sleep, and dreaded the cramp more than his most painful fits of gout. *Eupion* 30 cured these cramps the next day permanently. It is remarkable that *Sulphur* 200, which cured his asthma magically, had no effect on the cramps.—*Ibid.*, p. 201.

Mrs. B., aged 50, full-blooded and otherwise healthy, had pains in lumbar region, worse at night. She got *Aconite* 30, which soon relieved the pain, but it returned after a few days, and in addition she had very painful cramps in the legs at night. They began in the lumbar region and extended down the legs to the soles of her feet, but were worst in the calves. Rubbing and walking about relieved her, but they recurred several times in the night. *Eupion* 30 by the following day removed the pains in back and cramps.—*Ibid.*

A young lady, aged 21, had for three months pains in stomach and bowels, especially after meals. The pains extended into the back. At night she suffered from very violent pains in the legs, especially the calves, so that she had to get up three or four times in the night and rub her legs and walk about. *Eupion* 30, three times a day for two days, removed these pains completely. She had a relapse two months afterwards, which was cured in a few days by *Eupion* 30 (*Ibid*).—*J.B.H.S.*

**AFFECTIONS OF WORKERS IN CHROMATE FACTORIES.**—F. Hermann (*Münch. med. Woch.*, April 2, 1901) discusses at length the various pathological conditions which are found in the workers in factories, and which are due to direct or indirect effect of chromic acid or chromates. He states that his own observations during two years and a half have been made on 257 persons. The process consisted in acting on crude chromate of iron ( $\text{Cr}_2\text{FeO}_4$ ) with carbonate of sodium, thus:  $2\text{Cr}_2\text{O}_3\text{FeO} + 4\text{Na}_2\text{CO}_3 + 4\text{CrO} + 70 = 4\text{CrO Na}_2 + \text{Fe}_2\text{O}_3 + \text{CaCO}_3$ . The resulting sodium salt is converted into a bichromate by sulphuric acid, thus:  $2\text{Na}_2\text{CrO}_4 + \text{H}_2\text{SO}_4 = \text{Na}_2\text{Cr}_2\text{O}_7 + \text{Na}_2\text{O}_4 + \text{H}_2\text{O}$ ; and later, the potassium bichromate is built up by treatment with chloride of potassium, thus:  $\text{Na}_2\text{Cr}_2\text{O}_7 + \text{KCl} = \text{K}_2\text{Cr}_2\text{O}_7 + \text{NaCl}$ . In this process the workers come into contact

with free chromium and with the chromates, and the result, he states, is twofold: either it works directly, producing a caustic effect (for example, the formation of abscess in the nasal mucosa, leading to perforation of the cartilaginous septum, and local lesions of the skin); or else it works generally, producing lesions in the stomach, respiratory tract, and kidneys. Dealing with the affection of the nasal mucous membrane, he points out that of 77 persons who had been employed in the factory not longer than one month, 34 remained healthy, 32 had abscess, and 1 perforation. Of 39, who had worked longer than three months, and not longer than six months, 2 remained healthy, 14 had abscess, and 23 perforation; and of 31 who had worked for over one year none were healthy, 7 showed abscess, and 24 perforation of the skin lesions, he points out that eczema, abscess, &c., are the most usual forms, and he believes that chromates do not produce any ill effects, except by direct action on excoriated surfaces. He further discusses the local effect on the conjunctiva (conjunctivitis). In dealing with the general effects he states that the most common gastro-intestinal disturbance is diarrhea, with more or less acute pain, and does not regard the condition as a serious one. The affections observed in the respiratory organs include inflammation of the lung, pleurisy, bronchitis, and rarely asthma. He cannot agree with other observers that a predisposition to phthisis is marked. Although most observers definitely state that nephritis is a condition which is easily produced by chromate poisoning, the author has not been able to discover one definite case, and seeks to find an explanation of this fact in that his factory complied with the regulations of the local governing body (February, 1897), while those in which the nephritis cases were observed had not these stringent precautionary regulations. He concludes by describing the process of attention to abscess formation of the skin, nose, &c., as a means of prophylaxis against the more general effects of the drug.—*Brit. Med. Journ.*

“CANCER À DEUX” AND THE INFECTIVITY OF CANCER.—R. Behla (*Deut. med. Woch.*, June 27, 1901) deals with the material that he has collected and the deductions he has made from these, for the Committee of Investigators of Cancer. At the meeting held on June 18, 1900, v. Leyden suggested that each member should prepare an essay on various questions referring to this disease. Behla tells us that “cancer à deux” is a French phrase, which he prefers to use untranslated, implying the occurrence of cancer in two members of a household (not blood relations) who have come intimately in contact with each other. He quotes fourteen cases of his own observation, and adds five others to the list, of such coincidences. In most cases the persons affected were man and wife, and the time which elapsed between the illness of the first and second of the persons varied between two months (one case) and twenty-seven years. The majority (nine out of fourteen) of his cases showed a lapse of over five years. The distribution of the growths (the nature is unfortunately not given, all cases being referred to as cancer or occasionally carcinoma) was: Stomach nine times, the partner of the patient being attacked by stomach cancer six times; rectal, uterine, and esophageal once each; liver three times, associated with liver, fauces, and kidney once each; rectum twice, with intestinal and face cancer once each; uterus twice, with kidney and stomach cancer once each; and the association of face with uterine, bladder with stomach, and

esophageal with nasal cancer once each. The situation mentioned first in the above list denotes that in which the first sufferer was attacked. He further finds other cases from the literature of other lands. He next turns to the question of "neighbouring houses" and "cancer houses," and quotes a few striking examples. Elsler reports a single incident of "cancer à trois," and Boas tells of a case where it would seem that the daughter inoculated herself with rectal cancer by using the same enema which her mother had used during her illness, which was of the same nature. Others report single cases of carrying of infection by means of a pipe, washing, fingers, &c. Tross's case was important, he says. It deals with the occurrence of a carcinoma of the same structure histologically as that of cervical carcinoma, on the penis, apparently inoculated from the uterine cancer of the patient's wife. Answering the objection to this being probable, in that it should occur frequently, Czerny supposes that coitus is rarely carried out when the woman has cervical cancer. In all, over thirty cases of a similar or reversed nature have been reported. Ebert collected twenty-three cases of supposed "contact" cancer. Lip and lip, tongue and gum, &c., and a case of a woman who inoculated the corner of her eye from a cancer on the back of her hand also suggests this nature. Inquiring into the question whether surgeons inoculate themselves from cancer patients, he quotes the case of Alibert, and that of a surgeon of St. Thomas's Hospital, who acquired a cancer of the tongue from drinking "cancer milk." Budd also reports five cases of surgeons who died in the cancer hospital. Emson died eight months after he had cut himself at a "cancer" operation, and Guermonprez relates of a gynecologist on whose finger an acne pustule became malignant after examining a case of uterine cancer. He next inquires into the question of infectivity, and quotes numerous writings to show that the belief that cancer is infectious is a very old one, dating back to 1649 at least. With regard to transplantation experiments he has little to say, but recounts the injection of the juice of cancerous growths into the jugular veins of dogs being followed by growths of malignant disease in the liver. The possible source of error, however, follows, as Casper and Schutz find that carcinomatous nodules are common, especially in elderly dogs—and, indeed, 4 per cent. of all dogs' diseases are new growths, while 50 per cent. of these new growths are carcinomata. From this material he argues that cancer is due to a virus, and is infectious, although only to a slight degree. He urges as the best means of prophylaxis at present at our disposal, scrupulous cleanliness and asepsis with regard to the sick-room utensils, washing and bed-clothes, specula, sounds, enemata, hands of the nurses and surgeons, &c. He laughs at the recent suggestion to vaporise or cauterise the uterine mucous membrane as a preventive against cancer, and states that it would be just as reasonable to remove the uterus and breasts of every woman of forty years of age. "Perhaps even this," he says, "will become the proper thing" in operative gynecology.—*Brit. Med. Jour.*, Dec. 21st.

---

## LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

**HOURS OF ATTENDANCE:**—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Monday, 2.0; and Saturdays, 9 a.m.; Thursdays and Fridays, at 10.0 a.m.; Diseases of Women, Tuesdays, Wednesdays, and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays 2.0; and Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Tuesdays, 2.30; Diseases of the Nervous System, Thursdays, 2 p.m.; Orthopedic Cases, Tuesdays, 2.0; Electrical Cases, Wednesdays, 9.0 a.m.

---

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

- Allen (J. Henry).** Diseases and Therapeutics of the Skin. Cr. 8vo, pp. 353. (Homeopathic Publishing Co. Net, 18s.)
- Blackwell (Elizabeth).** Essays in Medical Sociology. 2 vols. Cr. 8vo. (G. Bell. 7s.)
- Clarke (J. H.).** A Lecture on Homeopathy. Fcap 8vo, pp. 68. (Homeopathic Publishing Co. Cloth, 1s. net, paper, 6d. net.)
- Defendorf (A. R.).** Clinical Psychiatry: a Text-Book for Students, &c. 8vo. (Macmillan. Net, 15s.)
- Frenkel (H. S.).** The Treatment of Tabetic Ataxia by means of Systematic Exercise. 8vo. (Rebman. Net, 12s. 6d.)
- Hewlett (Richard T.).** A Manual of Bacteriology, Clinical and Applied. With an Appendix on Bacterial Remedies, &c. 2nd ed. 8vo, pp. 546. (Churchill. 12s.)
- Liverpool School of Tropical Medicine** Memoirs, V. Part I. First Report of the Campaign against Mosquitoes in Sierra Leone, 1901. By Major R. Ross. 8vo, 1s. VII. Report of the Yellow Fever Expedition to Pará, 1900, by H. E. Durham and the late Walter Myers. 4to. 7s. 6d. II. Notes on Sanitary Conditions obtaining in Pará, by H. E. Durham and the late Walter Myers. June, 1900, to April, 1901. 8vo. (Longmans. 1s.)
- Saundby (Robert).** Medical Ethics: A Guide to Professional Conduct. 8vo, pp. viii-88. (J. Wright, Bristol; Simpkin. Net, 3s. 6d.)
- Schofield (A. T.).** The Force of Mind; or, The Mental Factor in Medicine. Cr. 8vo. (Churchill. Net, 5s.)
- Stelwagon (Henry W.).** Treatise on Diseases of the Skin for the use of Advanced Students and Practitioners. Roy. 8vo, pp. 1,116. (Saunders. Net, 25s.)
- Stephens (J. E. R.).** Digest of Public Health Cases. 8vo, pp. xxxv.-626. (Sanitary Publishing Company. Net, 21s.)
- Sultan (George).** Atlas and Epitome of Abdominal Hernias. Authorised Translation from the German. Cr. 8vo. (Saunders. Net, 13s.)
- Sutton (J. Bland).** Ligaments, their Nature and Morphology. 3rd ed. Cr. 8vo. (H. K. Lewis. 4s. 6d.)
- Text Book of Medicine (A.).** Begun by the late Charles Hilton Fagge. Completed after his death and since revised or re-written by Philip Henry Pye-Smith. 4th ed., in 2 vols. Vol. 2. Roy. 8vo, pp. 1,068. (Churchill. 21s.)
- Thompson (Yates).** Laboratories Reports. Physiology; Pathology; Bacteriology; Tropical Medicine; Hygiene. Edit. by Robert Boyce and C. S. Sherrington. With Plates and Illusts. in the Text. Vol. 4. Pt. 2. 1902. Demy 8vo. (Longman. Limp, 20s.; 21s.)

## TO CONTRIBUTORS AND CORRESPONDENTS.

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

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

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

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

### CORRESPONDENTS.

Dr. Cooper, London.—Dr. Pullar, London.—Dr. Gibson Miller, Glasgow.—Rev. W. T. Griffiths, Newport, Dr. A. C. Dutt, Hull.

### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Revist. Hom.—Calcutta J. of Med.—Med. Times.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica.—Maanedsk. f. H.—H. Maandblad.—La Homeopatia.—Amer. Physician.—Minn. Hom. Mag.—Hom. Envoy.—Hom. News.—Personal Rights.—Medical Century.—Ind. Hom. Rev.—Rev. Hom. Française.—Hom. Recorder.—Wjestnik H. Med.—N. A. J. of H.—Clinique.—J. of Homeopathics.—New Eng. Med. Gaz.—L'Art Médical.—

Amer. Med. Mon.—Astrol. Mag.—Jour. Belge d'Hom.—Med. Advance.—Minn. H. Mag.—Homeopathic Journal of Obstetrics.—Revista Homeo. Catalana.—Annals de Med. Hom.—Bol. de Med. Hom.—Hahnemannian Monthly.—Pacif. Coast Journal of H.—Hahn. Adv.—Leip. pop. Z. f. H.—Lekarz Homeopata.—Zeit. Berl. h. v. A.—Hering Medical College Eleventh Annual Announcement.

## The Homeopathic World.

### CONTENTS OF SEPT. NUMBER.

#### LEADING ARTICLE.

The Homeopathic Revival and the British Homeopathic Society.

#### NEWS AND NOTES.

Copper-chewing for Cholera in China—*Tarentula*—What is Veldt Buchu?—Surgery Among the Boers and the Effect of Lyddite—A Point About *Colocynth*—Hering College.

#### ORIGINAL COMMUNICATIONS.

Advances in Scientific Medicine. By Dr. R. E. Dudgeon.

Per Jacob Liedbeck. Translated by Oscar Hansen, M.D., of Copenhagen. Tables of Relationship of Remedies. By R. Gibson Miller, M.D.

Materia Medica Miscellany. By J. R. P. Lambert, M.D.

Interesting Cases from Twenty-five Years' Practice. By Oscar Hansen, M.D., Copenhagen, Denmark.

#### EXTRACTS.

Professor Schulz, of Griefswald. Notes on *Pyrogen*.

#### OBITUARY.

Dr. Selden Haines Talcott.

Dr. T. C. Duncan.

Dr. Theodor Kafka.

#### ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

Sea-Water.

#### GENERAL CORRESPONDENCE.

The Study of Homeopathy.

A Professorship of Homeopathy in the University of Munich.

Richard Hughes Memorial Fund.

#### VARIETIES.

#### MEDICAL AND SURGICAL WORKS.

#### TO CONTRIBUTORS & CORRESPONDENTS.

# THE HOMEOPATHIC WORLD.

---

NOVEMBER 1, 1902.

---

## DR. HAYWARD'S CIRCULAR AND THE LATE DR. HUGHES.

WE have been forcibly reminded of late of an old adage about some one who finds mischief still for the idle hands of somebody else to do. When an energetic, active-minded professional man goes into retirement carrying with him the full vigour of his prime—then, look out for developments! The first-fruits of Dr. HAYWARD'S leisured moments was the solving of the problems wrapped up in "The Origin and Nature of Matter and Force and Life and Mind." Having unloaded his mind of this burden and a few other trifles, Dr. HAYWARD next bethought himself of perpetrating a Circular. Now if the evil genius whose business it is to stir up mischief for the homeopathic fraternity has a darling sin he loves more than all others, it is the perpetration of a Circular. He never misses an opportunity of prompting an idle-handed one to its commission when he can catch him in the mood.

Dr. HAYWARD'S effort consists of a series of questions introduced by a preamble beginning thus: "It is thought by some of our men that we have arrived at a time when it would be wise on our part to consider the relationship between the two schools of medicine."

The questions are these:—

- (1) Can we modify our conduct in any way?
- (2) Would it be wise to test the feeling of the profession



at large by application for membership of the profession's societies.

(3) Would it be wise to make less parade of the name "homeopathy"?

(4) Would it be wise to drop the name?

Now when a man asks you whether, under certain circumstances, you might think it expedient to abandon your principles and betray your country or your party, you naturally do him the credit of supposing that he wouldn't ask you to do something that he himself would not be capable of. But the concealed joke in Dr. HAYWARD'S Circular lies in this—he was all the time acting as a kind of comic *agent provocateur*—he was endeavouring—so his letter to ourselves assures us—to incite "our men" to—scorn the action!!

Here is his net result, so far as figures go (although, we may remark in passing, figures without names are not of very great value):—

For dropping the name homeopathy  
altogether ..... 21.  
In agreement with Dr. HUGHES..... 47.

To our thinking the dragging of Dr. HUGHES' name and influence into this Circular as a bait to the party of surrender, is the worst feature about the affair. To say the least of it, it is in very bad taste, and it necessitates comment on our part which we would gladly have been spared the onus of making.

Dr. HUGHES' posthumous work on *The Principles and Practice of Homeopathy* has not been sent to us for review, and we had no intention of making any reference to it; but Dr. HAYWARD'S Circular has compelled general attention to p. 181. Our contemporary, the *Homeopathic Review*, in its notice of the work, thus speaks of it and its author:—

"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 homeopathicity 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 HAHNE-MANN, has enabled Dr. HUGHES to present us with a masterly epitome of the best and most modern homeopathic practice, in a more scientific and interesting manner than has ever been done by any previous writer on general therapeutics."

We quote this weighty endorsement of Dr. HUGHES as a therapeutic writer, because it adds importance to Dr. HAYWARD'S reference. Now what says Dr. HUGHES on page 181? We find this:—

"First of all let us recall what is *the doctrine which constitutes our creed and has formed us into a church*. *Doctrine, I say; for homeopathy is this and nothing more.*" (Italics ours.)

With all due deference to the memory of the late Dr. HUGHES, to Dr. HAYWARD who calls attention to the passage, and to our contemporary, the *Monthly Homeopathic Review*, which so entirely endorses the work, we do not hesitate to say that we have never encountered more pernicious nonsense than this in professional literature. The only parallel we know at all equal to it is the description of a crab propounded to CUVIER: "A crab is a little red fish that walks backwards." "Yes," replied CUVIER to the amateur naturalists, "it isn't little, it isn't red, it isn't a fish, and it doesn't walk backwards—otherwise your description is admirable." Homeopathy has no more a "doctrine" for its basis than chemistry has; it has no more a "creed" than the Royal Geographical Society has a creed; and homeopaths no more constitute a "church" than the British Association for the Advancement of Science constitutes a church.

There was a time when the Church claimed to have all knowledge in its keeping—an orthodox history of the universe, an orthodox geography, orthodox astronomy, orthodox mechanics, and all the rest. Any one owning to the possession of an item of knowledge which did not square with the orthodox theory ran a very good chance

of having the said item burnt out of him. But geography, astronomy, mechanics, chemistry, medicine, and to some extent history have escaped from the Church's restricting domination, and here is our good friend Dr. HUGHES in his last testament endeavouring to saddle homeopathy with a creed, a litany, and a church—with a plentiful supply of penitential psalms bewailing the sins of HAHNEMANN in inventing the Schema, in incorporating into it symptoms observed on patients, in his ignorance of the language of modern pathology, and in his being so saucy to the dear allopaths who did their level best to murder him and the scientific truth he revealed!

The fact is, as Dr. COOPER pointed out, Dr. HUGHES was essentially an ecclesiastic. His mind was that of an ecclesiastic, and not that of a man who is purely concerned with hard facts. So that, however much we owe to Dr. HUGHES the collector of therapeutic items, and of pathogenesies, he is the very last man to be entrusted with the guidance of the young and forming medical mind. When he takes a fact from any observer, he is not content to leave it as an observed fact, he must smother it with comment like some disputed passage of a church writer. The comment is generally readable, and has a plausibly scientific ring with it, but when sifted is found to dilute and obscure the fact and to add nothing to it.

We wrote last month on the "Line of Progress in Homeopathy." That line, we said, is the line which is true to Nature. HAHNEMANN'S genius rescued the practice of medicine from the region of creeds and ecclesiastical trappings. HAHNEMANN'S genuine disciples are the custodians of the liberty he won. Allopathy can never hinder progress one thousandth part as much as so-called homeopaths who traffic in medical creeds.

---

## NEWS AND NOTES.

---

### SIR FREDERICK TREVES ON SYMPTOMS.

AMONG the introductory addresses at the Medical Schools perhaps that by Sir Frederick Treves, delivered at University College, Liverpool (*British Medical Journal*, Oct. 18th), is the most remarkable. The address is entitled, "A Modern Religio Medici," but the article of the "doctor's creed" which the orator chiefly dealt with was his belief in the nature of disease. "To the author of *Religio Medici*," said Sir Frederick, "disease was still the outcome of an influence which was outside the body and quite distinct from it. There was nothing natural in any of its processes, and nothing beneficent in any of its manipulations." In other words, the doctor's creed was, "I believe in the Devil." This was the belief of Sir Thomas Browne (according to Sir F. Treves), and it followed that "every symptom of disease was of necessity regarded as wholly noxious, and as needing to be stamped out by unconsidered violence." Well, we have met not a few of this medical faith, even in the twentieth century, though Sir Frederick seems to think the Diabolists, as we may term them, extinct. Morphine for pain; antipyretics for fever; quinine for ague; strychnine for asthenia, are still heard of in the land. "Treat the symptoms" is the direction to be found again and again in the most recent text-books. The only persons who know how to appreciate the meaning of symptoms and to be guided by them in the treatment of cases are homeopaths, of whose methods and existence Sir Frederick did not seem to be aware, or he would surely have quoted Hahnemann as his chief authority. We fear Sir Frederick's adhesion to the side of the angels will have but little influence on his hearers and readers. He may insist on the value and beneficence of symptoms, and his address may be applauded to the echo by the Diabolists; but they will go on just as before, narcotising patients in pain, clearing off eruptions with medicated unguents, knocking down temperatures with antipyretics and all the merry methods of old-time allopathy—for the simple reason that they don't know anything else to do, and won't learn of Hahnemann until an educated public compels them.

---

## OPEN AIR FOR MONKEYS.

THE following interesting item relating to our next-of-kin is from the *Westminster Gazette* of October 20th :—

## “ ‘OPEN-AIR’ TREATMENT FOR MONKEYS.

“The success of the open-air treatment for monkeys would seem to have been established at the Manchester Zoo, at Belle Vue. The temperature of an ordinary monkey-house, it appears, is the temperature in which consumption thrives, and consumption is the disease of which caged monkeys most commonly die. The time-honoured system of a ‘monkey-house’ is rapidly giving way at Belle Vue to something more enlightened and humane. The monkeys are to have their choice of a warmer room in cold weather and of the open air itself in hot, or indeed, whenever they care to take it. For example, the ‘doyen’ of the baboons was placed in the open air, as it was thought, to die, but he began to recover health immediately, and he is now in vigorous condition. In the case of others of the monkey tribe the result has been the same.”

## DR. SIRCAR.

IN a recent number of the *Calcutta Medical Journal*, our venerable colleague, Dr. Mahendra Lal Sircar, of Calcutta, gave a fascinating account of how he became a homeopath years ago, through having had brought under his notice the successes of a lay practitioner. But Dr. Sircar has never ceased to labour for science in its wider aspect, and the *Voice of India* of September 20th thus alludes to some of his efforts :—

“It was a very pathetic address that the venerable Dr. Mahendra Lal Sircar delivered at the last annual meeting of the Indian Association for the Cultivation of Science, at Calcutta. The outlook seemed to him dark on all sides. He doubted if he would himself live to see another annual meeting of the Association. But science and prophecies are as the poles asunder, and we earnestly hope that with all his attainments, Dr. Sircar is a false prophet. He had not succeeded, he said, in endowing a single professorship in connection with the Association, and he seemed to add, with almost the remorse of a Cardinal Wolsey, that, if he had but practised his profession with half the zeal with which he had served the Association, he would to-day have been in a position to endow such an institution himself. And, lastly, the educational policy recommended by the Universities Commission, it seemed to him, threatened to cover the land with intellectual gloom. The proposals of the Commission, which he thought would be productive of harm, are those which have been disapproved practically all over India. But there is a silver lining to the cloud. He thought there was money enough in the country to endow educational institutions, as in Europe and America, and, if the whole population were of one mind, a crore of rupees would be a small sum

to collect in a short time. We hope that Dr. Sircar will live to see that, if this crore is not collected, at least there need be no apprehension of higher education in this country being ruined."

---

### HYDRASTIS IN BRONCHIAL CATARRH.

THE following note on *Hydrastis* appeared in the *British Medical Journal* of May 22nd last. Homeopaths don't need to give it in doses which produce angina pectoris, but they may find some use for the fact that our allopathic friends have done this:—

"M. Saenger (*Centralbl. f. inn. Med.*, May 1, 1897) speaks of the value of this drug in bronchial catarrh. He first employed it in two cases of early phthisis with hemoptysis six years ago, when he noticed that the expectoration became more fluid and less abundant. In one case it apparently acted more beneficially on the cough than *Opium* or its derivatives. After this, Saenger used *Hydrastis* in a number of cases of bronchitis not of tuberculous origin. In the early stages of acute bronchial catarrh it was useless; but later, especially when the course was protracted and the sputum muco-purulent, it was of exceptional value. It lessened the impulse to cough, rendered the expectoration mucoid, thinner, and easier, and brought about a diminution in the abnormal physical signs. It lessened the tendency to cough in a more marked manner than *Opium* or its derivatives. The expectorant action was at least equal to the ordinary expectorants. The anticatarrhal action, so far as indicated by the physical signs and condition of the sputum, was more pronounced. The author has employed his remedy for over six years, both in acute and chronic bronchial catarrh, and with it he has been enabled considerably to restrict the use of *Opium* and its derivatives in phthisis. He gives doses of 20, 25, or 30 drops of the fluid extract four times a day. The remedy is harmless, and the dose can therefore be increased if the action is not efficient. In considerably increased doses it would appear to produce in cardiac cases and very debilitated persons a kind of angina pectoris."

---

### FLIES.

THE *Therapist* of October 15th contains this note on the carrying of contagion by flies. It is not the flies themselves which are the essential culprits, they are only carriers. The remedy does not consist in exterminating flies, but in exterminating pestiferous rubbish heaps:—

#### "DEATH CARRIED BY FLIES.

"At Portsmouth some consternation was recently caused by an outbreak of epidemic diarrhea, of a virulent type, in a Fratton district, several cases terminating fatally.

"The Coroner held an inquest on one of three children of one family who succumbed to the disease. The medical officer of health and other expert witnesses emphatically attributed the cause of the epidemic to the presence of insanitary refuse heaps, from which infection was carried to the house by flies, which existed in such numbers as to constitute a veritable plague. The medical officer further stated he had, on several occasions, recommended the corporation to provide a refuse destructor, but the suggestion had been unheeded on the ground of expense.

"The jury found that death was brought about by the contamination of food by bacteria brought by flies from the refuse heaps, and added a strong rider expressing regret that the authorities had not adopted the suggestion of the medical officer of health, relative to the building of a refuse destructor, which they deemed absolutely necessary. A committee of the Town Council met later in the day, and agreed to take the destructor question into consideration."

---

"C. C. PERRY, M.D."

OUR readers will be interested to hear that the individual who has passed under the above designation will at last have an opportunity of clearing his character—if he can. We understand that he has been arrested in London, and is under remand at the date of writing.

---

ZINCUM METALLICUM IN PERIODIC HEADACHE.—Dr. Mossa relates the following case in *Allg. Homœopatische Zeitung*, December 5, 1901: A young man, æt. 19 years, anemic, was suffering from the effects of an attack of influenza that had attacked mainly the nasal mucous membrane. He was an optician by profession, and had strained his eyes in setting delicate telescopic lenses. The frontal sinuses were affected, and since a week a severe headache developed regularly at ten a.m., remaining until four p.m., after which complete relief set in. The pain is throbbing in character, isochronic with the pulse, and begins in the occiput, whence it spreads over the vertex to the supraorbital region. There is constipation and slight indigestion.

During the attack the patient is obliged to lie down and keep the eyes closed; opening the eyes aggravates the symptoms. Zinc. met. 6 trit., 3 grs. night and morning, promptly dispelled the attacks.

Dr. Mossa further remarks that zinc is specifically a brain remedy, and quotes several cases in which it was prescribed with success on the organo-therapeutic principle. He, however, advises a close study of its symptomatology, and believes the best results are obtained when prescribed strictly according to the law of similars.—*Hahn. Monthly*.



## ORIGINAL COMMUNICATIONS.

### REFLECTIONS ON THE TREATMENT OF PNEUMONIA.

By W. H. HOWITT, M.D., Toronto.

THE tacit—if not always direct—intimation having repeatedly been signified of late by prejudiced and at times interested persons, wholly unacquainted with the facts of the case, that homeopathy is incompetent to deal effectively with so serious a disease as pneumonia, the following remarks may perhaps help to counteract the injustice of this gratuitous assumption.

According to the latest old-school utterance by Sir R. Douglas Powell, “the death-rate from pneumonia,” which is conceded to average about 25 per cent., “has remained unaltered for fifty years.” Previous to this time the general mortality more commonly approached 35 per cent., and nothing better was then thought to be attainable. That was in the days of bleeding, blistering, and “heroic” drugging.

About the middle of the last century a series of experiments on a large scale was instituted in Vienna and other places, having for their object the testing of cases of pneumonia with varying modes of treatment. The outcome of this inquiry was the startling discovery that the ratio of mortality tallied in an unmistakable way with the activity of the medication; the more energetic the measures used, the greater the number of deaths. The expedient was therefore tried of giving no medicine at all, with the extraordinary result that the average mortality was actually reduced to about 13 per cent.

This gave rise to the so-called “expectant method” of treatment, in which the physician is “a mere inactive watcher of the course of disease,” and practically gives no medicine of any kind unless compelled to do so.

The cry was then raised, “We have found the secret of homeopathy”! Allopathic treatment, it could not be denied, had drugged its victims to death, while homeopathic practice was considered to merely exemplify the triumph of Nature over Art.

Fortunately at that time homeopathy had an accomplished representative in the person of the late Dr.

Henderson, Professor of Pathology in Edinburgh University. In spite of the persistent abuse of his time-serving colleagues he was able to show not only that the mean duration of the disorder under homeopathic treatment was about twelve days as compared with twenty-nine days under "expectancy," but also that the average death-rate under the former system was a little over 5 per cent., and in recent years it has been equally satisfactory.

Since the earlier period referred to the traditional school has been in a quandary what course to pursue. A few of the more candid and thoughtful in the profession frankly agree with a writer in a late issue of the *London Lancet*, who, speaking of pneumonia, says: "I am persuaded that we seldom cut short the attack or save life by adopting any measures beyond nursing." But the greater number, unmindful of the past, and ignorant of the existence of a fixed therapeutic rule, still blindly follow the fallacious guide of their own or some one else's experience, and continue for simply speculative reasons to pour in drugs; one of the many current procedures being a return to Juergensen's plan—namely, cold baths and *Quinine* to subdue the fever, and stimulants to neutralise the depressing effects of both.

With respect to the newest aspirant to favour, the so-called antitoxin treatment, we have here, it appears to me, a principle of action akin to homeopathic of a specifically correlated nature; and though, like its analogue vaccination, it is at present in a lamentably crude and unsatisfactory stage of development, I am inclined to regard it hopefully. It may possibly supplement, but it can never displace, pure homeopathy; and it will be successful in proportion as it is homeopathic. The search for mere bactericides will always prove elusive.

A short time ago I was called to attend a robust-looking woman in the prime of life who had just come down with double pneumonia. Her temperature was a point below 105, pulse about 120 a minute, and respirations nearly 40. Examination of the chest revealed the presence of solidified patches in both lungs, but of comparatively limited extent. A diligent inquiry into her symptoms satisfied me that her state called for a certain remedy, and I felt confident of my ability to relieve her. This expectation I was warranted in indulging from the fact that, after carefully comparing her record with that

of a number of related remedies, I was able to decide upon one whose pathogenesis, or sick-making powers, closely corresponded with the patient's condition; much in the same way that one, wishing to open a lock, might pick out a key he was familiar with from a number of similar shaped keys. *Lachesis*, the poison of the lance-headed viper, in an exceedingly diluted form, was the medicine selected, chiefly on account of the unusually loquacious delirium and the high degree of toxemia it denoted. Further indications for the choice were: A bluish-red suffusion of countenance. Preponderance of the disease on the left side. Distinct aggravation after sleep. Extreme sensitiveness to touch of the cutaneous surface. A constant tendency for the patient to sit upright in bed and pull the clothes from her throat and chest.

The next day her temperature was one degree better, her pulse less rapid, and her nervous system not so profoundly affected. But she was still delirious, and this greatly alarmed her friends, who requested a consultation with a practitioner of the "regular" school, to which I reluctantly consented. He proposed giving the patient *Quinine* in 20-grain doses "to reduce the temperature," and declining to assume the joint responsibility of such a course I retired, feeling doubtful whether she would be able to survive the excessive dosing with such a remedy. I learned subsequently that, after taking the *Quinine*, she lapsed into a stupor and died two days later. No doubt the gentleman referred to was honest in his conviction that he was acting for the best. But I do not hesitate to characterise such treatment as not only unscientific but most pernicious. It is like using a sledge-hammer to do the work of a key. The action of a full dose of *Quinine* in such a case is remarkably suggestive of a heavy blow on the head. In both instances there is a stunning of the nerve centres, the main difference being an absence of local contusion in the case of *Quinine*, and, of course, under an effect like this the fever goes down. Make a little larger use of either agent and the patient will go down too. Any active drug may be made to allay fever in this manner.

According to the beneficent philosophy of Hahnemann the exact sphere of operation of a medicine can be definitely ascertained by "provings" of it on *healthy*

individuals; and the reason why an infinitesimal quantity is all that is required of a suitable homeopathic remedy is because of the intense natural relationship shown by these experiments to exist between the drug and the disease; just as there is a special adaptability on the part of a key to its lock, and tons of iron in any other shape will not answer the purpose. A child can open the most massive safe with a key (as was formerly the custom), but it requires a considerable greater expenditure of force to effect an entrance with a sledge-hammer; and yet how much more the latter alternative would appeal to the uninitiated. What Red Indian, knowing nothing of locks and keys, and heedless of consequences, would hesitate to choose a sledge-hammer in preference to a key in order to open an iron safe; and as far as the knowledge of the *modus operandi* of medicines is concerned some members of the profession would seem to be largely in the position of the untutored Indian.

Nature opposes all medicines, homeopathic as well as allopathic, unless they are given in accordance with Hahnemann's law of cure; just in the same way as she antagonises all diseases, often being equal to the task of successfully repelling them singlehanded. All that Nature generally needs in any case is gentle help capable of working on the same lines and in the same direction that she herself works.

There is great significance in the fact that all drugs prescribed allopathically are dispensed in the well-known official doses. For example—the standard dose of *Castor Oil* is a tablespoonful; that of *Paregoric*, a teaspoonful; that of *Rhubarb*, a scruple, and so on. Why is this? The answer is that these doses represent the measure of the resistance that Nature will oppose to them; and this resistance must be overcome before the usual manifestations of the drug can be induced. The action therefore is a purely arbitrary, half-poisonous one; initiated at the caprice of the physician, entirely contrary to Nature, and quite unlike that produced by a true homeopathic remedy; which, instead of having all the natural forces of the system arrayed against it, works hand in hand with Nature; and hence, as an additional cause for so doing, can be used in very much smaller quantities. That this description of self-styled rational medicine is not overdrawn is proved by the fact that a double dose

is not unfrequently followed by fatal consequences. Napoleon III. and the late Professor Tyndall both perished from a double dose of an ordinary prescription they had been taking.

The fruits of conventional practice are also strikingly apparent, especially as regards pneumonia, in the amount of alcohol administered by the two schools. Under orthodox treatment it is resorted to freely, and is often an imperative necessity; while the followers of the opposite belief find little or no occasion for its use.

From what has already been said, it will be seen that homeopathic remedies only operate within certain well-defined limits and when appropriate conditions are present. Unless there is a specific correspondence between the morbid state of the patient and the disease-producing peculiarities of the curative agent, no results as a rule will follow. Moreover, while it is true that there is only one ideal remedy—*simillimum*—for each picture of disease, there are nearly always a number of similar-acting remedies which more or less approach the ideal, and which will accomplish good work in proportion as they do so.

People are often needlessly scandalised at the impunity with which children sometimes swallow whole bottlefuls of homeopathic pills; and because poisonous effects do not immediately ensue declare they are no medicines at all. With as much reason might a person finding a key on the street, and thrusting it into the first lock that appeared, say, because it failed to open it, that therefore it was not a key.

It is occasionally maintained by a few of our opponents that they have investigated the system of Hahnemann and found it unreliable. In most, if not all, instances of the kind it will be discovered that the inquiry has been of a very superficial character; and it is unreasonable to suppose that the knowledge of a comprehensive subject like homeopathy can be acquired in a few months or even a year. One must attain to the position of an expert in the matter before one can expect to conduct such an examination with either fairness or success. What would be thought of a court of justice, in a case involving minute chemical analysis, condemning a prisoner to death on the testimony of merely general practitioners of medicine and surgery who had never

qualified as medico-legal specialists? And yet precious human lives are as much at stake in the one case as in the other, and the majority of the profession are content to accept as conclusive just such evidence in reference to homeopathy. It is high time the old school abandoned its attitude of contemptuous indifference, and instituted a patient research into the doctrines and practice of its younger rival. If this is ever honestly and thoroughly done I have no fears as to the issue. To affirm, as is at present the fashion, that there is not, nor can be, any such thing as a law of cure, it is to go against all analogy, and deny the daily observations of thousands of trained observers. Law prevails everywhere; and it is incomprehensible that Divine Providence could have permitted such a universal and marvellous coincidence to exist between drug action and disease unless it were designed to subserve some definite and useful purpose. A grave responsibility will rest upon those who, at the dictate of "professional policy," or from motives of personal expediency, persist in ignoring the claims of this important truth.

The following case of pneumonia, in direct contrast with the preceding one, affords a good example of what the true Hahnemannian method can accomplish when implicitly followed. The patient, a delicate, highly-sensitive woman, past middle age, had been subject for some years to neurotic troubles of one kind or another. The outlook in this instance was decidedly more threatening than that of the former one, the pneumonic process involving well nigh the whole of one lung, and a large part of the other. The totality of the clinical features at first suggested *Bryonia* as the suitable remedy, and later on *Phosphorus*. The former promptly alleviated the dry cough, pleuritic pains, and fever to the extent of one degree; and the latter still further reduced the temperature from about 104 to below 102, and also, what was perhaps more important, materially strengthened the circulation. But instead of the disorder continuing to yield to treatment in the usual manner, the relief following these measures proved only temporary. The situation again grew alarmingly worse, and by the eighth day evidences of a breakdown were rapidly accumulating. Ominous signs of the serious impairment of tissue began to be audible within a circumscribed area at the base of

the right lung posteriorly; and this, together with a temperature still exceeding 103, laboured respirations over 40 a minute, and a thready, irregular pulse of 138, made a state of things that was indeed desperate. Up to this time fairly similar, but not in all respects ideal, remedies had apparently sufficed; but now it became quite clear that if the woman's life were to be saved some very close prescribing would be needed. This led me to study her symptoms more and more carefully, with the result that I presently found a medicine whose indications, peculiar, even trivial in themselves, but serving like straws to show which way the wind blows, and occurring in almost every region of the body, pictured the patient's condition so exactly that I felt sure, if a cure were at all possible, I now had the key that would open the door to safety and health. The prescription determined upon was that wonderful product of Hahnemann's genius, *Lycopodium*—in the crude state absolutely inert, but in the highest attenuations one of the most potent remedies in the materia medica; and it was chosen in agreement with the following history:—

Increasing hebitude with complaint, when lucid, of pain and pressure—without throbbing—at vertex. Mouth and lips very dry, but no thirst. Tongue deep red, glazed, and protruded tremulously. Swollen condition of the right tonsil. Loud gurgling in the trachea. Rapid and failing action of the heart. Invasion of the right lung first and afterwards the left. Distressing dyspnea, steadily growing more severe. Cough excited by lying on left side, with expectoration of bloody purulent matter. Disposition to intestinal flatulence. Urine scanty, albuminous, and voided involuntarily. Right foot cold, left warm. Persistent high fever with inclination to throw off the bedclothes. General exacerbation of all the symptoms about four o'clock.

Upon completing my search I immediately asked the friends of the sufferer, who were not unnaturally becoming very anxious, to have patience for another twelve hours, by which time I ventured to think they would be able to see some change for the better. My hopes were not disappointed. I had found the *simillimum*. Improvement began forthwith and continued almost uninterruptedly from that time on. There was no crisis. The more urgent symptoms and typhoid condition slowly



gave way and in about six weeks, with the assistance afterwards of *Sulphur* and *Silicea*, the disorganised portion of the lung completely healed. An additional satisfaction was the fact that with returning strength the chronic nervous attacks gradually disappeared. And thus what seemed for a time irresistibly tending towards a disastrous issue eventuated, through the agency principally of a single homeopathic remedy in the very smallest of doses, in a perfect restoration to health.

In my judgment the crowning evidence of the truth of homeopathy is that which inevitably staggers the faith of any one approaching the subject from a theoretical standpoint—namely, the infinitesimal dose. One would naturally suppose that quantities such as those that have just been alluded to could not possibly retain a single particle of the original drug, and in consequence would be utterly incapable of exerting any conceivable effect. But when, to one's astonishment, such doses are found to possess most unequivocal energy, and that the more refinement they are made to undergo the greater to all appearance their potency becomes, I claim that one is shut up to the conclusion that we have in attenuated doses of homeopathic remedies a specific force of amazing subtlety and power, working in obedience to a natural law, and capable, within the limits of its sphere, of curing anything that is curable with medicine.

The latest objection that the champions of the other camp urge against the efficacy of homeopathic treatment is that it is simply a question of "expectant attention," or "faith," and that, provided the mental attitude of the patient is sufficiently and properly aroused, it matters not at all whether one gives anything or nothing. But how, I would like to ask, is faith capable of being excited in young infants or in a patient who is totally unconscious? What about faith again in the case of the dumb creatures? Instead of referring to the numerous published accounts of the successful treatment by the homeopathic method of cattle, sheep, dogs, and other animals, I will relate an occurrence that came under my own observation and which was one link in the chain of evidence that induced me later on to adopt the precepts of Hahnemann.

While practising years ago in Wisconsin, U.S., my professional duties obliged me to drive almost daily over a very wide range of country, so that I had abundant

opportunity of judging of what I am about to describe, and was witness of the fact that the experience went a long way towards converting the farming community of that part of the State to a belief in the newer medication. During the winter of 1872 an unusually severe epidemic of influenza broke out among the horses and many animals were carried off, in some cases by the accompanying pneumonia. In not one instance, however, as far as could be ascertained, was there a single death where homeopathic medicine was the means employed, and whenever, *after that*, I visited a farmhouse in that section I almost always noticed among the books of the owner's scanty library a copy of a popular manual on veterinary homeopathy. The experience gained during the epidemic had inspired such confidence it was proposed, therefore, to follow a like course in future ailments. Imperfect as attempts to treat in this homely way must necessarily be, it is astonishing what satisfactory work even under these circumstances is sometimes done by the intelligent lay prescriber.

Facts like this should effectually silence those who say that the small doses of the new school may be all very well for children, but are not sufficiently powerful for grown-up men and women. Surely what is strong enough for a horse ought to suffice; and, if the previous statements be accepted as valid, they prove without doubt that such simple agents are quite as applicable to adults as to the youngest babe. As no contact with a telegraph key with its terminal is too slight to prevent a transmission of intelligence, if need be, over an entire continent, so in like manner the dose of every really homeopathic specific, however minute, is not less certain in its operation on the delicate nervous filaments of the body, and thus to a very great extent, if not altogether, is a question of quality rather than quantity.

What is true of the comparative treatment of pneumonia is equally so of that of most other diseases; and the more malignant and rapidly fatal their tendency the more brilliant has the history of Hahnemannian practice in such cases been. Let those who are sceptical on this point consult the records of cholera, diphtheria, blood-poisoning, typhoid, yellow, and malarial fevers, and they will find abundant evidence in support of the assertion.

No other system has ever produced such unimpeach-

able results ; none has ever demonstrated after almost a century of determined opposition such surpassing vitality. A teaching based on Nature's immutable principles must prevail, and I confidently look forward to the time when "*similia similibus curentur*" will be universally recognised as the efficient guide to a truly scientific exercise of the "Healing Art."

## MATERIA MEDICA MISCELLANY.

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

*Indications for Alumina in Locomotor Ataxia.*—The following from the pen of Dr. Kent is taken from the *Homeopathic Advocate* :—

"*Alumina* seems to affect the whole spine ; it produces *weakness* of muscles, of limbs, of rectum, and of bladder. It produces disturbances of co-ordination ; the whole state looks towards a paralytic breakdown. The conditions to which this remedy are homeopathic are not acute. They are slow in coming on and slowly progressive. Vertigo appears prominently. If the patient closes his eyes, he totters and falls if not held firmly. He cannot walk with his eyes closed, nor lean over. Numbness and tingling is associated with the paralytic tendency. Tearing, rending pains, that resemble the fulgurating pains of ataxia, are present in both upper and lower extremities. The urine either flows very slowly, or dribbles. Even soft stools are passed with difficulty. With all, there is an increasing debility, loss of flesh, loss of muscular power, loss of memory and of intellectual power. The author warns us to be careful that we have not only the particular symptoms present in the different localities, but especially those general symptoms which are peculiar and characteristic of the *Alumina* patient, as an individual, if we would expect its full curative influence. There can be no doubt but that much discredit is cast upon homeopathic remedies by the slipshod method of their selection. We should like to read some *clinical experiences* favourable to the action of *Alumina* in locomotor ataxia."—*Hahn. Monthly*.

*Pareira Brava in Renal Colic.*—It seems that the dose and method of its administration is important. According to Dr. Sieffert, of Paris, we must, at first warning of an attack, take four drops of the mother tincture. After

this, two drops of the sixth centesimal every fifteen minutes. Prompt relief is said to follow this plan. At the same time copious draughts of milk are recommended, if the stomach will retain food or drink. *Pareira brava* suits a case in which the attack begins with pain in glans penis; this is followed by tenesmus of bladder and rectum, and severe pains down the ureters. These pains are apt to extend *down the thighs*.—From "*Hom. Monatsblatter*" in "*Recorder*."

*A Malandrinum Case*.—Typical clinical indications for the use of this unproven but valuable nosode (grease of horses) will be found in the report of this case cured by Dr. Wm. P. Wesselhoeft, and reported in the *Medical Advance* (February, 1902):—

Mrs. J. F. C., æt 52, blonde, vigorous. Seven years ago a small crust on upper lip. This was treated locally by a dermatologist and remained "cured" for six months. It reappeared, gradually increasing in size, extending from nose to the red of the lips. When she came to me two years ago it presented the following appearance: Thick honeycomb scab, projecting from upper lip, occasionally small pieces of the scab are torn off, or fall off, leaving a moist, sticky surface, beneath which soon builds up again into the unsightly looking crust. The pains are intermittent, of a severe and stinging character.

All kinds of external means had been resorted to with no avail. An operation was suggested as the only relief. She was evidently greatly depressed, and exceedingly apprehensive, as one of her medical advisers had thoughtlessly told her the affection was a malignant one, and nothing but the knife could bring relief. She had shunned society for a long time on account of her appearance, and this professional dictum did not add anything to her peace of mind. *Sulphur*, followed by *Arsenic*, had no effect. After *Kali carb.* she improved markedly for six weeks, and I flattered myself that the battle was won. The stinging and burning pains had subsided, and one-half the scab had fallen off, leaving an apparently sound skin underneath. But soon the process commenced afresh. A second and third dose of the same remedy did absolutely nothing; on the contrary the thickness and projection of the scab increased to such an extent that I found it necessary to trim it off with scissors to prevent her veil from catching

in it, to make the use of a handkerchief possible and to prevent injury and increased pain.

*Silicea* and *Kreosote* gave no relief.

*Malandrimum* 24m, and three months later a dose of the cm, entirely cured this malignant affection. There is an almost imperceptible scar left, and she has been a very happy woman for nearly a year.—*N.A.J.H.*

*The Action of Arsenic on the Skin.*—Brooke in the *B.M.J.* discusses arsenical skin eruptions due to disturbances of the vasomotor centres, and phenomena due to the action of *Arsenic* on the nerve trunks and disturbances of nutrition. The first mentioned consist of more or less extensive diffuse erythematous eruptions, scarlatiniform, or erythrodermic, of very unequal intensity in different parts (like all *Arsenic* eruptions), but usually preponderating on the trunk and upper limbs.

The phenomena due to its action on nerve-trunks consist of flushing, cyanosis, and edema so frequently observed on the face and extremities, and the transient edema on other parts of the body, herpes pemphigoid eruptions, hyperidrosis, &c.

The disturbances of nutrition consist of those changes that affect the normal growth of the skin apart from any inflammatory change, viz., pigmentation, hyperkeratosis (erythromelalgia of the palms and soles combined with hyperkeratosis, and more or less hyperidrosis being the most invariable symptoms among the victims of the epidemic investigated), stimulation of the growth of the nails, &c. The drug at first produces stimulation of the skin and leads to hyperkeratosis or profuse desquamation, or both, to hyperpigmentation and to hyperidrosis. If continued, the hypertrophy passes to atrophy, the cellular growth being almost completely inhibited, but the tendency to hyperkeratosis and pigmentation remains almost to the final stage, in which all the tissues are wasted beyond recovery.—*Hahn. Advocate.*

---

## CASES I HAVE COME ACROSS.

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

### XXVII.—*COLCHICUM AUTUMNALE* IN INFLAMMATORY IRRITATION OF THE HEART.

AN old lady, aged 67, stout and of a fair complexion, complained to me of dyspnea, palpitation, and tearing pains in the region of the heart, which caused her a lot of anxiety and suffering. Examination showed the pulse to be much irritated, and there was present also abdominal dropsy and perspiration. *Colchicum autumnale* 1x, 3 minims every three hours, gave great relief after forty-eight hours' treatment, and the most prominent symptoms disappeared after a five days' course of the medicine. Owing, however, to senile decay, the dropsy never entirely disappeared, and the patient died a few years afterwards from a stroke of apoplexy, following an exhaustive attack of diarrhea of only two days' duration, induced by partaking of pickled pork at Christmas time in the year 1897. She was, however, at the time under the care of an allopathic physician, who dosed her liberally with *Morphia*. Probably, if such homeopathic remedies as *Capsicum annum*  $\phi$ , alternated with *Pulsatilla nigricans* 1x, had been administered at the onset of the diarrhea, the patient would have pulled through, as, in more cases than one, I have seen the beneficent effects of these two remedies in similar cases. I have quoted the above case, however, to show the sphere of the action of *Colchicum autumnale* in inflammatory irritation of the heart, and may add that the attending physician (allopathic) at the time pronounced the case hopeless.

### XXVIII.—*DIGITALIS PURPUREA* AND *ACIDUM PHOSPHORICUM* IN INTERMITTENT PULSE.

The value of *Digitalis purpurea* and *Acidum phosphoricum* in intermittent pulse was shown to me recently in the case of an old man, aged 72, in which the intermittency took the form of an absolute loss of the normal beats of the heart in two and sometimes three pulsations, due to deficient nervous force. On examination I found that he was suffering from ascites (abdominal dropsy), the abdomen being much swollen. On further examining the urine I discovered no trace of albumen or any sign

of kidney disease. The following medicine was then prescribed:—

R *Digitalis purpurea* 1x ʒxlviij.

Ad *Aqua dest.* ʒviiij ʒ.

One tablespoonful every four hours.

A dose of *Acidum phosphoricum* 1x, 3ʒ night and morning, was also given, the *Digitalis* being administered during the daytime. In three days after commencing treatment the pulse had resumed its normal strokes, and the dropsy in the abdomen gradually became less, and in ten days had entirely disappeared. After seeing the effect of the two remedies in the case quoted above, it is with confidence that I can recommend them to the physicians of our school in the treatment of intermittent pulse, accompanied with ascites, and I feel certain that far more brilliant results will be obtained therewith than with all the “mixtures” and “conglomerations” of our allopathic brethren.

XXIX.—*BRYONIA ALBA* AND *MERCURIUS SOLUBILIS*  
*HAHNEMANNI* IN CONGESTION AND ENLARGEMENT  
OF THE LIVER.

A young woman, aged 26, complained of shooting, burning pains (occasionally of a dull, aching character) in the region of the hepatic gland, increased on pressure, accompanied with oppression and an uncomfortable feeling of heat in the liver. The breathing was oppressed; there was a foul taste in the mouth, and the urine was of a deep yellow colour. She had been given *Podophyllum peltatum* ʒ and *Chelidonium majus* 1x without any amelioration of the symptoms. I found the liver much enlarged and hard, and in a high state of congestion. I immediately put her upon *Bryonia alba* 1x and *Mercurius solubilis Hahnemanni* 3x, 2ʒ alternately every three hours, with very satisfactory results, as, after a few days' treatment with the above two remedies all the symptoms complained of had entirely disappeared, and the patient remarked that there was “no longer any pain or uneasiness in her right side.” This is not the first occasion in which I have found these two remedies to act in liver troubles with such satisfactory and rapid results; in fact, they have often proved to me to be of priceless value in the treatment



of heptalgia. Either of them are good liver remedies, but their usefulness is increased when they are taken, as in the case quoted above, in alternation.

(*To be continued.*)

---

---

## SOCIETY'S MEETING.

---

### BRITISH HOMEOPATHIC SOCIETY.

THE first meeting of the session was held in the board room of the London Homeopathic Hospital on Thursday, October 2nd. The meeting was devoted to the presidential address by Dr. Roberson Day entitled "Efficiency in Homeopathy."

After the meeting the members present were invited to supper at the Hotel Russell as the President's guests.

---

---

## INSTITUTION.

---

### BRITISH HOMEOPATHIC ASSOCIATION.

WE are glad to learn that there is a steady flow of support to the funds of this institution. During the holiday months the Association has received some £300 either paid or promised. The first public function of the season is a concert, which will have taken place before this number of our journal is issued, on October 30th. Mrs. John Mews will hold a Sale of Work at 68, Queensborough Terrace, Bayswater, W., on Friday and Saturday, November 28th and 29th, and will be glad to see any who are interested in homeopathy between 3 and 6 p.m. on those days.

---

---

CARBOLIC ACID IN DIPHTHERIA.—In the second or third potency *carb. ac.* is reported to have been most successfully used in diphtheria by a German physician; indeed, it is known that the drug produces a condition most similar to the disease, and it seems just as well to give it pure as to mix it with some unknown vehicle and call it antitoxin.—*Medical Century.*

## EXTRACTS.

*MALANDRINUM*.\*

By J. S. WATT, M.D.

*Malandrinum* is a nosode from the disease called grease in horses. Grease conveyed from horses by grooms to the cows appears as cow-pox and the same disease carried to sheep is known by the name scab.

*Malandrinum*, potentised, is a useful medicine in the treatment of variola, and given as a prophylactic it proves to be of so much greater power that vaccination does not "take" on persons who have taken a few doses of *Malandrinum* in the five-thousandth potency at intervals of two to seven days, going about their work in the midst of an epidemic.

Dr. I. Bosowitz, of Brooklyn, recommends the virus of the malanders, or the grease of the horse, either for the inoculation, instead of the cow-pox virus, or for internal use in a high trituration. Dr. Raue in his admirable work, *Special Pathology and Therapeutic Hints*, page 999, says: "The successful application of *Malandrinum* as a preventive has been confirmed this season (1880-81) by Dr. R. Straube, several others, and myself. It prevented the suppurative fever, or lessened it, to a considerable degree and took away all offensive exhalations. Cerebral symptoms, such as delirium and hallucinations, necessitated the interposition of *Stramonium*, while great soreness of the throat and cough required *Belladonna*."

Dr. R. Straube wrote an article containing a partial proving of this remedy for *North American Journal of Homeopathy*, August, 1881. He says:—

"*Malandrinum* produces aching in the lower part of the upper third of the forehead. This was shown by several persons December, 1899, under my own observation and care, taking *Malandrinum* 5,000."

## SOME CASES.

Dec. 9, 1899.—No. 1.—J. M. H., age 50, light complexion, blue eyes; farmer. Head: Ache in frontal region. Abdomen: Pain in bowels, worse riding on horseback. Skin: Itching; sensation as if burned.

\* From *Hahnemannian Advocate*, July, 1902.

No. 2.—Mrs. J. M. H., age 43, dark complexion, wife of No. 1. Head: Ache in upper frontal region. Stomach: Sickness in stomach. Neck: Tired.

No. 3.—Nellie, age 4, daughter of Nos. 1 and 2. Mind: Lazy, tired. Skin: Itch.

No. 4.—J. H. F., age 28, blacksmith, light complexion, employed as guard during an epidemic of variola. Sensorium: Dizzy like a drunken man.

No. 5.—Mrs. J. H. F., wife of No. 4. Nursing a baby. Head: Frontal headache above the centre all the way across the head. Chills: Feels cold. Says, "I do not know whether I am taking a chill or not."

No. 6.—H. G. L., age 30, farmer, robust. Took one dose after dinner which was at noon. Head: Ache in upper frontal region at 7 to 9 p.m. Chill, fever, &c., coldness at night. Skin: Itching; sensation as if burned: itching on legs.

Dec. 10.—No. 7.—Mrs. H. G. L., wife of No. 6. Took one dose, tablespoonful of solution of 5m in water after dinner. Noticed that evening at 7 to 9 o'clock. Head: Ache in the upper frontal region. Mouth: Inside of mouth sore. Drinking: Water sickening to the taste. Stomach: Sick at stomach. Neck: Tired. Sleep: Wakes up often during the night, thinks it will never be morning. Nerves: Sensation of being tired. Extremities: Upper and lower limbs ached on the 14th. Skin: Itching, burning. Chill: Coldness at night.

No. 8.—S. C. F. Light complexion, grain buyer, 6 feet high, weight 200 lbs. A remarkably healthy man; one who never calls a doctor. Took a tablespoonful of a watery solution of *Malandrinum* 5,000 on the morning of the 10th before breakfast. The next morning at 8 o'clock, about 22 hours after taking the dose, he experienced: Head: Ache in the upper frontal region; forehead a little warmer than usual. He says, "I am never sick and never had such a headache and have no indigestion to account for it." It was just a genuine ache. Ceased about 4 p.m. Chill, fever: A feeling of coldness at night. Dec. 11.—Mouth and lips sore.

Dec. 10.—No. 9.—Mrs. S. O. F., dark complexion, age 43. Took one dose dry on her tongue about 4 o'clock p.m. After dinner she felt sick at her stomach. Did not think at first it was caused by the medicine. Head: Ache afternoon and evening one day until about 9 p.m.

above the centre of the head; all the way across the forehead. Could not tell how it felt. She said: "It seemed to make me sick at the stomach. It was made worse by motion." Upper extremities: Pains in the arms at night.

Dec. 14.—Skin: Itching of the body at the back of the neck.

No. 10.—Miss G. F., age 20, complexion fair, daughter of Nos. 8 and 9. Head: Ache in frontal region just a little above the centre, all the way across the forehead. She could not describe the sensation. Sensorium: Dizziness, inclination to fall forward. Thought she would fall if she did not sit down. Mouth: Taste like the smell of sour milk. Throat: A little sore at night. Worse swallowing drinks than food, but even empty swallowing aggravates it. She says, "My arms and legs ached so Monday (Dec. 11) I thought I was taking la grippe." She thinks she did not notice the aching so much when going around as when sitting.

---

### VACCININUM.

[A NUMBER of useful indications for the use of this nosode may be gleaned from the following article which appeared in the *Brit. Med. Jour.* for July 5th.—ED. H.W.]

#### THE COMPLICATIONS OF VACCINATION.

By G. COLCOTT FOX, M.B., F.R.C.P.

(Concluded from p. 466.)

VARIOUS phases of urticaria are met with in the adult, but in the child its place is most commonly taken by the closely allied lichen urticatus of Bateman, or strophulus, as we prefer to call it. Our readers may be referred to Allbutt's *System of Medicine* for a description of this frequent and polymorphic eruption.

In addition to the trifling miliaria and sudamina, some papular and vesicular eruptions are occasionally met with, as after the ingestion of drugs, somewhat difficult to classify, but usually of little significance. In an epidemic of septicemia investigated by Brouardel, the local eruption was replaced by a sero-purulent dermatitis, and followed by a generalised impetiginous eruption. Temporary pemphigoid eruptions have long been noted as a rare complication, but, since the use of calf lymph, particular attention has been drawn to their occurrence,

which is of a somewhat grave character, from its severity and tendency to chronicity. In the *Journal of Cutaneous and Genito-Urinary Diseases*, September, 1901, J. T. Bowen reports six cases of bullous dermatitis, and refers to other recorded cases. In three of the cases the eruption appeared within two weeks after vaccination, in one within a week, in two after a month. In none were there signs of sepsis, and in none signs of intense local reaction. According to Bowen, "the chief features that these cases present in common, and that lead to the conviction that they have a common etiology, are their occurrence in children after vaccination, their course varying from several months to several years, or perhaps longer; their uniform vesicular and bullous characters, with only occasional evidences of multiformity; the usually almost complete exemption of the trunk; the characteristic grouping about the mouth, nose, ears, wrists, ankles, and feet; and the very slight prominence of itching and other subjective symptoms beyond those common to any interference with the integrity of the skin." These cases are of course quite distinct from those of acute bullous erythema multiforme. Lately Sequeira (May, 1902) showed to the Dermatological Society of London a man who was revaccinated in three places. The vaccination ran a normal course, and completely healed by the fourteenth day. Three weeks later one spot recrudesced and ran its course again, and three weeks later again a very severe pemphigus set in. Galloway recited a somewhat similar case. The pathogeny of many cases of pemphigus and dermatitis herpetiformis is not clear, but, as Bowen says, possibly a toxin is in action on certain predisposed persons, as in the "herpes gestationis" of parturition.

Purpura is of very rare occurrence. It is a symptom with a manifold pathogeny. Acland thinks it is probably analogous to the well-known cases of hemorrhagic variola or scarlet fever, but probably it signifies a secondary infection.

A word may be said about the very rare occurrence of disseminated gangrenous lesions, the so-called vaccinia gangrenosa. This is to be carefully distinguished from the local gangrene or necrosis which sometimes occurs at the points of inoculation. Many cases of multiple gangrenous eruptions have been recorded in children and adults, and organisms isolated. Vaccinia gangrenosa may possibly be the result of a specific eruption due to an infection with a special organism, but we recognise that the varicella eruption under certain conditions in tuberculous or cachetic children may become gangrenous, and similarly we know a papulō-pustular eruption in infants which rapidly ulcerates, of all degrees of gravity, the so-called ecthyma térébrante infantile. It is possible that

various eruptions may assume this ulcerating or gangrenous form when engrafted on suitable soils or complicated with particular organisms.

It is possible that impure lymph containing organisms, such as staphylococci or streptococci, may contaminate the vaccine lesions from the start, and produce grave systematic poisoning, which may be evidenced by generalised rashes, or, perhaps very rarely, vesico-pustular eruptions. Such results, however, are generally due to improper methods of vaccination, or, still more often, to secondary contamination of the points of inoculation from the subsequent treatment of the wounds. It used to be a very frequent occurrence, and one which had much to do with the prejudice against vaccination, to see impetigo and ecthyma from staphylococcus or streptococcus infection of the wounds inoculated about various parts of the body by scratching, infected dressings and clothing, and so on. If the virus be virulent, large, flat, spreading blisters may be rapidly produced to form a more or less general eruption, and grave results might follow in infants. Similarly furuncles or abscesses may result. The spread of the streptococcus pyogenes in the deeper structures causes erysipelas, which has become far less common than formerly. It is necessary to distinguish the inflammatory blush, which is often excessive, arising around the inoculated regions from true erysipelas. This blush is probably due to the irritation of the developing pustule, but possibly may be due to extraneous pathogenetic bacteria. In considering the origin of erysipelas, the date of its appearance should be carefully observed. Acland writes as follows: "It seems probable, if one only of a number of children vaccinated from the same source develop erysipelas later than the fourth or fifth day, that the erysipelas is due to some extraneous cause, and is not invaccinated. On the other hand, if a number of children vaccinated from a common source develop before the fourth day, only one or two of the whole batch escaping, the probability is very great that the erysipelas is directly due to the lymph or to some factor at the time of vaccination." Most of the recorded cases have evidently been due to secondary contamination of ruptured pocks or torn crusts.

Tetanus is a complication of very rare occurrence in vaccination, at any rate in this country, though probably it may be more frequent in the tropics. The bacillus comes from dirt or earth, and may follow as an accidental infection of any wound. The recent occurrence in America of a group of cases of post-vaccinal tetanus has recently (May 3, 1902) been discussed in the *British Medical Journal*. The infection in this group of cases was probably secondary.

Psoriasis, eczema, and strophulus are eruptions which may occur in close association with vaccination. Psoriasis is a recurrent eruption which is uncommon before the third year of life, and very rare in the first year. We do not know its cause. It may possibly be a local parasitic disease, but is probably what may be called a constitutional eruption. Many cases have now been observed in which it has arisen for the first time in the course of the vaccination process, and then some of the elements may actually be determined to the sites of vaccination. In two cases noted by Wolters there was a family history of the eruption. The pathogeny of the so-called eczema of childhood is also undetermined. It is also possibly a local parasitic disease, and is of great frequency in infants, even before they are vaccinated. A study of my cases has not convinced me that there is any direct relation between "eczema" and vaccination. Strophulus I have already referred to. It is one of the commonest eruptions of childhood, and in its production the vasomotor nervous system probably plays a conspicuous part. Undoubtedly it is very frequently excited by vaccination, as by the acute specific infections and other general states.

Finally, we come to a group of diseases—syphilis, tubercle, leprosy—which may possibly be inoculated at the time of vaccination or by subsequent contamination. Acland points out that "the facts brought before the Royal Commission (1889-1896) prove that, in England at any rate, the event is one of great rarity." Certainly I have never met with a case, nor have I heard of any of my contemporaries in London having done so. Neither have I seen in over twenty years' work in children's hospitals any suspicious cases occurring in vaccinated syphilitic children, beyond the local chancreiform ulcer of the arm. The introduction of vaccination with bovine lymph renders the invaccination of syphilis impossible, unless a syphilitic vaccinator himself contaminates the lymph or wound. As, however, a vaccinator should be armed with the knowledge to make a clear diagnosis. I will quote Acland's description of the sequence of events where syphilis has been invaccinated. All the points of insertion are not necessarily infected. "If the person vaccinated be susceptible to vaccination, the pocks may not at first show any departure from the normal course, but in some cases the pocks abort, and the pathological process seems to be at an end until the syphilitic virus asserts itself. If the pocks be irritated, or the condition of the tissues be such as to favour suppuration, the vaccinal sore may become inflamed, suppuration may occur, and the ulcers may for a time scab over and then break down again; but in any circumstances, whether the vaccination pursue a



normal or an abnormal course, a true syphilitic chancre with indurated base eventually forms at the point of inoculation." The chancre does not develop before the end of the third week, usually the end of the fourth or even fifth week. There is then the second incubation and indolent swelling of the glands, and generalisation between the fiftieth and seventieth day (sixth and tenth week, Hutchinson), and the specific eruptions, and other manifestations have their well-known characters and sequence.

The possibility of the inoculation of tuberculosis is really a much more important problem, but here the danger seems now infinitesimal when we consider that tuberculosis is rare in calves, and that lymph from a calf should not be used until the animal has been killed and proved to be free from tuberculosis. It will therefore be hardly necessary here to enter into a discussion on the possibilities of tubercle invaccination under the former order of things. There is little advantage also in referring to cases of lupus vulgaris involving vaccination scars where the histories are too remote or vague to be of value. I have, however, observed three infants in whom one or more of the vaccination scars became the seat of a tuberculous patch on the healing, or very soon after the healing, of the wound. One child was inoculated with calf lymph by a very experienced vaccinator, and other children vaccinated in the same batch experienced no ill-effects. Graham Little has recently published these cases in his paper on Vaccinal Lupus.\* Though they certainly raise unpleasant suspicions, I do not think any conclusion of scientific value can be drawn from them. The vaccination sores may have been inoculated secondarily, or a previous tuberculous centre may have existed and an embolus found its way to the scar.

With regard to leprosy, it is not proved, however probable it is, that the disease can be communicated directly by inoculation, and further by vaccination. The cases recorded in which the invaccination of leprosy has been suspected will not stand investigation.†

The recital of this list of possible complications, which may arise under every conceivable condition, is apt to excite a very false impression of the dangers attending vaccination, and may be taken undue advantage of to prejudice the public. Allowing for some variation in the local and systematic effects owing to the varying activity of the virus and the susceptibility of the subject, there are very few complications that it is not in our

\* *Brit. Journ. Derm.*, March, 1901.

† [This, of course, is the private opinion of a pro-vaccinist. The case of vaccinal infection with leprosy recorded by Sir. W. T. Gairdner stood the closest investigation that any medical case is ever likely to receive.—*Ed. H.W.*]

power to avert by using a pure lymph, conducting the operation in a proper manner, and preventing any secondary contamination. In terminating this sketch I will quote the following conclusion of the *Lancet* Commission, which is of great practical importance: "We are strongly of opinion that many of the bad results obtained in vaccination are due to the presence of one or other of the following conditions: Imperfect sterilisation of the skin and want of protection against the invasion of the weakened and abraded tissues by extraneous organisms. We have found that, given a good lymph, the application of a plentiful supply of soap and water, a razor to take off hairs and surface epithelium, ether to remove fatty and sebaceous matter, alcohol to wash away the ether, superficial vaccination (by sterilised instruments), and protection of the vaccinated surface throughout the whole course of the local manifestation of vaccinia, most excellent results may be obtained. The best means of protecting the local lesion is the application of several folds of sterile lint containing no chemical disinfectant; that is held in position by strips of adhesive plaster; a layer of boric lint may then be placed outside this dressing, and the whole may be changed as soon as the slightest evidence of moistening by serum appears in the boric lint." By the observance of these conditions the vagaries and mishaps of vaccination will be reduced to a minimum, and the perfect result characterised by "typical vesicles, slow of development, with little inflammatory areolæ, and late in coming to maturity," will be attained.

---

## THE ACTION OF SALICYLIC MEDICATION ON THE URINARY TRACT.

THE renal troubles which occasionally follow the administration of salicylic acid and its derivatives are usually attributed to idiosyncrasy on the part of the patient, but Dr. Lütke, of Greifswald, asserts that in every instance more or less mischief is caused to the renal structures by the elimination of the acid. His attention was directed to the subject by observing that a notable proportion of patients taking salicylate of soda developed more or less marked albuminuria, which disappeared on the treatment being suspended. Thereupon he carried out a series of observations on thirty-three rheumatic patients who were taking from forty to eighty grains of the salicylate in the twenty-four hours. In every instance analysis of the urine revealed disturbance of the urinary function, sometimes in the form of albuminuria, in others the presence of white cells and erythrocytes, and in all there was abundance of epithelium from all parts of the urinary

tract together with granular or hyaline casts. Crystals of oxalate of lime were also frequently present. The disturbance was in direct proportion to the dose of the drug, amounting, when large doses were given, to actual nephritis, which persisted for some time after the cessation of the drug. Cystoscopic examination of the bladder revealed marked irritation of the vesical mucosa and ureters. The conclusion is arrived at that the use of the salicylates ought to be restricted to acute cases, and that in no case should the daily dose exceed from sixty to seventy grains or be continued for more than four consecutive days.—*Med. Press, October 15th.*

---

### CAUSES AND VARIETIES OF CHRONIC INTERSTITIAL PANCREATITIS.

OPIE (*Amer. Journ. of Med. Sciences*, May, 1902) points out that chronic inflammatory changes in the pancreas are usually secondary either to changes in the neighbouring organs or to irritants or toxic substances reaching the gland through the ducts, lymphatics, or blood-vessels, which latter by changes in themselves influencing blood supply and nutrition may operate as a cause, while obstruction of the duct, whether internally from calculi or externally from pressure, produces the same effects. Males are affected more frequently than females in the proportion of about three to two, over two-thirds of the cases occurring between forty and sixty years of age. Two types are distinguishable: (1) Interlobular, where the newly formed connective tissue is between the lobules, the gland being hard and nodular; and (2) interacinar, where the process invades the lobules, separating the acini and implicating the islands of Langerhans, causing the gland to be tough rather than hard. Calculi in the duct of Wirsung or in the common bile duct, and carcinoma invading or compressing the pancreas are the commonest causes of obstruction of its ducts, and cases are reported of such conditions producing chronic interstitial pancreatitis. Ascending infections from the gastro-intestinal tract may affect the ducts, the more especially if they are themselves already in a favourable state for bacterial invasion through retained secretion from pressure, and in such cases persistent vomiting is a frequently associated condition. In those instances where the lesion is referable either to alterations in the blood-vessels or to toxic substances brought thereby to the gland, arterial sclerosis and chronic passive congestion are among the former, while tuberculosis, syphilis, and alcohol are most notable among

the latter. A chronic diffuse pancreatitis chiefly affecting the interstitial tissue of the gland is an occasional accompaniment of general or local tuberculosis, but alcohol is a more frequent cause, and cases are mentioned bearing upon the association of cirrhosis of the liver with chronic pancreatitis, the two lesions coexisting in about one-fourth of those cases recorded, thus probably explaining the occasional occurrence of diabetes in liver diseases. The interacinar type is usually accompanied by diabetes, and when such is not the case the lesion is found to be very slight in degree, and the islands of Langerhans but little implicated, while in the interlobular variety diabetes occurs only when the lesion is far advanced, and commences to invade the lobular tissue. Proliferation of the interacinar tissue is sometimes coexistent with atrophic hepatic cirrhosis, and a similar lesion accompanies hyaline degeneration of the islands of Langerhans, which latter condition is so generally associated with diabetes.—*Brit. Med. Journ.*, June 21st.

#### PARALYSIS IN PERTUSSIS.

SIMONINI (*Rif. Med.*, November 14, 1901) publishes two cases of cerebral paralysis occurring in children in the course of whooping-cough. The first was a child, aged  $5\frac{3}{4}$  years, suffering from severe whooping-cough, who about the fourth week, after a severe bout of coughing, became comatose, and was afterwards found to be suffering from complete left hemiplegia, with paralysis of the lower facial. There were no sensory disturbances, no pain in the muscles, no reaction of degeneration, and the reflexes were preserved. The second case, a child aged  $6\frac{1}{2}$  years, at the end of the third week of a severe attack of whooping-cough, after a fit of coughing, became convulsed, developed right ptosis, slight paralysis of right facial, and paresis of left arm; an hour later deglutition became difficult and speech could not be understood. Next night coma, stertor, and Cheyne-Stokes respiration set in. The pupils were equal and rather small and acted slightly to light. The fluid withdrawn by lumbar puncture was limpid and did not contain any blood or tubercle bacilli. At the necropsy punctiform hemorrhages were found in the median and inferior part of the bulb, and a fairly large hemorrhage in the anterior median line, coming from the left spinal artery, just near its point of origin from the vertebral. Probably these hemorrhages with paralysis occurring in whooping-cough are more due to toxemia than to any purely mechanical origin, for they may occur when active paroxysms of cough have practically ceased.—*Brit. Med. Journ.*, June 21st.

## REVIEWS.

---

### CANCER OF BREAST.\*

DR. COOPER has struck out a new line—which is also an old line—in the investigation of remedies, which in our opinion is of very great importance. The pamphlet before us contains a record of nine cases treated by means of single doses allowed, as Hahnemann directed, to expend their action before being repeated. These cases have already appeared in our pages; but Dr. Cooper has done wisely to collect them and publish them in an independent form. Readers will in this way be better able to form a judgment on Dr. Cooper's plan, and to put his method to the clinical list. The homeopathicity of the medicinal action is not always obvious to the superficial view, but it is there nevertheless; and the action of the remedies is obviously dynamic and vital, or, as Dr. Cooper prefers to call it, arborivital. All thoughtful and progressive homeopaths should study this pamphlet with honest care.

---

### DISEASES AND THERAPEUTICS OF THE SKIN.†

THE skin is the most generalised organ of the body, and it becomes a question whether any disease manifesting on the skin can in all strictness be termed a disease of the skin. Take the exanthemata, for example: these are generally attended with eruptions, and our author includes a number of them in his work, but they are primarily blood diseases, and not skin diseases. However, it is essential for medical men to be able to recognise the different forms of skin affection, and to know their natural history and the drugs which correspond in their effects to the different states. The homeopath, whilst recognising all this, is able to take a more deeply philosophical, and at the same time more

\* *Cancer of Breast. A Clinical Inquiry into the Effect of the Indicated Arborivital Force when Allowed to Expend itself on the Disease.* By Robt. T. Cooper, M.A., M.D. London: The Homeopathic Publishing Co., 12, Warwick Lane, E.C. Paper covers, 6d. net.

† *Diseases and Therapeutics of the Skin.* By J. Henry Allen, M.D. Philadelphia: Boericke & Tafel. London: Homeopathic Publishing Co. Cloth, 10s.

practical, view of skin manifestations than is the allopath. Very frequently the skin symptom is the last thing a homeopath seeks to cure. He is generally only too glad when he has succeeded in making a chronic internal complaint manifest itself on the surface instead of within.

Dr. J. H. Allen, who is Professor of Skin and Venereal Diseases at Hering Medical College, fully recognises the constitutional nature of skin diseases, and his work is written from the true homeopathic standpoint. Almost one-third of the work is devoted to a materia medica of skin remedies. The medicinal treatment under each disease is given with commendable fulness, and some valuable repertorial analyses are included. The descriptions of the different forms of skin diseases are excellently given; but why does Dr. Allen include rodent ulcer under "*Tubercular New Growths*"? The work is dedicated to that well-known homeopath, Dr. J. R. Haynes, of Indianapolis.

---

### INGUINAL HERNIA.\*

DR. BEALE has reprinted in pamphlet form the practically interesting article on the above subject which he communicated to our pages. The method of treatment advocated is by means of inflammatory action set up by the injection of certain substances into the hernial sac.

---

### NOTIFICATION.

---

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

#### REMOVAL.

DR. B. G. CLARK, of New York, has removed from W. 122nd Street to 25, West 74th Street, New York. His telephone number is 1920 Riverside.

---

\* *The Treatment of Inguinal Hernia.* By Arthur H. Beale, M.B., C.M.

## GENERAL CORRESPONDENCE.

## DR. HAYWARD'S CIRCULAR.

[IN his letter in our last issue Dr. Pullar alluded to a circular he had received. Several letters have been sent to us in relation to it, one of which is a reply addressed to Dr. Hayward by Dr. Charles Graves of Blackburn, to whom a copy had been sent. We subjoin the circular and the reply; also a letter from Dr. Hayward himself addressed to ourselves.—ED. H. W.]

61, SHREWSBURY ROAD,

BIRKENHEAD, CHESHIRE.

September, 1902.

DEAR DR. GRAVES,—It is thought by some of our men\* that we have arrived at a time when it would be wise on our part to consider the relationship between the two schools of medicine. That is, to consider whether it is wise for us professional men to increase antagonism of the old school by openly assisting the propaganda of the semi-popular Homeopathic Association, or whether it would not be better for us to try to promote some concessions on both sides towards unity and professional good fellowship.

What are your opinions on this matter?

(1) Can we modify our conduct in any way?

(2) Would it be wise to test the feeling of the profession at large by application for membership of the profession's societies? †

(3) Would it be wise to make less parade of the name "homeopathy"?

(4) Would it be wise to drop the name?

Please let me hear from you at an early date.

Yours truly,

JOHN W. HAYWARD.

\* See Hughes's last book, p. 181: "First of all, let us recall what is the doctrine which constitutes our creed and has formed us into a church. Doctrine, I say; for homeopathy is this and nothing more. Like every other doctrine it has practical corollaries; and one of these, the small dose, has caught the common eye as the prominent distinction of our method. But as every one who will look into our literature may satisfy himself, we are not globulists, or even necessarily infinitesimalists; we are not characterised essentially by any of the theories or practices which may have marked the school of Hahnemann. We are simply *homeopaths*, *i.e.*, adherents of the cardinal similarity between disease- and drug-action as the cardinal principle of therapeutics. . . . Homeopathy is nothing more than one of the many attempts which has been made from time to time to supply that missing 'primitive fact' [of medical science].

† B.M.Ass. or in any other way?



DEAR DR. HAYWARD,—The four questions contained in your circular, and which you have done me the honour to ask my opinion of, involve such weighty and important issues, that I feel I cannot reply by a simple Yes or No, but must deal with them seriatim at some length. At the same time the queries are of so startling a nature as almost to take away one's breath.

—1. "Can we modify our conduct in any way?"

Modification here, I suppose, implies qualification, and as a sequence begets that attitude known as trimming. In other words, are we homeopaths, in order to obtain the forgiveness and benediction of that body politic known as the Allopathic Medical Profession, to assume a sweet neutral tint, go to them suitably attired in the winding-sheet of repentance, stand in the pillory, and consent to the merciful punishment of ear-cropping and nose-splitting in order that we may be restored to the arms of Mother Allopathy? Thank you, no.

Now, to drop metaphor for a moment, let me ask a plain question: *With whom did the offensive conduct first originate?* With allopaths or homeopaths? One need not go into ancient history to discover that all the hatred, bitterness, slander, and vituperation that could be conjured up was employed liberally in the form of mud-slinging at both homeopathy and homeopaths. "Knaves," "fools," "charlatans," "swindlers," "quacks," "lunatics," &c., were the names that were hurled at the heads of men who pioneered in the teeth of all this miserable spite a principle in medicine that has brought prolonged life and freedom from suffering to thousands of people in this as in other countries; and now, forsooth, we are asked the question: "Can *we* modify *our* conduct?" In Heaven's name, let us have done with such nonsense. Rather let us ask the question, "Can *they* modify *their* conduct?"—they who have shown themselves such adepts in the art of vituperation and who have declared again and again that they renounced Hahnemann and all his followers and works?

—2. "Would it be wise to test the feeling of the profession at large by application for membership of the profession's societies?"

*Cui bono?* If a dog makes for me showing his teeth and growling and only restrained from fleshing his incisors in some portion of my anatomy by the length of his

chain, would it be wiser, think you, to go near enough to obtain a sample of his bite, or to give him a wide berth? I have always heard that "a burnt child dreads the fire," but if "some of our men" have a consuming desire for scorched fingers and well-merited snubs, let them go to these erudite and scientific societies, over whose magic portals are inscribed the words "No homeopath need apply," and I fully wish them all the luck they may get and will deserve.

—3. "Would it be wise to make less parade of the name 'homeopathy'?"

—4. "Would it be wise to drop the name?"

I bracket questions 3 and 4 together as they are practically one, inasmuch as No. 4 is the positive aspect of the negative No. 3, and here we come to the crux of the whole matter, and it behoves us to see fully and clearly all the issues involved in the question before us.

When Hahnemann *voiced* the principle *Similia similibus curantur*, which principle was practised long before his time but never fully brought to light until the Master promulgated it, then his followers who put the principle into practice were dubbed "homeopaths," as the practice was named by Hahnemann "homeopathy." Now all who acknowledge the principle and practise the law of similars in medicine must enlist under the banner of homeopathy. Consequently the name has become indissolubly associated with the practice. The public ask me, "Are you a homeopathic doctor?" and I cheerfully own to the soft impeachment; and yet some of "our men" have the audacity to ask, "Would it be wise to drop the name?" As well ask a regiment to drop its banner; as well ask an army to surrender its guns; as well ask a victorious battleship to strike its colours. "Drop the name"! Yes, proclaim at once that Hahnemann was a fraud, homeopathy is a swindle, and its exponents knaves and fools.

And to what purpose? That we may deliver ourselves over into the hands of the enemy, bound hand and foot, in order that as the Philistines of old did with Samson, they may put out our eyes and make merry over us. For it must be borne in mind that it is the height of folly for any one of us to imagine that allopaths will do anything else than take all they can get and give nothing in return. "Our men" are only living in a fool's paradise

in their attempt to bring about a pseudo-union with that which is so diametrically opposed to fair play and honest investigation, so that such action on their part will only recoil on their own heads.

"Between us and you there is a great gulf *fixed*" is a truism that must be thoroughly emphasised by word, by writing, and practice among us homeopaths in this twentieth century if we desire to preserve our principles, maintain truth, relieve suffering, and carry on scientific investigation irrespective of the "tweedledum and tweedledee" of our friends the enemy. No, depend upon it, our "application" must not be to the "profession"—*i.e.*, to the allopaths who do not regard us as part of the profession at all—which hates us and longs for our destruction, but to the public who are always ready and willing to discriminate between "kill" and "cure," between truth and falsehood, between honest, fair play and despicable underhanded meanness such as our adversaries have exhibited again and again.

Poor Hughes, with others of his kind, tried to play the game of "running with the hare and hunting with the hounds." He sought with might and main to bridge the chasm, which is manifestly *impassable*. With what result? Between the two stools they came to the ground, and became neither one thing nor the other. This Utopian idea of "union," between things which can no more commingle than oil and water, clung to Hughes so much throughout his homeopathic career, that even his best friends and warmest admirers admit his work as a *practitioner* was hampered and marred, and his idea of "union" turned out to be but a dream of the dreamer and a vision of the visionary; and I venture to predict that if "our men" attempt to follow in his footsteps they will assuredly find themselves in the position of having forfeited the respect of their homeopathic colleagues, and having made themselves a laughing-stock to our enemies.

Joseph Chamberlain once said, "I would rather have a man's hatred than his pity," and I for one heartily endorse that utterance. Don't let us live in a fool's Paradise, but let us nail our colours to the mast and fight for that freedom of speech and action that our forefathers sacrificed so much to obtain for us, and that has been committed to our care as a sacred trust. Instead of

"dropping the name," let us in word and deed magnify it into capital letters, and wave the imperial ensign of HOMEOPATHY in the face of those who like it least. If we are to make a change let it be in becoming more aggressive in our work and warfare. Depend upon it we shall win the respect of our enemies—a respect which must always be accorded to any man who has the courage of his facts.

Yours very faithfully,

CHARLES GRAVES.

18, Strawberry Bank, Blackburn.

September 23, 1902.

DEAR DR. CLARKE,—I have delayed sending you copy of my circular letter until I had the opinion of the majority of our men. This I have now obtained, and I am glad to find that, although a very large number think the propaganda will aggravate the antagonism and increase the difficulty in our isolated men obtaining professional help and will postpone reunion of the profession, the majority support it.

*Twenty-one* would drop the name altogether. *Forty-seven* agree with what Dr. Hughes writes on page 181, and think the matter should be discussed in Congress. None seem to appreciate the difference between the name as descriptive of the *practice* and as applied to our societies, journals, &c. Of course the name *cannot* possibly be dropped from the *practice*; it might, however, be modified somewhat as to our societies, &c. The late Dr. Drysdale prevailed on the donor and supporters of our hospital even, not to call it homeopathic, but "Hahnemann." This aspect of the matter should be thoroughly appreciated amongst ourselves. The use of medicines homeopathically cannot be otherwise named, any more than can the allopathic, anti-pathic, or isopathic. This is the aspect that should be pressed home on our old-school *confrères*.

My circular has served the useful and needful purpose of drawing the attention of our men to our real position and *raison d'être*. An extreme few advocate attempt at a special school!

In calling the propaganda "semi-popular," I do it no discredit, for its professed constitution and purpose are an appeal to the *profession*, but especially to the *public*.

That I myself wish it success is evidenced by my financial support. I have not changed my opinion. It has held the field sufficiently long to defy opposition.

Yours truly,

JOHN W. HAYWARD.

---

## THE TEACHING OF THERAPEUTICS AT THE HAHNEMANN COLLEGE, PHILADELPHIA.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR SIR,—In your issue of August, 1902, there appears, in a letter signed “Viator,” a statement that in America “homeopaths were gradually coming over to old-school practice,” and that, as an evidence of this, “the authorities at the Hahnemann College of Philadelphia *insist on the students learning therapeutics from an allopathic text-book*” (italics not mine). And you have kindly offered to “submit the query” involved in the statement “to the dean of the Hahnemann Medical School.”

The astonishing statement above given comes—so it appears—through a correspondent who wishes his identity concealed, and from an American allopath—a reliable channel, truly! This anonymous individual wished to learn something about homeopathy, and so straightway “asked” *an allopath*. Had he wished to learn the tenets of Presbyterianism he would, of course, have “asked” Bob Ingersoll. Mr. Editor, the facial expression of the statement in “Viator’s” letter is an allopathic falsehood. If I should proceed to characterise it as it deserves—interjecting the requisite adjectives and expletives—this letter of mine would be unfit for publication. The only saving feature of the statement contained in the letter of “Viator” is the fact that it was printed in a decent journal. Otherwise I should not notice it.

There are people so constituted that they would rather credit a lie than seek to know the truth. Lest there might, perchance, be one or two such among your readers I will give you the facts about the Philadelphia College, at the same time calling attention to the fact that the whole information could have been obtained from the Annual Announcement of the College.

The students of Hahnemann College (like those of all well-conducted medical colleges) "learn therapeutics," *not* "from text-books" of any kind, but *from lectures and clinics*. (If "Viator's" informant had been an honest American student of medicine, he would have known this fact, and would not have been misled into so glaring a misstatement.) Text-books are used in American colleges as auxiliaries only, *i.e.*, for correcting misunderstandings, refreshing the memory, &c. In Hahnemann College, therapeutics is taught in two departments. That of Practice recommends as text-books, Goodno, Bartlett and Lawrence; while "for collateral reading: Osler's or Strumpell's Practice; for reference: Reference Handbook of Medical Sciences; Nothnagel's Special Pathology and Therapeutics; Allbutt's System of Medicine" (Announcement, page 28).

In the department of Materia and Therapeutics—the department in which therapeutics *is chiefly and specially* taught—the Annual Announcement: page 25, recommends as follows:—

"Text-Book: Mohr's Manual of Pharmacology (in press). Reference: Hahnemann's Materia Medica Pura; Hahnemann's Chronic Diseases; Hering's Guiding Symptoms; Allen's Encyclopedia of Pure Materia Medica; The Cyclopaedia of Drug Pathogenesis; Hering's Condensed Materia Medica; Raue's Therapeutics; Farrington's Clinical Materia Medica; The National Dispensatory."

Let me suggest, Mr. Editor, that any unfavourable news respecting American homeopathy or American homeopathists, received from an allopathic source, should always be presumed to be false until it has been positively proved to be true.

Fraternally yours,  
PEMBERTON DUDLEY.

No. 1405, North Sixteenth Street, Philadelphia.  
September 18, 1902.

[We are much obliged to Dr. Pemberton Dudley for his complete refutation of the Allopath's Statement. We may, at the same time, point out to Dr. Dudley that our correspondent explicitly *did* presume the Statement to be false, but wished to have an authoritative account of the facts ready to confute it if encountered with it again. This, thanks to Dr. Dudley, he will now possess. We

may also point out that without seeking to learn anything about homeopathy from allopaths, there is no harm in seeking to find out the impression of it which exists in the allopathic mind.—ED. H.W.]

## HOMEOPATHIC DILUTIONS AND THE POISON ACT.

*To the Editor of THE HOMEOPATHIC WORLD.*

SIR,—A matter has been several times referred to lately in the *Chemist and Druggist* which, I think, demands the serious attention of homeopathic chemists. I refer to putting a poison label on homeopathic medicines which contain dilutions of active poisons. This has brought a letter in the same journal from Dr. Pope, which, I feel, does not help the chemist at all, as it refers to action taken in 1869 and long before the advent of many of the present-day homeopathic chemists, and I question if many of us know anything of the matter referred to; I certainly do not and shall be thankful to have fresh light on it. As the editor of the *Chemist and Druggist* says in a footnote, “Homeopathic medicines are exactly on the same footing as other medicines containing poison”; therefore, in the case of *Bell.* 1x, *Nux* 1x, &c., a poison label should be affixed; but in the case of *Acon.* 1x (*Aconite* and its preparations being in pt. i. of the Schedule) in addition to the poison label each sale should be registered in the poisons book, and if 1x is treated in this way why not 1st dil.? it contains an appreciable quantity of poison. I don’t know what is the practice in the trade, but I fancy it is left to the discretion of the chemist, and with funny results sometimes; only the other day I had a bottle sent to be filled with *Kali bich.* 2x tablets; this bore a poison label although *Bichromate of Potash* is not even mentioned in the Schedule.

Could not the Homeopathic Pharmaceutical Society give us a little advice in this matter?

Yours faithfully,

FRED. COWDERY.

Northampton.



## DR. RICHARD HUGHES MEMORIAL.

*To the Editor of THE HOMEOPATHIC WORLD.*

SIR,—As only about one-third of the British homeopathic practitioners had replied to our circular issued at the beginning of June inviting subscriptions to this fund, the enclosed reminder was circulated last month. I am asking the Treasurer to send you a list of any fresh subscriptions he has received up to the latest date available before you go to print.

The amount collected, although considerable, still falls a long way short of what we had hoped it might have reached. We wish to notify, through you, that the fund must close finally at the end of the year, and to ask all our colleagues who have not yet replied *dare cito*, as there will be no fear that they will be asked *dare bis*.

Yours sincerely,

ED. M. MADDEN,

Secretary to the B.H.S. Committee for the  
Richard Hughes Memorial Fund.

Burlington House, Bromley, Kent,

October 16, 1902.

“BRITISH HOMEOPATHIC SOCIETY, LONDON,

“September, 1902.

“*The Richard Hughes Memorial Fund.*

“DEAR COLLEAGUE,—As no reply has so far been received from you in answer to our circular appeal issued two months ago, soliciting subscriptions to this fund, and as we feel sure it can only be through some accidental neglect or oversight that you have not already responded to it, we venture to ask you again not to let this opportunity go by of paying a well-deserved tribute to the colleague who has done more than any one in this country to advance Homeopathy and to assist us all in practising it, and at the same time of enabling those he has left behind to feel his loss less acutely from the mere material standpoint.

“It is needless to repeat here the reasons already given for raising this Fund, or to re-state the intention of giving the whole, or very nearly the whole, of the sum raised as a free-will offering to his widow and children, but we would strongly urge upon you that, for the credit of British Homeopathy, it is essential that this Fund should be contributed to, each according to his means, by all who hold it dear, and therefore beg of you once more to join us in this effort.

“We are, yours very faithfully,

“J. ROBERSON DAY, *President of the B.H.S.,*  
*Chairman.*

“J. G. BLACKLEY, *Treasurer.*

“G. F. GOLDSBROUGH,

“JAS. SEARSON,

“ED. M. MADDEN, *Secretary.*

("The Committee appointed by the Council of the B.H.S. for this fund.)

"P.S.—Promises or cheques should be sent to the Treasurer at 29, Devonshire Place, London, W."

## LATEST LIST OF SUBSCRIBERS.

	£	s.	d.		£	s.	d.
Dr. A. C. Pope ...	5	0	0	Dr. Scott ...	1	1	0
W. Wellett, Esq. (per				Dr. Cavanagh ...	2	2	0
Burwood)...	3	3	0	A. G. Wilkinson, Esq.	0	10	0
Dr. F. H. Bodman...	2	2	0	Dr. Ord ...	1	1	0
Dr. Chris. Woletan	3	3	0	Dr. F. W. Clifton ...	1	1	0
Dr. T. H. Hayle ...	2	2	0	H. H. Corbett, Esq.	1	1	0
Dr. Chapman ...	0	10	6	Dr. Hervey Bodman	1	1	0
Dr. Eubulus Williams	1	1	0	Dr. Wills ...	1	1	0
Dr. Vincent Green...	2	2	0	Dr. Pincott ...	0	10	6
Dr. A. E. Hawkes ...	2	2	0	Dr. F. S. Arnold ...	1	1	0
Dr. W. H. Roberts...	1	0	0	Dr. Seelenmeyer ...	3	3	0
Dr. Murray ...	1	1	0	Dr. L. E. Williams	2	2	0
Dr. H. Mason ...	1	1	0	Dr. Lilian Cummins	1	1	0
R. M. Theobald, Esq.	2	2	0	Miss H. C. Madden			
Dr. Percy Wilde ...	5	0	0	(per Dr. Madden)	5	0	0
Dr. B. W. Nankivell	1	1	0	Dr. A. R. Croucher	1	1	0
Dr. Edith Neild ...	0	10	6	Dr. Clifton Harris ...	1	1	0
Dr. Ramsbotham ...	5	5	0	Brighton Fund (per			
Dr. Spencer Cox ...	1	1	0	Miss Edith Harvey)	1	11	6
F. H. Shaw, Esq ...	2	2	0				
Dr. Newbery ...	1	1	0		72	2	0
Dr. H. A. Eaton ...	1	1	0	Previously reported...	709	15	6
Dr. Rowland Wilde	1	1	0				
Dr. Wingfield ...	1	1	0		£781	17	6
Dr. Gibson Miller ...	1	1	0				

## VARIETIES.

USE OF SUPRARENAL CAPSULE IN CARDIAC DISEASES.—Floersheim (*New York Med. Journ.*, May 11 and 18, 1901) concludes from a careful series of trials of the suprarenal extract in 82 cases of cardiac disease, in males and females of all ages, a few of whom also suffered from bronchitis, that the following results may be drawn: (1) A weak and irregular heart becomes strong and more regular after the administration of the extract of suprarenal body by the mouth. (2) A dilated heart contracts and is restored to a size approaching the normal. (3) A diffused cardiac apex beat becomes localised. (4) A diffused murmur of mitral regurgitant origin, loud and rough at first, becomes smoother and lessened in intensity, and, in some cases, disappears after taking suprarenal extract for some time. (5) A cardiac murmur which, owing to the extreme weakness of the heart, was almost inaudible, became more distinct after its use.

(6) The normal cardiac sounds when indistinct are made distinct and clearer after treatment. (7) In some cases a rapid pulse becomes slower; and in others a slow pulse becomes more rapid after exhibition of the drug. (8) Patients who are very weak with organic heart disease are improved in strength. (9) No effect was observed from administering the drug in cases of organic heart disease when the pulse and heart action were strong and regular. (10) Cases of bronchitis with cardiac disease obtained considerable relief or improvement of the bronchial trouble, and patients with attacks of dizziness of cardiac origin were freed from them after the taking of suprarenal extract. The drug had thus a distinct value in cases, especially of feeble and dilated or irregular hearts, with or without acute bronchial congestions superadded, all such conditions being relieved.—*Brit. Med. Journ.*

UNTOWARD EFFECTS OF DIGITALIS ADMINISTRATION.—Dr. A. T. Schofield (Harley Street, W.) writes: The point raised in the following case is one of interest, and a short account may elicit some information upon it. A weakly overgrown boy of ten years had an attack of influenza with a temperature ranging to 104° F. As this subsided symptoms of patchy pneumonia set in, with an extremely irregular temperature, indicating its septic origin, and ranging in an hour from 97° to 104° F. as fresh foci of inflammation were formed. The heart's action was weak, and the first sound feeble, and the general condition resembled an average typhoid state in the third week. Stimulants were very freely used, as much as three or four drachms of brandy being given in two hours when the boy was lowest, with champagne at intervals. On February 23rd the temperature became normal, the pneumonic symptoms having cleared up after nine days, with the exception of some slight dulness at the right base. The stimulants were discontinued, and solid food carefully begun, the patient, of course, being kept strictly recumbent. On February 25th I was called to see the patient. I found the regular beat of the heart practically suspended. The action was not intermittent, but was a condition of spasm with irregular sound at uncertain intervals together with a semi-collapsed general condition. I found the boy had been taking daily for five days from 20 to 24 minims of tincture of digitalis; and this sudden arrest of the heart, with a normal temperature for two days, and no other symptoms save nausea that afternoon, seemed to point to the action (cumulative) of digitalis on a weakly boy. It seems that as long as stimulants were freely given nothing occurred to show the dose was too great; but on their discontinuance for forty-eight hours this condition set in; hypodermic injections of brandy and quinine soon improved the state of the heart, and brandy ʒj and sp. am. co. ʒss every half-hour through the night brought back the pulse in the morning to a beat of 84, with an intermission of one beat in every four or five. All digitalis was discontinued. A fortnight after, on March 11th, I was sent for again to see if the boy, now quite convalescent, was well enough for a long journey by rail. I found a strong, regular pulse of 88 when lying in bed. I got the boy up, and made him move briskly twice up and down a long room, expecting to find the pulse about 140. Its beat, however, was still 22 to the quarter, or 88 to the minute. It had not varied. I do not remember having seen before a pulse in early convalescence from severe acute disease remain unchanged under

these circumstances, and I put it down to the prolonged action of the digitalis, which had been discontinued exactly one fortnight.—*British Medical Journal*.

## LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

**HOURS OF ATTENDANCE:**—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Monday, 2.0; and Saturdays, 9 a.m.; Thursdays and Fridays, at 10.0 a.m.; Diseases of Women, Tuesdays, Wednesdays, and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays 2.0; and Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Tuesdays, 2.30; Diseases of the Nervous System, Thursdays, 2 p.m.; Orthopedic Cases, Tuesdays, 2.0; Electrical Cases, Wednesdays, 9.0 a.m.

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

- Brouardel (P.) and Benham (F. Lucas).** Death and Sudden Death. 2nd ed. 8vo, pp. 350. (Baillière, Tindall, and Cox. Net, 10s. 6d.)
- Carpenter (George).** Golden Rules for Diseases of Children. ("Golden Rules Series.") 32mo, limp. (Simpkin. 1s.)
- Colbeck E. H. and Chaplin (Arnold).** The Science and Art of Prescribing. 12mo, lr. (H. Kimpton. Net, 5s.)
- Coles (Alfred C.).** The Blood. How to Examine and Diagnose its Diseases. 2nd ed. With six Coloured Plates. 8vo, pp. 302. (Churchill. 10s. 6d.)
- Corfield (W. H.).** The Etiology of Typhoid Fever and its Prevention. Milroy Lectures, 1902. 8vo. (H. K. Lewis. 2s. 6d.)
- Donald (Archibald).** An Introduction to Midwifery. A Handbook for Medical Students and Midwives. With numerous Illusts. 3rd ed., revised. 8vo, pp. 200. (C. Griffin. 5s.)
- Hamer (W. H.).** Manual of Hygiene. 8vo. (Churchill. Net, 12s. 6d.)
- Heath's Practical Anatomy, A Manual of Dissections.** 9th ed. Edit. by J. Ernest Lane. With 321 Engravings on Wood, of which 32 are coloured. Cr. 8vo, pp. 714. (Churchill. 12s. 6d.)
- Lippincott's Pocket Medical Dictionary,** including the pronunciation and definition of 20,000 of the principal terms used in Medicine and the allied Sciences, together with many elaborate Tables. Edit. by Ryland W. Green. New ed. 12mo, pp. 422. (Lippincott. Net, 3s.)
- Luke (T. D.).** A Pocket Guide to Anæsthetics. Cr. 8vo. (Churchill. Net, 5s.)
- MacLennan (A.).** Abdominal Examination and Manipulation in Pregnancy. Cr. 8vo. (Rebman. Net, 6s.)
- Parkes (Lewis) and Kenwood (Henry).** Hygiene and Public Health. 2nd ed., with Illusts. Cr. 8vo, pp. 776. (H. K. Lewis. 12s.)
- Reports from the Cancer Research Laboratories.** The Middlesex Hospital. Edit. by A. G. R. Foulerton. Roy. 8vo, sd. (Macmillan. Net, 8s. 6d.)
- Starling (Ernest H.).** Elements of Human Physiology. 5th ed. 8vo, pp. 700. (Churchill. 12s. 6d.)
- Thompson (C. J. S.).** Aids to Practical Dispensing. 3rd ed., enlarged, with Illusts. ("Students' Aid Series.") 12mo. (Baillière, Tindall, and Cox. Sd., 2s., 2s. 6d.)
- Thompson (W. G.).** Practical Dietetics. 2nd ed. 8vo. (Hirschfeld. Net, 21s.)
- Treatise on Human Anatomy (A.).** By various Authors. Ed. by H. Morris. 3rd ed., revised. Roy. 8vo. (Churchill. Net, 30s.)
- Underwood (Arthur S.).** Aids to Dental Anatomy and Physiology. 2nd ed. ("Students' Aid Series.") 12mo. (Baillière, Tindall, and Cox. Sd., 2s., 2s. 6d.)
- Yeo (J. Burney).** A Manual of Medical Treatment; or, Clinical Therapeutics. 2 vols. New and revised ed. Cr. 8vo, pp. 712, 826. (Cassell. Net, 21s.)

## TO CONTRIBUTORS AND CORRESPONDENTS.

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

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

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

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

### CORRESPONDENTS.

Dr. Cooper, London.—Dr. Hayward, Birkenhead.—Dr. Pemberton Dudley, Philadelphia, Pa. U.S.A.—Dr. Graves, Blackpool.—Dr. B. G. Clark, New York.—Messrs. Cadbury, Bros., Ltd., Bournville.—Mr. F. Cowdery, Northampton.—General Phelps, Egbaaston.—Dr. Umberto Auletta, Naples.—Dr. Berridge, London.—Dr. Blackley, London.

### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Revist. Hom.—Calcutta J. of Med.—Med. Times.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica.—Maanedsk. f. H.—H. Maandblad.—La Homeopatia.—Med. Monthly, f. H.—Minn. Hom. Mag.—Hom. Envoy.—Hom. News.—Personal Rights.—Medical Century.—Ind. Hom.

Rev.—Rev. Hom. Française.—H. Recorder.—Wjestnik H. Med.—N. A. J. of H.—Clinique.—New Eng. Med. Gaz.—L'Art Médical.—Amer. Med. Mon.—Med. Advance.—Minn. H. Mag.—Revista Homeo. Catalana.—Annaes de Med. Hom.—Bol. de Med. Hom.—Hahnemannian Monthly.—Pacif. Coast Journal of H.—Hahn. Adv.—Leip. pop. Z. f. H.—Lekarz Homeopata.—Zeit. Berl. h. v. A.—Cancer of Breast, Dr. R. T. Cooper.—Homeopathy in Milk-fever of Cows. By J. Sutcliffe Hurndall, F.R.C.V.S.

## The Homeopathic World.

### CONTENTS OF OCT. NUMBER.

#### LEADING ARTICLE.

The Line of Progress in Homeopathy.

#### NEWS AND NOTES.

October—British Homeopathic Association—A Liverpool Item—Infinitesimal Doses becoming Respectable at Last—Hard Lines—The Yellowness of *Santonin*—Dr. A. B. Norton—A Homeopathic Dispensary for Hove.

#### ORIGINAL COMMUNICATIONS.

Notes on Warts—Action of *Ferrum Picricum*. By A. Pullar, M.D.  
Materia Medica Miscellany. By J. R. P. Lambert, M.D.  
Cases I Have Come Across. By F. Kopp, Greenwich, N.S.W.

#### INSTITUTION.

British Homeopathic Association.

#### EXTRACTS.

*Thlaspi Bursa Pastoris* in Exostosis.  
What a Repertory Did—*Salicylicum Acidum*.  
Vital Force and Infinitesimals in the Light of Recent Investigations of Matter and Energy.  
*Vaccinium*.  
Homeopathic Therapeutics of Shock.  
Hodgkin's Disease.

#### REVIEWS.

#### OBITUARY.

#### GENERAL CORRESPONDENCE.

#### VARIETIES.

#### MEDICAL AND SURGICAL WORKS.

#### TO CONTRIBUTORS & CORRESPONDENTS.

# THE HOMEOPATHIC WORLD.

---

DECEMBER 1, 1902.

---

## A MEMORIAL TO DR. BURNETT.

AT last the desire to found a memorial to the late Dr. JAMES COMPTON BURNETT has taken concrete shape. Among the proposals first brought forward was one suggested by Mr. W. STEWART WALFORD, of Ipswich, and mentioned in the HOMEOPATHIC WORLD of June, 1901, to found in his memory a Homeopathic School of Medicine. Since that proposal was made the British Homeopathic Association has come into existence "for the development and extension of homeopathy in Great Britain and in particular for the *creation and endowment of lectureships*" among its primary objects.

The circular issued by the executive committee of the Association contains the following clause, expressing one of the methods in which it proposes to attain its objects:—

"Clause II. For the permanent endowment of the work a 'Twentieth Century Fund' of at least £10,000 has been inaugurated by the Association. All donations over £25 are invested. Benefactors endowing in full a Lectureship, or Travelling or Research Scholarship, or any other part of the work, have the right to a permanent seat on the governing body, as well as to have the donor's name permanently incorporated on the title of the endowment. The donation of a capital sum for endowment may, at the benefactor's option, be spread over a period of three years."

This clause, which we think an eminently wise one, suggested to some of Dr. BURNETT's friends that the inten-

tion of Mr. WALFORD's proposal might be carried out by raising a fund for endowing one of these chairs in Dr. BURNETT's name. Dr. BURNETT's friends guaranteed to raise a sum sufficient to endow a chair to be called the Burnett Professorship of Homeopathic Practice, and the Committee of the Association cordially accepted the responsibility of administering the trust.

The first move taken to raise the desired sum was made by Mrs. CLARKE, to whom the idea occurred of holding a sale of silver articles suitable for Christmas and other presents, and asking all who were interested to purchase them of her instead of going to shops. The articles were to be sold at ordinary prices and not fancy prices, the profits arising from the sale—that is, the difference between manufacturing price and sale price—thus accruing to the fund. The full details are not yet available, but we are able to announce that as a result of the sale a sum of about £200 will be handed over to the fund; and in addition to this, donations amounting to upwards of £40 have been sent to Mrs. CLARKE by those who were not able to attend. Thus within a few weeks of its initiation a very substantial start has been made towards the fund of the Burnett Professorship, and the "Twentieth Century Fund" of the Association is, of course, enriched to the same amount.

We think it of the greatest importance that the efforts of homeopaths should be concentrated in one endeavour, and we congratulate the Association on the accession to its working forces of the great and living interest of Dr. BURNETT's following, which is in no way diminished by lapse of time. Never, within our memory, has it been the happiness of any medical man to leave behind him such widespread and intense affection, such gratitude and devotion as exist to this day in the hearts of Dr. BURNETT's patients. That this sentiment should be focussed into practical form is in every way desirable, and it seems to us that nothing so appropriate and so adequate as the founding of a perpetual source of instruc-



tion in homeopathic practice could be devised. BURNETT was above all things a great PRACTITIONER. No man ever grappled with the diverse and complicated problems of practice more valiantly or more successfully than he, no man was more untrammelled in his practice by academic erudition, and that, not because he was ignorant of it, but because he knew it better than most, and knew wherein its value lay. He never mistook academic learning for a knowledge of nature.

It is the *practice of homeopathy* which needs teaching above all things. This is not the same thing as a knowledge of materia medica. It is possible to know materia medica without being able to apply it. Neither is it a classified knowledge of all the diseases of different regions and organs, and of the remedies usually recommended in these diseases. That, also, is useful knowledge; but it is not the *know-how-ledge* which is essential to the making of a great practitioner. The teacher of homeopathic practice must teach this "know-how." No more inspiring example can be set before the student who really wants to know how to cure than that of JAMES COMPTON BURNETT, in whose name this particular branch of the Association's work will be carried out in the school which the Association is bound to establish, and which might, we think, be fitly named the British College of Homeopathy.

The Burnett Fund having been thus auspiciously started is now open. The terms under which donations may be made to the Association's "Twentieth Century Fund" of course apply to this section of it, and under this benefactors may, if they so desire, spread their donations over a period of three years. Donations may be sent (marked "Burnett Fund") to the Secretary of the Association, Mr. F. KING, 29, Monument Street, E.C.; or to Mrs. CLARKE, 30, Clarges Street, W., who will act as Hon. Sec. to the Committee of the Burnett Fund in the meantime.

---

## WAKE UP, HOMEOPATHS!

WHAT have homeopaths been doing that it is possible for an educated person of the twentieth century to ask questions like the following which we received the other day from one who contemplates studying medicine?—

“Will you kindly supply me with the following information? Are homeopathic doctors of the same standing professionally as allopathic doctors; if not, what is the difference, and to what extent is the homeopath's powers restricted; also is the line of demarcation drawn between homeopathic and allopathic chemists?”

The right answer to this question is that the difference between homeopathic and allopathic doctors is that the latter have kept wide awake to their interests, and the former have gone to sleep. Whilst homeopaths have been asleep the allopaths have given them, in the eyes of the public, any character they pleased, and when homeopaths have not accepted themselves at the allopathic estimate, the public in the main have done so—which comes to much the same thing.

The policy of going to sleep is the policy which the allopaths have of late encouraged the homeopaths to adopt. In former times—in the good old “fool or knave” days, when the choicest vocabulary of Billingsgate was poured on homeopaths by the allopathic journals—homeopathy made so much headway, that the tactics had to be changed. Allopaths therefore substituted the policy of silence, hoping the homeopathic baby would go to sleep; and homeopaths were so startled by the sudden quiet, that they believed all had become friendly now, and fell into the slumber hoped for by the enemy. In the slumber homeopaths dreamed that the millennium had at last actually come, or was on the point of dawning; and whenever an allopath mentioned homeopathy in other language than that of pure abuse, they mistook it for an archangelic herald's trumpet.

Many years ago LEECH drew a picture of a family group arranged ready to be photographed. Papa and

mama stood in the centre, with numerous olive branches spreading out in gradation on either side. It was before instantaneous photography was thought of, and long exposures were the rule. Every member of the group moved whilst the camera was uncovered, and below the actual group LEECH depicted the "interesting result" of the photographer's effort. Every face and figure was grotesquely altered. It was still possible to distinguish papa from mama and John Thomas from Betsy Jane, but that was about all.

We are reminded of this "interesting result" whenever we see a description of homeopathy written by an allopath, and we were not disappointed when we read in the pages of our contemporary the *Homeopathic Review* an account of homeopathy fished out of a back number of the *Guy's Hospital Gazette*. The thing that surprised us was that our contemporary should seem to be flattered by this allopathic attention, should think it worth while to try to rectify the travesty of homeopathy there presented, and should waste its valuable space in attempting to reason with the impertinences of the student laddie who wrote it. But worse than that, our contemporary seemed to endorse the student's hideously untrue picture of HAHNEMANN'S Schema, and, in a way, to apologise for the Schema, damning it with faint praise, and pointing to the *Cyclopedia of Drug Pathogenesis* as having been purposely compiled to supersede it, and so do away with one allopathic objection to homeopathy.

The aspiring author of the paper in question, which was read at a Students' Medical Society in Guy's Hospital, pays the London Homeopathic Hospital a poor compliment in saying that he learned about homeopathy in that institution. He admits, however, the respectability of the hospital—for are there not "Guy's men" on the staff?

Now it seems to us that this won't do. Homeopathy has its own tale to tell, and homeopaths alone can tell it.

It won't do to doctor up the accounts of it given by allopaths. So long as homeopaths are content to have their science and art travestied by student laddies, or learned professors, so long will they deserve to live in the obscurity to which allopaths would like to consign them. But there is not the least need for this. The public are just as ready to hear homeopaths as they are to hear allopaths. It is not the fault of the public if they don't know the true story. It is the fault of homeopaths who fail to tell it. The allopath cannot possibly tell the story truly; for he would not be an allopath if he could. No amount of tinkering can make the allopathic picture right, and all attempts to do this are worse than wasted energies.

Wake up, homeopaths! Tell your own story, tell it straight, tell it persistently, pay no attention to what allopaths say or think. The true picture will supersede the false; the allopath will then appeal to the public in vain. At present he has it all his own way.

Wake up, homeopaths! and let the public know that you are awake!

---

HUMAN ACTINOMYCOSIS IN FRANCE.—At the Académie de Médecine M. Poncet read a paper on actinomycosis in man, in France, in which he said that within the last few months he was able to collect twenty-one new cases published by different authors. The affection was met with in nearly every case (eighteen) on the face or the neck. In each case the clinical diagnosis was confirmed by the microscopical examination of the pus. To these twenty-one cases he would add eight others, noted by a friend of his in Paris, which, added to all those published, gave a total of 146 cases of human actinomycosis known up to the present in France, of which seventy-nine were localised in the face and neck and sixty-seven in the viscerae. As regarded the prognosis of that affection, M. Davau, a military surgeon, was able to procure information on the final lot of 257 patients, both at home and abroad. By these documents it was found that the mortality, which was only from 2 to 3 per cent. in the cutaneous forms and 10 per cent. in the cervico-facial forms, rose to 30 per cent. when the malady was deeply situated in the temporo-maxillary region, to 65 per cent. in abdominal actinomycosis of intestinal origin, to 85 per cent. when localised in the thorax, and 100 per cent. when the liver or cerebro-spinal system were attacked. The gravity of the visceral forms arose from the difficulty of treating due to the extended infiltration of the malady.—*Med. Press*, Paris Letter, April 23rd.

## NEWS AND NOTES.

## THACKERAY, DR. ELLIOTSON, AND HOMEOPATHY.

THERE has been a correspondence in *Notes and Queries* as to whether or not Thackeray was a believer in homeopathy, and, incidentally, whether Dr. Elliotson, who was called in to attend him, was not a homeopathic doctor. Sir Harry B. Poland writes (*N. and Q.*, October 25th) to show that there is no evidence of Elliotson having been a homeopath. In fact, Elliotson was not a homeopath; but he was a man with "a mind to let," who did not condemn new developments in science because he happened to be ignorant of them. His open-mindedness cost him the ostracism of his colleagues on the one hand, and brought him into sympathy with professional outlaws of other descriptions, including homeopaths. That he was friendly with homeopaths we know. How far he was acquainted with homeopathy we cannot say. An interesting passage of Sir H. B. Poland's letter refers to a saying of Thackeray's little daughter, *apropos* of Helen Pendennis, whose fate was in the balance, before the novel was finished. The child, who was ten years old at the time, said, "Oh, papa, do make her well again; she can have a regular doctor, and be almost dead, and then will come a homeopathic doctor who will make her well, you know." Sir Harry Poland agrees with Dr. Sykes (whose statements he is controverting) that there must have been a reference to her father's own illness and recovery in the daughter's remark. From the same letter we learn that Dickens also was not unacquainted with homeopathy. He "armed himself with a box of homeopathic globules" against sea-sickness when he crossed the Atlantic.

## CARBONEUM HYDROGENISATUM.

ILLUMINATING gas consists of carburetted hydrogen (*Carboneum hydrogenisatum*—see *Dict. Mat. Med.*) mixed with other gases existing as impurities. The *Lancet* (November 8th) quotes from the *New York Medical Journal* a description of gas-poisoning by Dr. T. J. Yarrow, jun.

This brings out some very characteristic symptoms which should be of use to homeopaths :—

“ When a person is exposed constantly to a leaky gas-pipe the effect on his health is soon apparent. The symptoms are anæmia, frontal headache (worse on rising in the morning), anorexia, tinnitus aurium, vertigo, foul taste in the mouth, abdominal pains, constipation, indigestion, and lassitude. He never feels well, but he improves when in the fresh air—a fact which should arouse suspicion of gas poisoning. Chronic gas poisoning differs from acute in that the florid countenance of carbon monoxide poisoning is seldom seen.”

The following cases are important. “ Tremor of the lower jaw ” should prove a valuable symptom :—

“ Dr. Yarrow relates two cases. In the first the patient was a man, aged 52 years, who had not felt well for some years. He complained of anorexia, nausea, frontal headache, colicky pains, indigestion, and obstinate constipation. He had been confined to bed for several days. Noticing the odour of gas when he entered the vestibule of the house, Dr. Yarrow examined the blood spectroscopically and found carbon monoxide hæmoglobin. It was also present in the blood of the patient's sister but not in that of the other members of the family. The patient and his sister slept in badly-ventilated rooms, and the others in well-ventilated ones. On changing his residence the patient rapidly recovered. The other case is the first case on record of carbonyl hæmoglobinuria from chronic gas poisoning. A woman, aged 58 years, was admitted to hospital with marked tremor of the lower jaw. Gas had been escaping in her house for a long time. She could detect the odour until four or five months before but not since; she thought that she had grown accustomed to it. The urine was crimson and contained carbonyl hæmoglobin; the blood also contained it. Recovery ensued and the tremor diminished.”

---

#### PHILLIPS MEMORIAL HOSPITAL.

THE annual concert in aid of the funds of this hospital was held in the Grand Hall, Bromley, on Wednesday evening, November 12th, Mr. Lindsay Bell being the organiser and mainspring as in former years. Mr. Bell is able to secure the very highest artistic talent, and the concert of this year was, as formerly, a brilliant success. The district *Times* (November 14th), which contains an account of the concert, also gives an account of the “ Bromley Coronation Hospital Fund,” from which we see that £17 0s. 6d. from this fund was allocated to the Phillips Memorial Hospital.

### HOVE HOMEOPATHIC DISPENSARY.

WE are pleased to announce that the Hove Branch Dispensary is to be opened on December 2nd. We understand that Mr. William Willett has guaranteed the balance required unless it is made up by other subscribers.

---

### THE AUTHOR OF *EREWHON*.

WE take the following from the *Westminster Gazette* of November 18th :—

#### “COMPLIMENTING MR. SAMUEL BUTLER IN SICILY.

“The *Times* publishes news of a striking tribute to Mr. Samuel Butler’s memory paid by the town of Calatafimi, Trapani, Sicily, where much of Mr. Butler’s literary work was done. The inhabitants of Calatafimi have renamed a street, leading from the ‘Nuovo Mercato’ towards Segesta, the ‘Via Samuel Butler,’ and have also rechristened the “Albergo Centrale,” which is henceforward to be known as the ‘Albergo Samuel Butler.’”

Samuel Butler, it may interest our readers to know, was a homeopath, and, when in England, was for very many years a patient and friend of Dr. Dudgeon’s.

---

### A DANGEROUS COSMETIC—PLUMBIC POISONING.

THE following is from the *Chemist and Druggist* of November 8th :—

#### “PLUMBIC FACE-POWDER.

“A Dundee doctor reports a case of lead-poisoning from a hitherto unsuspected source. A young woman had been under his care for some time for anemia, and also showed blue lines on the gums and suffered from colic-pains. The doctor suspected lead-poisoning, but was unable to trace its origin. At last he decided to put the toilet-powder she used into the hands of the city analyst, who certified the presence of lead therein.”

The skin has a powerful absorbing action as well as an excretory function. Homeopaths who use medicated ointments too often forget this.

---

---



## ORIGINAL COMMUNICATIONS.

## "PAGE 181."

By DR. CLARKE.

As Dr. Hayward considers the HOMEOPATHIC WORLD has been unfair to the late Dr. Hughes in the quotation it made from his posthumous work in the leading article of last month, it may perhaps be well if the whole page be quoted. But as the page begins in the middle of a sentence, and ends in the middle of one, it will better give the sense of the whole if some of p. 180 and p. 182 be given as well.

Dr. Hughes is writing on "The Politics of Homeopathy"; he says:—

PAGE 180:—

In such numbers, with such features, homeopathy has become an organised body. I must ask you to believe that its followers have not sought such a separatist attitude; that they have been forced into it by the intolerance, hostility, and persecution everywhere shown towards it by the profession at large, as I have described in my Lecture XI. A large part of its history, as related in the Transactions from which I have drawn it, is taken from the narrative of the attacks made upon its practitioners. But I think we may say with the poet—

"Now hath descended a serener hour."

The recent utterances—say from 1881—on the subject of homeopathy have breathed a far milder spirit than those of the thirty years beginning 1851; the medical journals notice our doings with good-humoured badinage instead of the truculent

PAGE 181:—

animosity to which we were accustomed; and most of us have of late years found in professional intercourse an amenity which was as welcome as it was unexpected. I think the time has come for serious endeavours to heal the breaches and terminate the schism; and to all on either side whom these words may reach I would restate the causes which hold us apart, and the claims on the part of homeopathy, the frank allowance of which would justify, indeed would compel, our re-absorption into the general body of the profession.

First of all, let us recall what is the doctrine which constitutes our creed and has formed us into a church. Doctrine, I say; for homeopathy is this and nothing more. Like every other doctrine it has practical corollaries; and one of these, the small dose, has caught the common eye as the prominent distinction of our method. But as every one who will look into our literature may satisfy himself, we are not globulists, or even necessarily infinitesimalists; we are not characterised essentially by any of the theories or practices which

may have marked the school of Hahnemann. We are simply *homeopathsists*, *i.e.*, adherents of the cardinal similarity between disease- and drug-action as the cardinal principle of therapeutics.

Let me explain.

Dr. Hughes Bennett, in the introduction to his "Principles and Practice of Medicine," after showing that the difference between the exact and the inexact sciences is the possession by the former of a "primitive fact," writes thus:—

"Medicine, then, in its present state possesses no primitive fact; but is it not very possible that it may do so at some future time? During the many ages that existed before Newton, physical science was as inexact as that of physiology is now. Before the time of Lavoisier chemistry, like physiology, consisted of nothing but groups of phenomena. These sciences went on gradually advancing, however, and accumulating facts, until at length philosophers appeared who united these types under one law. So medicine, we trust, is destined to advance; and one day another Newton, another Lavoisier, may arise, whose genius will furnish *our* science with *its* primitive fact, and stamp upon it the character of precision and exactitude."

Now homeopathy is nothing more than one of the many attempts which have been made from time to time to supply this missing "primitive fact." Like Brown and Broussaists, Hahnemann propounded his doctrine from within the ranks of traditional medicine, and, indeed, from no undistinguished position there. One would have thought that its reception might have had the same course as theirs. That there should have been Hahnemannists would not have been strange,

PAGE 182:—

any more than that there should be Broussaists and Brownists. But the task of the profession at large was to examine the new doctrine, to estimate the worth of the arguments alleged in its support, to test it in practice, and ultimately to assign it its place in the resources of therapeutic art.

It is sometimes not easy for superficial readers to distinguish between criticism of a man's work and criticism of a man's personality. But it is most important that these should be distinguished. For the person and memory of Dr. Hughes the WORLD and its editor have nothing but affection and esteem. Dr. Hughes was entirely honest, endowed with gifts far transcending the average of men, inspired by a singleness of purpose and a loftiness of aim which were in every way admirable. The question whether the aim was in the right direction and whether the purpose made for the real advancement of therapeutics is an entirely different question; and it is this alone which has been dealt with in the HOMEOPATHIC WORLD. It is no kindness to an author or to his memory to allow his influence, when that influence appears to be wrong, to remain uncorrected. The solid work Hughes

has left in his *Cyclopedia of Drug Pathogenesis* will remain his enduring monument. It is *his* work—a work which no one else but himself could have designed and accomplished. It will never perish or be out of date, because it contains that which will always be wanted and will be nowhere else accessible. The present writer, perhaps better than any one else, is able to appreciate the inestimable value of this work; and he has, moreover, nothing but gratitude to Dr. Hughes for putting so much practical homeopathy into available form in his *Pharmacodynamics*. But this appreciation does not abrogate the duty of setting forth wherein the influence of Dr. Hughes appears to him to be the reverse of helpful to homeopathy.

The cardinal fact to be borne in mind in estimating this side of Dr. Hughes' work is that *his writings were directed to allopaths*. The passage above quoted is an appeal to allopaths all through. Dr. Hughes always felt the eye of the allopath upon him, and always endeavoured to put homeopathy into a shape acceptable to allopaths. This consideration—how it would appear to allopaths—ruled his judgments. Now homeopathy, though usually considered to be something infinitesimally small, is far too big a thing to be poured into the biggest of allopathic bottles, or any number of them. But Dr. Hughes could never appreciate this. From the first paper he wrote for the British Homeopathic Society in 1862 (see obituary of Dr. Hughes in the *Journal of the British Homeopathic Society* June, 1902) to his posthumous work, the aim of Dr. Hughes was the union of the two schools of medicine—as it would seem, at all costs. In 1862 he wrote:—

"It would appear that if the science of pharmacology is to make much way through the present century, we must be the workers. And such a science must speedily make its appearance if we are to help our brethren and they to help us [a reference to the old school], if, out of the good things peculiar to each party, a new art of healing, higher than anything yet seen in the world, is to be seen and flourish."

An amalgamation of allopathy and homeopathy he expected to produce something vastly superior to homeopathy itself. In the search for this chimæra his life was spent. In the passage quoted from p. 181 Dr. Hughes urges that a "frank allowance" of the claims of homeopathy on the part of the dominant school "would compel our re-absorption into the general body of the pro-

fession." By allowance of our claims he means an academic assent to the homeopathic article in the medical creed. Going back into p. 139 of *Principles and Practice*, we find Dr. Hughes writing thus :—

"This, then, is the first thing I have to advise—that you avow your belief in the most practical way, identify yourself with its body and not merely its soul, join the church as well as profess its creed . . . Do you, in acknowledging the truth of homeopathy, bind yourself to its exclusive practice? No; by no means. In becoming (as men will call you) 'homeopaths,' you have not ceased to be physicians. 'Medicus nomen, homœopathicus cognomen', we may say after St. Augustine's manner. . . . Claim to be priests of the one Catholic Church of Medicine, however much the prevailing majority deny your orders and invalidate your sacraments. They force you into a sectarian position; but let them not inspire you with a sectarian spirit," &c.

Here we see the mainspring of Dr. Hughes' endeavour. Medicine was to him a church; schism was something wrong in itself; no effort was to be spared in healing the schism. The question was not one of science and practice; it was one of ecclesiastical assent. Hahnemann's Schema is an offence to the allopaths; it is a stumbling-block in the way of healing the schism. Therefore it must go. In his efforts to get rid of the Schema, Dr. Hughes has endowed homeopathy with the *Cyclopedia*, so he has fairly earned the right to say his say. But for all that, the *Cyclopedia* cannot, as he intended it should, replace the Schema, any more than a stack of pig-iron can take the place and do the work of an iron steam-ship.

The question for us to answer is the question of practice, not the ecclesiastical or political question. Are symptoms good for their independent face-value apart from the order in which they occurred in reference to other symptoms? Hahnemann says yes, and he arranged them in an order in which they can be found when wanted; and practice has confirmed Hahnemann.

Hughes contended that in treating cases we should seek to get not only the symptoms of a remedy, but the sequence of the symptoms to correspond with the sequence of the symptoms in the case. This is very desirable when it is to be had, but as a rule it is not within the range of practicability to obtain this correspondence. Nor is it necessary. If it were, homeopathy, which is difficult enough as it is, would be an impossibility.

Take the case of *Borax*, for example. One of the most characteristic and valuable symptoms of that remedy is an exceeding sensibility to sudden noises. Now this was one of the very last symptoms to occur in Schreter's proving: "Fright; he starts in all his limbs on hearing an anxious cry." This occurred four weeks after the dose, and every careful prescriber knows its value at the bedside. Now comes the question. Is it necessary to have in a case the whole sequence of Schreter's symptoms ending with this one, before you can rightly prescribe *Borax*? The answer of practice is that it is *not*. Then what is to be done with it? The answer is, put it where it can be found when wanted, adding, if you like, the date in the proving at which it occurred. And that is the whole question involved in Hahnemann's Schema! Furthermore, the symptom can be paraphrased into this modality: "< from sudden noises," and can be put in the "Generalities" section of the Schema as such. "Shotshy" sporting dogs have been cured with *Borax* on this symptom. But allopaths would not approve of this arrangement, therefore, according to Dr. Hughes, it must be sacrificed, and the day-book of the prover only presented. Practice and the practical were not Dr. Hughes' aim—his aim was *ecclesiastical assent*.

Now this is where the danger of Dr. Hughes' work lies so far as the future of homeopathy is concerned, if it is allowed to go uncorrected. Homeopathy has to do with practice and practice only. If homeopathy doesn't work, it is no good as an ornamental doctrine; if it works (and it *does*) nothing else matters.

The attempt to put homeopathy into allopathic form has had no real effect on allopathic therapeutics. The works of Ringer, Phillips, Bartholomew, S. O. L. Potter and Brunton have done little or nothing to modify the "system of binding and loosing," as Dr. Dudgeon has described the orthodox practice of giving astringents and purgatives. The fact is, as soon as homeopathy is put into allopathic shape it is sterilised—there is no reproductive life left in it. Dr. Hughes would add to the allopathic "binding and loosing" formulæ other formulæ for binding medical consciences. Now the cardinal virtue of homeopathy is that it unfetters the thoughts of those who are *initiated into its PRACTICE* and endows them with the *freedom of the materia medica*. But it is *PRACTICE*

which does it — it is no mere *assent* to its truth among a lot of other articles in a creed — which Dr. Hughes laboured so strenuously to bring about. If he had succeeded he would have brought about no practical change. Mere assent is of no value. *Credo* has no place in medicine; *Scio* is the only thing which counts. Homeopaths are the people who *know*: allopaths are the people who *don't know* and, for the most part, who *don't want to know*. To talk of “re-absorption” under these circumstances was only possible to one who lived apart from the hard facts of life in an ecclesiastical dream; and it seems to the present writer that the kindest thing he can do to the memory of Dr. Hughes is to warn all who use his works, in taking the solid facts he gives them, not to allow their minds to be troubled or misled by the ecclesiastical subtleties and inutilities with which they are too often served up.

---

## MATERIA MEDICA MISCELLANY.

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

*Cocculus in Diseases of Women.*—Dr. M. E. Douglas in a paper on *Cocculus* says its good effects are seen in pregnancy. At this period the intestines are often much distended with flatus, and the patient suffers from frequent desire to urinate referable in part to the flatulent pressure on the bladder. It is also useful in menstrual troubles. In women of nervous temperament and of thin, delicate fabric of body, the menses are often preceded by certain paroxysmal colicky pains in the hypogastrium, and more or less pain in the back and hips. These pains last for the first day or two and are attended by a scanty discharge or a profuse one, in either case paler than normal and not uncommonly accompanied by clots or shreds. *Cocculus* given a few days before and continued for the first two or three days, will frequently ward off the pains and render the discharge more natural.

Leucorrhœa is also advantageously treated with *Cocculus*, especially when sero-purulent in character and accompanied by lumbar pain. Chlorosis, too, where the menses disappear for months together or occur only at irregular intervals and long separated, and are pale and scanty, may be greatly relieved and the menses re-

established. Such cases often suffer from profuse and exhausting leucorrhea between the periods.—*Am. Phys.*

*Picric Acid for Brain Workers.*—Dr. Geo. Royal often finds *Picric acid* indicated for brain workers, as high-school pupils, college students, professional and business men and women. Of the totality of symptoms he finds “occupation and habits of life” the most prominent indication for *Picric acid*.

The second item of importance is the mental condition. These patients first become despondent, then irritable, and finally indifferent. When this last stage is reached the mental processes are slow and the irritability usually disappears. Mental exertion always aggravates the patient during the first two of these three stages, but is less apparent during the third, although the general prostration is noticeably increased by mental application.

The headache of the drug—a violent throbbing occipital headache, with pains of similar character shooting down the spine—is most pronounced during the second stage of the mental symptoms. During the third stage the character of the pain changes and becomes a severe, dull ache, sometimes expressed as a “heavy ache”; or, again, like a “lump of lead” felt at the base of the brain. The violent, throbbing headache is often accompanied by noises in the ears, which noises make hearing difficult.—*Med Advance.*

*Ichthyol: a proving.*—In a recent proving of this drug, made by the Alpha Sigma members of our New York College, it was shown that *Ichthyol* should have a prominent place in the therapeutics of the uric acid diathesis. Lithemia was indicated by the urinary provings, and should prove amenable to the remedy, given in potency. Hay-fever symptoms were also prominent in this proving, and its application in this intractable affection is awaited with interest. The lachrymation, coryza, and dry, teasing cough of measles seem also well pictured. Whooping-cough, tonsillitis, and the tiresome, intractable coughs of the aged suffering from bronchial affections, would also appear to offer us a chance for the trial of this new remedy. The symptoms are well described in detail in the article mentioned, and should be consulted. The remedy acts especially well in some dry, hacking coughs. The 3x, 6x and 8x potencies are suitable forms for its administration.—*The Alpha Sigma. (Hahn. M.)*



*Kali Bichromicum* in Hay-Fever.—Dr. Goullon (*Leipziger Populäre Zeitschrift für Homöopathie*) relates a case of hay-fever in which the patient complained of “coryza of the most pronounced type, with obstruction of the nose and violent attacks of sneezing.” The attacks of sneezing came on in bed, and were so persistent that the patient felt debilitated therefrom. He was a neurasthenic, complained of cold hands and feet, and had been to the seashore, where the symptoms subsided, but on returning home they recurred with full force. *Kali bichromicum* 6th decimal trituration was prescribed, and a cure promptly followed. Dr. Goullon believes this remedy to be strongly indicated where the above symptoms are encountered. Together with these there is usually a profuse watery discharge from the nose. He recalls having cured a number of other such cases.—*Hahn. M.*

*Strontium Carb. in Diarrhea.*—Dr. P. C. Majumdar reports the following: A young man æt. about twenty-four years, thin built but healthy looking, had an attack of headache from overstudy and some disorder of the liver in the month of October, 1896. At that time he took the advice of an allopathic doctor and was apparently cured. A couple of months after he came to consult me about a diarrhea from which he was suffering off and on.

The stools were thin but fecal and bilious, there was no colic, the stools were more frequent at night, properly speaking in the first part of night, better after 3 or 4 a.m.

The urgency to stool was frequent, as soon as he came out, he had to run again. This gave him great trouble as he could not go to sleep. From morning till late in the afternoon he was comparatively free from stools. His appetite was fair, and the food he took was digested well. I gave a few globules of *Puls.* 3x to be taken morning and evening. I instructed him to see me after six days, but he returned after three days and remarked that his condition was rather worse.

I discontinued medicine for ten days but still he was as bad as before. In Lilienthal's immortal homeopathic therapeutics I found the following symptoms which guided me to prescribe *Strontiana*.

“*Diarrhea at night with great urgency, patient is*

scarcely off the vessel before he has to return again, better towards morning; purging is preceded by pains in abdomen."

The first three symptoms were very prominent in my case, so I ordered him a powder of *Strontiana carb.* 6 every evening before dinner. The very next day he had less stools and less urgency. He continued the same powders for six days and was free from diarrhea.—*Indian Hom. Rev.*

## CASES I HAVE COME ACROSS.

By FRÉDÉRIK KOPP, Greenwich, N.S.W.

### XXX.—*CAMPHORA OFFICINARUM, CAPSICUM ANNUM,* AND *ARSENICUM ALBUM* IN ENGLISH (SPORADIC) CHOLERA.

IN this case I was roused up out of bed about one o'clock one morning to see a lad, about 18 years of age, who had been suddenly attacked by English cholera. The symptoms were: Violent vomiting and purging (profuse, bilious, watery discharges), cramps in the stomach and bowels, and great prostration. I administered 3m of Rubini's *Camphora* tincture on sugar, but this was rejected by the stomach almost immediately. Shortly afterwards I repeated the dose, and had the satisfaction of seeing it retained. Another dose was administered ten minutes afterwards. I was now, however, struck by the extreme pallor of the patient, his oppressed breathing, and apparent state of collapse. On examining the pulse I found it slow, intermittent, and feeble. Fearing that he was beyond the *Camphor* stage, I administered *Capsicum annum*  $\phi$  3m every ten minutes for an hour, followed by the same remedy, in alternation with *Arsenicum album* 3x (3m dose), every half-hour. The effect of these two remedies was soon apparent. The vomiting and diarrhea became less frequent, the cramps were ameliorated, and the pulse rapidly improved. At the end of two hours I had the satisfaction of seeing my patient out of danger and wrapt in a nice, easy slumber, his breathing having wonderfully improved. I then left. On the following morning I found him almost himself again, the only symptoms remaining being a

soreness about the stomach and bowels, and a slight prostration. *Capsicum annuum*  $\phi$  was then administered, 3m thrice daily for three days, and then discontinued, the patient no longer requiring it.

### XXXI.—*CALENDULA OFFICINALIS* IN A SEVERE SCALP WOUND.

A LADY, while roaming about "the bush" at Greenwich, missed her footing, and fell down some rocks, striking the back of her head heavily against the latter, which caused her to receive a severe scalp wound. On examination I found the wound (a cut) nearly two inches in length, and full of sandy matter, which I removed by the aid of an application of tepid water, having first cut away the surrounding hair. After the wound had been well cleansed, I applied a lotion consisting of 5j *Calendula officinalis*  $\phi$  to 3vj of water, and gave instructions that the same should be applied every four hours to the wound—cotton lint to be well saturated with the lotion, and then placed on the cut. This treatment was very effective, for in about ten days' time the wound had made good progress towards healing. Unfortunately, however, about this time, the lady's husband, as he was one morning putting on his coat, slipped suddenly in putting his arm through the sleeve, with the result that the arm came with some force down on to his wife's head, bursting the wound. On seeing her a few days afterwards, I found the wound very angry-looking, and a considerable amount of pus had formed therein. I bathed it well with tepid water, and then ordered the following ointment to be applied to the injury three times a day, bathing the part well every evening with tepid water:—

Rx *Tinct. Calendula officinalis*  $\phi$  3ss.  
Adipis Præparatæ 3j m

Under this treatment the suppuration soon ceased, and the wound gradually healed up without any further mishap. In cases like the above *Calendula officinalis* will always be found to act well, and is much safer in application than *Arnica montana*, which, as is now well known, is apt to produce, in some persons at least, a rather severe form of erysipelas, a contingency by no means to be desired in the treatment of wounds and other injuries.

XXXII.—*GELSEMINUM SEMPERVIRENS* IN SEMI-STUPOR.

In this case, that of a man, aged about 60, the patient complained of a headache, which came upon him suddenly. This was followed by a dizziness and a feeling of heaviness and dulness in the head, and the patient soon sank into a state of semi-stupor. *Belladonna* 1x, 1m every half-hour, was administered for several hours, but had no effect. This was then discontinued, and *Gelseminum sempervirens* 1x, 2m every half-hour, substituted. This had the desired effect, as, after having had a few doses administered to him, the patient gradually recovered from his state of semi-stupor, but still complained of the feeling of heaviness and dulness in the head. The remedy was persevered with, but given hourly instead of half-hourly. The result was that the feeling of heaviness and dulness became greatly ameliorated, and by the following morning had entirely disappeared. On my advice the patient kept on taking a dose of the medicine night and morning for several weeks afterwards, to prevent a recurrence of the symptoms. It may be well to add here that the patient had, some years previously, suffered from an attack of sunstroke, which left him with occasional attacks of vertigo, and which, up to the above-quoted instance, had always been amenable to *Belladonna*. In this instance, however, *Gelseminum* being more closely homeopathically related to the symptoms than *Belladonna*, proved to be the remedy indicated.

(To be continued.)

A NOTE ON *SULPHUR* 1m IN ALCOHOLISM, AND A SUGGESTION.

A CORRESPONDENT sends us the following :—

“My wife and I are interested in the maintenance of an inebriates’ voluntary home, and know a good deal of the misery and physical suffering of reforming inebriates. I have also for a dozen years tried from time to time to save a man who was such a hopeless drunkard that he twice attempted suicide. Having read in your *Dictionary* that Gallavardin cured many such with *Sulphur* 1m, I a few months ago took this man in hand, giving him *Sulphur* 200. At that time he was fast failing in health,

and had a cough which, on rising, was most violent and caused "sparks to fly out of his eyes"—so he said. For greater efficacy I changed to the 1000th, two pilules per week—one of the doses at full moon. He has for some weeks been looking much better. The cough, promptly relieved, has almost gone. The craving for whisky, he tells me, is *very much* less, and the sinking sense of want about cured. I asked his foreman recently how the governor was getting on. "Then he is *better*?" said I. The answer was, "Better? Why, sir, he isn't i' same street!"

Now I beg leave to suggest that you would probably render great service to humanity *and* homeopathy if you would in the HOMEOPATHIC WORLD call attention to the need of a pamphlet or small work on the treatment of inebriates by homeopathy. I know your own hands are more than full; but surely some homeopathic practitioner who is specially interested in the subject would undertake to write such a book, and you would then announce the fact that he had done so. It would have a large sale, especially if such cases as Gallavardin's and mine were mentioned.

"These folk *cannot* save themselves. They are the victims of a disease.

"And would you appeal for the establishment of an inebriates' home on homeopathic lines? My experience is that once started and furnished, it should be self-supporting, or practically so.

---

POTATOES AND DIABETES.—Some time since it was announced that a diet of potatoes was favourable to the course of diabetes, producing a marked amelioration in the glycosuria, diuresis, and thirst, combined with a marked improvement in the patient's general condition. This view was first advanced by A. Mosse as the result of extensive observations. This investigator now reports (*Jour. Phys. et Path. Générale*, September 15, 1901) the detailed study of two cases which confirms his opinion of the benefit to be derived from this diet. He submitted the urine and feces of these patients to extended examinations. He shows that the benefit in these cases is to be ascribed neither to defective absorption nor insufficient transformation of the carbohydrates present in the potatoes, the amount of such material voided by the intestine not being materially altered. He believes that the large amount of water introduced into the system on such a diet is an important factor. Furthermore, that the hydrocarbons of potatoes are more utilisable by diabetics than has been hitherto supposed. This subject is of importance from both biological and clinical standpoints, and is worthy of more extended investigation.—*Med. Times*.

## SOCIETY'S MEETING.

## BRITISH HOMEOPATHIC SOCIETY.

THE second meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, W.C., on Thursday, November 6th, with Dr. Roberson Day, President, in the chair.

William Barrington Prowse, M.R.C.S.Eng., L.R.C.P. Lond., of 11, St. George's Place, Brighton, proposed by Herman G. Hilbers and Byres Moir, was nominated as a member.

Dr. Vincent Green then read a short paper entitled "Post-nasal Adenoids: a Clinical Study," in which he suggested street dust as the cause of adenoids.

The discussion on his paper was opened by Mr. Dudley Wright, who thought some much deeper seated cause than dust must be looked for. Dr. Nankivell (Bournemouth) mentioned *Hydriodic acid* as the most useful remedy. Dr. Galley Blackley believed sea air and sea water to be more useful than any internal medicine. Dr. Moir had found most benefit from *Calc. phos.* Dr. Day also valued *Calc. phos.*, but advised *Tub.* 30 once a week, because in nearly all cases a family history of tubercle can be found. Dr. Green replied.

Dr. Grace, of Tunbridge Wells, followed with "A Report on a Case of Gangrene," in which he gave brief *résumé* of the various forms of gangrene, and then related a very interesting case which recovered with very little loss of tissue under *Secale*. In the discussion which followed Dr. Byres Moir mentioned a very similar case. He expressed his opinion that in such cases, symmetrical gangrene, blood changes are the primary cause and the nerve changes secondary. Dr. E. A. Neatby, on the other hand, gave reasons for thinking the nervous cause to be the primary one. Dr. Goldsbrough mentioned a case where *Fluoric acid* was very useful. Mr. Dudley Wright suggested arsenic poisoning as a possible cause in the case related, the patient being a great beer drinker. Dr. Thomas mentioned a bad case of Dr. Pope's, which recovered under *Secale* 30. Drs. Dudgeon, Stonham, Cox, and the President also took part in the discussion.

Dr. J. Searson, of Brighton, read a very good paper to

introduce the following subject for discussion : " Is there too much readiness to favour Operative rather than Homeopathic Medicinal Treatment ? "

Dr. Goldsbrough opened the discussion, and objected to the removal of healthy ovaries, to which he attributed cerebral neurasthenia. Dr. Nankivell objected to removal of enlarged tonsils, most cases can be dealt with medicinally. Mr. Dudley Wright said he had long given up removal of glands. If any suppurate he advises incision and scraping. Mr. Knox Shaw, Dr. E. A. Neatby, and Dr. Wynne Thomas also took part in the discussion.

---

## INSTITUTIONS.

---

### BRITISH HOMEOPATHIC ASSOCIATION.

OUR readers will be pleased to learn that the Association is showing vigorous signs of vitality. Among the events named by us in a note last month was the

#### CONCERT

got up by Mrs. H. J. T. Wood and Mrs. Stephenson. It will no doubt interest many to see the contents of the programme :—

" A Grand Concert and Café (in aid of the Twentieth Century Fund of the British Homeopathic Association) will be given at the Norfolk Hotel, London Street, Paddington, on Thursday, October 30th, at 3.30 p.m. The following Artistes have generously given their services :—*Vocalists* : Madame Marie Titiens, Miss Percival Allen, Miss Hilda Summers, Miss Grainger Kerr, Mr. George Aspinall, Mr. Stuart Baines, Mr. Arthur Winckworth. *Solo violin* : Miss Helen McGregor. *Solo violoncello* : Miss Agatha Gray. *Siffleur* : Mr. Charles Capper. *Recitations* : Miss Claudine Martin, Mr. A. E. George, Mr. Frederick Upton. Tickets, to include tea, 5s., may be obtained from Mrs. H. J. T. Wood, 34, Clanricarde Gardens, and Mrs. Stephenson, 90, Inverness Terrace, W."

The concert was very well attended, was thoroughly successful, and heartily enjoyed by all who were present. A substantial balance remained after all expenses were defrayed to be handed over to the funds of the Ladies' Committee.



The funds of the Ladies' Committee have been further enhanced by the handsome donation of £100, given by Lady Durning Lawrence.

\* \* \* \*

The parent fund of the Association—the “Twentieth Century Fund,”—of which the other funds form an integral part, only ear-marked for specific purposes—is receiving generous support likewise. A cheque for £100 has been received from “E.H.S.,” through Dr. E. J. Hawkes, of Ramsgate.

\* \* \* \*

Perhaps the most important event of the past month has been the founding in connection with the Association of the

BURNETT PROFESSORSHIP OF HOMEOPATHIC PRACTICE, in memory of the late Dr. James Compton Burnett, sometime editor of the HOMEOPATHIC WORLD, whose memory and influence are a not less, and perhaps even more, living fact to-day than when he was present in person. In order to give this influence definite shape and direction for the good of posterity, his friends have decided to raise the amount needed for this foundation. To inaugurate this movement, Mrs. J. H. Clarke undertook to hold a Sale of Silver Articles, and issued this card of invitation :

### BRITISH HOMEOPATHIC ASSOCIATION.

BURNETT PROFESSORSHIP OF HOMEOPATHIC PRACTICE.

Mrs. JOHN H. CLARKE

requests the honour of the presence of

\_\_\_\_\_ and friends

at a Sale of Silver Articles

which will be held in aid of the above

on Thursday and Friday the 20th and 21st of November, at

the Holborn Viaduct Hotel,

from 11 a.m. to 7 p.m.

All the articles will be marked at the ordinary retail prices and will range from half-a-crown.

30, CLARGES STREET, PICCADILLY.

*[Please bring this card with you.]*

The sale, which was eminently successful, will have a full notice in our next issue. Mrs. Clarke was ably

assisted by Mr. and Mrs. H. Synyer, Miss Joplin, Miss Bax-Ironside, Miss Bevan, and Miss C. C. Darby; and when the accounts are fully made up she hopes to be able to start the fund with a sum of not less than £200.

The card of invitation was accompanied by the following circular:—

“JAMES COMPTON BURNETT MEMORIAL.

“Ever since the lamented death of the late Dr. James Compton Burnett, there has been a feeling among his friends and patients that some permanent memorial should be raised in his honour. The difficulty hitherto felt has been in deciding upon the form which the Memorial should take. It has been suggested that the founding of the British Homeopathic Association affords a fitting solution of this difficulty.

“Dr. Burnett left homeopathy far richer in healing power than he found it; and it has occurred to some of his friends that no more adequate memorial of his greatness of heart and mind could be raised than the foundation of a permanent source of instruction in homeopathic practice.

“The teaching of homeopathic practice is one of the main objects of the British Homeopathic Association, and the Association has undertaken to administer funds collected for this purpose. It has, therefore, been decided by Dr. Burnett's friends to raise a fund to found a Professorship of Homeopathic Practice to bear his name.

“It is in furtherance of this object that Mrs. J. H. Clarke is holding a Sale of Silver Articles.

“If any friends or admirers of the late Dr. Burnett, who may not be able to attend the sale, would wish to contribute to the Memorial, Mrs. Clarke will be happy to receive and acknowledge any contributions sent to her for this object.

“30, Clarges Street, W.

“Nov. 1, 1902.”

The response to this circular was very gratifying. Many touching letters have been received from Dr. Burnett's former patients, and donations amounting to upwards of £40 have been received and acknowledged by Mrs. Clarke. We shall publish the list of subscribers in our next issue.

Cards of invitation were sent to and acknowledged for Her Most Gracious Majesty the Queen and Her Royal Highness the Princess of Wales. Favourable notices of the Sale appeared in the *Morning Post*, *Daily Chronicle*, and other papers, details of which must stand over till next month.

\* \* \* \*

On Friday and Saturday, November 28th and 29th, from 3 to 6 p.m., a small

## BAZAAR

of pretty fancy articles, suitable for Christmas presents, was held by Mrs. John Mews at 68, Queensborough Terrace, Bayswater, W. The proceeds of the Bazaar will accrue to the Ladies' Committee Fund.

\* \* \* \*

Among the events of the near future is

## A DRAWING-ROOM MEETING AT BRIGHTON,

to be held at the house of Mrs. Rudhall, 3, Sussex Square, Brighton, at 3.30 p.m. on Saturday, December 6th, for the purpose of founding a LOCAL BRANCH of the British Homeopathic Association. An important deputation from the London Executive Committee will attend. Full details of this will appear in our next issue.

## LAUNCESTON HOMEOPATHIC HOSPITAL.

THE annual meeting of this institution was held on Tuesday evening, October 7th, the President of the Hospital, Mr. Henry Ritchie, occupying the chair. Mr. F. Styant-Browne, the Hon. Sec., read the report, and the treasurer, Mr. W. S. Bell, read the balance-sheet. The medical report was read by Dr. P. Douglas Smith, on whom the entire medical work of this Hospital devolved on the removal of Dr. Gutteridge to Melbourne. We append Dr. Smith's report, and we think the hearty vote of thanks accorded to him by acclamation at the close of the meeting was in every way deserved.

## "MEDICAL REPORT.

"Dr. P. Douglas Smith reported as follows, for the year ending June 30th: In presenting this second medical report, I wish at the outset to refer to the serious loss we have sustained in the departure of Dr. Gutteridge for Melbourne, early in our hospital year. The whole of the medical and surgical work of the institution has had to be performed by one, and in this respect we have been working at a serious disadvantage, as compared with the previous year. Bearing this in mind, I think we may be at least well satisfied with the work done in the hospital during the year included in this report. The total number of patients treated in the hospital during the year was seventy-three, made up of five remaining at the close of the previous year and sixty-eight admitted during the year. Of these sixty-six were discharged, and seven remained in hospital at the end of the year. Of those discharged, forty-four were cured, seventeen improved,

two unimproved, and three died, giving a percentage of sixty-seven per cent. cured, twenty-six per cent. improved, three per cent. unimproved, and 4.5 per cent. died. The operations numbered twenty-seven, two of the patients operated on dying in hospital. To compare these with the first year's figures, the admissions show an increase of six, the operations a decrease of four, and the deaths a decrease of one. As before, no selection of cases was made, our conception of the purpose of a hospital dictating the admission of even hopeless cases, if thereby suffering could be alleviated. Of the sixty-eight patients admitted, thirty-one resided in and around Launceston, thirty-six were from the country districts of Tasmania, and one from Victoria, our friends from the country again being in a majority."—From the *Launceston Daily Telegraph*, October 8th.

---

## EXTRACT.

---

### HOMEOPATHY IN SURGERY.—AN AMERICAN VIEW OF MR. KNOX SHAW'S ADDRESS.

#### HOMEOPATHY IN SURGERY.

WHEN Mr. C. Knox Shaw, M.R.C.S., remarked, during his presidential address at the British Homeopathic Congress in London, that "the Hahnemannian standpoint has changed *pari passu* with the century's advance," he may have expressed his own individual opinion, or he may have been indulging in a little innocent persiflage or twaddle. He certainly did not voice the sentiments of the homeopathic profession, either of England or of America. Mr. Shaw partially explains his position when he relates to his audience how, his earliest convictions of the truth of homeopathy having been confirmed by experience, he then drifted away from therapeutics proper into the domain of practical surgery, where he found that the art of prescribing became less and less necessary. He found also that the fascinations of his speciality were so enthralling and absorbing that there was left but little time for the study of homeopathic therapeutics. This may have been natural; but we do not think it is fair to allow "have-been homeopaths," nor those who have drifted away from homeopathy, to state the case for our science. There was presented at the International Hahnemannian Association meeting, last

June, a paper by Dr. C. E. Fisher. It was reprinted in August *Medical Advance*. It is a paper that is worth reading more than twice. The *Century* people evidently thought so, for it also appears in the September number of that excellent journal. The author thinks that all surgery except that of accident is based upon pathology. That all pathology, including that second to accident, is based upon dyscrasiæ. That all dyscrasiæ are based upon pedigree. And in combating pedigree, dyscrasiæ and pathology only homeopathy has thus far been proven to be of special value. Every one will agree with Mr. Shaw when he says there are admittedly limitations to the curative effects of drugs. There are many obstacles to cure and there are many mechanical hindrances to cure which surgery alone is capable of removing. The wise homeopath recognises this and will not "drug" a patient unnecessarily where the mechanical means of surgery are what that patient needs. But homeopathy not only renders surgical interference unnecessary in many instances, but is needed to cure the patient after the surgeon has done his part well. Dr. Fisher makes this very plain. He pleads for the wider use of the constitutional simillimum, both prior to operations and afterwards. He thinks that *Sulphur* bears a marked relationship to tuberculous manifestations, and to those of sarcoma and carcinoma. A very large proportion of subjects of surgical pathology are *Sulphur* patients. They are scrawny, unhealthy, stooped, dyspeptic, ill-nourished and constipated. A course of *Sulphur* prior to operation will do much towards securing good results for the surgeon. It often secures better reaction from shock, modifies the ill-effects of the anesthetic, and induces a better wound state. Iodine is a most excellent constitutional in glandular and in bone surgery, especially the joints of children. In operations upon the breasts, thyroids, cervical and inguinal glands; or in empyemas, effusions, tuberculous infiltrations and chronic bone diseases, iodine should never be forgotten. *Calcarea* is nearly always needed in surgical children, or in the surgery of flabby, light-haired people of relaxed tissues. In bow-legs, knock-knee, hip-joint, Pott's disease, caries and necrosis, this remedy is the surgeon's most valuable helper. And so, in turn, Dr. Fisher has taken up *Thuja*, *Silicea*, *Symphytum*, *Arnica*, *Hypericum*, and many other remedies.

His remarks upon "pain remedies" are valuable, and may enable us to get along without so much morphia. We advise a careful reading of Dr. Fisher's article.—*Hahnemannian Monthly*, October, 1902.

---

## NEW PREPARATION.

---

### CADBURY'S MILK-CHOCOLATE.

WE have received from Messrs. Cadbury Bros. a sample of a new preparation of theirs, containing the nutrient properties of milk and cocoa combined in solid form. The proportion of sugar is comparatively very small, but quite sufficient to render milk-chocolate a very palatable and wholesome sweetmeat, as well as a very convenient food. For cyclists and those who have to take long journeys without stoppage for meals, milk-chocolate should more than rival the condensed meat lozenges which have obtained considerable favour in this respect.

---

## REVIEWS.

---

### OPHTHALMIC DISEASES AND THERAPEUTICS.\*

SINCE our former review of this book in 1892 it has passed through two editions, and been enlarged by nearly half its original size. In the second edition new matter was added, covering the following subjects, viz.: Examination of the eye; the use of the ophthalmoscope; the hygiene of the eye, a subject of everyday practical value that had never before been written upon in any text-book of the eye; refraction and accommodation; a tabulated statement of diseases with more or less characteristic eye symptoms, a most excellent *résumé* of the eye in its relation to general diseases prepared by Dr. E. A. Linnell. These

\* *Ophthalmic Diseases and Therapeutics*. By A. B. Norton, M.D., with plates. Third edition, revised and enlarged. Fcap. 8vo, pp. 634. Philadelphia: Boericke and Tafel; London: Homeopathic Publishing Co. Price, cloth, 25s. net.

subjects were very necessary additions to make the work complete as a text-book on ophthalmology, and as such it is *facile princeps* in homeopathic literature, and deservedly so. Moreover, the fact that a third edition is so soon called for shows how much the book is appreciated by the profession. The third edition differs from its predecessor mainly in the addition of a section called a clinical index, prepared by Dr. E. S. Munson, who for a number of years has been collaborator of the New York Homeopathic Materia Medica Society, and for six years assistant surgeon to the New York Ophthalmic Hospital. This addition consequently demands our chief attention in this review. In the preface the author says that "as the ophthalmic therapeutics have been very largely developed from clinical experience, it was thought best to call this department a clinical index, rather than a repertory," and that it "has been condensed to what may be considered absolutely reliable keynotes." This looks very good, but the working out of it leaves much to be desired. It occupies the paltry space of but nine pages, and is so concise that it is neither a complete index nor a repertory. Such simple conditions as meibomian cyst or hordeolum are not mentioned. Under choroid we find:—

"Exudations in, *Aur. Kali iod., Kali mur., Kalm., Merc.*

„ Plastic, *Gels.*

„ Serous, *Bry., Gels., Phos.*

From the descriptions of the various forms of choroiditis we have failed to ascertain what is meant by exudations, which are neither plastic nor serous, also how they can be diagnosed; and they are evidently diverse since totally different medicines are recommended. And under the treatment of choroiditis indications are given for thirteen medicines, here only eight are mentioned.

It is surprising to find *Rhus* omitted among the medicines for phlyctenules of both conjunctiva and cornea. And since the author says in the body of the book that the treatment of phlyctenular keratitis is precisely the same as for phlyctenular conjunctivitis, and refers back to that, why in the index out of the twenty-seven different medicines mentioned for the two conditions are only ten common to both lists? So many medicines under a general heading can hardly be called "absolutely reliable keynotes." Under Orbit we find a heading: "Unyielding to touch. *Phyto*," which should be a sub-heading under



cellulitis; as it stands it might be taken to mean the eyeball and applied to glaucoma. Under Pains we find only two subsections, *i.e.*, above eyes and in eyes; those under or around the eyes and the directions of the pains are omitted.

Many more such faults might be mentioned, but we have said enough to show that there is room for great improvement in this section, both in the way of accuracy and design; it appears to us to have been done unmethodically. The deficiencies here are, however, but a small blot on the general excellency of the book, which every oculist and general practitioner would do well to possess.

It is a pity the coloured plates have been inserted in the middle of the clinical index.

---

### THE LAW OF UNITY AND HOMEOPATHY.\*

“THE Law of Unity,” writes Dr. Beale, “expresses that all phenomena in the cosmos are related. It reminds us that extremes meet, that there is an infinity of greatness and smallness. Both the microscope and telescope introduce us to this land; and yet Infinity is not outside us, we are part of it, and, therefore, have a right to investigate it. It is a presumption and insult to Man to assert that ‘the Infinite is inscrutable.’ We are constantly trespassing upon its domain, though the vista beyond remains the fields of the Infinite. ‘Nothing is great, and nothing is small,’ and he who understands the small will understand the great. The same laws that govern the cell govern the sun, the planets, the universe. We have not in the so-called civilised races appreciated enough what has been called ‘the Divine law of Analogy,’ because we have been trained to consider ourselves as units without appreciating the Unity of Units. We scrutinise the part without studying the whole. The individual pebbles of the mosaic trouble us till we trace the design *in toto*.”

Thus Dr. Beale graphically sketches the ground-plan of his important theme. He shows how all attempts at

---

\* *The Law of Unity and Homeopathy.* By Arthur A. Beale, M.B., C.M. Glas. Reprinted from the *Journal of the British Homeopathic Society*. London: John Bale, Sons and Danielsson, Ltd. 1902.

reaching finality have failed, and how ridiculously inadequate are all attempts to draw hard-and-fast lines between different sets of phenomena—*e.g.*, the organic and the inorganic world, the vital and the non-vital. The “atom” is the subject of a very interesting discussion by Dr. Beale, and the life-history of the cell is traced in clear and graphic terms. Especially important is a passage in which it is shown that all bodies and cells, and hence all animate beings, are bipolar or hermaphrodite, the specialisation of polarity and sex being determined by the preponderance of the one or other elements in the individual. Thus the unity and the universality of the whole are represented in every part. A discussion of colour follows, and mention is made of Babbitt’s studies thereon.

Dr. Beale gives from Babbitt a list of natural affinities in colour. Babbitt divides the spectrum into the *thermal* end and the *electric* end:

Thermal (invisible or <i>trans</i> red) affinities with Blue-green.		
Red	affinities with Blue.	
Red-orange	„	Indigo-blue.
Orange	„	Indigo.
Yellow-orange	„	Violet-indigo.
Yellow	„	Violet.
Yellow-green	„	Dark-violet.

“Now these are the natural affinities,” says Dr. Beale, “but any combination may take place as long as there is not identity of colour, as identical colours repel each other, or even similars. Thus, as Babbitt suggests, the outside colour of anything is so, not because that colour is the natural spectrum, but because it tends to repel or reflect that colour. So the spectral or internal nature of a substance may be just the opposite of its external appearance. Sulphur is yellow in colour, but the most powerful spectra are on the side of blue or indigo.”

This is all deeply interesting, and is not without practical importance. But when Dr. Beale proceeds to apply his philosophy to practical homeopathy, he seems to us to get a little out of his depth.

“... The rule of *Similia similibus* remains untouched as an infallible guide to the selection of the drug, but when any one says, as I have heard it in this room, that it is a law of nature, I must protest. As a law of selection, I say yes! As a law of nature, no! Since the

underlying principle of drug action must remain *dissimilia dissimilibus curant*."

To our thinking this is mere word-chopping. What is "law" to one is "rule" to another, and we decline to be led into arguments about words. We are sometimes reminded by discussions of this kind of an old sea-story we once heard. The mate of a sailing ship was a little disturbed about the trimming of the vessel. He called the captain's attention to the fact that though the wind was fair the clouds above were travelling in quite a different direction. "*We're not sailing up there,*" was the brief but sufficient reply.

It is easy enough to show that homeopathy is not something or other which it never pretended to be. The law of like curing like, as we understand it, is this: drugs manifest their powers in producing symptoms in the healthy, and in curing the sick. Drugs cure the sick when the sick present symptoms like those which they can produce in the healthy. To our thinking this is sufficiently near to being a law of nature for all practical purposes. When Dr. Beale protests that this is not the philosophy of it, and that on the inner plane it is *unlikes* and not *likes* that cure; we reply with the old skipper—"we are not sailing up there." It is the business of a mirror to reflect an image. It does not help to make the reflection plain by going behind it, or by analysing the mercury at the back of it. It is on the symptom-plane that drug power and disease power is mirrored. It is on this plane that the drug manifests its *likeness* to the diseased condition it cures.

Many of the failures in homeopathic practice are due to an inability to keep the attention fixed on one plane at a time. Men must have observation of fact mixed up with explanations, which nine times out of ten explain nothing but only put the problem in other and mostly more unintelligible terms.

Dr. Beale again fails to apprehend the real power and freedom of homeopathic practice when he suggests as a solution of the difficulty presented by the superabundance of remedies: "Could we categorise the disease conditions in such a way that we could relegate to one, say, of a *dozen families*, with their simple subdivisions, and at the same time classify the drugs in a similar simple way, there ought to be in them a superabundance of treatment and drug selection."

Categorising diseases and classifying drugs according to diseases is a purely allopathic method of procedure; and it is because homeopaths fail to get away from this way of looking at practice that so little progress is made. This is artifice—it is not Nature and it is not Art. The line of homeopathic progress is the line that is true to Nature, and Nature's own expressions.

On the whole we think Dr. Beale's very interesting paper is more successful in conveying the idea of the oneness of the universe than it is in exemplifying the practical relation of homeopathy thereto. But the paper is well worth studying for its own sake. It takes us away from what we may term the *parochial* view of things, which we are all apt to settle down into, and leads us abroad into the universe.

---

### HOMEOPATHY IN MILK FEVER.\*

MR. HURNDALL has conferred a great benefit on all dairymen and cattle breeders by putting into this convenient form a description and history of the disease commonly known as Milk Fever in cows, together with the appropriate homeopathic treatment. In the introductory part of the pamphlet Mr. Hurndall, in the clear and forcible style of which he is master, explains the homeopathic principle and how it can be successfully applied in veterinary practice. In describing the disease he remarks that there is much question as to its true pathology, but the symptoms are not difficult to recognise. Well-bred cows kept for dairy purposes are most liable to it; it seldom attacks cows calving for the first time, and is most common at the third calf. Mr. Hurndall regards *Pulsatilla* as the best prophylactic, and he describes the indications for *Aconite*, *Belladonna*, *Opium*, *Nux vomica*, and *Ammonium causticum* in the attack itself.

The pamphlet should be in the hands of every cattle breeder in the country. It is a disgrace to modern homeopathy that so little has been done for animals by giving them the benefit of homeopathic treatment. If

\* *The Principle of Homeopathy successfully applied to the treatment of Parturient Apoplexy, commonly called Milk Fever, when occurring among Cows kept for Breeding or Dairy Purposes.* By J. Sutcliffe Hurndall, M.R.C.V.S. London: Headland & Co., 68, Fulham Road, S.W. Price 6d.

the British farmer were only a little more intelligently alive to the interest of his pocket, he would insist on having homeopathy for his cattle, even if he were content to swallow salts and senna himself.

---

### PHYSICIAN'S DIARY AND CASE-BOOK, 1903.\*

We heartily congratulate Messrs. Keene & Ashwell on this splendid Annual. One of the great difficulties in life is the keeping in order of odds and ends of valuable information which come daily to hand, so as to be able to find them again when wanted. This *Diary and Case-Book*, with its admirable index, is the very thing for the purpose. When we have filled one of these case-books, so thoughtfully provided by Messrs. Keene & Ashwell, we would not part with it for a small fortune. The diary of 1903 is an improvement on that for 1902, though a year ago we did not think this possible.

---

## GENERAL CORRESPONDENCE.

---

DR. HAYWARD AND DR. HUGHES.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR SIR,—I owe you thanks for giving me such a prominent notice in the November issue of your journal. But in reprinting my circular, p. 516, you add, in a footnote, a quotation from Hughes's last book, as if it were the lines my circular refers to, which, of course, you know it is not. Is this fair? You cannot but know that the lines I refer to are those at the top of page 181, viz.: "I think the time has come for serious endeavours to heal the breaches and terminate the schism."

The quotation you give has no relevancy whatever to the subject of my circular, and surely must be intended to make my circular appear foolish. But perhaps the main object was to discredit Dr. Hughes, which, to put it mildly, is very ungenerous to such a highly esteemed

\* *The Physician's Diary and Case-Book for 1903.* London: Keene & Ashwell, Ltd., 74, New Bond Street.

recently deceased colleague. A jealous snarl at Dr. Hughes may please the readers of the HOMEOPATHIC WORLD, but it will certainly disgust the professional members of our body.

Yours truly,

JOHN W. HAYWARD.

61, Shrewsbury Road, Birkenhead.

Oct. 4, 1902.

[When Dr. Hayward says that we wilfully quoted the wrong passage from "p. 181," he says that which is not within his own knowledge, and which is not in accordance with fact. "P. 181" begins in the middle of a sentence, and we naturally imagined that the first *paragraph* was the beginning of the passage intended. In any case it was so far to Dr. Hayward's purpose that it was giving Dr. Hughes's grounds for suggesting an attempt to "terminate the schism." If Dr. Hayward's reference only applied to the lines he quotes, he ought to have either indicated them by number or quoted them in the circular. To the concluding paragraph of Dr. Hayward's letter we do not condescend to make any reply. —ED. H. W.]

## HUGHES TESTIMONIAL FUND.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR SIR,—I herewith send you the latest subscriptions to the Hughes Memorial Fund, together with the amounts previously subscribed.

Yours, &c.,

J. G. BLACKLEY,

*Hon. Treasurer.*

W. Clowes Pritchard, Esq.	...	...	2	2	0
Dr. A. Spiers Alexander	...	...	2	2	0
Société Homeopathique de France	...	...	4	0	0
<hr/>					
			8	4	0
Previously reported	...	...	783	19	6
<hr/>					
			£792	3	6
<hr/>					

## VARIETIES.

**NITRIC ACID IN TYPHOID.**—Typhoid stage, stools green and slimy. Hemorrhages from bowels, profuse, of bright blood, producing fainting spells.—*E. Fornias, M.D.*

**UTERINE SYMPTOMS OF NATRUM CARB.**—Pressure in hypogastrium as if everything would come out of the vulva; also with indurated cervix and ill-shaped os. Menses too early and long-lasting, preceded and accompanied by headache. Thick, yellow (*Hydras.*), putrid (*Kreos.*) leucorrhea, ceasing after urination.—*E. Fornias, M.D.*

**EYE SYMPTOMS OF NATRUM CARB.**—Keratitis. Small ulcers about cornea, with stinging pains in the eye. Photophobia; the eyes are dazzled by light. Black floating spots before the vision while writing. Upper lids heavy. Eyes dim, must wipe them frequently.—*E. Fornias, M.D.*

**A NEW FRUIT.**—There is every reason to suppose that before long a most delicious fruit, new to America, will dominate our markets; already a few specimens have found their way to the seaboard cities, says the *Southern Clinic*. This is the mangosteen—native to the Moluccas and extensively cultivated in Ceylon and Java, and latterly introduced in Jamaica and other parts of the British West Indies. It is about the size of a small orange, spherical in form, and when the rind is removed a juicy pulp, "white and soluble as snow," is revealed, possessing a most delicious flavour—something like a nectarine, with a dash of strawberry and pineapple combined. It promises, in a few years, to supersede the orange in popular favour, and attempts are already being made to introduce it into the southern United States.—*Med. Times.*

**SIMPLE METHOD OF FORCIBLE FEEDING.**—Dr. I. S. Ivanoff, of Kostroma, recommends the following method for forcible feeding, which he has successfully employed in the case of an insane lady who absolutely refused to take food, in consequence of having some fixed idea on that point. Having seated and steadied the patient, he firmly closes her nostrils by pressure, which causes her to open the mouth for breathing; then he slightly bends the lady's head backward and pours some liquid food into her mouth, by means of an ordinary spoon; she appears to swallow without much struggle. The method is said to be very simple, and by far less troublesome and more convenient than the ordinary introduction of a gastric sound through the nose.—*Med. Times.*

**LICHEN RUBER AND KRAUROSIS VALVÆ.**—Simon (*Monatschr. f. Geb. u. Gyn.*, March, 1902) demonstrated before the Obstetrical Society of Berlin last November a somewhat important case of skin disease of the vulva. The patient was thirty-four years of age, and had been subject to amenorrhea for eight years. For the last three or four months, during which the patient had been under observation, she had suffered from lichen ruber, generally diffused; it involved the vulva. Arsenic was administered, and the skin disease steadily disappeared.



Simon emphasises the fact that as it was in course of disappearance from the vulva it simulated kraurosis vulvæ.—*British Med. Journ.*

**THALLIUM COMPOUNDS OF THE ALKALOIDS.**—An exhaustive research on the compounds of organic bases with thallium chloride—the second paper of a series on the chemistry of thallium—by Carl Renz, appears in the current issue of the *Berichte* (1902, 2,768). These compounds appear to be as useful as the platinum-chloride compounds for identifying the alkaloids. Hyoscyamine forms a compound with thallium iodide,  $\text{TI}_3\text{C}_{17}\text{H}_{23}\text{NO}_3\cdot\text{HI}$ , which occurs in red crystals, melting at  $200^\circ\text{C}$ . The isomeric atropine compound melts at  $192^\circ\text{C}$ . Cocaine-thallium hydro-chloride ( $\text{C}_{17}\text{H}_{21}\text{NO}_4\cdot\text{HCl}_2\text{ TICl}_3$ , forms large white needles. The corresponding strychnine compound ( $\text{C}_{21}\text{H}_{22}\text{N}_2\text{O}_2\cdot\text{HCl}$ ) $_2\text{ TICl}_3$ , melts at  $240^\circ\text{C}$ . Quinine, cinchonine, coniine, and nicotine also form well-defined crystalline compounds of the same type, and these appear to be sufficiently characteristic to be of service in alkaloidal research.—*Chemist and Druggist*.

**PHOSPHORUS IN POST-DIPHTHERITIC PARALYSIS.**—In a paper read before the Society of Homeopathic Physicians in Stuttgart (*Verein Hom. Aertze Stuttgarts*), November 14, 1901, Dr. A. Stiegele recited the following cases:—

A man, aged 41 years, had an attack of diphtheria in May, 1901. He was first seen by the writer August 21st, at which time there was marked debility of the extremities; slow, uncertain gait; attacks of cardiac palpitation. There had been paralysis of the vocal cords, which disappeared under electrical treatment. The patient complained of formication in the hands and feet.

Phosphorus fifth dilution was prescribed, and in a few days the formication disappeared, followed in a short time by improvement in the other symptoms. Three weeks after beginning the treatment he was able to resume work on the farm. Judging from the short time improvement set in after the administration of phosphorus, there seems to be no doubt that the remedy acted promptly and beneficially, and that the course of the disease was materially affected thereby. Any one who has observed the slow course of this malady will concede that point, and reference to standard old-school works teaches how little is to be expected from the routine treatment with strychnine.

Dr. Stiegele says that the indications upon which he prescribed phosphorus in this case, "post-diphtheritic paralysis, with formication in the hands and feet," are on the recommendation of Dr. Cochran. In Hering's condensed *Materia Medica* we find: "Paralysis—formication and tearing in limbs. Finger-tips feel numb; hands and feet numb; clumsy. When walking makes missteps from weakness."—*Hahn. Monthly*.

**APPENDICITIS OR EXTRA-UTERINE PREGNANCY?**—M. Picque at the Société de Chirurgie, communicated three cases of extra-uterine pregnancy. One of the cases was attributed at first to appendicitis, whereas in reality it was a case of rupture of the pregnant tube. M. Legneu said he made the same mistake in two similar cases.—*Medical Press (Paris Letter)*.

**TRACTION OF THE TONGUE IN POISONING.**—In referring to the death of Zola, M. Labord spoke, at the meeting of the Académie de

Médecine, on the utility of rhythmical traction of the tongue in poisoning by carbonic oxide, by means of which Mme. Zola was resuscitated after twenty-five minutes of patient efforts. The speaker insisted particularly on the necessity of provoking by mechanical means the respiratory reflex, to obtain a favourable result. If the treatment is limited to giving inhalations of oxygen without having recourse to either traction of the tongue or artificial respiration by Sylvester's method, failure is certain.—*Medical Press (Paris Letter)*.

---

## LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE :—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Monday, 2.0; and Saturdays, 9 a.m.; Thursdays and Fridays, at 10.0 a.m.; Diseases of Women, Tuesdays, Wednesdays, and Fridays, 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Throat and Ear, Wednesdays 2.0; and Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Tuesdays, 2.30; Diseases of the Nervous System, Thursdays, 2 p.m.; Orthopedic Cases, Tuesdays, 2.0; Electrical Cases, Wednesdays, 9.0 a.m.

---

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

- Allchin** (W. H.). A Manual of Medicine, vol. 4. Diseases of the Respiratory and of the Circulatory Systems. Cr. 8vo, pp. 510. (Macmillan. Net, 7s. 6d.)
- Bacteriology.** (Catechism Series.) Illust. Cr. 8vo, sd. pp. 96. (E. and S. Livingstone, Edinburgh. Net, 1s.)
- Blumfield** (J.). Anæsthetics, a Practical Handbook. (Medical Monograph Series.) Cr. 8vo, pp. 110. (Baillière. Net, 2s. 6d.)
- Carr** (J. Walter, and Others). The Practitioner's Guide. Roy. 8vo, pp. 1,114. (Longmans. Net, 21s.)
- Chapin** (H. D.). The Theory and Practice of Infant Feeding. 8vo. (Baillière. 10s. 6d.)
- Colton** (Buel P.). The Human Body, its Personal Hygiene and Practical Physiology. Cr. 8vo, pp. 42. (Scientific Press. 5s.)
- Ebbard** (Richard J.). How to Acquire and Strengthen Will-Power. Modern Psycho-Therapy. A Specific Remedy for Neurasthenia and Nervous Diseases. 2nd ed. Revised by F. W. Vogt. 8vo, pp. 286. (Modern Med. Pub. Co. Net, 6s. 6d.)
- Edinburgh Medical School Calendar** (The) and Guide to Students, 1902—1903. Cr. 8vo. (Livingstone, Edinburgh. Limp, 2s.)
- Hare** (H. A.). A Text-Book of Practical Therapeutics. 9th ed. 8vo. (Hirschfeld. Net, 21s.)
- Lewers** (Arthur H. N.). Cancer of the Uterus. A Clinical Monograph on its Diagnosis and Treatment. With the after-results in 73 Cases Treated by Radical Operation. With 51 original Illusts. and 3 Coloured Plates. 8vo, pp. 342. (H. K. Lewis. Net, 10s. 6d.)
- Pawlow** (J. P.). The Work of the Digestive Glands Translated into English by W. H. Thompson. Illust. Roy. 8vo, pp. 208. (C. Griffin. Net, 6s.)
- Politzer** (Adam). A Text-Book of the Diseases of the Ear. For Students and Practitioners. Translated at the Personal Request of the Author, and edited by Milton J. Ballin, and Clarence Le Heller. 4th ed. Revised and Enlarged. With 346 original Illusts. 8vo, pp. 900. (Baillière. Net, 25s.)
- Robertson** (William). Practical First Aid. 3rd ed, with 67 Illusts. throughout the Text, many of which have been Prepared from Special Photographs. 16mo, pp. 192. (A. Gardner. Net, 1s. 6d.)
- Rose** (William) and Carless (Albert). A Manual of Surgery. For Students and Practitioners. 5th ed. 8vo, pp. 1,228. (Baillière. Net, 21s.)

## TO CONTRIBUTORS AND CORRESPONDENTS.

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

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

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

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

### CORRESPONDENTS.

Dr. Burford, London.—Dr. Cooper, London.—Dr. Hayward, Birkenhead. — Messrs. Boericke & Runyon, New York.—Messrs. Keene & Ashwell, London.—Dr. Umberto Auletta, Naples.

### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Revist. Hom.—Calcutta J. of Med.—Med. Times.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica.—Maanedsk. f. H.—H. Maandblad.—La Homeopatia.—Med. Monthly, f. H.—Minn. Hom. Mag.—Hom. Envoy.—Hom. News.—Personal Rights.—Medical Century.—Rev. Hom. Française.—H. Recorder.—Wjestnik H. Med.—N. A. J. of H.—Clinique.—New Eng. Med. Gaz.—L'Art Médical.—Amer.

Med. Mon.—Med. Advance.—Revista Homeo. Catalana.—Annaes de Med. Hom.—Bol. de Med. Hom.—Hahnemannian Monthly.—Pacif. Coast Journal of H.—Hahn. Adv.—Leip. pop. Z. f. H.—Lekarz Homeopata.—H. J. of Obst.—Moslem Chronicle.—J. of Homeopathics.—I. Belge d'H.—Bromley District Times.—Launceston Daily Telegraph.—Keene & Ashwell's Diary and Case-Book.—"The Future of Medicine." By H. F. Biggar, M.D.

## The Homeopathic World.

### CONTENTS OF NOV. NUMBER.

#### LEADING ARTICLE.

Dr. Hayward's Circular and the Late Dr. Hughes.

#### NEWS AND NOTES.

Sir Frederick Treves on Symptoms—Open Air for Monkeys.—Dr. Sircar—*Hydrastis* in Bronchial Catarrh—Flies—"C. C. Perry, M.D."

#### ORIGINAL COMMUNICATIONS.

Reflections on the Treatment of Pneumonia. By W. H. Howitt, M.D., Toronto.  
Materia Medica Miscellany. By J. R. P. Lambert, M.D.  
Cases I Have Come Across. By F. Kopp, Greenwich, N.S.W.

#### SOCIETY'S MEETING.

British Homeopathic Society.

#### INSTITUTION.

British Homeopathic Association.

#### EXTRACTS.

*Malandrinum*. By J. S. Watt, M.D.  
*Vaccinium*.  
The Action of Salicylic Medication on the Urinary Tract.  
Causes and Varieties of Chronic Intestinal Pancreatitis.  
Paralysis in Pertussis.

#### REVIEWS.

#### NOTIFICATION.


#### GENERAL CORRESPONDENCE.

#### VARIETIES.

#### MEDICAL AND SURGICAL WORKS.

#### TO CONTRIBUTORS & CORRESPONDENTS,

# POPULAR HOMŒOPATHIC WORK.

 In a handsome Volume; pp. 1082, demy 8vo, cloth, price 21s.; or hf.-bd. morocco, 25s.

## A TEXT BOOK OF Modern Medicine & Surgery

ON HOMŒOPATHIC PRINCIPLES.

By E. H. RUDDOCK, M.D., L.R.C.P., M.R.C.S., ETC.

For the Use of the Professional Student, the Clergyman, the Missionary,  
the Colonist, Heads of Families, &c.

### *Extracts from Reviews.*

"This splendid volume is, altogether, a most complete Text Book for the use of the layman, student, and physician, which has ever been published for our School. Next to Baehr, it is the best work on practice, but its value is not confined to this department alone. If we had such a work fifteen years ago, Homœopathy would have profited by it. To nine-tenths of old physicians, of large and long practice, it will prove an excellent guide and assistance in the treatment of disease."—*From THE AMERICAN OBSERVER, by Dr. E. M. HALE.*

"All articles are characterised by extreme lucidity, and hints and instructions are marked by thought, fulness, and commonsense."—*Chemist and Druggist.*

"Dr. Ruddock's writings have always been favourably received, and this book—perhaps the most important of all of them—cannot fail to meet with the same attention."—*Public Opinion.*

"Very clearly and pleasantly written, and on matters of hygienic rule and habits contains a vast amount of commonsense advice, which even the non-medical reader may find it to his advantage to consult."—*Graphic.*

"It does not require recommendation, being the exponent of its own merits."—*Church and Home.*

"As a volume of general utility, containing a large and varied amount of information concerning the nature of a considerable proportion of diseases, and the remedial measures requisite for their cure and palliation, it possesses strong claims to our commendation."—*Homœopathic Review.*

"The student will find it a work of great value in the preparation of his cases, and the busy physician a work of ready reference in his arduous labours."—*Medical Union.*

"For a comprehensive work, one for ready reference for the busy physician and the student, we can heartily and conscientiously recommend Dr. Ruddock's."—*St. Louis Homœopathic Circular.*

"Although this volume is got up very much in the style of the author's 'Vade Mecum,' it is by no means a reprint of that work. Very much new material has been added in all the departments, and the whole character of the work has been changed, while its value has been at the same time greatly increased. For junior practitioners (and seniors as well) it will certainly prove of considerable service."—

*Hahnemannian Monthly*

LONDON :

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

# WORKS BY DR. BURNETT.

## NEW WORK.

Fcap. 8vo, Cloth, pp. 100, Price 2/-.

## ENLARGED TONSILS CURED BY MEDICINES

By J. COMPTON BURNETT, M.D.

The Change of Life in Women, and Ills & Ailings Incident Thereto. 3s. 6d.  
 Organ Diseases of Women. 2s. 6d.  
 Delicate, Backward, Puny, and Stunted Children. 2s. 6d.  
 Cataract: Its Nature, Causes, Prevention, and Cure. 3s.  
 Curability of Cataract with Medicines. 3s. 6d.  
 Curability of Tumours with Medicines. 2nd Ed. Just Out. 3s. 6d.  
 Diseases of the Skin: Their Constitutional Nature and Cure. 3rd Ed. 3s.  
 Eight Years' Experience in the Cure of Consumption by Bacillinum.  
 3rd Edition, revised and enlarged. 3s. 6d.  
 Fifty Reasons for Being a Homœopath. 3rd Ed. Cloth, 2s. 6d.  
 Greater Diseases of the Liver. 2s. 6d.  
 Gold as a Remedy in Disease. 3s. 6d.  
 Natrum Muriaticum as Test of the Doctrine of Drug Dynamization. 2s.  
 Ecce Medicus, or Hahnemann as a Man and as a Physician. Net, 3s. 6d.  
 On Neuralgia. With a Chapter on Angina Pectoris. 2nd Ed. 3s.  
 On the Prevention of Hare-lip, Cleft-palate, and other Congenital  
 Defects. Cloth, 1s.  
 Ringworm: Its Constitutional Nature and Cure. 2s. 6d.  
 Supersalinity of the Blood. 2s. 6d.  
 Vaccinosis and its Cure by Thuja. 2nd Ed., revised. 2s. 6d.

LONDON: THE HOMEOPATHIC PUBLISHING CO., 12, WARWICK LANE, E.C.

## The British Journal of Homœopathy

THE above can be supplied in single numbers and long runs, bound and unbound, at greatly reduced prices. Also a complete set, bound half-calf.—Apply to

THE HOMEOPATHIC PUBLISHING COMPANY, 12, WARWICK LANE, E.C.

## Hovis Food

Trade Mark

For Infants and Invalids.

commends it. Sample bottles will be gladly sent to any Nursing Sister on request. Hovis Ltd., Macclesfield. From Hovis Bakers, Chemists, Grocers and Stores. 1/1 and 1/9½.

In Two Strengths. No. 1 for use prior to weaning and No. 2 for after then and for Invalids. *The Lancet*

F. 3-8

NEAVE'S

"HIGHLY  
NUTRITIOUS."—*Lancet.*DELICATE INFANTS THRIVE  
WONDERFULLY ON IT.

FOOD

FOR

INFANTS, GROWING CHILDREN, INVALIDS,  
AND THE AGED.Sir CHAS. A. CAMERON, C.B., M.D., Professor of Chemistry and  
Ex-President of the Royal College of Surgeons, Ireland, says :—

"This is an excellent Food, admirably adapted to the wants of Infants and Young Persons; and, being rich in phosphates and potash, is of the greatest utility in supplying the bone-forming and other indispensable elements of food. Although peculiarly adapted to the young, this Food may be used with advantage by persons of all ages."

**USED IN THE RUSSIAN IMPERIAL NURSERY.**

*If the Directions given on each tin are followed the Infantile System may be regulated without the aid of Medicine.*

**THIRTEENTH EDITION** (210,000 copies). Improved and Enlarged, with a  
**CLINICAL DIRECTORY.** Toned paper, in neat cloth binding, 1s. 6d.  
Cheap Edition, without the Clinical Directory, limp cloth, 1s.

## THE STEPPING-STONE TO HOMŒOPATHY AND HEALTH.

By E. H. RUDDOCK, M.D., M.R.C.S., ETC. ETC.

"The author of this little book has a genius for his work. His remarks upon medicine in general and homœopathy in particular, upon hygiene, disease and its cure, medicines and their every-day application, are suited to the comprehension of any intelligent person. The volume contains all that is essential to a domestic work, in an easily accessible form, and in more explicit and satisfactory language, to the non-professional, than many a larger and more pretentious work."—*The United States Medical and Surgical Journal.*

"A perfect manual on a vital subject, and a copy should be in every home."—*Wesleyan Times.*

LONDON: THE HOMŒOPATHIC PUBLISHING COMPANY, 12, Warwick Lane.

# SECOND-HAND HOMŒOPATHIC, ALLOPATHIC, AND GENERAL WORKS FOR SALE

(Continued from October and November HOMEOPATHIC WORLD)

*At prices given, carriage extra (cash with order), by the*  
**HOMŒOPATHIC PUBLISHING COMPANY, 12, Warwick Lane, LONDON, E.C.**

**Teste (A.). Homœopathic Materia Medica.** Translated from the French by C. J. HEMPEL. Scarce and out of print. Published at 30s.; offered at 15s.

**Hoynes (T. S.). Venereal and Urinary Diseases.** Scarce and out of print. Published at 12s. 6d.; offered at 5s.

**Marcey and Hunt's Theory and Practice of Homœopathy.** Out of print and very scarce. 2 vols. Half-bound. Published at 60s.; offered at 30s. New.

**Teste (A.). Diseases of Infants and Children.** Published at 7s. 6d.; offered at 3s. 6d.

**Holcombe (W. H.). Scientific Basis of Homœopathy.** Price 2s. 6d.

**Sharp's Tracts on Homœopathy.** Bound. 3s.

**Berridge (E. W.). Complete Repertory to Homœopathic Materia Medica.** 2nd Edition. Diseases of Eyes. Published at 10s. 6d.; offered at 4s. 6d.

**Higgins (S. B.). Ophidians, Zoological Arrangement of the Different Genera, their Poisons, &c.** Published at 7s. 6d.; offered at 3s. 6d. New.

**Worcester (S.). Insanity and its Treatment.** Published at 25s.; offered at 18s. 6d. New.

**Norton (G. E.). Homœopathic Family Medicine.** Out of print. Published at 2s. 6d.; offered at 1s. 6d.

**Conant (C. M.). Obstetric Mentor.** Published at 7s. 6d.; offered at 3s. 6d.

**Dudgeon (R. E.). Hahnemann, the Founder of Scientific Therapeutics.** Offered at 2s.

**Hale (E. M.). Diseases of Women and Sterility.** 2nd Edition. Published at 12s. 6d.; offered at 6s. 6d.

**Hale (E. M.). Characteristics of the New Remedies.** 3rd Edition. Published at 25s.; offered at 5s. 6d.

**Butler (J.). Text-Book Electro-Therapeutics and Surgery.** Published at 12s. 6d.; offered at 4s. 6d.

**Hempel and Arndt. Materia Medica and Therapeutics.** Half-board. Vol. I. only. Offered at 3s. 6d.

**McNeil (A.). Treatise on Diphtheria and Homœopathic Therapeutics.** New. 3s. 6d.



**Hastings (H.). Retrospect of Allopathy and Homœopathy**  
during the last Thirty Years. With Cases. 2s.

**Hayle (Dr. T.). Study of Pharmacodynamics.** Offered  
at 2s. 6d.

**Burnett's Essays.** In One Volume. Containing Ecce  
Medicus, Natrum Mur., Gold, Causes Cataract, Curability Cataract, Diseases of  
Venis, and Supersalinity of Blood. 7s. 6d.

**Hartman's (F.) Diseases of Children.** Translated by  
HEMPEL. Out of print. Price 5s.

**Hahnemann's Materia Medica Pura.** Translated by  
Dr. DUDGEON and the late Dr. HUGHES. 2 vols. Cloth. Latest Edition,  
Published at 36s.; offered at 16s.

### ALLOPATHIC WORKS.

**Tanners (R. T.). The Practice of Medicine.** 2 Vols.  
Cloth. 6th Edition. Price 6s.

**Richardson (B. W.). Diseases of Modern Life.** 3s. 6d.

**Andrews (W.). The Doctor in History, Literature, Folk-  
lore, &c.** Offered at 4s.

**Parker (W.) on Cancer and Treatment.** 2s. 6d.

**Haig (A.). Uric Acid as a Factor in the Cause of  
Disease.** New. 4s.

**Harley (J.). The Old Vegetable Neurotics, Hemlock,  
Opium, Belladonna, &c.** Offered at 3s. 6d.

**Clark and Amory on Bromide of Potassium.** 2s. 6d.

**Royle (E.) Manual of Materia Medica.** 3s. 6d.

**Stone (W.). An Epitome of Therapeutics.** 3s. 6d.

**Gray (R.) on the Spleen.** 2s. 6d.

**Kirke's (W. S.) Handbook of Physiology.** 2nd Edition.  
4s. 6d.

**Henfrey (A.) Elementary Course of Botany.** 2nd  
Edition. 4s. 6d.

**Ancell (H.) on Tuberculosis.** 4s.

**Bartholomew (R.). Treatise on Materia Medica and  
Therapeutics.** 3rd Edition. 6s.

**Reynolds (G. R.). Epilepsy, its Symptoms and Treat-  
ment.** 4s.

**Mason (F.) on Hare-Lip and Cleft Palate.** 2s. 6d.

**Ferrier (R.). The Functions of the Brain.** 5s.

\* \* *A further list will appear in the January, 1903, HOMEOPATHIC WORLD.*




**DR. J. H. CLARKE'S**

**NEW and UP-TO-DATE WORK on the**

# **Homœopathic Materia Medica**

**COMPLETE IN THREE VOLUMES.**

**Super roy, 8vo, pp. 2564. VOL. I., A to H; VOL. II., I to Pel; VOL. III., Pen to Z.**

 **Price : Buckram, £3 3s. net; or Half Morocco, £3 12s. 6d. net.**  
**Price in America : Buckram, 15 Dollars; or Half Morocco, 17½ Dollars.**  
**Duty and Mailage extra.**

**T**HE "DICTIONARY" contains THE WHOLE OF THE MATERIA MEDICA, giving an account of all Remedies, New and Old, that have been used in Homœopathy, including a full description, with Indications, of the Remedies introduced by Dr. Burnett and Dr. Cooper, and the Remedies mentioned by Hale and Farrington. In addition to introductory matter, a full SCHEMA is given, compiled from the most trustworthy authorities, in the case of all proved remedies.

## **FURTHER OPINIONS.**

**Dr. Robert T. Cooper :** "Worth all that has been written on Materia Medica in the last fifty years."

**Dr. Dillingham, New York :** "Congratulate you on the knowledge, ability, and industry you have shown in getting such a magnificent piece of work completed. It is one of those things we wonder how we ever got on without."

**Dr. D. McClellan, West Hoboken, New Jersey :** "A mine of great richness and easy accessibility. *Its cost is a mere fraction of its value.* Though I have had it so short a time, I am already far more than repaid for its cost."

**Dr. Skinner, London :** "A valuable addition to my library."


**Dr. Frank Kraft, Cleveland, O. :** "A superb work, and deserving of recognition by the American profession."

**THE PACIFIC COAST JOURNAL OF HOMŒOPATHY** of May, 1902, says:—

"The feature which most strikes the reader is the completeness of the work, as a whole, certainly as to the number of drugs (?) treated. It is not an easy task to hunt up some substance ever used in practice and partly proved which is not represented here. Bitch's milk, cat's milk, cow's milk, milk-curd, skimmed cow's milk, Malandrinum (made of the virus of the horse disease commonly known as 'grease'), Bowen's 'Malaria officinalis,' Medorrhinum (nosode of gonorrhœa), Luna, Orchitinum (testicular extract), Ovi Gallinæ Pellicula (membrane of the shell of a hen's egg), Pediculus capitis, Milk-sugar and scores of other out-of-the-way substances are found in the index. Now, without here discussing the propriety or impropriety of mentioning or of using any or

all of these things in actual treatment of the sick, there is a distinct advantage of having access to a work which tells us soberly what there is known about them. At this time and stage nobody can afford to be hasty in denouncing as trash what happens to be distasteful; we may suddenly awaken to the consciousness that we are simply behind the times.


"Of the standard remedies the treatment is complete and eminently satisfactory. As already pointed out in the notice of the first volume, the sections devoted to 'characteristics' make exceedingly interesting and highly suggestive reading, and there are few students of the *Materia Medica* so learned but they can derive assistance and information from a thorough reading of Clarke's 'Dictionary.'"

 Specimen Pages of the **DICTIONARY** will be sent to any address on receipt of postcard to

THE HOMŒOPATHIC PUBLISHING COMPANY, 12, WARWICK LANE, LONDON, E.C.  
And to order from *Homœopathic Chemists and Booksellers.*

## OTHER PUBLICATIONS

By **DR. CLARKE.**

 JUST PUBLISHED. Cloth, **1s.** net; Paper, **6d.** net.

### A LECTURE ON HOMŒOPATHY.

"Many people are interested in medical questions, and especially in the antagonism between the allopathic and the homœopathic forms of treatment. 'A Lecture on Homœopathy,' by J. H. Clarke, M.D., issued by the Homœopathic Publishing Company, Warwick Lane, London, price 1s., gives an excellently clear idea of Hahnemann's theory and art. —*Reynolds's Newspaper.*

"Those who wish for a concise statement as to the meaning of homœopathy should read this interesting lecture, which was delivered before the sisters and nurses of the London Homœopathic Hospital."—*Liverpool Mercury.*

"A popular account of a well-known and frequently denounced school of medication is presented in Dr. J. H. Clarke's 'Lecture on Homœopathy,' published at the price of 1s. net by the Homœopathic Publishing Company. We pronounce no finding on the respective merits of homœopathy and allopath—if, indeed, the one will grant that the other possesses even a shadowy claim to merit of any kind—but we acknowledge that Dr. Clarke is a capital writer, armed with argument, *cap-a-pie*, and not devoid of the saving grace of humour."—*The Glasgow Herald.*

"The Homœopathic Publishing Company, London, has published 'A Lecture on Homœopathy,' written by Dr. Clarke, and addressed originally to the nurses of the London Homœopathic Hospital. It is an interesting and instructive paper, a reading of which will profit any student of the simpler drugs."—*The Scotsman.*

RECENTLY PUBLISHED, Fifth edition, Revised and Enlarged, **1s.**

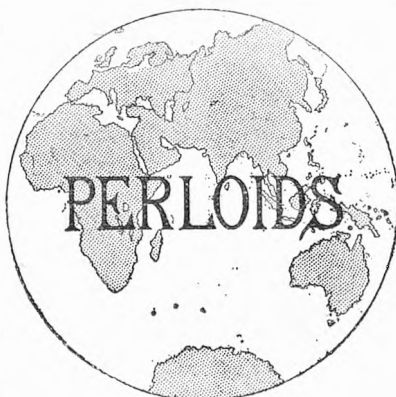
### INDIGESTION: Its Causes and Cure.

<b>COLD-CATCHING, COLD-CURING, COLD-PREVENTING ..</b>	<b>1/-</b>
<b>A DICTIONARY OF DOMESTIC MEDICINE .. ..</b>	<b>3/6</b>
<b>DISEASES OF THE HEART AND ARTERIES. .. ..</b>	<b>3/6</b>
<b>HEART REPERTORY. Cloth .. ..</b>	<b>2/6</b>
<b>A BIRD'S EYE VIEW OF HAHNEMANN'S ORGANON ..</b>	<b>-/6</b>
<b>GLANDS AND BONES. With a Chapter on Scrofula ..</b>	<b>1/6</b>
<b>RHEUMATISM AND SCIATICA .. ..</b>	<b>2/6</b>
<b>HÆMORRHOIDS AND HABITUAL CONSTIPATION: Their Constitutional Cure .. ..</b>	<b>1/-</b>

# PERLOIDS

The New and  
Improved  
Form of  
HOMŒOPATHIC  
MEDICINE.

1/- each Bottle.



# PERLOIDS

For India,  
Africa, and  
other Tropical  
Countries.

Exact dose, and  
keep any length  
of time.

## PERLOIDS OF VEGETABLE TRITURATIONS.

THE demand for PERLOIDS is steadily increasing, and those who use them prefer this form to any other.

They contain an exact dose. There is no trouble of dropping. An elegant and convenient form for dispensing.

## PERLOIDS FOR VETERINARY USE.

The most convenient form for administering HOMŒOPATHIC MEDICINES to HORSES, DOGS, and Other Animals.

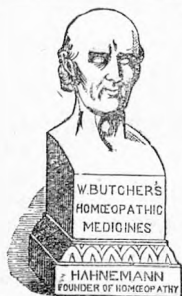
Send for Samples and Particulars to—

### KEENE & ASHWELL

(Successors to WILLIAM HEADLAND),

*The First Established Manufacturing Homœopathic Chemists  
in Great Britain.*

Only Address : 74, NEW BOND STREET, LONDON.



## W. BUTCHER & SON,

Wholesale, Retail and Export

Homœopathic Chemists,

BLACKHEATH, LONDON, S.E.,

Will have pleasure in posting a copy of their

## WHOLESALE PRICE CURRENT

Containing prices for

Mother Tinctures, External Tinctures, Camphor Pills, Liniments, Triturations, Bottles, Corks, Labels, Sugar of Milk, Medicine Chests and Cases, and all Homœopathic requisites on receipt of professional or business card.

*This form to be cut off, when filled up, and posted to the address below.*

# THE HOMEOPATHIC WORLD.



MONTHLY, PRICE SIXPENCE; BY POST, SEVENPENCE; OR PREPAID, SIX SHILLINGS PER YEAR, POST FREE TO ALL PARTS OF THE WORLD.



(AMERICA AND CANADA, ONE DOLLAR 50 CENTS PER ANNUM MAIL FREE.)

(INDIA POSTAL NOTES CAN NOW BE HAD AT ANY POST-OFFICE.)

*December, 1902.*

*Please place my Name on your List of Subscribers for the forthcoming year and continue until countermanded, for which I enclose the sum of SIX SHILLINGS (in English Postage Stamps or by Postal or Post Office Order). Single copies Sevenpence each, post free.*

Name \_\_\_\_\_

Postal Address in full \_\_\_\_\_

THE HOMEOPATHIC PUBLISHING COMPANY,  
12, WARWICK LANE, LONDON, E.C.

*\*\* Postal or Post Office Orders may be made payable to W. SMITH, at the General Post Office, London.*

# POPULAR HOMŒOPATHIC WORKS.

*Tenth Edition (70,000 copies), revised and enlarged. Crown 8vo. Neatly bound in cloth, price 3s. 6d., or in handsome half-binding, 5s.*

## THE LADY'S MANUAL OF HOMŒOPATHIC TREATMENT

*In the Various Derangements Incident to her Sex.*

BY E. H. RUDDOCK,

M.D., L.R.C.P., M.R.C.S., L.M. (Lond. and Edin.), &c.

"Dr. Ruddock's Manual has well deserved the success which has been accorded to it. He has written in clear language a very useful guide for women in the treatment of those conditions to which they are peculiarly subject. . . . Women's diseases are here treated as clearly as the most exacting student could require."—*Chemist and Druggist*.

"We do not hesitate to say that 'The Lady's Homœopathic Manual' is the best book of its kind we ever examined. The author knows what to say, how to say it, and how to stop when it is said."—*United States Medical and Surgical Journal*.

"'The Lady's Manual' describes and prescribes for the various diseases and physical difficulties incident to womanhood and motherhood, handling the subject plainly but sensibly, neither over-prudish on the one hand, nor indelicate on the other."—*The Advance*.

"'The Lady's Manual' is a work which should be in the hands of every lady in the land. The remedies described are mainly homœopathic and hydropathic, and are extremely judicious. We never examined a medical work which pleased us so well."—*Western Rural*.

"The fact that this is the 'Eighth Edition' shows the estimate placed upon it by the public, and the estimate is a just one, for the work is in every respect meritorious. As a book to be placed in the hands of married women it stands unrivalled, and yet it is full of just such information as the general practitioner should possess, and will here find easily and quickly. We have seen nothing of the kind that pleases us so well."—*Cincinnati Medical Advocate*.

*Sixth Edition, thoroughly revised and enlarged. Cloth, price 1s. 6d.*

## THE COMMON DISEASES OF WOMEN.

This work is an abridgment of the "LADY'S MANUAL."

LONDON :

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

*Sixth Edition, revised and improved. Crown 8vo. Neatly bound in cloth price 3s. 6d.*

# THE DISEASES OF INFANTS & CHILDREN, AND THEIR HOMŒOPATHIC AND GENERAL TREATMENT.

By E. H. RUDDOCK,

M.D., L.R.C.P., M.R.C.S., L.M. (Lond. and Edin.), &c.

"This is another of Dr. Ruddock's popular works for domestic use. Its pages are full of familiar notes on disease, and of simple remedies and expedients therefor. It is written in a popular and pleasing style, and its arrangement is creditable and convenient. An improvement over other works of its kind will be found in its excellent remarks on the differential diagnosis between diseases which are so nearly alike as not only to puzzle the lay practitioner, but oftentimes the doctor also."—*The United States Medical and Surgical Journal*.

"Those who believe in Homœopathy, and put their faith to the test of practice, will be glad to know of Dr. Ruddock's new work. . . . The author does not, however, confine himself to diseases, but gives some admirable hints on the general management of children, his hygienic and medical prescriptions being intended for preventive as well as for curative treatment."—*Public Opinion*.

"We can promise not only much information on the curative method of Homœopathy, but a great accession of practical knowledge in the observations relative to the diet and general treatment of the young, which is really available for use alike by the allopathist, the hydropathist, and the homœopathist."—*The Ladies' Own Journal and Miscellany*.

"The Doctor traverses the entire domain of therapeutics, and considering the popularity of the style, the excellence of the definitions, the general precision of the phraseology despite the absence of technicalities, it appears to us as good a treatise from its own standpoint as could be reasonably expected."—*The Edinburgh Daily Review*.

"This book is another of the series of practical domestic treatises which have done so much to spread a knowledge and increase the popularity of Homœopathy in England and have made Dr. Ruddock famous. It is written in plain language, so that all may understand its teachings, it preserves a sound pathology and diagnosis throughout, and its treatment, which embraces the 'new remedies' as well as the old, is in accord with the experience of most practitioners, and is thoroughly safe."—*The Hahnemannian Monthly*.

*Fourth Edition, Twenty-fifth Thousand, in press. Cloth. Price 1s.*

## The Common Diseases of Children

A CAREFUL ABRIDGMENT

OF

"THE DISEASES OF INFANTS AND CHILDREN."

LONDON:

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



**NOW READY.**—*New and Revised Edition by  
a leading Homœopathic Physician of*

# RUDDOCK'S HOMŒOPATHIC Large Edition 10/6

Small Edition

5/-

# VADE MECUM

OF

## Modern Medicine and Surgery.

.....

The new edition has been thoroughly revised throughout and an entirely fresh chapter on Influenza has been written, embodying the latest observations and treatment of this disease.

A popular edition is issued at **5s.** The Enlarged Edition contains, in addition to the whole of the matter included in the smaller work, a Clinical Directory of Diseases and their Remedies, embodying the collective experience of some twenty of our leading Homœopathic physicians, a chapter on Poisons, and an Appendix on Health Resorts.

The Complete Work, extending to upwards of a thousand pages, is published at **10s. 6d.**; or, half morocco, handsome presentation binding, **14s.**

---

LONDON: THE HOMŒOPATHIC PUBLISHING COMPANY,  
12, Warwick Lane, Paternoster Row, E.C.,  
*and all Homœopathic Chemists and Booksellers.*

# NEW PUBLICATIONS.

*Mostly Published at NET Prices.*

*Just Out, Crown 8vo, cloth, 10s. net.*

**Index to Homœopathic Provings.** By T. T. BRADFORD, M.D.

*Just Out, Demy 8vo, cloth, 15s. net.*

**Practical Medicine.** By Dr. F. MORTIMER LAWRENCE.

*Just Published, Second Edition, Demy 8vo, cloth, 17s. 6d. net.*

**Uroporetic Diseases.** By Dr. B. G. CARLETON.

*Recently Issued, Second Edition, Demy 8vo, cloth, 12s. 6d. net.*

**The Diseases of the Sexual Organs of Men.** By B. G. CARLETON.

*Recently Published, Demy 8vo, half-morocco, 15s. net.*

**A Systematic Alphabetic Repertory of Homœopathic Remedies.**

Translated from Second German Edition by C. M. BOGER, M.D.

*Just Out, Demy 8vo, cloth, 15s. net.*

**Diseases of the Eye.** By M. L. MACBRIDE, M.D.

*Full Leather, Crown 8vo, 15s. net.*

**Repertory of the Urinary Organs and Prostate Glands, including Condylomata.** By Dr. A. R. MORGAN.

*Crown 4to, Seventh Edition, cloth, 28s. net.*

**A Text Book of Materia Medica and Therapeutics.** Characteristic, Analytical and Comparative. Entirely re-written and revised, with Clinical Index. By A. C. COWPERTHWAIT, M.D.

*Just Issued, Fcap. 8vo, full leather, 7s. 6d. net.*

**Regional Leaders.** By E. B. NASH, M.D.

*Royal 8vo, cloth, 12s. 6d. net.*

**Leaders of Homœopathic Therapeutics.** By E. B. NASH, M.D.

*Recently Issued, Third Edition, Post 8vo, cloth, 9s. net.*

**Essentials of Homœopathic Materia Medica.** A QUIZ COMPEND on Homœopathy and Materia Medica. By W. A. DEWEY, M.D.

*Recently Issued, Fourth Edition, Demy 8vo, cloth, 12s. 6d. net.*

**The Twelve Tissue Remedies of Schussler.** By Drs. BOERICKE and DEWEY.

*New Work, large 8vo, cloth, 17s. 6d. net.*

**Therapeutics of the Eye.** By C. C. BOYLE, M.D.

*New Work, Imp. 8vo, pp. 1231, half-mor., 40s. net.*

**A Practice of Medicine.** By H. R. ARNDT, M.D.

*Recently Issued, Crown 8vo, cloth, 10s. net.*

**Key-Notes and Characteristics. With Comparisons of Some of the Leading Remedies of the Materia Medica.** By H. C. ALLEN.

*Recently Issued, Crown 4to, Fourth Edition, pp. 968, half-mor., 25s. net.*

**Condensed Materia Medica.** By C. HERING, M.D. Revised and Enlarged by E. A. FARRINGTON, M.D.

*Super royal 8vo, Fourth Edition, pp. 1039, cloth, 35s. net; half-mor., 40s. net.*

**Special Pathology and Diagnostics, with Therapeutic Hints.** By C. S. RAUE, M.D.

*Demy 8vo, pp. 244, cloth, 10s. net.*

**Veterinary Homœopathy in its Application to the Horse;** including a Code of Common Suggestive Symptoms. By JOHN SUTCLIFFE HURNDALL, M.R.C.V.S.

*Recently Issued, Royal 8vo, pp. 770, cloth, 30s.*

**A Clinical Materia Medica.** By the late E. A. FARRINGTON, M.D., and C. BARTLETT, M.D. Revised by S. LILIENTHAL, M.D.

*Crown 8vo, 7s. 6d. net.*

**The Logic of Figures, or Comparative Results.** By T. L. BRADFORD.

*Royal 8vo, pp. 1600, half-mor., 50s. net.*

**The Chronic Diseases, their Peculiar Nature and Homœopathic Cure.** Translated by L. H. TAFEL, with Annotations by R. HUGHES, M.D. Edited by P. DUDLEY, M.D.

*Just Published, crown 8vo, cloth, 5s. net.*


**The A.B.C. Manual of Materia Medica and Therapeutics.** By G. H. CLARK, M.D.

LONDON: THE HOMCEOPATHIC PUBLISHING COMPANY, 12, Warwick Lane.

NEW AND REVISED EDITION. 5s. Post Free.

# THE PHYSICAL LIFE OF WOMAN.

Advice to Maiden, Wife, and Mother. By GEO. H. NAPHEYS, M.D.

 **JUST OUT.** Sixth Edition. Cloth, 4s.; Interleaved, 5s.; or, full-leather for pocket, 6s. net.

## Dr. John H. Clarke's "Prescriber :

**A Dictionary of New Therapeutics."**

**FOURTH EDITION.** Fcap. 8vo, cloth, pp. 173, price 2s.

## Practical Notes on the New American

**Remedies and other Remedies.** By R. T. MASSEY, M.D.

Crown 8vo, cloth, pp. 291, price 3s. 6d.

## A Dictionary of Domestic Medicine,

**By JOHN H. CLARKE, M.D.**

London: THE HOMŒOPATHIC PUBLISHING COMPANY, 12, Warwick Lane, E.C.

NEW WORK. Demy 8vo, 121 pages, Cloth, 4s. net.

## A TEXT-BOOK OF MATERIA MEDICA & THERAPEUTICS OF THE RARE HOMŒOPATHIC REMEDIES;

As a Supplement to Dr. A. C. Cowperthwaite's Materia Medica, by  
**OSCAR HANSEN, M.D.**

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

## ZADKIEL'S ALMANAC FOR 1903

CONTAINING

Voice of the Stars, General Predictions, Articles on the recent Volcanic  
Eruptions, Kepler's Astrology, Omens, &c.,

NOW ON SALE BY ALL BOOKSELLERS.

N.B.—Zadkiel foretold the Great Earthquakes, the Railway Disasters  
in India, the Education Controversy, and many other Events.

LONDON: GLEN & CO., 14, RED LION COURT, FLEET STREET,

Price 6d., by post 7d.

# ARMBRECHT'S 100 A.1.

## . . Preparations . .

**LUPINIA, made from Lupin**  
Seed, in Powder. A substitute for Soap.  
Prevents and cures eczema. 1/2, 2/4, 3/6  
and 6/-, post free.

**Pyrethrum, in Liquid.**—Insect  
protector and sting reliever, infallible for  
mosquitos. 1/9, 2/9, 4/9, post free.

**Pyrethrum, in Powder.**—Positive  
Fly and Insect Killer. 1/2 and 2/9, post  
free.

**Pine Leaf Wool for Rheumatics**  
and Neuralgia. 1 sheet, 2/8; ½ sheet, 1/8,  
post free.

**Pine Leaf Wool Underclothing.**  
See price list.

**Pine Leaf Oil.**—Makes the room  
smell like Pine Forest. 1/8 and 2/9, post  
free.

**Saponaceous Dentifrice.**—Pre-  
vents decay of Teeth. 1/2, post free.

**Klettenwurz Extract.**—A liquid  
preventing the hair from falling out,  
stimulating new growth, and preventing  
greyness. 1/9, 2/9, and 4/10, post free.

**Coca Wine Extract.**—For fatigue  
of mind and body and Neuralgia, and all  
complaints arising from depressed vitality.  
100 dose bottle, 3/9; 200 dose bottle, 5/9,  
post free.

**Coca Wine Lozenges.**—For singers  
and public speakers to give power and  
tone to the voice and prevent fatigue and  
hoarseness. 1/9, post free. Also 2/9.

**Coca Wine**—A New Tonic. Imperial  
pint bottle 4/-, post free.

**Coca Champagne**—The King of the  
Tonics. 1/10, post free.

**Corn Relief.**—The Latest and Best  
Out. (A liquid.) 1/1, post free.

**Antiseptic Smelling Salts.**—Pre-  
venting cold and influenza. Almost inex-  
haustible. 2/3, post free.

**Bay Rum.**—A nice hair dressing.  
2/3, post free.

**Ozone Generating Fluid.**—For  
purifying and sweetening the breath. 2/3,  
post free.

**PILOCARPINE Hairwash.**—  
Clean and effectual. 2/9, 4/9, post free.

**OLIVE OIL SOAP.**—Labelled  
Italian Oil Soap, supplied to Royal  
nurseries. 1 lb., 1/4; 2 lb., 2/5; 3 lb., 3/6;  
10 lb., 11/-, post free.

**Sulphur Pastiles,** for fumigating in  
cases of infectious disease. 1/1, 2/1, post  
free.

**Glycerine Hairwash.**—A good  
cleanser. Per bottle 1/3, 1/9, post free.

**Eucalyptus Vinegar.**—Refreshing,  
and microbe killer. 1/3, 2/3, post free.

**Wool-Fat-Soap.**—Very emollient,  
pure and sweetly scented. 4 large cakes,  
1/8; 8 cakes, 3/1; 12 cakes, or about 3 lb.,  
4/6, post free.

**Toothbrushes**—7d. one; two, 1/1;  
three, 1/7, post free.

**Eau de Cologne.**—2/-, post free.  
2/9 second size, 8 oz.

**Salicyn Dentifrice Liquid.** Pre-  
vents decay. 1/8, post free.

**Olfaction d'Armbrecht.**—The Hay  
Fever and Catarrh Cure. Guaranteed  
success. 2/9, post free.

**SPONGES.**—Direct Importation,  
therefore good and cheap.

# ARMBRECHT, NELSON & CO.,

Desk B., 71 & 73, Duke Street, Grosvenor Square.

*Continental Pharmacy established over 30 years.*

Telegraphic Address, "ARMBRECHT, LONDON."

Telephone No.

# HOMŒOPATHIC DIRECTORY, 1903.

THE above will be published end of **January, 1903**, and Circulars will be sent out early this month.

Any American Doctor wishing his name inserted in the United States section can obtain form on application to us.

Fee, with copy of work, **One Dollar**; *without* the Directory, **50 Cents**.

THE HOMŒOPATHIC PUBLISHING CO., 12, WARWICK LANE, LONDON, E.C.

## WORKS BY ARTHUR ROBERTS, M.D.

**Notes on the High Frequency Currents, the X-Rays, Radiant Heat and Light Treatment, Vibratory Massage, and Pneumatic Oscillator, with Chapter on Diet.** Price 1/-, *post free*. *Well Illustrated*.

**Notes on Tumours and Cancer.** Price 1/-, *post free*.

PUBLISHED BY GEO. G. WALKER, 5, BURNETT STREET, BRADFORD, YORKSHIRE.

### JUST PUBLISHED.

**CANCER AND CANCER SYMPTOMS.** By ROBERT T. COOPER, M.A., M.D. Price **2s.** net.

C. MARTEN, 67, WIGMORE STREET.

**CANCER OF BREAST.** Price **6d.** net.

Both these Publications can be supplied by the

HOMŒOPATHIC PUBLISHING CO., 12, WARWICK LANE, E.C.

### Works by E. B. SHULDHAM, M.D.

**COUGHS AND THEIR CURE.** With Special Chapters on Consumption and Change of Climate. Crown 8vo, cloth, 4s. 6d.

**DEFECTS OF SPEECH;** or the Treatment of Stammering. Crown 8vo, 2s.

London: HOMŒOPATHIC PUBLISHING CO., 12, WARWICK LANE, E.C.

**FOR SALE.**—"Cyclopædia of the Practice of Medicine." Edited by Dr. H von Ziemssen. Volumes I. to XVII., published from 1875 to 1878. Each volume contains about 1,000 pages and embraces the whole range of allopathic medicine, some fifty leading doctors taking their various branch of medical science. This work undoubtedly was the finest issued at the time. Price £3 3s.—Apply to THE HOMŒOPATHIC PUBLISHING COMPANY, 12, Warwick Lane, London, E.C.

**LIVERPOOL HAHNEMANN HOSPITAL AND HOMŒOPATHIC DISPENSARIES, HOPE STREET.**—Wanted, a Non-Resident STIPENDIARY MEDICAL OFFICER. He must be Qualified and Registered. Salary, £100 per Annum. Private Practice allowed. —For particulars apply to the Secretary, THOS. COOPER.

**WANTED** to Purchase on Easy Terms a Homœopathic Practice of from £600-800 a year, or to know of a good opening for a Homœopathic Practitioner.—Apply "S," c/o Homœopathic Publishing Company, 12, Warwick Lane, London, E.C.

Price One Shilling.

**Arnica, Calendula, Cantharis, &c., &c.,**

as *External Remedies* in Accidents.  
By HENRY THOMAS, M.D.

London: HOMŒOPATHIC PUBLISHING CO., 12, WARWICK LANE, E.C.