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THE HOMEOPATHIC WORLD.

JANUARY 2, 1899.

THE RIGHT TO CURE.

WITH all its inconsistencies and anomalies the English law, as it relates to medicine, is not devoid of a certain foundation of common sense. The Medical Act now on the statutes has hedged around with various privileges those who have successfully passed the various stages of medical training ; but it has not made it criminal for an outsider to give curative help to another, or even to make a charge for so doing. So far as compounding, dispensing, and administering drugs is concerned the Apothecaries' Society has power to prosecute any one who infringes its trade-rights in this respect, but where there is no question of drugs this Society has no power ; and the collapse of the case against the attendants of the late HAROLD FREDERIC shows that a new danger is threatening the trade interests of the profession.

An attempt is now being made to interpret the Medical Acts into meaning that only duly qualified medical persons whose names are on the Register have the right to treat medically at all ; or, at any rate, to do it "for gain." That such is not their meaning, and that no legislature is likely to make it such, is the opinion of those capable of taking a calm view of the situation. The thing the Medical Act does strongly enforce is that there shall be no false pretence. Any person who assumes to possess titles he does not possess is liable to punishment. And

this is quite right. Further than this we do not believe the law is likely to go.

It may seem hard that after a man has undergone the prolonged and severe training required to pass modern examinations he should find himself opposed by some upstart who has not undergone any at all. On the other hand it may be said that if the man who has attained academic honours, who is invested with all the privileges that a place in the Medical Register gives—if such an one cannot hold his own against the competition of a person who can lay claim to no such advantage, then it is plain that there is something wanting in academic teaching, and the real remedy is to alter that and not to alter the law.

For what does the teaching of the schools amount to at the present day? It turns out a large number of highly trained pathologists, anatomists, physiologists, and surgical mechanics; but the one thing it cannot and does not pretend to do is to turn out men who *cure*. The books and lectures tell a great deal about the “treatment” of diseases, but little or nothing about how to cure patients. This may be sufficiently satisfying to the academic mind, but public instinct believes in remedies, and if the professor will not supply them the public will seek its cures elsewhere. And in our opinion the law is right in granting a great measure of freedom in this respect; though in case of unfortunate results, an inquest must follow, and if neglect or *mal-praxis* is proved the one who has treated the patient must bear the penalty. This much is demanded by due regard to the public safety, but further than this we do not think it is necessary to restrict the right to cure.

There is no medical man of great experience who will not own that in the matter of medicine, as distinguished from surgery, the teaching of the schools is almost useless where it is not misleading. The present president of the Royal College of Physicians, like one of his recent predecessors, is never tired of proclaiming that there is no science in medicine—that is to say, no science of cure.

That is their estimate of the teaching of their own schools. The real "curer" is born and not made. For him the training of the schools is of supreme importance as "scaffolding," but he would never think of taking up his residence in any such windy structure. He has to build up his own art by the aid of it. That is its true use; the reason that the schoolman is so slow to learn the art of curing is that he is either too short-sighted or too indolent to realise that external information can never make a medical artist, but only the innate and properly developed mental faculties, capable of seizing upon and putting into practice the vast store of medical means that lie at his hand.

With most mischievous consistency the profession of medicine, so far as it has been organised, has done its best to ban out every advance in medical practice that has been proposed. Hence it has come about that new "cures" have for long periods had little chance of recognition except outside the profession, or else in coteries of medical men who have been cut off from intercourse with the main body. As Sir JAMES PAGET said, enumerating the fate of a large number of his former pupils, a certain number "had left the profession and turned homeopaths." It is not likely that in any such atmosphere the delicate art of constitutional cure can grow up. How great that art may become, and the infinite range open for curative operations is laid bare in the account we publish elsewhere of Mr. PICKEN'S "Philosophy of Homeopathy." There is room for every curer to develop to its utmost limits what capacity he brings into the world for manipulating the world forces for the good of his fellows. He may use the laws of chemistry, of light, of electricity, of plant-powers and rock-powers, and he may use the powers of mind. How comes it that with all these possibilities there is no chair in any of the established universities for expounding the law of cure? The reason is that the scaffolding is preferred to architecture, and all true builders are consequently regarded as frauds.

We must own to entertaining a great admiration for all true curers, whether academic or otherwise, and, with the one stipulation that they shall do no harm, and have no secret methods, we are free-traders in this respect. The limit of the ability to cure should be the only limit of the right.

NEWS AND NOTES.

SANGRADO IN THE SOUTH.

A BUDGET of papers relating to the illness and death of Mr. Byrnes, the brilliant and youthful Premier of Queensland, Australia, reached us last month, but too late for comment in our December issue. The story is almost incredible; and we refer to it largely for the benefit of those homeopaths whose amiability outruns their powers of perception so far as to allow them to suppose that allopathy has become modified into a tame grass-eating lion incapable of doing harm to the most innocent creature.

Mr. Byrnes, who was only thirty-eight at the time of his death, had had a most brilliant career from his boyhood upwards. The illness from which he was suffering was said to be pneumonia following measles. We are not told what drugs were administered, but there were signs of heart failure, and for this the four learned leeches assembled round his bed prescribed—*blood-letting*!!

The following extracts from the *Brisbane Courier* speak for themselves:—

"THE PREMIER'S ILLNESS.

"September 26, 1898.

"During Saturday and yesterday there was great public anxiety as to the condition of the Premier (Hon. T. J. Byrnes), and the bulletins from his medical attendants were watched with a deep and sympathetic concern. Unfortunately, there was grave reason for fear as to the issue of the illness which has prostrated him. The serious symptoms manifested on Friday evening continued without abatement during the whole of the night, and on Saturday morning Drs. Moloney and Turner, who were in attendance, called in Dr. Hardie, and the three doctors met in consultation. They then regarded Mr. Byrnes's condition as very critical. There was a slight fall in temperature, but otherwise no improvement was remarked. During Saturday night the Premier's condition was, if anything, worse, and yesterday morn-

ing Dr. Marks was called in to consult with the other three doctors. A consultation was held at noon, and the following bulletin was then issued: 'The Premier is in a serious condition, and the case is an anxious one. The physicians have hope, however, that the Premier will recover. The Premier is suffering from a pneumonia following on measles, and is in a very weak condition. He is no worse than last night, and possibly there is a shade of improvement.'

"September 27th.

"When the morning consultation took place it was agreed that no change had occurred, but apparently no ground had been lost. During the afternoon, however, it was noticed that Mr. Byrnes's pulse had become weaker, and that adverse symptom continued without abatement until the evening consultation. At seven o'clock at night Dr. Hardie joined the other doctors, and they had a consultation, the result of which was that Dr. Marks was telephoned for. On the arrival of Dr. Marks at about nine o'clock, a full consultation was held, and *it was decided to bleed the patient*. This was done at about ten o'clock, and the Premier, *apparently* somewhat relieved, then dozed off. Dr. Marks and Dr. Hardie afterwards returned to town, and the following bulletin was issued: 'The Premier is *not so well to-night*, and *we consider his condition critical*.'

"The doctors were averse to expressing any more pronounced opinion. It is understood that *the cause of the greatest anxiety to them all along has been the extremely weak condition of the heart and a very rapid pulse*. This no doubt was largely associated with the recent attack of measles from which the Premier suffered, and connected also with the great strain put upon his nervous system during his recent tour in Queensland. As already intimated, Mr. Byrnes was perfectly rational, and all along he evinced an interest in passing events. Dr. Hardie spoke of him as a "grand" patient, and said that he submitted cheerfully to all restrictions which his medical advisers found it necessary to put upon him." (Italics ours.)

"September 29th.

"The first bulletin concerning Mr. Byrnes's health was issued shortly after eight o'clock yesterday morning, the medical advisers, Drs. Moloney, Turner, Hardie, and Marks, having held a consultation at that hour. The result was the following bulletin: 'During last night the Premier developed alarming symptoms of heart failure, and the worst was feared. Towards morning a decided change for the better occurred in the pulse, and his condition is considered more favourable than yesterday. The danger limit has not yet been reached.' The symptoms which were alluded to had developed about midnight, and were of the most serious possible description. The improved conditions mentioned continued till about eleven o'clock, when there was a threatened return of the collapse noticed during the night. The Premier, however, rallied again, and it was given out that he was doing as well as could be expected. The medical gentlemen continued in close attendance, and, of course, everything possible was done.

"At three o'clock the physicians reported that the Premier had lost no ground during the day. There was then a slight improvement in the pulse, but it was not considered that the danger stage had been

passed. The news received at four o'clock was almost the same, except that it was stated that the improvement in the pulse had been maintained. Much the same information was given all along up to 8.30 o'clock last night, when the doctors held a consultation, and the following ominous bulletin was issued: 'The Premier's condition still continues critical. The improvement obtained in the pulse is still maintained to-night, but the area of the pneumonia has increased, and is now very large.' Three hours or so later came the last sad message—the Premier had passed away."

It would be impossible to add by one word to the crushing criticism of the bare record of the facts of this case. The only thing we feel constrained to say is that if a "Peculiar" parent had had this galaxy of academic talent within reach, and had "neglected" to call one of them in to attend his sick child, he would, in the event of the child's death, have rendered himself liable to a verdict of "manslaughter" and a sentence of "four months' hard." Surely the author of "Vice Versâ" should deal with this.

CONSUMPTION HOSPITALS.

Dr. J. W. HAYWARD, who is a well-known authority on sanitary architecture, has communicated to the *Builder's Journal* (November 23rd and 30th and December 7th) a series of interesting articles on *The Construction of Hospitals for Consumption and other Infectious Diseases*. Dr. Hayward's papers are of great importance, and demand the careful attention of all who have to do with hospital construction, especially in view of the open-air treatment now coming into vogue. One very important feature Dr. Hayward insists on is the doing away with all square corners and right-angles.

THE ANTITUBERCLE-BACILLUS CRUSADE.

Now that the tubercle bacillus has royalty as well as physicians to the royal and other families on its track, it will perhaps be thinking seriously of taking its departure from the British Empire. But if the first practical measures advised by the new society so augustly sponsored at Marlborough House on a recent occasion are to be taken as a sample of those to follow, the society will

soon have to be termed a "Society for the Propagation of Rickets." "Boil your milk" is the learned advice of Sir W. Broadbent. But boiling milk does something more than kill microbes (if present), it more certainly kills the milk, which thereafter has not the vital nourishing properties of unboiled milk. Hence children fed on boiled milk are very prone to develop rickets, which, curiously enough, is regarded by some as a relative of tuberculosis. It will be within the memory of our readers that our veterinary colleague, Mr. Sutcliffe Hurndall, has for long been urging the necessity of strictly observing the sources of our milk and beef. Indeed, he considers that primarily tubercle is not a human disease, but that the cow is the source from which man acquired it. Of course he does not deny that it is transmissible from person to person, but he regards the bovine race as its source.

HAHNEMANN MONUMENT FUND.

WE are pleased to acknowledge the receipt of £1 from "E. C. P." towards the above fund, in addition to the amounts already reported.

DR. GEORGE CLIFTON, OF LEICESTER.

WE beg to congratulate our colleague, Dr. George Clifton, of Leicester, on his election to the Mayoralty of the important town of Leicester. Owing to a delay we did not receive the news until too late to mention in our last issue.

THE LATE DR. C. T. PEARCE.

ALFRED J. PEARCE, M.D., writes to say that the statement* that his father, the late Dr. C. T. Pearce, his health having broken down several times, "was obliged to seek a more genial climate in the South of England—first in London for a few months, but subsequently at Bournemouth and its vicinity," is very incomplete. Dr. Clifton has evidently forgotten that for fifteen years (1862-1877) Dr. C. T. Pearce did yeoman service to the

* HOMEOPATHIC WORLD, November, 1898, p. 501.

cause of homeopathy in London. He was compelled to leave London and make periodical visits to Bournemouth, through his health again breaking down; and after a cruel and prolonged illness he died at Torquay in May, 1883. In surgery he was quite as skilful as in medicine.

PHILLIPS MEMORIAL HOSPITAL: NEW BUILDING AND CONCERT.

THE concert in connection with the Phillips Memorial Hospital, which is becoming one of the musical events of the year, took place on Wednesday evening, November 26th, and was even more successful than its predecessors. The *Bromley and District Times* of December 2nd, which reports the event, also gives an interesting sketch of the new building to be erected for the work of the institution. We offer our hearty congratulations to the authorities of the hospital on the energetic and successful manner in which they are carrying forward their excellent work.

URTICA DIOICA.

THE following paragraph is taken from the *Pharmaceutical Journal* of November 26th:—

Treatment of Anemia with Urtica Dioica.—Fresh nettles eaten cooked, as we eat spinach, or nettle-tea prepared from the dried plant, are popular remedies in Sweden, where a form of anemia is prevalent in springtime. This has suggested to H. Agner to employ the remedy in the ordinary course of medical practice, and by its aid he has succeeded in curing cases of anemia which were intractable to iron, mineral waters, and other treatments. He regards *Urtica dioica* as one of the best remedies in such cases. To prepare the plant for use the young, tender shoots should be selected and gently boiled, then minced to a fine paste or made into a thick soup. The infusion is made from a handful of the dried herb in two litres of water; two or three glasses of this may be drunk per diem.—*Bullet. Gen. de Thérap.*

DR. FRANK KRAFT AND THE HOMEOPATHIC MEDICAL COLLEGE OF CLEVELAND, OHIO.

THE *News and Herald* (Cleveland, O.) of November 11th, gives an account of a regrettable state of things in the above-named college; but at the same time it shows that

there is a strong desire for genuine instruction in materia medica among the college students. Dr. Frank Kraft, the well-known editor of the *American Homeopathist*, was until recently the professor of materia medica at the Homeopathic Medical College of Cleveland, and being a thorough-going believer in materia medica and its paramount importance in homeopathy, his lectures were extremely popular with the students. It appears that his journalistic outspokenness gave umbrage to some of his colleagues, who contrived to make things so unpleasant for him that he resigned his chair. The students petitioned the authorities to ask him to return. Here are extracts from the *Herald's* account of the affair.

"A request made by the students of the senior class of the Cleveland Homeopathic Medical College to the faculty of that institution asking that Dr. Frank Kraft be restored to his old position of professor of materia medica, and which request was refused, has been the cause of much discussion and feeling in the college.

"Dr. Frank Kraft is one of the most prominent physicians in the city, and he has a wide reputation as an able and progressive doctor. He is editor of a medical journal published in the East, and he left a professorship of materia medica in the medical department of the University of Michigan several years ago to accept a similar chair in the old Cleveland Medical College. When that college was consolidated with the Cleveland University of Medicine and Surgery, into the Cleveland Homeopathic College, Dr. Kraft was appointed to the chair of materia medica in the United Institution.

"H. J. Austin, who was chairman of the seniors' committee, was visited last evening. He refused to discuss the matter in any manner beyond saying that Dr. Kraft would not be taken back into the faculty as long as it was made up of its present elements. Efforts were made to find Dr. W. E. Phillips and Dr. G. J. Jones, dean and vice-dean respectively of the college, last night, but without success. Dr. Kraft was visited, and was told the situation. He expressed great surprise, and said it was all news to him.

"'Things were made so unpleasant for me,' said the doctor, 'that last summer I was forced to resign from the faculty. Dr. Woods was the leader of the opposition to me. That is all I care to say about the matter.'

"It is said that Dr. Kraft's editorials in the medical journal of which he is editor, advocating purer teachings of homeopathic medicine, aroused considerable enmity toward him on the part of the older physicians on the faculty. Another cause for opposition to Dr. Kraft, it is said, was his reading of a paper before the National Association of Physicians this year, advocating his advanced method of teaching homeopathy by the aid of blackboard, charts, and pictures. Some of the editorials were construed by the dissatisfied ones to reflect on the Cleveland Homeopathic College.

"Dr. Kraft denied this last evening. He declared he had always referred to homeopathic colleges in general."

We extend our sympathies to the bereaved students, and at the same time congratulate them on their wholesome appetite for genuine materia medica, and on being able to recognise a real teacher when they hear him.

ORIGINAL COMMUNICATIONS.

THE PRINCIPLE OF HOMEOPATHY.

In a number of previous articles in our own pages and elsewhere Mr. Picken has elucidated his theory of the "Science" of homeopathy.* In an article which appeared in the *Monthly Homeopathic Review* of October and November last he seeks to lay bare its "Principle." As we have kept our readers in touch with the earlier developments of Mr. Picken's theory, we think it right to let them know the final conclusions to which he has been led.

Homeopathy differs from all other systems of medicine in having a general law adaptable to every particular case: hence any explanation of homeopathic action must show the oneness of the homeopathic law with the general laws of nature. Consonantly with this, Mr. Picken's earlier work has shown that the science of homeopathy is in unimpeachable unity with accredited science generally. "In the corresponding phenomena of water, air, light, chemistry, electricity, magnetism, mind, the same principle has been shown to be active." The PRINCIPLE which underlies the laws of "interference-absorption"—the term used to describe the phenomena just named along with homeopathic cures—now comes under review.

SPIRIT—MATTER.

There are some important ideas which it is necessary to have clearly in mind at the outset, and we will make a few quotations which will help to that end.

* Mr. Picken's first article, "The Science of Homeopathy," appeared in the November and December numbers of THE HOMEOPATHIC WORLD of 1891. This has since been republished, as a pamphlet (price 6d.) by the Homeopathic Publishing Company. His second article, "Physics and Medicine: the Science and Philosophy of Medicine," will be found, with our own comments, in the July, August and September numbers of THE HOMEOPATHIC WORLD for 1897.

“Strictly speaking, there is absolutely nothing wholly physical or wholly spiritual. The physical and the spiritual are inseparable in mass or molecule, of matter or of mind. The spiritual pertains to the interior pole, and the material to the exterior pole of a bi-polar unity. And the determination of anything as ‘merely material’ or ‘purely spiritual’ is only a convenience of thought; even as such amounting to nothing more than a statement of how the two principles *for us* are polarised. It is somehow extremely difficult for most thinkers to remember that truth is dual, and for them to think accordingly. Yet only thus may the discovery of truth become relatively easy and sure by processes of a dialectical nature. Hegel has once for all demonstrated the truthfulness of that assertion.”

THE UNIVERSE A LIVING ORGANISM.

Here is another important matter. Mr. Picken points out that “It is little understood that the universe as a unity is a living organism, just as man is.” From this it follows that what we distinguish from other forms of force as “life” is really “the distinction of a higher mode of motion from lower modes of the same in lower evolutionary states.” There are not many forces in the universe, but only one, operating in an infinity of modes. The sciences of biology (the science of life and living things) and of physics (the science of material forces) are not essentially different and distinct. “The mineral world exhibits types of motion which are sub-vital; developed out of these we see in the vegetable world the higher order of forces properly termed vital and sub-sensuous; from these again are developed the next higher order of forces constituting the quality of motion called sensation, which is sub-mental; and from the latter is finally developed the ultimate types of motion termed ‘mental.’ Motion or mind has by the evolutionary process completed a cycle of evolution from the unconscious to self-consciousness . . . unconscious motion has awakened to self-consciousness in the mind of man.”

For the purpose of accurately understanding any subject, and even our own thoughts, it is necessary to be constantly on our guard against being misled by the conventional meanings attached to words. It is no doubt convenient to speak of “living beings” and “dead

matter"; but such terms are mere question-begging pitfalls if they are taken to represent scientifically demonstrated verities. There is no such thing as dead matter in the universe.

Having shown the orderly evolution of the various forms of force, Mr. Picken goes on to show that they are integrated into unity in man, and at the same time retain, so to speak, their individuality.

"We must bear in mind that as Nature develops a new type of force she integrates with it the preceding types. Motion, life, sensation, intelligence, are not only integrated into unity, but as constituents remain inviolate. The electrical, the chemical, and the mechanical systems of laws are in evolutionary relations within man and without; they act on him, and are reacted on by him, individually and collectively. This idea of organic unity—unity of man and of the universe—is the master key to the great problems of mankind, individualistic, socialistic, commercial, scientific, philosophic, theological, &c. Applied to the subject under present consideration its power is immediately convincing. We easily understand why it is that physical diseases may be cured by psychical means, and psychical disorders by physical means; for example, the cure of acute fear of death by aconite, of deep despair by arsenic; cure of neuroses, inflammation of tissues, fever, even tumours, by pure will. By innumerable facts like these is demonstrated the unity of the compound systems of forces which constitute the human organism; while the principle of the convertibility of forces explains the *rationale* of therapeutic action of forces at one end of the scale on those of the other end. We thus see why motion is so highly communicable from one system to another, and how each drug will manifest its influence at either end of the scale according to the polar conditions of its use."

INTERFERENCE-ABSORPTION.

In his former writings Mr. Picken showed that the facts of homeopathy coincide exactly with the phenomena of "interference-absorption" recognised in respect to light and sound. Indeed, it is a well-established fact that every substance possesses the property of absorbing any motion which corresponds to its own molecular motion. In the homeopathic cure the molecular disturbance of the organism corresponding to the molecular motion of the medicine given, is absorbed by it, and equilibrium results. In criticising this theory Dr. Proctor has remarked that for the perfect neutralisation of the undulations of light or of sound "the waves should be of equal size, shape, and strength." Mr. Picken replies to this criticism in the article we are considering; and he is thus compelled

to investigate the invisible motions which *constitute* the phenomena—the “reality” beneath the “appearance”—and to lay bare the *principle* of Similia, showing its complete accord with universal law.

ISOPATHY ?

The objection that the waves ought to be “equal” or isopathic would be valid if it applied to the relations of inorganic forces of the same order among themselves; but in homeopathy we are concerned with interrelations of organic with inorganic. Mechanical interference has no correspondence with homeopathy in which the motions are molecular. In a case of interference causing destruction of light we have two sets of waves neutralising one another. But they are not *equal*, only (in a mechanical sense) *like*, one set being positive the other negative. They are equal as regards polarity, but as complementary to each other; they are not identical. To be truly “isopathic,” or equal, it is necessary that they should be not merely equal in “size, shape, and strength,” the essential point is that they should have *equal periodicities*. This is the law of absorption generally, and does not refer to the homeopathic drug relation exclusively.

But it is not necessary to have waves of light or sound absolutely equal in these respects in order to obtain the phenomena of interference. “If through any cause,” says Tyndall, “one system of ethereal waves be *any even* number of semi-undulations behind another system, the two systems support each other when they coalesce, and we have more light. If the one system should be *any odd* number of semi-undulations behind each other, they oppose each other, and a destruction of light is the result of coalescence.” This proves that the equality idea does not apply even to the phenomena of light and sound.

PERIODICITY AND POLARITY: THE ESSENTIALS FOR ABSORPTION.

Spectroscopic analysis further illustrates this point. Here mechanical equality is out of the question; it is equality of periodicity of molecular motion that is the first essential consideration. In addition to this there is the question of polarity—whether the vibrations be positive, passive, or negative—which is the second essential for the pro-

duction of the phenomena. And as we get still further away from mechanical conditions to sub-vital and vital motions, mechanical equality becomes of less and less import; for the more subtle the grade of motion reached, the more wide the scope of its effects. "As motion advances to the forms of life, sensation and intelligence, the distance from the mechanical condition enlarges to a degree quite beyond our range of vision."

TYPES OF MOTION. HOW ORGANIC MOTIONS BECOME SELF-CONTAINED.

The four typical forms of motion and the gradual evolution of motion from one to the other is thus described:

"Motion has four typical forms corresponding to the four great kingdoms of nature: angular motion typified in the mineral world, circular motion in the vegetable world, spiral in the world of sensation, and vortical in that of intelligence. These systems of motion are organised in man; consequently he exhibits them all in perfection. Nothing below man can do this. In merely mechanical or chemical motion there is no return movement by which impressed motions can become 'self-contained,' no development of motion such as constitutes the primitive cell. It is in the order of forces next higher to the chemical that for the first time in evolutionary sequence appears the circulatory type of motion which initiates life and is ultimated in man. And now it is just as easy to see why and how impressed organic motions become self-contained as it is to see why and how this is impossible in the case of inorganic bodies. With the second evolutionary order of motions mineral matter is raised to protoplasm, which becomes a new focal centre of reaction to the forces of the universe which are for ever playing upon all things according to their degree of receptivity. With the principles of the conservation of energy, of the convertibility of forces, of association, the principles of growth and development now combine in organic transformation of mineral motions and matter into those of life, sensation, and ultimately intelligence." *

* In response to our request, Mr. Picken has kindly elaborated this thought as follows:—

"When I said that 'motion is angular in the mineral world,' &c., I stated that the four orders of motion were *typically* exemplified in the four kingdoms of Nature.

"In the universe the process of all progress is by *gradation*. There is no sharp line drawn anywhere, in evolutionary distinctions. And as all outward manifestation is evidence of pre-existing inward being, it can very truthfully be said that even in the mineral world all the higher worlds are latent. The circular, spiral, and vortical motions are thus seen to be latent in the angular form. Motion is mind. When, in the molecular mode of the mineral world, it begins to manifest itself in heterogeneity, it must begin at a point—a polar centre. That it begins in a straight line is evident

ABSORPTION.

It may be useful to refer to Mr. Picken's original essay, "The Science of Homeopathy." Tyndall defines absorption as "a transference of motion from the ether to the molecules immersed in it, and the absorption of any atom is exerted chiefly upon the waves which arrive in periods coincident with its own rate of oscillation." Kirchhoff formulated the law, "a gas, or vapour, absorbs the precise rays which it can emit." A number of beautiful examples are quoted in the essay, and to one of them he again refers in the present article, that of the passage of light through tourmaline. "A beam of light incident on a plate of

from the structure of mineral matter. In diversity the lines are at first straight. At the culmination of the *straight type* we find the form of the crystal. This is the *typical* form of the mineral world; therefore its molecular motion is typically angular.

"As already remarked, gradation is Nature's universal method of procedure. *Incidental* to this, we have the opposite of gradation, as when from *gradual* overbalance of interior and exterior pressure of forces we have an earthquake, perhaps *suddenly* changing the face of a continent, &c. That is only, after all, an effect of previous gradations, and an evidence that *all truth is dual*.

"Well, the mineral mode changes by imperceptible degrees into the vegetable. There must, then, be incipient circular modes of motion in the mineral world; likewise rudimentary angular motion in the vegetable world. Still more: as each type of motion is permanent, it will become organised with the following types. Thus it is that in man, who is the ultimate form of nature, we find *all* the types of motion in perfection—*i.e.*, perfection in the relative sense. Otherwise there could be no such thing as drug therapeutics. If man did not, in his constitution, exemplify the mineral type of motion, he could not assimilate mineral medicines. Here comes the law of like to like in isopathic relation. And the homeopathic use of *minerals*, which are in the truest sense *our* greatest remedies (because most curative of *most chronic* diseases) is the sign and seal of the supremacy of *similia* as a rule of practice in *drug* therapeutics generally.

"Now, returning to the investigation of the processes of motion, we see in the vegetable world angular form only subordinately. Most of the angles have become curves. At the culmination of this curvilinear progression, we find the circular mode of molecular motion, with which is manifested *life*. As, however, the angular developed the circular, and *showed* this in the mineral world, so does the circular develop the spiral, and exhibit *it* in the vegetable kingdom. The cell typifies the circular mode of motion. That the spiral leads into sensation from the circular is seen clearly from observation of transition forms of life in the vegetable world. I need only mention the fly-trap plant and the mimosa, which latter shrinks instantaneously at a touch. Volumes could be written demonstrating these conclusions.

"In the animal world the *new type* of motion is obviously sensation. It exists, to a demonstration in the vegetable world, but is *not* the type of that world. *Life*, properly understood, is clearly seen to be the *grand new* development from the preceding kingdom, hence *it* is the true type. As a typically new form is wrought out in each kingdom, it must be achieved by a correspondingly new mode of motion. The idea of *ascension* is seen

tourmaline cut parallel to the axis of the crystal is divided into two, the one vibrating parallel to the crystal, the other at right angles to the axis. . . . Project the image of a plate of tourmaline on a screen, and taking another crystal cut in the same manner, place it parallel to the first. The green will be deepened a little. In turning one of the crystals round, so long as the plates are oblique to each other, a certain portion of light gets through; but as soon as they arrive at right angles to each other, the space where they cross becomes a space of darkness. While ordinary light is all-sided this green light is only two-sided." *

But now comes a new fact. Let the two crystals be arranged at right angles as before, and let there be placed between them a glass cylinder of Faraday's heavy glass resting on the poles of an electro-magnet. No light will pass through the crystals to the screen. But let the magnet be excited and light will instantly pass. "The

to be integral to evolution. So when motion has *ascended* from mineral and angular forms to vegetable and circular forms which show a *still ascending* tendency, and as each new mode is integrated with each preceding mode, the third mode of motion must (mathematically must) be spiral. Examination of the actual forms will show that the new type of motion is in point of fact spiral. As the mineral showed circular motion, and the vegetable showed spiral motion, both subordinately, so the animal displays *vortical* motion, also subordinately. No change of *type* of motion after the angular, circular, and spiral, is *thinkable* except the vortical—as an *evolutionarily continuous* motion. For, as before observed, each new type is integrated with the old ones, which as types are preserved in perfection.

In the vegetable world may be seen undoubted manifestations of *intelligence*. But very clear and open eyes are required. It is only in the animal world that the manifestation of intelligence is evident to the ordinary observer. That the animal world is ruled by sensation, and that this is the grand new evolutionary development of that world, is evident. The spiral ascension is also evident.

"That there must be a typical mode representing the final form is surely evident too. Intelligence is clearly seen to be the new grand development of the human world. That it is correlated to vortical motion will be seen from examination of the molecular motions of the specialised organs of intelligence. This vortical motion starts as angular, tending upwards; it rounds into the circular, more obviously ascending; it rises into the spiral, which is a combination in *unitary harmony* of these modes; then it turns in upon itself, still exhibiting a *unitary harmony* of all the four modes. Motion is mind. Mineral motion is mind in its lowest mode. From the angular to the vortical, *mind* is more and more manifesting. In the vortical it *fully evolves*. Motion (mind) is continuous, persistent. It necessarily goes on. How? Where? Ask the 'man of science' (forsooth)! 'Dissipation into the ether, the waste-bin of the universe,' he fatuously answers. No! It is persistent in its own nature. Hence the immortality of man, and an unseen universe, involved from the visible one."

* *Science of Homeopathy*, p. 20.

magnet so acts on the ether within the heavy glass as to cause the ether to rotate, and the light is thus enabled to pass through the analysing prism." In the former experiment we have the laws of mechanics alone. In the latter we have those mechanical laws transcended, and the interfering crystals made to transmit the light as if in the mechanical position of transmission. But in this instance the effect lasts only as long as the action of the magnet lasts. This kind of motion is again transcended when the principles of growth and development come into play. It is then that the initial impulse becomes self-contained, and the interference-absorption (in homeopathic medication, the cure) becomes permanent.

Interference is essentially the interior balancing of molecular motions related to one another in a polar sense as positive to negative. The result is that the two sets of motions instead of each dissipating energy come to unity with conservation of energy. The principle is the same throughout all the four orders of motion, but each order will exhibit it in its own form. "On the mechanical plane the unity will take place mechanically; on the chemical plane it will take place chemically; on the electrical plane, electrically; on the vital, vitally; on the moral, morally."

HOMEOPATHY IN THE MORAL MODE.

This brings Mr. Picken to a point where some, perhaps, may hesitate to follow him. But if the UNIVERSE is a UNIT, fundamental principles must exercise their sway from centre to circumference.

"In concluding, I would offer some guiding observations with regard to the investigation of the correspondences of the homeopathic law in the moral mode. Being at the upper end of the scale of laws manifesting the principle of *similia*, we must look for differences in the phenomenal aspect of things corresponding to the differences of the mode. Instead of dealing with forces positively material and negatively spiritual, we have now to do with forces positively spiritual and negatively material. For the ubiquitous and all-potent ether, which is the fountain of all the physical forces, we have the omnipresent and omnipotent love which is the fountain of all the moral forces of the spiritual universe. This correlation of forces may surprise some reader, being probably new to him. It is, however, irrefragably true.

"As we have seen, the essential nature of medical *similia* is interior (or molecular) equilibration of polar forces, with conservation

of energy, for which the following formula may serve: positive and negative = unity, with conservation of energy. The formula of *contraria* is positive and positive, or negative and negative = disunity, with dissipation of energy. In the case both of *similia* and of *contraria* there is opposition of forces, but in the former it is complementary, constitutive of unity, or static harmony; in the latter it is antagonistic, entailing disunity, or dynamic discord.

"The philosophy of the axioms, 'force is no remedy,' and 'a soft answer turneth away wrath,' is the philosophy of homeopathy. As regards the first axiom the unity of law with *similia* is so obvious that anything in the way of exposition would be superfluous. The mechanics of the soft answer turning away wrath is not so evident.

"Anger is a passion which is always a form of love. It may be an extreme action of love, self or other, or it may be an inversion of some form of love. The force is in every case essentially a love-force.

"In the psychological as in the medical sphere, external forces may assume positive, passive, or negative relations. By the former mode equilibration is effected destructively, if at all. Murder may be incidental to the positive method. In the passive relation equilibration is obtained under the ordinary operations of the laws of action and reaction—the opposing forces come to an equilibrium or static harmony (as relationship), in which the reacting force persists, but is modified by the force acting upon it. This condition of things is exemplified in the struggle of men individually and collectively when, neither side submitting, they 'come to terms.' The negative mode of equilibration is essentially transcendental, whether it be in the case of drug relation to the human organism, or in that of the inter-relations of mankind. In both cases the method and expectation of common sense are transcended, and an exalted experience becomes the basis of a higher science and philosophy.

"I have said that anger is a form of love. This statement may at first sight appear paradoxical. Upon examination it will be seen to be simply and directly true. All the purely social forces are forms of love—in state normal, extreme or inverted. Love, therefore, must be competent to cure such disorders as it can cause, if the homeopathic law be the operation of a general principle. But, like the drug remedy, love must assume the homeopathic relation, both as regards polarity and posology. In a typical case of anger one form of love is in extreme action, another in deficient action; in positive hatred the latter form becomes inverted. Like begets like, and thus the tendency of anger or of hatred is to beget anger or hatred. This is the law, and the application of it which appeals to common sense, from the ground of common experience. As, however, like may beget like in respect to hatred, or inverted love, so by the same law may normal love beget normal love in the subject of the inversion of it. Relatively few individuals are qualified, by intuition or experience, to apply the law of love in this way, hence their experience and philosophy are at first sight transcendental nonsense to the man of common sense and ordinary experience. The advanced few, who know this higher truth, and apply it, gradually propagate their experience and knowledge to the advancing many, according to the general laws of evolution.

"When two inverted love-forces meet, they augment each other,

exhibiting disunity with dissipation of energy, corresponding to the meeting of water or other physical wave motions whose phases are the same. The increase of mechanical, sonorous, luminiferous, and passionall manifestation in these circumstances is due to polar resistance of motion. For it is a case of positive and positive, negative and negative, mutually aggravating dynamic disorder, resisting the physiological tendency to rest in positive and negative unity; or (physiologically) static harmony.

"Now, in the case of the soft answer turning away wrath, this polar resistance is absent. But this is not all. While the inverted love-force suffers no augmentation by resistance, it is interiorly equilibrated by a similar force moving in opposite phases. The anger-force is absorbed by the soft answer as light is absorbed by a black substance. It is then by him transformed and radiated as a higher love-force, which the recipient reflects, as a coloured substance reflects corresponding rays from the sun."

THE PHILOSOPHY OF HOMEOPATHIC ATTENUATION OR DYNAMISATION.—EXTREME SENSITIVENESS TO IMPRESSIONS OF OPPOSITE (HOMEOPATHIC) STATES.

"The principle of homeopathic posology may be easily discerned in its corresponding manifestations of the social world.

"To be negative, the homeopathic dose must be 'small.' In general, its efficiency is heightened by some degree of attenuation. In the most intractable disorders it is sometimes found that the organism will respond only to a very highly attenuated remedy.

"Now attenuation signifies refinement, or spiritualisation. To spiritualise love is to transform it from a lower, self-quality to a higher, not-self quality. Thus in the posological view the correspondences of *similia* are obvious.

"As all diseases amenable to drug treatment may be reduced to two classes—namely, positive and negative, so all love disorders may be classified into those two orders. The positive state of the disordered love-force is characterised by dangerous expansion, the negative by injurious contraction. Anger typifies the former state, grief the latter.

"By renunciation of opposing anger, the disordered love-force is absorbed (as light is absorbed by a black substance), and by sympathetic vibration a similar force of opposite polarity interiorly equilibrates the dynamic discord. By like sympathetic action on the 'otherness' of grief states, a harmonising motion is in the same manner initiated, and by accumulation changes the static disorder into dynamic harmony. Here we see how beautiful is the operation of the law of extreme sensitiveness to impressions of opposite states. The organic tension which is concomitant to pathological states goes far to make reaction possible from forces so mechanically slight as that of the typical homeopathic remedy. The correspondences in tension of a stretched band of indiarubber, of a bent piece of finely tempered steel or glass (the latter perhaps the most elastic material known), the chemical condition of unstable equilibrium—these and like examples of reactionary tendencies, which have abundant correspondences in the moral order of forces, but slightly adumbrate the

organic potentialities of reaction that lie open to the touch of the homeopathic infinitesimal."

CHRONIC BRONCHITIS AND A SINGLE DOSE.

BY ROBERT T. COOPER, M.A., M.D.

ON November 1st a man aged 53 years was sent me suffering from chronic bronchitis with asthmatic symptoms. He had been a sufferer from bronchitis for twenty years, and had seen in his time some eight doctors, all men who drugged him right soundly.

Symptoms are worse in damp and is very sensitive to cold, always taking cold; cough constant and worse at night; not much phlegm. Gets a feeling of oppression as if coming from bridge of nose, with much sneezing at night. Bowels regular. Appetite fair. Sleep very broken.

Gave *Agraphis nutans* ϕ A. and nothing else.

To-day (November 15th) he returns in every way better; chest feels quite free, cough is nearly gone, he has not been taking cold, sneezing is gone, and his breath, which was very short in walking, is now quite free. He deliberately states he has never felt medicine relieve him like this.

The man is a porter in the almshouses near Edgware Road, so can be seen by any one who likes to take the trouble.

Now of course one can very readily imagine what real, what very real harm, as the editors of the *Monthly Homeopathic Review* say—*vide* November number—may be done by giving a single dose to a case of chronic bronchitis; harm may be done by incurring the ridicule of our friends the allopaths, harm may be done to the commercial interests of chemists, harm may be done to the feelings of the patient—his allopathic feelings, I mean—harm may be done to the financial interests of the entire profession, the very ethics of the profession may be sacrificed, even the circulation of the *Monthly Homeopathic Review* may be affected and is very likely to be affected, and all sorts of calamities may occur from the prescription of a single dose in bronchitis. The only consolation is that no very real harm will be done to the shade of the immortal Hahnemann, and the patient most certainly will be benefited if the dose be the right one!

MATERIA MEDICA MISCELLANY.

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

DR. E. S. CHAPMAN writing on *Coca* expresses his opinion that it needs to be used in the higher potencies to get the best results, the lower potencies being often ineffectual. He mentions the case of a gentleman who, after a long political campaign, during which he made political speeches every night for six weeks, went into a state of mental and bodily collapse. He gave him *Kali Phos.*, *Phosphorus*, *Zinc. Phos.*, &c., without any benefit, and was finally led to *Coca* by the symptom, "he felt a timidity, when in company or before an audience, that was entirely foreign to his nature and which he could by no means overcome." In addition there was extreme irritability, and hypochondriasis, and lack of will power, so that he could not fix his mind on any subject for more than a few moments. Also great weakness and lassitude, causing him to spend most of his waking hours in the recumbent posture, whereas he was normally a man of great mental and bodily activity. He was given one dose of *Coca* c.m. and was immediately restored to health, and in a few days was at his usual labours. He has had three other similar cases with the 30th and 200th potencies, but his best result was with the c.m. potency.

In conclusion Dr. Chapman gives three prominent indications for *Coca*.

1. Irritability, despondency, and inability to fix the mind on any subject for any considerable time.

2. Timidity, and dread of appearing before society or audiences, even in the case of those accustomed to do so for years.

3. Extreme bodily weakness and lassitude, necessitating the recumbent posture many hours daily.—*P. C. J. H.*

Senega for *Sneezing*.—The following case is reported by Dr. Clinton Enos:—

A girl of ten, very fat and short, with cold, damp feet and hands and sweaty about the head, had spells of sneezing for two years following whooping-cough. The sneezing spells came several times daily and lasted half an hour or so. She had also sharp pains in the chest and temples during the attacks. There was a large quantity of mucus in the nose, with a stuffed-up feeling. On November 23, 1896, Dr. Enos was asked to prescribe for

her, but without effect. More careful study of the case led to selection of *Senega*, which was given on December 2, 1896, in 200th potency, one dose. In a week the sneezing had all gone and has not returned since, though she has had measles and two or three bad colds.—*Am. Hom.*

Calcarea Carb. 200th in *Asthma*.—The following case is recorded with others by Dr. B. J. Clarke: Mrs. B., age 47; married; large, stout woman. Has had frequent attacks last few years, nearly every time after coming home from the country. Last year was relieved by *Ars. c.c.* Same remedy in various potencies had no effect. Pathogenetic symptoms: Asthma in the forenoon when taking a walk in the open air. Difficult respiration. Must sit up and incline body forward. Aversion to cold air. Clammy sweat on hands, feet, and legs. < at night and from exertion. Worse 3 a.m. to 9 a.m. Remarks: It was given about ten days after this attack commenced, and her symptoms were distressing. Relief followed in two hours and continued to improve, so that breathing was quite clear. Teaspoonful in water every hour for twenty-four hours, and a powder three days later.—*N. A. J. H.*

Comocladia in *Eczema*.—The action of this drug on the skin resembles *Rhus tox.* in producing erythema, swelling and papular eruptions; it lacks the power of the latter in causing vesiculation, but exceeds it in provoking suppuration, and particularly on the legs. It also causes *sensations* of heat, burning, itching, stinging, crawling and tension, which may *shift* rapidly from one spot to another. *Aggravations* may occur from touch, warmth, rest, and in the morning and evening. *Relief* may follow from motion, rubbing, scratching and in the open air. The favourite *location* for diffused redness and swelling is the face; for circumscribed patches, the trunk and lower extremities, and for suppurating lesions, the legs.

Comocladia may be indicated in *acute erythematous eczema* of the face with marked swelling of the skin, partly closing the eyes; or for *chronic erythematous eczema* of the face, characterised by a frequently recurring puffiness or swelling about the eyes (*Crotalus*).

It is also adapted to a *papular eczema* of the trunk and extremities which remains papular—not becoming vesicular or pustular.

Cures have been observed from this drug in attenuations from the first to the thirtieth.—*The Chironian*.

Fluoric Acid in Whitlow.—According to McLachlan, cases of whitlow where *Fluoric Acid*, the one remedy that has actually produced that lesion during its proving, is likely to be of use, are relieved by washing or sponging with cold water, and aggravated by the application of heat. It seems to affect the fingers of the left hand rather than those of the right, and the pus tends to point on the dorsum of the finger. The “pointing” on the dorsum is a real thing, and not a mere sympathetic cellular tissue abscess. It is possible that incisions are frequently made into the pulp of the ungual phalanx of the finger when the pus is really on the dorsum. This mistake arises from the sense of fluctuation yielded by the pulp of the swollen finger covered by its thickened cuticle, even when no fluid is present. *Fluoric Acid* and *Silica* are both useful in bone felons, but observe that *Silica* is aggravated by cold applications and ameliorated by warmth—the reverse of *Fluoric Acid*. *Fluoric Acid* is also useful in cases of onychia, resulting in deformity of the nail, as often happens in cases of paronchia unguialis.—*Hahnemannian Advocate*, June 15, 1898 (*Hahn. M.*)

IMPORTANT COINCIDENCES.

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

A LADY, aged 38, came to me 14th of November, 1881, for deafness that was rapidly increasing, and at the same time told me that ten years before she had taken an overdose of *Nux Vomica* which nearly killed her, and that since then she had suffered from a sinking in the pit of the chest with craving for food, increased by curry or any kind of spice; also a general feeling of weakness.

She has not had any family though married for ten years, and monthly period is excessive and followed by local irritation. No pain anywhere, and bowels fairly regular.

Shrill noises are heard very plainly and even worry her, but very deaf to voices. Watch-hearing very bad—R. $\frac{1}{60}$, L. $\frac{2}{60}$.

It would appear from her statement that the *Nux Vomica*—dose not given—had perniciously influenced the

entire system, and that in addition to the sinking there was now setting in as a consequence of the malaise engendered a very obstinate form of deafness.

After one week of treatment the deafness improved far more rapidly than could have been expected, and in a little time she became pregnant and gave up my treatment; from which I feel inclined to infer that the sterility was due to the influence of the *Nux Vomica*, and that my treatment counteracted it. Moreover, I consider that the deafness must have been due to the *Nux Vomica* from the fact of its having so rapidly improved; in a week under *Mezereum* ϕ gtt. iv.— \bar{z} iv. \bar{z} i. t.d. it went up to $\frac{7}{60}$ $\frac{15}{60}$, a most unusual occurrence in vascular deafness due to ordinary inflammatory causes.

The next chapter in the history of the patient is that she came to see me about her hearing in March, 1897, and complained a great deal of singing in both ears, worse after sleep, and of sneezing fits, in which she loses her sense of smell. Being decidedly plethoric, and with the aggravation of the singing after sleep, I had no hesitation in selecting *Bell.* for her, which was given in arborivital dose.

In a few days after I had a most angry letter informing me my medicine was so strong she could not possibly subject herself to another such dose, and that after it she could with difficulty get home and staggered on getting out of the 'bus as if drunk; moreover, that she had had to lie down the whole afternoon and had been suffering intolerably since then from fulness of blood to the head and tinnitus.

I replied beseeching her to allow the remedy to expend itself in the system, and promising her that after a time relief would come to all her symptoms. Instead of following my advice, she went in about a fortnight afterwards to a well-known consultant, who at once told her she was suffering under the influence of a poison, and that medicine could do nothing for her.

In her folly she was not contented, and went on seeking the advice of one doctor after another, each of whom drugged her more or less, and evidently counteracted with their drugs the influence that, if left alone, would have been beneficial of the *Bell.*, the consequence being that the patient derived no benefit whatever from the only too well-indicated *Bell.*

The very fact of displaying such remarkable sensitiveness to the *Bell.* in a measure supports my view that the sinkings, the sterility, and the deafness resulted in the first instance from the progressive, pernicious influence of *Nux Vomica*. Unfortunately it is not always possible to convince the public of the power of well-indicated remedies.

SNAKE-VENOM—ITS ACTION AND EFFECT,

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

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

VII.—SNAKE-VENOM, A DEPRESSING NERVE-POISON.

I HOLD that snake-venom is a specific nerve-poison, on account of its special affinity to nerve substance, which I shall now proceed to explain. Snake-venom, which is a thin, albumoid, serous, yellow liquid, is secreted by a gland, which, both in structure and position, bears very strong resemblance to the parotid gland of warm-blooded animals. It quickly assumes an acid reaction on exposure to the air, becomes viscid, and afterwards putrid with *Ammonia* production. Dr. Weir Mitchell, writing on the indestructibility of the venom, says: "Freezing has no effect; boiling has no effect; strong *Nitric Acid*, strong *Sulphuric Acid*, has no effect. After these powerful acids had been mixed with the venom they were neutralised; but the venom, when injected into the subcutaneous tissue, produced death. When mixed with *Ammonia* or *Soda Potash*, and each mixture injected, no effect was found to have been produced on the virulence." Other authorities, however, have asserted that boiling diminishes, and, when continued for any length of time, completely destroys the action of the poison. Feoktistow, a great authority on the subject, in his experiments found that, when frozen at 1°R., the venom separated into a solid mass and a very yellow thin liquid, the latter, even at 40°R., remaining liquid, and greatly exceeding in its poisonous action that of the solid mass. When examined by the microscope, the fresh poison is found to be free of micro-organisms, but, should they happen to be introduced, they both live and thrive in it. The alveoli or

acini of the gland secreting the poison are lined with a layer of finely granular, columnar, secretory cells, and are arranged with the greatest regularity all along the excretory duct, namely, straight and cylindrical. This opens into the canal of the poison-fang in the case of vipers, but with our Australian colubrids it leads into the narrow groove situated on the anterior surface of the fang. As it has been proved that micro-organisms will live and thrive in a watery solution of snake-venom in the same manner as they would in any other albuminoid fluid, and also that the toxic action of the venom is developed only when the scale of animal life is ascended, and we meet with the first rudimentary development of what is generally known as the nervous system, it becomes evident to my mind that snake-venom, having a special affinity to nerve-substance, is therefore, as I have declared above, a specific nerve poison. I have not the slightest doubt that snake-venom acts on the motor nerve-cells, lowering their functional activity, and, in fatal cases, entirely suspending it, without, however, in any way altering their structure. The venom also does not, by *direct* action, effect blood changes incompatible with life.

THE ACTION OF THE VENOM ON ANIMALS.

In animals the symptoms caused by snake-venom are generally dyspnea, asphyxia, paresis, and paralysis of the lower extremities. These symptoms are gradually followed by a general paralysis, accompanied occasionally with clonic and tonic convulsions, hemorrhages from the nose, lungs, bowels, and bladder, and ending in a complete paralysis of the heart and respiration, culminating in death. In an experiment made on a frog some time back, into which about 10 m. of a 5 per cent. solution of the venom of a tiger-snake had been injected under the skin, within half an hour of the injection paresis of its hind legs set in, and in about forty minutes afterwards complete paralysis, the respiration becoming more and more laboured and difficult. After respiration had ceased there were slow and feeble contractions of the heart, which finally ceased beating, standing still in diastole. A microscopic examination of the nerve-cells and nerve-fibres showed no difference existing between those of the

poisoned and the healthy animal. In the experiment on the first dog made in the Veterinary College, Fitzroy, Victoria, it will be remembered that the post-mortem examination showed the left auricle of the heart empty, but the right full of a stringy fibre, the blood being dark in colour, and not clotted, the inference from the examination being that the blood had been completely disorganised by the heavy dose of snake-venom injected, and was, consequently, unfit to support life. If, therefore (the question is asked), snake-venom is not a blood-poison, whence this disorganising of the blood? I shall reply to this question by tracing the action of the poison in the human system, from the time that it is first injected from the poison gland of the snake to the termination of the victim's life by death.

THE FIRST SYMPTOMS OF POISONING BY SNAKE-VENOM.

The first action of the venom is always on the anterior columns of the spinal cord, commencing in the lumbar ganglia, and taking an upward direction. The symptoms denoting this are that the lower extremities begin to feel heavy in an unnatural degree, and simultaneously a paretic state of the muscles on both sides takes place. The gait of the person bitten becomes staggering and very unsteady, and before long, though still able to move his legs while in a sitting posture, he is unable to rise, and soon after, even sitting up becomes an impossibility, the legs collapsing into a helpless condition. And during this time sensation is not lost, and, although the muscles of the neck are now in a paretic condition, and the head lies helplessly on one side, or else is held up with difficulty, voluntary motion is not lost in the case of the upper extremities, which still retain their power.

THE MEDULLA OBLONGATA AFFECTED BY THE VENOM.

While the symptoms described above are taking place, and the venom is acting on the voluntary muscles, it is at the same time apparent that it is rapidly invading the medulla oblongata. This is evident by the ashy hue and death-like pallor of the skin, which becomes very cold. This indicates the setting in of anemia, caused through the blood receding from the surface of the skin, and the patient complains of an extreme faintness and a terrible

feeling round the heart. The pulse at this stage is compressible, small, and very frequent, and the heart itself is in a paretic condition. The blood now accumulates in the large abdominal veins, which after a while become extremely gorged. The tension of these veins is naturally lost, and they keep on expanding more and more, as the paresis of the vaso-motor centre (splanchnicus) gradually verges into paralysis. The splanchnicus nerve, having its centre in the medulla oblongata, it necessarily follows that paresis and paralysis of this centre must have the same effect as section of the nerve in any part, and it is well to observe that the condition of extreme engorgement in the large abdominal veins, caused by the accumulation of the blood, is identically the same as that observed in animals after the section of that nerve. The greater portion of the blood contained in the body is at last absorbed or sucked up by the abdominal veins, in which it remains in a half-stagnant state. It has been shown by experiments that even slight injections (intravenous) of snake-venom very quickly produce paresis of the vaso-motor (splanchnicus) nerve and an engorgement of the abdominal veins. In fatal doses the paresis terminated very speedily in paralysis, great engorgement of the abdominal veins, rapid collapse, great weakness of the heart, which was in a bloodless condition, anemia of the nerve centres, and, finally, death. But to resume.

THE WEAKENING OF THE HEART'S ACTION.

The heart, in the vaso-motor paresis and paralysis, is naturally weakened by the action of the venom on the vaso-motor centre in the medulla oblongata, and also in the intracardiac ganglia, and the pulse, although it at first may appear to be somewhat retarded in frequency, soon mounts up from 120 to 150 per minute. The heart is also weakened by its depletion through the simultaneous accumulation of the blood in the abdominal veins.

THE CHANGED CONDITION OF THE BLOOD.

And now I come to the condition where the blood is so changed through the excess of carbonic acid therein, caused through the interference of both internal and pulmonary respiration, so that the blood cannot move onward, but remains stagnant in the abdominal veins,

that it gradually assumes that thick tarry-like form, which is disclosed at a post-mortem examination, and is always observable after death from snake-bite. The advocates of the blood-poison theory point to this peculiar appearance of the blood as the most convincing argument in their favour, and triumphantly ask, "Is there any greater or further proof needed that snake-venom is a blood-poison, than its power in changing the whole blood-mass, so that it becomes totally unfit to support life?" I reply that there is no proof in that argument, as I have plainly shown above that this change in the blood is wholly due to the vaso-motor derangement caused by the venom. As another undeniable proof of the fallacy of their theory, I would draw the attention of the blood-poison advocates to an experiment made a few years ago, and reported to the Australian medical profession. An animal well-poisoned with snake-venom had its whole vascular system well and thoroughly washed out with the warm defibrinised blood of four animals of the same species. The blood was injected into the external jugular vein, and then allowed to flow out of the crural artery. Afterwards the artery was closed, and blood, exceeding the normal quantity, left in the animal. In spite of this, however, the affection of the nerves remained completely unchanged, for immediately the artificial supply of the blood had ceased, the paralysed abdominal veins became once more engorged with nearly the whole of the blood mass, leaving the body in the same anemic state as before. It will be seen by the above how powerful a hold the venom has on the nerve-cells after it has paralysed them, persisting, as it did, even after the blood had been completely washed out of the system. It is thus self-evident that the argument of the blood-poison theorists falls to the ground, and that the paralysis caused by the snake-venom is absolutely independent of the blood. I do not think there can be anything clearer than this, or that further proofs are needed or necessary to establish the correctness of the nerve-poison theory. It will now be understood by my readers that the complete disorganisation of the blood noticed after death in the dog first experimented upon in the Fitzroy Veterinary College was solely due to the action of the venom on the vaso-motor nerve centres, and that the venom acted wholly as a nerve-poison, causing complete vaso-motor derangement.

Under such a powerful combination of causes and effects, one of which alone in itself under ordinary circumstances is almost sufficient to cause death, and which, it must be remembered, are greatly intensified as paresis gradually gives place to paralysis, is it to be wondered at that the heart speedily succumbs, and that death from anemia of the nerve-centres and paralysis of the heart takes place in a comparatively short time after a fatal dose of snake-venom has found its way into the system of the person bitten?

(*To be continued.*)

PHYSIOLOGICAL ACTION AND THERAPEUTIC PROPERTIES OF PODOPHYLLUM, WITH SPECIAL REFERENCE TO INDIAN PODOPHYLLUM.

By OBSERVER.

HECTOR MACKENZIE and W. E. Dixon have investigated the physiological and therapeutical effects of Indian podophyllum and its constituents (*Edin. Med. Journ.* November, 1898).

Podophyllum comprises two species, the American *P. peltatum* of the B. P., and the Himalayan *P. emodi*. The former or May-apple grows in the Northern and Middle States of America, the latter in the shady valleys of the inner Himalayas, especially in Cashmere and Runawin. It is easily cultivated, and is said to be one of the bile-expelling plants of the Sanscrit writers. It has been mentioned in the Indian pharmacopeia as a possible source of podophyllin.

Podwyssotzki in 1881 prepared podophyllin resin by precipitating the resin from an alcoholic extract of the rhizome with water; he isolated—

1. A colourless amorphous substance sparingly soluble in water, but readily so in spirit, very active, 1–5 mgrms. killing a cat (podophyllo-toxin). From this he obtained (a) a crystalline bitter substance, insoluble in water, inactive (picropodophyllin); (b) a substance readily soluble in hot water, podophyllinic acid. He considered podophyllo-toxin to be a combination of these two.

2. Podophyllo-quercitin.

3. Green oil and a crystalline fatty acid, both inert. Umney (*Pharm. Journ. and Trans.*, Lond., vol iii. pp. 23, 207) prepared from the resin from *P. emodi* similar substances to these.

Dunstan and Henry have shown the constituents of the resins from *P. emodi* and *P. peltatum* to be identical. (*Trans. Chem. Soc.*, Lond., 1898, p. 209). These two investigators have shown the constituents of podophyllin resin to be—

1. Podophyllo-toxin.

2. Quercitin (identical with quercitin from quercitron bark).

3. A residual resin; by dissolving this in alcohol and fractionally precipitating in water, two resins were obtained—(a) podophyllo-resin, an active purgative; (b) a non-purgative resin.

4. Fatty matter.

The substances examined were tried, first, physiologically on animals, the more important results verified on a healthy man; second, therapeutically on patients suffering from chronic constipation.

Resin.—Samples of the two resins from *P. emodi* and *P. peltatum* were found on comparison, that weight for weight, that from *P. emodi* was more active than that from the American variety. One grain of resin from *P. peltatum* is rather less active than half a grain of resin from *P. emodi*. Physiological effect is the same, except *P. emodi* is more irritant to stomach, vomiting being produced more frequently in animals. One grain of resin of *P. emodi* on one of the investigators produced motions every half-hour with severe griping, although one grain of *peltatum* resin produced only moderate result.

When used therapeutically, the resins were dissolved in aromatic spirits of ammonia, and combined with small doses of *Belladonna* and *Nux vomica* to prevent griping and assist action.

Cases of chronic constipation were chosen for trial. In single doses at night $\frac{1}{5}$ — $\frac{1}{3}$ gr. seemed to act best with both resins, doses of $\frac{1}{2}$ —1 gr. of *peltatum* resin in four cases none acted, while with *emodi* resin three cases acted out of seven.

With smaller doses $\frac{1}{3}$ — $\frac{1}{20}$ gr. given three times a day, the result of the two resins was very similar, in only one

case, and that in which peltatum resin was given, was there complaint of griping.

Podophyllo-toxin (Crystalline).—In small doses is an active purgative; with larger doses vomiting precedes purging. In dogs, should the dose be sufficiently large, acute enteritis is set up, and usually terminates in collapse and death. Intra peritoneal injections have similar action, but with subcutaneous injections, although the specific effect is produced equally well, there is occasionally necrosis and ulceration at seat of injection. Irritant effects of podophyllin, as skin eruptions and conjunctivitis have been observed in those engaged in powdering the resin.

Spindler states that podophyllo-toxin acts as a reducing agent on the blood, oxyhemoglobin being converted into methemoglobin this was not corroborated.

In a few cases after large doses the animal occasionally became generally rigid, but especially in the hind limbs there was stiffness and ataxia, the legs being held widely apart; convulsions followed, movements being especially in the head, which showed constant twitchings; pupils, generally dilated, acted badly to light; reflexes poorly marked, sensation blunted, in one case spasm of glottis. This condition, which seems purely muscular, comes on after gastro-intestinal symptoms have abated and only after large doses.

Post Mortem.—There was acute inflammation of small intestine, and some ulceration, stomach and colon being normal, lesion being usually confined to the upper twelve inches of jejunum. General congestion of all abdominal organs. Gall bladder empty, probably the result of contraction of abdominal muscles in defecation.

Both crystalline and amorphous podophyllo toxin acted on the whole more certainly than the drug itself; doses not exceeding $\frac{1}{2}$ gr. act better than larger doses.

In a healthy man, weight 11 stone, $\frac{2}{3}$ gr. podophyllo toxin injected subcutaneously produced next morning red and edematous swelling of the whole arm with necrosis of tissue round seat of injection, resulting in an ulcer.

Picropodophyllin, isomeric with podophyllo toxin, but is not contained in the plant.

Effect on cats and dogs *nil* in doses up to $\frac{1}{2}$ gr. It is irritant, one cat having inhaled some accidentally died from pneumonia. Purgative results may follow big doses.

Therapeutically, in three cases of chronic constipation $\frac{2}{5}$ – $\frac{1}{2}$ gr. doses in alcoholic solution was said to have acted satisfactorily in two. The discrepancy here was attributed to its having been given in solution and not as a pill.

“It is certain, however, that the physiological action does not always coincide with the therapeutic, and just as the smaller dose of podophyllin resin may be effective therapeutically when the larger fails, so a comparatively inactive substance physiologically such as picropodophyllin may produce an effect in diseased condition when a more active substance would fail.” (Italics mine.)

Podophyllic Acid.—Sodium podophyllate $\frac{3}{10}$ – $\frac{4}{5}$ gr. doses produced good action of bowels in three cases out of six. In one case $\frac{4}{5}$ gr. gave pain in stomach and made patient feel deadly sick, though no action of bowels or vomiting.

Podophyllo-Quercitin.—Found to be quite inert.

Podophyllo-Resin.—Has the same effect as podophyllo-toxin, except in its cholagogue action.

In anesthetised dogs with a horizontal tube in the bile duct and cystic duct clamped, and in a healthy man with a biliary fistula there was a marked increase in the secretion of solids. It is not quite so good a purgative as podophyllo toxin.

In conclusion, Indian podophyllin is an active purgative, it is nearly twice as physiologically active as the American variety.

Active principles are—(a) crystalline podophyllo-toxin, (b) podophyllo resin, both excellent laxatives in small doses and without secondary constipation or other objectionable symptoms.

Although both these act very similarly on the alimentary tract, only podophyllo-resin excites a true cholagogue effect, which shows itself rather by an increase in solids secreted than in amount of bile. Both act when injected hypodermically, but in man the local effect is too irritant for their employment in this manner.

ARBORIVITAL MEDICINE.

SYMPTOMS OF DEGENERATIVE DECAY IN THE AGED :
THE ACTION OF *HYOSCYAMUS NIGER*.

By ROBERT T. COOPER, M.A., M.D., late Vice-President British Homeopathic Society.

THE following case is most important, and is, I consider, a beautiful illustration of the action of *Hyoscyamus Niger* when given in unit dose ; it is also important as affording a complete refutation of the insinuation of the *Monthly Homœopathic Review* that "very real harm" is done by not drugging patients.

The case was treated by correspondence, and will be best put forward by extracts therefrom. All reference to the locality in which the patient resides is suppressed for obvious reasons.

Date of first letter, May 11, 1898 :—"I have just heard from Miss——that you have most kindly consented to allow me to write to you respecting my mother's serious illness . . . and am now venturing to send a detailed account of my mother's symptoms.

"She is at present—her age is 78—suffering from attacks which commenced exactly one year and six months ago.

"These attacks begin with loud noises in the ears, accompanied with *giddiness*, then difficulty in articulating follows, almost amounting to loss of speech, the eyes turning to the right side. The right eye used to be particularly affected, the eyelid drooping as if powerless, but that has been better lately.

"There is twitching of the right arm and leg, with loss of power in the former, violent starting of the body and shuddering, the patient at this time being in a stupefied condition.

"Lately the mouth has been slightly drawn to the right side, and the legs are becoming useless, particularly the left leg.

"The attacks last about a quarter of an hour, some pilules which have been prescribed cutting them short ; they formerly lasted half an hour.

"The urine is scanty and contains a quantity of red sand.

"Profuse perspirations occur during the night : there is also cough.

"Latterly attacks of pain have occurred in the chest, beginning with a sense of suffocation in the throat. The pain extends from the left ear and side of the face to the chest and down the left arm, and even to the fingers. *Glonoin* relieves.

"My mother suffered formerly from angina, but this has been absent until now."

The above was the description, and I ask in all fairness whether it did not look a most unpromising case for a single dose. *Hyoscyamus Niger* ϕ A. was sent.

Let us now follow on the case.

Date of next letter 19th of May:—"There is a slight improvement in my mother's state. The powder was taken on morning of 12th, other medicines being given up as directed.

"The attacks of difficult articulation accompanied by the strange turning of the eyes are less frequent, but the *giddiness* and noises in the ears continue. The pain in chest and left arm is less and seems partly due to flatulency. Sitting up causes giddiness, sometimes followed by an attack as previously described.

"There is pain in the left leg and left side during the night and there is difficulty in turning in bed.

"The left leg is almost useless. There is constipation, and the stools are abnormally large; an enema of glycerine has to be used.

"With heartfelt thanks for the kindness which is almost saving us from distraction,

Yours," &c., &c.

And in a postscript, which possesses a singular significance for those who think that "very real harm" is done by not drugging, the writer goes on, "*My mother had been taking FOUR different medicines daily before hearing from you.*"

In reply to this *Hyoscyamus Niger* ϕ A., was again sent.

Date of next, 1st of June:—"My mother has improved *very much* since taking the last powder. She is able to sit up for hours without any injurious effect, and to-day, with support, walked about the room. The attacks of giddiness are not so frequent; last week there was a very bad attack of giddiness with the eyes turned in the strange way to the right; also difficult articulation; this

attack was preceded by a fit of vomiting, which took place immediately after dinner.

"These attacks of vomiting have occurred at intervals during the illness. Reading appears very injurious, causing giddiness.

"Fits of prolonged sneezing occur sometimes during the attacks and give relief, cutting short the attack of giddiness and loss of speech.

"The urine is quite free from sand, but there is trouble as before with the bowels.

"Pain is felt in the left leg when lying down.

"The pain in chest has almost quite disappeared.

"The cough continues.

"With earnest thanks for the great improvement in my mother's state," &c.

The next letter, date 9th of June:—"Reported continued improvement, especially as regards lessening of the attacks of giddiness and a disappearance of the accompanying aphasia and the strabismus, but pointed to flatulent pains, for which *Ornith. umbel. φA.* was given, but as a meal of plantain and strawberries soon after brought on angina pectoris, no result was apparent from it.

On 22nd of June *Hyos. Nig. φA.* again.

Report, 30th of June:—"My mother has improved very much indeed since powder of 22nd inst.

"The attacks of giddiness and loss of voice ceased in two days after taking the medicine. One attack only has occurred since—on 28th—and that was slight and passing in its effects. The pain in the chest still occurs during the night; sometimes there are two attacks, but they are not severe.

"There is also at other times a tiresome cough.

"In other respects the improvement is *very great*. My mother was able to go out in a bath-chair yesterday—the first time since last summer. She has also been able once or twice to walk about the room without assistance.

"We are truly grateful to you for this great relief from the strain we have so long suffered.

"My mother bore going out yesterday far better than she was able to do last summer; then she used to suffer from exhaustion afterwards, but yesterday there were no ill effects. She is also able to sit up for many hours without being fatigued."

I will now summarise the remaining correspondence,

as of course in a case like this all that can be looked for is improvement, an absolute *cure* of symptoms like these, at the age of 78, being impossible.

July 14th, writes: Strength good till last week, now feebler but able to get out in bath-chair, and to move unassisted about room, no vertigo or aphasia and appetite better; pain in chest at night, getting into bed bringing it on. *Glonoin* relieves. Pres. *Quercus robur* ϕ A.

August 8th: Improvement well maintained, able to be out for hours in bath-chair, walks better, "*change almost miraculous.*" Nothing given.

September 19th: Not so well, but has been "*wonderfully well.*" Violent shuddering, which used to precede aphasia, &c., has returned but without latter symptom. For two weeks has been getting feebler. *Hyoscyam. Nig.* ϕ A.

October 24th: "Improvement has simply been marvellous, strength increased, appearance indicates a wonderful improvement. Our friends are amazed at this raising up of one who was so dangerously ill; it almost appears impossible she can be the same being." And the report ends by stating that there is still cough, and that the tinnitus which generally precedes attacks of vertigo and aphasia had returned. *Hyos. Nig.* ϕ A. was therefore again given.

November 25, 1898: "The improvement is well maintained, and is in striking contrast to the state she was in last November; then matters went from bad to worse till death seemed imminent. My mother's illness dates from November, 1896. We can never thank you sufficiently for the almost miraculous improvement which has taken place. Strength has increased, the most alarming symptoms, those of speechlessness, &c., have completely disappeared and my mother has almost regained her normal state."

The letter goes on to state the symptoms that still remain: Tinnitus in ears on lying down, pain in left arm beginning in left ear and side of head, and pain at night in chest aggravated by exertion, besides some cough and stiffness of the knees.

Any one in the habit of treating such cases as these can appreciate the grandeur of the force that can when unhindered bring improvement to an old lady of 78, with symptoms every one of which pointed unmistakably to the degenerative decay of advancing years.

30A, George Street, Hanover Square, Nov. 26, 1898.

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 1st, at 8 o'clock p.m., Dr. Burford, Vice-President, taking the chair.

H. G. T. Dawson, L.R.C.P.I., L.R.C.S.I., L.M., of Sandridge House, Shrewsbury Road, Birkenhead, was proposed as a member by Dr. C. Theodore Green and Mr. Jas. Johnstone. Miss Edith Nield, L.R.C.S., L.R.C.P. Edin., London Homeopathic Hospital, proposed by Dr. F. Nield and Dr. Byres Moir, and Mr. William Clowes Pritchard, B.A., M.R.C.S., L.R.C.P., London Homeopathic Hospital, proposed Dr. Byres Moir and Mr. James Johnstone, were elected members of the Society.

A report was presented by the Sub-Committee appointed at the last meeting to consider the questions of "A New Materia Medica" and "New Provings." After some discussion it was decided that the Sub-Committee should prepare a specimen drug on the lines proposed by them for the new materia medica as soon as possible, and present it to the Society, who would then vote on the final adoption of their report.

It was also decided to add two more members to the Sub-Committee, viz., Drs. Goldsbrough and Madden.

The following motion, brought forward at last meeting by Dr. F. Nield, of Tunbridge Wells, was discussed and carried:—

"That the Council be instructed to take into consideration the practicability and advisability of bringing under the notice of the younger members of our profession the existence of this Society, and the fact that those of them who desire to look into the principles and practice of homeopathy would be welcomed at our meetings; and if, in its opinion, such a course be found to be both practical and advisable, it is hereby empowered to take the necessary steps without further delay."

Dr. Neatby showed the following specimens: Small ovarian cyst. (Recovery.) Ovary and tube removed by celiotomy. (Recovery.) Submucous myoma removed by hysterectomy. (Recovery.)

Owing to the time occupied in preliminary business only one of the three papers for the evening was read, namely, that by Dr. Ord, of Bournemouth, on "Diet in Gout and Allied Disorders" (illustrated by lantern slides), of which the following is a synopsis: Importance of diet as an aid to success in medicinal treatment—Effects of diet in the elimination of uric acid—Conditions of the urine in gouty disorders—Meat and sugar

in the gouty diathesis—the three possible diets : (1) Vegetarian, (2) Nitrogenous, (3) Mixed diet—The difficulty of explaining how vegetarian and nitrogenous diets can both be of such value in gouty states—An attempt to solve this problem by daily estimation of urea, uric acid, and acidity of urine passed under various diets—Significant and instructive results of this experiment—Conclusions.

The discussion, which was taken part in by a number of those present, resolved itself largely into expressions of opinion on the value of Salisbury diet. Dr. Blackley remarked that the theory of the storage of uric acid which Dr. Haig advocates, and which Dr. Ord used to explain some of his facts, had been for ever buried by Sir W. Roberts and Dr. Luff ; and Dr. Burford said that Dr. Haig's weak point was that he could not locate the site where the supposed storage took place. In reply Dr. Ord said that he had found Dr. Haig's book and the views therein expressed eminently practical and useful clinically, whereas Dr. Luff in his writings treats the matter purely from a chemist's point of view, and his theories he had found of very little practical value.

EXTRACT.

MR. HURNDALL'S PRESIDENTIAL ADDRESS.

We have much pleasure in quoting the following passage from the Presidential Address of Mr. J. Sutcliffe Hurndall, delivered on November 3 at the Holborn Restaurant, before the Central Veterinary Medical Society, and published in the *Veterinary Record* of November 12.

“ That there is a law in medicine to guide the practitioner in the selection of the appropriate drug for given cases of disease goes without saying, inasmuch as we have overwhelming testimony to that effect from eminent practitioners of medicine who for many years have relied upon that law as their guide in drug selection after having previously satisfied themselves of the uncertainty and unreliability of the practice adopted by the dominant school of medicine, which scoffs at the suggestion that such a principle or law exists, albeit it would be very difficult to find one of these self-constituted objectors who has ever honestly put the matter to the test of experiment, or who has even sought to fathom the elementary principles of the system. Assuming that there is such a law, and I take it that in the absence of investigation and experiment, no man, however high

his position in the medical world, has a right to say or even infer there is not, I should like to ask how it is that the medical profession of both departments, human and veterinary, does not seek to obtain an honest, intelligent understanding of what this law is and how it is to be applied in everyday practice. That such an investigation is worth the making may be affirmed on two grounds: first, on account of the claim made by its adherents for its efficacy and reliability in its application to the healing art; said adherents in virtue of their medical education, social position, and success in practice having as much right to claim credence for their views and a respectful hearing as any other men in the profession; and second, because leaders in the dominant school openly affirm that there is no satisfactory and reliable method of procedure in the practice of therapeutics. Only last month at the opening of the School of Medicine for Women, Dr. J. W. Carr is reported to have delivered an address entitled 'Fashion in Medicine,' and among other striking and suggestive thoughts in that address he said: 'It is an interesting and instructive, albeit somewhat humiliating, study to follow the influence and vagaries of fashion in pathological theories and dogmas and still more in the domain of treatment. During the course of the address he gave some very striking illustrations of how methods and fashions in medicine fluctuate, and after admitting that it is, well-nigh hopeless to expect to cure disease by remedial agency he concludes that 'the highest function of medical practitioners is to be apostles and preachers of hygiene.' If that is the best thing Dr. Carr, and those who believe as he does, have to tell students of medicine, I am afraid they will come to the conclusion that there is not much encouragement to study. Personally, if I had no better nor more sustaining faith to fall back upon I would promptly throw up the practice of veterinary medicine. On the other hand, any who are prepared to master the great principles embodied in the law enunciated by the immortal Hahnemann can have the assurance that their *practice may be guided by correct principle*, and that the results of such practice will be as eminently satisfactory to themselves as to their patients. I have given you my views on what I consider to be some of the shortcomings of medicine in both its branches, and I have taken upon me to suggest how such may be corrected. I took exception to the prominence given to bacteriological research to the neglect of original, clinical, and therapeutic research, and I have a still further objection to advance against this extensive promulgation of laboratory work where the lives of so many animals are sacrificed at the hands of the vivisectionist. I am strongly of opinion that it is morally reprehensible to inflict unknown torture upon innumerable rabbits, guinea-pigs, dogs, &c. The

great Creator committed all these creatures to the care of man, and into his hands were they delivered. This, however, does not, to my mind, imply that the right was given to man to submit these creatures to cruel lingering torture, even though to to so subject them resulted in immediate advantage to man. I cannot help saying that to me it is simply horrible that men whose ostensible object in life is to allay pain can be found in such numbers among the educated classes who seem to revel in inflicting torture upon dumb, helpless animals which by all that is good and true have a right to look up to them rather for protection; as an individual member of the veterinary profession, and on my own personal initiative, I take this opportunity of publicly raising my voice against such barbarous practices; and I do so quite apart from the consideration of the questionable advantages derived from this wholesale mutilation and slaughter. Personally I do not admit that there are any compensatory advantages derivable from vivisection, and I affirm that no satisfactory treatment of disease is the outcome of experimental research among the lower animals."

REVIEWS.

RENAL THERAPEUTICS.*

IN his preface Dr. Mitchell says:—

"This book, as its name implies, is primarily a therapeutic one, but at the same time the essentials of etiology, pathology, and diagnosis of diseases of the urinary tract are included. By dividing the work into numerous chapters, and by free use of heavy-faced type for the paragraphs of the chapters the writer has attempted to make the book one in which the practitioner can find what he wants without wading through what he does not want. The medical student will find in it quizzes and chart-like summaries which are designed for his special benefit."

If Dr. Mitchell had not named his work "*Renal Therapeutics*," we should have gathered the impression that "etiology, pathology, and diagnosis" were the primary objects of the writer. In these respects he has

* *Renal Therapeutics*. Including also a study of the Etiology, Pathology, Diagnosis, and Medical Treatment of Diseases of the Urinary Tract. By Clifford Mitchell, A.M., M.D., Professor of Renal Diseases in the Chicago Homeopathic Medical College. Philadelphia: Boericke & Tafel. London: Homeopathic Publishing Co., 1898. Price 10s.

given us, as his reputation would have led us to expect, a thoroughly up-to-date and practical manual, and one which is eminently qualified to help both practitioner and student. But the therapeutical part is, to our thinking, the least satisfactory. It is the cruder kind of homeopathy that Dr. Mitchell appears to follow, but we think more assistance in the way of discriminating one remedy from another might have been given even then. At the same time it must be confessed that for any complete setting forth of the homeopathic therapeutics of renal diseases a separate monograph would be required in which symptomatology would be the only concern.

KEY-NOTES AND CHARACTERISTICS.*

THE announcement of a new work on materia medica; by Dr. H. C. Allen, the well-known author of the *Therapeutics of Intermittent Fever*, is sure to excite a keen interest in the materia medica world. We cannot give a better idea of its scope and intention than by quoting the preface entire.

"The life-work of the student of the homeopathic materia medica is one of constant comparison and differentiation. He must compare the pathogenesis of a remedy with the recorded anamnesis of the patient; he must differentiate the apparently similar symptoms of two or more medicinal agents in order to select the *similimum*. To enable the student or practitioner to do this correctly and rapidly he must have as a basis for comparison some knowledge of the *individuality* of the remedy; something that is *peculiar, uncommon*, or sufficiently *characteristic* in the confirmed pathogenesis of a polychrest remedy that may be used as a pivotal point of comparison. It may be a so-called 'key-note,' a 'characteristic,' the 'red strand of the rope,' any central modality or principle—as the aggravation from motion of *Bryonia*, the amelioration from motion of *Rhus*, the furious, vicious delirium of *Belladonna* or the apathetic indifference of *Phosphoric Acid*—some familiar landmark around which the symptoms may be arranged in the mind for comparison.

"Something of this kind seems indispensable to enable us to intelligently and successfully use our voluminous symptomatology. Also, if we may judge from the small number of homeopathic physicians who rely on the single remedy in practice, and the almost constant demand

* *Key-notes and Characteristics, with Comparisons of some of the Leading Remedies of the Materia Medica.* By H. C. Allen, M.D., Professor of Materia Medica and the Organon in Hering Medical College and Hospital, Chicago. Philadelphia and Chicago: Boericke & Tafel. London: Homeopathic Publishing Co. Cloth, 6s. 6d. net.

for a 'revision' of the materia medica, its study in the past, as well as at present, has not been altogether satisfactory to the majority.

"An attempt to render the student's task less difficult, to simplify its study, to make it both interesting and useful, to place its mastery within the reach of every intelligent man or woman in the profession, is the apology for the addition of another monograph to our present works of reference.

"It is all-important that the first step in the study of homeopathic therapeutics be correctly taken, for the pathway is then more direct and the view more comprehensive. The object of this work is to aid the student to master that which is guiding and characteristic in the individuality of each remedy and thus utilise more readily the symptomatology of the homeopathic materia medica, the most comprehensive and practical work for the cure of the sick ever given the medical profession. It is the result of years of study as student, practitioner, and teacher, and is published at the earnest solicitation of many alumni of Hering College, with the hope that it may be of as much benefit to the beginner as it has been to the compiler."

Dr. Allen's work admirably carries out his design, and it includes an account of a number of nosodes, including *Psorinin.*, *Medorrh.*, which will be welcome to many. There is one complaint we must make of this book, and that is that it contains neither Contents-table nor Index. This is the more to be regretted as it only professes to describe "some of" the leading remedies; and though they are arranged in alphabetical order, it is necessary to look through the book in order to see whether any given medicine is included or not. However, there will not be found to be many absentees from the list of remedies most often called for.

ESSENTIALS OF HOMEOPATHIC THERAPEUTICS.*

THE fact that a second edition of this work has appeared so soon is in itself a good recommendation for the book. It is intended as a book for the materia medica student, and as such must prove very useful. It may also prove serviceable as a book of reference, and as such it might be made more useful by more careful grouping of the medicines for particular diseased conditions. For example, in looking up enuresis we are referred to urinary disorders, and here we find the medicines for enuresis scattered

* *Essentials of Homeopathic Therapeutics; a Quiz Compend.* By W. A. Dewey, M.D. Second Edition, revised and enlarged. 1898. Philadelphia: Boericke & Tafel. London: Homeopathic Publishing Company, 12, Warwick Lane, E.C. Price 7s. 6d.

about anyhow amongst those indicated for the various renal and vesicle symptoms, instead of being grouped together by themselves. Similarly, all gastric remedies are grouped together in one long section of fifteen pages, without any kind of sub-division, which greatly detracts from the value of the book for reference, without any obvious advantage in another way.

The matter of the book is excellent, and the student who masters it will have a good foundation of therapeutic knowledge.

TESTS AND STUDIES OF THE OCULAR MUSCLES.*

THIS valuable monograph, coming as it does from the pen of one who has probably devoted more time to the study of this branch of ophthalmic practice than any man in this country at least, is well worth careful perusal. The writer has dealt with his subject in a very full and masterly way. For the sake of those whose time is limited, he has so arranged the book, that a large and important portion—chapters vii.—xii.—may be read as an independent section. This part is the more practical portion of the book, and deals with the subject of strabismus, including suppressed squints, and ocular paralyses. It contains also a useful little chapter on mnemonics for ocular paralyses, and a chapter on ophthalmoscopic corneal images. The rest of the book is devoted to the anatomical and physiological side of the subject, but, as Dr. Maddox tells us in the preface, none of these chapters are without some ultimate practical bearing. The first chapter, which deals with the anatomy of the globe and its socket, contains a very interesting description of Tenon's capsule, taken chiefly from Motais. The whole book is well arranged, so that any detail can be easily found, each subsection having a heading printed in bold type, and it has a good index. It is also very well and fully illustrated, and beautifully printed; and should be, as it doubtless will, in the hands of all ophthalmic surgeons. It will also be useful to the neurologist, though treated from the standpoint of an ophthalmic surgeon.

* *Tests and Studies of the Ocular Muscles.* By Ernest E. Maddox, M.D., F.R.C.S. Ed. Bristol: John Wright and Co. London: Simpkin Marshall, Hamilton, Kent & Co., Ltd. Price 10s. 6d. net.

GENERAL CORRESPONDENCE.

PROBLEMS OF HOMEOPATHY.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—May I be allowed to suggest, with all deference, a borrowed idea which appears to me to reconcile the conflicting ideas between the action of a dose of Dr. Cooper's ϕ A tincture and a dose of the 30th or 200th dilution. Dr. Hughes, in his *Pharmacodynamics*, speaking of *Chamomilla*, says, "The conclusion seems to be that *Chamomilla* is one of those drugs whose crude and infinitesimal actions are about identical." Dr. Farrington says, "It is true of *Natrum mur.*, as of most other drugs, that the high potencies act best." Dr. Cooper himself, in his *Chronic Deafness*, vol. vi. p. 15, mentions having prescribed *Mezereum* ϕ , then 30, and then 200. He comments on the case thus, "It was *Mezereum* and it alone that effected any real benefit, and even this was powerless except when used in the 30th and in the 200th dilutions."

Turning to Kingzett's *Animal Chemistry*, p. 42, after speaking of oxidation, the author says, "Hydration is also going on here and there, if not everywhere, and the two processes often together. What wonder, then, that the multitude of substances thus elaborated and produced is so great. Even the substances thus elaborated and produced act and react, and thus the number is increased till it becomes almost endless." On p. 455 he remarks, "While, therefore, as a rule, the physiological action of substances seems to become more intense as the molecular complication increases, the effects largely depend on the specific character of the individual substances." Referring to some investigations made by Prof. Gamgee, and communicated to the British Association Meeting at Glasgow in 1876, he states the general results to be: (a) "The physiological action is in part dependent upon the number of atoms in the molecule and its complexity of structure. (b) Also upon the degree of stability of the molecule." Although Kingzett goes on to object to Prof. Gamgee's generalisations as purely tentative, he appears to consider the above results

as proved facts. Such being the case, the inference is, I think, plain.

Dr. Cooper's freshly-made tinctures from living plants are *in a state of instability*, so that their molecules can easily unite with the molecules found in the system. In the high dilutions the same thing happens on account of *the number of atoms in the molecule*.

Sir, yours very respectfully,
FERRUM.

CHICORY IN CONSTIPATION.

SIR,—Possibly it might be found helpful if any of your many readers would give their experiences as to the benefit or *harmfulness* of drinking chicory for the relief of constipation. It has lately come to my notice that in two cases of long standing and very obstinate constipation, great relief has been obtained through drinking chicory (made like coffee) two or three times a day. It apparently aids digestion, and acts in a gentle, natural way.

I shall esteem it a favour if you see well to draw attention to this in your next issue. I enclose a card and beg to remain

Yours faithfully,

Bath, December 20th.

R. E. L.

VARIETIES.

CANTHARIS IN DYSENTERY.—*Burning like fire in the anus*, after the stool; dryness of the lips and thirst during the pain; vesicles and canker in the mouth and throat; collapse, small pulse, coldness of hands and feet.—*Hahn. M.*

SURGERY AMONG BIRDS.—Some interesting observations relating to the surgical treatment of wounds by birds were recently brought before the Physical Society of Geneva, by M. Fatio. He quotes the case of a snipe, which he has often observed engaged repairing damages. With its beak and feathers it makes a very creditable dressing, applying plasters to bleeding wounds, and even securing a broken limb by means of a stout ligature. On one occasion he captured a snipe which had on its chest a large dressing composed of down taken from other parts of the body and securely fixed to the wound by the coagulated blood. Twice he had brought home snipe with interwoven feathers strapped on the site of fracture of one of the limbs.—*Clinique.*

IMPORTANCE OF SUGAR AS A FOOD.—Chauveau recently demonstrated before the Paris Academie des Sciences that the general assumption in regard to the amount of calories produced by sugar is erroneous. Instead of its being true that three grams of sugar are equivalent to the nine calories produced by the consumption of one gram of fat, only 0.756 grams of sugar are required to produce this same amount of calories. He urged the repeal of duties which tend to restrict the use of sugar, contending that the people should be encouraged to use it more freely.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Mondays, Tuesdays, Fridays, and Saturdays, 2.0; 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; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9.0 a.m.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Anderson (T. McCall). Contributions to Clinical Medicine. Edited by James Hinshelwood. 8vo, pp. 428. (Young J. Pentland. Net, 10s. 6d.)

Blake (Edward). On the Study of the Hand for Indications of Local and General Disease. Roy. 8vo, limp, pp. 54. (H. J. Glaisher. Net, 2s. 6d.)

Bowhill (Thomas). Manual of Bacteriological Technique and Special Bacteriology. With 100 Original Illusts. Roy. 8vo, pp. 296. (Oliver and Boyd, Edinburgh. Simpkin. 21s.)

Browne (Lennox). The Throat and Nose, and their Diseases. With 550 Illustrations in Colour. Mostly Designed and Executed by the Author. With special assistance as follows:—Anatomy, Mayo Collier; Nervous Diseases, James Cagney Hish; Pathology, Wyatt Wingrave. 5th ed., revised and re-written. Roy. 8vo, pp. 1,000. (Baillière. 31s. 6d.)

Cleland (John) and **Mackay** (John Yule). A Directory for the Dissection of the Human Body. 4th ed., Revised and Furnished with Copious References to the Work, "Human Anatomy, General and Descriptive," by the same Authors. 12mo, pp. 206. (Maclehose, Glasgow. Net, 3s. 6d.)

Gibson (George Alexander). Diseases of the Heart and Aorta. With 210 Illusts. (Pentland's Medical Series.) Vol. 6. Roy. 8vo, pp. 904. (Pentland. 24s.)

Gillespie (A. Lockhart). The Natural History of Digestion. Illustrated by Figures, Diagrams and Charts. (The Contemporary Science Series.) Cr. 8vo, pp. 456. (W. Scott. 6s.)

Grumvald (L.). Atlas and Abstract of the Diseases of the Larynx. Edited by C. P. Grayson. Cr. 8vo. (Rebman. Net, 10s. 6d.)

Hare (Hobart Amory). Practical Diagnosis: The Use of Symptoms in the Diagnosis of Disease. Illustrated with 204 Engravings and 13 Coloured Plates. 3rd ed. Revised and Enlarged. Roy. 8vo, pp. 620. (Kimpton. Net, 21s.)

Lewis (Percy). Some Health Aspects of Education. Cr. 8vo, sd., pp. 36. (Scientific Press. Net, 1s.)

Mracek (F.). Atlas of Syphilis and the Venereal Diseases. Edited by L. B. Bangs. Cr. 8vo. (Rebman. Net, 15s.)

Ramsay (A. Maitland). Atlas of External Diseases of the Eye. With 30 Full-page Coloured Plates, and 18 Full-page Photogravures. 4to, pp. 212. (Maclehose, Glasgow. Net, 63s.)

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.

Communications received from Dr. Clifton, Northampton.—Dr. Cooper, London.—E. C. P.—Mr. Hurdall, London.—Dr. Hayward, Birkenhead.—"Ferrum."—Dr. Percy Wilde, Bath.—Mr. Alfred J. Pearce, London.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Chemist and Druggist.—Hom. Rev.—Allg. Hom. Zeit.—Maanedsskrift f. H.—H. Tidssk.—Monatsblätter.—Vacc. Inquirer.—N. A. J. of Hom.—Hahn. Monthly.—Gaz. Med.—La Homeopatia.—Il. Secolo Omiop.—J. of Orific Surgery.—Hom. Physician.—Calcutta J. of Med.—Med. Counsellor.—Rev. Hom. Belge.—Hom. Envoy.—Med. Times.—Public Health J.—American Homeo.—Med. Cen.—

Homeo. Recorder.—Clinique.—Amer. Med. Monthly.—Archiv. f. Hom.—Pacific Coast J. of H.—Minn. Hom. Mag.—Information Gazette.—Bromley and District Times.—Hahnemann Advocate.—Rev. Hom. Française.—Zeit. d. Berl. Ver. Hom. Aerzte.—Zadkiel's Almanack.—Bath Herald.—Hom. News.—Critique.—Mind.—Healthy Life.—The Story of the Liver. By Arthur Fisher, M.D.—Leicester Daily Post.—Keynotes and Characteristics, with comparisons of Leading Remedies. By Dr. H. C. Allen.—Disorders of Sexual Organs. By Dr. Carleton.

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Materia Medica Revision and the British Homeopathic Society.
The Directory, 1899.

NEWS AND NOTES.

ORIGINAL COMMUNICATIONS:

The Further Growth and Progress of Homeopathy in Northamptonshire.
Materia Medica Miscellany.

SOCIETY'S MEETING:

British Homeopathic Society.

INSTITUTIONS:

Hahnemann Convalescent Home Bazaar.
Folkestone Homeopathic Dispensary.

EXTRACTS:

Two Views of Christian Science.

REVIEWS:

Problems of Homeopathy.
Facial and Sciatic Neuralgias.
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NOTIFICATION.

Dr. Samuel Van den Berghe.

GENERAL CORRESPONDENCE:

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THE HOMEOPATHIC WORLD.

FEBRUARY 1, 1899.

THE INFALLIBLE MEDICAL CHURCH.

WHATEVER may be said of the advance of Medicine in therapeutic power, there is no doubt that in recent times it has made great advances in one direction : it is rapidly developing into a quasi-sacerdotal caste. Not without great reason has OUIDA written a telling pamphlet entitled *The New Priesthood*, in which she has boldly exposed the pretensions put forward by the medical profession, corporately considered, to exercise unchallenged dominion over the bodies of man and beast. The reason is not very far to seek. In former times men used to think a great deal about the salvation of their souls. Now we are getting beyond that. The goddess Hygeia has been reinstated ; health of body is the *summum bonum* ; the arch-enemy of mankind is the Microbe, and the hierarchy of the medical profession, or the priests of Hygeia, are the only power on earth capable of exorcising this most fearful revelation of modern scientific research. Thus, in a curious way, a very marked advance in dignity and self-importance has come upon the profession entirely apart from any real progress in therapeutics. But it must be admitted that the profession has shown no backwardness in accepting the new honour. With all imaginable aplomb it has assumed the position of an infallible Church of Hygeia and evinced unbounded zeal in persecuting heretics, and forcing the fashionable doctrines of the time upon

a willing or unwilling populace at the point of the lancet or the hypodermic syringe. But there is one point of difference that strikes us between this new priesthood and all other priesthoods that we are acquainted with. Of all the religious systems that have commanded the belief of mankind, the priests who administered them have believed in the saving power of their own creed; or, at least, if individual priests have been faithless, they have so far paid homage to the creed that they have pretended to believe in it. Now the strange thing about the new priesthood is this: the priests, and especially the high priests, are never tired of proclaiming that they don't believe in their own principles.

The President of the Royal College of Physicians has put the matter as plainly as any one can. He praised Sir WILLIAM GULL, than whom he knew "of no more successful practitioner," and yet "his prescriptions very often consisted of nothing but coloured water." "What I do object to," continued Sir SAMUEL WILKS, "is the attempt to treat cases of disease on principle when we possess no principles." This is all very straight and honest, and it is not by any means alone. Other presidents of the Royal College of Physicians have said the same thing in other words, and lesser lights of medicine have echoed them. The other day a teacher at one of the medical schools, in an address to a students' society on quacks, treated his audience to the usual travesty of homeopathy (having taken his "facts," perhaps, from the newly issued reprint of the *Encyclopedia Britannica*). But as he has no real knowledge of homeopathy, what he says about it is of no importance. Presumably he does know something about allopathy, and this is what he is reported to have said: "*There is no system of allopathy . . . The so-called allopath has no system of treatment.*" Of course he hasn't; but that would not matter so much, if he did not at the same time pose as an emissary of an infallible medical church, and want to persecute everybody who has no more faith in his principles than he has himself.

Now it is time some clear understanding was come to. Either the profession must depose its present leaders and compel them to eat their words in a white sheet, or it must itself come down from its pedestal of infallibility, and relinquish the pretension it is now putting forward to be the sole purveyor of health to the community. John Bull is a somewhat illogical creature, and is not very rapid to grasp a point. But he does see it in the end, and there are signs that his eyes are opening. He will not be bullied long by a profession that puts forth unlimited pretensions based on an unbelief in its own principles.

We should not be at all surprised if, when the "so-called" allopathic profession perceives that it is found out, from sheer self-defence it will be compelled to resort to homeopathy—which does indeed possess both principle, system, and science—to save its face from the public scorn which will assail it on the day of reckoning.

In the meantime, with all its powers and pretensions, established medicine can do nothing to arrest the sale of proprietary articles; and whenever a HOLLOWAY builds and endows a sanatorium, or a hospital, from the proceeds of unauthorised medical practice, the infallible medical church is always at hand to supply her duly qualified sons to administer its duties and share its emoluments.

STAPHISAGRIA IN MEAT-EATER'S HEADACHE.—Professor Kent in describing the difficulty inherent in the proper selection of remedies instances the case of a man with an every seven-days' headache. All remedies having reference to the time period in headaches proved unsuccessful. Finally it was learned that this was a Sunday headache, and that on this day the man ate a great deal of meat. Staphisagria was given and a prompt cure resulted.—Villers' *Archiv für Hom.* [The remedy was, as every materia medica student knows, well indicated. But the question will obtrude itself as to whether this headache might not also have been removed by a change in his meat-eating habit. Again, are we to conclude that having given staphisagria, the man was therefore immune—that is to say, could he then eat meat on Sunday without the resultant headache?].—*American Homeopathist*.

NEWS AND NOTES.

DR. POPE ON THE *HOMEOPATHIC DIRECTORY* OF THIRTY YEARS AGO.

THE *Homeopathic Directory* of 1869 contains a preface signed by Dr. Alfred C. Pope, and dated December 10, 1868, and as it so fully expresses our own sentiments we think our readers will thank us for reproducing part of it. The italics are Dr. Pope's:—

"The names, qualifications, and addresses of the gentlemen who appear in this volume are those of members of the medical profession who, having investigated homeopathy and become convinced that it affords the best guide in directing the medical treatment of disease, have adopted it into their practice, and do not shrink from thus publicly acknowledging that they have done so.

"Could the names of all members of the medical profession who practise homeopathically be ascertained, this list might be very largely extended. Of those who might be added to it, a few are omitted for the present, in some instances on the ground of expediency, and in others from their not having completed that course of study and investigation which they consider necessary before avowing their faith in homeopathy. One and all of these will, we believe, be prepared on a future occasion to declare their faith in the law of *similia*.

"But there is another, a far larger class, consisting of those whose motives in refusing to appear in this *Directory* are all reducible to one—the fear of *compromising their professional position*. They believe in homeopathy, but they do not say so! They lack the moral courage to face the enmity of those of their professional brethren who denounce homeopathy, and all who admit its practical value. They are terribly afraid of being called 'quacks'; and by whom? By those who are utterly ignorant of homeopathy. . . .

"The possession of an intelligent and practical faith in homeopathy involves a duty, and a duty of the most obvious kind, one would have thought, on the part of all medical men who have it. . . .

"The duty incumbent upon those who have proved that homeopathy is true to make public acknowledgment of the results of their investigation, is rendered greater by the position of homeopathy, and by the tactics of those who have committed themselves to oppose it by every means in their power.

"It is because homeopathy is misrepresented, for the very reason that its advocates are unceasingly maligned by the majority of the profession on the ground that those who *openly* practise it are debarred from professional fellowship, and, as far as malicious ingenuity can so arrange it, from public medical appointments; that all who know that it is a truth which, far from meriting such treatment as this, demands the most careful and painstaking study, should gladly avail themselves of the opportunity of being enrolled among the *fidei defensores*."

THE PARIS INTERNATIONAL CONGRESS OF 1900.

THE Sixth Quinquennial Congress of Homeopathy will be held at Paris next year, and the rules have been framed and will be found in the *Revue Homœopathique Française* of January. The Congress will be held in a hall of one of the buildings of the Universal Exhibition to be held in Paris next year, and will constitute part of the official proceedings of the Exhibition. The Congress will be open to all persons legally qualified to practise medicine in their own country. Persons not qualified for membership will be admitted as auditors to the séances; the subscription for members will be 20 francs, for auditors 10 francs. The official language will be French. The date of the Congress is not yet fixed, but it will probably take place somewhere between the July 20th and August 15th. The French homeopaths will entertain their foreign *confrères* at a banquet on a date to be fixed.

TUBERCULOSIS.

IN our present issue will be found two articles on the *Prevention of Tuberculosis*—one by Dr. Dudgeon and the other by Mr. Hurndall. Both articles will be found of practical interest and importance, approaching the subject from different points of view. Regarding the milk-boiling plan of preventing tuberculosis advocated by Sir W. Broadbent, we suppose we shall have to adopt some method of circumventing the bacillus when comfortably ensconced in butter or cheese by cooking them both and taking them only in the form of melted butter or Welsh rabbit.

THE TREATMENT OF MALARIAL FEVER.

THE following appeared in the *Times* of January 16th :

“THE TREATMENT OF MALARIAL FEVER.—An important movement has been started in Liverpool for the study and treatment of the malarial fever peculiar to the tropics, and with special reference to the West Coast of Africa. The design is to establish at University College a class for students who will devote themselves to the investigation of tropical diseases, to which end a special lecturer will be appointed, and the students will have the advantage of watching cases and their treatment in the Royal Southern Hospital. This latter

institution, which is close to the docks at the south end of Liverpool has long been utilised for the reception of sailors and others brought to the port suffering from malarial fever. Since last July no fewer than forty-one such cases have been under the care of the staff at this hospital. Some years ago the Government subsidised a number of the beds for invalid soldiers on their return from the Ashanti War. Mr. A. L. Jones, well known in the West African trade, has offered to contribute £350 a year towards the expenses of the intended special school, and it is confidently expected that other merchants in the African trade will liberally support the movement, while there is hope that the Colonial Office will help, seeing the large extent to which they are concerned in the health of coast officials of all sorts. Mr. R. L. Antrobus, C.B., Assistant Under-Secretary for the Colonies, being on a visit to Liverpool, Mr. Jones thought it a good opportunity for giving the project an impetus. Accordingly he invited a number of well-known gentlemen interested in the matter to meet him at the Palatine Club, Liverpool. These included Principal Glazebrook (University College), Professor Boyce, Mr. W. Adamson (President of the Royal Southern Hospital), Drs. Carter and Alexander, Mr. F. C. Dansa (President of the Liverpool Chamber of Commerce), Mr. J. Holt, and others. The feeling expressed was strongly in favour of the scheme indicated. Principal Glazebrook was confident it would appeal very strongly to a large section of the Liverpool community. Mr. Antrobus said that Mr. Chamberlain was greatly interested in the matter and might be depended upon to assist in every way possible, either in London or in Liverpool, in combating West African diseases, which constituted the one hindrance to the colonies there becoming some of the most prosperous they possessed in the world. Dr. M. Foster, Secretary to the Royal Society, wrote to Principal Glazebrook approving the scheme as admirable. A general committee has been formed of representatives from various bodies concerned, and the committee of the Royal Southern Hospital, having fallen in with the project, have arranged to demolish a block of houses which they bought some time back close to the hospital. Here they design the erection of new buildings for various purposes, with adequate arrangements for the special work in connection with tropical diseases. Mr. Jones, who is already a subscriber of £50 a year to the Colonial Nurses' Association established in London, hopes to organise a branch in Liverpool, with the object of training nurses specially for service on the West Coast of Africa and other tropical regions."

This is a move in the right direction, but we very much fear that little progress will be made unless some departure is made from traditional lines of treatment. Not many months ago the Liverpool Chamber of Commerce invited Dr. Hayward to lecture before them, and printed his lecture afterwards as a pamphlet; why do they not now invite him to take part in the trial of various new treatments that we presume will be made, the old plan having been weighed and found disastrously wanting?

DR. ALDRICH.

Dr. HENRY C. ALDRICH, editor of the *Minneapolis Homeopathic Magazine*, has been appointed surgeon on the homeopathic staff of the Minneapolis City Hospital. Our congratulations to Dr. Aldrich. This is how it should be; every city hospital ought to have its homeopathic as well as its allopathic staff. In the United States, where the city hospitals are municipal affairs, the right of homeopathic ratepayers to be represented in them is more direct than appears in our voluntary systems.

DR. CLIFTON'S ARTICLES.

WE regret to state that our good friend, Dr. A. C. Clifton, has been prevented by illness from sending us his promised articles on cases from his practice. We hope for his own sake, as well as for that of our readers, that he may soon be restored to health.

THE PLAGUE IN INDIA.

WE have received from an Indian correspondent an article from *The Friend of India* of December 15th last giving a description by an European of the working of the regulations dealing with the outbreak of plague in Bangalore. We have no wish to minimise the difficulties the officials have to contend with; but surely there must be some plan of sanitation devisable which does not entail in its carrying out the outraging of every sense of decency, propriety, and religion in the natives who may be affected by the disease or suspected of it. This is the result achieved by the present regulations, and in addition the word "disinfection" spells destruction by fire of all household property and stock-in-trade without compensation.

ÆSCULUS FOR ASCARIDES.—The horse-chestnut is growing in repute in France for affections of the anus. In addition to the hemorrhoids for which we have long valued it so highly, it appears capable of subduing the irritation caused by ascarides, and effecting their expulsion.—*L'Art Médical*, July, p. 75. (J. B. H. S.)

ORIGINAL COMMUNICATIONS.

THE PREVENTION OF CONSUMPTION.

By DR. DUDGEON.

ASSUREDLY no subject connected with the health of mankind could excite more public interest than a scheme for preventing or eradicating the fell disease consumption, which claims so many victims in this country. Accordingly the formation of a society with the high-sounding title, "National Association for the Prevention of Consumption," was certain to attract almost universal attention. Its inaugural meeting on the 20th of December last was held at Marlborough House under the presidency of H.R.H. the Prince of Wales, now happily recovered from his fractured patella, and the speakers included the present and past premier, besides a multitude of medical celebrities. That favourite of fortune, Sir William Broadbent, the Chairman of the Association, delivered an address in which he treated the subject of consumption and tubercular disease statistically and pathologically, and gave an account of the means proposed to be adopted by the Association for preventing the spread of the malady, and incidentally mentioned one plan for its cure.

He stated that near 70,000 deaths from tubercular disease occurred in England and Wales alone, though later on he gives that number for the deaths in Great Britain and Ireland. He says that shows that "at least 200 new persons must catch the disease every day." But here, again, his arithmetic was rather shaky, for with 70,000 deaths per annum there would be nearly 200 deaths per diem, not merely persons catching the disease, for not all who catch the disease die, only a certain proportion of them.

Pathologically he adopted the last fashionable pathological idea that consumption is not a hereditary but a contagious disease; "every case of consumption is derived from a pre-existing case." The mode in which it is communicated is said to be by means of a microbe called tubercle bacillus. This bacillus is contained in the sputum of consumptives in enormous numbers; the sputum dries and is converted into dust and is suspended in the atmosphere, which is inhaled, and so infects sus-

ceptible subjects. But all are not susceptible. Every one knows families, a considerable number of whose members have what is called the consumptive habitus, and seem fated to die of phthisis, whilst other families, living apparently in precisely similar conditions, seem to be absolutely free from all liability to the disease. So that though it may possibly be true that the bacillus is the cause of tubercle, and that no one can develop the tubercle bacillus *per se*, it is certain that many have a hereditary tendency to acquire consumption, or, in other words, some hereditary vice of constitution renders their lungs a congenial soil for the growth and increase of the bacilli which all inhale or imbibe, and most of us are able to do this with impunity. So it seems to be a mere quibble to assert that consumption is never hereditary, when the liability to consumption, in other words—to the invasion and inroads of the tubercle bacillus—is often manifestly hereditary.

Besides the dried and pulverised sputum of consumption, the disease is held to be conveyed by the milk and meat of tuberculous cattle, and the remedy proposed is to ascertain what milk-giving animals are the subjects of tubercular disease by inoculating them with tuberculin and then slaughtering or isolating them, so that neither their milk nor their flesh shall be sold for food. Another preventive measure recommended by the Association is “the provision of public slaughter-houses where the inspection of carcasses can be carried out before the evidences of disease have been removed,” and I suppose, though Sir William Broadbent does not say so, that carcasses found to be diseased shall not be used as food, though, as we do not usually eat our meat raw and as cooking destroys their disease-producing property, the necessity for their disuse as food is not very obvious.

For the treatment and cure of consumptive patients their isolation in open-air sanatoria is advised. Such sanatoria, we are told, have been established in Germany, Edinburgh, Norfolk, and Ireland, with “most satisfactory results.” A firm of South African gold miners has undertaken to erect such a sanatorium, for which they have promised or given the handsome sum of £20,000.

“The idea which animates the Association,” concludes Sir W. Broadbent, “is that the prevention of consumption is a national duty.”

Thereupon the Prime Minister, the Marquis of Salisbury, took up the tale. As head of the great national Circumlocution Office, he explained, with an eloquence worthy of Lord Decimus himself, "how not to do it." He mentioned that "science [or the Association] calls us to make redoubled efforts to level our position [as regards preventive measures against consumption] up with other nations," but he immediately put the damper on by saying: "They must be content with preaching the salutary doctrine which they hold, and must not think of applying the secular arm"—meaning that they must not expect any assistance from the Government. "I am afraid," he said, "if you attempted to enforce that use of tuberculin which has been referred to, that you would find among the farmers many conscientious objectors, who would object to the operation of your law." One curious point in his speech was that he said that "the Minister of Agriculture would join him in saying that it would considerably prejudice the spread of sound opinion upon the subject if any attempt were made to procure or insure the sanitary condition by any action of central or local authority," that being the very course which Mr. Walter Long has taken in the matter of muzzling dogs. Probably "the master of flouts and jeers" intended this as a hint that he disapproved of Mr. Long's deviation from the great principle of the Circumlocution Office—"how not to do it."

The third measure proposed by the Association—the establishment of open-air sanatoria for the isolation and cure of consumptive patients—received but small encouragement from the Prince of Wales, to whom Sir William Broadbent appealed for a testimony as to its success. "Our climate," said his Royal Highness, "has been against our having them before," and as our climate has not altered for the better, it must be against our having them now.

So that, on the whole, the measures proposed by the Association did not seem to meet with much support from the principal speakers of this illustrious assembly. The proposal to treat all cattle by the tuberculin injections was held to be impracticable by the Prime Minister, and the establishment of open-air sanatoria was declared by the Prince of Wales to be unsuitable to our climate. The supervision of all cattle-sheds and dairy farms by district

and county councils and rural and urban authorities, and the inspection of carcasses in public slaughter-houses to be everywhere provided, is rather a large order—indeed, all the measures proposed by the Association, including the tuberculin test for tuberculosis and the destruction of diseased cows, notwithstanding the example of the Queen, who ordered the slaughter of thirty-six supposed to be tuberculous cows in her own dairy—may be regarded as counsels of perfection hardly likely to be extensively acted on through the “preaching” of a philanthropic Association with no power to compel compliance with their suggestions.

Still more impracticable seems to be the only other measure proposed by the Association—to wit, the destruction of all the sputa of phthisical patients, and their discontinuance of the habit of expectorating in public places. This, of course, might easily be done if all phthisical patients was shut up in the proposed sanatoria; but that is impossible, for, as a rule, consumptives would refuse to be so isolated, and there are, as yet, very few such sanatoria, nor can there ever be enough to contain a tithe of the invalids.

As the measures proposed by the Association are evidently impracticable unless backed up by legislation, and as Lord Salisbury distinctly stated that no assistance would be given by the Government to bring the powers of the law to carry out the objects of the Association, which “must be content with preaching the salutary doctrine they hold,” it is evident that the prevention of consumption will not be attained or even promoted by the measures proposed by the National Association, in spite of the flourish of trumpets by which its formation has been inaugurated.

Can nothing, then, be done to stay the spread of this fatal scourge? Assuredly much; but not by the means proposed by the Association. Sir William Broadbent stated at the commencement of his address that nearly 60,000 deaths are every year registered as due to tuberculosis in England and Wales alone, and if we add Scotland and Ireland we shall not be far wrong if we put the annual number of deaths in the United Kingdom as at least 70,000 from tuberculosis. “Already,” said Sir William, “by the effects of subsoil drainage, by improved hygiene, by the higher general standard of comfort

and cleanliness, by greater attention to ventilation and to the construction of dwellings, the number of deaths from consumption and other forms of tuberculosis has been reduced by more than 50 per cent. in fifty years." That being the case the obvious inference is that the continuance and extension of these sanitary measures affords a better prospect of a still further reduction of the mortality than the futile and impracticable measures proposed by the Association.

"The single sad exception to this statement [the decrease of tuberculous disease] is that the disease of the bowels in children, traceable to tubercle conveyed by milk, has increased." I think there must be some error here. Possibly owing to improved methods of diagnosis many cases of tuberculous disease of the bowels which were formerly referred to other causes are now recognised or registered as of tuberculous nature. We may safely say that the hygiene of dairies and the care exercised by dairymen as to the quality of the milk they supply and the extensive use of condensed milk, which is under no suspicion of conveying tubercular disease, must have greatly lessened the liability of children to be affected by tuberculosis. When I first came to London, more than fifty years ago, I was invited by the dairyman who supplied me with milk to inspect his cows. I found them stabled in a cellar below his shop. The atmosphere of this byre was stifling, the ventilation was execrable, and the cows were tied up in their narrow stalls. As they never by any chance left their underground abode and had no exercise whatever their hoofs had grown to such a length that they curled up in front of them in a hideous manner. The dairyman seemed proud of his beasts, and when I expressed surprise at their perpetual confinement in this dark and dismal dungeon, he said that if he were to take them out to the fields they would not yield nearly so much milk. All the conditions in which the poor beasts were kept seemed favourable for the development of tubercular disease, and such miserable dens were, I was told, universal in London. I believe these underground byres have long been done away with and all respectable dairymen keep their cows in good hygienic conditions. The quality of London milk must have greatly improved as regards freedom from tubercular contagion, so that the increase of tubercular

disease among children, if it be a fact, must be owing to some other cause than the milk supplied to them, and probably improved diagnosis is the explanation of the apparent greater mortality from infantile tuberculosis. The only means proposed by the Association for the supply of tubercle-free milk, is the testing of cows by tuberculin and their destruction or isolation if found to be diseased by this rather doubtful test, which could not be enforced except by some highly unpopular legislation, as Lord Salisbury remarked. Many first-class dairies exercise a most careful inspection by experts of their cows, so that their milk is above suspicion. But when perfect confidence is not felt, the milk from doubtful dairies may be rendered perfectly innocuous by boiling, or condensed milk may be substituted; or, as has been proposed, the milk of goats or asses, animals not subject to tuberculous disease, may be used—if it can be procured.

The great advantage of open air or constant supply of pure air in the treatment of phthisis has long been known to and made use of by many practitioners. The late Professor Stokes, of Dublin, used to relate a case illustrative of the healing effects of open air. A gentleman came to his consulting-room at the end of autumn. On examining him Dr. Stokes found both his lungs extensively affected with phthisis. "How long do you suppose I have to live?" said the patient. "About three months," was the reply. "Oh, very well, then I know what I shall do," said the patient. Being passionately fond of duck-shooting, he went off to a suitable locality and pursued his favourite sport, which involved constant exposure to cold and wet, for three winter months. At the end of that time he called on Dr. Stokes, who again examined him, and found him quite cured of his lung trouble.

The good effects on consumptives of such mountain sanatoria as Davos are probably owing more to the constant exposure of the patients to fresh air and sunshine than to diminished atmospheric pressure, for the same good results are obtained in many health resorts in much lower situations. That sunshine is of as much importance as fresh air in the treatment of consumption is well understood by physicians who have much to do with the treatment of phthisical patients. A French physician

ascribes the great mortality from consumption among cooks to their confinement to the ill-ventilated, sunless kitchens where they exercise their calling. The old method of confining consumptives to heated rooms insufficiently supplied with fresh air, and of sending them to moist warm places, like Madeira, is now generally abandoned. Cold air is much less injurious to them than absence of a plentiful supply of fresh air. I was told by a Danish physician that good effects in phthisis were often obtained by sending their patients to pass the winter months in Iceland, where they had the advantage of a clear, dry atmosphere and plenty of sunshine.

The Association makes no mention of remedies for phthisis except open-air sanatoria, but homeopathy possesses many medicines which have been very efficient in almost all stages of the disease, and Koch's *Tuberculin*, which proved so disastrous when given in material doses by injection, has been often used with excellent results in the form of minute doses administered internally. The late Dr. C. J. B. Williams plumed himself greatly on the use of cod-liver oil, which he considered almost a specific in the early stages of consumption, and no doubt it is an excellent food for counteracting the wasting effects of the disease.

Medicinal specifics for consumption are as yet unknown. Each case must be treated by medicines homeopathic to the symptoms it presents. But no medicines are of much use unless accompanied by the hygienic auxiliaries of plenty of fresh air and sunshine. The establishment of sanatoria or hospitals where these two indispensables are supplied is a desideratum. Our excellent colleague, Dr. J. Hayward, of Birkenhead, has devoted much study to the construction of hospitals for consumption, and his articles in the *Builders' Journal* for last November should be carefully studied by all who are interested in the construction of buildings intended for the treatment of this great scourge of our country. He insists on the necessity for the greatest possible amount of sunshine, as well as the constant supply and incessant renewal of pure, fresh air. If the National Association ever comes so far as to erect sanatoria for the treatment of consumption, they could not do better than appoint Dr. Hayward their consulting architect.

THE PREVENTION OF TUBERCULOSIS.

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

THE private meeting which was held on the 20th of December last, under the presidency of H.R.H. the Prince of Wales, in Marlborough House, to further the objects of an Association which has been formed with a view to the prevention of consumption (tuberculosis), has given a much-needed impetus to the consideration of a subject which in its bearing upon the health and wellbeing of the peoples of this and other countries is of the highest importance; the statistics, drawn from the returns of the Registrar-General, show, as quoted by Sir William Broadbent, that the deaths due to this form of disease in its various phases represent a very large percentage of the general mortality of this country; at the same time Sir William Broadbent is reported to have said that "this terrible waste of life, with all the protracted suffering attending it, and the distress, moral and material, which it involves, is in great measure preventible." I shall not be claiming too much credit for the veterinary profession if I state that for years past it has sought to inculcate upon the public mind the importance of enforcing such legal enactments as already exist to protect consumers of milk from infection through the medium of this common article of diet, especially in the case of children, who are extremely susceptible to invasion constitutionally of this terrible disease; but the warnings which have from time to time been issued from this source have passed almost unheeded.

Personally, I have taken special interest in the subject, and as long back as fourteen years ago read a paper before the Liverpool Homeopathic Medico-Chirurgical Society, in which I endeavoured to trace the disease to its origin, which I have always maintained is the cow; and I still hold the same opinion. I do not wish to be understood as meaning that consumption is not capable of being conveyed to individuals from a human source, but I do believe that if the bovine race could be rendered free of tuberculosis, consumption in the human subject would gradually be less and less present, and in a few years sanatoria and treatment, whether open air or otherwise, would not be called for; it is quite evident that Sir William Broadbent, and those who are acting with him

on the committee of the aforesaid Association, hold strong opinions of the absolute necessity of dealing with cattle, as among the objects of the Association is the following—viz., "*To extinguish tuberculosis in cattle*," and in the course of his opening statement on the work of the Association Sir William says: "Cows unfortunately are very subject to tuberculosis, and sooner or later the bacilli find their way into the milk. Through milk so contaminated infants and young children become affected with *tabes mesenterica*, tubercular meningitis, and disease of the bones. The flesh of diseased animals also may contain the bacilli."

From a veterinary standpoint it is very gratifying to find that so high an authority in the medical world as Sir William Broadbent considers it important enough to include among the objects of such an association the necessity of extinguishing the disease in cattle, as this is distinct evidence that he is of opinion that tuberculous cattle are a source of considerable danger to the human race. It has always been a cause of wonderment to me that the public generally, and the medical profession in particular, have neither appeared to be sufficiently impressed with the absolute necessity of grappling with a disease such as this, which annually claims so large a percentage of victims; but both the one and the other have seemed to act as though the gravity of the situation was not recognised, or as though inability to deal with the subject had engendered a despairing attitude of incapacity.

As has already been intimated, the veterinary profession has for years past sought to arouse the public mind to the importance of having put into force, on the part of local authorities, an Act which provides for the proper inspection of dairy cattle and dairies, in order that so far as cows are responsible for the propagation of tuberculosis a check might be put upon its spread; but apathy has prevailed and indifference has reigned supreme. Whoever may be responsible for the formation of this new association, and to whomsoever the honour may be awarded for its initiation, some credit belongs to the veterinary profession, as it undoubtedly was first in the field to draw public attention to the dangerous foe that lurks in our midst, and to suggest a method of combating it.

With those who study the public weal, however, the

great thing is to grapple with the subject in such a practical way that merely imaginary and speculative methods shall yield pride of place to those for which a rational claim can be made that they promise most for the realisation of the objects it is desired to attain.

The objects of this new association are as follows:—

1. To educate the public as to the means of preventing the spread of consumption from those already suffering from the disease.
2. To extinguish tuberculosis in cattle.
3. To promote the erection of sanatoria for the open-air treatment of tuberculous disease.

Objects numbers one and three do not come within the scope properly of this communication, as I am approaching the subject purely from the standpoint of a veterinarian within bounds, upon which he is presumably qualified to give a professional opinion; but in passing, I may perhaps be allowed to state, *ex cathedra*, that I recognise fully the value of object number one, as it is of the first importance that the public should be educated up to a recognition of the serious peril to human life which is daily threatened through tuberculosis, and how urgent a necessity exists, for possible sufferers and already infected persons to do all within their power by regulating their daily life and actions to minimise the risk of infecting healthy individuals whose constitutions the disease has so far not invaded.

Object number three, however, does not commend itself to my judgment, if confined strictly to the lines laid down by the Association. I raise no objection to the foundation of sanatoria, nor to plenty of open air, but if these alone are to be relied upon for the restoration to health of patients, I am strongly of opinion that money expended with this object might be put to better purpose; I do not deny that some persons in whose constitutions the disease has not made much headway may by regimen of diet, rule of habit, and abundance of fresh air and rest, realise restoration to comparatively good health; this, however, is the result of *vis medicatrix naturæ*, it is not curing the disease; for to cure a disease in the strict acceptance of the term requires the interposition of some suitable agent called a remedy; moreover, I maintain, as the result of practical personal experience and also on the ground of the experience and testimony of several well-known present-

day physicians, that tuberculosis in the majority of cases is amenable to the action of properly selected remedies ; that persons so restored to health are really *cured*, and that under the influence of such treatment the virus of the disease is overcome and destroyed by a stronger power, and not merely allowed to languish and die as is the case when Nature, under the open-air treatment, makes her effort to gain the mastery ; moreover, as compared with cases treated with properly selected remedies (selected strictly according to the principles laid down by the immortal Hahnemann, and known as homeopathic principles), the methods and time occupied by the so-called open-air treatment are tedious, wearisome, and slow—at least this is my view from a comparison of the one system with the other ; I should strongly encourage the establishment of sanatoria in localities where open air can be enjoyed to the full all the year round, but I should at the same time urge, with all the persistency I am capable of, the supplementing thereof with a strictly Hahnemannian course of treatment. Recognised homeopathic practitioners will understand what I mean by “*strictly Hahnemannian*,” so that I need not dilate upon the construction to be put upon that particular phrase. My experience convinces me that much of the latter-day homeopathy, as practised rather extensively in this country, will not attain the desired end ; those who would succeed in treating tuberculosis must follow the Master closely as regards the attenuation of the drug and the frequency of dosage. I am afraid that departure from Hahnemann’s rules on these points is accountable for many failures to grapple successfully with consumption and tubercular diseases, and that as a consequence practitioners have lost faith in the great principle they profess to follow as applied to tubercular disease, and have become sceptical as to the possibility of success in such cases, if they were ever anything else but sceptical on these particular features of practice. As the result of sixteen years’ practical work among various classes of animals I have confidence in affirming that Hahnemann’s principles regarding attenuations of drugs, &c., as laid down in his *Organon* and *Chronic Diseases*, are perfectly reliable, and I venture to volunteer the statement that as among the lower animals, so they may be relied upon in the human subject. It is also a fact worthy of special note

that in all classes of diseases which are common alike to the lower animals and the human subject, the symptoms are very similar, if not absolutely identical, and the remedy which is appropriate to the human subject under given conditions is not less so to the lower animals under like circumstances. I commend this fact to the careful consideration of those members of the homeopathic medical profession who openly state that provings on the lower animals are valueless. I have noticed among the reports of the meetings of the British Homeopathic Society this statement more than once repeated, and from close observation I have no hesitation in affirming that it is a palpable error; properly conducted provings on various classes of the lower animals would, I feel sure, prove eminently useful, especially as regards objective symptoms, in elucidating many knotty points as to the action of drugs which are by no means satisfactorily clear. I deem it necessary to refer to this matter because, as will be seen hereafter, it has a direct bearing upon the proposal I am about to submit.

It will, I hope, be quite clear that the point I desire to impress is, that if the *prevention of tuberculosis* is to be effectual, the preventive measures must start at the original source—namely, the cow; this point was recognised by H.R.H the Prince of Wales in the very concise speech that he made at the meeting already referred to, when he said, “and the way in which much can be done is to extinguish tubercle among cattle;” that undoubtedly is the point, but how is it to be done?

Many influential and prominent members of the veterinary profession desire that tuberculosis should be included in the schedule of the Contagious Diseases (Animals) Act, which, if adopted, of course would be a very important step towards the application of the stamping-out process. Seeing, however, that a low estimate puts down the animals of the bovine class infected with tubercular disease at 50 per cent. of the country's stock, naturally farmers, stock-owners, and breeders are indisposed to give imperial and local authorities the power to wipe out of existence one-half of their stock, unless they can be guaranteed full compensation, and in all probability they will continue to oppose any such legislation unless the most improbable arrangements for compensation are assured.

It is probably known by most people, certainly by those who have been watching public events of late, that by the subcutaneous injection of *Tuberculin*, which is an artificial cultivation of the virus of tuberculosis, the existence of the tubercular diathesis can be detected in cattle, and I may say that as the results of many hundreds of experiments in different parts of the country it has proved a most reliable diagnostic agent ; and so far as I have been able to learn out of all these inoculations with *Tuberculin* no undesirable consequences have arisen in any one case, nor has the test proved false when followed by slaughter and a post-mortem examination. One very interesting feature has been observable in several cases in which animals that had unmistakably responded to the *Tuberculin* test thereafter seemed to recuperate in health, put on flesh rapidly, and in the course of a few months were fit for and were sent to the butcher for slaughter ; and *mirabile dictu* there was distinct evidence in their lungs of former tuberculosis by the tubercular centres observable which had become calcified, proving at all events to my satisfaction that the *Tuberculin* had not only acted diagnostically but also curatively, and this, I take it, is homeopathy pure and simple. After hearing of these cases I propounded the question to a well-known professor and bacteriologist, whether he considered they furnished evidence of the curative qualities of *Tuberculin*, but I was unable to obtain a definite opinion on the subject from him. I fancy he thought I was spreading a net wherewith to catch him, and he was too cautious to be entrapped. These facts should furnish food for the reflection of all who are interested in the success of homeopathy, and not least to Dr. J. Compton Burnett, whose interesting and instructive monograph, entitled *The Cure of Consumption with its own Virus*, first drew my attention seriously to the use of *Tuberculinum* in cases of consumption, tabes mesenterica, &c. I am fully persuaded that the more the possible curability of tuberculosis is studied and investigated both upon the human subject and the bovine race, the more clear it will become that it is amenable to curative treatment ; and whereas that which cures the human subject may under like conditions be relied upon to cure infected subjects among bovines and *vice versâ*, I submit that no better or more satisfactory method can be adopted for the prevention of tuberculosis.

than to prove experimentally what can be done to this end among cattle ; and with this object I wish to revive and re-introduce to notice a proposal brought forward some two years ago, in which I elaborated a scheme upon *self-supporting principles* for the realisation of this object.

My proposition involved the renting of a farm which should be set apart for experimental purposes ; every animal introduced upon the farm would, on arrival, be placed in quarantine during a period of days set apart for diagnosing with *Tuberculin*, whether or no she was the subject of tuberculosis ; if she did not respond to the test, she would be passed on to that portion of the farm which would be set apart for dairy purposes ; whereas if on the other hand she did respond she would be sent to a place quite far enough away from the dairy department to ensure protection from risk of inflicting the healthy cows, and there she would be experimented upon therapeutically, and a daily record of effects and results would be kept for the information, especially of the homeopathic medical practitioners who cared to examine same, as also all and sundry interested in such experimental work. In due course such results would be published and placed at the disposal of stock-owners, local authorities, and all interested in the work of showing how to prevent consumption. For the better conduct of experiments, as also to protect healthy cows from the risk of infection, a system of yard management which involves feeding upon cut meadow and artificial grasses during the summer and suitable dry and succulent foods during the winter would be adopted, according to principles advocated by myself in an essay I read before the Farmers' Club in the year 1896. For the purposes under consideration these offer special advantages, as cows which are put out to graze in the ordinary way are exposed to risks which it would be highly desirable to avoid under such experimental conditions. Moreover, under this system of management cows furnish a much larger yield of milk ; other advantages of an economic character also accrue, and all things taken into consideration the system is decidedly more profitable.

The proposal being strictly an experimental one, I refrain from seeking to influence any one to subscribe thereto by the suggestion of a probable realisation of large remunerative dividends ; at the same time I consider that at least 5 per cent. of the actual profits should be set

apart for division among those who contribute to the share capital, the balance of profit being set apart for the further development of experimentation.

One of my medical friends, who himself has offered to subscribe towards this scheme, entertains some doubt as to the risk of inoculating with *Tuberculin* cows that prove healthy lest they become infected thereby; but as I have already explained, so far as is known at present, no such consequences ensue upon its application. Nevertheless the question or doubt which my friend advances only furnishes additional reason for experimentation and investigation such as I propose; and it would seem that from his willingness to support the scheme he recognises the advantage it would be to proceed on these lines.

The inauguration of such a work is hardly less important in its bearing upon the public weal than the erection and maintenance of a hospital; but while that involves a large philanthropical and absolute gift of moneys, my proposal would prove self-supporting and slightly remunerative; therefore if the urgency of the need for such work can be impressed on the minds of a certain number of persons who are interested, not in homeopathy as a mere science only but in the influence the system is capable of exercising in the battle with this dire disease, there should be little or no trouble in raising the capital required to carry out the proposal, which, apart from the scientific information to be obtained, as the result of a regular system of experimentation on infected animals, would provide a reliable source of supply from which absolutely guaranteed pure milk could be obtained: this latter feature alone should commend it and ensure prompt support.

In concluding I should like to draw attention to the advantages which I claim this scheme possesses over that of the Association recently established for "*the prevention of consumption*." One of the objects of this Association is "*to extinguish tuberculosis in cattle*;" what does this involve?

A reply to this inquiry may be obtained from the speech as reported of H.R.H. the Prince of Wales, and there is little doubt that these remarks of his Royal Highness fairly represent the views of those who were present at the meeting held in Marlborough House. His Royal Highness is reported to have made the following

statement: "I agree with Lord Salisbury that to try to pass a law which would force farmers to perform operations on their cattle would possibly be unpopular; but still if people would sometimes sacrifice their cattle which are suffering from tuberculosis they would do more by good example in stamping out this complaint. I mention the matter because I have been informed that her Majesty the Queen gave authority that thirty-six of her dairy cows at her home farm which on being tested by *Tuberculin* were found tuberculous were to be destroyed."

From this I glean that H.R.H. the Prince of Wales favours the adoption of the stamping-out process so far as cattle are concerned, and from what I know of the views of the general body of the veterinary profession the principle of stamping out is the method of procedure that would be mainly relied upon for extinguishing tuberculosis—in other words, to extinguish the disease necessitates the extinguishing of more than one-half of the neat stock of the United Kingdom. I submit that this is too serious a sacrifice to ask of men whose cattle are their stock-in-trade, their actual capital. If wealthy owners, to whom a few hundreds of pounds are but slight consequence, think well to act upon the advice of those who recommend slaughter of all cattle that respond to the *Tuberculin* test, I have no objection to raise, though I can but deem such a procedure, even on the part of her Majesty the Queen, a very unfortunate sacrifice. A small proportion of tuberculous cows are undoubtedly so seriously infected that nothing remains for them but to be slaughtered, but as compared with those that are in a less degree the subjects of tubercular invasion the number is comparatively small, therefore I venture to submit, with all deference to the views of H.R.H. the Prince of Wales and those who concur with him on this matter, that it is absolutely impracticable to attempt to *extinguish tuberculosis in cattle* by the stamping-out process; and I go further and state that, in my opinion, it would be a cruel waste to attempt such a method of eradication, more especially when there is good reason to believe that a better and more economical course of procedure is available.

I am well aware that the practitioners of so-called orthodox or regular medicine will sneer at the proposal when it appears that the methods suggested depend upon

the therapeutic principles known as homeopathy; but what matters that so long as it can be proved that homeopathy can save millions of pounds-worth of milk-producing stock, and at the same time contribute to the extinction of a disease which numbers its victims by hundreds of thousands every year.

There are possibly, even among homeopaths, those who incline to the belief that I am extremely optimistic in the views I hold concerning the possible cure of tubercular diseases; I will not blame them for their scepticism; but to such I commend, even as a mere matter of scientific interest, the great importance of putting the question to the severest test of experimentation, especially as the proceeding can be carried out at a financial profit, and, commercially speaking, at little or no risk; this, it must be admitted, is a very different thing to asking the public for contributions or donations to an object of a simply philanthropical character.

I shall be prepared, as a preliminary proceeding, to present a full statement of my proposal and plans of operation to a meeting of homeopathic medical practitioners, if such can be arranged; and it is my intention to address every practitioner I know or whose name is to be found in the *Homeopathic Directory* on the subject.

I claim that under homeopathic treatment many cases of tubercular disease can be cured—indeed a large proportion of such—and by curing I mean that the organism known as the bacillus tuberculosis, which is recognised by scientific men as the cause of tuberculosis, would be destroyed and ultimately eradicated from the system through the agency of appropriate medication; and that the animal which had previously been the subject of the disease would no longer be under its destructive influence, nor be capable of infecting another of its own order. To prove this beyond question or doubt is the object of my proposal, to attempt which is, I contest, a more practical, economical and useful procedure than merely relying on the stamping-out method or isolating infected cattle in the hope that cod-liver oil and extra rich food will enable Nature to overcome the disease, or to so far assert herself that the animal could ripen into fairly good beef and be ultimately consumed by man

without incurring risk of infection that would be considered reprehensible by a local authority.

Sussex Villas, Kensington, January, 1899.

MATERIA MEDICA MISCELLANY.

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

Mezereum contrasted with Mercurius.—Dr. W. H. Hanchett, in a paper on *Mezereum*, says that in several cases where *Mercurius* seemed indicated but failed to do good, he had found *Mezereum* to prove curative. Many such cases he thought were maladies which had been aggravated by *Mercury*, especially in the case of syphilitic patients. In such cases *Mezereum* seemed to antidote the *Mercury*. He thinks *Mezereum* will cure more cases of mixed syphilitic and mercurial poisoning than any other drug. He has found it to act when *Nitric Acid* had failed.

The pains of *Mezereum* are quick and shifting; they may be dull or sharp, but when affecting the bones the pain seems to the patient to be on the surface of the bones, while the mercurial pain is deep seated as if in the marrow of the bones. *Mezereum* does not cause salivation, and does not act on the mucous tissues so deeply as *Mercury*. The *teeth seem too long*, but not sore or loose, and the gums do not recede so much or become spongy, as in *Mercury*.

Mezereum is said to have cured necrosis of the jaw produced by phosphorus; it has been successfully used in many cases where the bones were considerably affected.

Mezereum belongs to the cerebro-spinal group of drugs, and affects specially the sentient nervous system. It acts freely on the abdominal viscera, producing copious watery stools; also griping cutting pains, nausea, and gastro-enteritis.

It acts directly on the periosteum of bones, specially the tibia. Its pains are worse at night, like *Mercurius*, but it differs from *Mercurius* in that its pains are worse from movement, while *Mercurius* pains are apt to be worse while at rest.

An important distinction is found in the skin eruptions;

The mercurial eruption being generally flat and of dull coppery colour, that of *Mezereum* being vesicular, the vesicles coming to a head, which may be white at the apex, and sometimes surrounded by a little coppery coloured circle. When the vesicles heal they leave a thin scab and disappear without any coppery appearance being left.

Another distinction he mentions is that the *Mercury* patient may sweat freely, but is not relieved thereby, while the *Mezereum* patient is usually relieved by perspiration, and the secretion is not sticky and clammy as in *Mercury*.

Mezereum has a primary action on the skin, and causes intolerable itching and irritation. It also irritates the genito-urinary organs in much the same way as *Cantharis*, and he has cured with it an acrid excoriating leucorrhea. It also has a headache, such as is often found in neglected or abused cases of syphilis, as if the skull were tightly screwed or bolted together, so that the cranium feels too small for the brain. Finally he gives three very interesting cases of its use. He begins with the mother tincture and gradually goes up to the 6th or 12th dilution.—*Med. Era*.

Nitric Acid in Epilepsy.—The following case is reported by Dr. W. M. James. A young girl had epileptic attacks with the access of every menstrual period, and between the periods also; at each attack she would fall down with a scream, go into convulsions, during which both shoulder joints became dislocated. She would come out of the seizure and exclaim, "What did you say?" She had numerous attacks of petit mal daily, as many as fifty in a day. Her tongue was deeply indented at the edges, and had sore pimples at the tip. Six years ago she came under Dr. James's treatment, and after trying many remedies without apparent effect he decided on *Ac. Nit.*, which he gave in the 200th potency in occasional doses, and persisted with it till the time of recording the case. The result was that the attacks became less frequent, first once in two months, then in three months, five months, and at the time of reporting the case she had gone fifteen months without an attack, and the spells of petit mal had been reduced to two or three a day. Moreover, the bowels, which had been obstinately constipated, had become regular. In the last two or three attacks

there had been no dislocation of the shoulder joints.—*Am. Hom.*

Rhus in Pemphigus.—A boy, æt. fifteen, had for four years suffered from an eruption that continued to spread over his body. It began with blisters of various sizes, at first filled with clear serum, which grew turbid; then the blisters burst, became covered with scabs, spread over the surface, secreting much fluid, and causing burning and itching. The whole scalp, abdomen, lower portion of the chest, portions of the lower extremities and back, were covered with a moist, corroding eruption; large portions of the surface were entirely covered with it. He had hitherto been under old-school treatment, and had had *Arsenic* and various unguents, but the eruption had continued to spread. He received *Rhus Tox.*, 30, five globules twice a day, from the first of July to the end of August, by which time he was quite cured, and had no relapse. —*Allg. Hom. Zeitg. (Hom. News)*.

SNAKE-VENOM—ITS ACTION AND EFFECT,

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

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

VIII.—THE BLOOD-PRESSURE AND HEMORRHAGES.

THE blood-pressure in cases of snake-bite soon sinks to 0, and experiments on animals have shown that infusions of blood only raise it temporarily. Thus another proof is afforded that snake-venom is solely a nerve-poison, as the sinking of the blood-pressure persists in spite of the infusions of fresh uncontaminated blood, and is entirely independent of the blood, and points to the action of the venom on the motor nerve-cells, whose functional activity it, in fatal cases, completely suspends. I may here state that I believe that the hemorrhages in all the internal organs are evidently caused by the much-reduced force of the vaso-motor currents, and the changes in the capillary membrane consequent thereon. In the experiment of a 2 per cent. solution of snake-venom on the mesentery of an animal, made by Feoktistow, in a warm air-vessel constructed specially for the purpose, it was seen that

wherever but a single drop of the solution had dropped the vessels were seen to expand, and before long very small, pointed effusions were noticed, which gradually continued to enlarge, and at last, as they became confluent, formed a surface of a uniform hemorrhagic appearance. Hemorrhages in cases of bites from our Australian colubrids do not very often occur, from which they differ in a degree to the viper, in which internal hemorrhages and effusions where bitten are of common occurrence.

THE ACTION OF THE VENOM ON THE RESPIRATORY CENTRE.

The action of the venom of the Australian colubrids is more on the vaso-motor than on the respiratory centre, and here it differs from that of the Indian snakes, in which paresis of the respiratory centre plays an important part. With our reptiles, dyspnea, terminating in asphyxia, does not occur, although the respirations are quicker and shorter than natural, even at an early stage of the poisoning. Apnea, however, takes place on the appearance of general paralysis, often preceding the complete ceasing of the action of the heart by five or six minutes. In some experiments made on cats recently it was discovered that small injections of the venom, injected intravenously, caused a great increase in the frequency of the respirations. Both vagi being sectioned, there followed immediately a reduction of this frequency of the respirations. It will be seen by this that the small doses of the venom acted as a stimulant to this centre. When, however, these experiments were repeated for several times in succession, a gradual retarding of the respirations set in, and finally, through paralysis of the centre, asphyxia took place. Large doses of the venom having been injected, the latter effect was produced immediately, without any previous acceleration whatever. The effect of very large injections was that the venom almost simultaneously produced paralysis of the respiratory and vaso-motor centres and heart, the blood-pressure sinking down to 0.

PARESIS OF THE MOTOR-CENTRES OF THE CRANIAL NERVES AND SYMPATHETIC GANGLIA.

Paresis of the motor-centres of the cranial nerves and sympathetic ganglia is denoted by the following unmis-

takable symptoms: Dilatation of the pupil of the eye (which is one of the most prominent and persistent symptoms accompanying poisoning from snake-bite), the dilatation becoming very extensive when paresis has developed into paralysis, and it has been proved beyond the shadow of a doubt that a light, no matter how bright and glaring it may be, or how closely held to the dilated pupil, has not the slightest effect thereon, and one of the surest and most reliable indications that the person bitten is recovering from the toxic effects of the snake-venom is that of the pupil assuming gradually again its normal condition. The features of the face of a person suffering from snake-bite are very much relaxed, and the cornea of the eye is very dull and dry, as is also the anterior surface of the eyeball; the eyelids are moved with the greatest difficulty, and the tears, therefore, are not distributed as they ought to be over the conjunctiva. The muscles being unable to hold up the lower jaw, the lips consequently are apart, and, on the advent of paralysis, the lower jaw drops altogether, the tongue protruding out of the mouth at the same time. The lower lip hangs down, and the nostrils become immovable, the naso-labial fold being obliterated. Deglutition, which has been very difficult during the paresis, now ceases entirely, and the esophagus, pharynx, and soft palate become completely paralysed. I am strongly of opinion that the motor-centres of the cerebellum and basal ganglia are also strongly influenced by the action of the snake-venom, whose powerful effect on the lower motor-centres I have described above. The automatic regulation, and also the co-ordination of the action of these lower centres, being effected by the cerebellum and basal ganglia, it is very difficult to observe the action of the venom thereon, more especially so when the motor-centres of the medulla oblongata and spinal cord are in a state of paresis and paralysis, the powerful currents of motor nerve-force coming to these centres from the motor cortical centres of the cerebrum being at the same time either wholly or partially withdrawn.

ACTION OF THE VENOM ON THE CORTICAL MOTOR CENTRES OF THE CEREBRUM.

One of the most notable features in the action and effect of Australian snake-venom is the complete and

prompt subjugation of the psycho-motor centres. The functional depression of the motor-cortical centres of the hemispheres, according to the size and strength of the dose of the venom injected, varies from a drowsy condition to the most intense coma, in the latter state there being complete loss of consciousness, no reflex action, and general paralysis. The coma is undoubtedly very much aggravated by the anemia of the brain, consequent on the accumulation of the blood-mass in the abdominal veins, which I have previously described. I am of the opinion, however, that this aggravation is much more due to the paralysis of the motor nerve-cells, and the consequent suspension of the motor nerve-currents.

THE SENSORY SPHERE.

In poisoning by snake-venom the sensory sphere is affected so soon as paresis and paralysis set in, and becomes extinct on the advent of coma. In this condition the eyes (which stare vacantly) are unaffected by the strongest light when held closely to them; the ears are deaf to every sound; the nose can endure the strongest vapours, such as that proceeding from burning *Sulphur* or *Ammonia Fort.*; and the sense of feeling is entirely extinct, running of needles into the muscles or pinching them not having the slightest effect whatever.

THE FINAL SCENE.

With the advent of coma all reflex action ceases, and the coma gradually deepens into death, the extinction of life being caused by paralysis of the heart and anemia of the nerve-centres. So long as the snake-venom is in the system, it must be borne in mind, the pupils of the eyes are dilated. When they are restored to their normal condition the person bitten is comparatively safe and liable to recover.

SNAKE VENOM, A DEPRESSING NERVE-POISON, PROVED.

I have above carefully traced the action and effect of the poison, not only in the human system, but also in that of the lower creation, from the time that it is first introduced into the circulation from the poison-gland of the reptile to the final termination of the victim's life by

death, and I hold the opinion that I have fully proved by undeniable and convincing facts, that snake-venom is purely and simply a depressing nerve-poison, acting on motor nerve-cells, lowering their functional activity, and, in fatal cases, entirely suspending it, without, at the same time, altering in any way the structure of the cells, or creating by *direct* action changes in the blood incompatible with life. I have accounted for the blood-change noticeable after death, on which the advocates of the blood-poison theory place their principal reliance, showing that it is solely and wholly dependent on vaso-motor derangement, the blood being vitiated by the excess of carbonic acid, which must naturally increase in proportion as the oxyhemoglobin disappears. I have shown how both the internal and pulmonary respirations are largely interfered with through the vaso-motor derangement, and as the *vis-a-tergo* is inadequate to move it onwards, the blood becomes almost stagnant in the abdominal veins, and gradually changes into that tar-like condition observable at post-mortem examinations. I have endeavoured to describe the action and effect of snake-venom as clearly and as plainly as possible, and in such a way as to make it impossible for me to be easily misunderstood. Whether any of those who favour the theory that snake-venom is a blood-poison will, on reading these lines, see the error of their ways, and become advocates of and adherents to the nerve-poison theory, it is hard for me to say; but I think I have placed before them strong, undeniable, and convincing facts, resting on a truly scientific basis. I have not only made certain statements in favour of my theory, but I have been also careful to supplement them with proofs, showing the reason why the various symptoms, developed through the toxic effects of snake-venom, must and do take place. I have not conjured up fanciful ideas, but have stuck to bare facts. To those who persist that snake-venom is not a depressing nerve-poison, but a blood-poison, simply because some one with the greater part of the alphabet affixed to his name has said so, and who do not feel inclined to take trouble or pains to find out or give a reason for their assertion, I have nothing to say, only that none are so blind as those who will not and care not to see. A theory that cannot be supported by undeniable proofs and facts is, at its very best, a rather shaky one, and unworthy of the faith and support of

those who hold the opinion that, before attempting to cure a disease, it is the duty of the physician to make himself thoroughly acquainted with the action and effect of the disease, as shown by its symptoms, as well as with those of the drug he intends to prescribe for the cure of that disease. If, instead of abuse, the other side would give us some sensible reasons why they believe in their theory, we would soon be able to show them where they err, and set them on the right track. I would advise all those who advocate the blood-poison theory to thoroughly study up the subject, and to carefully weigh in their minds all the statements I have made, and the proofs brought forward in support thereof, to show that the theory I have been advocating for such a number of years is the true one, and I feel confident that they will ere long become convinced that snake-venom is what I have so persistently declared it to be, not only in this journal, but elsewhere, namely, a depressing nerve-poison, acting on motor nerve-cells.

(To be continued.)

"KEYNOTES"—AND OTHER MATTERS.

By R. H. BELLAIRS, M.A.

THE review of a volume of characteristic symptoms (contributed by no less an authority than Dr. H. C. Allen) in the January number of THE HOMEOPATHIC WORLD was welcome, like the subject itself under scrutiny.

The study of "keynotes" reveals those finer qualities of medicinal action which are wholly denied to the student of crude drug action, and are practically overlooked by all save the high priests of medical science—those who are truly able to cope successfully with disease in its Protean variety.

The homeopath who dispenses with such guides is able to do a great deal, it is true; but immeasurably greater is the control of him who is able to discern the minute signs which Nature holds out to the genuine physician, the man of genius, who is in true sympathy with her manifestations.

It has been the present writer's fate to treat the diseases of many whom he has never even seen, and

concerning whose ailments only the most trifling information could be obtained. Without "keynotes" one may safely say that nothing could have been done.

A brilliant cure in such a case was the following:—

The patient was a woman, very poor, dying of uterine hemorrhage. Her allopathic adviser had tried his best and failed. As far as he was concerned, though he was not a very brilliant specimen of his kind, she was doomed.

Happily, she complained of a red-string symptom, which was very persistent. Her feet twitched, twitched, twitched at night in bed. This, then, was her essential symptom. She had a dozen pilules of *Zincum* 6, and recovered.

This sounds ridiculous, but it is true.

In two cases of eczema of the whole body, complete and rapid cure has been accomplished by means of *Psorinum* 30. The keynote to this remedy is presumably psora. He who runs may read.

But to be a good homeopath is a hard thing. A lightning power of comparison and an intense sympathetic intuition are necessary.

The faithful study of keynotes is one of the grand guides to success.

When we fail, our failure is often due to our awkward neglect of some symptom or symptoms which, while first in importance, are last to our crass intelligence.

Often the least is the greatest, the last first, and it is to be hoped that Dr. Allen's volume may open the eyes of some that hitherto have trusted too much to the grosser indications, which are seldom of much avail in homeopathy as compared with subtler signs.

On one occasion an exhausted malarial patient tortured with neuralgia derived wonderful benefit from *Carbo Veg.* The guiding-post here was: Feet and legs icy cold up to the knees at night in bed.

There are three things essential for a successful homeopathic prescription, which should never be omitted:—

- (a) Conditions of aggravation and amelioration.
- (b) Mental symptoms.
- (c) "Keynotes."

If these are included in the picture given by objective symptoms failure is, humanly speaking, improbable. The inclination of weak human nature is all the other

way. The uric acid deposit counts for more than the mental mood, whereas the opposite should apply.

In obscure cases aggravation, even by a single article of diet, may point out a remedy needed to revolutionise the whole case.

Any one who begins to take a case with the three rubrics enunciated above, and then analyses objective phenomena, will ere long find himself on the highroad to success in homeopathic therapeutics.

THALLIUM.

THE following cutting from a newspaper thirty-five years old has just been discovered between the leaves of an old book. As we have recently (*H. W.*, June, 1898) mentioned *Thallium* as having produced, and hence being a remedy for baldness (the hair falling off in mass in persons taking the acetate for the night sweats of phthisis), we think it will be of value to reproduce the cutting. The metal is well worth a thorough proving.

“**THALLIUM AND ITS POISONING PROPERTIES.**—Our readers are well acquainted with the history of this new metal, which has been the subject of a dispute for priority between Mr. Crookes and M. Lamy. The latter gentleman, in a paper addressed to the Academy of Sciences, now announces a property of that metal, the discovery of which undoubtedly belongs to him, viz., its deleterious power. Having experienced certain pains, especially in his lower limbs, while pursuing his studies on thallium, he was induced to attribute them to a noxious influence of the metal; and in order to ascertain whether such was the fact, he dissolved five grammes of sulphate of thallium in milk and offered it to two puppies, each about two months old. But after tasting the liquid they left it, and could not be induced to take any more. On the following day the milk, which had been left in the yard, had disappeared, and it soon turned out that it had been partaken of by the dog, two hens, and six ducks; for a few hours after ingestion the dog became sad and refused to eat. During the night it was seized with violent gripes, which caused it to utter piercing cries. Its features had undergone a change; its back was bent up through the effect of pain, the seat of which was evidently in the intestines. Its hind-legs, after a continuance of convulsive motions, became paralysed, and it died

sixty-four hours after taking the poison. On the day before its death a hen and six ducks died, and in those which were watched in time, the paralysis of the legs was remarked. The two puppies which had scarcely touched the milk had meanwhile shown symptoms of fatigue; by degrees they were seized with convulsive trembling, and could hardly stand; then came the acute pains which ended in death, although every precaution had been taken, apparently in good time, to save their lives. All these animals being subjected to dissection, there could not be found the slightest corrosion, or even inflammation of any consequence; only the gall-bladder of the dog was found considerably extended, and in some of the ducks various serous membranes, that of the liver especially, had assumed a whitish and granulous appearance. As to the nature of the poison, if there could have been any doubt about it, it would have once been dispelled by the characteristic green band peculiar to thallium in the spectral analysis of the organs of the dead animals. Eight days later another hen was taken ill. Its wings hung down, it could hardly walk, and when it wanted to peck its food, its neck seemed to have lost the power of bending down sufficiently, so that its beak did not reach the food. The hen was killed, and thallium found in the intestines, but in a very small dose indeed, and the other organs did not contain any. M. Lamy next administered a decigramme (a grain and a half) of the sulphate to a dog two months old, and it died forty hours after taking it. Hence M. Lamy justly infers that sulphate of thallium is a powerful poison, producing pain in the intestines and paralysis of the lower members. This poison and the nitrate have but little taste, and might therefore be used for criminal purposes; but fortunately there is not a poison that can be traced with more certainty through spectral analysis than this."

INFLAMMABLE BREATH.—Dr. Drouet, of Meulan, relates the following curious observation. One of his children, $3\frac{1}{2}$ years of age, was unwell, and he thought it necessary to examine its throat. As it was dark he placed a candle before the child's mouth, and just as he applied the handle of a spoon to the base of the tongue a large blue flame was emitted from the throat, but immediately became extinguished, though one side of the doctor's moustache was scorched and the child's lips were slightly burned. The explanation of the phenomenon appears to be that the spoon on the tongue had produced a slightly retching effect, which caused the explosion of gas from the stomach, this igniting on coming into contact with the lighted candle.—*Chemist and Druggist.*

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 5, 1899, at 8 o'clock p.m., Dr. Washington Epps, vice-president, taking the chair.

Mr. H. G. T. Dawson, L.R.C.P.I., L.R.C.S.I., L.M., Sandridge House, Shrewsbury Road, Birkenhead, proposed by Dr. C. Theodore Green and Mr. James Johnstone, was elected a member.

The following specimens were shown :—

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. Liver from a child aged ten years, who died from general tuberculosis.. .. | Dr. J. Roberson Day. |
| 2. Patient lately submitted to thyroidectomy for a large parenchymatous goitre .. | Mr. Knox-Shaw. |
| 3. Left lobe of the thyroid removed from the above case | Mr. Knox-Shaw. |
| 4. Cystic appendix vermiformis removed for recurrent appendicitis | Mr. Knox-Shaw. |
| 5. Biliary calculi removed by cholecystotomy | Mr. Knox-Shaw. |
| 6. Uterine fibroid removed by hysterectomy (retro-peritoneal method) | Dr. E. A. Neatby. |
| 7. Uterine fibroid removed by hysterectomy (combined method) | Dr. E. A. Neatby. |
| 8. Uterine fibroids associated with carcinoma of body of uterus, removed by hysterectomy (retro-peritoneal method) (Nos. 7 and 8 to illustrate an important clinical contrast.) | Dr. E. A. Neatby. |
| 9. Fibroid tumour of uterus removed by hysterectomy; uterus and appendages left intact; recovery | Dr. Madden and Dr. Burford. |
| 10. Ovarian cyst, originally containing over 300 ounces of fluid charged with cholesterin; recovery | Dr. Goldsbrough and Dr. Burford. |
| 11. Ovarian cyst with twisted pedicle removed by abdominal section; recovery | Dr. Percy Capper and Dr. Burford. |

A very interesting and able paper was then read by Dr. George Burford and Mr. James Johnstone, entitled "Peritonitis—Medical and Surgical" (illustrated by lantern slides, temperature and pulse charts, diagrams, and tube cultures). The main points of the paper were three, viz. : An endeavour to show that all cases of peritonitis are due to the introductions of germs into the peritoneal sac, and that idiopathic peritonitis does not exist; the germs that cause it being in most cases either the bacillus coli communis, or streptococci, or tubercule bacilli. Secondly, that cases may be divided clinically into

two main groups—the inflammatory and the septic, which latter are usually fatal, and in these the signs of inflammation are either quite absent or very slight. The inflammatory usually recover. Thirdly, that the pulse and temperature are the symptoms which differentiate the two types, sepsis being marked by a rise of pulse and fall of temperature, whereas in the inflammatory cases the temperature and pulse curves correspond. In treatment medicinally, the writers recommend *Crotalus* and other serpent poisons, and *Rhus* in the septic cases, and *Belladonna*, *Mercurius Corrosivus*, *Bryonia*, and *Colocynth* in the inflammatory.

In the discussion which followed Dr. G. Blackley questioned the bacterial origin of peritonitis following nephritis. He had found *Colocynth* of more value than *Bell.* or *Merc. Cor.* in peritonitis.

Mr. Knox Shaw thought that after abdominal operations the presence of germs alone was not necessarily injurious unless the peritoneum had been injured by bruising, &c.

Dr. Day mentioned a case of tubercular peritonitis with ascites where *Ars. Iod.* was of great value.

Dr. Byres Moir also questioned whether all cases were bacterial. He thought that peritonitis was often overlooked in acute rheumatism, and that such cases were not bacterial probably.

Dr. Goldsbrough thought that in cases of puerperal peritonitis the temperature was usually raised and ought to be watched.

Dr. V. Green expressed surprise that *Arsenic* had been omitted among the drugs for inflammatory cases. He had found it of more use even than *Belladonna* or *Merc. Cor.* Drs. Madden, Stonham, McNish, and Mr. Dudley Wright also took part in the discussion, after which Mr. Johnstone replied on behalf of the authors. He thought it would eventually be proved that all cases, even those complicating rheumatic fever, are really of germ origin.

CIMICIFUGA FOR TINNITUS AURIUM.—Dr. Albert Robin and Dr. Mendel extol *cimicifuga* in this complaint, and cite, among other cases, one in which a plug of wax, the obvious cause of the buzzing, was purposely left, while the buzzing disappeared in two days under treatment. Here are their conclusions: 1. Buzzing of the ear may be considered as the reaction of the auditory nerve to direct or reflex irritation. 2. *Cimicifuga racemosa* possesses an action upon the auricular circulation and upon the reflex irritability of the auditory nerve. The average active dose is thirty drops a day. 3. Buzzing which has existed more than two years appears difficult to influence by *cimicifuga*.—*American Homeopathist*.

EXTRACTS.

HOMEOPATHY IN SEASICKNESS.

From "Editorial Correspondence from over the Sea," by Dr. C. E. FISHER
in *Medical Century*.

MAL DE MER is an erratic equation. Of our sixty-five first-cabin passengers perhaps not more than a dozen escaped. I was number eleven. Not a qualm disturbed my peaceful diaphragm. Forty-two meals on board and not one missed is a satisfying record. But enough were seasick to give seven physicians a chance to try their prowess. The old-school men relied upon bromo seltzer and *Codeia*, with varying success. My experience covered fifteen cases. *Cocculus* was most helpful when the patient was "Oh! so sick!" and couldn't move; vertigo, faintness, extreme nausea and deathly paleness completed the picture. A single tablet of the sixth decimal gave prompt relief in nearly all such cases. Only three times was it necessary to repeat the dose for a single occurrence, though it was necessary to re-exhibit the remedy in an occasional case upon the rolling of a heavier sea.

Ipecac. was helpful in those in whom emesis occurred easily, giving prompt relief in several such.

Glonoinum, sixth, did excellent service for two patients with whom violent headache took the place of gastric disturbance. These cases are said to be quite common. *Petroleum* was prescribed for one case of the diarrhea of mal de mer, relieving promptly; *Bryonia* was given a man who was "dreadfully constipated" and who was nauseated upon moving about; and *Apomorphia*, third, one tablet, made a homeopath of a lady who had failed to obtain relief from old school treatment and from *Cocculus* previously administered.

From this and previous experience on the Atlantic I am quite satisfied that seasickness may be prescribed for successfully if the cases be individualised, and that specifics, combination prescriptions and routine remedies are of no more use here than elsewhere. It is the patient and his personal manifestations of the malady which are to be treated, every time, if success is to be expected. Doubtless there are aggravated cases which resist the

usual remedies ; but it cannot be gainsaid that homeopathy is very efficient in seasickness and has robbed the sea of much of this particular terror.

THYROID EXTRACT FOR RECURRENT CARCINOMA.

THE *Lancet* records a case where after total extirpation in January, extirpation comprising the removal of the breast, axillary glands, the fat, the lymphatics, and the pectoral fascia, there was a recurrence of the disease in the neighbourhood of the cicatrix as early as April of the same year.

Several nodules, varying in size from a pea to a walnut, were removed and an analysis made of a portion of the growths. The analysis showed "a soft carcinomatous growth, with small alveoli and very scanty stroma. At first sight it might be mistaken for sarcoma, but the mode of growth at the edge and invasion of the fatty tissues is unlike that of sarcoma. In the section of the skin the dense fibrous tissue in the corium prevents any very rapid multiplication of the cancer cells." Three weeks after this second operation other nodules appeared in the scar, and later a group developed below it and in the subcutaneous fat. Further interference was declined and, indeed, did not seem to be feasible. The nodules steadily increased in size and number.

It was not until September that the physician in charge of the case suggested thyroid extract as a forlorn hope. This was taken up in three-grain doses daily, the dose being gradually increased to fifteen grains. After eighteen months of faithful and persistent adherence to this line of treatment the patient was quite well, had gained flesh and showed no trace of the disease. One interesting point in the case was the development of a walnut-size nodule, while the treatment with the thyroid was under way, but then it was thought that the patient possibly neglected the treatment because of domestic anxiety just at that time.

It is always dangerous to draw conclusions from a single case, but if thyroid extract had no effect upon the growths to what is their disappearance due? And if beneficial results from its use are dependent on a previous oophorectomy why should it alone not succeed after the menopause has been passed? If it is really, and of itself, of utility in carcinoma of the breast then it ought also to be of service in carcinoma of other parts of the body, and its trial is suggested in inoperable cases when the growth is situated elsewhere than in the mamma. In this connection also it would be interesting to know whether the subjects of thyroidectomy or those in whom that gland is

functionally inactive are peculiarly liable to carcinomatous growths. It would also be interesting to get information as to the condition of the thyroid gland in the subjects of this disease. How the thyroid extract acts it is very difficult to surmise. Whether it alone, or in conjunction with the menopause (either naturally or artificially produced), tends to promote a fatty degeneration of the carcinoma cells, or by stimulating the lymphatics to remove the carcinomatous material (to which theory there would seem to be obvious objections), or by increasing metabolism enables the phagocytes to cope with the disease, or acts in some other way, further data can alone supply facts for a decision.—*Medical Century*.

REVIEWS.

THE HOMEOPATHIC DIRECTORY.*

THE *Directory* for 1899 is now in the hands of the public. We are glad to note a considerable accession of names of those who have hitherto held aloof, showing that the former opposition is gradually dying a natural death. The fifth issue of the *Directory* under present auspices shows a decided advance on those which have preceded, and we very much question if those who still object to letting their names appear would not be the first to regret if its issue were discontinued. The utility of the work is so clearly demonstrated that it is already practically indispensable. No less clear is the necessity of its yearly issue. The 1898 number is already out of date as a comparison with the present issue will at once show. The number of changes at home and abroad within twelve months is much larger than any one who did not follow them carefully would imagine. Elsewhere in the present issue of THE HOMEOPATHIC WORLD two new addresses will be found, and we advise our readers to enter them in the *Directory* in their appropriate places for future reference. Many changes will be found noted in the Continental and Colonial lists, so that all homeo-

* *British, Colonial, and Continental Homeopathic Medical Directory*, 1899. Edited by a member of the British Homeopathic Society and Dr. Alexander Villers, Corresponding Member of the British Homeopathic Society. London: Homeopathic Publishing Co., 12, Warwick Lane, E.C. Cloth, 2s.

paths who have sufficient enthusiasm for homeopathy to be interested in the knowledge of the whereabouts of their fellows should support this work and commend it to their travelling friends. Dr. C. E. Fisher has borne testimony to its utility to travelling American homeopaths; and for British lay homeopaths who visit different localities in our own borders, it is most useful to know where homeopathic medical advice and homeopathic medicines can be obtained in case of need.

The assistance of our continental and colonial *confrères* in perfecting the work is warmly acknowledged in the preface.

VACCINATION.*

In this volume of thirty-eight pages Dr. Heath, whose views on the subject are well known to our readers, has brought together many points of great importance and interest in connection with the vaccination experiment. He maintains with much force that the present methods of inoculation are so far from stamping out diseases that their effect is to stamp them in. He brings many telling facts to show that the increase in mortality from chronic diseases is directly traceable to the vaccination, and where absolute proof is impossible the accumulation of circumstantial evidences goes a long way. Dr. Heath dedicates his book "To Her Majesty's Ministers, the most able and the Strongest Government of Modern Times, who removed the Oppressive Measure of Compulsory Vaccination." We are not quite sure whether this potent Government will take Dr. Heath's dedication as a compliment or the reverse. The Government had not the courage to act on the recommendation of the Commission and repeal the compulsory clause straight away. Indeed, the amount of repeal they did eventually grant was wrung from them, and granted eventually with many a wry face. Dr. Heath quotes some telling passages from *The Wonderful Century*, by Alfred Russel Wallace.

We congratulate Dr. Heath on having furnished a useful contribution to a great controversy.

* *Vaccination: or Blood-poisoning with Animal Diseases.* By E. A. Heath, M.D. London: Heath & Co., 114, Ebury Street, S.W. Cloth, 1s.

DISORDERS OF MEN.*

DR. CARLETON is a well-known specialist on the subject of which he treats, and he deals with it in a thoroughly practical way. The work is concluded with a very complete chapter on the therapeutics of the maladies dealt with, and the remedies will be found described in useful detail.

THE PORCELAIN PAINTER'S SON.†

It is seldom that we have come across a more fascinating little volume than the book before us, with the above title. It is an attempt, and a very successful one, to construct a living picture of the boyhood and early struggles of the greatest therapeutic genius of any time. The body of the book consists of three chapters, entitled "The Artisan," depicting the home-life of the boy Hahnemann, with a character sketch of his father. The next chapter is entitled "The Student"; and the third "The Physician and His Renunciation." These chapters are prefaced by Dr. Jones's "Foreword," a very interesting contribution (but for which we might have suspected Dr. Jones himself to have been the author), in which he separates "the web of fact from the woof of fancy," and it is seen there is but very little of the latter. The sketch of Herr Müller, the schoolmaster, who delivered Hahnemann from porcelain painting, and made of him a scholar, is very graphic; but we are sorry our author has seen fit to make his rejoicing over his success get the better of his moderation. Unless there is historic ground for this, we think it a mistake. The concluding chapter of the work does not properly belong to the story, but it nevertheless makes a very appropriate close, and we are glad Dr. Jones persuaded the author to include it. It is a timely warning to modern homeopaths that the *Organon* is not out of date, and that microbes are not the beginning and end of medical practice. Altogether, it is a most refreshing little volume.

* *A Practical Treatise on the Sexual Disorders of Men.* By Bukk G. Carleton, M.D. New York: Boericke, Runyon & Ernesty. London: Homeopathic Publishing Co.

† *The Porcelain Painter's Son: a Fantasy.* Edited with a foreword by Samuel Arthur Jones, M.D. Philadelphia: Boericke & Tafel. London: Homeopathic Publishing Co. Cloth, 5s.

BURNETT ON THE CURABILITY OF TUMOURS.*

We are glad to note that a second edition of this excellent work, has been called for. So far as we can discover there is no material difference between the second and the first edition, so that we have only to congratulate Dr. Burnett on his increasing circle of readers.

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.

TAXODIUM DISTICHIMUM.

A Mexican cypress, the twigs, &c., giving a beautiful purple alcoholic tincture; aromatic, astringent, camphorous, terebinthine, &c.

Can any one give any information as to whether there is any record of a tincture, &c., possessing medicinal action? "Agricola" is on the search, and he solicits assistance.

NOTIFICATIONS.

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

REMOVALS.

DR. BERNARD S. ARNULPHY, *Nice*. Dr. Bernard S. Arnulphy, late of Chicago, has taken up his residence at Villa des Violettes, 18, Rue Adélaïde, Nice, France. His at home hours are 2 to 4.

DR. CAPPER, *Leicester*. Dr. Edmund Capper, late of Liverpool, has entered into partnership with Dr. G. Clifton, of Leicester. His new address is 6, Evington Road, Leicester.

* *Curability of Tumours by Medicines*. By J. Compton Burnett, M.D. Second edition. London: Homeopathic Publishing Co., 12, Warwick Lane, E.C. 1898. Cloth, 3s. 6d.

Obituary.

DR. CAMPBELL BLACK.

WE very much regret to record the death of Dr. D. Campbell Black, of Glasgow, who was one of the most independent-minded members of the profession in the ranks of the old school. We have often had occasion to refer to his writings. He passed away on December 20th last. The following account is from the *Medical Press* of December 28th.

“ It is with deep regret that we have to intimate the death of Dr. Campbell Black, which took place, rather suddenly, on the night of the 20th inst. He had been complaining for a few days previously of a cold, but was able to go about even as late as Monday preceding his death, heart failure being the cause of death. Dr. Black was a native of Oban, where he first saw the light fifty-eight years ago. Came to Glasgow in due course for the purpose of studying the medical profession, which he did in the old college in the High Street, obtaining his degree in 1862, after which he proceeded to the Continent, where he passed through several of the medical schools. Returning to Scotland he settled down in Glasgow, where he has been well known in medical and Celtic circles. A man of fearless thought and action, he often gave offence in quarters where no offence was meant. Even to those most intimately acquainted with him, he was as severe in his remarks if he in anyway considered their action inimical to an independent spirit and upright action. Abhorring sham of every kind, he was most uncompromising, and on no subject was he more so than when considering the reform of the medical profession. With all his Celtic pugnacity, his unbending determination in exposing what he considered derogatory, he was always fair, and even those who differed from him always admitted his honesty of purpose. For many years he was senior assistant physician of the Glasgow Royal Infirmary. When a vacancy occurred he applied, but was passed over, even although he had given his services freely for many years, the appointment being given to a favourite, with the result that he resigned his gratuitous appointment. We next find him professor of physiology in Anderson's College, which position he occupied for about six years, which post he had to resign because some at least of the managers did not agree with his ideas and teachings in regard to the infallibility of antiseptics. Dr. Black

held many appointments. He was Surgeon-Captain of the 10th L.R.V. Glasgow Highlanders, sub-editor of the *Glasgow Medical Journal*, a director of the Glasgow Celtic Society, the Argyllshire Society, Honorary President of the Oban and Lorne Association, and ex-President of the Glasgow Gaelic Society. His published works include *Observations on Therapeutics*, *Medical Reform Lectures on Bright's Disease and Kindred Subjects*, *The Germ Theory*, *The Urine in Health and Disease*, &c. It is only a few months ago a number of his friends in Glasgow presented him with his portrait in oils in recognition of his personal worth, and those who heard him speak on that occasion remarked that he was never in better form. He will be greatly missed. His remains were taken to Oban, his native place, for interment on Saturday last."

MR. HENRY TURNER.

We regret to learn that Mr. Henry Turner, whose name has been for many years associated with homeopathic pharmacy and homeopathic publishing, passed away at Norwood on December 24th last. At one time Mr. Turner had two establishments in London and one in Manchester. He was the publisher of the *British Journal of Homeopathy*, and many other homeopathic works, including the first *Homeopathic Medical Directory*, the issue of which for 1869—thirty years ago—contains a very striking preface by Dr. Pope, referred to elsewhere.

GENERAL CORRESPONDENCE.

STELLARIA MED. IN LIVER DISEASES.

To the Editor of THE HOMEOPATHIC WORLD.

Sir,—Five or six weeks ago I was seized with a very violent attack of sickness which lasted for two days and nights, during which I had no rest or sleep. Sharp pains in the stomach continually recurred, increasing in violence and then ending in an explosive vomit. None of the usual remedies had any effect. At last I discovered that it all arose from the liver, which was much enlarged and hard to the touch, and the pains began at a point where I conclude lies the seat of the gall-duct. I then

called to remembrance that in Mr. Kopp's proving of *Stell. Med.*, painful enlargement of the liver was a prominent symptom, and I then took frequent doses of *Stell. Med.* 1. After the first dose the vomiting ceased, and the pains and enlargement of the liver quickly subsided. If it were not for *Stell. Med.* I fear I should have gone on to utter exhaustion.

F. H. B.

"Agricola" will be pleased to hear that his *Iodine* remedy for catarrh has proved quite effectual in several cases in which I recommended it. I myself also have found it beneficial in troublesome flowing down of mucus from the back nostril.—F. H. B.

VARIETIES.

CAPSICUM IN DYSENTERY.—Thirst after every stool, and shuddering after drinking; stool after drinking; taste like putrid water; tenesmus of the bladder; *drawing pains in the back, which, with the tenesmus, are continued after the stool*, which consists of thin adhesive slime, mixed with black blood, with twisting pains about the navel.—Hahn. M.

VANADINE: ITS STIMULATING INFLUENCE IN TUBERCULOSIS.—MM. Helonis and Delarue.—Vanadine is a solution of a pervanadic salt with a slight addition of oxydizing substance. The pervanadic salt possesses the property of rapidly oxydising under the action of a particular agent, organic and alkaloid bases, toxines, ptomaines, and the salts of the bases. First, vanadine is not toxic; second, it exercises a stimulating action upon the functions of the organism; third, it is particularly favourable in diseases caused by enfeebled nutrition; fourth, it is a remedy of choice for consumptives, to whom it nearly always gives appetite, and contributes powerfully to increasing the strength and vital forces.—J. A. C. (*Medical Times*).

A TRIBUTE TO RASPAIL.—A commemorative marble slab is to be placed on the house at 5, rue Sévigné, Paris, bearing an inscription as follows: "In this house François Vincent Raspail, promoter of universal suffrage, born at Carpentras January 24, 1794, and who died at Arceuil January 7, 1878, gave gratuitously his services to sick people from 1840 to 1848." Before the time Raspail thus acted as a philanthropist he had been a militant revolutionist, and was something of a hero in the riots that followed the stirring events that occurred in Paris in 1831. Raspail was nothing if not combative. It is recorded of him that he once got up in a court to refute the evidence of the leading expert chemist of the day in the case of a woman accused of poisoning her husband with arsenic. Raspail's testimony was, however, not heeded. In 1848 he tried to start a crusade against the Jesuits in his paper, *L'Ami du Peuple*. There was, perhaps, some exaggeration in everything Raspail undertook,

but, all the same, a large section of French people, especially of the middle and lower classes, maintain a genuine faith in remedies bearing his name, and the City of Paris has long since shown its appreciation of his services, both as a man and a chemist, by erecting a handsome statue to his memory in the Boulevard which has been named after him.—*Chemist and Druggist*.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE :—Medical (In-patients, 9.30; Out-patients 2.0), Daily; Surgical, Mondays, Tuesdays, Fridays, and Saturdays, 2.0; 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; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Tuesdays, 2.30; Dental Cases, Thursdays, 9.0 a.m.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Aarons (S. J.).** Golden Rules of Gynecology ("Golden Rule" Series, No. 2). 32mo, sd., pp. 64. (Simpkin. 1s.)
- Alabone (E. W.).** The Cure of Consumption, Asthma, Bronchitis and other Diseases of the Chest. With Chapters on Laryngitis, Tabes Mesenterica, Post-Nasal Catarrh and Hay Fever. 33rd ed. 8vo, pp. 312. (Simpkin. Net, 5s.)
- Anderson (J. W.).** The Power of Nature in Disease. 8vo, sd., pp. 50. (Simpkin. Net, 1s. 6d.)
- Braithwaite (J.), and Trevelyan (E. F.).** A Retrospect of Medicine. A Half-yearly Journal, containing a Retrospective View of Every Discovery and Practical Improvement in the Medical Sciences. Vol. 118, July-December, 1898. 12mo, pp. 456. (Simpkin. 6s. 6d.)
- British, Colonial, and Continental Homeopathic Medical Directory, 1899.** Fcap. 8vo, pp. 116. (Homeopathic Publishing Co. Net, 2s.)
- Copeman (S. M.).** Vaccination: Its Natural History and Pathology. Being the Milroy Lectures for 1898, Delivered before the Royal College of Physicians of London. Cr. 8vo, pp. 268. (Macmillan. Net, 6s.)
- Gant (F. J.).** A Guide to the Examinations by the Conjoint Examining Board in England, and for the Diploma of Fellow of the Royal College of Surgeons of England. 7th. ed. Revised throughout by Willmott Evans. 12mo, pp. 252. (Baillière, Tindall & Cox. 5s.)
- Keen (Wm. W.).** The Surgical Complications and Sequels of Typhoid Fever. With a Chapter on the Ocular Complications of Typhoid Fever, by E. de Schweinitz, and as an Appendix. (The Toner Lecture, No. 5.) Royal 8vo. (Rebman. 17s.)
- Kingscote (E.).** On So-Called Spasmodic Asthma, Considered from an Entirely New Standpoint with Regard to its Radical Cure. 8vo, sd., pp. 18. (H. J. Glashier. Net, 1s.)
- Medical Directory (The) for 1899.** 8vo, pp. 1,960. (Churchill. 14s.)
- Medico-Chirurgical Transactions.** (Vol. 81. 2nd Series. Vol. 63. 8vo. (Longmans. 23s.)
- Méric (H. de).** Dictionary of Medical Terms. English-French. 8vo, pp. 402. (Baillière. Net, 5s.)
- Murrell (W.).** Aids to Materia Medica. Part 2. Drugs of Vegetable Origin. 12mo, sd., pp. 143. (Baillière. 2s.)
- Fenwick (E. H.).** Golden Rules of Surgical Practice. (Golden Rules Series, No. 1.) 5th ed. Revised and enlarged. 48mo, sd., pp. vi.-71. J. Wright (Bristol). (Simpkin. 1s.)
- Fothergill (W. E.).** Golden Rules of Obstetric Practice. (Golden Rules Series, No. 5.) 48mo, sd., pp. 71. J. Wright (Bristol). (Simpkin. 1s.)
- Glasgow Hospital Reports.** Edited by for the Committee by George S. Middleton and Henry Rutherford. Vol. 1. With 65 Illustrations. 8vo, pp. 356. (MacLehose, Glasgow. Net, 12s. 6d.)
- Westland (A.).** The Wife and Mother. A Medical Guide to the Care of her Health and the Management of her Children. 3rd ed., revised. Cr. 8vo, pp. 296. (C. Griffin. 5s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

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

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

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

CORRESPONDENTS.

Communications received from Dr. Heath, London.—Mr. Belairs, Oxford.—Dr. Dudgeon, London.—Mr. J. S. Hurndall, London.—The Rev. F. H. Brett, Carsington.—Mr. Ernest Ball, London.—Dr. Capper, Leicester.—Mr. J. Meredith, Lydney.—Mr. L. Narain Mookerjee, Waltair, India.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Chemist and Druggist.—Hom. Rev.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsskrift.—Mind.—Med. Century.—American Homeo.—La Homeopatia.—Minn. Hom. Mag.—Amer. Med. Monthly.—N. A. J. of Hom.—Pacific Coast J. of H.—Il. Secolo Om.—Calcutta J. of Medicine.—Gaz. Med. de Paris.—Rev. Hom. Belge.—Hom.

Maandblad.—Hom. Recorder.—Hom. J. of Obst.—Archiv. f. Hom.—Hom. Physician.—Med. and Surg. Review of Reviews.—Hahn. Advocate.—Clinique.—Rev. Hom. Française.—New Eng. Med. Gaz.—Vacc. Inquirer.—Public Health Jour.—Med. Monat. f. H.—Hom. News.—Hahn. Monthly.—Medical Counsellor.—Critique.—Refraction. By Dr. W. S. Copeland.—Keene & Ashwell's Diary and Case Book.—Vaccination. By Dr. Heath.—Lord Lister's Anodyne to Public Conscience. Hon. Stephen Coleridge.—A Reckoner of Foreign and Colonial Exchanges. By John Henry Norman.

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THE

HOMEOPATHIC WORLD.

MARCH 1, 1899.

THE CYANIDE OF MERCURY AND DIPHTHERIA.

SEVERAL correspondents have remarked to us on the striking testimony to homeopathy contained in the history of the sensational New York poisoning case, which we print elsewhere from the *Daily Mail*.

As is well known to all homeopaths, the *Cyanide of Mercury* is the remedy of widest applicability in cases of diphtheria; and the first application of it is a matter of history almost equally well known. The patient suffering from diphtheria was Dr. ALEXANDER VILLERS, of Dresden, he being then an infant. The case was a desperate one. The senior Dr. VILLERS, at the end of his resources, consulted Dr. BECK, of Monthey, Switzerland. Dr. BECK had just been reading an account of some cases of poisoning by *Cyanide of Mercury*, and had been struck with the exact reproduction of the cardinal symptoms of diphtheria, the false membrane on the throat being an especial feature. He suggested that a trial should be made. With some little difficulty a small quantity of the drug was procured; a solution was made, and run up to the sixth centesimal attenuation. This was administered to the patient, with the result that the apparently dying child speedily began to improve, and has lived to make no small share of homeopathic history on his own account.

The *Cyclopedia of Drug Pathogenesis* (vols. iii., iv.) contains a number of cases of poisonings and provings of this salt which show the striking resemblance between its effects and the symptoms of diphtheria. We will quote from the latter a case of poisoning reported by Dr. LÉON SIMON.

"I was called to a young man of twenty-eight, and found him with altered countenance, small and frequent pulse, cold sweat; throat, velum palati and base of tongue were covered with greyish false membranes, apparently well organised. Patient acknowledged that he had endeavoured on the previous day to poison himself with *Cyanide of Mercury*, but had taken so large a dose as to cause vomiting. This had saved him. I gave the antidotes to *Mercury*, and improvement soon set in."

Now let us compare this with the case of one of the victims of the New York poisoning. We quote from the *Daily Mail*:—

"As far back as November 10th last, Mr. HENRY C. BARNETT, a well-known produce-broker, who was a member of the Knickerbocker Athletic Club, one of the most prominent social organisations of New York, received through the mails at the club a sample box of Kutnow's powder. He was in the habit of taking this and similar specifics, and he took a portion of the powder. He immediately became ill, *and was treated for a mild attack of clinical diphtheria*. That he was so suffering, apart from the effect of the powders, the result of the culture-examination proved. He left his bed earlier than the doctor permitted, and died of heart failure."

The truth of this is, that Mr. BARNETT was *not* suffering from diphtheria *and* poisoning by *Cyanide of Mercury*, but was suffering from the latter alone. The doctor who attended him mistook it for diphtheria; and there is no blame to him for so doing. Without a clue they are indistinguishable. In the fatal cases reported death takes place in a fainting attack. Nor does the "culture-examination" prove that the case was one of ordinary diphtheria. There is much question among bacteriologists and clinicians as to what constitutes the *sine quâ non* in the bacteriology of diphtheria; but,

supposing the characteristic microbes to have been found beyond doubt, that would only show that the *Cyanide of Mercury* false membrane had provided the germs with a suitable nidus for their development.

The history of this case in its medical aspects, and in the light of the homeopathic uses of the drug, is a striking confirmation of the law of similars; and, at the same time, shows the paramount necessity of all medical men being taught both sides of the action of drugs—causative and curative—and the relations that exist between the two. Until this is taken up seriously by the medical schools, chaos must continue to reign where there should be a science of therapeutics.

NEWS AND NOTES.

LONDON HOMEOPATHIC HOSPITAL.

OUR hearty congratulations to the London Homeopathic Hospital! The bequest of the late Dr. John Say Clarke is in every way a gratifying circumstance. The *Daily Mail* of February 15th contains this announcement:

“Dr. John Say Clarke, who had attained the age of eighty-seven years, left £300 to the Royal National Lifeboat Institution, £100 to the Orphan Working School at Haverstock Hill, and the residue of his estate, probably between £13,000 and £14,000, to the London Homeopathic Hospital and Medical School in Great Ormond Street.”

That a fortune gained in the practice of homeopathy should be spent in providing homeopathic treatment for the deserving poor is nothing less than poetic justice. It is certain that there never was a period in its history when so much enthusiasm and energy were thrown into the working of this institution, or when greater demand was made on the resources of the hospital staff. There is a common idea that the poor will not be contented unless they are supplied with ill-tasting mixtures in quart bottles. The popularity among the poor maintained by the London Homeopathic Hospital for many years is a standing answer to that libel.

OPEN-AIR TREATMENT OF CONSUMPTION AT
BOURNEMOUTH.

THE enterprise of our Bournemouth *confrères* in initiating the open-air treatment of consumption is warmly acknowledged in the *Bournemouth Observer* of February 8th. At Bournemouth, if anywhere in this country, the treatment ought to meet with success—especially with homeopathic remedies to assist.

“The Hahnemann Convalescent Home at Bournemouth has taken an enlightened forward step in its most recent development. Whether or not the consultations of the Joint Committee of the Medical Society and the Town Council will result in the formation of a local branch of the National Association for the prevention of tubercular disease, Bournemouth has already, both in private effort and in a public institution, come to the front in affording facilities for the newest departure in the medical treatment of the forms of disease in connection with which Bournemouth has acquired a very special celebrity. The private confab of the Council, for that is what is meant by a committee of the whole Council, may have been decided on solid grounds, and until its issue is revealed, it is useless to speculate on the causes which have led to the course adopted. But it is consoling to know that however the movement may be affected by the reflection of municipal wisdom, Bournemouth will not be left behind in contributing its quota of experience to an investigation of the most important practical character, worldwide in its utility, and already coextensive with civilisation in its endeavours. Those who are inclined to turn up their noses at homeopathy as a form of heterodoxy, need not be alarmed at the Hahnemann Hospital Movement as a further innovation on orthodox creed. It is not so. Homeopathy is not responsible for the introduction of the open-air treatment of consumption and the other points in treatment which are associated with it. The system rather affords a common ground where allopath and homeopath may meet on the broad basis of philanthropy. The resources of the pharmacopeias have comparatively little to do with the question. Without throwing physic to the dogs, it is a system placing its main reliance on the *vis medicatrix naturæ* as the potent factor in curative results. He would be indeed a bold practitioner who would claim success for this system under its adoption, in the strength of therapeutical agencies apart from that inherent in the system itself. If this be so—and we claim that it is so—this new departure of the Hahnemann Home must be regarded not as a contribution to the propaganda of homeopathy, but rather as a prominent advance in one of the greatest efforts of modern-day civilisation. As such it can fairly claim support from the contributions of liberal-minded philanthropy. Its managers have undertaken a serious financial responsibility, and although, for the time being, the initial cost of the new balconies is defrayed, it is by a generous loan of £1,000 at trifling interest, and this loan must be repaid at no distant date. Looking to the importance of the venture, and to the truly beneficent spirit which

has actuated it, it is not too much to expect that assistance will be forthcoming outside the narrowed range of followers of the homeopathic system."

LIVERPOOL HAHNEMANN HOSPITAL—AND COLLEGE?

WE are glad to see that things are moving in Liverpool. Liverpool has been such a notable training ground of homeopathic doctors that it is most fitting that a college of homeopathy should be added to the Hahnemann Hospital. At the annual meeting, held on February 17th, Mr. Hahnemann Stuart intimated his readiness to contribute £1,000 towards the establishment of a homeopathic training college for the purpose of training specialists to cope with malarial fever on the West Coast of Africa, with which Liverpool has so much trade. By all means: but the college need not confine itself to training specialists; it must develop into a college of general homeopathic medicine.

PHOSPHORUS SESQUISULPHIDE.

AGRICOLA writes to us that he has been experimenting with the above-named salt, the formula for which is P_4S_3 (see Thorp's *Inorganic Chemistry*). Our correspondent says he has obtained marked results pathogenetic from the 6x trit. and curative from 10x, single doses only. He triturates from 1x to 10x with starch, above that with sacch. lact., &c. He says: "Consult each element, prescribe for cases requiring each or both."

TEUCRIN IN PHTHISIS.

IN THE HOMEOPATHIC WORLD for March, 1896, we quoted from the *Revue Hom. Belge* a case of tubercular disease cured by *Teucrium Scorodonia*. In this connection the following, taken from the Vienna letter of the *Medical Press* of February 1st, will be read with interest:—

"TEUCRIN AND TUBERCULOSIS.

"At the Medical Club, Erhein exhibited two cases which he had treated with *Teucrium Mosetig* for tuberculous ulcers. The first was a boy of ten years, with an intractable ulcer in the mucous membrane of the cheek; the second was a young woman, æt. 24, with a similar

ulcer on the under lip. Both ulcers were treated by the subcutaneous injections of the extract of *Teucrin* (Extr. *Teucri Scordii Depur.*), which was injected into the circumference of the ulcerated tissue. The smaller sore healed in a few days, the larger began with the common cement of the injections to granulate rapidly, and healed up within fourteen days. This ulcer had existed for four months previous to the injections, notwithstanding the heroic treatment adopted before that time. He showed a third case of the same class, which had not been previously treated, that occurred on the under lip in the form of lupus, accompanied by lymphadenitis. The boy was fourteen years of age. The half of the left lip was destroyed by the ulcer, which had a firm infiltrated base and margin; on the right half was a smaller ulcer of a similar character, which the microscopic examination proved to be tuberculous. He was treated in the same manner as the two previous cases, with equal success.

"Max Kahane recorded a case of a large "cold" abscess which he had treated with *Teucrin* injections, and which rapidly receded, leaving a small fistula leading into the spinal cord. He thought that the activity of the *Teucrin* was instrumental in converting the chronic inflammation into an acute inflammatory condition."

THE STORY OF THE LIVER.

DR. ARTHUR FISHER, of Montreal, has reprinted a very interesting paper contributed by him to the *Homeopathic Physician*, dealing with an article by Dr. Andrew Wilson, entitled "The Story of the Liver," which appeared in *Harper's Magazine* some years ago (May, 1895). Dr. Fisher concluded his paper with some personal reminiscences which will be read with interest.

"When I began the study of medicine, some sixty years ago, I was indentured, as was then the custom, to a surgeon with whom the bulk of my duty was to compound and dispense prescriptions, a favourite one of which was a blue pill at bedtime and a black draught in the morning. Thinking over the *rationale* of this routine, I said to him one day: 'Doctor, what do you give the blue pill for?' He answered, 'It is an alterative.' 'What is that?' said I. 'It is a medicine that makes a change of some sort in the system.' 'It is a good thing, then?' said I. 'Yes, of course,' said he. 'What do you give the black draught for?' He answered, 'To work off the blue pill.' 'But,' said I, 'if it is a good thing, why do you want to work it off?' He replied: 'You go and put up your medicines.' And yet my patron was a first-rate surgeon and of high natural ability. He lived to be ninety, and I never knew him to enjoy a well day, having in his youth suffered from climatic diseases contracted in India and South America. He had little faith in medicine. When I returned from Europe a homeopath, he said: 'You have missed it.' I answered: 'You don't believe in your own physic.' 'No,' said he. 'I was dying when A, B, and C held a consultation over me. A said one thing, B said another, but C said: "We know nothing about it. Let him

alone, and give him a chance." They did so, and if they had physicked me I should have died.'

"One more of my early reminiscences and I have done: We had a cholera patient in collapse. The doctor said to me: 'Mr. Fisher, take sixteen ounces of blood from him.' I banded his arm and punctured the vein, when, contrary to my expectation (for I thought him too far gone to bleed), the blood spurted out black as ink, but as it flowed from the vein he died as if his throat had been cut. This being the height of a fearful cholera epidemic, I never found the time or opportunity to ask my patron what benefit he expected to derive from the venesection.

"The story of the liver, being too long for a homeopathic monthly, I have extracted what is essential for our purpose; let me, however, again recommend its perusal *in extenso*, for the sake of its anatomy, physiology, pathology, and theory."

TUBERCLE BACILLI ON PLANTS.

A NEW horror is sprung upon us according to a note in the *British Medical Journal*, of February 8th. A bacillus indistinguishable from Koch's bacillus of tubercle is found on certain plants, notably *Phleum pratense*, commonly called "Timothy grass," from Timothy Hanson, who introduced it into the Carolinas from New York. It is also called "cat-tail" and "herd-grass."

"THE TIMOTHY GRASS BACILLUS.

"Any facts connected with the life-history of Koch's tubercle bacillus, or any of the allied forms belonging to the tuberculous group, are of special interest at the present time, when such strenuous efforts are being made to minimise their power. Recently our knowledge concerning the micro-organism resembling tubercle bacilli has been increased. Now, Dr. Moëller* has successfully isolated the Timothy grass bacillus which inhabits the slopes of Görbersdorf, and appears to resemble Koch's bacillus more closely than any of its predecessors. This discovery may open up new paths for future inquiry. The vegetable world has not yet been suspected of harbouring organisms belonging to the tuberculous family. Moëller began by examining the Timothy grass surrounding the sanatorium on which the cows (supplying milk to the institution) are fed. A blade of grass was placed in a test tube filled with sterilised water, the open end being covered with an indiarubber cap. The test tube was placed in an incubator for fourteen days at a temperature of 37°. Microscopical preparations stained with Ziehl-Neelsen showed bacilli resembling Koch's bacillus in taking the red stain and not the blue. The formation of rodlets and threadlike ramifications, clear oval spaces, and often bulbous extremities, were the points of resemblances with Koch's bacillus. The Timothy grass bacillus was isolated and

* *Therap. Monap.*, November, 1898.

grown on various media, the potato and glycerine agar culture was almost identical with a growth of Koch's bacillus. The pathological lesions found after injection experiments on guinea-pigs were practically identical with those seen in the case of Koch's bacillus. The animals died with lesions resembling those of miliary tuberculosis, the lungs, liver, and omentum were chiefly affected. Moëller usually took the specimens for future experiments from the cavities in the lung tissue. The usual giant-celled infiltration is seen in animals dying from injections of the Timothy grass bacillus; the semilunar shaped cell, however, so characteristic in lesions produced by Koch's bacillus, has never been observed in the former case. The Timothy grass bacillus has been found by another observer in Würzburg. Moëller has also found it to be present on a species of grass known as the meadow foxtail, and the *bromus erectus*. The most convincing proof of the close relationship between the Timothy grass and Koch bacillus is the fact that they both take the chamois colouring matter. This characteristic is not shared by the other micro-organisms belonging to the tuberculous group. Raleinowisch, who has examined the Timothy grass bacillus, admits that the butter bacillus shows a very different growth on the nutrient media. We know that under certain conditions the biological characteristics of the tubercle bacillus undergo a change; this being so, the question naturally arises whether under a different environment the Timothy grass bacillus may not more nearly resemble Koch's, or, in fact, be identical with it. The Pasteur Institute and the Gesundheits-Amt in Berlin are at present engaged in examining the life-history of this new bacillus, and we may hope before long to have more light thrown on this interesting problem. Moëller also succeeded in isolating what he calls the "dung bacillus," which is found in the fresh fæces of cows. The animals from whom he obtained the bacillus had previously been declared to be non-tuberculous, having successfully recovered from tuberculin injections. This micro-organism also belongs to the tuberculous group, and is chiefly distinguished from Koch's by its rapidity of growth. In the near future the examination and disinfection of grass may form part of the *régime* of our sanatoria."

The idea of disinfecting our pastures is too delicious. We wonder which kind of microbicidal sauce the animals will prefer to have their fodder served with, and how it will agree with them.

THE THERAPEUTIC USES OF SUPRARENAL GLAND.—Fr. Robin (*Thèse de Paris*, 1898) records a case presenting all the symptoms of Addison's disease together with tuberculous lesions in which, under the influence of suprarenal medication, all the symptoms, including the bronzing of the skin, disappeared, and the patient recovered his strength. The cure has been maintained three years. Fresh glands were given, and a hydro-glycerinated extract of suprarenal juice was administered by hypodermic injection.—*British Medical Journal*.

ORIGINAL COMMUNICATIONS.

ALCOHOLISM, ITS EFFECTS ON THE INDIVIDUAL, THE STATE AND SOCIETY.

By PROFESSOR DEBOVE, of the Faculty of Medicine of Paris.

(Translated by DR. DUDGEON.)

[Two lectures were delivered in November last by Professor Debove on the above subject. The first, which he calls the Introductory lecture, though of great interest and importance, and displaying a vast amount of learning and research, bears more on the history of the origin and use of alcohol in various countries and at divers periods. The second lecture, which we here reproduce, is occupied with the more modern developments of the employment of alcoholic drinks, and though chiefly concerned with the state of things in France contains much valuable information worthy of the consideration of all who indulge in the use of intoxicating drinks.]

FRANCE unfortunately holds the first rank among European nations in the consumption of alcohol.

Statistics show the frightful amount of this consumption. But they only indicate a portion of the evil, for the numbers they give are the official numbers—that is to say, those deduced from the quantity of liquor which has paid the customs and excise taxes. In order to get at the real numbers we must add the alcohol fraudulently consumed and also the greater part of the alcohol manufactured privately.

The fraudulent consumption of alcohol is carried on in two ways: thus alcohol is introduced into France without paying tax at the frontier, and in the distilleries, quantities of alcohol are removed from the inspection of the state officials, and are consumed without appearing in the statistics. We cannot, therefore, give even an approximate guess at the extent of this fraud.

The consumption of alcohol takes place also in a different way. For various purposes, sophisticated alcohol is employed—that is to say, methylated alcohol mixed with substances of a disagreeable taste and artificially coloured: such as the alcohols for burning, the price of which is relatively small. No one buys them for consumption, but the wine merchants remove the colour, mix them with drinkable alcohol and, in order to mask the original disagreeable taste, add aromatic substances such as aniseed or absinth; then they sell them under

the name of absinth or vermouth, in order to increase their profits. We have reason to believe that one-third of this sophisticated alcohol, say about 40,000 hectolitres [about 880,000 imperial gallons] is retailed.

But what augments in still greater proportion the quantity of alcohol consumed, is the traffic carried on, to the great detriment of the public health, by the privileged landed proprietors under the name of *bouilleurs de cru*.

A *bouilleur de cru* is a person who boils his wine, his perry or his cider, and who is supposed to distil as much of his crop as is required for his personal use. Until 1875 the produce of every *bouilleur de cru* was limited to a small quantity, 20 to 40 litres [a litre is 1·760 pint]. This allowed some citizens to alcoholise themselves cheaply at home. But in 1875, just before the general election, in spite of the opposition of the Chancellor of the Exchequer, the Parliament voted, by a majority, 363 against 221, an amendment which became law on the 14th of December, 1875. This law runs as follows: "The landed proprietors and farmers who distil the wines, marks, ciders, plums and cherries obtained exclusively from their own crop, are dispensed from making any preliminary declaration and are exempt from inspection."

Thus the *bouilleurs de cru* have no longer to make a false statement respecting the quantity of alcohol they produce; and as, owing to the improved methods of modern chemistry, alcohol can be made cheaply, they may supply their friends and make a good profit for themselves out of it.

Let it not be alleged that the *bouilleurs de cru* distil only their own produce; they distil also that of their neighbours and also that of strangers. I know one resident in the centre of France who distils figs and dates, and I do not suppose that he gets them from his own land.

I am quite willing to believe that most of them keep the produce of their distillation for themselves and their families; but it is quite certain that many clandestinely sell at a low price alcohol which has not paid any tax. To be sure they cannot transport it to a distance nor make it an object of official traffic, for in that case they would too surely come within reach of the law. But it must be believed that a considerable trade in it is carried

on and that much escapes inspection, for the number of *bouilleurs de cru*, which was 150,000 twenty years ago, is now about 900,000 ; they have increased sixfold.

Another proof of the increase of the production of alcohol by the *bouilleurs de cru* is the increasing number of small itinerant distillers who go about the country with their stills ; in 1872 there were 800 of them, at present there are 2,000.

Thus, the old law, by limiting the production of the *bouilleurs de cru*, authorised them to poison themselves and their families ; but the new law is more liberal and leaves them the means of cheaply poisoning their friends and neighbours.

The quantity of alcohol introduced into consumption by the *bouilleurs de cru* is considerable. In Parliament the quantity referable to this fabrication was given as 700,000 hectolitres annually [about 15,400,000 imperial gallons]. But, when we have to do with an underhand traffic where no precise data are accessible, it is difficult to fix on an exact quantity. What is certain is that the privilege of the *bouilleurs de cru* is an attack on the public health ; it is not a premium given to agriculture, it is a premium to alcoholism. This privilege deprives the Treasury of considerable sums, it is an infraction of the principle of equality in regard to taxation, but especially, and this is the only point we have to consider here, it increases the quantity of poison offered for consumption and places it within reach of all purses.

Now let us see what effects the ingestion of alcohol produces on the individual and on the entire race.

In the individual, it increases the morbidity, the tendency to mental alienation and to crime.

1. Morbidity. When we come to study the pathology of alcoholism, you will see that alcohol spares no organ of the economy, and that it predisposes all of them to disease.

The mortality among alcohol drinkers is much greater than among other subjects. Upon this point all authors are agreed ; but precise statistics are impossible, because the majority of alcohol drinkers do not die from the direct effects of intoxication, but generally from various maladies which the diminished vitality caused by their alcoholism renders them incapable of resisting. One only needs to have passed some time in a hospital to become aware of

the exceptional gravity, in drinkers, of pneumonia, erysipelas, rheumatism, typhoid fever, &c., among acute disorders, and of phthisis among chronic affections.

Let me quote some figures from a work by Mr. Jaquet, of Basel, respecting some English life insurance companies. Three benefit societies for insurance in case of stoppage of work on account of sickness had, in five years, from 1884 to 1889, an average of twenty-six weeks of sickness per member, whereas the society of *Sons of Temperance*, which only admits abstainers, had, in the same period, only seven weeks of sickness per member; an enormous difference, considering that the three first societies did not exclusively receive drinkers. Some English life insurance companies make a difference between temperance and general members, the premium is 28 * per cent. less for abstainers than for the others.

2. Mental alienation. It is well known that alcoholism predisposes to insanity. In the department of the Seine the proportion of lunatics caused by alcoholism is 38 per cent. among men and 12 per cent. among women. What proves the influence of alcoholism is that the number of the insane goes *pari passu* with the consumption of alcohol; in France it is greatest in the departments that consume most alcohol. In foreign countries the number of the insane is least in places where alcoholism is least.

But if we confine ourselves to the statistics of asylums for the insane, we should have but a feeble idea of the mental troubles caused by alcoholism. Great numbers of alcohol drinkers manifest mental derangements who are not shut up in asylums. Many persons under the influence of alcohol become brutal, quarrelsome, irascible, mischievous, even towards their wives and children; they are already insane, but not to such a degree as to render their confinement necessary. For one really mad how many alcohol drinkers on the verge of insanity go about in freedom and are not comprised in statistics of mental alienation!

Do not imagine that the ravages of alcoholism are all represented in the forms of insanity which obviously result from that cause; on the contrary it is probable that many persons predisposed to divers forms of madness might by suitable hygienic measures have escaped their

* 10 per cent. is probably nearer the mark.—Tr.

destiny, had not the power of resistance of their nervous system been weakened by alcohol.

Thus we see every day persons in whom alcohol, without causing insanity, produces profound mental decadence. Of course merely drinking water does not suffice to make a man intelligent; superior intelligence, genius itself—numerous examples might be given—may, under the influence of alcohol, lose all qualities given by nature.

3. Alcoholism does not only lead to insanity, it leads also to crime. We physicians see many points of contact between the insane and the criminal, for human responsibility appears to us to be much more limited than our penal codes admit. Any way, the ties that unite alcoholism to insanity and insanity to crime are tolerably evident.

The criminality of a country increases in a direct ratio to the quantity of alcohol consumed there; you may verify this without going abroad by a comparison of the number of criminal offences with the quantity of alcohol consumed in our departments.

If we turn our eyes away from this painful spectacle and examine some statistics of foreign countries we find that Mr. Jaquet shows that nearly one-half of the penal sentences pronounced in the criminal law courts of Basel in 1877 for murders, assaults and wounds, relate to acts committed in drinking-shops or their immediate neighbourhood.

Passing from these statistics which relate to the locality, let us consider those relating to the time. We find that Saturday, Sunday and Monday are the high-days of alcoholism. According to Lang, of 141 cases of assaults and wounds tried in the courts of criminal jurisprudence of Zurich in 1891, 18 occurred on Saturday, 60 on Sunday, and 22 on Monday; that is to say, 100 in those three days, whilst only 41 occurred on the other four days of the week.

Let us now look at the criminal statistics of countries where alcoholism is declining.

In Sweden, from 1830 to 1834, when the annual consumption of alcohol was 23 litres per head of the population, there were 59 homicides and 2,281 larcenies; from 1875 to 1878, when the consumption of alcohol was reduced to $5\frac{1}{2}$ litres per head, there were 18 homicides and 1,871 larcenies. In Norway, in 1844, when the con-

sumption per head was 5 litres, there were 294 cases of crime per 100,000 inhabitants; in 1871, when the consumption had fallen to $2\frac{1}{2}$ litres, there were 207 crimes; finally, in 1876, with a consumption of 2 litres, there were 180 crimes. These figures require no comment.

If the individual is the victim of alcoholism the race itself suffers the evil consequences. In the first place there is a diminution of births. In France, in the departments where alcoholism is most prevalent—in Normandy, for instance—the population is gradually diminishing; on the other hand it is increasing in Norway, where alcoholism has been so successfully combated.

It is not that the alcohol drinker is fatally sterile, but his children are usually inferior creatures. These latter are often themselves alcoholic, and at an early age are seized with the need to drink; some are the subjects of physical and intellectual debility; their stature is short—we may be convinced of this by examining the statistics of the revision commissions—these degenerated children are often weak-minded, even idiots, frequently epileptics. It would appear that this accursed race is under the biblical malediction and that it becomes extinct after the third generation.

It is not only chronic alcoholism that is followed by hereditary consequences; acute alcoholism may also produce the same effects. Allow me to mention in this connexion the deplorable habit of celebrating a marriage by a wedding feast, where as a rule excesses of the table are indulged in; Venus alone—I mean Venus genitrix—should preside at the hymeneal ceremony; Bacchus ought not to be associated with her. Accoucheurs and alienists will tell you the danger of this collaboration.

In many cases pregnancy does not reach its proper term; abortion ensues; the woman may remain quite sterile. If the infants are born at the proper period, if they grow up, they will not be citizens of whom the fatherland has a right to be proud; they will remain puny, sickly, subject to nervous disorders and will suffer all their lives the sad effects of the original sin.

This fact was observed in ancient times; Plutarch says that children begotten by drunken fathers generally turn out drunkards, and Diogenes remarked to a young debauchee: “My young friend, thy father begot thee when he was drunk.”

Thus you see that it was not modern physicians who discovered the heredity of alcoholism. Moralists see only the effect of a bad example given by predecessors ; but there is more than that, there is an undeniable physiological heredity.

We may assert that alcoholism is one of the most active causes of the depopulation of our country. It consumes, as it were, the race at both ends, by increasing the mortality and diminishing the births, or by producing only degenerated offspring.

But it does not evidently act alone : there are certain provisions of our laws which act in the same direction ; but though we cannot state precisely what is due to each cause respectively, it is certain that a great proportion of the depopulation, or, to speak more correctly, the extreme slowness with which the population increases in France, is owing to alcoholism.

Other countries of Europe double their population : Germany in 98 years, Sweden in 89 years, Denmark in 73 years, England in 63 years, Austria in 62 years, Norway in 51 years ; whereas France requires 334 years to double her population.

Thus we are threatened to perish in the midst of other nations, just as weakly plants perish choked by a luxuriant vegetation ; and the chief cause of this fatal disappearance is undoubtedly alcoholism.

No one, in truth, denies the toxicity of alcoholic drinks ; but these drinks are of a complex nature. Besides ethylic alcohol, which is their basis, they contain alcohols called superior because their boiling-point is higher ; among these we must mention amylic alcohol, the aldehydes, the ethers, furfurol, &c.

In theory, ethylic alcohol only is intended for consumption and the other products are commonly designated by the unscientific but expressive name of impurities. Can ethylic alcohol be freed from impurities ? No ; for as M. Riche says : " Pure ethylic alcohol diluted with water so as to bring it to the degree of concentration of brandy, is a liquid without odour and of an insipid and yet burning taste which makes it always unsuited for direct consumption. Hence it is necessary to add to it foreign substances in order to give it the various flavours sought for in spirituous liquors." In Switzerland, where the manufacture of alcohol is a monopoly, an attempt was

made to supply the public with rectified spirit, but it had to be abandoned. Not only, therefore, does ethylic alcohol contain impurities, but it cannot be deprived of them without injuring the flavour of the alcoholic drink.

Is the actual toxic ingredient of alcoholic drinks the ethylic alcohol itself or its impurities? Numerous laboratory experiments demonstrate clearly that amylic alcohol, for instance, is ten times more poisonous than alcohol properly so called; but this amylic alcohol and all the other products called impurities do not constitute 2 per cent. of the alcohol sold for ordinary consumption. Thus they are in a neglectable quantity, and it is the ethylic alcohol, possessing toxic qualities in itself, which, in virtue of its great quantity, is the principal agent of alcoholic poisoning.

In England, a commission of the House of Commons, after having consulted competent chemists and medical men, came to the conclusion that the quantity of impurities contained in the alcohol of commerce is so small that the hurtfulness of alcohol cannot be attributed to them.

Similar conclusions have been come to in Germany, and the law which prohibited the sale for consumption of unrectified alcohol made from potatoes was repealed.

In Sweden and Norway the impurities were also held to be of little importance.

Unfortunately for us, in France some savants of the highest reputation have attributed to the impurities a preponderant influence in the toxic effects of the alcohols; and an agitation has been carried on to compel the rectification of alcohols. According to these authors, rectified alcohol may be taken without danger; and pursuing the argument to extremes, the paradoxical conclusion was arrived at that the least dangerous thing in alcoholic drinks was the alcohol itself; so the public, always ready to accept that which is pleasant to itself, came to believe that there are alcohols which may be consumed in considerable quantities with impunity. These too ingenious doctors agree with the drinkers of alcohol, who, from time immemorial, have asserted that good wine or good cognac have never injured any one, and have ascribed all the accidents resulting from their intemperance to adulteration of these liquors.

In speaking of the impurities of alcohol, it is well understood that we do not allude to the liquors mixed

with toxic substances such as absinth, hyssop * and fennel, which are poisons that cause epilepsy; such as anise, origanum and mint, which are stupefying poisons; with all those substances which have been devised for the purpose of increasing the toxic power of alcohol, and which are consumed under the names of absinth, vermouth, bitters and aperients of various sorts.

Of all these aperient liquors the most celebrated is absinth, the consumption of which increases with extreme rapidity. We can see this by the quantity of alcohol at 100° employed every year in the manufacture of this poisonous mixture. I give here, without taking account of fraudulent sales, the official figures, which are always less than the real numbers :---

In 1881 there were employed	25,000 hectolitres	[550,000 imp. gals.] of alcohol.
" 1885 " "	57,773 "	[1,271,006] " "
" 1890 " "	105,250 "	[2,315,500] " "
" 1892 " "	129,670 "	[2,852,740] " "

These figures will not surprise those who, at a certain period of the day, may see at the doors of the cafés so many persons seriously engaged in preparing their accustomed poison; and in truth there is no occupation more serious and sad than that which leads progressively to the mental and physical decadence of the human race!

Drinkers do not alcoholise themselves only with alcohol flavoured naturally or artificially (cognac and various liqueurs); they attain the same object by drinks called "hygienic."

These drinks—wine, cider, perry, and beer—contain variable proportions of alcohol, and are never hygienic; they are always toxic, and the more so the more alcohol they contain. In this respect wine which contains on an average 10 per cent. of alcohol is more toxic than cider which contains 5 per cent., and beer which contains 3 per cent.

And yet the public continues to believe in the innocuousness of these drinks; and when, in the hospital, we tell a patient that his serious disease is of alcoholic

* Hyssop has rarely manifested toxic properties, probably because it is not much used as a medicine; but in the last days of December, 1898, a coroner's inquest was held on a woman who had poisoned herself by an overdose of this plant. It seems she took as much as 160 grains, probably with the intention of causing abortion, or to promote parturition, as she was pregnant. It brought on premature labour, and a dead child was born. When seen she had blue lips, a dusky complexion, and swollen hands, and she died very soon after she had swallowed the dose.—Tr.

origin, he will often indignantly reply that he has never drunk alcohol but only wine; but this will not prevent him from owing his early death to this hygienic liquor.

Diluted or not, alcohol always produces its effects; just as it is with a medicine given in draught or pill, the important thing is the dose, not the dilution.

If we cannot persuade the majority of our countrymen to drink water, they may rest assured that the so-called hygienic drinks—wine, cider and beer—since they contain alcohol, cannot be innocuous unless indulged in in great moderation.

Moreover, wine and cider have not the relative innocuousness they had formerly; it has become the custom to add sugar to them. Well, this sugar is transformed into alcohol by fermentation; and this excessive alcoholisation favours at once the sale, the preservation of the liquor, and also its toxic effects.

Drunkards who say that natural wine never does any harm are not entirely wrong, but in this sense that natural wine contains less alcohol than that which has undergone the transformations of viticole chemistry.

This chemistry is, moreover, encouraged by the public powers, who make a rebate of the tax on sugars employed for sweetening wines, and allow 15 per cent. of alcohol in wine. In order that such a liquor should continue to be called hygienic, the signification of the word itself must have been considerably transformed.

Can any remedies be found for the evil, whose gravity I have been trying to point out to you? There are two kinds of those: first, advice given individually to those who are willing to listen to it; secondly, coercive measures more or less applicable to the whole community.

I cannot sufficiently commend the wisdom of those who are content to drink pure water only. But this virtue is not capable of being practised by all. Let them, then, indulge in really hygienic drinks, such as boiled milk, tea, which is at once aromatic and stimulating; and if it sometimes produces a little over-excitement, it is on that account useful as a substitute for alcohol, the complete abstinence from which is momentarily attended by a feeling of weakness.

If you are already too much habituated to indulgence in alcohol to allow you to abstain completely from it, force yourself to partake of it in moderation, and always

bear in mind the quantity of alcohol ingested in the form of wine, cider, or beer.

Those who suffer from stomach affections and will not give up entirely the use of alcohol, should take water flavoured with a few drops of good cognac. This is very frequently done in England.

How much alcohol can be absorbed with impunity? This depends on individual susceptibilities, because for some persons the habitual use of it is already an abuse. If you are able to drink wine well, bear in mind the evils of chronic alcoholism, which generally attack those who never get drunk. This apparent toleration is dangerous; intoxication is like a warning which recalls us to sobriety, whereas he who bears wine well is exposed, without being aware of it, to the most serious consequences.

Sobriety, I can say to our honour, makes great progress in the medical profession. I know many medical men who drink water only. I am acquainted with the proprietor of a hotel where many great public dinners are given who prefers dinners of medical men to those of all other classes, because only half the usual quantity of wine is drunk, whereby his profits are much increased.

I trust you will give the advice I give you to your patients when you engage in the practice of our art; but remember that you cannot teach wisdom with any prospect of success unless you practise it yourself.

There is a tendency I would seek to guard you against, and that is the prescribing in hospital or private practice of generous wines, quinine wines, Banyuls, champagne, Todd's potions, &c.; wet-nurses, too, are frequently gorged with wine and beer. You should abstain from such prescriptions, or at least employ them with extreme moderation.

However, these counsels are only for individuals; but alcoholism, as I have said, is a public danger. It must therefore be by public means, by laws, by legislative reforms that this evil must be combated.

It has been proposed to raise the duty on alcohol to an exaggerated degree, to increase the cost of licences for the sale of wine, to limit the number of public-houses, to allow only hygienic drinks to be sold. But all these proposed reforms have no chance to be carried out; too many parliamentary candidates and too many electors have an interest in maintaining the present state of

things. Allow me to bring to your notice the following table presented by Legrain, which shows the great number of those who derive profit from the traffic in alcoholic drinks:—

Makers of wines	...	...	...	...	1,500,000
Makers of cider...	...	...	...	...	1,000,000
Smiths, coopers, furniture makers	...	...	...	...	30,000
Manufacturers of glasses, bottles, corks, labels	...	...	...	...	13,000
Manufacturers of liquors (distillers, whole-sale dealers in liquors, travellers, &c.)	...	...	...	...	90,000
Carriage of wines, beer, liqueurs	...	...	...	...	40,000
Lighting of public-houses, cafés, hotels	...	...	...	...	3,000
Hotel, café, and lodging-houses keepers, publicans	...	...	...	...	533,000
Retail dealers in provisions selling wines and spirits	...	...	...	...	300,000
<i>Bouilleurs de cru</i>*	...	...	...	...	750,000
Total					4,000,000

Thus there are in France four millions of persons engaged in the alcoholic business who are on good terms with the other millions of alcoholic drinkers whose fondest desire is to cherish their evil, and who have no wish to be cured of it. If you wish to make yourself agreeable to them, beware of touching their alcohol, and if ever you should be a candidate for any elective function, have nothing to do with the principles I have just been expounding to you, nor with the criticism I have directed against alcoholic poisoning, for otherwise you will certainly be rejected.

Must we then say that our country dragged down on this fatal slope is irremediably lost? My patriotism refuses to entertain such a supposition. But whence shall salvation come for us? From you, perhaps; and it is for this that I have had so much pleasure in engaging your interest on this burning subject.

You will become physicians, you will be scattered all over France, you will act on the public health, and even on the moral health by means of your prescriptions and advice. If you are thoroughly convinced of the dangers I have been endeavouring to demonstrate to you, if you

* Farmers and other occupiers of land who, as explained above, make these spirituous liquors nominally for home consumption from the produce of their land. The number of these was previously stated to be 900,000, but probably Legrain's table refers to an earlier date.

preach sobriety by your words and actions, you may contribute powerfully to change public opinion and to save the country, which alcoholism causes to run into the greatest danger it has ever been exposed to.

MATERIA MEDICA MISCELLANY.

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

Picric Acid in Writer's Palsy.—Dr. H. V. Halbert has reported the following interesting case in the *Clinique*:—

“Miss H., a stenographer, had used the typewriter for years, and together with her stenographic duties the index finger of the right hand had been continuously exercised. She noticed at first a weakness of the thumb and index finger, so that she could not use a pen or pencil. Finally, it became more difficult for her to strike the keys of the typewriter accurately, and some wrist-drop was apparent. When I first saw her the finger was quite rigid and straight; she could not bend it or use it in the least, thus showing an extreme spasticity instead of a paralysis. She had tried many doctors and all forms of massage and electricity, without the slightest relief.”

As the patient was obliged to continue her vocation he did not offer a very favourable prognosis, but commenced the use of the static current, applying the spark to the hand, arm, and cervical region, and internally gave *Ac. Picric* 3x six times daily. She continued the electricity for a while and then ceased attending; but in two months Dr. Halbert was surprised to find her completely cured and her general health improved. She had taken the remedy faithfully all the time.

Tuberculinum in Post-scarlatinal Nephritis.—In a paper on the treatment of scarlet fever by Dr. Lambrechts, jun., he says that the tuberculin of Koch is essentially homeopathic to acute nephritis. It produces fever, renal pains, albuminuria, and hematuria.

He mentions the case of a child of ten who presented considerable edema of eyelids and legs. The urine was scanty, dark, and contained a large amount of albumen and a little blood. On careful inquiry he learned that he had fifteen days previously had all the symptoms of mild scarlet fever, so slight indeed that he played about

in the streets as usual, till suddenly he developed shivering, general uneasiness, and the symptoms of nephritis mentioned. *Merc. C.*, *Canth.*, *Ars. Alb.*, and *Phos.* were prescribed without any benefit, and he continued to get worse, and ascites developed. Under *Tuberculinum 6x* the symptoms rapidly improved, and in fifteen days he had completely recovered.—*Am. Med. Monthly* (translated from *Rev. Hom. Belge*).

Lolium temulentum—*A New Drug*.—Dr. Mossa reports from Italy this case with comments: "A carpenter, aged twenty-nine years, had been suffering ever since his eighteenth year of trembling in both hands, especially in the morning; of late also his legs began to tremble. It is remarkable that both his father and his brother were subject to the same ailment, while no definite cause could be indicated. He was first given *Mercurius Vivus*, then *Agaricus*, which brought a partial but only transitory improvement. Finally I prescribed *Lolium tem.*, which in a short time effected a cure."

(The pathogenetic effects of this remedy, which has not yet been proved at all, are only known to some degree from its effects when it has been mixed with grain and baked into bread. It has caused chest troubles, vertigo (thence the name darnel-grass, in German Taumellolch), trembling, paralysis with anguish and distress, vomiting, failing of the memory, blindness, headache, epileptic attacks, deep sleep, and insanity. The good success obtained by its use in the case given above shows what curative effects may be expected from it in severe affections of the brain or spinal marrow. An Italian physician, Fantoni, has tried it in cephalalgia, meningitis rheumatica, and in ischias).—*Am. Hom.*

Borax and the Cobweb Symptom.—Dr. Belle Gurney reports the following: Mrs. D., age forty, mental vital temperament. Light complexion, but some brown spots on face. Very nervous, always doing for others, never idle. Very dainty in tastes and habits. Can hardly sleep at night without having taken a bath before retiring.

One year ago I visited two weeks in her home; during that time I noticed she had a good deal of difficulty in eating on account of her mouth and tongue being so sore. She said it had been that way nearly all the time for two years.

Small ulcers in buccal cavity, especially on gums.

Tongue sore, hard, sensitive. For a long time she complained of a sensation of cobwebs on her face; I frequently saw her brush her hands across her face to brush the webs away.

I was anxious to prescribe for her, but as her husband was a fine allopathic physician I felt reluctant to offer her some little pills. Finally I asked her if she would try some of my sugar pills, and as she was sure they would do no hurt, she said she had no objections to trying it.

Listerine and such things only gave a temporary relief.

The day before I left I gave her three powders of *Borax* 30, one every two hours.

Next morning the mouth felt better. A week later the tongue, as well as the rest of the mouth, was entirely well. The sensation of cobwebs disappeared. Two weeks ago she told me she had no return of either trouble.—*Ibid.*

BRYONIA IN RHEUMATIC ENDOCARDITIS AND PERICARDITIS.

By ALFRED HEATH, M.D.

Mrs. A.'s little girl aged eight years.

October 15th.—Severe rheumatic pains in legs and in region of heart, worse from any movement, or from too much heat of room. Examination revealed strong to-and-fro cardiac friction sounds, so strong that I did not hear an endocardial sound if it existed; temperature, 102°; child had been crying with the pain in her left chest and legs for some days before I was sent for. Gave *Bry.* 30.

October 16th.—Pains much less; temperature, 99°. Steady improvement continued until the 19th, when temperature was normal. The to-and-fro sound had ceased, but a pronounced mitral blowing appeared. Continued *Bryonia* 30. Improvement in every way: child bright, free from pain, but catching of breath if moved or excited, sitting up in bed playing; child could not lie down without discomfort. Improvement continued until the 30th, when some pain occurred in legs, with oppression of chest; temperature increased to 101°; great restlessness, with irritability; mitral blowing continued. *Aconite* 3 for two days, when temperature was

again quite normal. I now gave *Bryonia* 200, hoping to remove the endocardial sounds. These steadily got less, until on November 17th every abnormal sound ceased to exist. The cure remains good to this date, January 16th, 1899.

114, Ebury Street.

LETTERS OF HAHNEMANN TO DR. WISLICENUS.

Translated by DR. DUDGEON.

IN the 137th volume of the *Allg. Hom. Zeitung*, Dr. Goullon gives some letters from Hahnemann to Dr. Oscar Wislicenus, one of his earliest disciples, who helped in the provings of several of the medicines in the *Mat. Med. Pura*.

I.

DEAR DOCTOR! ESTEEMED FRIEND!

I have felt much concern for you in your troubles and can in thought place myself in your situation. But the beginning of everything in the world is difficult; how can it be otherwise with you in an art that requires so many efforts to attain perfection, and which must be persecuted as heresy the nearer it approaches perfection and the further it deviates from the imperfection of the ordinary method of treatment? It is of course believed that I do more to advance the system than my disciples, wherefore the guild of the medical faculty regard my doings as much more intolerable, more injurious to their traditional modes of treatment, and consequently persecute me more venomously than they do my disciples.

It is fortunate for you that you have the support of such a philanthropic man, and one so conversant with our art as the Minister of War, von Hake. That he has not answered my letter is no doubt owing to his annoyance at the machinations of my opponents.

I advise you to allow the doses of medicine of long action to act for 14 to 21 days (some, however, for only 8 to 10 days) before giving a fresh dose. As you in your position can prescribe what you will without being obliged to give the name of the medicine you employ, I now send you for chronic cases, when the remedies you are familiar

with are not efficient, the enclosed 18 powders. You commence giving the first morning fasting an *a*, give the following morning two unmedicated powders 1, 2, prepared by yourself with 3 grains of milk-sugar, then give my No. 3, then 14 unmedicated powders, one every morning; then give a *b*, followed by two unmedicated powders, 1, 2; then next morning one of my No. 3, followed by 14 unmedicated powders the next 14 mornings. If *a* has done most good, you may then give another *a*, and after two mornings one of my No. 3 followed by 14 unmedicated powders; but if *a* and *b* have not caused sufficient improvement, in place of *a* and *b* you may give a *c*, and again after two mornings a No. 3 followed by 14 unmedicated powders; if the case was at the same time syphilitic, the 8th medicine may always be mercurius. Then send me a report, and bear in remembrance your

DR. S. HAHNEMANN.

Köthen, October 28, 1821.—Owing to intrigues I cannot remain here quietly much longer, but must look out for some other place of residence.

[It is curious to observe from the above letter that Hahnemann, who was such a stickler for individualising cases, should here advise for a chronic case, the particular symptoms of which he did not know, in case the familiar medicines given by his correspondent did not effect a cure, a series of eighteen medicines, whose names he does not give, except one, mercurius, if the chronic disease was complicated with syphilis. About this period he was busy with his psora theory and his antipsoric remedies, and it would almost seem that he dropped for a while his rule *similia similibus* and prescribed, like his old-school contemporaries, for a hypothetical pathological cause—in his case psora, for which he seemed to think a succession of hypothetical antipsorics, selected he does not state how, was the appropriate treatment. His views on this subject became modified before the *Chronic Diseases* appeared.]

II.

DEAR DOCTOR,

I am very pleased that you do not subject any patient, not even when the disease is manifestly syphilitic,

to the salivation treatment. Homeopathists never need to cause such a torture.

In all the serious cases you mention give, alternately with the other homeopathic remedies which appear to be indicated, those which I have sent you, but take care that your other medicines have had seven or eight days to expend their action, before you give any of those sent you, in order to avoid over-haste. Attend to this even in the case of condylomata. I have found that thuja is the specific remedy for this disease (read about it in the *Mat. Med. Pura* and study it well). But I have not yet succeeded in making the dose of it weak enough, thuja often acts more strongly than I like. I don't know if you have the medicine, so I send you herewith some globules impregnated with the quintillionth dilution [15th centesimal].

But you must immediately put the globules into a phial with a stopper, so that they may retain their power. Give the condylomatous patient *one* globule and let it act seven or eight days, then give another globule with the same precaution. But no mercury; it is quite useless in this peculiar, specific miasmatic chronic disease that takes possession of the whole organism. Latterly I have best effected my purpose by having the condylomata moistened every other evening with the strong juice, which caused them to suppurate, and the disease was thus perfectly cured. In this case the strong external remedy seemed to affect the whole organism sufficiently through the sensitive fibres, and thereby the whole internal disease was extinguished. You may still be able to procure fresh thuja, which should be beaten up with spirits of wine (for otherwise it is too dry), and a good juice expressed for this use. Slight gonorrheas (condylomatous gonorrhea is of a different nature) are easily cured by the juice of parsley. Twenty to thirty globules moistened with this given for a dose *only once* and nothing more. If you still had that poor patient who was taken away from you and could have given him the remedies I don't doubt he would have recovered.

I am very busy, but conclude with good wishes,

Your

DR. S. HAHNEMANN.

Köthen, November 13, 1821.

(To be continued.)

NARCISSUS (COMMON DAFFODIL).

By AGRICOLA.

I HASTEN to say that just twelve months ago I made a saccharine conserve of the unexpanded blossom buds, stem, and leaf of this popular flower by mashing up the herb with from six to ten times its weight of loaf sugar in a wedgwood mortar and a *wooden* pestle. I called this form 1x and from it I produced 2-4x attenuations and with the same medium. The conserve was put in an *air-tight* tin box and is as sound to-day as when made.

A case of bronchitis (a *continuous* cough) has from Narcissus 1-3x obtained such *prompt* marked relief, where a most varied selection of the standard remedies had hitherto failed, as to induce me to write these few lines in hope that as this beautiful flower is about to be found in most cottage gardens the prevalent bronchitis, whooping, and other coughs may meet with prompt cures. Dr. Chargé's work, *Maladies de la Respiration*, quotes the great Laennec, M.D., as an authority *in re* Narcissus.

SNAKE-VENOM—ITS ACTION AND EFFECT.

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

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

IX.—THE AMMONIA ANTIDOTE.

THERE appears to have been one snake-venom antidote whose existence appears to have been, for some purpose or other, totally forgotten and ignored on the occasion of the recent experiments made by Professor Davies—an antidote which, when one takes into consideration the low place it occupies on the rate of mortality list, should have been one of the first made use of. I refer to *Ammonia*. It is all very well for the advocates of the *Strychnine* treatment and others to try and smooth the matter over by informing me that "*Ammonia* having by experience proved itself to be of little use in the treatment of snake-bite, it was thought only a waste of time to give it a place in the list of the antidotes made use of." Statistics have proved otherwise. With a mortality rate of only 4.1 as compared with 13.2 of *Strychnine* and 26.66

of *Chloride of Lime*—a fact which the advocates of the *Strychnine* treatment have never yet been able to contradict, although many attempts have been made by them, and by the advocates of the *Chloride of Lime* antidote, that recoveries from snake-bite where *Ammonia* has been used “have been recoveries from non-fatal doses of snake-venom, in which, though the patient may have been sufficiently poisoned to produce alarming symptoms, yet he was not fatally poisoned, and would have recovered under any treatment—in the face of this it is very poor policy to state that the antidote has been proved by experience “to be of little use in the treatment of snake-bite.” The same thing might just as well be said of any other antidote that may be made use of. Professor Halford appears to have left his old love in the form of *Ammonia*, and is now paying his addresses to the “Calmetti treatment,” as the treatment by *Chloride of Lime* is termed; but I am afraid that his exchange has not been a very good one. One fact I have alluded to before, and that is that it has become the custom of certain members of the medical profession, who at one time were staunch upholders of the *Strychnine* treatment, to combine the *Ammonia* with the *Strychnine* antidote, thus in one case making use of both drugs. Such being the case, I again fail to see that *Ammonia* is as useless in the treatment of snake-bite as some would have me believe.

THE SLOUGHING CAUSED BY *AMMONIA*.

There is one thing often made use of in argument against the use of *Ammonia*, and that is that the subcutaneous injections are liable to induce sloughing, which so obstinately withstands all treatment, that the wounds often take months to heal up. This is certainly an evil which is likely to take place, but if a little care is exercised, this risk may be reduced to a minimum. In the recent case of a young lady, bitten in the palm of the left hand by a scorpion (which was brought to me enclosed in a small cardboard box), after a ligature had been put tightly round the wrist I scarified the wound, and then injected the *Ammonia*, applying a little of the mother tincture (pure) of *Ledum palustre* to the wound about an hour afterwards. As the toxic symptoms of the scorpion-venom still made themselves felt I injected more *Ammonia*, followed as before by *Ledum*. Very little

sloughing took place; in fact, what there was, was hardly perceptible, and the wound healed up again in about ten days. Pain, stiffness of the muscles of the hand, and swelling were the most prominent symptoms produced by the scorpion-venom.

THE BLOOD-PRESSURE UNDER THE *AMMONIA* TREATMENT.

I have stated before that in poisoning by snake-venom the blood-pressure at an early stage sinks to zero, and it has been found that of all drugs *Ammonia* is the most effective in raising the blood-pressure.

AMMONIA POSSESSES THE LOWEST DEATH-RATE.

Notwithstanding the many attempts made by the advocates and adherents of the various other antidotes to consign it to a state of oblivion, *Ammonia* is still held by a large percentage of the medical profession in great esteem. And here let me not be misunderstood. My advocacy of *Ammonia* has always been, not that I believe it to possess any extraordinary powers as an antidote in snake-bite, but for the simple reason that it has the lowest rate of mortality. If I am not to judge an antidote by that standard, what, may I ask, am I to judge it by? Even some of the greatest opponents of *Ammonia* have at times admitted to me—rather reluctantly, I must confess—that undoubtedly there have been *some* cases in which the patient would have died but for the injected *Ammonia*. It will thus be seen that even its most bitter opponents are at times forced to confess that *Ammonia* has certainly done some good work in the past, and what it has done in the past, it is beyond a doubt capable of doing at present and in the future. And yet people exist who will have it that *Ammonia* has by experience proved itself “to be of little use in the treatment of snake-bite!” As a further proof of the good work done by the *Ammonia* treatment, I will mention here a few cases, giving the state of the patient at the time of the injection, the quantity of the antidote injected, and the effect of the injection, together with the final result. I shall first, however, lay before my readers the following return, showing the mortality from snake-bite in the three colonies of New South Wales, Victoria, and Queensland:

from 1882 to 1891 inclusive, from returns furnished by the Statistical Departments of the respective colonies :—

Date of year.	New South Wales.	Victoria.	Queensland.	Total.
1882	0	4	3	7
1883	4	2	0	6
1884	8	3	5	16
1885	3	3	0	6
1886	5	4	0	9
1887	3	7	6	16
1888	5	3	0	8
1889	4	2	10	16
1890	9	2	0	11
1891	5	5	1	11
Totals	46	35	25	106
Showing an average annual mortality of	4·6	3·5	2·5	10·6

It will be seen by the above table that New South Wales occupies the unenviable position of being highest on the list. The following table shows the averages and totals of two tables, the one containing a list of cases reported to the Board of Health, New South Wales, by medical practitioners residing in the Colony, and to Dr. Huxtable by those resident in Victoria and Queensland, and the other a list of cases reported to the *Australian Medical Gazette* since Dr. Mueller's treatment by *Strychnine* was first announced :—

Antidote.	Table No. 1.			Table No. 2.			Grand Total.		
	Number treated.	Deaths.	Mortality per cent.	Number treated.	Deaths.	Mortality per cent.	Number treated.	Deaths.	Mortality per cent.
Cases treated by <i>Strychnine</i>	56	5	9·10	57	10	17·5	113	15	13·2
Cases treated otherwise, by <i>Ammonia</i> , &c.	303	12	3·8	10	1	10	313	13	4·1

With the figures of the above table staring them in the face, I fail to see on what grounds the advocates of

the *Strychnine* treatment keep insisting that *Strychnine* is superior to all other antidotes, and that since its introduction as an antidote in snake-bite, the mortality or death-rate has decreased year by year, and is now almost *nil*. It must be borne in mind that the above table is an official return, and is therefore reliable. It is not a "made-up" one for the purpose of "backing up" any particular antidote. It will be seen thereby that there were exactly two hundred more cases treated by ordinary means (*Ammonia*, &c.) than by *Strychnine*, and yet, notwithstanding this, a vast difference is shown in the mortality total. It would do the advocates of the *Strychnine* antidote a vast amount of good to study the above figures carefully, and then they will perhaps feel convinced that it is perfectly useless to make statements which are contrary to actual facts, as such statements are bound in the end to be found out as being untrue, and will then reflect but little credit on their originators. Such a course is generally resorted to by the proprietors and vendors of patent nostrums, and I daresay in such cases answer the purpose remarkably well, as the main end to be gained thereby is generally the raking in of money. But in the case of *Strychnine* as an antidote in snake-bite, it is otherwise. Nothing can be gained in the long run by "puffing up" an antidote, and claiming for it properties which have been proved by experience and statistics that it does not possess. It is very much to be desired that a little more common-sense will be made use of in this matter, and then this "*Strychnine* mania" (which is about the best term I can apply to it) will be less heard of than it is at present. It is incomprehensible to me how so many learned medical men and others could have become affected with this particular form of mania, in spite of the many warnings given. I will now submit to my readers a number of cases treated with the *Ammonia* antidote, by which it will be seen that the results gained thereby have been quite as good as those achieved by the most "brilliant recoveries" under the *Strychnine* treatment. I would draw attention to the following as fair and genuine cases in which *Ammonia* was made use of, and the patients recovered.

(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 2, 1899, at eight o'clock p.m.

A report from council *re* form and arrangement of memorial tablet to founders and past presidents of the Society was presented, and a diagram of the proposed tablet shown.

The specimen drug, *Kali Bichromicum*, prepared by Dr. Ord for the committee appointed to arrange for a "New Materia and New Provings," was then discussed, and several letters concerning it were read from members unable to be present. With few exceptions all spoke more or less fervently in its favour, though several points of detail were adversely criticised. Finally a resolution was passed authorising the committee to proceed with the preparation of the manuscript for the proposed work.

The following specimens were shown : 1. Mixed uric acid and phosphatic calculus, weighing 94 grains, removed by litholapaxy from a patient aged 87 years, with complete success, Mr. Knox-Shaw ; 2. Large dermoid cyst of the ovary, total weight thirteen pounds, with bone, hair, fat, &c. Operation ; recovery, Dr. F. W. Clifton and Dr. Burford ; 3. Two hypertrophied and cystic ovaries, with no tubal involvement. Operation ; recovery, Dr. Burford.

The following two papers, which had been postponed from the previous meeting, were then read and discussed : 1. On "Diarrhea in Children, with special reference to the recent epidemic," by Dr. J. Roberson Day, of London, of which the following is a synopsis : Anatomical and physiological peculiarities of early life, a predisposing cause. Classification : no satisfactory basis for purpose. Causes : predisposing and exciting. Milk infection : its importance and prevention. Symptoms : modes of examination. Diagnosis : treatment, dietetic and medicinal. Illustrative cases : prophylaxis. 2. On "Diarrhea in adults," by Dr. Murray, of Folkestone.

HYOSCYAMUS IN INSOMNIA.—Dr. Venturi, an old-school physician, writes to praise the "globuli hyoscyami homeopathici" of the 30th dil. as remedial against insomnia. He gives two morning and evening : the results are seen generally on the third or fourth day.—*N. Amer. Journ. of Hom.*, July, p. 458.

INSTITUTIONS.

CROYDON HOMEOPATHIC DISPENSARY.

THE inaugural meeting of this Dispensary, which has been for some forty years privately established in George Street, and which has now been reorganised as a public institution, was held at the Old School of Art Room, Public Hall, on Tuesday, February 14th. The rules which had been prepared by the committee of the Dispensary were submitted to the meeting and approved. The rooms of the Dispensary are at 40, George Street (an excellent central position for a benevolent institution). The medical officers are Drs. Purdom and Munster, and the dispenser is Mr. Gill. Interesting particulars of the considerable work being done amongst the poor of Croydon by the Dispensary were given by the chairman (Mr. Samuel Taylor, of Park Hill House). The subscription list shows already about eighty names and over £100, which was considered to be an excellent start. The hon. sec., to whom intending subscribers should send their names, is Mr. J. Godby Croucher, The Beeches, Ashburton Road, Addiscombe. Letters of congratulation and encouragement were read from the officers of the principal homeopathic hospitals and dispensaries and other medical men; and welcome privileges as to beds at hospitals, &c., were generously accorded. The new institution has certainly made a remarkably good start. The evening attendances twice a week will be a great boon to the labouring poor, and mark a new departure which similar benevolent institutions may do well to imitate.—*Croydon Chronicle*, Feb. 18th.

LEEDS HOMEOPATHIC DISPENSARY.

THE sixth annual meeting of the subscribers to the Leeds Homeopathic Dispensary was held on Thursday, February 16th, at the Dispensary in Great George Street. Mr. Washington Teasdale (in the absence of Mr. J. B. G. Tottie, president) occupied the chair.

Mr. Z. Yewdall, hon. secretary, presented the report, and Mr. F. W. Jones submitted the balance sheet. In the report the committee regretted that, for the first time since the opening of the institution, there had been a falling off in the number of patients treated. This is traceable to the removal of some whose philanthropic labours brought them much in contact with the sick poor, and who were also very earnest in their efforts to bring the benefits of homeopathy within their

reach. It had come to the knowledge of those who saw most of them, that patients experienced difficulty in getting cards of recommendation, and it was felt that if local subscribers would use a little more effort they would meet with persons anxious to obtain these cards. The financial support accorded to the institution during the year had again made it possible to add a further sum to the capital funds, which the committee gratefully acknowledged; but the need remained for increasing the list of subscribers if the institution was to make the progress that its supporters desired.

The report and balance sheet, showing capital account at £1,322, and a balance of the year's working of over £17, in addition to the transfer above mentioned, were then adopted. The officers were re-elected, and the services rendered by the medical staff were heartily acknowledged.—*Leeds Mercury*, Feb. 17th.

EXTRACTS.

THE NEW YORK POISONINGS.

THE following very complete account of the New York Poisoning Mystery appeared in the *Daily Mail* of February 8th. This is the letter of the New York correspondent of that journal :—

NEW YORK, *January 28th.*

In view of the sensational developments which may come any day now in connection with the poisoning of Mrs. Adams and Henry C. Barnett, of the Knickerbocker Athletic Club, I think it well to send you a *résumé* of the known facts, in order that the effect of any such news may be properly appreciated.

Since the deaths of Mrs. Adams and Mr. Barnett, reports have come from all over the States of mysterious poisoning cases, "doctored" boxes of candies being the usual means employed. But so far as investigations yet indicate, these are imitations of the Adams-Barnett case, and are in no way connected with it. I do not, therefore, propose further to refer to them.

As far back as November 10th last, Mr. Henry C. Barnett, a well-known produce broker, who was a member of the Knickerbocker Athletic Club, one of the most prominent social organisations in New York, received through the mails at the club a sample box of Kutnow's powder. He was in the habit of taking this and similar specifics, and he took a portion of the powder. He immediately became ill, and was treated for a mild attack of clinical diphtheria. That he was so suffering, apart from the effects of the powder, the result of the culture examination proved. He left his bed earlier than the doctor permitted, and died of heart failure.

However, the box of powder was examined, and was found to con-

tain *Cyanide of Mercury*; so that it seemed pretty clear that although Mr. Barnett died of natural causes, there had been an attempt to poison him, made by somebody familiar with his habit of taking powders. But no word of this attempted crime was permitted to obtain publicity. *Cyanide of Mercury* is a poison practically unknown outside of the ranks of doctors and drug-store keepers—a clue reckoned to be of some importance.

Mr. Barnett was chairman of the House Committee of the Knickerbocker Athletic Club. The next happening in the story occurred in connection with Mr. Harry Cornish, the physical director of the same club. On either the Friday night or Saturday morning before Christmas—he fails to remember which—he found in his mail-box a package addressed to him. It was covered with ordinary wrapping paper, and was tied with string. Inside of this was an ordinary Tiffany (jewellers') box, and on opening this he found in one end thereof a silver article—for holding matches or toothpicks. In the other end was a bottle of what appeared to be Emerson's bromo-seltzer. In between the two articles was packed some white tissue paper.

Mr. Cornish's first thought was that some one had sent him a Christmas present. Had he known at that time of the attempted poisoning of Mr. Barnett he would probably have been suspicious. As it was, he took the whole affair as a joke upon him.

He took the articles out of the box, and threw both wrapper and box into the waste-basket under his desk. At the suggestion of a fellow-member he regained the outside wrapper and cut out the address, thinking he might eventually determine who had sent the present.

The bottle was labelled bromo-seltzer, and was covered with what he supposed to be the usual cover. It was sealed at the top, and had the revenue stamp on it. This he remembers clearly. Tearing off the outside wrapper, Mr. Cornish stood the bottle in the silver holder, and placed it to one side in his desk.

On the following Sunday, at the apartments of his aunt, Mrs. Kate Adams, Mr. Cornish happened to remark that he had received such a present, whereupon Mrs. Adams and her daughter, Mrs. Rogers, joked him about it, saying he must have some admirer, and hinting that he dare not bring the present home, as the sender's name was probably marked on it. So on Tuesday night Mr. Cornish took home the bottle and the silver holder, and said that as they were of no use to him Mrs. Rogers might have them.

Mrs. Adams had a bad headache the next morning, and Mrs. Rogers suggested a dose of the bromo-seltzer. Mr. Cornish mixed a teaspoonful in a glass of water, and Mrs. Adams drank it. "My, how bitter that is!" said the lady. "Why, that's all right!" said Mr. Cornish, and he, too, tasted the stuff, taking a good-sized swallow. Mrs. Adams collapsed at once, and died within a very short time, while Mr. Cornish was sick. Mrs. Adams had been poisoned, and Mr. Cornish had had a narrow escape; and the autopsy subsequently proved that the poison used was again *Cyanide of Mercury*.

For this terrible murder, which took place just a month ago to-day, the police have so far made no arrest. They have investigated endless clues. The silver holder was expected to be a sure clue, just as the pestle was in the Camp case on your side. But it has failed. A

dealer in Newark was found who said he sold the article, and he described the purchaser as a man who was chiefly distinguishable by a big red beard. Then wig dealers came forward who had sold big red beards, and it was generally believed that the purchaser had disguised himself before doing his malevolent shopping.

The opinion is very prevalent that somebody connected with the Knickerbocker Athletic Club has done this thing, and some of the papers have gone so far as to mention the names of suspected members. It is alleged that secret vices of some of these clubmen were known to Barnett and Cornish, and that their removal by poison was decided upon in order that the fear of exposure might be escaped. But this is one of many theories which have been started; and, although it is the story which lives longest and is credited by those who should be best able to judge, there is no direct evidence obtainable in support of it.

Professor Witthaus, the chemist who is retained to report officially on the case, says that the person implicated must be one with an intimate knowledge of chemistry. *Cyanide of Mercury* has not been used here since 1870, and no mention is made of it in current works on therapeutics and materia medica. The poison could not have been purchased in a modern drug-store, but might be found in an old drug store or in a chemist's establishment. Examination shows, too, that the bottle used was not a genuine bromo-seltzer bottle. The label of the Emerson Company had been washed from one of their bottles, and then pasted carefully around the bottle containing the poison sent to Mr. Cornish.

The elaborate reports of the case in all the papers attracted the most widespread interest, and the vendors of specifics, among other people, began to think over the matter. Some, too, were led to search their books. Messrs. Von Mohl and Co., druggists, of Cincinnati, Ohio, found that as far back as May 31, 1898, they had had a written application, signed "H. C. Barnett," for a sample box of pills, and another similar application signed "H. Cornish," on December 21, 1898. It was startling to find that both were in apparently the same handwriting; and the experts the New York police have employed declare the writing is strikingly similar to the address on the package which conveyed the poison to Mr. Cornish. The address given by the applicant who called himself "H. C. Barnett" was 257, West Forty-second Street, New York, a place where private letter-boxes are rented for callers, and the address given by the applicant signing himself "H. Cornish" was a similar concern, at 1,620, Broadway. The deduction seems to be that a plot to poison both Cornish and Barnett was laid last May; and that the poisoner concealed his identity by using the names of his intended victims. The experts say that an attempt was made to copy the handwriting of Mr. Cornish.

The case seems to have been narrowed down to this question: Who rented the letter-boxes in Forty-second Street and Broadway? The proprietors of both think they could recognise their customer, and have been invited to watch certain members of the Knickerbocker Athletic Club, and others, but so far without an identification resulting.

The newspapers are full of facsimiles of the writing on the wrapper covering Mr. Cornish's Christmas "present," and of the writing of the applicants for the samples ordered in the names of Barnett.

and Cornish; the *Journal* is offering the usual 5,000 dols. reward for exclusive information leading to the conviction of the murderer; and District-Attorney Gardiner announces daily that he has evidence which will shortly enable him to convict at least two persons; but up to the time of mailing this no solution is in sight.

PICRIC ACID IN THE TREATMENT OF BURNS.

By A. C. BLACKWOOD.

THERE is no class of surgical cases in which the treatment is so deficient as that of scalds and burns. That we have so many methods of treatment in vogue is evidence that no particular one meets the majority of cases.

During the past three years I have treated many of these cases, and having been disappointed in one method of treatment, have resorted to another; apply them as faithfully as possible, and yet excessive inflammation, suppuration, pain, and slowness of recovery was the rule.

About six months ago I began the use of *Picric Acid* in the treatment of this class of injuries. The results were uniformly so satisfactory that I now depend wholly on it in burns and scalds of the first and second degree.

This form of treatment has been in use in France for some years, but not in America. I have always used what is known as a saturated solution, which consists of ninety grains of the salt dissolved in three ounces of alcohol, and this diluted with one quart of water.

The clothing of the part having been removed, the burnt surface is cleansed with some of the solution and absorbent cotton. Blisters are opened and serum allowed to escape, but the epithelial covering preserved. If the surface involved is extensive the whole surface may be bathed in the solution and strips of sterilised gauze soaked and applied to entirely cover it. Over this a layer of absorbent cotton is placed and all held in place by a light bandage.

The dressing soon dries and should be allowed to remain from three to four days before trying to remove it, when it should be thoroughly moistened and carefully removed, as it adheres to the burnt surface very closely.

The second dressing is applied as the first, and is allowed to remain a week. As I have compared this dressing with many of the others in vogue, it has commended itself because of its simplicity; it is painless, giving the patient marked relief; it is aseptic; there is no inflammation; no suppuration; no frequent changing of dressings, and thus there is a saving of dressings,

and the absence of poisonous symptoms that are so frequent in extensive burns.

It coagulates the albuminous exudation, and healing takes place under a scab consisting of epithelial cells hardened by *Picric Acid*, leaving a smooth, supple cicatrix which is as much superior to the ordinary scar following burns as our present surgical scar is superior to that when wounds were allowed to heal by granulation.

Among its disadvantages are the staining of the hands and bed-clothing, but a solution of boric acid will remove this.

I do not believe this dressing is indicated in a burn of the third degree, and would expect no benefit from it; but in my practice it has surpassed all others in burns of the first and second degree.—*Clinique*, October, 1898.

PECULIAR RESPIRATORY DISORDER PRODUCED BY THE HABITUAL USE OF *STRYCHNINE*.

IN October, 1897, I was consulted by W., a medical man, aged 31, for certain symptoms due, he said, to the taking of *Strychnine* two years previously. He had then been taking as a tonic liquor strychninæ hydrochlor, 5 to 10 minims thrice daily, with a little sal volatile. He was at first benefited, but afterwards experienced a desire to take abnormally deep inspirations, and he felt that to do so would overcome the inhibitory power over the lung, probably the action of the diaphragm. One morning, after a dose of *Strychnine*, he did take such an inspiration, and from that moment he experienced the sensations complained of. They were, briefly, inability to take deep inspiration, a fixation of the chest walls compelling him to stoop, weakness on exertion, great confusion of thought and memory, occasional clay-coloured fæces, usually greater in amount than ordinary. After six months the apex beat descended to the sixth interspace, and headache and drowsiness became marked.

Acting on medical advice, he travelled for six months, but was little benefited. All attempts then and subsequently to act on the heart with drugs increased the headache.

In October, 1897, I examined him, and found the heart dilated slightly. There was a wide subcostal angle, with marked epigastric pulsation. The chest moved *en masse*,

and was hyper-resonant. There was slight bulging in the hepatic region. The patient had a very anxious expression. He said his life was a burden from headache and confusion of thought occasioned by trying to think coherently on his case. He said he felt as if his chest, especially in the hepatic region, was too full, as if his lungs were distended, but that any attempt to empty them only increased the headache and mental confusion, and was followed by pale stools next morning. He had lost a stone in weight.

I tried a great variety of drugs to act upon his liver, but with little benefit. Most relief was obtained from an ordinary pill of aloes, *Nux Vomica*, and *Belladonna* with a couple of quinine lozenges. Without the lozenges there was no benefit. For the headache, *Antipyrin* did temporary good. Bromides were of no avail. For the emphysema, so-called by the patient himself, *Senega*, *Belladonna*, and *Potassium Iodide* in small doses gave slight relief. Galvanism over the diaphragm did no good.

The patient, in spite of treatment, got gradually worse, became very melancholic, and so drowsy that he would sleep in his chair whenever left alone for five minutes.

In October, 1898, chiefly by way of experiment, I prescribed tincture of *Hyoscyamus* 20 minims at night. The effect was strikingly beneficial. After a single dose, the drowsiness ceased entirely, and has never tended to recur except on severe exertion. The headache and mental confusion were much improved. The lower ribs approximated, and the patient could empty and fill the lungs more easily. The apex beat, except on deep inspiration, returned to the fifth interspace. The patient has continued steadily to improve.

I consider that in this case some amount of emphysema was produced directly by the *Strychnine*, but that there was in addition an over-action of the inhibitory centre of respiration, producing what might be called a general brain strain. The case is interesting as illustrating (1) a rare condition produced by *Strychnine* and a serious danger in its use, without any premonitory muscular twitchings; (2) the excellent effects of *Hyoscyamus* in such a case after persistence of symptoms for three years.—C. W. LAWSON, M.A., L.R.C.P., and S.E., L.F.P.S.G., *British Medical Journal*, December 31, 1898.

ADRENALIN IN ADDISON'S DISEASE.

By C. W. SUCKLING, M.D.

THE two following articles illustrate the action of *Suprarenal Extract* in Addison's disease :—

I.

At a recent meeting of the Société Médicale des Hôpitaux, Bécclère (*Sem. Méd.*, March 2nd) gave details of a case of Addison's disease, in which he used suprarenal gland with success. The patient was a man aged 28, with slight tuberculous lesions at the apex of one lung, and all the classical symptoms of Addison's disease. He was given each day from 15 to 20 g. of fresh suprarenal capsule (from the ox, sheep, or calf). Subcutaneous injections of a glycerinated extract of suprarenal capsule were also given for some time. This treatment was carried out during five months, and, although the patient bore it without any inconvenience, no improvement in his condition was observed. It was not for some time after its discontinuance that he began to regain his strength and the pigmentation began to disappear. In a short time the improvement was so great that he was able to resume his occupation. The cure was maintained, and at the date of the report—three years after the treatment—he was in good health except for the tuberculous affection in his lung. Bécclère points out that it is by no means certain that the cure in this case was the result of the treatment, as Addison's disease sometimes presents remissions of longer or shorter duration independently of medical treatment. He thinks, however, that the suprarenal treatment had something to do with it. He points out that the suprarenal substance does not act in the same way as thyroid medication in myxedematous patients: whereas the latter supplies something which is wanting to the organism; the suprarenal substance appears to favour a compensatory hypertrophy of the portions of the suprarenal body which have remained healthy. It is not surprising, therefore, that its effects should be slower than those of the thyroid treatment. In the discussion on Bécclère's paper, Haymen stated that in 1894 he had treated a case of Addison's disease with suprarenal substance (10 to 15 g. of fresh gland daily). The treatment was followed by notable improvement, especially in respect of restoration of strength, but it had no effect on the pigmentation. The patient died two years later. Galliard stated that the treatment had proved useless in a patient under his care. Widal said that in a typical case in which, besides the ordinary symptoms of the disease, there was a great

gastro-intestinal disturbance, he gave raw suprarenal capsule up to 12 g. daily, without causing any ill-effect. After some days of the treatment the strength increased, but the pigmentation remained unaffected. The patient was able to leave the hospital, but came back again in a few weeks in as bad a condition as before. This time he proved intolerant of the treatment, and quickly died. Widal thinks that the method is worthy of further trial. The effects are variable according to the stage of the disease; perhaps, also, according to the degree, the locality, and the nature of the lesion of the suprarenal gland.—*British Medical Journal*, March 12, 1898.

II.

In April, 1897, a gentleman, aged 49, consulted me with the following symptoms:

For three months he had constantly fainted, often in bed, and for seventeen days running he had fainted in bed in the early morning between the hours of 2 and 4; he also fainted in the daytime. He complained of pains in his legs, and also of their feeling heavy, and of his inability to walk. He was very depressed, crying at times, and declaring he would drown himself. He complained also of pains in the back and of nausea; his pulse was very feeble, about 60, and the pulse waves ran in pairs, the so-called pulsus bigeminus (Traube). I observed pigmentation and leucoderma on the back of the hands and forearms, and also in a marked degree on the scrotum. I ordered him to rest, and prescribed tabloids of suprarenal gland substance, gr. v (B. W. & Co.), beginning with two a day, and telling him to increase the number as long as he found no ill-effect from them.

His report of May 26, 1897, was that he had been worse, and that if he walked about he went faint, and he also still fainted in bed. His report of June 21, 1897, was that he felt better; his pulse was 72 and normal in rhythm. He had taken twenty of the suprarenal gland tabloids daily. The patient continued taking the tabloids about twenty or thirty-five a day, and he found at times that they caused pain in the back, which was relieved by diminishing the number taken. He also complained of their making his tongue sore, but he was getting gradually better and stronger. On January 4, 1898, he drew my attention to a growth of hair across his back, opposite the first lumbar vertebra. At this date he had not fainted for six months, and he had continued to improve in health. At the present date (May, 1898) he is perfectly well; the pigmentation and bleaching of the skin are almost gone, the pulse is normal, and he can do a heavy day's work, and tells me that he very often pulls the garden roller about for an

hour or two at a time for exercise. The urine has been perfectly normal throughout.—*British Medical Journal*, May 28, 1898.

REVIEW.

RARE HOMEOPATHIC REMEDIES.*

DR. HANSEN has done a valuable piece of work in compiling this volume on the rare remedies. In his preface he says:—

“When I, four years ago, came to a determination to go through all the *materia medica*, and not, as formerly, exclusively deal with the more important medicines, it became immediately clear to me that our handbooks of *materia medica* (excepting the *Encyclopedia* of T. F. Allen) did not embrace the whole list of homeopathic remedies. The excellent handbook of Professor Allen contained the greatest number, whilst the text-books of Drs. Cowperthwaite and Jessen (the latter also a good book for the wants of practitioners) have been found more serviceable in size for daily employment. I accordingly took the text-book of Cowperthwaite as my basis, and added to this a great number of notes, which the author intends to embody in the new edition. The remedies that were not found by me in the text-book of Cowperthwaite, I in particular brought together to form a text-book of *materia medica* and therapeutics of the rare homeopathic medicines. A physician, by means of the text-book of Cowperthwaite and with the help of the present supplement, will now have the whole of the homeopathic *materia medica* at his disposal.”

Dr. Hansen has well carried out his intentions. His book forms an excellent companion volume to the popular text-books of the day. Most of the rarer remedies which are not to be found mentioned in them are described by Dr. Hansen, who gives in brief the characteristic symptoms and therapeutic uses. We miss from the volume some that might have found a place, such as *Ecchinacea*, *Fraxinus*, *Lemna*, *Stellaria media*; but the absentees are not many, and those in search for information will be rarely disappointed. A valuable part of the work is the fruit of Dr. Hansen's own observations on the action of some of the remedies.

We have noticed a few instances of unusual English,

* *A Text-Book of Materia Medica and Therapeutics of the Rare Homeopathic Remedies.* As a supplement to Dr. A. C. Cowperthwaite's *Materia Medica*, by Oscar Hansen, M.D. London: Homeopathic Publishing Company, 12, Warwick Lane, E.C. Demy 8vo, 121 pages, cloth, 4s. net.

but they are wonderfully few, and nowhere have we found the sense obscure. We congratulate Dr. Hansen on his success; and we may also add a word of praise to the printers for the admirable manner in which they have done their part. The type is a pleasure to read. Dr. Hansen dedicates his book to Dr. Hughes.

Obituary.

JOHN SAY CLARKE, M.D.

DR. JOHN SAY CLARKE, who has just passed away at the age of 88, at Ryde, Isle of Wight, retired from active practice nearly thirty years ago. In the *Homeopathic Directory* of 1869 he is entered as residing at 2, Canonbury Park, Islington, N., where he carried on a large practice. He was a member of the British Homeopathic Society. He became a member of the Royal College of Surgeons of England in 1838, and he took the M.D. of Aberdeen in 1851. He was of a very retiring disposition, and his name is not known in connection with contributions to the literature of homeopathy; but his interest in the science never abated. Since his retirement he has been heard of chiefly through his benefactions to the London Homeopathic Hospital, which he has made the residuary legatee of his estate, and which will benefit to the extent of upwards of £13,000.

DR. E. M. HALE.

WE learn with deep regret that Dr. Edwin M. Hale, of Chicago, passed away on January 15th at Chicago, the cause of his death being uremic coma.

Dr. Hale joined the homeopathic ranks from the eclectic school, and his accession proved a very great endowment to homeopathy. *Hale's New Remedies* is a work that will live as long as homeopathy. It was the means of introducing into the homeopathic materia medica many remedies of untold value, which had been previously known only to the eclectics, and which, when

submitted to the test of homeopathic proving, developed into therapeutic agents of utility undreamed of by the eclectics themselves. Hale had the good fortune to find a band of enthusiastic provers whose labours and devotion are part of the homeopathic stock-in-trade to-day. Hale had quite a genius for putting together all available facts for the understanding of a remedy, and his *materia medica* is the monument of his life's work. In other lines his originality was not so strikingly apparent. In *materia medica* his work is of the first rank.

SAMUEL CHURCHILL, M.D.

It is with much regret that we record the death, in Folkestone, at the advanced age of 85 years, of another of our colleagues, Samuel Churchill, M.D., M.R.C.S.

Born at Deddington; Oxon, on October 1, 1813, he was educated at Aynhoe; after leaving which he was bound apprentice for five years to Dr. Palmer, then practising (according to the words of the indenture) as a surgeon, apothecary, and man-midwife at Woodstock. He subsequently entered the University of Aberdeen, taking the M.R.C.S. (England) on November 24, 1848, and the M.D. of his University on April 9th of the following year.

He then settled, as a general practitioner, in Fawley, Hants, where he remained for some years; but, his health breaking down, he determined to travel for a time, and becoming during his travels acquainted with the late Dr. Holland, of Bath, was by him persuaded to try Hahnemann's system, from which his health received so much benefit that he resolved henceforth to practise as a homeopath. As a homeopath, therefore, he settled in 1873 in Folkestone, where he continued to practise till 1893, when, his health finally breaking down, he retired.

He married in 1855 Matilda, daughter of J. Harrison, of Woodstock, Oxon, who died in 1892, leaving one surviving daughter.

Since his retirement, six years ago, although confined to the house, he had the use of all his faculties to greater or less degree, and took a keen interest in passing events, and showed no signs of the approaching end until

Friday, February 10th, when in the act of retiring to bed, and in the middle of a conversation with his nurse, he suddenly fell heavily on the floor in an unconscious condition, from which he never recovered, the coma and paralysis which supervened clearly pointing to cerebral hemorrhage, and so fulfilling an often-expressed desire that death might be after this manner.

Although embracing homeopathy rather late in life, he was profoundly convinced of its truth, and practised it with the devotion and almost the enthusiasm of a young man.

The funeral took place on February 18th at the Folkestone Cemetery, amidst many signs of mourning, and was attended not only by the family and friends of the deceased, but also by a deputation representing the Folkestone Homeopathic Dispensary, of which he may be said to have been the founder.

GENERAL CORRESPONDENCE.

THE PREVENTION OF TUBERCULOSIS.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—Referring to the article on this subject which appeared in the February issue of your journal, and more especially at this time to the undertaking therein given, to communicate on the subject with all the homeopathic medical practitioners whose names and addresses I could obtain, I think, as an act of courtesy to those gentlemen who have replied to my communication, I should explain how matters stand at this date. I addressed this letter to about two hundred medical practitioners; up to the present I have received replies from twenty-one; of these thirteen approve my proposal, and the majority promise active support; five approve the scheme so far as it has been explained, but for various reasons are unable to give practical assistance in its development; while three decline to co-operate in any way.

Having thus accounted for replies received, it still leaves one hundred and seventy-nine gentlemen who

have not responded in any way to my letter. I hope this is not to be accepted that my non-responsive correspondents take no interest in the subject. One who in virtue of his age, experience, and professional position commands the highest respect of his *confrères* states that he is willing to attend and hear my proposal, and regrets so many have allowed the matter to pass unheeded, at the same time adding that few of them believe in the pernicious character of tuberculosis in the bovines, and still fewer in the application of tuberculin as a test or a remedy.

If my friend rightly interprets the views of the homeopathic medical profession on these two points I submit, with still greater emphasis, that it is all the more important to establish an experimental farm in order to prove that opinions so dangerous to the welfare of the general public are absolutely incorrect and contrary to facts that have received undeniable confirmation at the hands of trained experts in the veterinary profession, and in this way to confute opinions (if they exist) which have no basis in facts to rest upon.

I hope, by aid of those who think well of my suggestion, that something may ultimately be done to carry it into effect, and for the information of such I beg to say that their advice as to future action will be highly esteemed by—Yours faithfully,

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

Sussex Villas, Kensington, W.

February 17, 1899.

VARIETIES.

BORAX IN DYSMENORRHEA.—Another cure of membranous dysmenorrhea with this drug is reported by Dr. W. J. Renwick. It was given in the 6x trit. The patient had the fear of downward motion characteristic of the drug.—*Medical Century*, August.—J. B. H. S.

GUARANA AS USED IN BRAZIL.—Dr. Staegar has culled old observations of the native Brazil remedies, from which we note the following regarding guarana, the Brazilian cocoa: Guarana (produced from *paullinia sorbibilis*, one of the *sopindaceæ*) contains, as is well known, some caffeine, together with other constituents, and is much used as a beverage in South America, like as the Paraguay tea and the *Maté* tea. Guarana affects especially the nerves of the abdomen and acts very efficiently as a depressing remedy in diarrheas and dysenteries

originating from colds or from mental emotions, or, in general, from states in which a morbidly augmented sensitiveness of the plexus coeliacus is present. It is not, however, indicated in congestions or saburra. In larger quantities it excites the whole nervous system, causes diplopia, sparks before the eyes, insomnia, an unusual excitation and other similar states. In metrorrhagias and other passive hemorrhages it has been of excellent service. Somewhat peculiar is the notion spread through all Brazil that it acts indeed as an aphrodisiac, but takes away the "*vis fœcundans seminis virilis*." This double action need not surprise us in a remedy used as a beverage. A homeopath will at once understand such a diverging action of a remedial agent.—*American Homeopathist*.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE :—Medical (In-patients, 9.30; Out-patients 2.0), Daily; Surgical, Mondays, Thursdays, Fridays, and Saturdays, 2.0; 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; Dental Cases, Thursdays, 9.0 a.m.; Orthopedic Cases, Tuesdays, 2.0; Electrical Cases, Thursdays, 9.0 a.m.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

British, Colonial, and Continental Homeopathic Medical Directory, 1899. Fcap. 8vo, pp. 118. (Homeopathic Publishing Co. Net, 2s.)

Carleton (Bukk G.). A Practical Treatise on the Sexual Disorders of Men. Demy 8vo, pp. 169. (Homeopathic Publishing Co. Net, 8s. 6d.)

Hansen (Dr. Oscar). A Text Book of Materia Medica and Therapeutics of Rare Homeopathic Remedies. Demy 8vo, pp. 121. (Homeopathic Publishing Co. Net, 4s.)

Hawkes (W. J.). Characteristic Indications of Prominent Remedies for the use of Students of Materia Medica and Therapeutics. 4th ed. Revised and enlarged on alternate pages, limp cloth. Cr. 8vo, pp. 143. (Homeopathic Publishing Co. Net, 5s.)

Osborn (Sam.) Ambulance Lectures.

First Aid to the Injured. 4th ed. With Illusts. 12mo, pp. 164. (H. K. Lewis. 2s.)

Paget (Stephen.) Essays for Students. 8vo, pp. 182. (Baillière. 3s. 6d.)

Scheppegrell (W.). Electricity in the Diagnosis and Treatment of Diseases of the Nose, Throat, and Ear. 8vo. (Putnam's Sons. 21s.)

Tirard (Nestor). Albuminuria and Bright's Disease. With Original Illusts. 8vo, pp. 370. (Smith, Elder & Co. 12s. 6d.)

Valzah (Wm. W. van.) and Nisbet (J. D.). The Diseases of the Stomach. 8vo. (Rebman. 20s.)

Westland (Albert). The Wife and Mother. A Medical Guide to the Care of her Health and the Management of her Children. 3rd ed. Revised. Cr. 8vo, pp. 296. (C. Griffin. 5s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

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

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

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

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

CORRESPONDENTS.

Communications received from Dr. Hansen, Copenhagen.—Mr. Wm. Wilson, Cleveland, O., U.S.A.—Mr. Meredith, Lydney.—Dr. Dudgeon, London.—Dr. Cooper, London.—Mr. Fredk. Kopp, Greenwich, N.S.W. Mr. Askew, London.—Dr. Murray, Folkestone.

BOOKS AND JOURNALS RECEIVED.

Zoophilist. — Chemist and Druggist. — Allg. Hom. Zeit. — M. Hom. Review. — Hom. Tidskrift. — Mind. — Library of Health. — Calcutta J. of Med. — American Homeo. — Pacific Coast J. of H. — H. Envoy — N. A. J. of Hom. — Med. Century. — Amer. Med. Monthly. — Gaz. Med. de Paris. — La Homeopatia. — Hom. Maandblad. — Information Gaz. — Journal B. H. S. — Astrological Mag. — Hom. Recorder. — J. of

Homeopathics. — Hahn. Advocate. — Il. Secolo Om. — Med. Times. — New Eng. Med. Gaz. — Critique. — Hom. Physician. — Amer. Med. Monthly. — Clinique. — J. of Orif. Surg. — Minn. H. Mag. — Vacc. Inquirer. — Rev. Hom. Française. — Indian Hom. Rev. — Zeit. Berl. V. Hom. Aerz. — Med. Century. — Hom. News. — Leaders in Homeopathic Therapeutics. By E. B. Nash, M.D. — Dictionary of Medical Terms, English-French. — A Text-Book of Materia Medica and Therapeutics of Rare Homeopathic Remedies. By Oscar Hansen, M.D. — Geelong Hom. Dispensary Report. — Croydon Hom. Dispensary Report.

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THE HOMEOPATHIC WORLD.

APRIL 1, 1899.

THE CURE OF CONSUMPTION.

IN view of the interest aroused of late in the open-air treatment of consumption, we have reproduced an extremely valuable article by Mr. J. A. GIBSON on the cure at Nordrach, which describes the course of procedure with great force and lucidity. Whatever may be thought of his views on medicinal therapeutics, there can be little doubt that feeding, rest, and fresh air are most potent adjuncts to every cure, and we see no reason why consumptives alone should have the benefit of them. And when these are administered under the immediate care of a great personality like that of Dr. WALTHER, the efficacy of the treatment will be greatly enhanced.

To the vast majority of consumptives who cannot afford the time or the money to have themselves cured at Nordrach, it is some consolation to know that *Phosphorus*, *Iodine*, *Arsenicum*, and their compounds, with *Bacillinum* and a host of other homeopathic remedies have saved or prolonged the life of many a sufferer.

But there is no reason why the principles of Nordrach should not admit of domestic application to a certain extent, and we therefore commend Mr. GIBSON's article to the careful consideration of family doctors and their patients.

Another open-air cure on the Continent is that carried out at Falkenstein, near Frankfort, 1,300 feet up in the Taunus mountains. This was described in the *Medical*

Press of March 8th by Dr. E. MACDOWEL COSGRAVE; and as it may be interesting to some to compare the two, we will quote a part of his article. The Sanatorium of Dr. DETTWEILER at Falkenstein was visited by the Prince of Wales in view of the Marlborough House meeting, and will probably be the model adopted for the sanatoria to be erected in this country. Dr. COSGRAVE thus describes the course of treatment pursued:—

For the first few days the patients only lie out from after the second breakfast to 5 p.m., but afterwards the day's routine is as follows: After ten minutes' rubbing by an attendant the patients assemble at early breakfast, which in summer is from 7 to 8, and in winter from 7.30 to 8.30; this consists of coffee, rolls and butter, and, in addition, hot or cold milk *ad lib.*, the watchful attendant at once replenishing empty glasses.

Then the balcony is sought, and the patients lie down, placing their feet in fur bags, and wrapping rugs and shawls about them. The wraps belong to the patients, and must be provided as part of their outfit.

The expertest of packers then goes round and rapidly and skilfully tucks in the patients, who then appear like symmetrical and well-cared mummies.

At ten o'clock they go in for second breakfast, which consists of rolls and butter, and hot or cold milk *ad lib.*; to those who, in the opinion of the medical attendant need it, strengthening soup is served.

They again lie on the verandah until they go in for dinner at 1 p.m. This and supper are of the kind usually served in German hotels, but special attention is paid to making each course as nourishing as possible, and each meal commences with one of the thick nourishing soups that form a Falkenstein specialty.

At 4 p.m. milk is brought round the verandah; this, as well as the 9 p.m. milk, is not included in the regular tariff, but is served at a cost of one penny per glass.

All the milk used at the Sanatorium comes from the dairy of the establishment which is situated on a hillside up above, and is sterilised. For those who cannot digest so much milk koumiss is provided.

The patients are encouraged to drink plenty of milk and generally take from six to eight tumblers a day, which is a large amount for people who are taking daily four solid meals. Occasionally the amount of milk has to be limited, as lately happened to a home-sick American who tried to expedite his cure by drinking fifteen glasses a day.

Supper is at 7 p.m., and after it the patients may lie out to 9 or 9.30 p.m., at 9 p.m.; milk is served round. The patients then retire to their bedrooms, which are warmed by pipes; the windows, however, are left open during the night.

When the patients arrive they are thoroughly overhauled by the entire medical staff; this is repeated monthly, a daily inspection being made by one of the resident medical men. Their temperatures are taken four times daily—at rising, noon, 4 p.m., night—if the temperature shows fluctuation it is taken eight times daily. It is interesting to see how when the clock strikes twelve and four all the recumbent patients pull out their thermometers and place them in their mouths until they are ready to be entered on the charts. These hours are anxious ones to those with a temperature tending to run above normal, as the penalty for raised temperature is banishment to the bedroom until it again becomes normal.

The sanitation of Falkenstein is excellent; there is an abundant water supply from pure springs situated higher up the mountains, and the sewerage is received in precipitation tanks. The whole place is kept scrupulously clean, and constant war is waged on dust.

Although the Sanatorium is surrounded by extensive woods with tempting walks, they are out of bounds for the majority of patients, who are required to rest as much as possible; indeed, even needle-work is practically prohibited, and letter-writing is discouraged. It is only when patients are nearly well and about to leave that they are allowed to take walking exercise, and even then the distances allowed are short, and the limits fixed are strictly observed.

It will be seen from the above that rest, air, and food are the three means of cure, and that these are administered with no stinting hand. Complete physical idleness, twelve hours in the open air, the night spent in a room with open windows, and frequent full meals of nutritious foods, with plenty of milk in between, take the place of medicines; it is wonderful how the treatment agrees with the patients, and how the long exposure to the fresh air does not cause cold, and how the frequent meals are awaited with sharp-set appetite. Of the benefit of the treatment in the majority of cases there can be no doubt, and that not only in incipient cases, but even when both lungs are affected.

NUX VOMICA IN DYSENTERY.—Stools small, frequent, with violent tenesmus; pressing pains in the loins and upper part of the sacral region, *with sensation as if broken*; the pains and tenesmus cease with the stool.—*Hahn. M.*

CINA IN ENURESIS NOCTURNA.—Dr. H. Goullon, of Weimar, Germany, thinks Cina 2x a very reliable and, in fact, about the only remedy worthy of trial in wetting the bed in children.—*Leipziger Populere Zeitschrift fuer Homeopathie*, Nos. 11 and 12, 1898.

NEWS AND NOTES.

INTERNATIONAL HOMEOPATHIC CONGRESS, 1900.

ELSEWHERE we publish the circular issued by the Committee of the above-named Congress. We understand from Dr. Hughes that the date has been definitely fixed for the dates July 18th (Wednesday) to 21st (Saturday) inclusive. It is well to have all the details fixed in plenty of time beforehand, so that arrangements may be made by intending visitors, and communications in readiness by the time the date comes round.

HAHNEMANN MONUMENT FUND.

WE are pleased to acknowledge the receipt of £2 2s. towards the above fund from Dr. Van den Heuvel, of Kimberley, S. Africa.

HOMEOPATHY IN TASMANIA.

WE have received the ninth number of the *Tasmanian Homeopathic Journal* (which we believe is the only homeopathic periodical printed in Australasia), from which we are glad to learn that recent outburst of *odium medicum* has had its proper effect in advancing the cause it was intended to destroy. We are glad to note that our own pages supply a useful amount of powder and shot for our militant *confrères* in the south, a number of our articles having been reprinted, with acknowledgment, for the readers of the *Tasmanian Homeopathic Journal*.

HOMEOPATHIC PHARMACIES IN ITALY.

THE ROME letter in the *British Medical Journal* of March 18th shows a curious state of things in Italy as regards homeopathic pharmacies.

“The Italian Superior Council of Health, at the meeting held during the last week of January, had two questions to decide in reference to homeopathic pharmacies in Italy. The questions arose in reference to a request made by a pharmacist who wished to open a homeopathic

pharmacy in Milan. They are as follows: Must homeopathic pharmacies be considered as ordinary pharmacies, and are they subject to the regulations made by the sanitary law for pharmaceutical practice? Assuming that homeopathic pharmacies are subject to this law, in what way will it be necessary to provide for those already existing which do not conform to the sanitary law?

"In reference to the first question the Superior Council declared that the homeopathic pharmacies must be completely assimilated to the ordinary pharmacies, inasmuch as the law does not make any distinction between them. Consequently homeopathic pharmacies are obliged to keep all the drugs prescribed in the pharmacopeia approved by the Government. That they in addition to these medicines keep drugs of a homeopathic nature does not matter. What matters is that these pharmacies must serve as effectually as possible as ordinary pharmacies capable of dispensing the prescriptions of orthodox practitioners.

"As to the second question the Council considered that to compel the present homeopathic pharmacies immediately to furnish all the drugs prescribed by the pharmacopeia would seriously disturb the ordinary pharmaceutical practice, being exposed to a new and unexpected competition, which would be very grave considering the number of homeopathic pharmacies that exist in some parts of Italy. For these pharmacies, therefore, the Council considered it opportune to recognise a state of acquired right, by which they will be permitted to continue to exercise as at present, that is, for sale and dispensing of homeopathic drugs only."

In this country the changes in the homeopathic pharmacists' trade wrought by cutting wholesale manufacturers, have made it impossible for many chemists to confine their business to purely homeopathic preparations; and in future the inducements for chemists who believe in homeopathy to set up homeopathic pharmacies pure and simple are likely to be less instead of greater. At the same time we should think it a great piece of tyranny if a chemist who wished to have a purely homeopathic establishment, untainted with all the strong-smelling substances of allopathic pharmacy, were not at liberty to do so.

A HOMEOPATHIC COLLEGE BUILDING FOR SAN FRANCISCO.

WE have received from Mr. E. Petrie Hoyle a San Francisco journal containing an illustrated description of the college building to be erected in connection with the Hahnemann Hospital of that city. Mr. Hoyle has taken great interest in collecting funds for this building, the corner-stone of which was laid on February 4th last.

"A conveniently arranged and well-appointed college will be erected at once by the board of trustees of the Hahnemann Hospital on the

vacant lot on the south-west corner of Sacramento and Maple Streets, and adjoining the laundry building of the Children's Hospital. It will be two stories in height, with finished basement and attic, and as shown by the designs of Havens and Toepke, the architects, its exterior will be colonial in style. The basement will be eleven feet in the clear, and the front portion will contain dressing-rooms for the students and the heating and ventilating apparatus. The remainder of the space will be devoted to a free polyclinic, with its separate entrance on Maple Street, and medical, ophthalmic, operating, gynecological, dark and dressing-rooms attached. The surgical part of the polyclinic will be separated from the other parts of the college, and will have its special pharmacy in the rear of the building.

"The main entrance will be on Sacramento Street, and will give admission to the first story of the college building. The library, the faculty office and the students' waiting-room will be in the front portion, while in the rear will be a lecture-room, 33 × 45 feet in dimensions, with a seating capacity of 200 persons. Connected with the lecture-room will be a chart-room, and a stage and a retiring-room for the professors.

"On the second floor the chemical laboratory, a small laboratory, a museum and a room for microscopy and histology will be located, while in the centre will be an amphitheatre extending through the attic to the roof, giving a clear height of twenty-two feet, and lighted by two large skylights. The amphitheatre will accommodate 200 students.

"In addition to entrances to the upper part of the amphitheatre the attic story will contain a dissecting-room, 20 × 40 feet, lighted entirely from overhead, the janitor's apartments, storage rooms, &c. The college will be heated by steam and lighted by electricity, and it is estimated will cost about \$14,000.

LONDON HOMEOPATHIC HOSPITAL.

THE annual meeting of the above Institution was held on Friday, March 24th, in the Board Room of the Hospital, the Earl of Cawdor, treasurer of the Hospital, presiding.

IODIUM IN PNEUMONIA.—Dr. Laird recommends *Iodine* in the mother tincture, in the second and third stages of pneumonia. He administers a few drops in half a glass of water, a teaspoonful being given every hour.—*Journal Belge d'Homeopathie*, No. 2, vol. v.

TENIA IN CHILDREN.—Dr. Sassy advises in tape-worms in children the following formula: black oxide of copper, 5.0; prepared chalk, carbonate of magnesia, aa 1.0; gum of tragacanth, 10.0; glycerin, 5.0; white sugar, 40.0; water sufficient to make fifty tablets. From two to three a day. This remedy is to be tried in those cases where in spite of all other drugs the worm recurs. The oxide of copper is not toxic.—*La Settimana Medica*, No. 33, 1898.—*Hahn. Monthly*.

ORIGINAL COMMUNICATIONS.

THE LIGHT-CURE.

By R. E. DUDGEON, M.D.

"LIGHT! more light!" were the dying Goethe's last words. I don't know if he wished for mental light or physical light. He did not stop to explain. But as the custom then was and still is in some quarters to shut the shutters and draw down the blinds in the sick-room, it is very likely it was the sunlight the grand old poet wished for. The old superstition of darkened chamber for the sick is to a great extent exploded, and light is generally regarded as wholesome and not injurious to the suffering. Indeed there are many establishments abroad where sunlight is employed as the sole or principal remedial agent for chronic diseases. Light indeed is regarded as of equal value with air in the modern "open-air" treatment of consumption. To be sure the light in this treatment is not usually applied to the whole naked body as it is in the sun-cure establishments, but a salutary amount will penetrate even through the clothes. Sir William Siemens showed how much quicker flowers grew and fruits ripened when the plants were constantly exposed to a bright light—sun by day and an arc electric light by night.

A work by Dr. Willibald Gebhardt, entitled *The Curative Power of Light*, of which an account is given by Dr. Moss in a recent number of the *Allg. hom. Zeitung*, gives many instances of the efficacy of light in the destruction of the bacteria of diseases, and their accompanying toxins; and, though we cannot go the whole length of the author in his enthusiastic laudation of light as a sort of universal medicine, we must admit that he has proved that it is often a powerful curative agent. Others have shown that light is destructive of many pathogenic bacilli outside the body, but Gebhardt has demonstrated that it is equally efficacious in destroying these morbid microbes in the bodies of infected animals. He first operated with the bacillus anthracis. Two white mice were inoculated with cultures of this microbe and placed in a box in which an incandescent electric light of 16-candle power was kept burning day and night. The first two days the animals seemed dull, but on the third

day they were quite lively. They were killed on the tenth day, and only at the point of inoculation was there found a circumscribed gangrenous swelling. The blood, stomach and intestines were perfectly normal and free from bacilli. Two other mice were, for the purpose of control experiment, inoculated with the same culture and kept in the dark. They died on the third day, and in the blood, spleen, liver and almost all the other organs were found enormous quantities of extremely virulent anthrax bacilli. The spleen was much enlarged and the parenchyma of the glandular organs affected.

He next made a trial of diphtheria cultures on four guinea-pigs. The culture was introduced in the peritoneal cavity. Two were kept in the light, and two in the dark. The latter two died after four and six days. The other two after the third day were quietly lively. They lived fourteen days. They were then killed, and the post-mortem examination showed slight serous inflammation of the cellular tissue beneath the peritoneum, which was infiltrated with a greyish slime. The microscope showed this to contain many degenerated forms of the cocci. The animals that were kept in the dark showed hemorrhagic swelling of the supra-renal capsules and flocculent thickening in the lungs. No cocci were discernible by the microscope.

The next experiment was with tubercle bacilli. A large number of fresh bacilli were injected into the veins of two rabbits. One was kept in the lighted box for eight days, then in the dark for five days. On the thirteenth day it was found to have lost 37 grams in weight, but otherwise seemed well. Post mortem showed the spleen and liver only slightly affected; in the lungs were four or five small cavities, the size of a lentil, and some tubercle bacilli in a degenerated state. The rabbit kept entirely in the dark died on the eighth day. There were found white nodes in the kidneys; caverns in the lungs; and the peritoneum was covered with numerous tubercles.

Pizzoni and Cantani have shown that the sunlight kills tetanus cultures in transparent media, and likewise renders inefficacious the toxin they develop. On the other hand cultures kept in the dark, though exposed freely to the air for a long time, always produced tetanic symptoms on animals on which they were inoculated.

Moss follows about the effect of light in causing pig-

mentation of the skin, which is not of such practical use, so it need not be dwelt on. The author regards light as a great therapeutic agent, and I am inclined to agree with him, but we are not yet in a position to specify precisely all the forms of disease on which it is likely to be beneficial. This we may say, however, that in diseases which are attended by the presence of bacteria, if we may judge from Gebhardt's experiments, light is of great value, if not absolutely indispensable to obtain a rapid cure.

SEVERE HEADACHE THREATENING ACUTE MANIA.

ARBORIVITAL TREATMENT.

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

A LADY wrote me in the beginning of February these particulars of a man aged 35: Suffers with frightful pains in the head; they used to come on about every two or three months, now more frequently, every two or three weeks. Seems almost beside himself, and eyes are fierce and bloodshot, rather frightening to his people; finds relief in having his head tied up very tightly with rag moistened with chili vinegar; pain on the top of the head; next day feels very tired and languid, and says no one knows what awful suffering it is. Very disinclined to see a doctor or let any one know about it. He has always suffered from occasional bad headaches, but these very acute ones have come on for the last four or five years and get more and more frequent. He seems "quite off his head" (as his wife describes it) through sheer pain. He is a steady, sober man, never drinks anything but cocoa; he is on the railway as shunter at present; has a delicate wife and five children, and is a good husband and father; a very quiet, intelligent, respectable man.

For these symptoms I sent *Veratrum Nigrum*, ϕA , and on March 2nd received this letter:—

“ March 1, 1899.

“DEAR DOCTOR COOPER,—I am very delighted to tell you that W. has been quite a different man since taking the powder you so kindly sent him three weeks ago; he has had no return of the pains in his head, and describes himself ‘as being in heaven.’ . . .

“W. is deeply grateful to you, and I too tender you my sincerest thanks; it is indeed a grand thing to be able to remove such suffering.”

I need hardly say that the *Veratrum Nigrum* is in the appearance of the plant almost a counterpart of *V. Viride* and of *V. Album*; from the testimony of this case it would appear that the *V. Nigrum* is more nearly allied therapeutically to the *V. Viride* than to *V. Album*.

Great confusion has arisen in regard to the Hellebores; we have as Black Hellebores *Verat. Nigrum*, *Solanum Nigrum*, and *Helleborus Niger*—all perfectly different plants though having many pathogenetic features in common; and of Green Hellebores we have *Veratrum Viride* and *Helleborus Viridis*. I have reason for saying that many of the symptoms we associate with *Veratrum Viride* are in reality those of *Helleborus Viridis*. *Helleborus Viridis* is a fairly common plant in this country. *Veratrum Viride* has its habitat in the United States.

NOTES OF A VISIT TO WIESBADEN IN THE SUMMER, 1898.

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

THOUGH a good essay on Wiesbaden has recently been written in *The Monthly Homeopathic Review* by the late Dr. M. Kranz, homeopathic physician there, I think it, however, to be my duty to call the attention of my colleagues to this Rhenish watering-place of high rank.

As is well known, Wiesbaden is situated near Frankfurt-on-the-Main, between this town and Koblenz, guarded on the north and east by Taunus, and distinguished by so mild a climate that the baths are kept open all the year round.

It is often called the “Nice of Germany.” As early as the Roman time it was known, and Pliny mentions the springs, which were called “Fontes Mattiaci.” In the neighbourhood of Wiesbaden a Roman Castrum has been excavated, and in the museum there are to be found many excavated things from the Roman time. The great therapeutic importance of Wiesbaden depends on its excellent climate and beneficial mineral waters, together with the good government of the town, also from a

hygienic point of view, but I attach the greatest importance to the mineral waters.

Of these "Kochbrunnen" is the most important both for baths and for internal use. Besides this there are a great many other springs (Adlerquelle, Schuttruhofquelle, &c., twenty-three together). The latter are almost of the same composition as "Kochbrunnen," but the temperature is different.

The chief constituents of "Kochbrunnen" is Nat. Muriat. 6, 8 gr. in a litre of water, besides a great many other constituents, especially chloride of calcium and lithium and carbonate of lime. The mineral waters are taken internally, especially in catarrh of the respiratory organs, the stomach and the intestines, as well as constitutional diseases, namely, gout and adiposit. The baths, however, are of the greatest importance in rheumatism of the muscles and joints, paralyses and neuralgias; thus good results have been obtained in sciatica, swelling of the joints after wounds and inflammations, exostoses after inflammations and gun-shot wounds, arthritis deformans and lues.

A very variable number of the baths are taken according to the nature and age of the disease, generally from 20 to 30; the temperature of the bath is from 82 to 86° Fahr., and the patient is generally kept from 15 to 30 minutes in it. The baths are especially taken in the morning; then the patient goes to bed and breakfasts there. He remains in bed about an hour. It is sometimes good to discontinue the baths at intervals, and it is agreeable to live at a hotel where the baths are to be had. The hotels surrounding the "Kochbrunnen" and "Kranzplatz" are in direct communication with the "Kochbrunnen," and the mineral water of this spring is led by special conduit pipes to the bath-rooms of all these hotels. For internal use the water should be drunk warm, from 90 to 100° Fahr., one or two glasses every day. It is, however, very important that patients coming to Wiesbaden should always consult a physician there before using the baths or drinking the water, as the method of the hydropathic treatment must in every case be adapted to the individuality and constitution of the patient, and is also often very different according to the kind and stage of the disease; that many patients neglect to do this is the

reason why the result of a stay at watering-places is so frequently unsatisfactory.

Having thus given a short description of the principal qualities of the mineral waters of Wiesbaden, I take it for granted that in many of the above-mentioned diseases in which our remedies do not help sufficiently or refuse to operate, amelioration or perfect recovery may be obtained. Dr. Kranz-Busch, son of the above-mentioned Dr. Kranz, works here as a homeopathic physician, so that we have a colleague who is acquainted with the localities. He is well known to the English colleagues by his excellent lecture "On the Homeopathic Character and Action of Mineral Waters," delivered at the International Homeopathic Congress in London, 1896.

Severe rheumatic pains, often connected with the production of a great quantity of uric acid in the urine, which aggravated my bronchitis, were the reason why I visited Wiesbaden, and I have realised a satisfactory result from it.

MATERIA MEDICA MISCELLANY.

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

Kali Iodatum in Neuralgia.—At a recent meeting of the Société des Hopitaux, M. Jaquet presented a case of neuralgia from the use of the iodide of potash, it being the second time that he observed a facial neuralgia from its use. It is interesting to note that lancinating pains in the upper jaw, face and lumbar region are found in our works on materia medica as being produced by this drug. Dr. Jousset uses the twelfth dilution in sciatica with excellent results. Hartlaub and Trinks give the special symptom: "Pain in the hip, forcing the patient to limp, with lancinating pains in the arms."—*Medical Counsellor*.

Sambucus in Malaria.—Dr. C. Hoffman Peters has recorded a case of malaria cured by *Sambucus*. The patient was a young woman who had suffered for six months, and been only aggravated by *Quinine*. The following were the prominent symptoms: A severe tickling low down in the throat, which produced a constant cough. This came always from the first from a half to one hour before the chill. The chill was irregular, would last from one to two hours, followed

by fever and scarcely any thirst. Second stage followed by sweat when awake, but as soon as she slept the skin became hot and dry; the sweat stained linen pillows. He gave three powders of *Sambucus* 500x, one to be taken each morning dry on the tongue. The day following the first powder she had a severe chill, since which there has been no sign of one for six months.—*Am. Hom.*

Asafetida for Excessive Sneezing.—Mr. B., 24, blonde, of neurotic temperament, had been sneezing almost constantly for three days. Similar attacks of several weeks' duration in June and July have for five years past failed to respond to general local or climatic treatment. The nasal tissues were acutely hyperemic and so sensitive that the slightest touch of the mucous membrane precipitated a prolonged and violent attack of sneezing, sore chest, constriction, and "flying pains." Has always been excessively nervous at these times. *Asafetida* 2x was prescribed, and on account of his perspiring tendency was stripped of his flannels, and induced to wear no shoes and stockings while indoors. Two days later he had sneezed less than a dozen times, and from that time recovery was rapid and uneventful.—*Reported by Dr. O. S. Smith in Am. Hom.*

Arnica montana in Acute Tonsillitis—Quinsy.—Dr. M. A. Wesner claims that *Arnica* will abort cases of quinsy when indicated by the following symptoms: Severe pain when swallowing which extends to one or both ears; unable to swallow solid food; swallow large quantities of liquid with more ease than a small quantity but either is extremely painful. Mouth opens with difficulty; swelling and tenderness at outside of neck; one or both tonsils largely swollen and of a light red colour; swelling has a puffy appearance and extends upward and forward involving the soft palate and the uvula, which are also light red. In addition the patient is chilly; has fever; thirst; his voice is husky and indistinct; is unable to lie down in most instances; has soreness of muscles and a feeling of general malaise. Pay particular attention to the character of the swelling—its light red colour, its puffiness and its general direction.

He quotes the following case as illustration: "I was called to see Mr. H., February 8, 1898, aged thirty-five years. His temperature was 102°; he was chilly; thirsty;

unable to lie down or sleep; had swelling and tenderness at right side of neck. His right tonsil was light red and so enormously swollen that it reached across to its fellow on the opposite side. Soft palate and uvula were also swollen and of same colour. Uvula was about as thick as an ordinary man's thumb. All had a puffy appearance. He was unable to swallow solid food or a small quantity of liquid, but with great effort he occasionally succeeded in getting down large quantities of liquid. I gave him *Arnica* 6x, in water every hour. Upon my arrival next day my patient's temperature was normal, and he had been able to lie down and sleep part of the night. His right tonsil was about one-half reduced, and swelling of uvula and soft palate had all disappeared. All symptoms of quinsy left in two days without suppuration."—*Am. Hom.*

Lappa major in Skin Diseases.—*Lappa major* will cure, absolutely, many cases of eczema. It will not cure every case, there is no perfect specific in medicine, but if used intelligently it will help nearly every case. It will also relieve some cases of eczema of the face and body, but its principal range of beneficial action in eczema seems to be upon the disease when it attacks the scalp. In private practice we frequently meet with young ladies who are worried about an eruption on the face and neck, pimples that they cannot conceal with *Creta preparata* or other cosmetics. For these cases I keep a quantity of burdock roots on hand, and when they apply for relief I give them one of the roots with instructions to soften it in water for a couple of hours and then to apply it to the eruption by rubbing the blunt end upon each particular pimple. It is a great success. It clears the face and neck of every deviation from the normal colour and texture in a month. The patient is instructed to use the root once a week, but not oftener.

The common burdock (*lappa major*) is indigenous to North America and may be found in vacant lots in every city in the union. It selects a rich soil in which to reach perfection. The seedling roots are the ones used in treating these cases. It is easy to distinguish the seedling roots from those of the previous year. I gather the roots in July or August, as at that time they contain the greatest amount of active medicinal properties.—*Am. Hom.*

LETTERS OF HAHNEMANN TO DR. WISLICENUS.

Translated by Dr. DUDGEON.

(Continued from p. 122.)

III.

KÖTHEN, *January 1, 1822.*

DEAR DOCTOR,

It is a long time since I have seen a letter from you. Since I last wrote you, Stapf's preface to the *Archiv* has come into my hands, from which I see that Reclam's talk about it is unfounded, so I do not hesitate to say that I do not dissuade contributions to it. If the *Archiv* firmly upholds the spirit of homeopathy it will be useful.

I am writing to you to-day to ask you particularly to go to the Minister von Hake and, besides presenting to him my respectful compliments, to ask him personally in my name if my letter of the 13th November was received by him. It is of great importance for me to ascertain this *as soon as ever possible*. Let me know how you are and be assured of my esteem.

Your friend,

DR. S. HAHNEMANN.

IV.

DEAR DOCTOR,

You are right in supposing that the Berlin physicians, so ridiculously proud of their antiquated system, will be very long of recognising and acknowledging the truth, and to this the good status so long enjoyed by the apothecaries in no small degree contributes. The latter, as long as no exception is made in our favour by the superior powers, will remain a severe trial to every homeopath. In respect to this I anticipate less good for you from Eilenburg than from any one else. L. is well known; his friend, the late town medical officer and counsellor, Dr. Würzner, was persecuted by L. so long with legal processes, on account of dispensing his own medicines (he was an accomplished homeopath), that he died in the prime of life. There is no lack of demands for such persecutions. So take care of yourself.

You do well to have a talk with Schubert and Moritz

Müller on this subject. These gentlemen have made an arrangement which, if it should satisfy L., as it has the Leipzig apothecaries, would render possible the practice of our art to a certain extent. If I were a young man like you I would settle down in some large populous village or some little town where there is no apothecary. In such a place you would have at first but little practice, but later on you would get more in the surrounding country. What more can one desire? What does it matter if we commence in a place where no honourable apothecary dwells? Is it necessary to live in a town where there is endless trouble with sending prescriptions to an apothecary's shop?

But I must leave all such things to your own judgment. In any case I desire for you a tranquil, happy future.

Your most devoted,

SAMUEL HAHNEMANN.

Köthen, April 3, 1823.

Arnold has ordered from me the 2nd edition of the 2nd and 3rd volumes of the *Materia Medica*; I am busy with the second at present.

V.

DEAR DOCTOR,

Your letter of the 5th November I only received on the 10th, so that I had to hurry with the biographical notices and sent them by express messenger to Naumburg, which seemed to please Stapf. I return you his letter to you, as you might want it. I had heard a long time ago that there was to be a notice of me and of homeopathy in Brockhaus's *Nachträge*, so I was anxious to get the work done.

Your article in the 6th number of the *Archiv*, which Schubert sent me *ex suis* because he heard that I had not received a copy (God knows how the one Stapf assuredly sent me failed to reach me)—your article, I say, on the venereal chancre disease I have read with pleasure. Go on in that way.

Caspari's article in the 6th number seems to be intended as a sort of retraction of his former slashing pamphlet. If he has now repented, I pardon him, as I do all my calumniators who do not know me, but who unite in blowing in the horn of the devil, the father of calumny and lies.

In the meantime I rejoice to see your refutation of this pamphlet, which will be highly appreciated, as it proceeds from a good heart. I have not read his pamphlet, as my friends have thought it best not to send it to me, and I will certainly not read it.

I have often been subjected to such invectives. If they did more or less justice to the art, they sought to indemnify themselves for the odium they incurred by their unavoidable praise of the thing by malicious depreciation and detraction of its author, which always betrays an envious spirit unworthy of the high art. In place of thanking him for making them a present of it (for by payment for a copy of these writings the contents are not paid—the publisher is but not the author) they let him feel their envious, thankless disposition—*habeant sibi*. But they have rendered me a good turn, as they have served to maintain in me a becoming humility, have taught me the nullity of praise and censure, and left me to rely on the approval of my conscience alone.

On the other hand, my true disciples, among whom I unhesitatingly reckon yourself, by their faithful adhesion and by their working at the most important points of my doctrine in my own spirit, have given me much pleasure, and they continue to do so, whilst at the same time they are rendering service to the art, that is, to suffering humanity.

The converts are only mongrels, amphibious creatures, who are mostly still crawling in the mire of the allopathic bog, and who but rarely dare to raise their heads freely towards the etherial truth.

I rejoiced at the resolution of the Weimar government partly for your sake and partly for the sake of the good cause. For it is a good step forwards in the higher regions of the world, if it shows other governments that a second sovereign considers our art worthy of his approval and protection. An example which, being the second, cannot remain without being followed.

Doubtless the conditions are not the most favourable for you; but, patience! for the guardian angel of yourself and of our art, our good Counsellor of State, von Gersdorff, who is thoroughly conversant with and appreciates our art, will take care to promote its interests.

[The remainder of this letter is occupied with instructions to his correspondent how to avoid infringing the

strict letter of the law against dispensing his own medicines while yet retaining his complete mastery over their preparation. As it is of no interest to the British practitioner, who is not troubled by any apothecaries' privileges, we need not reproduce it. The letter concludes]

Your most devoted friend,

SAM. HAHNEMANN.

August 25, 1823.

Do you know that the *Organon* is translated into French?

VI.

ESTEEMED DOCTOR AND GODFATHER,

I give you my most sincere thanks for the confidence you show me in choosing me as godfather to your dear son. May God keep him and his mother in life, in strength and in good health. But you would do well to get a strong, healthy nurse for him, otherwise it will not answer—for the first two or three weeks perhaps, but not longer. If you don't do this the very delicate mother will suffer terribly, and the dear child will not get on. I hope for the best result.

Counsellor von Könen, when talking to me about your well-known article, said that dispensing their own medicines could not be refused to homeopaths in any country in which the practice of homeopathy was allowed (for when the thing was permitted the means for carrying on the practice is tacitly allowed), *if it can be proved that the dispensing their own medicines is absolutely necessary for the practice of the homeopathic system.* It cannot be difficult for you to prove this, and I hope you may be successful.

I have heard no particulars about the so-called societies, and I do not fear that I shall be bothered about them. Judging from the little I know about this matter I consider it neither practicable nor useful.

I have not yet seen little Bruno. I regard it as one of the most difficult cases, as the disease manifests itself by too few symptoms.

For want of time I must now stop, and with best remembrances from myself and family to you and the godmother, remain your very devoted friend and godfather,

SAMUEL HAHNEMANN.

Köthen, October 17, 1825.

VII.

DEAR DOCTOR,

State-counsellor von Hoen has written me an account of the illness of his late son, and begged me to give him advice in case his daughter should fall ill of the same malady.

I have done justice to your treatment and given him to understand that his son was probably previously (this I heard from Mr. von Gersdorff) delicate or weak, and at the very first the disease, as his own description shows, attacked him in a dangerous form. I think you will find that from what I have said his confidence in you will be restored.

From the description I have received the disease resembles in some respects *purpura miliaris*, in others *scarlatina*, but is really another disease, as appears most distinctly in the severe cases, hence entirely different remedies must be chosen for its treatment. It seems to me, though I cannot be positive as I have not myself observed the disease, that *rhus toxicodendron*, always alternated with a mercurial preparation, must act beneficially, on account of the throat swelling, the abdominal pain, the suppression of stool and urine—for the relief of the last-mentioned condition, calomel may be given, one grain for a dose in a powder of milk-sugar.

I wish you may be very successful in your treatment of this disease. I would not exclude the employment of *aconite* and *belladonna* when they are obviously indicated, as both these medicines, as I am informed, have frequently done much good.

I am sorry to think your dear brother has not written me for a long time, as I would like to be of service to him.

My family unite with me in kind regards to you and your wife.

Yours most sincerely,

SAM. HAHNEMANN.

Köthen, December 25, 1826.

(To be continued.)

CACTUS GRANDIFLORUS IN MITRAL INSUFFICIENCY.

By L. NARAIN MOOKERJEE.

SISTER of Mr. B——, an old lady, widow, aged about sixty-five, has been subject to difficulty of breathing for the last three years or more, and had been under the treatment of various practitioners, lay and professional, who treated her—as the patient and her relatives said—for asthma. As a last resource homeopathy was sought for and the patient was placed under my treatment on the 16th of June, 1898. Her symptoms were as follows:—

A very high degree of bronchial catarrh, chest feels as if always full of mucus, expectoration transparent and frothy, must always clear her throat by constant hawking, then coughs up a large quantity of clear, transparent frothy mucus every morning, which makes the chest feel lighter, dyspnea almost continuous with aggravation in the evening at about 4 p.m., increasing till midnight, and gradually passing off at about four in the morning when she could get a little sleep. Cannot lie down flat on her back as this makes the breathing worse, neither very well on her left side, must sit up in her bed the whole night bent over a pillow, no sleep on account of the increased dyspnea, constipation attended with a very high degree of gastric catarrh, anorexia, sometimes the food is thrown up, pulse weak, small and intermittent, pains and a sense of constriction in the chest. Physical signs—auscultation—buzzing and sibilant râles, both coarse and fine, over a large extent of the thorax on account of the bronchial tubes being filled with large quantities of mucus, increased area of cardiac dulness, purring murmur at the apex of the heart, second or diastolic sound much louder, liver enlarged. Headache almost constant, dull, and heavy, with evening aggravation, when the head feels as if tightly bound by a cord from temple to temple, slight icteric hue in the eyes.

Family history revealed nothing. Diagnosis: mitral insufficiency most probably brought on by calcareous deposits on the valves due to old age or chronic endocarditis.

R. *Nux Vom.* 3x morning and evening for four days, and then *Digitalis* 3x three times a day for the same period.

July 15th. No change; for the better; continue *Digitalis* three times a day as before.

July 24th. No change; R *Digitalis* 1x to be taken three times a day as before.

August 2nd. Feels a little better, bowels have become regular since last four days; other symptoms as before.

R Repeat.

August 15th. No further change, everything as before except bowels, which are keeping regular.

R *Cactus Grandiflorus* 6x three times a day.

August 24th. Feels better, can leave her bed, no headache, dyspnea not so great, can sleep a little, chest feels lighter, a little increase in appetite, bowels regular, move twice a day.

R Repeat, but twice a day, in the morning and evening.

September 15th. Feels quite at ease, can walk a little in the house here and there, no dyspnea except after some exertions. Appetite good, bowels regular.

R Repeat, but to be taken once a day, every morning.

September 2nd. Very much improved, has put on flesh, can attend household duties, sleeps well, chest entirely cleared.

R *Sac lactis*.

On the 1st of January, 1899, I was sent for, as the patient had to leave for her native place, Dawelshwaram, about 100 miles off. I visited her in the evening and was asked for a supply of medicine. I can hardly describe the rejoicing and the grateful utterances showered on me when I pronounced her cured and said that no further medication was necessary.

In this case *Nux Vom.* was given as a general antidote to the heterogeneous and diverse sorts of medication which the patient had previously been put to; I cannot really account for why *Digitalis* failed, except for the reason that the action of this drug is purely nervous and does not extend to the organic affections of the heart. The action of *Cactus Grandiflorus*—because I had never used this agent before in cases like this, as I had had no opportunity of doing so on account of such diseases being very rarely met with in private practice—in the present case was truly marvellous, and is a very brilliant example indeed of how promptly and energetically a drug acts when truly homeopathic to the disease.

Waltair, India.

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 2, 1899, at 8 o'clock p.m.

The following specimens were shown :—

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Hydatid of liver removed by laparotomy . . . | Mr. Dudley Wright. |
| 2. A gall-stone removed by cholecystotomy . . . | Mr. Dudley Wright. |
| 3. Thirteen gall-stones removed by cholecystotomy . . . | Mr. Dudley Wright. |
| 4. A new cycle seat (in contradistinction to the ordinary saddle) placed transversely to the machine in the form of a lateral leather sling or hammock | Mr. Gerard Smith. |

A paper was read by Dr. F. S. Arnold, B.A., of Manchester, on "The Modern Therapeutics of Pulmonary Phthisis," of which the following is a synopsis: Antiseptics—*Tuberculin*—aërotherapeutics—homeopathic therapeutics. He did not discuss homeopathic therapeutics in detail, but only mentioned a few remedies; the one he had found most useful being *Sanguinaria*.

This was followed by Dr. C. E. Wheeler, B.Sc. Lond., of Kingston, who read a paper on "The Dispensary Treatment of Phthisis."

Both papers were well written, interesting, and instructive, and were discussed together. The discussion was opened by Dr. Dyce Brown, who spoke first of the value of *Phosphorus* which Dr. Arnold had not mentioned in treatment, and Dr. Wheeler, who mentioned it, had been disappointed with it. Dr. Dyce Brown considered *Phosphorus* in the third centesimal dilution very valuable where indicated. He has also obtained marvellous results from *Calc. C.* 30 in some cases, and *Iodide of Calcium* he has also found useful. He has also found *Nitric Acid* useful where the symptoms point phthisis, but the physical signs are not definite.

Dr. Byres Moir spoke enthusiastically of the hopefulness of treating early phthisis. Where there is increased temperature and loss of flesh, showing that the disease is increasing, he uses *Phosphorus* in the early part of the day and *Belladonna* in the latter part. Later on he uses *Ars. Iod.* *Verat. Vir.* he also finds useful, as also *Calc. C.* and *Ac. Nit.*

Dr. A. R. Croucher (St. Leonards) considers *Phosphorus* the best remedy in advanced as well as early cases. For night sweats he recommends *Phosphoric Acid*, and for night cough *Hyoscyamus*.

Dr. Stonham said he had found *Kali Carb.* 30 useful when the base of the right lung was affected. He uses *Silica* in some advanced cases. Dr. Day considers *Tuberculin* 3 and 30 of value, given once or twice a week. Mr. Dudley Wright also spoke on the use of *Tuberculin*, which he employs in cases of tuberculous glands twice a week. He had not found it of any use in laryngeal tuberculosis. He said it was useful in cases of lupus of the face, nose, and pharynx, but apparently of less value when tubercle affects the respiratory mucous membrane.

Dr. Goldsbrough thought *Phosphorus* useful in very slow chronic cases, but the cases need discrimination. He considered that *Tuberculin* acted homeopathically and not isopathically, a statement to which Mr. Johnstone took exception.

Drs. Madden, MacNish, W. Thomas, and Burford also took part in the discussion, after which Drs. Arnold and Wheeler replied.

INSTITUTIONS.

INTERNATIONAL HOMEOPATHIC CONGRESS, 1900.

THE following circular has been issued :—

ESTEEMED COLLEAGUE,—At the London Congress of 1896 it was decided that we should meet next time in Paris, and that the quinquennial gathering should be ante-dated one year, so as to make it coincide with the Exposition Universelle which is to be held in that city in 1900. The Société Française d'Homéopathie has accepted the task of organising the Congress, and has appointed the undersigned a Commission for the purpose. It has also obtained from the Management of the Exposition a place among the Official Congresses meeting in connection therewith.

We therefore beg to inform you that the Sixth Quinquennial International Homeopathic Congress will assemble in Paris, at a date hereafter to be determined, but lying between July 20 and August 19, 1900 ; and we earnestly solicit your co-operation in our work of preparation for it. We need essays for our discussions, and the presence of representatives of our system to conduct these to advantage. Will you be good enough to take such measures as you deem most suitable for interesting in our projected gathering the readers of your journal?

All information regarding the Congress will be published in good time in the French homeopathic journals.

With our fraternal regards, we remain, dear colleague,
yours most truly,

P. JOUSSET, *President.*

R. HUGHES, *Permanent Secretary.*

LÉON SIMON, *Secretary.*

VICTOR CHANCEREL.

A. GONNARD.

MARC JOUSSET.

J. LOVE.

J. P. TESSIER.

P.S.—All essays and papers should arrive by January 1, 1900, at the latest, and should be addressed to—

DR. LÉON SIMON,

24, Place Vendôme, Paris, France.

BROMLEY PHILLIPS MEMORIAL HOSPITAL.

TENTH ANNUAL MEETING.

FURTHER MUNIFICENT DONATIONS.

THE annual general meeting of the governors, donors, and subscribers of the Phillips Memorial Homeopathic Hospital and Dispensary for Bromley and the district was held at the hospital premises at the junction of Widmore and Park Roads, Bromley, on Monday evening, February 27th. The President (Mr. Walter Murton, C.B.) presided, and there were also present: Drs. E. M. Madden and H. Wynne Thomas (hon. medical officers), Mr. John G. Charles (hon. treasurer), Mr. J. M. Wyborn and Mr. Sydney G. Thomas (hon. secretaries), Mr. and Mrs. J. Churchill, Miss Hyde (matron), Mr. A. Lindsay Bell, Mr. W. Petrie, Mr. Gibson, Mr. Dixon, Mr. W. R. G. Hay, &c.

We have pleasure in quoting the following extracts from the report in the *District Times* of March 3rd:—

In their tenth annual report, which was presented by the hon. secretary (Mr. J. M. Wyborn), the committee reminded subscribers that in the last report allusion was made to the result of an appeal for sufficient money to commemorate the sixtieth anniversary of the Queen's reign by building a new hospital in the White Hart Field. To the consideration of the details of this scheme the committee, as well as the Building Committee, had devoted much attention during the year. It was resolved that in the interests of the hospital it was desirable that competitive plans should be separately prepared by

three architects, including Mr. Charles Bell, and that an assessor should be appointed to make the selection. The terms of the competition having been arranged, Messrs. Evelyn Hellicar and S. B. Russell accepted invitations to compete with Mr. Charles Bell, and Mr. Norman Shaw, R.A., was appointed assessor. This gentleman gave his award in favour of Mr. S. B. Russell. A tender by Mr. Graty for the entire structure, with various additions to the original specification, was accepted, the cost amounting in all to £4,800. It was found necessary, however, owing to the present state of the building fund, to arrange for the erection of a portion only of the new building, the builder undertaking that if, before the 18th of July, 1899, the committee see their way to erecting the whole building, he will complete the same on the terms of the present contract. The foundations of the new edifice were commenced in December, and it is hoped that that part of the structure which the committee have decided to erect will be completed during the present year. The increase in the building fund during the year has been mainly due to the donations of a few liberal benefactors. These handsome gifts are highly gratifying and helpful to the scheme. At the same time the committee reminded their numerous friends that no amount would be too small to be acceptable. What is needed is the addition of £2,000 to this fund, in order that the increased expenditure involved in the construction of the hospital in an incomplete form and afterwards enlarging it to its full dimensions may be avoided. In the course of the year under review, 77 in-patients were treated, with the result that 54 were discharged cured, and 14 were improved in a greater or less degree, while only two cases terminated fatally. Thirty-two operations were performed. The services of the honorary gynecologist, Dr. Burford, and the honorary consulting surgeon, Mr. C. T. Knox Shaw, were on several occasions called into requisition. The number of visits to patients at their homes reached a total of 1,342. The attendances at the dispensary numbered 1,798, including 304 new patients. These figures show generally that the increased work in the out-patients' department has been fully maintained.

A MUNIFICENT GIFT.

Dr. Madden said he had great pleasure in making an announcement which he was sure they would receive with pleasure. Their very good friend, Mr. Duncanson, had given him permission to announce that he had made a present to the hospital of bonds to the value of over a thousand guineas for the endowment of a second bed in the hospital in memory of the late Mrs. Duncanson. (Loud applause.) Not only had Mr. Duncanson done this, but in the most generous way he had

saved the trustees all trouble in the matter by presenting them with bonds of considerably more value than they would be allowed to invest in on their own account, and absolving them from all responsibility in the matter by giving them a written record to that effect. Therefore, instead of having a sum of £30 to £35 a year, his present represented £48 a year at least; which, added to the £42 or £43 which they obtained from Mrs. Leishman's valuable gift, gave at once an increased annual income of £90. (Applause.) That, in connection with the doubling of subscriptions mentioned by the President, led them to hope that they would not be straitened for want of funds. The only difficulty seemed to be to get the money required to complete the building itself, and that, he hoped, they would not find insuperable. (Applause.)

Dr. Madden proposed a hearty vote of thanks to Mr. Duncanson for his generous gift, which was seconded by the President, and heartily accorded, and the meeting then closed with a vote of thanks to the President for presiding.

OXFORD HOMEOPATHIC DISPENSARY.

In the 26th annual statement to the subscribers and friends of the Oxford Homeopathic Dispensary, the committee report that the work has continued to their satisfaction. There has been an increase in the amount under patients' offerings, which for the last few years has averaged from 5s. to 6s., this being a slight indication of the patients' appreciation of the benefits of the dispensary. There has been no increase in the amount of patients' fees owing to the issue of free tickets. The committee earnestly appeal for increased financial support. In the medical report Dr. McLachlan states that the number of applications for medical advice during the past year has been 650. This brings up the number since the opening of the dispensary to 29,845. Five patients have died during the year. The number of visits made to patients' homes has been about 225. Many, almost one-half, of these have been paid without tickets, as very many of the patients find great difficulty in procuring them. Thirty children have been vaccinated with calf-lymph, always with success and without any ill-effects resulting.—*Oxford Chronicle*.

THE HOMEOPATHIC HOSPITAL, PLYMOUTH.

THE annual public meeting of the Devon and Cornwall Homeopathic Hospital was held at the Barristers' Room, Western Law Courts, on Wednesday afternoon, March 1st,

the Mayor of Plymouth (Alderman J. Pethick) presiding. Among those also present were Prof. Chapman (President), the Rev. Dr. Kennedy, Mr. W. Hawkes, J.P., Prof. Macey, Messrs. J. Carkeet, Charles King, G. Davies, W. Collier James, Drs. Vawdrey, Cash Reed, and Alexander, and Mr. E. Roseveare, jun. (hon. secretary).

In opening the meeting the Mayor remarked that he had great pleasure in presiding over the annual meeting of such an institution as that. It was an institution which thoroughly deserved the full support of all the people of Plymouth. He hoped that its work would go forward and prosper, and that they would get plenty of subscriptions. The work was a great one, both the hospital and dispensary giving help to those who could not help themselves. The institution reached those who were not reached by the other hospitals, and he impressed upon them the necessity of supporting it.

The committee report that in the past year there has been more work done than in any year since its foundation, in 1859. In every branch great increase has been manifested. The number of patients treated in the wards of the hospital was 147, an increase of five as compared with the admissions of the previous year. Had funds allowed many more cases would have been admitted. The most marked advance has been in the work performed in the accident and emergency department. In 1897 the increase in this branch was ninety-eight, but last year there was a further increase of 130. Nearly five hundred cases of accident and emergency had been treated. Another feature of the work of the institution which must appeal to all was the visiting of the sick poor in their own houses by the nurses. This district visiting was a comparatively recent addition to the hospital work, and is very highly appreciated by the patients who receive the skilled attention of the nurses. Nearly two thousand of such visits have been paid during the year, and with those made by the medical officers, this brings the total number of visits to out-patients in their own homes to 5,506. Three thousand nine hundred and five out-patients also had been treated at the dispensary. These patients made 14,699 attendances. It will be seen that this department has been by no means idle, these figures showing an increase of 510 patients. Only two deaths had occurred in the hospital during the year.

Including both the hospital and the dispensary, it will be seen that over 4,000 patients have been treated, but to carry on this work the only constant source of income, that derived from annual subscribers, amounted to the obviously inadequate sum of £262. The Hospital Sunday and Saturday collections amounted to £176. The institution depended for its main-

tenance on these sources, as it had no endowments. An earnest appeal to the public was made for further aid in new or increased subscriptions and donations, as unless some such help was forthcoming some of the good work at present being done must of necessity be abandoned. This year's working showed an excess of expenditure over income of £262. As there was an increasing demand for private nurses on the part of the public the committee had determined to enlarge their nursing staff during the coming year to meet the wishes of many supporters who desire to have nurses from the institution.

Professor Chapman moved a resolution to the effect that, in view of the heavy strain and the constant deficiency in the balance sheet, the revised rules as recommended by the committee should be adopted, and that the meeting pledges itself to use every endeavour to wipe off the deficit.

Mr. G. Davis, in seconding, thought that the institution had not by any means made the progress financially that it should have done.

Mr. Charles King, supporting, reminded the meeting that there were no endowments whatever. The premises belonged to them, and were therefore free from charges, but the expenses were too heavy for them. Last year they took £500 from the £1,000 they had in the bank, and which they had hoped to be able to invest so as to bring them in some interest. The institution was now under somewhat new management, and they hoped that with the practice of economy rigidly enforced, but without abusing the usefulness of the institution, they should be able to meet their difficulties.

Mr. W. Collier James moved, and Dr. Cash Reed seconded a vote of thanks to the Mayor for presiding.—*The Western Mercury*, March 2nd.

EXTRACTS.

THE NORDRACH CURE FOR CONSUMPTION.

By JAMES ARTHUR GIBSON.*

THE cure of consumption is at present largely occupying public attention, and it is well that chemists, who, next to doctors, come most in contact with consumptive cases, should know the best mode of treatment, and be familiar with its details. It is not many years—nay, months—since consumption was considered an incurable disease by even the most up-

* From the *Pharmaceutical Journal* of February 4 and 11, 1899.

to-date scientists and medical men in this country. When in 1895 I broke down in health, affected with consumption, I could get no book on the subject which gave me the least hope of recovery. All the standard works were full of vague talk about "amelioration," "arrestment of the progress of the disease," "improvement in condition," and other such phrases which convinced the unfortunate consumptive who could read between the lines that there was absolutely no hope for him. Some of them went so far, however, as to say that very favourable cases in the first stages might recover by going to live abroad, but that this was a doubtful move to make, as it only too often meant that the patient went out to a foreign land to die among strangers. I had resigned myself to the inevitable, although I felt all the time that there must be a cure for a disease which was so slow in its results, and left the mental faculties unimpaired to the last; that it was against all nature for man to die so. I was advised either to sell my business and go abroad to live or to go for a voyage round the Cape in a sailing vessel. It was at this time (August, 1895) when, undecided what to do, that I had the great good fortune to meet a well-known friend who had been ill of consumption, as I knew, for seven years. I had met him at intervals during those years, and he was merely keeping in a miserable life by constant care and watchfulness, by living either at the Cape or Davos, venturing home to this country only at mid-summer. When I met him in August, 1895, he was a different man. Instead of being emaciated and dying he was looking well and happy, and had gained two stones in weight. What had wrought this change? He told me that after trying every known remedy and treatment without the least benefit he had been persuaded to go to Nordrach, in the Black Forest, Germany, where Dr. Walther was curing consumption; that he had in three months got incomparably more good than in all the previous seven years; that he had now made a start on the road to recovery and was soon returning to Nordrach to complete his cure. From what he told me of the treatment there, and of the hopeless cases that had been cured by Dr. Walther, I judged that it was the chance that held out most hope for myself. Early in October, 1895, I reached Nordrach. My weight at that time was 9 st. 12 lbs. It is necessary to enter into such personal details, as the whole system of treatment hinges on such things as weight and temperature, which are the outward signs of the ravages of the disease. I will endeavour to give an outline of the treatment of consumption which Dr. Otto Walther has, to a great extent, originated and perfected at Nordrach.

I may say in passing that Dr. Walther is without doubt the

greatest authority on consumption who has ever lived. He has carried into practice the system instituted by Brehmer forty years ago, and has from his own experience and observation brought it to such a pitch of perfection that he is able to effect cures that no other authority would credit, and that even Brehmer himself would have considered impossible. The Nordrach cure of consumption consists of these three main features: (1) abundance of nourishing food; (2) regulation of the amount of exertion and rest; and (3) fresh air. The present crusade in this country against consumption is for the furtherance of the "fresh-air" treatment. Such a title applied to the Nordrach treatment is, strictly speaking, a misnomer, for though the open-air treatment is carried out more thoroughly at Nordrach than anywhere else—the open-air life being not gradually, or only partially, put upon the patient, but thoroughly and completely from the first day without ill-effects—it is the least important of the above three details. I therefore prefer to call the up-to-date treatment of consumption the "Nordrach cure," and it is only in so far as it follows the lines of the Nordrach treatment that the movement will succeed. The absolute necessity of building up the patient's system by a liberal forced diet, and the strict supervision of all the patient's movements, regulated by his temperature chart, so as to ensure his avoidance of all over-exertion, are the two most important points in the cure of consumption, and they are two points that are completely, or almost, altogether overlooked in the "open-air crusade." No man can live on air—a consumptive less than any one—and the slight increase of appetite resultant from the open air is of very little use to him; perhaps the opposite, merely serving often to sustain his strength for a little, and so prolonging his life of misery. The consumptive must be forced to eat if he is to live and get well. One of the worst results of the illness is a loss of appetite. The less the patient eats the worse he gets, and the less still is he inclined to eat. It is the longer the worse. He is starving, and all the while the disease is further sapping his vital energies. If he is to recover, this must be reversed. Instead of eating too little he must, so to speak, eat too much, so as to replace, first, the natural waste of the system; second, the extra waste from the disease, and, third, that he may gain weight, the system thereby being strengthened and thus being made able finally to throw off the disease. The constant supervision exercised at Nordrach, on the other hand, prevents unnecessary waste of energy and the relapses and accidents that are so common to patients not under supervision. Over-exertion, to the length of fatigue, always results in high temperature or return of cough, or tells in some other

unpleasant way. The results obtained at Nordrach, the cures effected, are so much better than can be obtained anywhere else or by any other means that it is the only system worth following out in this country ; and it is to be hoped, since the movement is but in its infancy—more shame to us—and everything is yet to be done, that those in authority will see that sanatoria are built and conducted on Nordrach lines. It seems to me that the originators of the movement have got but half the truth, and that if “the open-air” treatment is carried out, as it has been conceived, there will be a woeful tale of failure.

Let me take the three main points of Dr. Walther's cure, and describe roughly the essentials of each.

(1) OVERFEEDING.—This literally means overfeeding. The patient is forced to eat an enormous amount. There can be no cure without weight-gaining, so that is the first thing to aim at. The patient must gain in weight—and he does gain—sometimes as much as 7 or 8 lbs. in a single week. The gains are not commonly so large as that, but 2, 3, 4, and 5 lbs. a week are quite common. I here give a table of my weight during the sixteen weeks I was at Nordrach.

First week, October 12, 1895	..	..	138 lbs., or 9 st. 12 lbs.
Second week	..	..	143 lbs.
Third week ..	..	..	147 „
Fourth week	..	..	149 „
Fifth week ..	..	..	153 „
Sixth week ..	..	..	157 „
Seventh week	..	..	160 „
Eighth week	..	..	163 „
Ninth week..	..	..	165 „
Tenth week..	..	..	168 „
Eleventh week	..	..	168 „
Twelfth week	..	..	169 „
Thirteenth week	..	..	170 „
Fourteenth week	..	..	173 „
Fifteenth week	..	..	174 „
Sixteenth week, January 24, 1896	..	..	176 „ or 12 st. 8 lbs.

The doctor sits at table and himself serves out the portions each should eat, and that must be eaten. It is not how much a patient likes, but how much he needs. It is certainly a great struggle at times to eat the necessary amount, and to begin with it sometimes seems to a patient that life is not worth the trouble this entails. But he does not think so for long. He has not been at Nordrach for more than a week or two before he realises that he at least has found the right treatment, and he sets himself resolutely to the task of working out his own salvation, seeing that it is now a fight between himself and the disease, instead of a quiet acquiescence in his life slipping peacefully and quietly away. As his weight increases he

begins to feel his strength returning, the cough leaves him after the first few weeks, so that his lungs are not continually being irritated and inflamed by constant coughing, and he is also able to sleep better—which is a great matter. This cough, which a consumptive has, is nothing more or less than an ordinary cold which he has all along been too weak, or has not been living under the proper surroundings, to throw off. At Nordrach it leaves him like magic, and he does not realise that it is going till it has gone. The open-air life—continually living in pure air—the absence of chills and relapses which this entails, and the improvement in the patient's own bodily condition, work this change. It is peculiar to note, as a good example of the infectiousness of an ordinary cold, that on the arrival of a new patient with a cough, two or three of the weaker patients sometimes catch the cold from him and cough for a day or two. By degrees, as the patient's weight increases, the temperature becomes normal, the lungs begin to heal, the bent shoulders to straighten, the chest to expand, and the feeling of languor and hopelessness disappear, until, by the time the cure is complete, the patient has gained in weight from 2 to 4 st. I myself gained nearly 3 st. in the three and a half months necessary to complete my cure. I came home in the middle of January, for when a man has been cured on the Nordrach lines, he is superior to climate, and goes to live anywhere as readily in winter as in summer. There are but three meals a day—but such meals! Breakfast (at eight) consists of cold meat, such as tongue, roast beef, and ham, with plenty of bread and butter, eggs, tea and coffee, and almost a pint of milk, and of all these as much as can possibly be eaten.

Dinner (at one) is the principal meal, and almost two hours are spent over it. The first course is hot meat of some kind—veal, venison, fowl, cutlets—with plenty of potatoes, vegetables, and bread. The second course is a repetition of the first, merely a different kind of meat being substituted—roast beef, mutton, or pork, with again plenty of potatoes and vegetables. The doctor gives out the portions, and he does so with no niggardly hand. Any one of these courses would be a fair dinner for a working man, and yet dying consumptives, who are supposed to have no appetite, have to demolish them both. But we have not done yet. A great slice of plum-pudding or a dozen apple tarts, or half a pound of rich cake and an apple or two, and some nuts and grapes, and on the top of all that a pint of milk. Is it any wonder that one gains weight under such treatment?

Supper (at seven) is much the same as dinner, except that the second course is left out. Steak and eggs is the favourite supper dish—and raw chopped ham or beef for a second

course. A patient looks glum the first time he finds placed before him about half a pound of cheese, which he must eat, at the fag end of a day in which he seems to have been doing nothing but eating. It will be seen that the meals are at long intervals, so that there is plenty of time for digestion, with a chance of a fellow to feel hungry, which he rarely if ever does, before mealtime comes round again. This overfeeding has no ill-effects whatever—the stomach seems able to digest the extra amount of food. It is likely that the improved condition of the patient's health favourably affects the digestive organs besides. However it may be, and whether sick or not, the patient must at all hazards eat. Even with being sick three or four times in a week—only a few are so—he yet gains weight, and a time comes when sickness ceases. I knew a man who went to Nordrach. He was sick after his first dinner, sick again after breakfast next morning—this is no uncommon experience to begin with—and left for home that day. I saw him on his return to this country, and tried to point out to him the folly of what he had done. He said that he thought he could not stand the treatment, which was nonsense, as every one could stand it. He roamed about the country from one health resort to another for two years afterwards, and then he died. Had he been brave enough to have persisted he would have been alive and well to-day. Every one is weighed each week, and you may be sure it is with anxiety and hope that one steps on to the scales. And then the rivalry! There is a man 5 lbs. ahead of you. You cannot let a simpleton like him beat you, so he must be passed. And so it goes on, pound after pound is added to one's weight, bringing the desired end—the return home—so much the nearer. And then every week there is some one going away cured, some one who was quite as bad or ever so much worse than you were. And what encouragement there is in that!

REGULATION OF THE AMOUNT OF EXERTION AND REST.—There is nothing so injurious to a consumptive patient as over-exertion in any form—mental or bodily. This is not realised as it should be. The disease of itself tends to make the sufferer nervous and excitable, and every added excitement or over-exertion but increases the danger and hurries the patient to the grave. What a poker is to a fire is excitement to a consumptive—it hastens, though it may brighten, the consumption of the vital energies. The first thing a consumptive should be instructed to do is to take his temperature properly and to be guided entirely by it. A chart should be prepared and the temperature taken four times a day—in the morning on waking, an hour before dinner, again an hour before supper, and on going to bed at night—and noted on the chart. It is advisable

to take it by the rectum, as thus the only reliable readings are to be obtained. The temperature, roughly speaking, should vary between, say, $36^{\circ}\cdot3$ C. on waking in the morning, to about $37^{\circ}\cdot5$ to $37^{\circ}\cdot8$ C. after exertion about midday, gradually falling towards night when at rest. If it rises above 37° C. in the morning or 38° C. immediately after the morning walk, then the patient has done too much, and should be careful to do less. If it is as high as this without exertion then he should be in bed until it becomes more normal. Nothing is so exhausting to the system as fever—a much greater amount of oxidation and tissue waste goes on at such a time.

It is well that any one who attempts to carry out the cure should weigh himself regularly each week, and note his weight on the temperature chart for comparison. On arrival at Nordrach, the patient, after a day or two's rest, is thoroughly examined, and the doctor is able to tell what is the condition of the lungs. He instructs the patient accordingly with his eye on the temperature chart. If there is fever present the patient goes to bed, and in very obstinate and old-standing cases I have known this to be for several months, but it has been the means of saving those patients' lives, though it is a terribly tedious ordeal. If the temperature be fairly good then the patient is instructed whether to lie on his couch, sit outside, or go for a walk. Walking is generally uphill, rising gradually, and must always be taken at a snail's pace. No hurrying is ever allowed. The lungs, while thus being strengthened, are not disturbed, and the healing process is permitted to proceed.

As the patient grows stronger the walks, which were only perhaps a few hundred yards to begin with, are increased gradually, until, by the time he is cured, he is walking as far as ten miles in a forenoon. Thus the patient, when he returns home, is in a thoroughly hardy condition, and is able at once to resume work. Walking, for those who are permitted, is done from immediately after breakfast until twelve o'clock, when every one is supposed to be in his room resting for an hour before dinner. The way to rest properly is lying stretched out on a lounge or sofa. It is thus that the maximum amount of rest is obtained. After dinner again, all who are allowed are supposed to be outside, doing as instructed, and are required to be in their rooms again for an hour before supper to rest. It is wonderful how much this hour's rest will improve the appetite. The doctor visits each patient three times a day—before breakfast, dinner, and supper—and it is then he instructs each what to be about till his next visit. Every one is practically under his eye all day long, and it is on account of this personal, constant supervision that he obtains results so

very much better than are obtained elsewhere. I should say he cures 90 per cent. of his cases, and many of these would be such as had been given up as hopeless by others.*

I have known many cases to have come from other well-known sanatoria, unable to get benefit, hopelessly and as a last resort to Nordrach, and to have been perfectly cured. At the large hotel-like sanatoria on the Continent there is not the same constant attention to the individual; there is practically no compulsion to eat and no supervision of the everyday life, and it can be readily understood that the results suffer. As an instance of this, I have it on good authority that a patient absented himself from one of these sanatoria for a whole week, having gone into the neighbouring city, without his absence having been noticed. Twenty-five to 30 per cent. is the extent of the cures at such sanatoria, and these are only the most favourable cases. It is on the lines of such places that the movement in this country is being instituted. It may seem to any one who reads these lines that life at Nordrach must be a dreary round, hedged in as one is on every side by restrictions; but that is far from being so. One could not find a happier set anywhere. Every liberty is allowed that does not interfere with progress toward recovery. There are certainly no amusements, such as concerts and games. There is not even a common sitting- or meeting-room. Such things are not for consumptives' good. But there are the walks with a companion through the beautiful wooded hills and valleys of the Black Forest.

There is the doctor himself—a wonderful personality—and, above all, there is the feeling of returning strength and the hope of future health and usefulness; that more than compensates for everything. Then three times a day all who are able meet in the dining-hall, when such subjects as politics, religion, and one's latest gain in weight are discussed. One must be very careful, however, to say nothing to hurt the feelings of Emperor William—that is a subject tabooed.

To illustrate to you what is the appearance of these poor consumptives, I would give you the following. An English doctor came out to see Nordrach and have a look into Dr.

* On the last day of 1898 five of us met in Edinburgh. We were all Glasgow and Edinburgh men who had been cured of consumption at Nordrach, and had every one, some time within the last four years, been marked for death. You would not that day have found in Edinburgh five healthier or jollier fellows. C., of Glasgow, was telling us that the same day a year ago he was sitting shivering over the fire, wrapped up in a blanket, and saying over to himself Tennyson's sad lines in "The May Queen," "It is the last new year that I shall ever see." We of course wired to Doctor Walther, wishing him the compliments of the season, and letting him know that we were all well and happy.

Walther's mode of treatment; no doubt to return the next day to England believing that he knew all about it. We were sitting at dinner, and Dr. Walther said to Dr. — "There is but one person in the room besides ourselves who is not a patient, merely a visitor. Tell me who that is." Dr. — looked round, but was quite unable to pick out from so many healthy-looking folk the one who was really sound. Then Dr. Walther said, "Point out the worst case in the room." Dr. — immediately said that he thought a lady almost opposite to him was the worst case. We were all uncontrollable. She was the only person who was not a patient. One looks back to the days at Nordrach—when it was a duty to be lazy and grow fat—as the happiest of one's life.

FRESH AIR.—Nowhere is the fresh-air treatment carried out so thoroughly as at Nordrach. It is an important factor in the cure of consumption, but it is only one out of the three essentials, and is, I take it, the least important of them all. You could cure a man of consumption if he were living in an alley in the slums of London if you nourish him and watch constantly over his actions; but it would be impossible to cure the same man in the pure air of the Engadine heights unless you could supply him with the extra nourishment he requires. However, this is beside the mark. Under the Nordrach system there is pure air, and any amount of it. Night or day, summer or winter, the casement windows are never closed. Often the windows are taken quite out of the frames. Wind or frost, rain or sunshine, it is all one. From going there until returning the patient is bathed in this pure air continuously. The sanatorium is a long way from a town or even a village. By the constant inhalation of pure air the lungs are ventilated and purified and the blood thoroughly renewed. Patients are encouraged to be outside as much as possible in all kinds of weather. Sometimes they walk in the rain for hours without overcoat or hat, or protection of any kind, and never think of changing their wet clothing afterwards, and they never catch cold! I have done the same thing all the three years I have been back in this country. Never an overcoat, no matter what the time of year or the state of the weather. I am often drenched without afterwards changing or catching cold. When I can I go without hat or cap, and I am only sorry I cannot do so every day. The constant living in the open at Nordrach—the bedroom being practically as much outside as the weathercock—makes one feel miserable afterwards if he gets into a room with closed windows. I always keep the windows of my house open all the year round, night and day. The temperature without and within being more or less equal, there is no danger of catching cold in going out at any hour in

any season. Consumptives undergoing such treatment here would have nothing to fear so long as they carried out the treatment consistently, and did not one day live in a close room and the next day throw the windows open. Sudden change of temperature is the only thing to be avoided. The climate at Nordrach is very much the same as in this country. There is plenty of rain and mist; and in winter it is much colder than here. Climate has nothing to do with the cause or cure of consumption. All that is essential to the proper carrying out of the best system known is plenty of nourishment, rest, and pure air. These are all to be had in abundance here. Dr. Walther told me that we could as readily cure consumptives in this country as anywhere else, provided only that the proper men were entrusted with the work, and that the sanatoria were in the country, well away from a town. Nothing else is needed. No elaborate building with systems for supplying dried, heated, disinfected air to the patients, as some of our leading scientists would advocate. Such a system of treatment would only make hot-house cures. Such patients would never be able to live a natural life afterwards and keep well. Any kind of a house will do if it be in the country, and if the windows be knocked out, and if all the curtains, cushions, carpets and such things be thrown out of those windows. I have been reading an article by a doctor on the construction of hospitals for consumptive patients in the *Builders' Journal* of November 23rd last. The writer shows an almost mediæval ignorance of the subject. He takes as an authority the *Encyclopædia Britannica* that dates twenty years back, and another authority almost fifty years old, when everything of any value that is known about consumption has been learned within the last five or ten years! He advocates this system of heated air. He says that climates like that of Great Britain are very ill suited for allowing the air to be admitted directly into the patient's room without being sufficiently warmed. This is altogether wrong. This climate, or any climate, is suited for letting pure air directly into the rooms of consumptives at any time of the day or night and at any season of the year.

There are no bad results whatever to be feared. The patients need pure air, and need it in all its natural simplicity. They must live in it, bathe in it continually. With or without the guidance of a doctor there is no danger from such constant exposure in this climate. This will be realised only after many thousands of pounds have been spent on building useless sanatoria. Indeed, there seems to be a tendency to spend all available money and energy on building the sanatoria and to leave the treatment of the patients to take a very secondary place,

perhaps only enough funds being left to keep them in semi-starvation. The least possible amount of money should be spent on the building, and every possible penny be saved for the maintenance of the patients, which must be on a liberal scale, if cures are to be effected. It will take £4,000 or £5,000 a year to properly feed and maintain fifty patients. There must be no stinting in the matter of food. The best form of sanatorium is a long three-storied building, situated at the proper place, facing S.E. or S.S.E., so that the patients' room, which should be to the front, may get the maximum amount of sunshine, and yet that the back of the house may not be altogether deprived of it. The ground story of this sanatorium would consist of the "cellars"—all above ground—for the storage of coal, &c., and for the heating apparatus necessary for hot water for douche-baths, &c., and for heating in winter. The second story would be a range of, say, twenty-five rooms, each measuring about 12 ft. \times 14 ft. \times 11 ft., and all facing to the front. Behind these rooms would run a corridor, six feet broad, the entire length of the building. In this corridor there would be casement windows every six or eight feet, and these windows would be kept open continually. The entrance door would be at the south-west end of the sanatorium, which would be so constructed as to have no communication between the "cellars" and the living apartments. The top or third story would be a duplicate of the second. This would be the complete sanatorium, which would accommodate fifty patients, every one of whom would have a room to himself. The walls and ceiling of each room would be of wood—pine for preference—all waxed and varnished, so that they could be washed as often as necessary. In each room there should be a douche bath, hot and cold water—so that the patient could take a bath every day—wash-basin, writing-table, bed, sofa or lounge, and two chairs would comprise the furniture of the room. There should be two casement windows in each room, which would always be kept open, and above each window there should be a fanlight window reaching to the ceiling, also kept open. This would always ensure adequate ventilation, which would be found never too much even in the depths of winter. I speak by the book in this matter, for I speak from experience—and, besides, I know what is being done in one sanatorium in England on these lines with the best results. There would be a coil of steam pipes in every room for heating it slightly in the very coldest weather. There should be no fires and no gas. Electric light is the necessity. The building for cooking, dining, &c., must be distinct and apart from the living house. This is all that is wanted; not elaborate systems of heating and ventilating. But I am doubtful if any one will be con-

vinced of this until a lot of money, which would have been much better spent on patients, has been thrown uselessly away on buildings. Dr. Walther's sanatorium consists of four living houses, separated from each other by 300 or 400 yards. Only one of them has been specially built as a sanatorium, the other three having been ordinary dwelling-houses which he adapted to his purpose without change other than the increasing of the number of rooms and the fitting up of each room as I have mentioned above. The rooms in these houses face in all directions—some north, some east, some west, some south. Some of them are without a blink of sunshine for months, but the windows are kept open—the one essential—and the cures effected in these rooms are quite as rapid and satisfactory as in any of the others. I cannot insist too strongly on there being no merit in the sanatorium. Everything depends on the system and on the way in which it is carried out. It is necessary that the doctor who is to take charge of a sanatorium go to some properly conducted Continental sanatorium—Nordrach preferably—and study there a few months (not days) the proper mode of treatment. It would be nothing short of criminal for an ordinary practitioner to take up such work, one whose only qualification for carrying it on would be the knowledge he had culled from badly informed books about a disease the true nature of which he was, a few months before, totally ignorant.

I have exceeded the space at my disposal, and have not said half of what I meant to say. The point I would like to enforce is: That nine out of every ten cases of consumption are curable by the means I have indicated—nourishment, rest, and fresh air. When these things are properly applied, they are the reversal of the conditions that bring about the disease, and there are certainly no other means that can effect a cure. We all know of the pounds of guaiacol carbonate and creosote that some consumptives have to take. These things are absolutely useless. It were much better that the patient spend his money on a few gallons of milk and some pounds of butter and beef-steak. No drug can do any good in the smallest degree, and no injection of serum is of any benefit. I had meant to have spoken of the best means of eradicating tuberculosis in man and in cattle. It is the same disease in both, and can be cured in the same way. Consumption being an infectious—and not a hereditary—disease, can be quickly diminished by preventing its spread, by the use of the same means as are resorted to in the case of other infectious diseases. Being curable, it follows that fresh cases, which would be few, and which would be at once notified, would quickly be cured. This refers to cattle as well as to man. If the State were to take the matter

up—which in all conscience it ought to do, seeing that about 60,000 people die needlessly every year from consumption, and that almost a third of the cattle in this country are affected—and create a department for its suppression, I am convinced that in ten years tuberculosis could be completely eradicated. I would refer the reader to my article in last month's [January] *Nineteenth Century* for fuller information on some of the points touched on here.

LIQUID AIR.

NOT since the discovery of the famous "X-ray," which upset so many theories based on the alleged opacity and solidity of matter, has scientific investigation of Nature's secrets resulted in anything so startlingly suggestive as Charles E. Tripler's process of liquefying the air we breathe. Liquid air is not a novelty to chemists—that our atmosphere is susceptible of liquefaction has long been known; but its great cost has heretofore precluded its manufacture, save in very minute quantities for chemical experimentation on a small scale. To make a gallon of it by the process known to every good chemist would cost several thousand dollars, but by the new method that quantity can be produced at the expense of only a few cents.

Liquid air may be defined as compressed air still further compressed; but an intense degree of cold is an essential factor in its production. Either fusion or solution will reduce most solids to a liquid form, and either frigidity or pressure will liquefy most gases; but both these conditions are indispensable to the liquefaction of the earth's atmosphere—a pressure of twenty-five hundred pounds to the square inch and a temperature of four hundred degrees below zero. When these factors are combined in the new process, eight hundred cubic feet of free air is reducible to one cubic foot of liquid.

The marvellous properties of the milk-like substance that flows by the gallon from the machine are really a tax on the credulity of the ordinary mind. The writer was a member of a party of guests recently invited to witness some experiments made by Mr. Tripler in his laboratory; and it is no exaggeration to say that, in his manipulation of liquefied air, the inventor produced phenomena that were not only unique in the realm of physics but apparently defiant of its so-called laws.

The first paradox presented is that the stuff is an absolutely *dry* liquid—it has none of the elements of moisture. At a temperature of about three hundred degrees below zero it *boils*; yet when an apple, an orange, an egg, a potato, and a piece of raw beefsteak were immersed in the fluid, one after another, these substances were frozen so hard as to require several stout blows from a hammer to smash them—when they crumbled into chips like marble dust. A thin rubber ball, after being thrust into the liquid air and dropped to the floor, cracked like an egg-shell. Mercury was frozen into a solid block and used as a hammer to drive a nail of the same substance into wood. Pure alcohol was turned into icicles. A glass of water, although placed in a kettle over a fire, was turned into *ice* when a little of the strange stuff was added to it.

On the other hand, a piece of hair felt, which cannot be made to burn under ordinary circumstances and will only smoulder at best, when saturated with liquid air and brought in contact with a lighted match, blazed up like pine shavings soaked in kerosene and was instantly consumed. A steel rod held in the vessel of air burned away like a stick of cedar thrust into a fire. A piece of carbon subjected to the same treatment was made incandescent. A lighted cigarette, when placed in some of the air immediately after it was drawn from the liquefier, was extinguished; but after a few seconds' exposure, during which the more volatile nitrogen was allowed to escape, the cigarette, on being relighted and immersed in the fluid, burned like a fuse.

Again, this harmless-looking stuff, when confined, has an expansive power exceeding that of dynamite. It burst an eight-inch iron cylinder a quarter of an inch in thickness. The only known substance that it will not render brittle and thus disintegrate is copper, and it is transported in tanks of this metal open at the top. When its real dynamic energy is ascertained, and if a safe and feasible method of confining it can be discovered, it will beyond doubt supplant all other kinds of fuel and force in the world's transportation and manufacturing industries. Its use for refrigerating purposes is a certainty of the near future. A gallon of it evaporates in about nine hours, but during that process a delightful coolness is imparted to the atmosphere of the apartment containing the copper vessel. The varied and indispensable service

rendered to modern civilisation by ice, exclusive of the needs of skaters, can be more cheaply and satisfactorily performed by liquid air. Its possibilities, therefore, seem tremendous.—*Mind*, March, 1899.

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.

ANGOPHORA LANCEOLATA.

ENQUIRER wants to know the natural order of the above, and would be much obliged to Mr. Frederick Kopp, who has proved it, or to any reader who will give the botany of it.

DR. CLARKE'S "MATERIA MEDICA."

J. K. (Brisbane) is thanked for his kind communication. Particulars regarding the above will be announced as soon as it is in a sufficiently forward state. The name of it will be *A Dictionary of Practical Materia Medica*. It will, if possible, be confined to two volumes of portable size, though it may run to three. The first half is in a forward state, but is not yet complete, and the work of revising and incorporating accumulated material is necessarily slow. It will probably be issued, in the first instance, in parts, and by subscription only. It is confidently expected that some part of it will be in the hands of the public this year.

Obituary.

DR. TEMPLE S. HOYNE.

WE learn with great regret that Dr. Temple Smith Hoyne, of Chicago, the well-known writer on materia medica and therapeutics, and till recently editor of the *Medical Visitor*, passed away on February 3rd at the comparatively early age of fifty-eight. On Dr. Hoyne's frequent visits to this side, the writer, with other of his friends, had noticed of late years how rapidly he had seemed to age, but we little anticipated that

we should so soon have to lament his departure. It appears he had long suspected some organic internal trouble.

Dr. Hoyne was the grandson of Dr. John T. Temple, the first homeopathic practitioner of Chicago. He graduated with high honours in 1862 at the Chicago University. He studied subsequently at Hahnemann College, Chicago, and the Bellevue Hospital College of New York. He served through the campaign of 1864, assisting Dr. Hamilton at the front. In 1865 he became Professor of Pathology at Hahnemann College, Chicago, but eventually he turned his attention to materia medica, and it was through him that *Carbolic Acid* was first proved. His *Clinical Therapeutics* and *Materia Medica Cards* are his best-known works. He is survived by his wife and their only daughter.

RICHARD SANDON GUTTERIDGE, M.D.

Another homeopath of the older generation has passed away in the person of Dr. R. S. Gutteridge, of Welbeck Street, and formerly of Leicester. He was M.D. of Erlangen, L.F.P.S., L.M. Glasgow, and M.D. of Cleveland, U.S. He was member of several learned societies, and was formerly lecturer on Practice of Medicine to the Zenana Medical College. The later editions of Laurie's well-known works on domestic medicine were edited by him, and he was the author of several works on Cancer and Consumption. Dr. Wilkins Gutteridge, of Tasmania, is his son.

GENERAL CORRESPONDENCE.

THE PREVENTION OF TUBERCULOSIS.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—If I may be permitted to trespass upon your space still further with respect to this subject, it may possibly prove of interest to your readers to learn that the dissemination of information concerning the risks to which the public health is at present exposed by the consumption of milk drawn from cows which are the subjects of tuberculosis, is exercising a potent influence on the minds of many men who occupy positions of influence in regulating the sanitary arrangements of the localities in which they reside.

It is worthy of note that since the publication of your February issue a notice appeared in the *Manchester Guardian* that the Cheshire County Council intends to institute a series of experiments upon the cattle owned by the County Dairy Institute at Worleston, to ascertain among other things how far tuberculosis in its early stage affects the quality of milk, and whether it is possible by therapeutic or other treatment to eradicate the disease. The Institute owns something like seventy head of stock, and I understand that the *Tuberculin* test has been applied to all, resulting in fifteen responding thereto, as evidenced by a rising temperature; these, I believe, will be again tested, and if on the second occasion they do not respond to the test, those not responding will be sent to the abattoir for slaughter and post-mortem examination.

Among other important objects for which those experiments are being carried out, it is desired to learn whether animals but slightly affected with tuberculosis can be cured.

Now, I am very anxious that the homeopathic members of the medical profession, to whom I have already appealed, should understand that the important experiments now being conducted in Cheshire are just such as I propose, among others, to carry out on the experimental farm I want to see established by homeopaths, as indicated in my former communications, and I much regret that the caution, or the scepticism, whichever it may be, that has hindered so many homeopathic medical men from responding more readily to my proposition has prevented us as homeopaths from being the first in the field. There is, however, still plenty of time to do a good work, because whatever success may follow the efforts of the Cheshire County Council and similar bodies in these investigations, we know right well that our therapeutics give us an undeniable advantage when we come to the curing-point; and if my medical friends would only give me sufficient encouragement to go to the expense of engaging a room for a meeting, I should be glad to prepare my statement for their early consideration; but I am sure there is no one who would care to know that I had spent time and money on an object that could only prove abortive through lack of interest and personal support. I should like every one to understand that attending such a meeting commits no individual member of the profession to anything. My object is *discussion*; if after that

it appears useless to attempt further action, the matter can drop, while I shall feel that I have done my best in what I consider a very important cause.

It is also worthy of attention that among the members of the veterinary profession there is a growing desire to understand what is the effect of repeated doses of *Tuberculin* upon the systems of stock. By some the change which takes place is described as a temporary immunity, and they want to know how long the immunity lasts, and how many injections are required before the animal shall not react; but evidently these gentlemen have no faith in a *cure*, because they speak of this immunity being temporary, thus enabling a man to cheat another by selling an animal that does not at the time react to the test; it does not seem to have dawned upon their minds that such a condition may be a genuine cure. To test this question in a thoroughly scientific manner would be another object of my experimental farm.

But, apart from the value of the experiments, let me remind one and all that my proposition involves the establishment of a profitable undertaking which within a short time, at the discretion of the directors and shareholders, will prove a remunerative investment. Quite recently, a man who lives in my neighbourhood and owns a dairy of some eighty cows, had the whole number tested with *Tuberculin*; those that responded were immediately isolated from the herd that supplied milk offered for sale; the veterinary adviser who performed the inoculations certified that the milk sold from this farm was drawn from cows free from tuberculosis. As a result the demand at once increased, and many fresh customers came for their daily supply of milk, and this man's trade is materially extended; doubtless a more imposing result would follow the establishment of my proposed farm, as an additional *éclat* would be given by the association of a well-known body of medical practitioners, whose connection therewith would be of a special character.

I hope these facts will serve to arouse active interest in the minds of those medical men who have so far held themselves aloof, and that I shall shortly hear from a number sufficient to warrant my calling a meeting at an early date.

Yours faithfully,

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

Sussex Villas, Kensington, March 16, 1899.

"AGRICOLA'S" SOLUTION OF IODINE.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—I have discovered another important use of the above.

For many years past I have been troubled with accumulations of tenacious mucus in the night, difficult to dislodge and almost causing choking in the process. Of late years I have found partial relief from *Arsen Iod.* 2, but no permanent relief. It occurred to me that the element *Iodine* in this compound might be that which gave relief, and therefore that *Iodine* pure and simple might be still more effectual. To put this to the test I have been applying "Agricola's" solution night and morning to my throat, and have experienced essential and gratifying relief. I am in fact, almost free from the trouble.

F. H. B.

From a paragraph in the *Standard* it would appear that the death of the late French President was caused by a hard and brittle state of his arteries, as discovered by his doctors some time before his death. Now this was, I presume, exactly my condition when I discovered the swollen and hard state of my temporal arteries—external indications of internal mischief. From this, as I described to you in a former letter, repeated doses of *Cactus* 1x promptly relieved me and brought back the arteries to their normal condition. A few drops of *Cactus* therefore given to the President when his doctors made this discovery might have relieved him and saved a valuable life for years to come.—F. H. B.

FERRUM PICRICUM AND WARTS.—*Ferrum picricum* is making a reputation for itself as a remedy for warts. Three cases of the kind appear in the *Homeopathic Recorder* of August, in which the action of the drug (6th dil.) was all that could be desired.—J. B. H. S.

INCONVENIENCES OF BROMINE.—M. Malherbe, of Nantes, communicated in his own name and that of M. Sehat an observation of a young girl of 20 years, epileptic and subjected to the use of the bromide of potassium. The remedy produced intense cutaneous lesions. There were mushroom ulcerations on both legs, and vegetations of a special brown colour. Analogous facts are unfrequent, one case published by Taylor in 1891. M. Vian, Grand Marais, Nantes, said he had employed the bromide of strontium in large doses in diabetics without the slightest cutaneous accident, and had obtained great relief in diabetes from this remedy.—*Medical Times*.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

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MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- A Repertory to the *Cyclopaedia of Drug Pathogenesis*.** Part III. Paper. Demy 8vo, pp. 288. (Homeopathic Publishing Company. 4s.)
- Bannatyne** (Gilbert A.). *The Thermal Waters of Bath.* 8vo, pp. 87. (Wright, Bristol. Simpkin. 2s.)
- Barbour** (A. H. F.). *The Anatomy of Labour as Studied in Frozen Sections, and its Bearing on Clinical Work.* 2nd ed. Cr. 8vo, pp. 388. (Johnston. 6s.)
- Bartley** (Elias H.). *Text-Book of Medical and Pharmaceutical Chemistry.* 5th ed. 8vo. (Hirschfeld. Net, 10s. 6d.)
- Bell** (Joseph). *Notes on Surgery for Nurses.* 5th ed., thoroughly Revised. Cr. 8vo, pp. 194. (Oliver and Boyd, Edinburgh. Simpkin, 2s. 6d.)
- Brown** (A. M.). *Elements of Alkaloidal Etiology, Introductory to the Study of Auto-Intoxication in Disease.* Cr. 8vo, pp. 94. (Kimpton. Net, 2s. 6d.)
- Gowers** (Sir W. R.). *A Manual of Diseases of the Nervous System.* 3rd ed. edited by Sir W. R. Gowers and James Taylor. Vol. I, Diseases of the Nerves and Spinal Cord. Roy. 8vo, pp. 708. (Churchill. 15s.)
- Henslow** (G.). *Medical Books of the 14th Century, together with a List of Plants Recorded in Contemporary Writings.* 4to. (Chapman & Hall. 21s.)
- Lewis** (W. Bevan). *A Text-Book of Mental Diseases. With Special Reference to the Pathological Aspects of Insanity.* 2nd ed., thoroughly Revised, Enlarged, and in Part Re-written. With Illustrations in the Texts, Charts, and 26 Lithographed Plates. 8vo, pp. 636. (C. Griffin. 30s.)
- Mitchell** (C.). *Renal Therapeutics,* including also a Study of the Etiology, Pathology, Diagnosis, and Medical Treatment of Diseases of the Urinary Tract. Demy 8vo, pp. 365. (Homeopathic Publishing Company. Net, 10s.)
- Nursing Profession (The): How and Where to Train.** Being a Guide to Training for the Profession of a Nurse, with Particulars of Nurse Training Schools in the United Kingdom and Abroad, and an Outline of the Principal Laws Affecting Nurses, &c. Edited by Sir Henry Burdett. Cr. 8vo, pp. xxxii-341. (Scientific Press. Net, 2s.)
- Practitioner (The).** Vol. July to December, 1898. 8vo. (Cassell. 7s. 6d.)
- Squire** (Peter). *Companion to the Latest Edition of the British Pharmacopoeia, Comparing the Strength of its Various Preparations with those of the United States and other Foreign Pharmacopoeias; to which are added Not Official Preparations and Practical Hints on Prescribing.* 17th ed., Revised by Peter Wyatt Squire. 8vo, pp. 882. (Churchill. 12s. 6d.)
- Taylor** (J. M.) and **Wells** (William H.). *Manual of the Diseases of Children.* 8vo. (Hirschfeld. Net, 16s.)
- Tebb** (W. Scott). *A Century of Vaccination and What it Teaches.* 2nd ed. Cr. 8vo, pp. 466. (Sonnenschein. 6s.)
- Wilson** (Albert). *The Brain-Machine: Its Power and Weakness.* With 37 Illustrations. 8vo, pp. 216. (Churchill. 4s. 6d.)
- Year Book of Treatment (The) for 1899.** A Critical Review for Practitioners of Medicine and Surgery. Illustrated. Cr. 8vo, pp. 480. (Cassell. 7s. 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.

Communications received from Mr. J. Kay, Brisbane.—Mr. Mookerjee, Waltair.—F. H. B.—Dr. Cooper, London.—Dr. Hansen, Copenhagen.—Dr. A. S. Kennedy, London.—Mr. J. S. Hurdall, London.—Dr. Hughes, Brighton.—Dr. Dudgeon, London.

BOOKS AND JOURNALS RECEIVED.

Hom. Rev.—Zoophilist.—Chemist and Druggist.—Allg. Hom. Zeit.—Animals' Friend.—H. Monatskrift.—H. Maandblad.—H. Archiv.—American Hom.—Pub. Health J.—Gaz. Med. de Paris.—N. A. J. of Hom.—Indian Hom. Rev.—Amer. Med. Monthly.—H. J. of Obst.—Rev. H. Belge.—La Homeopatia.—Reformador.—Pacific Coast J. of H.—H. Envoy—Bromley Dist. Times.—Tasmanian Hom. Rev.—Hom. Tidsskrift.—Vacc. In-

quirer.—J. of Orif. Surg.—Calcutta J. of Med.—Hom. Recorder.—Mind.—Critique.—Clinique.—Hahn. Monthly.—New Eng. Med. Gaz.—Med. Times.—Med. Century.—Hom. News.—Repertory of Cyclopaedia of Drug Pathogenesis.—Report of Phillips Memorial Hospital and Dispensary.—North of England Children's Sanatorium Report.

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THE HOMEOPATHIC WORLD.

MAY 1, 1899.

CONSULTATIONS AGAIN.

WHEN are our friends the allopaths going to learn whether they may or may not meet a homeopath in consultation? They seem to be perpetually asking the question, and for all the answers they get they never seem to know.

Here is the latest anxious inquirer we have come across, who sent the following query, signed "F.R.C.S.," to the *Medical Press*:

"I have been asked by a homeopathic practitioner to arrange to meet him in consultation with a view to operating upon a lady patient of his. What is the medical etiquette in such a case?"

Is not this delicious? Here is an adult "F.R.C.S." unable to give a reply to his brother practitioner until he has obtained the consent of his professional grandmother! The dignity of his position is something astonishing. He must send a reply, we should suppose, to the homeopathic practitioner before he can obtain the venerable permission he asks for. He must say he would be happy to oblige a medical brother, but he must first find out what is the etiquette of the case; not having a soul of his own, he is unable to decide a point so momentous. As for the patient, her case is possibly not one of those in which operation "ought not to be delayed for a single day," and if it be—why, then so much the worse for her:

etiquette before everything. "A dead woman," as Molière's heroes would say, "is but a dead woman : whilst outraged professional custom would be a much more terrible affair !"

The grandmotherly editor who advises this innocent member of the medical flock, whilst evidently regarding him as a very good little boy to have asked leave before deciding, shows a certain degree of enlightenment which we do not remember to have noticed before. Here is the answer he received, which, it will be observed, is a gracious permission :—

"The case being a surgical one we think that our correspondent would not be offending any ethical rule in acquiescing in the request, especially since the Royal College of Physicians (London) have refused to lay down any rule definitely deciding that it is unethical to meet a homeopath in consultation.—ED."

It is a little like the logic of medical ethics to decide a point for a surgeon on the action of the College of Physicians ; but it is something for an allopathic journal to have endorsed the suggestion made in 1881 by HUTCHINSON, BRISTOWE, and BARROW, severally and independently, in their addresses, at the Ryde meeting of the British Medical Association. At that time the rank and file of the profession met the suggestion with such a howl of disgust that the enlightened leaders dropped the subject like a hot potato, and became as "proper" and "ethical" as their followers wished them to be. However, the world moves, for here is editorial sanction for the once accursed thing!

The *Medical Press*, recently commenting on a project in Paris to start a medical club, partly in view of the coming International Exhibition, remarked that several attempts had been made in this country to start a doctors' club, and they had all turned out to be failures. Medical men, it seems, are not clubable *inter se*. They will join other clubs readily enough, but not a club confined exclusively to professional brethren. The *Press*

explains this by supposing that it was excess of "shop" that killed them. In our opinion it was much more likely excess of "ethics."

NEWS AND NOTES.

MYRISTICA SEBIFERA.

DR. OLIVE Y GROS, of Barcelona, has a high opinion of this medicine as a great remedy in phlegmonous inflammations, as it hastens suppuration and thereby shortens the disease. He gives three cases which made rapid recovery under its use. One was scrofulous ostitis of the two proximal phalanges of the right middle finger, another was extensive ulceration of left leg, and the third was a callous ulcer accompanied by phlegmonous erysipelas of left heel and thigh. He says he has found it very useful in whitlow, erysipelas, ulcers, boils and other affections of the connective tissue. It acts more powerfully than *Hepar* and *Silica* and resembles *Lachesis* in its action on the purulent diathesis. It is also a powerful antiseptic, and enables one to dispense with all other antiseptic measures in surgical operations. It is an excellent remedy in scrofulous maladies, in this resembling *Iodium*, *Calcarea*, *Silica* and *Sulphur*. It is invaluable as a therapeutic agent in homeopathic surgery.

The *Myristica sebifera* is a native of Guiana. It belongs to the same genus as the *nutmeg*, the botanical name of which is *M. cerifera*, though some botanists put it in a different genus and call it *Virola sebifera*. Its seeds are about the size of a grape seed, and have a fenestrated covering resembling the mace of nutmeg. Its kernel contains a quantity of fatty substance, of which the natives make candles, and which they use as a salve for various skin affections.

STEAM-BATH TREATMENT OF PLAGUE.

WE are glad to see that an attempt has been made to deal with cases of plague by means of vapour-bath

treatment. The *Indian Spectator* and the *Times of India* give an account of the experiment that has been made by Mr. Arthur Leslie with results that appear to be considerably better than those of any other of the official methods. We do not attach much importance to the figures, which have met with some criticism, but we think the results offer abundant encouragement for perseverance. The method is at least cleanly, rational and simple; it is readily acquiesced in by the natives themselves, and it is free from the objections which are very properly raised against the inoculation with the nameless abominations concocted by fanatical seropaths.

“THE RIGHT TO CURE.”

Apropos of our article with the above title, the following note from the *Medical Press* of April 12th, will be read with interest:—

“IS REGISTRATION AN ESSENTIAL PRECEDENT OF MEDICAL PRACTICE?”

“It will be recollected that, in the autumn of last year, Mr. Victor Horsley, one of the Direct Representatives for England in the General Medical Council, propounded a theory that, under the terms of the Medical Acts, no one could lawfully practice without registration as well as qualification. Mr. Horsley's discovery would have been an invaluable ‘find’ if it had turned out to be genuine, and he gave excellent reasons for believing that it was so. In such case every quack in the kingdom could be prosecuted for practising without qualification, and with much more prospect of success than he can now be prosecuted for representing himself to be registered. It now appears, however, that Mr. Horsley's interpretation of the Acts cannot be substantiated, for the Council of the British Medical Association has obtained the formal opinion of Mr. Haldane, Q.C., and Mr. Oliver Hodges, B.L., who have agreed that the law cannot be so read. Probably Mr. Horsley will not concur in this view, but for the present we may take the question as settled.”

DR. CLIFTON'S PRESIDENTIAL ADDRESS.

DR. CLIFTON has reprinted the Presidential address he delivered at the opening of the present session of the British Homeopathic Society. The *Northampton Mercury* of March 24th gives a very sympathetic notice of the address, quoting from it largely.

THE LATEST MICROBE OF CANCER.

WE have had so many microbes of cancer discovered of late years that a new one ceases to startle. Here, however, is the latest announcement.

"THE MICROBE OF CANCER"

"The Paris *Figaro* announces that the microbe of cancer has been isolated and cultivated by Dr. Bra, of Paris, and says there is reason to hope that the discovery will furnish an almost certain cure for the terrible disease."

This paragraph appeared in the *Echo* and other papers on April 10th—Hahnemann's day. The "reason to hope" and the "almost certain" cure do not unduly excite us—we seem to have heard the phrases before in connection with Koch's "cure" of tuberculosis.

CALCIUM CARBIDE.

Calcium carbide ought to prove a remedy of great power in homeopathic practice. Doubtless some have already used it on hypothetical indications. There is a good opening here for a proving by the B.H.S. Committee. The following interesting note on the composition of the substance is an answer to a correspondent given in the *British Medical Journal* of April 1st:—

"*Calcium carbide* is composed of calcium and carbon in the proportion of five parts by weight of calcium to three of carbon, its chemical formula being CaC_2 . It may also be called *Calcium acetylide*, for it has the composition of acetylene, in which all the hydrogen has been displaced by an equivalent quantity of the element calcium. Thus it is related to acetylene very much in the same way that *Calcium sulphate* is related to sulphuric acid. *Calcium carbide* is prepared by heating an intimate mixture of twelve parts of quicklime and seven parts of vegetable charcoal in an electric furnace."

THE DIRECTORY.

THE *Directory* continues to receive favourable notices. The following is from the *Homeopathic Physician*, and may be taken as an example:—

"This is a duodecimo volume of 118 pages, whose object is sufficiently explained by its title. It has been noticed in a previous edition in this journal. The present edition is much improved, especially in the

Continental part, being much fuller and more accurate. It is a desirable book for American travellers abroad who desire homeopathic treatment. By having a copy of it in his travelling bag the tourist can always tell who is the most suitable physician to consult in any town he may be visiting."

A correspondent has sent us the following curious calculation, which shows that, judged by the British list alone—to say nothing of the Colonial and Continental part—the *Directory* contains a larger number of names on the active list than the British Homeopathic Society's list :—

Total <i>Directory</i> British list	...	...	...	202
	Retired	...	...	8
	Died	...	...	2
	Travelling	...	...	2
			—	12
				190
Total British Homeopathic Society's list	...	...	...	212
	Resident abroad	...	...	15
	Retired	...	...	8
			—	23
				189

HOMEOPATHIC DOCTORS IN U.S.

ACCORDING to *Burgoyne's Journal*, it is estimated that 13 per cent. of all medical practitioners in the United States are homeopaths. If the proportion in this country were as great we should number not far short of 4,000!

"THE LIGHT CURE."

WE regret that the corrections for Dr. Dudgeon's article under the above title in last month's issue arrived too late for insertion. In consequence the name of Dr. Mossa occurs twice as "Dr. Moss." Two guinea-pigs which are reported as "quiet lively" should have been "quite lively," of course.

YET ANOTHER CURE FOR CONSUMPTION.

IT would now seem that it is not so much "open air" that cures consumption as the nitrogen gas contained in

it. Hitherto we have been led to believe that it was the oxygen. Presently it will no doubt be discovered that it is the carbonic acid or the argon. When the last bacillus of tubercle is laid to rest, it is sad to think what the newspapers will do when hard up for something wherewith to "startle" the world. Here is one of the most recent "startlers" that has been going the round of the press—the nitrogen cure for consumption:—

"SIMPLE CONSUMPTION 'CURE.'"

"CHICAGO, March 29th.

"Dr. J. B. Murphy, of this city, announces that he is convinced, after numerous tests, of the efficacy of his nitrogen gas cure for consumption.

"His assistant, Dr. Lenks, states in an interview that several patients in the second and even third stages of consumption have been subjected to this treatment, and the majority of them have been cured.

"Dr. Murphy is preparing a statistical paper dealing with the success of his cure, which he says will startle the world. The treatment is simply injections of nitrogen into the pleural cavity, which solidify the affected organ, precluding respiration.

"Nature is thereby enabled to work her own cure in the absence of the irritation caused by the passage of air over the diseased parts.—*Laffan.*"

THE ABOLITIONIST.

OUR congratulations to the *Abolitionist* on its first number! The *Abolitionist* is the Journal of the British Union for the Abolition of Vivisection (printed for the British Union, 20, Triangle, Bristol, by Pentress & Co., 28, Little Queen Street, London, W.C.). The journal is very well got-up, well edited, and contains a striking poem by William Watson, a cartoon, and an article by Dr. Dudgeon entitled "Vivisection Up to Date," which has made no small sensation and which is probably destined to make more. In this article he gives examples of wanton experiments of the most cruel and loathsome description on human beings, perpetrated by men high up in the profession, in countries which enjoy the blessings of a "free vivisection table," and published by them as deeds to be proud of in respectable medical journals! One public journal has called on the medical journals to refute the charges or to denounce the perpetrators. This they may do; but we very much suspect that if these same gentlemen should appear in this country

at some International Medical Congress, they will be
dined and fêted by their British *confrères* with the rest of
the eminent visitors, and perhaps introduced by them to
our Queen.

ORIGINAL COMMUNICATIONS.

LETTERS OF HAHNEMANN TO DR. WISLICENUS.

Translated by Dr. DUDGEON.

(Continued from p. 163.)

VIII.

DEAR DOCTOR,

I thank you for your good wishes, and reciprocate them with congratulations on the increase of your family; God grant that the boy may grow up to be a happiness to you.

If I am able to assist you to regain your health, I will do so with pleasure, and I make a commencement now with seven numbered powders, of which you will take one every seventh morning, fasting, moistened with a little water. I recommend you to abstain from drinking coffee unless you are obliged to do so.

When you have taken No. 6, I beg you to report to me all the symptoms which have been altered by the medicine, also any new ones which may have appeared, and after which number of the powders. I particularly wish to know in what respect the stools have altered from time to time, and anything else remarkable. I would even like to hear if your myopia has undergone a change. Your brother wrote me some time ago; he has been taking Russian vapour baths, but I have not replied to him. My family sends both of you their kind regards, and I remain your devoted

S. HAHNEMANN.

IX.

DEAR DOCTOR,

In order to be still further useful to your dear little son, I enclose sixteen powders, of which he is to take one every third morning, moistened with a little water.

After taking these he will assuredly improve, though not the first few days. If some, even trifling, symptoms are produced, I beg you to mention them in your report. Do not neglect to let him have enough fresh air. Please to mention where and how often he has driven out.

I am sorry your treatment has been so interrupted. When you send me your report, I request you to give me again a complete picture of your disease as it now is, so that I may see what remains of your malady that still requires to be removed, I will then send further instructions.

With kind regards from my family,

Your devoted,

SAMUEL HAHNEMANN.

Köthen, June 20, 1827.

X.

KÖTHEN, *March* 13, 1828.

DEAR DOCTOR,

We will try to do good to the little godson. Enclosed are sixteen powders, one to be given every other morning, moistened.

But as the medicine will come to hand about the twenty-first day after tincture of sulphur was taken, it is doubtful if the sulphur can have exhausted its action.

If he has continued to improve somewhat during the last days, give no further medicine until you observe that the improvement has ceased, and will not make further progress; before this period arrives, ten, twelve, or fourteen days may elapse. But if there has been a complete cessation of the improvement (of which you must convince yourself by careful observation of his bodily and mental conditions) you may at once begin the administration of the enclosed powders. I have often seen a small globule of *tinctura sulphuris* continue to act favourably forty days and longer; but there is great variety in this respect. After the powders have been taken, please to send me your report.

Your devoted,

SAM. HAHNEMANN.

My family join me in kind regards to you both.

XI.

DEAR DOCTOR,

It cannot now be long before the second part of the antipsoric medicines is published. By delaying the publication of the second part the publisher hopes to avoid the piratical reprint with which he was threatened from two quarters. But this delay is very disagreeable to me, as I myself have not got my MS., and must suffer it to lie at the printer's for a quarter of a year.

I wonder what the allopaths will say now, as hitherto they have boasted that they are the only rational physicians, that they alone acted on the maxim *tolle causam* in their treatment. Seeing that they do not know the fundamental cause of much the greatest number of all diseases (the chronic ones), what other imaginary cause do they suppose they have to remove? Must they not confess that their rationality is nothing but bragging? But the disastrous effects of their treatment might teach them this. Hence I anticipate a great commotion among the allopaths, as they must now feel so ashamed of themselves.

You are quite right to allow the tiny globule of *tinctura florum sulphuris* (I know no better name for it) to exhaust its action in the case of your little Herrmann, before giving him a new powder; it usually acts for thirty, thirty-two, or thirty-six days.

I send you herewith only one powder, which you should take to-morrow morning, moistened, and allow it to act for seven weeks.

As soon as the second part is published you can prepare the antipsoric medicines for yourself.

Should you experience any disagreeable effects from this medicine you cannot thereby be deprived of the amelioration of the internal malady you have already obtained. What you have gained you will retain.

You see from your own case how difficult it is in many instances to obtain an historical proof of the psora infection and how hard it was for me (for I have a horror of all that is merely conjectural) to become convinced of the universality of the psoric origin of all chronic diseases (where the sole cause was nothing syphilitic).

The only circumstance that helped me to elucidate this very difficult matter was that from my birth until now I was and have remained always free from the slightest trace of the psoric poison. It was this that enabled me

with the greater certainty to realise the difference between psora and freedom therefrom:

A single boil suffices to stamp a man as psoric. A non-psoric person never bleeds from the nose unless he has received a blow on it.

My family unite with me in kind regards to yourself and your dear wife.

Yours most sincerely,

S. HAHNEMANN.

Köthen, March 30, 1828.

(To be concluded.)

MATERIA MEDICA MISCELLANY.

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

Sanguinaria Canadensis.—From an interesting paper on this drug in the *Critique* by Dr. G. Tucker we cull the following remarks.

As its *sphere of action* she gives the pneumogastric nerve and vasomotor system, venous congestion stasis, catarrhal inflammation, and congestion. *Tissue affinities*. Tonsils, lung, liver, mucous membranes and skin.

Characteristics: Slowness of action; right side; dry burning sensations; red, blotchy skin; stomach symptoms as concomitants. < Sweets; > acids, sleep, and darkness.

It is antidote to *Rhus* poisoning, and complementary to *Antim. Tart.* One of its earliest uses was for *Rhus* poisoning, and a better antidote has never been found. Given internally it causes the erysipelatous inflammation to quickly subside, and it eradicates the recurring herpetic rashes so frequently found in those susceptible to *Ivy* [*Rhus*] poisoning. A lotion of the dilute tincture dries up the vesicles and allays the intense itching.

It is indicated in red, rough, blotchy eruptions, worse in spring, burning and itching, and aggravated by heat.

It is often useful in hay fever, and should not be forgotten in ozena with profuse offensive discharges, yellowish in colour, and also in nasal polypi. *Sanguinaria* not only inflames but causes ulceration of the mouth and fauces, with the characteristic dry, burning sensation, and a constricted feeling. Water does not relieve the dryness,

which is such that it seems as if the parts would crack. The tongue is white and feels as if scalded—in fact all through the pathogenesis the burning is likened to that of a stream of hot water. In tonsillitis it is useful, even if ulceration has occurred; given early it will abort an attack, and in chronic cases prevent recurrence. It has been praised in edema of larynx, but Dr. Tucker has only used it once, in a case of *Rhus* poisoning, accompanied by cellulitis of the neck. In that case its action was prompt and pleasing.

It is, however, in pneumonia and pulmonary phthisis that it has won its greatest laurels. It is indicated in the stage of hepatisation in pneumonia, and to clear up chronic pneumonia, and also in hectic phthisis, but needs to be given continuously for several days or a fortnight. The hectic fever and cough of consumption are only mitigated by its prolonged use. It is more useful in fibroid phthisis than tubercular.

Sanguinaria should never be forgotten in cough of gastric origin. The cough is relieved by eructations.

It should also be remembered for hemoptysis from suppressed menses, and respiratory disturbances at the climacteric; in the latter case there will be found intense burning of the hand and feet. The stomach symptoms are nearly always concomitant to its action on other organs.

It is a right-sided medicine, and has a prominent action on the liver. All the provings show torpidity of liver, with burning pains.

It is useful for sick headache, and even headache from eye strain. It has one important bowel symptom, viz., the occurrence of diarrhea, as the coryza improves. This symptom indicates the remedy in intestinal troubles consequent on influenza.

Ferrum Phosphoricum.—Dr. Cartier in a study of this drug states that its nearest analogue is *Aconite*; it stands between it and *Gelsemium*. In anemia it resembles *China*. In its action on the respiratory organs it stands between *Ferrum* and *Phosphorus*. It is indicated in congestion of the lungs even if high fever complicate. Oppression and dyspnea are present; oppression without dyspnea also calls for the drug. In many ways *Ferrum Phos.* resembles *Bry.*, *Arn.*, and *Bell.*; *Hepar sulph.* and *Merc.* also act similarly, especially in catarrhal otitis. It is particularly indicated in weakness and delicacy in

children in cases where the muscles are firm, for *Sulph.* suits only those with brunette complexions and flabby muscles (Schuessler). A more certain indication is rheumatism, where the muscles are stiff, and feel as if paralysed, with a tendency to cramps (*Strychn. phosph.*). *Kali mur.* is very often indicated after *Ferrum phos.* *Aconite* and *Ferrum phos.* cannot be substituted for each other. *Ferrum phos.* will not abort a pneumonia as *Aconite* may, at times, but it will control it and prevent its progression. It relieves the weakness of fever, and it appears to be borne better by weakly persons and children—better than *Aconite*. (I find *Aconite* to be well tolerated in large doses by children. Professor Comby, of Paris, asserts that to get good results with *Aconite* in children goodly doses of the tincture must be given.) Cowperthwaite thinks that too little is given. Rush of blood to the head; headache with a gouty predisposition (*Natr. sulph.*); the head feels sore to the touch. Epistaxis in children (Hughes). Pharyngeal inflammation, and a red, dry throat, with much pain; *Ferrum phos.* decreases the fever, the blood-streaked expectoration, in affections of the pharynx, larynx and trachea. In the first stage of febrile, inflammatory catarrh it is useful. Dr. Nimier claims that the remedy will perform actual wonders in dyspepsia, with a great desire for cold water or brandy and a disgust for all meat and milk. In diarrhea in children in consequence of abdominal congestion where the stools are watery and follow each other tolerably rapidly, possibly with a little blood in them; the face of the child is red and there is stupor. Taking cold and abdominal congestion from suppressed sweat are the usual causes. There is never any tenesmus. Cystitis in its first stage may find its remedy here. They are fever, heat, and pain; there is a characteristic aggravation on standing. The incontinence is characteristically diurnal, or in the sitting or standing position, and never on lying down. In acute febrile rheumatism it is a very good remedy, as well as in attacks of gout, with swollen joints, where it may be alternated with *Colchicum*, if necessary. (*Colchicin* is one of the best, if not the best, of remedies in acute articular rheumatism.) All the pains of this remedy are aggravated by movement and are ameliorated by cold. *Ferrum phos.* seems to be indicated in the first stage of typhoid fever, and in all febrile states with a tendency to hemorrhages

and circulatory disturbances. In the hectic of consumptives it is especially indicated. After abuse of quinine in malaria its action will very often be crowned with success. In rheumatic fever the urine should be neutral or alkaline.—*Zeitschrift des Berliner Vereines Homeopathischer Ärzte.*—Hahn M.

A *BRYONIA* CASE.

By R. H. BELLAIRS, M.A.

THE following was one of the quickest and prettiest cures that have come within the writer's experience.

After the recent easterly winds Mrs. D., æt 25, was, without appreciable cause or warning, suddenly seized with violent and agonising rheumatism.

The allopath, who was called in, but whose "remedies" were dispensed with, diagnosed "threatened rheumatic fever." No particulars as to temperature or pulse.

Only one symptom of importance was reported, *i.e.*, "motion absolutely insupportable, even of the limbs in bed."

R *Bryonia* 30, two pilules every hour until pain ceases.

The patient began to improve in a day or two, and was soon able to get about again.

Notice in this instance the importance of—

(a) Aggravation from easterly winds, mentioned by Hughes in the *Pharmacodynamics*. [Keynote.]

(b) Intolerance of motion. [Keynote.]

(c) Prompt action of unaided simillimum.

(d) Efficacy of repeated doses in a sudden acute attack.

This lady, it may be added, was a typical *Bryonia* patient. Dark hair; bilious temperament; inclined to anger and vexation; well developed as to muscles.

SNAKE-VENOM—ITS ACTION AND EFFECT.

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

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

X.—CASES TREATED BY THE *AMMONIA* ANTIDOTE.

Case 1.—A boy (aged 14). At the time of the injection the patient was pulseless and insensible, symptoms of

snake-poisoning coming on after the removal of the ligature. The pupils were fixed, and the eyes glassy. Six minims *Liquor Ammonia Fort.* c. 2 drams *Aquæ* were injected, with the result that the patient was roused at once, but had spasmodic movements of the arms. The boy recovered.

Case 2.—A lad (aged 17). In this case there were symptoms of drunkenness, but none of snake-poisoning. One dram of *Liquor Ammonia* was injected. The lad got sober almost immediately and recovered.

Case 3.—A boy (aged 9). The patient at the time of the injection was icy cold and comatose, and evidently sinking. Twenty-five minims *Liquor Ammonia* were injected, with the result that he was roused immediately, and eventually recovered.

Case 4.—A lad (aged 18). This patient was at the time of the injection comatose; the pupils were fixed and dilated. Ten minims *Liquor Ammonia Fort.* c. 20 minims *Aquæ* were injected. He was roused immediately, and recovered.

Case 5.—A girl (aged 14). This was a very bad case. At the time of the injection there was total paralysis, stupor, and the pupils were fixed and dilated. Fifteen minims *Liquor Ammonia* were injected. The patient was roused in a few minutes, and eventually recovered.

Case 6.—A woman. Owing to the death of Dr. Irwin, who had this case in hand, the full particulars cannot be obtained. It was, however, stated to be a bad case. A quantity of *Liquor Ammonia* was injected into a vein above the wrist. The result was beneficial, and the patient recovered.

Case 7.—A woman. The patient at the time of the injection was in a comatose condition. She was pulseless, and the pupils were fixed and dilated. The surface of the body was cold and clammy. Thirty minims *Liquor Ammonia* were injected. There was an immediate effect on the pulse, and consciousness was restored in twenty minutes. The patient recovered.

Case 8.—A woman. In this case the symptoms of snake-poisoning were slight, with threatening insensibility. Thirty minims *Liquor Ammonia* were injected. She was roused at once and recovered.

Case 9.—A woman. This patient was at the time of the injection in an alarming condition. She was in-

sensible, and her pupils were dilated and fixed. Twelve minims *Liquor Ammonia Fort.* c. 20 minims *Aquæ* were injected. She was roused at once and walked about, eventually recovering.

Case 10.—A child (aged 14). At the time of the injection the patient was in a comatose condition, and pulseless, the heart being slow, faint, and intermittent. *Alcohol* and *Liquor Ammonia* (quantity not stated) were given internally, and an injection (intravenous) was made of 12½ minims *Liquor Ammonia Fort.* c. *Aquæ* (quantity not stated). The injection was repeated. The patient vomited after taking the *Liquor Ammonia* and the *Alcohol*, and complete recovery took place in three and a half hours.

Case 11.—A young lad. This patient was in a state of coma for twenty-four hours. The bite was scarified, and *Liquor Ammonia* (quantity not stated) was administered in *Brandy*. Recovery took place in thirty-six hours.

Case 12.—A young girl (aged 16). Bitten on the shin by a snake which was lying in the hall of the house, having gained admittance through an open door. The case was treated by Dr. Morton of Queanbeyan, who injected *Liquor Ammonia* (quantity not stated); forced exercise had also to be made use of to keep the patient awake. The treatment proved successful, the patient recovering.

Case 13.—A man. The patient at the time of the injection was insensible. The pupils were fixed and dilated, and the pulse was nearly gone. Twelve minims *Liquor Ammonia Fort.* c. 20 minims *Aquæ* were injected. The patient roused up immediately, and eventually recovered.

Case 14.—A man. This patient at the time of the injection was insensible. The pupils were dilated, and the heart's action depressed. Ten minims *Liquor Ammonia Fort.* c. 20 minims *Aquæ* were injected, with the result that the patient roused up immediately, and recovery took place.

Case 15.—A man. The patient was comatose, and sinking rapidly. Twenty-five minims *Liquor Ammonia* were injected. The patient recovered, the doctor's verdict being that "he would have died but for the injected *Ammonia*."

Case 16.—A man. At the time of the injection the patient was in a comatose condition. The pupils were fixed and dilated, and he was pulseless and evidently dying. Ten minims *Liquor Ammonia Fort.* c. 20 minims *Aquæ* were injected. The patient was roused in one minute, and eventually recovered.

Case 17.—A man. This patient at the time of the injection was insensible. The pupils were fixed and dilated, and there were several relapses. Injections with 30 minims *Liquor Ammonia* were made five times, and, finally, one with 20 minims *Liquor Ammonia Fort.* The patient roused up upon each injection, the symptoms of snake-poisoning returning after each loosening of the ligature. Recovery eventually took place.

Case 18.—A girl (aged 6 years). This was the case of Mary Stearman. She was bitten on the big toe whilst playing at a culvert on the railway line, Nevertire, N.S.W., about dusk. Her screams attracted the attention of Mrs. Fanning, a fettler's wife, who at once applied a ligature to her leg, and took her home, no doctor being nearer than Warren, a distance of twelve miles. The wound was scarified, and a man named Harry Bromley sucked it. *Brandy* was given in small doses at intervals during the night, and *Liquor Ammonia* was rubbed into the wound. It is said that *Strychnine* would have been used, but it was not obtainable in the town. The child was kept awake all night, as from the first she was very drowsy. On the following day the child was out of danger, and recovered. Two black snakes were killed the next morning by Mrs. Fanning near the culvert.

Many more cases could be quoted by me in which the *Ammonia* treatment has been successfully made use of, but I believe it will be needless for me to extend the list, as those cases I have mentioned above will clearly show what work has been done by the antidote in the past. One or two of the cases certainly were slight ones (for instance, Cases 2 and 8), but all the others were very serious, so much so that the medical attendant in Case 15 declared that his patient "would have died but for the injected *Ammonia*." In most of the cases the persons at the time when the *Ammonia* was injected were in an insensible and comatose condition; some were pulseless, and in an evidently dying state; in Case 5 total paralysis had set in, and in Case 11 the patient was in a state of

coma for twenty-four hours. Yet the result of the injected *Ammonia* in almost every case was that the patient was roused up immediately, and not one of the patients so treated died. I should certainly like the opponents of the *Ammonia* treatment to make a careful study of the eighteen cases I have described above, and I think they will be forced to admit that there is something in that treatment after all. It is the height of folly for the advocates of both the *Strychnine* and the *Chloride of Lime* antidotes to declare that "*Ammonia* has by past results proved itself to be totally useless in the treatment of snake-bite." When I first declared that experience had shown that *Ammonia* held the lowest death-rate as an antidote for snake-venom, my assertion was laughed at and held up to ridicule by the advocates of the *Strychnine* treatment and others. But I brought forward official figures to prove the correctness of the statement I had made, and I have lived to see many medical men and learned laymen fall in with my views. And I now say this, that so long as any antidote shows a death-rate higher than 4·1 per cent., so long will I adhere to my statement, viz., that *Ammonia*, so far, has the lowest rate of mortality. On the other hand, should any new antidote be brought forward in the future, in which the death-rate is lower than that mentioned above, I certainly for one, shall only be too glad to give it a hearty welcome. My readers will admit that more than this I cannot be expected to do. On principle I cannot advocate the use of any antidote which I have known to have been proved by experience to hold a higher death-rate percentage than 4·1. This I cannot do; let those blame me who will.

OPINIONS OF MEDICAL MEN AS TO *AMMONIA*.

In 1875, a few years before the introduction of *Strychnine* by Dr. A. Mueller as an antidote in snake-bite, Dr. W. McCrea, Chief Medical Officer of Victoria, stated that in 190 cases treated by ordinary methods (by *Ammonia*, &c.) and reported to him, there were only 11 deaths, or a percentage mortality of 5·8, which is but slightly higher than that reported since *Strychnine* has been made use of as an antidote, viz., 4·1. Dr. Byrn, of Castleton, Victoria, has stated that out of 10 cases

treated by him there were no deaths, the ordinary treatment being the only one used. Dr. Heley, of Young, N.S.W., states that at Victoria, on the Goulburn River, he saw some 50 or 60 cases. Though several children died, he had not lost one adult case, the ordinary treatment having been made use of by him. Dr. Eddie, of Bombala, states that all cases treated by him under the *Ammonia* treatment recovered. Dr. Ross, of Molong, treated 12 cases by ordinary treatment, all of which recovered; Dr. Woods, of Uralla, 20 cases, all recovering; Dr. Fleetwood, Warrambool, 14 cases, all being successful; and Dr. Bassett, of Bathurst, 13 cases, with the same result. Dr. Phillips, of Warwick, treated 13 cases by the ordinary treatment, of which 12 recovered, and 1 died; Dr. Mueller (introducer of the *Strychnine* treatment), of Yackandandah, 12 cases, of which 11 recovered, and 1 died; Dr. Bateman, Albert Park, 11 cases, of which 10 recovered, and 1 died; Dr. Crommelin, Casino, 6 cases, of which 4 recovered, and 2 died.

After perusing what I have written above, I am sure my readers will agree with me that the treatment by *Ammonia* has held its own against all other antidotes, notwithstanding what has been said and written about it to the contrary. For the benefit of those interested, I will now proceed to give some instructions as to the best methods of treating a person bitten by a venomous snake with the *Ammonia* treatment.

DIRECTIONS HOW TO MAKE USE OF THE *AMMONIA* TREATMENT.

After being bitten by a venomous snake, first of all apply a ligature (consisting either of a strong string, a narrow strip of cloth, or a boot-lace) firmly, the object being to stop the circulation of the blood and other fluids from the bitten part. Then cut freely into and round about the bitten part to a depth of a quarter of an inch or so, and then suck at the wounds so made. Above all things it is necessary that the ligature be tied *tightly*. For cutting into the bitten part a knife, a razor, a pair of scissors, a broken piece of glass, or other sharp substance may be used. The sucking of the wound also must be thorough, and may be undertaken by persons who have no sore, crack, wound, or ulcer in their mouths or on

their lips. If the bite be on the hand, arm, foot, or leg, the ligature is to be applied near the bitten part, and between the bite and the heart, namely, between the bite and the body. If it be on the head, face, neck, or body, if possible, pinch up the part that is bitten, ligature it, cut into it, and suck at the wound so formed. Then inject with a hypodermic syringe into the wound from 10 to 20 minims of *Liquor Ammonia Fort.* to which have been added 20 minims of water; or else from 15 to 60 minims of *Liquor Ammonia* pure. If the symptoms show that the snake-venom has been absorbed into the general system, it is as well also to inject the *Ammonia* under the skin in some other part than that below the ligature, and similarly to repeat the injections if the symptoms continue. Remove the ligatures as soon as the injections have been made. It must be remembered that the ligatures, if kept on too long, may cause gangrene to set in. It will be advantageous to give to the patient a certain amount of *Pale Brandy*—for an adult about half an ounce to an ounce, or even two ounces, for a dose, and, if necessary, to repeat that dose four or five times, at intervals of two or three hours. A staunch advocate of the *Ammonia* treatment once informed me that, in conjunction with the *Ammonia* injections, he always placed great reliance on the internal administration of *Pale Brandy*, using very often almost a pint in a single case. In my opinion, however, the administration internally of *Alcohol* may be overdone, and may help to increase the hemorrhages in the internal organs. Caution, therefore, in its use is necessary, and care should be taken that the patient is not made intoxicated, or nearly so, by the *Pale Brandy*.

INTERNAL USE OF *AMMONIA* IN SNAKE-BITE.

Besides the injection (intravenous) of *Ammonia*, it is also made use of by some internally. The case reported by Dr. Shaw may be used as an illustration. Besides injecting 12½ minims *Liquor Ammonia Fort.* with water, he also gave *Alcohol* and *Ammonia* internally, the patient (aged 14) recovering in three and a half hours. In the case treated by Dr. Hunt, of Toowoomba, Queensland, the patient being only sixteen months old, and in an almost comatose state, the pupils fully dilated and

insensible to light, and the pulse rapid, feeble, and irregular, there was prompt amputation of the finger, and *Brandy* and *Ammonia* were administered internally, mviij of *Liq. Strych.* being injected hypodermically (the latter causing slight twitchings), together with faradisation of spine. The recovery of the patient was complete the next day. Dr. Pain, of Queensland, in treating a young man who had been bitten by a snake, and who was in a cyanosed and collapsed condition, made use of the *Strychnine* treatment, injecting *Liq. Strych.* mxxlv in all, within two and three-quarter hours. The patient, however, was freely dosed with *Brandy* and *Ammonia*. He recovered in six hours. Dr. Macdonald, of the Tweed River, N.S.W., gave 4 oz. *Alcohol* and *Ammonia* to an adult who had been bitten, and injected *Ammonia*, and, lastly, *Liq. Strych.* mxxlv in one and a quarter hour. The patient, who at the time of treatment had his legs powerless, eyes closed, pupils contracted, face congested, great drowsiness, and the pulse fast and weak, recovered. The same doctor had another case, in which he scarified the bite, and gave *Ammonia* in *Brandy* internally, the patient recovering in thirty-six hours. The police at Glen Innes, N.S.W., have also reported the case of an adult in which use was made of *Ammonia* internally and *Potass. Permanganate* locally, the patient recovering. Mr. J. E. C. White, of Liverpool, N.S.W., quoted a case in THE HOMEOPATHIC WORLD of January, 1898, as follows: "With *Ammonia* I cured a case of black-snake-bite after all other remedies failed. Death apparently setting in, I made the patient sip every thirty seconds some strong *Ammonia* and water. In fifteen minutes a cure was apparent."

TREATMENT OF SNAKE-BITE AS RECOMMENDED BY THE NEW SOUTH WALES BOARD OF HEALTH.

The following directions for the immediate treatment of persons suffering from snake-bite were published by the Health Department, New South Wales, in January, 1897, for general information:—

"A ligature—that is, a strong string, tape, narrow strip of clothing, or handkerchief—should be tied at once round the limb, *above* the bitten part. When it has been tied, pass a piece of stick under it, and twist it round and

round, so as to screw up the ligature as tightly as you can. Leave the stick in the twisted ligature, and secure the end by another string. Great pain and swelling are caused by this, but cannot be avoided. At the end of half an hour undo the ligature for five minutes; then tie and screw up again. At the end of another half an hour the ligature may be removed altogether. In places where a ligature cannot be tied, as on the neck or face, pinch up the bitten part between the finger and the thumb, and cut it out. In any case the bitten part should be cut into by numerous little cuts over and around the bites, for about half an inch around, and sucked by the mouth freely and perseveringly; and this can be done without danger to any person. Stimulants, such as *Brandy*, *Whisky*, *Gin*, or *Rum*, in small quantities at a time (a few teaspoonfuls), or strong *Tea* or *Coffee*, or *Wine*, may be given, if the patient be faint. Do no more to the patient than is advised above, but obtain the services of a medical man.—J. ASHBURTON THOMPSON, M.D., Chief Medical Officer, President."

(To be continued.)

SOCIETY'S MEETING.

BRITISH HOMEOPATHIC SOCIETY.

THE seventh meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, W.C., on Thursday, April 13, 1899, at 8 o'clock p.m., Dr. A. C. Clifton, president, taking the chair.

The following specimens were shown :—

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| 1. Uterine fibroid, removed by hysterectomy;
recovery | Dr. Burford. |
| 2. Double suppurative salpingitis with tubo-
ovarian adhesions; convalescence | Dr. Madden and
Dr. Burford. |
| 3. Necrosed vomer and other bones from a case of
syphilitic disease of the nose | Mr. Johnstone. |
| 4. Interstitial fibro-myoma of uterus, removed
by the retro-peritoneal method of hys-
terectomy; recovery | Dr. A. H. Croucher
and Dr. E. A. Neatby. |
| 5. Similar tumour to above, removed by the same
method; recovery | Dr. E. A. Neatby. |

6. An intra-uterine fibroid polypus with small ovarian cyst and carcinoma of upper part of rectum; no operation; death from perforative peritonitis; removed *post-mortem* Dr. Stonham,
Dr. E. A. Neatby.
7. Seventeen gall-stones, removed by cholecystotomy; recovery Dr. Frank Shaw,
Dr. E. A. Neatby.
8. Hydronephrotic kidney removed by abdominal nephrectomy Mr. C. Knox-Shaw.
9. Appendix vermiformis removed from the sac of a femoral hernia Mr. C. Knox-Shaw.

Dr. Vincent Green read a paper on "Non-purulent Nasal Discharges; Clinical Significance; Differential Diagnosis and Treatment."

He dealt with simple acute rhinitis, acute rhinitis of influenza, hypertrophic catarrh, hay-fever and post-nasal catarrh.

In the discussion which followed Mr. Dudley Wright said that after trying various homeopathic remedies he had found physiological doses of *Atropia* and *Morphia* do more to check his colds.

Dr. Dyce Brown used *Euph.* ϕ , 5 to 10 drops, during acute attacks of hay-fever. In acute nasal catarrh *Bell.* and *Merc. S. 6.* Chronic catarrh, he said, was nearly always constitutional. He advised light diet, and the use of *Merc. biniod.* and *Belladonna*, to be followed by *Lycopodium*.

Mr. Knox Shaw recommended *Kali bich.* for nasal polypus, specially to prevent recurrence after removal. *Sanguinaria* as snuff he found useful in hypertrophic rhinitis. Adenoids in children, he said, could be cured by deep breathing properly taught.

Dr. Neatby said that *Gels.* and *Sepia* are often indicated for cold in the head.

Dr. Clifton regards chronic rhinitis as constitutional, and is opposed to local treatment. He had cured adenoids with a snuff of *Calc.-Phos.* 3x.

Mr. H. Wynne Thomas (Bromley) then read a paper entitled—

"How Long are we Justified in Delaying Surgical Interference in order to try the effect of Homeopathic Drug Treatment?"

In the discussion on Dr. Thomas's paper, Dr. Dudgeon mentioned a case of cataract cured by *Calc. fluor.*

Mr. Shaw said that 10 per cent. of cataract cases will improve without any medicine, and it is therefore difficult to estimate the value of medicines in cataract.

Mr. Johnstone thought that there should be no delay in operating on cases of carcinoma of the breast.

Dr. Neatby thought the general health might be improved by drugs in view of operation subsequently, and delay was then justifiable—in some cases of pyosalpinx, for example. In other cases—*e.g.*, fibroid tumours—much harm is often done by delay.

Dr. Dyce Brown said he would give a month to internal treatment before recommending operation in cancer of the breast.

Mr. Dudley Wright said he would allow glands to suppurate before opening them, and when pus has formed he would incise and scrape. Thus less scarring would be left, as a smaller incision was sufficient. He also said that some cases of cancer undoubtedly disappeared under treatment.

Dr. Clifton thought that cancer of the breast should first be treated medicinally. He had known undoubted cases to disappear.

INSTITUTIONS.

ANNUAL HOMEOPATHIC CONGRESS.

THE following circular has been issued:—

BRITISH HOMEOPATHIC CONGRESS.

President—BYRES MOIR, M.D., London.

Vice-President—

HIS WORSHIP THE MAYOR OF LEICESTER (Dr. George Clifton).

Hon. Secretary—D. DYCE BROWN, M.D.

Hon. Treasurer—E. M. MADDEN, M.B.

Hon. Local Secretary—HENRY MASON, M.B.

Council—THE PRESIDENT, THE VICE-PRESIDENT, THE HON. TREASURER, THE HON. SECRETARY, RICHARD HUGHES, M.D., A. C. CLIFTON, M.D.

29, SEYMOUR STREET, PORTMAN SQUARE, W.

April, 1899.

DEAR SIR,—The Annual Congress of Homeopathic Practitioners will be held this year in Leicester, at the Council Chamber, Town Hall (by kind permission of the Mayor and Corporation), on Thursday, the 8th June, at 10 o'clock punctually.

The Presidential Address will be delivered by Dr. Byres Moir at 10 o'clock. Subject: "The Effects of Modern Therapeutic

Researches upon the Position of Homeopathy." Any strangers, ladies as well as gentlemen, who may desire to hear the President's address, will be welcome.

After a short interval, to enable the Treasurer to receive the members' subscriptions, George Burford, M.B., and James Johnstone, M.D., F.R.C.S., London, will read a paper on "Salient Features of the Menopause," to be followed by a discussion.

At 1 o'clock the Congress will adjourn for luncheon, to be held (weather permitting) in Dr. Clifton's garden. The members of Congress are most kindly invited to be the guests of their Leicester *confrères* on this occasion.

At 2 o'clock punctually the Congress will resume business, select the place of meeting for 1901 (as in 1900 the International Congress meets in Paris, and, as usual, this takes the place of the British Congress), elect officers, and transact any other business which may be necessary.

A paper will then be read by J. W. Hayward, M.D., Birkenhead, on "Dr. Hughes' Index to our Pathogenetic Material," to be followed by a discussion.

The third and last paper will be read by Henry Mason, M.B., Leicester, on "The Relation of Surgery to Homeopathic Therapeutics."

The members of Congress, with their friends, ladies as well as gentleman, will dine together at the Mayor's Reception Rooms, Museum Buildings, at 7 o'clock.

The subscription to the Congress is ten shilling and sixpence. The Dinner Ticket alone, *for guests only*, will be seven shillings and sixpence.

All members of Congress who wish to secure beds at the hotels will kindly communicate with Dr. Mason, 52, London Road, Leicester, the Hon. Local Secretary.

Should you know of any colleague who has not yet 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 May 20th. 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 dinner, &c., are much facilitated thereby.

I remain,

Yours very truly,

D. DYCE BROWN, *Hon. Sec.*

P.S.—It is proposed to have an excursion, kindly arranged by Drs. Mason and Capper, on Friday, through the lovely Charnwood Forest, on cycle or in brake. Any who wish to

join in this excursion will please intimate the same to Dr. Mason.

P.S. No. 2.—A meeting of the Medical Staffs of the English Homeopathic Hospitals will be held in the Council Chamber, Town Hall, on Thursday, the 8th of June, at 9 a.m., to receive and consider the Report from the Interim Committee on the *Federation of Homeopathic Hospitals*, on matters of practical detail. Drs. Burford and Madden are the Hon. Secs.

PRÉCIS OF PAPERS.

DR. BURFORD AND DR. JOHNSTONE'S PAPER.

"SALIENT FEATURES OF THE MENOPAUSE."

That in normal health the menopause is effected without pain or perturbation.—The existence of a pre-menopausal stage and its import.—The influence of constitutional defects (high arterial tension, chronic gout, rheumatoid arthritis) on the course of the menopause.—The influence of local defects (uterine fibroids, chronic metritis, tubo-ovarian lesions) on the menopause.—The hæmorrhages of the menopause.

The paper will be illustrated by Lantern Slides, &c.

DR. HAYWARD'S PAPER.

"DR. HUGHES' INDEX TO OUR PATHOGENETIC MATERIAL."

Outlined in 1890 Congress.—*Cyclopedia*, as it is, is the best of our pathogeneses—for the *student*.—The Index makes it the best for the *practitioner*.—Kind of Index necessary.—Index must refer also to Hahnemann's Catalogues. One of the main objects in its preparation is to recall us to the true method of Hahnemann.—Only two ways to enable us to use our pathogenetic material, viz., remembering it, and using an Index.—It cannot be remembered, so we must use an Index.—Essentials of such Index.—This is the best yet published, except the British.—Should be used daily, not to prescribe from, but as a key to *Materia Medica*.—"General" knowledge of pathogenesis cannot enable us to practice homeopathically.—In what this Repertory differs from all others.—Objections to the use of Repertories, and to "taking notes."

DR. MASON'S PAPER.

"THE RELATION OF SURGERY TO HOMEOPATHIC THERAPEUTICS."

Brief comparison of progress made in medicine and surgery since the introduction of homeopathy.—Surgical art far out-distanced the science of the physician.—Question arises: Is there not danger that this development of surgery has led to the neglect of the truer therapeutics formulated by Hahnemann, and many diseases treated by the surgeon which should be left in the hands of the physician? EXAMPLES.—(1) Tumours, especially malignant. (2) Fistula. (3) Fissure. (4) Hemorrhoids. (5) Appendicitis. And perhaps one or two other illustrations, as treatment of nasal adenoids, tuberculosis of joints, glands, &c.

LONDON HOMEOPATHIC HOSPITAL.

A FESTIVAL TO CELEBRATE THE JUBILEE OF THE CHARITY.

THE forty-ninth annual meeting of the above Hospital was held on Friday, March 24th, at the Institution, Great Ormond Street. Mr. J. P. Stilwell presided, and there were also present Sir H. Tyler, Capt. Cundy, Rev. Dacre Craven, Major-Gen. Beynon, Mr. and Mrs. W. J. Crow, Mr. W. M. Crow, Miss Crow, Mr. Knox Shaw, Col. Clifton Brown, Dr. Galley Blackley, Mr. Smart, Dr. E. A. Neatby, and Mr. G. A. Cross (secretary-superintendent).

IMPORTANT INCREASE IN THE WORK OF THE INSTITUTION.

The annual report stated that the numbers of in-patients and out-patients had exceeded those of any previous year. The in-patients had numbered 1,111, the out-patients 18,551 (which included 993 renewals), both figures showing a marked increase over those of previous years in the new Hospital. The capacity of the wards would not allow of much increase in the total of in-patients in the future, but there were evident signs of the progressive increase of out-patients. A special report of the investigation into the means and circumstances of persons presenting themselves for treatment as out-patients was presented to the board in the early part of 1898, and they appended that report, being of opinion it would prove of interest. This increased activity of the Hospital had naturally involved additional increased expenditure. The board had also to meet the outlay indicated in the last annual report, for the better and more suitable accommodation of the nursing staff in their reconstructed home, and in connection with a special ward for children suffering from diphtheria, opened on the special recommendation of the medical staff in consequence of the marked success which had attended the homeopathic treatment of that disease. Increases in expenditure naturally followed the increases of (1) patients; (2) domestic staff for service in the enlarged nurses' home; (3) wages of ward staff, and (4) private nursing staff (which was, however, practically refunded in private nursing fees); (5) staff for diphtheria ward and special cases, and items too numerous to specify arising from general activity in the work of the Institution. The "establishment charges" had also been increased in 1898 by the insurance of the Hospital buildings for seven years by payment of six years' premium, an expenditure which saved one year's premium, but brought six years' premiums into one year, as well as by higher rates and greater consumption of water. The year's expenditure having been £9,862 18s. 11d., against an income of £6,620 16s. 5d., the deficit had been

£3,242 2s. 6d., which, added to the total deficit at the end of 1897, £6,314 5s. 10d., made the total deficit on the current account at the end of 1898 no less than £9,556 8s. 4d. Under the sanction given by the governors, donors, and subscribers, at their special general meeting on December 11, 1896, this deficit had been met by moneys which, under the laws of the hospital, should otherwise had been invested, and by the renewal of loans from the bankers. The total amount thus withheld from the reserve fund amounted on December 31, 1898, to £6,556 8s. 4d.; and this, with the debt to the bankers, £3,000, had temporarily adjusted the total deficit, £9,556 8s. 4d. Hence the deficit did not appear in the income and expenditure account. But the employment in this way of capital moneys deprived the hospital of annual income to the amount (at 3 per cent.) of £286, while the interest on the loan for 1898 had been £107. The repayment of these borrowed moneys would, therefore, increase by £393 the year's receipts. The income of 1897 showed an increase of £846 0s. 10d., as compared with 1896; that of 1898 a decrease £433 11s. 6d., as compared with 1897. But this decrease arose only from £488 4s. 3d. less received in donations (in consequence of a special gift of £500 in 1897) and £47 5s. 5d. less in dividend on account of drafts from capital. Every other item of income showed an increase, leading to the expectation that in due course it would equal the expenditure. At the close of the year the board had been gladdened by the announcement of a substantial legacy bequeathed by the late Dr. J. Say Clarke, of Ryde, who left the Hospital the residue of his estate. The amount of this legacy cannot yet be determined, but it would not be less than £11,000, and would in all probability amount to more. The board had been gratified by a further award of £200 from the Prince of Wales's Fund. The award from the Metropolitan Hospital Saturday Fund had been £375, and the award of the Hospital Saturday Fund £142. The endowed beds had been increased in number by "The Patience Bed," endowed by R. P., and "the Jane Charlotte Bed" endowed by Miss Jane Mary Barclay, per Dr. Dyce Brown. The tenth annual report of the Convalescent Home at Eastbourne showed a total of 189 persons resident during the past year, including 154 women, 27 children, and eight nurses of the hospital. Not less than 1,982 persons had up to the present time received the benefit of a residence in the Home.

ACTIVITY IN MEDICAL AND NURSING WORK.

The medical report for the year showed that the activity of the medical staff had not diminished, and the warmest thanks

were due to them for successful and untiring services to the patients. A notable feature in the past year's work had been the opening of a special ward of four beds for the exclusive treatment of diphtheria—a disease which has increased of late by leaps and bounds. The number of such cases during the past year had been considerably above the average, namely 43, and the success of the treatment had been distinctly satisfactory. The receipts from private nursing had shown an increase from £575 2s. (1896) to £1,007 15s. 6d. (1897), and to £1,100 12s. 6d. in 1898. Although this total is yet far below the yearly receipts from private nursing in former years, the board looked hopefully to the gradually increasing calls for nursing services, and to the future development of this most useful adjunct to the general work. The nurses' home as enlarged contained 49 beds for nurses; the house, No. 35, Queen-square, contained 12. The total cost of the reconstruction (including a new bridge connection with the hospital on the upper floor, porters' bedrooms, new dining-room, two sitting-rooms, and bedrooms for sisters and ward nurses), had been £5,013 6s. 2d., while the extra and new furnishing cost £491 18s. 2d., and the fittings £223 2s. 6d. This outlay, for which the governors, donors, and subscribers voted successively £3,500 and £2,000 from the capital funds, gave the nurses very comfortable and healthy accommodation, which was much needed, and was the last item of capital expenditure likely to arise in connection with the new building. The board are not without hope that some generous friend or friends who knew the excellent efficiency of the nursing staff, would enable the board to replace this outlay to capital, which would mean a restoration to the income of at least £150 a year. The Hospital has now entered on the 50th year of its work of bestowing upon the sick poor the benefits of homeopathy. Those benefits have been received by 363,870 patients. In its first year (1850) its patients numbered 156 (in), and 1,547 (out), total 1,703; in its forty-ninth its patients numbered 1,111 (in), and 18,551 (out), total 19,662. It was founded on October 10, 1849; on that day of 1899 it will have completed its fiftieth year. Probably no hospital has ever been established and carried on in the face of so much opposition and obloquy. The completion of half a century of progress, under such disadvantages, would seem to be without parallel, and it offered the most conclusive proof of the benefits conferred on its patients, and of the truth and vitality of its medical principles. The new building, admitted by competent judges to be replete with every essential in hospital construction that modern science can suggest, might justly be viewed by its many supporters with feelings of pride, so many and so unstinted had been the

praises bestowed upon it. The board felt that half a century of such unique development should not pass without due celebration. They had arranged for a Hospital Jubilee Dinner to take place at the Hotel Cecil in the month of June, 1899, under the presidency of the Earl Cawdor. They invited the friends of the Hospital to signalise the event by contributing sufficient donations to replace to the capital funds the amounts withheld or withdrawn from those funds for current expenses during the past four years, and thus to start the hospital on its second half-century with its old principle of paying its way without making drafts on capital, so that its financial position may not permanently be impaired by the necessity recently imposed upon it by its larger work in its new building.

CONFIDENCE IN AND PROGRESS OF HOMEOPATHY.

The Chairman: Ladies and gentlemen, I rise to move the adoption of the report which you have just heard read, and in doing so I would like to refer to a few salient points which have attracted my attention in going through it. The extraordinary increase in the use made of the Hospital by the poor is the first point. It appears that for the last three years the number of patients have increased at the rate of 2,000 a year. It is a wonderful increase, and it shows you the confidence of the lower orders in homeopathy, and what a hold it has got on them. I hope that increase of patients will continue, but at the same time we must see that the more patients we relieve the more will be the expense in doing so, therefore it becomes our duty to add to the reserve fund of the Hospital. It can be done by an increased subscription list. We want from £1,500 to £2,000 a year more than at the present time to prevent our trenching on our capital. We want to replace that capital which unfortunately has been drawn out during the past four years. Since the rebuilding of the Hospital the subscriptions, which were enough in the old Hospital, when we had at the outside 40 beds, are not nearly enough now that we have a hospital of 100 beds. The expense is more than doubled because the accommodation is more than doubled, and the list of new inventions which Mr. Cross has just read to us show how much more is done for each patient than was done in the old house under the old plan. It only shows that we have moved with the times, and that homeopathy is going ahead in a way that is remarkable. The other system of medicine claims all sorts of trials at the present time, but I am sure it can claim no greater trials than homeopathy is continually claiming, and the progress which it makes. We have had to take from our bankers a loan of £3,000. I hope that

the effort we are making in the month of June next at the festival dinner will bring in funds to wipe that off as well as replace the moneys which have been drawn from our reserve fund. There is nothing that more conduces to the support of the Hospital than being able to replace these drafts which are taking from our income £300 a year. The very handsome legacy we have received from Dr. John Say Clarke, of Ryde, is a great help to our Hospital. We have not yet received it, therefore it does not come into this year's accounts. I trust it will be the means of putting our finances in a very much better condition permanently. It is gratifying to me to know that we have had £200 from the Prince of Wales's Fund. (Applause.) Now our Secretary mentioned the endowed beds, but I have a note here that another endowed bed has been added since the year closed and the report was printed. (Hear, hear.) It is called the "Gratitude" bed, and the donor wishes to remain anonymous. We have to deplore the death of several of our vice-presidents, but there is no one amongst that list whose death affects the Hospital in the way that Lord Newton's does. He was a member of the board while he was in health, and a constant attendant during his time. Some six months before his death he was obliged to give up his personal attendance at the board, but he always, to the last took a lively interest in our Hospital, and he was one of our oldest friends. I am glad to say that we shall shortly welcome Mr. Trapmann back. The new departure mentioned just now of a lady house physician for diseases of women is, I think, a great success. Miss Edith Nield has shown herself well able to occupy the position she has assumed, and not only has she been very helpful to the women's side of the Hospital, but now, in the temporary want of a house surgeon, she comes forward to the medical side and is able to help us very much in the work.

SPREADING THE LIGHT ABROAD.

Those missionary students who are coming here to learn will spread homeopathy throughout the world, and will bring it into touch with people not only in all parts of Europe, where, of course, homeopathy is very widely known, but into the dark places of Africa, and also in India, and I hope many students will come. You have heard that there is an Institution about to be established in Liverpool for investigating tropical diseases, and I only wish that homeopaths could have instituted that Institution, because I believe it is only with homeopathy that tropical diseases can be treated at all with success. As a personal matter October 10, the fiftieth year, is interesting to me because I have nearly completed fifty years' work myself in the

world since I left school, and I shall complete my fifty years only nine days, in fact, in front of the Institution. (Applause.) I have already mentioned the subject of the Jubilee Dinner, which it has been thought wise to institute, I only hope it will be carried to a complete success. There are two or three things in the next fifty years which I hope will be accomplished. One is that the subscription list should be made equal to all the demands upon it, and that funds should be also collected as a reserve fund. (Hear, hear.) These things, I think, are very necessary. We cannot complete our building without large support from our constituents, we cannot open our buildings without still further subscriptions to carry on the work, and I express the hope which I understand is hardly shared by those who are homeopaths generally, that some day we may not only have a teaching school, but also have an examining institution which shall be able to grant degrees apart from the present system of degrees from London or Edinburgh. I think that is a thing in the future to be striven for. I hope that people will not think I have gone beyond what I ought to look for in the future, but, at the same time, looking at the progress of the Hospital from Golden Square to the old Hospital here, and then from the old Hospital to the new one, it seems to me it is not too much to look for, if homeopathy is a growing science, that we should have such a power granted, of course by the State, of teaching and examining and of granting degrees, and I hope all homeopaths will set these things clearly before them and strive for them. It is only by agitating that anything is done in this country. I conclude, ladies and gentlemen, by moving that this report should be accepted. (Applause.)

SUPERIORITY OF HOMEOPATHY.

Capt. Cundy, in seconding the motion—which was carried—said he was thankful to know that Mr. Trapmann was coming back, so that he could return to his hands the trust reposed in him (Capt. Cundy)—the duties of vice-treasurer. The office of vice-treasurer was not an unanxious one when they found month after month the large proportion the expenditure bore to the income. That year they had really spent a third more than their income, and they knew that if they went on like that in their private lives they would soon be in the Bankruptcy Court, and lose not only their goods but their reputation. He was not so sanguine as the report about the assured income in due course becoming equal to the expenditure, because, unfortunately, as the income increased so did the expenditure, and they would end in disaster unless they had some more of those

legacies which had been referred to. He wanted them to urge on their friends in every possible manner to support the Hospital, because it was not only a matter affecting their own pockets and health, but was a national matter. From personal experience he looked upon homeopathy as a Divine revelation, and as such it should be enforced in every possible way. Some persons spoke apologetically of homeopathy as they used years ago to speak of temperance. He believed in persons having the courage of their convictions, and showing other people the reason of the faith that was in them. He owed the life of his wife to homeopathy, and as he loved his fellow-man he would be wrong if he did not urge upon them its superiority over the old methods. They had an up-to-date Hospital, and wanted to keep it up-to-date, and they ought not to be debarred from obtaining every scientific adjunct which would be useful for the want of funds. Their Hospital was really a school of homeopathy. With regard to the appointment of a lady house doctor, that had been accomplished by the assistance of Sir Henry Tyler, and he must say, although at first he fought shy of the appointment, he was now a convert to the policy. He was continually going about the Hospital and seeing what was going on, and nothing was more delightful than to hear the expressions of gratitude and praise from the patients for the loving attention given by the medical and nursing staff. Apart from the fact that the Hospital was a medical school, it was a place where Christian love seemed to dwell. (Applause.)

THANKS TO THE WORKING STAFF.

Dr. Dyce Brown next proposed a vote of thanks to the board of management and house committee, the treasurer, vice-treasurer, medical staff, and lady visitors. He knew, he said, the devoted work of the committee of management and the house committee, and outsiders had little idea of the vast time and attention their duties involved. The treasurer and vice-president had also responsible duties to perform, as they had heard from Capt. Cundy, especially now that the expenditure had so much increased. He hoped, however, that their anxieties in regard to the financial position of the Institution might soon be set at rest by money being forthcoming to place the Hospital on a proper financial basis. It went without saying that the medical staff had their grateful thanks, for a hospital without medical men would be like the play of "Hamlet" without Hamlet. Every one who knew the Hospital were aware of how admirably their work was carried out. The lady visitors were also an important part of the staff of the Institution, and they owed them a debt of gratitude for brightening the

lives of the patients, and smoothing away their troubles. (Applause.)

Mr. Hawkes, in seconding the motion, said he could not speak with the personal knowledge of Dr. Dyce Brown, but as a provincial man who had sent patients to the Hospital he could endorse what had been said of the gratitude of those who had experienced its benefits.

The motion having been carried,

The Chairman briefly acknowledged the compliment on behalf of the board of management, house committee, and the treasurer and vice-treasurer.

Dr. Blackley, who replied for the medical staff, remarked that he could but repeat what he had often said before—that their work was a labour of love. The staff, in common with all connected with the Institution, tried to pull together, and do all in their power for its good, and for the good of the patients.

The Rev. Dacre Craven said he was asked to respond for the lady visitors, whose pleasure and privilege it was to visit the Hospital and try to solace the sick and suffering. Whether bestowing flowers on the patients, or singing to them, or doing anything else, the ladies tried to do some good, and those who were interested in the Hospital owed them a debt of gratitude. (Applause.) They had an excellent staff at the Hospital, and the tone of the Hospital, owing to the guidance of Miss Brew, was delightful.

The Chairman said they could not pass to the next item before they had expressed their thanks to Miss Brew, and also to their Secretary-superintendent and his staff. The secretarial duties of the Hospital were conducted in a most efficient way, and they owed Mr. Cross and his assistants a debt of gratitude. (Applause.)

Gen. Beynon moved the re-election of the board of management, auditors, and medical staff, and this being seconded by the Rev. Dacre Craven, was agreed to.

THE EASTBOURNE CONVALESCENT HOME.

The Secretary-Superintendent having read an abstract of the report of the Convalescent Home,

Col. Clifton Brown moved its adoption. He said he had been interested in it since it was opened, and he believed the benefit it did to the patients was enormous. All they wanted was a little more money and a department for men. He did not think they need fear for the Hospital, as there were legacies and donations coming in, but he would like to see a little more money go to Eastbourne, so that they could open a men's wing.

Dr. Goldsbrough seconded the motion.

The Chairman remarked that he had recently visited the Home and found everything going on well. The difficulty that had stood in the way of enlarging the Home was that they had been appealing for the Hospital, and they could not appeal for the Home too. He trusted that some day they would have a wing for men, and they would keep the matter in view.

The motion was then carried.

A hearty vote of thanks to the Chairman concluded the meeting.—*Charity Record*.

LIVERPOOL HAHNEMANN HOSPITAL AND HOMEOPATHIC DISPENSARIES.

WE have received the fifty-seventh annual report of the above combined Institutions, the text of which we have pleasure in reproducing:—

“THE following report is the eleventh of the Liverpool Hahnemann Hospital, and the fifty-seventh of the Homeopathic Dispensaries.

“In both the In-Patient and Out-Patient departments the work carried on during the past year has been extensive and successful.

“There have been 444 patients treated in the Hospital during the past twelve months, a few less than during the previous year. The death-rate during 1898 has been lower than usual. Considering that no selection is made in the admission of serious cases, and that some have even been moribund when brought to the Hospital, this small mortality is a very gratifying experience. There have been more operations performed during last year than in recent years, and although of the 116 that have taken place many have been important and serious, only one death has occurred in the cases operated upon.

“The whole staff has performed the duties falling to its various members to the satisfaction of your Committee.

“The Committee are glad to state that the nurses on the private nursing staff have been well employed; in fact it has not always been possible to meet the demand. It is gratifying to note that nurses trained in the Hospital have acquired a reputation for competence, kindness, and tact.

“The Eaton Home has continued to afford the benefits of a thoroughly equipped and beautifully situated convalescent institution to our patients recovering from disease, and not to

those from our charity only, though these have the first claim. During the past year 132 patients have been sent by us to the Home for periods of three weeks and upwards, while 64 have been admitted from other institutions. The ladies who superintend this Home, and the matron and others who assist therein, deserve our thanks; they receive some recompense in the gratitude and improved appearance of the convalescents themselves.

“The expenditure of the Institutions in Hope Street and Roscommon Street still exceeds the income derivable from all ordinary sources, and the Committee make an urgent appeal to the public of this city to forward to the treasurer such subscriptions or donations as will enable them to employ to its fullest extent the well-organised and equipped Institutions in their charge.

“The Committee thankfully acknowledge the kind gift of £500 towards the Endowment Fund, presented by William Birch, Esq., in memory of the late Mrs. Birch, who for some years worked among the poor of Liverpool. They would also tender their thanks to the Committee of the Hospital Sunday and Saturday Fund for their increased contribution, which is much appreciated.

ATTENDANCE OF PATIENTS FOR THE YEAR 1898:—

OUT-PATIENT DEPARTMENT, HOPE STREET.

Attendances at the Dispensary	36,512
Visits at own homes	2,926

ROSCOMMON STREET DISPENSARY.

Attendances at the Dispensary	19,148
Visits at own homes	1,751

Total Attendances ... 60,337

Number of In-Patients treated within the Hospital during the year ending December 31, 1898	444
Admitted during 1898	404
Patients treated in Convalescent Home, West Derby	132

It was at the Annual General Meeting, held at the Hospital on February 17th, that the offer of Mr. Hahne-mann Stuart to contribute £1,000 to a fund for starting a homeopathic training college was mentioned. We sincerely hope that the offer and the suggestion may bear fruit at an early date. If the medical representatives of homeopathy were as enthusiastic as some of the laity, and were more united than they are, the project would rapidly take practical shape.

NORTH OF ENGLAND CHILDREN'S SANATORIUM.

WE have pleasure in quoting from the thirty-eighth annual report of the committee of the above institution, presented to the General Meeting of Governors, held at the Sanatorium, February 18, 1899 :—

In presenting their annual report the committee have the pleasure of stating that in every way, with one exception, the Sanatorium is making steady progress.

The number of children who were inmates of the institution during the year was 874, an increase of 43 ; and the number of days children were in the house was 24,436, an increase of 1,695 ; the average stay of each child was 28 days, against $27\frac{1}{3}$ the previous year.

279 children were sent by the Governors of the Cotton Districts Convalescent Fund, a decrease of 50.

The alimentary cost of each child per week was 4s. 6 $\frac{3}{4}$ d. ; other expenses, 5s. 7 $\frac{1}{4}$ d. ; total cost, 10s. 2d. ; the exact alimentary cost per head, including patients and staff, was 3s. 8d.

The amount received for children, including arrears and proportion of Appropriated Cot Fund, was £1,048 ; against £944 in 1897, an increase of £104.

The committee are sorry to have to report that for several years there has been a falling off in annual subscriptions, which, though only small each year, is gradually becoming a serious decrease ; last year the amount received from subscriptions was £402, against £417, a decrease of £15 ; the amount received from donations was £113, an increase from this source of £11, which is more than due to the collection made on behalf of the institution at All Saints' Church, on the occasion of the attendance there of the Mayor and Corporation. Your committee are very grateful for all entertainments given for the Sanatorium, amongst the principal those of the "Orchestral Society," and the Amateur Minstrels, the contributions from which are a great help ; but as donations are always an uncertain source of income, they would earnestly plead for more annual subscribers, especially as there are several improvements they are desirous of making, but which they do not feel justified in doing in the present state of the subscription list. The year closed with a deficit of £5 2s. 3d.

During the past three years 2,547 children have been inmates of the Sanatorium, and the committee are most grateful to be able to say that out of that large number there has been no death, which they cannot but think speaks much for the skilful

treatment of the Hon. Medical Staff, to whom they desire to express their thanks, as also to their valued matron, Mrs. Kyle, and nurses, for their devoted care of the children, and attention to the interests of the institution.

During the year Mr. and Mrs. R. E. Haslam, by another donation of £500, have endowed a second cot, which they have done in the names of their two children, and wish it to be called "The Bolton Cot." Several cots have also been added to the yearly appropriated ones; specially may be named two additional ones appropriated by the Queen Street Mission, Bolton, making three in all. There are now five cots constantly filled by that town.

Last October a most successful Sale of Work was held at the Sanatorium, in aid of "The Ladies' Fund," which was opened on the first day by the Countess of Derby, and on the second by Lady Naylor-Leyland. It realised the sum of over £300, out of which the ladies have purchased and presented to "The Fielden Ward," seven brass cots, on which are engraved the names of the same number of endowed cots.

The annual ball was held at the close of the year, from which the handsome sum of £61 was handed over, with the wish that thirty guineas should be used for the appropriation of two cots for a year, to date from January 1, 1899; also for the purchase of two brass cots, the balance to be placed to the revenue account of the same year.

The following is from the Medical Report, read by Dr. Blumberg:—

During the year 1898, 874 patients have been treated in this institution. This is the record number since the opening year 1860, the total at the end of the first year being 14.

Of the 874 cases, 320 were sent away cured, 543 improved, and 11 unimproved. There were no deaths. As usual, the majority of diseases were those so common among children of the poor, namely, struma, general debility, anemia, and diseases of the bones and lungs.

TABULAR STATEMENT OF DISEASES.

Diseases of the respiratory system ...	...	...	127
(Phthisis) ...	...	...	40
Circulatory system ...	...	...	77
Nervous ...	...	...	68
Alimentary ...	...	...	32
Kidney and bladder ...	...	...	12
Skin ...	...	...	9
Eye ...	...	...	23
Ear ...	...	...	4
Throat ...	...	...	13
Struma and glandular diseases ...	...	...	53
Morbus Coxae and spinal diseases ...	...	...	44

Diseases of knee and other joints	...	...	...	29
Zymotic diseases (convalescent)	...	...	...	38
Rheumatism and rheumatic fever	...	...	...	26
General debility...	...	...	...	215
Wounds and operations	...	...	...	12
Abscesses and ulcers	...	...	...	18
Hernia	...	...	...	1
General tuberculosis	...	...	...	1
Marasmus	...	...	...	1
Mutism	...	...	...	11
				874
Cured	...	...	...	320
Improved	...	...	...	543
Unimproved	...	...	...	11
Deaths	...	...	...	None.
Remaining in institution at end of year	...	...	...	43

EXTRACT.

THE ACTION OF COCAINE.*

A VERY IMPORTANT CASE—MAGNAN'S SYMPTOM.

By ROBERT T. COOPER, M.A., M.D., late Physician Diseases of the Ear,
London Homeopathic Hospital.

OUR friends the allopaths are so disdainful of symptoms that when they do find one of undeniable utility they forthwith proceed to secure immortality for—or would it be shorter or less open to misconstruction to say at once—they immortalise the discoverer by appending his name to it. It is not the sufferer who obtains immortality, it is the man who discovers that the sufferer is an uncommon sufferer. But if I go on like this I shall no doubt get mixed.

As to what is Magnan's symptom, I must refer your readers to "The Current Medical Literature" portion of the *British Medical Journal* for January 9, 1897, where this paragraph appears:—

"Rybakoff, at the Moscow Neurological Society (*Munch Med. Woch.*, p. 1175, 1896), insisted on the diagnostic value of Magnan's symptom in chronic intoxication of Cocaine. It is a hallucination of sensation consisting of

* From the *Homeopathic Recorder*, February, 1899.

a feeling of foreign bodies, grains of sand, crystals, worms, or microbes below the skin. Korsakoff mentioned a case in which this symptom was present, and was found to be due to the use of vaginal tampons containing *Cocaine*, on the discontinuance of which it ceased."

The case I wish to bring forward in connection with this symptom that has brought about Dr. Magnan's immortality will be best given by reference to reports from time to time without mention of the remedies given when not followed by distinct results.

The case was that of an old woman of 75, crippled from head to foot with chronic rheumatism, an inmate of an almshouse, for whom a lady asked me to prescribe by letter, and which I did for the first time on October 25, 1897. My patient was described as having kept her bed since April, and as having all her joints swollen and very painful, and as not having been able to dress herself for months. Has been a hard-working woman in her time, but is now "on the Parish." These were all the particulars I could get.

On January 17, 1898, report comes in: "Scarcely know what report to give. She seems to be in great pain, the left arm from the shoulder to the finger-ends still continues to be most painful, the right arm from the elbow. The other morning her poor hands seemed more distorted and twisted, and now it is impossible for her to make her thumb and first finger meet, which by great effort she used to do a little time back. She also complains of great jumping sensation in legs. She is anxious to continue the medicine if you think she will gain benefit, but she has to confess that she has so far felt a greater increase of pain."

February 15th, pain less but "knees are drawn at the back"; left leg still jumps. Hands are heavy and the bed clothes are raised up at night from her rubbing the hands against them, owing to a feeling of grit underneath the skin.

Finding this last symptom present, I wrote to inquire if she had contracted a *Cocaine* or other habit, the reply being that it was absolutely impossible.

April 12th, pain in arms and tingling pricking in fingers, fingers useless, feeling of grit still.

June 3rd, no better; urine hot and scalding, causing much irritation, great pain in arms and hands (left shoulder

worst), hands deformed and heavy. Legs burning hot. Gave for this *Triticum Repens* ϕA and on 7th July reports: "State of the urine and the feeling in legs much better, but no strength in them, and a feeling in the arms (left particularly) as of being torn with thorns."

November 7th, feeling of grit under the skin, between fingers especially; legs in less pain but more useless.

In consequence of this last report I returned a powder, to be taken as one dose, in which I placed about $\frac{1}{4}$ gr. of *Cocaine*, not having a dilution of the remedy by me, and this is the report to hand (December 7, '98): "Mrs. M. felt the effect of the last powder considerably; about ten days after taking it she was seized with very great jumping all over, especially in the legs and arms, got no sleep all night; but the next day she was almost entirely free from pain, which continued a few days; since then the old pains have returned to arms and shoulders, but not nearly so much pain in the legs. She was most anxious to tell her benefactress about it, and does not seem at all indifferent now; she feels that something quite out of the common has taken place within her, and it is thought that at last the powders have thoroughly attacked the disease."

Comment unnecessary. The old lady will have to keep from physic for the next two months at all events.

30A, George Street, Hanover Square, London, W.

REVIEWS.

VISCUM ALBUM.*

THE full title of Dr. Black's work gives an accurate idea of its scope. He has brought together from many sources all kinds of interesting information regarding this famous plant, and he has added to it some excellent new material of his own, both clinical and experimental. One of the most important developments of Dr. Black's

* *Viscum Album, the Common Mistletoe: its Natural History, Traditional Virtues, Popular and Scientific Uses in the Treatment of Disease, together with new Provings of the Drug.* By George Black, M.B. London: E. Gould & Son., Limited, 59, Moorgate Street, E.C. 1899. Pp. 88. Paper, 1s.

observations and provings is the evidence of the drug's action on the ears. We congratulate Dr. Black on having produced a valuable piece of original work with which all subsequent writers on this drug will have to reckon; and we commend his example to other enterprising homeopaths. It would seem that the necessary and praiseworthy domestic virtue of earning an honest living is sufficient to absorb the energies of most practitioners, but we are confident that they would find the common round both more interesting and more fruitful if they brought to it the investigating talent displayed by Dr. Black.

The wealth of Dr. Black's reading has led to what we feel is a defect in many medical works—a lack of organic unity. If Dr. Black had prefaced his work with an explanatory digest of the drug's action, relating all the collateral information with his own experience, it would have been an advantage.

In regard to the get-up of the brochure, we think Dr. Black has been too modest; it is well worth the dignity of boards.

LLANGAMMARCH WELLS AND URIC ACID.*

WE have received a reprinted article on the above topic which goes to show that Llangammarch waters, in addition to their better known cardiac and anti-scorfulous properties, possess a marked influence on the elimination of uric acid. In the case of a patient of Dr. Black Jones', who had previously been taking for a long period the waters of Contrexéville and Wildungen for symptoms of renal calculus, without benefit, there was a marked improvement under the use of the waters at Llangammarch. At first under their influence there was very copious elimination of uric acid crystals, and finally complete disappearance. The effect of the waters in this case induced Mr. Edward Russell to make a series of experiments on himself. The result of these was to show that the water caused a marked increase in the quantity of urine passed,

* *The Action of the Water of Llangammarch Wells on Uric Acid.* By W. Black Jones, M.D., B.Sc. Lond., D.P.H. Resident Physician Llangammarch Wells Spa; and Edward Russell, B.Sc. Lond., F.C.S., F.I.C. Senior Demonstrator of State Medicine, King's College. Reprinted from the *Lancet*.

and an equally marked increase in the uric acid excreted. The writer concludes as follows:—

“We conclude from the above observations that the effect of substituting the Llangammarch Wells water for ordinary water is to increase the quantity of urine passed and also to increase the output of uric acid. This increase of the latter is also maintained to a certain extent when the water is no longer taken, but gradually returns to the normal for that individual.

“In the above experiments it will be noticed that chemically tap water is a better solvent of uric acid than Llangammarch Wells water, yet when the latter was substituted for the former clinically there was an increase of the output of from 30 to 50 per cent. It will be observed that the increased diuresis was due to the action of the mineral water alone, as the same quantity of liquids was taken in each case. The action of the Llangammarch Wells water in eliminating uric acid has thus an important bearing on the treatment of chronic gout and allied diseases. The following evidence gives the results of its employment in such cases. A number of patients visit Llangammarch annually suffering from gouty swellings of the joints. After a course of mineral water in nearly every case there is considerable benefit, the swellings decrease, there is less pain, and there is less stiffness in the joints. In many cases baths of the mineral water and also massage are used with very good results. In a few instances which at first appeared most unpromising considerable relief has been obtained. In the same manner there has been success in the treatment of osteo-arthritis. We therefore consider that in the Llangammarch Wells water we have a valuable adjunct to the present treatment of the uric acid diathesis, that substance being eliminated in considerable amount, hence this water is indicated in cases of gout, osteo-arthritis, uric acid, gravel, and calculus. In addition to the mineral water treatment there are at Llangammarch the advantages of a spa within a few hours' journey from London, together with a mountain atmosphere and such various forms of exercise as walking, hill-climbing, golf, &c., which are invaluable aids to the balneologist.

ANTITOXIN TREATMENT AND HOMEOPATHY.*

THIS is a small work on a large subject. Dr. Baruch has given much thought to the subject of the action of antitoxins, as from the chairs he holds we should naturally expect; and he has come to the conclusion that the curative action of homeopathic remedies and of

* *On the Relations of Antitoxin Treatment to Homeopathy. Including New Explanation of the Law of "Similia."* By Emanuel M. Baruch, Ph.D., M.D. Professor of Pathology and Bacteriology, New York Homeopathic Medical College and Hospital; Professor of Bacteriology and Therapeutics, Metropolitan Post-graduate Medical College. New York: Boericke & Runyon Co. London: Homeopathic Publishing Co. 1899.

injected antitoxins is essentially the same. It is not very easy to epitomise his argument, but perhaps the following passage will give a fair idea of the line of his thought :—

“Nature alone can help herself by spontaneous efforts ; all we can do is to awaken them. And that is what homeopathy does, and that is all it does.

“Inasmuch as all modern bacteriological therapeutics aim at this principle, they are homeopathic. Antitoxin is not a medicine in that it is a corrigent, in that it aims or tries to direct the ‘vital power’ into any one direction. It only supplies the body with the body’s own reaction upon the diseased condition from which it is suffering, just as a homeopathic remedy awakens or heightens in the body its own reaction upon the diseased condition from which it is suffering. By what means the diseased condition is induced is immaterial.”

We have this remark to make about antitoxins and their composition. Dr. Baruch and others write as if they were some definite new substances ; whereas, so far as we can see, they are simply preparations of blood serum (with chemicals, more or less, added to them) supposed to possess certain properties of antagonising disease. But this is an inference from experiment ; it does not mean any definite substance that can be isolated. Therefore to speak of “antitoxins” as something distinct from blood serum is as groundless as to talk of the microbe of hydrophobia which no one has been able as yet to find. Again Dr. Baruch contends that “antitoxin,” “when properly prepared, must be absolutely harmless and cannot in itself produce symptoms.” There is much virtue in that “properly” ; and the expansion of it does not help much. The causes of “improper” preparation are, according to our author, as follows : (1) Animal not sufficiently recovered from the disease. (2) Animal suffering from some other disease. (3) Serum contaminated. (4) Too much chemicals.—The possibility of any one of these “accidents” is enough to condemn the whole business. Now we have observed that the fatal cases of antitoxin injection have mostly occurred from its *prophylactic* use—*i.e.*, on healthy persons. It would almost seem that antitoxin as an antidote requires the actual presence of the disease virus in the system or else it is unantagonised and acts in anything but a physiological way.

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.

SYMPTOM WANTED.

SIR,—Can any reader of THE HOMEOPATHIC WORLD inform the writer of a remedy with the following symptom:—

“Sensation of icy cold hand laid over heart region?”

Any information would be gratefully received.

Yours faithfully,

R. H. BELLAIRS.

ANGOPHORA LANCEOLATA.

[REPLY.]

INQUIRER would be more likely to find the above plant by its synonym *Metrosideros costatus* (or *costata*); order Myrtaceæ, tribe Leptospermeæ; Icosandria Monogynia; New Holland, 1816. Calyx 5-cleft, half-superior; petals 5; stamens very long, separate; stigma simple; capsule 3-4 celled. Leaves opp., stalked, linear-lance., acuminate, oblique; panicle brachiate, decompound. I cannot find any medicinal characteristics of this species; but Loudon says, “The bark of *M. vera* is used as a remedy for fluor albus and diarrhœa, being mixed with Pinang and a small quantity of cloves and nutmeg.” Bentley says, “The clubs and (other) weapons of the South Sea Islanders are made from species of this genus.” Lindley, in his *Flora Medica*, gives *M. gummifera* as a synonym of *Eucalyptus resinifera*, “the bark of which,” he says, “is so extremely astringent as to yield a concrete juice resembling Kino, and sold as such.” FERRUM.

CARBOLIC ACID IN PNEUMONIA.

DEAR DR. CLARKE,—In THE HOMEOPATHIC WORLD, 1892, p. 17, you report two cases of double pneumonia at lower bases from carbolic acid poisoning. In the *Homeopathic Review* for February this year Dr. P. Proctor reports one case he had of pneumonia of right base which he cured with *Ac. Carb. liq.* (P. B.) in mj doses. The cure is very brilliant, after failure of usual remedies—*Ars.*, *Phos.*, *Iod.*, *Ant. tart.*, *Sang.* But the object of my writing is to ask if there is any other experience of the use of *Carbolic Acid* in basal pneumonia with *attenuated doses*. Dr. Proctor's dosage is rather heroic. Please reply in next issue of THE HOMEOPATHIC WORLD and oblige,

Yours very truly,

WM. LAMB, M.B., C.M.

1, Wellwood Terrace, Geelong, Victoria.

March 14, 1899.

[We are not aware of any other experience with *Carbolic Acid* in pneumonia besides that of Dr. Proctor. His case is a very valuable one, and as the medicine was prescribed on the crude correspondence he was probably wise in his choice of dose; but *Carbol. Ac.* in the potencies would undoubtedly cure, provided the subjective symptoms corresponded as well. We shall be glad to hear if any of our readers have experience with it. In one of the cases referred to by Dr. Lamb recovery took place from the basal double pneumonia. In the other the double pneumonia was fatal. Dr. Proctor appears to have overlooked these cases. They occurred subsequently to the publication of the *Cyclopedia*.—ED. H. W.]

Obituary.

TESTE.

ANOTHER of the heroes of homeopathy is departed. On the 14th of February, in the eighty-fifth year of his age, Joseph Alphonse Teste joined the majority. His work has been so long incorporated with the working material of homeopathy that for some time past most of the younger generation have looked upon him as already one of the old masters. But Teste was of a very modest and retiring nature; and thus for many years he has kept from public appearances; but none the less he was at work up to within a few days of his death. It is now nearly half a century (1853) since his great work on the "Practical Systematisation of the Materia Medica" first saw the light. It is one of the classic works of our school; and his treatise on the "Diseases of Infants" is hardly less important. Teste was a man of great originality and insight, and of independent mind. Conventional habits of thought did not trammel him: hence the value and permanence of his work. In private life he was a most lovable character. He was one of the founders of the Hahne-mann Hospital in Paris.

VARIETIES.

THALLIUM AND ALOPECIA.—The acetate of this rare metal has been found very effective against the night-sweats of phthisis, but in three cases in which it was used complete alopecia occurred.—*Amer. Homeopathist*, July 1st.

MEZEREUM SORE THROAT.—In the *Leipziger Populere Zeitschrift fuer Homeopathie*, Nos. 9 and 10, 1898, an anonymous correspondent recommends Mezereum in a variety of sore throat in those who have had syphilis, or have been treated with mercurials. It is characterised by a sensation of burning in the fauces, pharynx, and esophagus, which often increases to a feeling as if one had swallowed pepper or peppermint oil. Sensation of a plug in the throat when not swallowing; worse on breathing fresh air. The voice, otherwise strong enough, fails on attempting to read aloud. The secretion of mucus is not decreased.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Mondays, Thursdays, Fridays, and Saturdays, 2.0; 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; Dental Cases, Thursdays, 9.0 a.m.; Orthopedic Cases, Tuesdays, 2.0; Electrical Cases, Thursdays, 9.0 a.m.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Bruce (J. Mitchell). *Materia Medica and Therapeutics: An Introduction to the Rational Treatment of Disease.* New ed. Cr. 8vo, pp. 622. (Cassell. 7s. 6d.)

Hansell (Howard F.) and **Reber** (Wendell). *A Practical Handbook on the Muscular Anomalies of the Eye.* 28 Illusts. and 1 Plate. Cr. 8vo, pp. 182. (Kimpton. Net, 6s.)

Herschell (George). *Constipation and Its Modern Treatment.* Cr. 8vo, pp. 68. (H. F. Glaisner. Net, 2s. 6d.)

Homer (T.). *Dose Table of Materia Medica*, containing all the Doses required for Examinations and Prescribing. 2nd ed. Revised to British Pharmacopeia, 1898. Cr. 8vo, sd, pp. 8. (Livingstone. Net, 6d.)

Medical Annual (The) and **Practitioner's Index.** *A Work of Reference for Medical Practitioners, 1899.* Illust. 8vo, pp. lxxx-728. (J. Wright, Bristol. Simpkin. Net, 7s. 6d.)

Moynihan (B. G.). *On Retro-Peritoneal Hernia.* Being the "Arris and Gale" Lectures. 8vo. (Baillière. 7s. 6d.)

Ohlemann (F. W. Max). *Ocular Therapeutics for Physicians and Students.* Translated and Edited by Charles A. Oliver. 8vo, pp. 288. (Kimpton. Net, 7s. 6d.)

System of Medicine (A). By many Writers. Edited by Thomas Clifford Allbutt. Vol. 6. Roy. 8vo, pp. 956. (Macmillan. Net, 25s.)

Thorne (Sir Richard Thorne). *The Administrative Control of Tuberculosis.* Being the Harben Lectures. 8vo. (Baillière, Tindall and Cox. 3s. 6d.)

Transactions of the Obstetrical Society of London. Vol. 40, for 1898. 8vo. (Longmans. 25s.)

Whitelegge (B. Arthur). *Hygienic and Public Health.* With 25 Illusts. 7th Thousand. 12 mo, pp. 596. (Cassell, 7s. 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.

Communications received from Mr. R. H. Bellairs, Oxford.—Dr. Dudgeon, London.—Mr. Vasconcelloz, Lisbon.—Mr. F. Kopp, Greenwich, N. S. W.—Dr. W. Lamb, Geelong.—Messrs. Boericke & Runyon.—Ferrum.—Miss Humphrey, Steyning.

BOOKS AND JOURNALS RECEIVED.

M. Hom. Rev.—Zoophilist.—Chemist and Druggist.—Gaz. Med. de Paris.—Pub. Health Journal.—H. Maandblad.—H. Tidskrift.—Allg. Hom. Zeit.—Mind.—Library of Health.—Pacific Rural Press.—Calcutta J. of Med.—Amer. Med. Monthly.—H. Envoy.—Archiv. f. H.—Hom. News.—Hom. Physic.—N. A. J. of Hom.—Amer. Homeopathist.—H. Monats.—Hahn. Advoc.—Clinique.—Tasmanian Hom. Jour.—J. of Homeopathics.

—New Eng. Med. Gaz.—Med. Times.—Minn. Hom. Mag.—La Homeopatia—Astrological Magazine.—H. Recorder.—H. J. of Obst.—Reformador.—Rev. Hom. Belge.—Rev. Hom. Française.—Pub. Health Journal.—Information Gazette.—Pacific Coast J. of H.—Hahn. Monthly.—Il. Secolo Omio.—Critique.—J. of Orif. Surg.—Vacc. Inquirer.—The Construction of Hospitals, by Dr. J. W. Hayward.—Bad. Nauheim: its Springs and their Uses, by J. Groedel, M.D.—Viscum Album, by Dr. George Black.—Antitoxin Homeopathy, by E. N. Baruch.—Annual Report Liverpool Hahnemann Hospital and Homeopathic Dispensaries.—A Practice of Medicine, by H. R. Arndt, M.D.

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THE HOMEOPATHIC WORLD.

JUNE 1, 1899.

A BRITISH SCHOOL OF HOMEOPATHY.

IN another part of our present issue we publish a letter from a West Indian correspondent which deserves more than a passing notice. At a time when the British Empire is bursting its sides with Imperialism, it does not possess a single institution which can turn out fully equipped graduates qualified to practise the only system of medication which it is worth any one's while to take the trouble to learn! We contend that this is a disgraceful state of intellectual backwardness which cannot in any wise be compensated for by the "biggest navy afloat," however big that may be.

When we come to inquire into the cause of this backwardness we can only come to one conclusion: those who have inherited the traditions of enlightened medicine have allowed themselves to be bluffed by the sheer impudence of the medical powers that be.

The other day we came across a sample of this impudence in a rather curious quarter—a speech by the Indian Viceroy. In the March number of the *Calcutta Journal of Medicine* Dr. MAHENDRA L'AL SIRCAR discusses a speech made by Lord CURZON on March 3rd, at the last annual meeting of the Countess of Dufferin's Fund for providing women doctors for Zenana work. The following passage is from Dr. SIRCAR's article:—

"Lord CURZON enumerated these blessings under four heads—of religion, law, literature, and science—and made appropriate observa-

tions under each of these. With respect to the three first, he wisely remarked, 'some doubts may be legitimately entertained,' and pointed out in a most admirable spirit of tolerance what the grounds of those doubts may be. But as we are concerned with the last gift we will confine ourselves to a consideration of the remarks which fell from his lordship on this subject.

" 'And now I come to the last boon, which is science, and medical science in particular,' said his lordship, 'and about this I say that no two opinions can possibly be entertained. There may be prejudices, and there may be scruples arising from long custom, or from ignorance, or from other causes, but doubts there cannot possibly be; and I say this, that if we had come back to you from the West with our medicine in our hand, and with that alone, we should have been justified in our return. For what is this medical science that we bring you? *It is no mere collection of pragmatistical or experimental rules; it is built on the bed-rock of pure and irrefutable science.*' "

Lord CURZON's admirers on this side of the world will be not unfamiliar with the ring of this passage, which could not, we think, have been bettered by the panegyrics of Lord LISTER himself. Dr. SIRCAR's comment reminds us of the remark attributed to an eminent Chinese who dined with an illustrious British statesman. Speaking afterwards of the brilliant conversation of the latter, the Celestial remarked that his knowledge was absolutely wonderful; he seemed to know everything about every subject touched upon—*except China!* Dr. SIRCAR is willing to allow Lord CURZON's profundity on the other points, but that "bed-rock of pure and irrefutable science" on which traditional medicine is based is quite too much for our colleague's digestion. Why! the Kavirajs, or practitioners of Hindu medicine, are far safer to be entrusted with drugs than the objects of Lord CURZON's dithyramb. Dr. SIRCAR pertinently cites, for Lord CURZON's benefit, some of the descriptions given in the opening addresses of the medical schools last October (notably Dr. CARR's "Fashions in Medicine") of the kind of superstructure which allopathy has reared on this "bed-rock."

But it doesn't matter in the least—your ANDREW CLARKS and SAMUEL WILKSES may shout till they are hoarse that allopathic medicine has nothing to do with science, your

CARRS may illustrate and prove Sir ASTLEY COOPER's dictum that "the art of medicine is founded on conjecture and improved by murder"—still homeopaths are certain to have that "bed-rock" thrown at them by the official mouthpieces of allopathy whenever they attempt to show their heads.

Now, what we complain of is, that the homeopathic body in the British Empire have allowed themselves to be influenced by the fear of this sham bed-rock, although there is not enough weight in it to hurt anybody if it should chance to hit him.

In the capital city of the empire Homeopathy has now a hospital of the size and importance required for a teaching school; it is officered in every department as it has never been officered before, and it is supported by strong and influential friends. Why cannot our correspondent's suggestion be followed, and some strong effort made to secure in the new University of London the representation that homeopathy ought to have by every right of merit and electoral strength? In this way a beginning would be made in advancing one of the most important of our Imperial interests, and the coming century might have a chance of opening on a new era in British medical science.

EIGHT CUPS OF TEA.—On Friday, May 19th, Mr. Wynne Baxter, coroner, held an inquiry at Poplar on the body of Charles Henry Holmes, aged thirty-eight, a furniture dealer. The widow said that Holmes for some months past had been under a doctor for "excessive tea drinking." On Tuesday evening last she was in a 'bus with her husband when he was taken with a fit and died. He was very fond of tea, and would often drink eight cups before leaving home in the morning. Mr. Wingfield Norton Meadows, surgeon, said he had attended Holmes for dyspepsia, due to excessive tea drinking. In fact he regarded it as a case of "tea poisoning," the nervous system having been nearly destroyed from the quantity of tea the man drank. The cause of death was heart disease, aggravated by tea drinking, dyspepsia, and gouty diathesis. A verdict was returned in accordance with the medical evidence.—*Daily Graphic*, May 20th.

NEWS AND NOTES.

THE FATHER OF MEDICAL ETHICS.

WE subjoin from the obituary of the *British Medical Journal* of May 6th a notice of the death of Dr. Jukes de Styrap, because it contains a very clear account of the genesis of the *Code of Medical Ethics*, of which so much has been heard. We have no doubt that Dr. de Styrap was a very worthy practitioner, and we can quite believe that his efforts have often been useful in teaching allopathic medical practitioners how they ought to behave to one another and to their patients, when the light of nature failed them. But we cannot forget that his gospel of good-will among medical men contains one chapter which enjoins the persecution of homeopaths by their non-homeopathic brethren, an injunction which has been quoted and acted upon ever since—the late Mr. Ernest Hart, indeed, having undertaken a missionary journey to the United States with the special object of preaching it. In this matter de Styrap was neither better nor worse than the average practitioner for whom he wrote; but what we cannot understand is, that in the face of it, there have been found in the ranks of the homeopathic doctors themselves men ready to quote as an authority this same gospel of de Styrap with an unction that would do no discredit to the Rev. Mr. Chadband himself.

“JUKES DE STYRAP, M.R.C.P.I.

“Dr. Jukes de Styrap, whose death on April 9th was briefly announced a short time ago, was born at Shrewsbury on September 30, 1815. He received his early education partly at Shrewsbury School under Dr. Butler, and afterwards privately at Stourport in Worcestershire. He obtained his medical education at King's College, London, and obtained the diplomas of M.R.C.S. England and L.S.A. in 1839. He became a Licentiate of the Royal College of Physicians of Ireland in 1850, and in 1859 was appointed physician to the Salop Infirmary, a post which he retained until 1867, when he retired, and was appointed consulting physician. In 1864 he had a severe illness, and was never subsequently completely restored to health. On his retirement from practice in 1865, he was presented by the medical profession of Shrewsbury with an inkstand and a purse of sixty guineas as a mark of appreciation for his efforts ‘so freely and so disinterestedly given to advance the interests of our profession.’ The special claim of Dr. de Styrap to grateful recognition by the medical profession rests upon the work which he did in connection

with medical ethics. At the meeting of the British Medical Association in Edinburgh in 1858 a committee was appointed to prepare an expression of the duty of the members of the medical profession towards society, and in the following year the committee was re-appointed, with the addition of Dr. de Styrap, then secretary of the Shropshire Branch of the Association, formed by the amalgamation of the Salopian Medico-Ethical Society, of which Dr. de Styrap had previously been secretary, with the Shropshire Branch of the Association. Dr. de Styrap was subsequently President of this Branch, and in that capacity delivered an address in 1861.

"In 1876, when the Ethical Branch ceased to have an independent existence, a resolution was unanimously adopted, expressing the warmest thanks to Dr. de Styrap for the indefatigable zeal and energy with which he had discharged various duties towards the Branch, and for the unsparing manner in which he had devoted his time and talent to promote the interests of his brethren and the welfare of the profession at large. At the same time a tall silver cup with cover, called the Ethical Cup—which had been used at the annual dinners of the Branch—was presented to Dr. de Styrap with the following inscription:—'Presented to Dr. Jukes de Styrap by his medical-ethical friends in token of their esteem and regard, and in grateful remembrance of work well and truly done, January 31, 1876.' The outcome of Dr. de Styrap's great interest in the subject was the publication in 1878 of a *Code of Medical Ethics*, which he had drawn up upon the basis of previously existing codes, and had submitted to many leading members of the profession at that time. A second edition was published in 1886, and a third in 1889. There can be no doubt that this *Code*, which, as Dr. de Styrap was never weary of saying, was founded upon the general principle that a man should do to others as he would they should unto him, has been of great assistance to the profession, especially to the younger members, by indicating the course which in various emergencies and difficulties has commended itself to the approval of thoughtful men. For many years Dr. de Styrap was a frequent contributor to our pages upon such subjects, and his assistance has often been gratefully acknowledged. For many years before his death he was practically confined to the house. His last illness—during which he was attended by Mr. R. W. O. Withers—was due to influenza, complicated with broncho-pneumonia, and after ten days—during which, however, he retained his mental faculties—he succumbed to increasing weakness."

PHILLIPS MEMORIAL HOSPITAL—LAYING THE FOUNDATION STONE.

THE *Bromley District Times* of Friday, May 5th, gives an entertaining account of the above-named ceremony. The stone was laid by the Hon. Mrs. H. W. Forster. The occasion was a most interesting one, and everything passed off most happily. The *District Times* gives a

picture of the hospital as it will be when completed, and also the ground plan.

"THE NEW HOSPITAL.

"Although the growth of the work has made it clear for some time previously that more commodious premises would soon be required, it was not till 1897, the year of her Majesty the Queen's Diamond Jubilee, that the scheme was fairly launched, the executive wisely putting it forward as a suitable memorial to commemorate that unique event. Originally, an expenditure of not more than £3,500 was contemplated, but subsequent events, some of which have already been referred to, make it probable that a sum of little less than £6,000 will be necessary to complete the hospital in its entirety. Towards this sum there have been collected, up to Saturday last, £3,400, thus leaving £2,600 still required. Happily, this sum received a handsome increase at Saturday's ceremony, and it is to be hoped that the executive may now feel encouraged to proceed with the whole scheme, particularly as the only portion which can be left for future completion is the children's ward—a sphere of work which is certainly not the least important of the institution."

YET ANOTHER CANCER MICROBE!

AFTER we had gone to press last month with our note on "The Latest Cancer Microbe," the following passage in the *Medical Press* caught our eye.

"ANOTHER CANCER ORGANISM.

"Dr. Plimmer, of St. Mary's Hospital, has come in for a considerable amount of popularity during the last few days in connection with his work on the parasite of cancer, brought before a recent meeting of the Royal Society. He states that he has succeeded in isolating organisms which, he believes, stand in actual relationship to the disease. These organisms possess great vitality, and multiply under conditions which prove fatal to most other pathogenic organisms. They are capable of cultivation by the means in general use in bacteriological work. Inoculated in animals these cultures are followed by the production of cancerous tumours. Judging from the description at our disposal, Dr. Plimmer's organisms differ in every essential particular from those of Dr. Bra, whose discovery is now receiving attention on the other side of the Channel, as announced by our French correspondent, the latter being of the nature of a fungus. In spite of many deceptions in respect of this elusive organism, *dum spiro spero*."

DEATH OF A BENEFACTOR TO HOMEOPATHY.

We have received the following newspaper cuttings,

recording the death of a great benefactor to the Homeopathic Hospital of Melbourne.

“MR. JOHN SEVES HOSIE.

“DIED MARCH 31, 1899.

“Mr. John Seves Hosie deserves special commemoration as the liberal citizen who in 1889 provided £9,760 for the erection and furnishing of the new wing to the Homeopathic Hospital. It was good done by stealth, for until after his death last week only three persons—the architect, the solicitor, and the hon. treasurer of the hospital (Mr. George Crespin) knew who had given the money. Mr. Hosie started in business in Melbourne forty-five years ago. He was proprietor of what was then known as the Academy of Music bar and luncheon rooms in Bourke Street, and ‘ran’ Hosie’s Hotel at the foot of Elizabeth Street, opposite Flinders Street Railway Station. After a prosperous and highly creditable career he retired. Until the land-boom collapsed he was a wealthy man. Ventures that he entered into at the time when most people were speculating proved unfortunate, and Mr. Hosie had to resume his old occupation in a restaurant in Little Collins Street. He died at the age of sixty-eight. He was once Mayor of Richmond, and for many years a councillor.

“*To the Editor of the ARGUS.*

“Sir,—Through the death of Mr. J. S. Hosie, which took place to-day, the colony has lost an enterprising and liberal citizen—a man known for his numerous benefaction in a private way to suffering humanity. In 1889, having derived special benefits from homeopathic treatment under the late Dr. Gunst, he desired to mark special recognition of his marvellous cure, and requested me to authorise the construction of the southern wing to the Homeopathic Hospital, the stipulation being that the donor’s name should remain a profound secret. This secret has been known only to architect, solicitor, and myself.

“Last week, on his death-bed, I obtained his consent to make this liberal expenditure known, and now, through your columns, desire to do so. Mr. Hosie built the new wing and furnished the apartments at a cost of £9,760. He particularly stipulated that there should be paying wards, which have proved of great benefit to patients able and willing to pay. Melbourne can ill afford to lose men of such generous disposition as Mr. Hosie, but by his action in the present instance his name will for ever be associated with the advancement of homeopathic treatment in this city.

“Yours, &c.,

“G. GEO. CRESPIN.

“Hon. Treasurer Homeopathic Hospital.

“March 31st.”

X-RAYS AND ECZEMA.

DR. PROCTOR has drawn our attention to the following bit of apparently unconscious homeopathy recorded in

the *British Medical Journal* of April 29th. But at the same time it is difficult to understand how it can be unconscious, seeing that the only possible indication for the employment of X-Rays in the case is the fact that they have been known to cause eczema of a most troublesome kind.

"ECZEMA TREATED BY X-RAYS.

"By C. THURSTAN HOLLAND, M.R.C.S.

"Honorary Medical Officer in Charge of the X-Ray Department, Royal Southern Hospital, Liverpool.

"On December 7, 1898, P. T., a young woman aged 19, was sent to me with the following history. About a year ago she was operated on for a swelling on the left hand, over the metacarpal bone, and pus was evacuated. The wound soon healed, but immediately afterwards an eruption broke out around the scar and gradually extended over the back of the hand and up the fingers. For five months she had been attending as an out-patient at the skin department of one of the hospitals, but stated that the affection was getting worse and worse. A chronic eczematous eruption covered the whole dorsum; the skin was thickened, very scaly, and cracked all over; and there were a large number of adherent, blackened scabs, the largest just between the bases of the middle and ring fingers.

"All other treatment was stopped, and the hand was exposed seven times—on December 7, 12, 16, 19, 24, and 29, 1898, and January 3, 1899—to an active X-Ray tube. The apparatus used consisted of a 10-inch coil, worked from a 6-cell accumulator through a resistance, and fitted with a mercury interruptor. A Zehnder tube was used on four occasions, and one supplied to me by Mr. Isenthal on the other three. The lower edge of the glass of the tube was distant from the hand from 4 to 7 inches; each exposure was fifteen minutes in duration. No inflammatory change was noticed at any time; on the date of the last exposure (January 3rd), the scabs were loose and were picked off, and most of the scales had also disappeared; a small ulcer was found under the large scab referred to above. No further treatment was adopted, and on February 18th the condition was as follows.

"All eczema has quite disappeared and the hand is well. The mark at the base of the middle and ring fingers, and the other mark in a line with it on the back of the wrist are due to scarring; the scars are quite free from disease—in short, the case is cured. The explanation is probably that the X-rays had a stimulating effect on the tissues of the diseased area, stimulating them and thus enabling them to bring about a cure."

"Stimulating effect" is good; it explains nothing, and does not commit the author. But why did he choose this form of "stimulant" to the thousand and one other kinds available? And why did this one succeed?

HOMEOPATHY AND WEST AFRICAN FEVERS.

WE are glad to see that the homeopaths of Liverpool are not letting drop the subject of West African fevers. A course of six lectures is being delivered by Dr. J. W. Hayward at the Hahnemann Hospital. Instruction will be given to medical practitioners, missionaries, nurses, and others. The introductory lecture, which was public, was given on May 17th under the chairmanship of Mr. J. Carlton Stitt. The following brief account of the lecture is from the *Liverpool Daily Post* of May 18th :—

“Dr. Hayward, in the course of his lecture, hoped that medical men about to go abroad, nurses and missionaries would attend the six lectures to be delivered on the subject. He recommended the following means of preventing malarial fever: The boiling and filtering of all water before use, the keeping of food and drink from the attacks of flies and mosquitoes, disinfection with something repulsive to mosquitoes, the wearing of a charcoal respirator if a night journey was necessary,” &c.

CORRECTION.

THE Chairman of the Board of Management of the London Homeopathic Hospital (J. Pakenham Stilwell, Esq.) asks us to correct an error in the report of his speech at the Annual Meeting of the L. H. H., on page 222.

Speaking of homeopathy, Mr. Stilwell said, “The other system of medicine claims all sorts of triumphs at the present time, but I am sure it can claim no greater triumph than homeopathy is continually claiming.” In our report, copied from the *Charity Record*, the word “trials” occurred in place of “triumphs” and “triumph.”

DEATH FROM STROPHANTHUS.—It is reported from Germany that a man of 47, who was taking tincture of strophanthus for a heart-trouble, took equal to 2 ozs. of the tincture (sufficient for six days), and in spite of every medical assistance the man died four days after.—*Chemist and Druggist*.

ORIGINAL COMMUNICATIONS.

THE CULT OF THE MICROBE.

By R. E. DUDGEON, M.D.

THE last decades of the expiring century will be memorable for the rise and spread of the strangest pathological doctrine that has ever appeared in the history of medicine, which abounds in strange pathological doctrines—I mean the doctrine that ascribes the cause of many diseases to the invasion of the body by pathogenic micro-organisms, which constitutes what is called the science of bacteriology. These micro-organisms are so minute as to require very high microscopic powers, assisted by ingenious methods of coloration for their detection. They are very various in shape, but all seem to be endowed with the power of multiplying themselves with extreme rapidity under favourable conditions. The micro-organisms to which many diseases and morbid processes are supposed to owe their origin have been indicated, described and pictured, and it has been found possible to cultivate them in appropriate media such as agar, jelly, broth, blood serum, slices of potato and other things. The literature of this new science is already immense. Books illustrated with beautiful coloured plates have been published, and our medical periodicals teem with articles on this fascinating subject. The difficulties attending the study are so great, that a special education is required to make a competent bacteriologist. Almost every hospital and every medical school has its professional bacteriologist, who devotes himself almost entirely to the investigation and cultivation of these supposed causes of various diseases. And yet with all their researches they are not yet agreed whether the tiny microbes belong to the animal or vegetable kingdom. Zoologists and botanists seem equally unwilling to include them among the subjects of their respective branches of natural history. The general public regard them with aversion and make themselves miserable lest they should be surreptitiously attacked by these powerful but invisible enemies, many not daring to drink a glass of water or a cup of milk without having them well boiled or sterilised in order to destroy the dreaded foe. The discovery that

every person's mouth harbours some dozens of different kinds of microbes in immense numbers has led some hysterical microbephobes to denounce kissing as a dangerous pastime that should be put down by the strong hand of the law, like cock-fighting or bull-baiting; though the law still enjoins the kissing of the book which has been slavered over by hundreds of more or less dirty witnesses.

If the microbe theory has been a terror to the non-medical world, it has been to many medical practitioners a source of infinite trouble and annoyance. Believing no more in the power of microbes to cause disease than in that of mites to cause the decay of cheese, and convinced of the utter inutility of bacteriology to afford the slightest assistance in the treatment and cure of disease, they had yet to learn the jargon of the pretended science for fear of seeming deficient in the knowledge of what its numerous adherents deem the perfection of pathological science. But they felt that their remonstrances against what they believed to be a monstrous error would be powerless in face of the accepted creed of the vast majority of the profession. Unless some conspicuous and influential member of the profession should expose the folly and futility of the doctrine, it seemed hopeless to expect any impression would be made by the arguments of undistinguished medical men on the prevalent creed, supported as it was by many of the great, wise and eminent physicians and surgeons at home and abroad.

It is therefore a great satisfaction to all who are weary of the doctrine of the microbic origin of disease to find that their views have found an able exponent in the person of one of the foremost and most successful gynecological surgeons of the day: to wit, Dr. Granville Bantock, who, at a meeting of the British Gynecological Society in March of this year, read a paper on *The Modern Doctrine of Bacteriology or The Germ Theory of Disease*, in which he attacked with singular ability and logical force this modern perversion of pathological science.

In the beginning of the eighties Dr. Bantock, after prolonged inquiries and experiments, combated the immensely popular views of Lister on the prevalence of disease germs in the air and his plan for their extermination by means of his famous carbolic spray. I need hardly remind my readers that Lister's views and practice

were received and adopted with enthusiasm in every part of the world; in Austria, Germany, and Russia medical men and midwives were criminally prosecuted for neglecting to use Listerian antiseptics in their practice. Lister obtained the most fulsome adulation from every quarter. He was made a baronet, and though his ridiculous proposal to get rid of imaginary disease-germs in the air by means of his carbolic-spray machine has long since been discarded by the whole profession and by its lucky inventor, its early fame still adheres to him, and the present Government, wishing to do honour to the medical profession, could think of no worthier recipient of a peerage than the discredited author of a ridiculous and useless if not injurious plan for killing imaginary disease-germs. Dr. Bantock's opposition to Lister's method and views was deeply resented by the partisans of the latter, who black-balled him twice when he was proposed by some of the most eminent representatives of the medical profession as a candidate for membership of the Medical and Chirurgical Society. He had his revenge, however, when, elected President of the Gynecological Society in 1887, he delivered a scathing criticism of Listerism which contributed greatly to the complete overthrow of that delusion. In opposition to Listerism Dr. Bantock has always been the zealous advocate of cleanliness, as the one thing needful for success, in surgical operations. When Virchow last year delivered an address at the Charing Cross Hospital, with Lord Lister in the chair, he erroneously gave the noble chairman the credit of having been the first to recommend cleanliness in all surgical operations, whereby, he said, thousands of lives had been saved, and Lord Lister, who had never done anything of the sort, coolly accepted the implied compliment as though he were fully entitled to it. Dr. Bantock's present paper abounds in facts and observations which prove that "the presence of these micro-organisms is the result and not the cause of disease—in other words, that the bacilli are found in association with the disease because of the disease, or that the disease furnishes the conditions necessary for the presence of the special micro-organisms."

It would be wrong to assert that there is any general consensus among those who contend for the pathogenic property of the micro-organisms with regard to the

precise part they play in the production of disease. Some consider them to be disease germs, each species when planted in the soil of the body bringing forth its peculiar disease, as seeds planted in the soil of the earth develop into their respective plants. Others contend that they cause disease by a sort of fermentation. Others again, like Lister in his Liverpool address, assert that "the secretions of bacteria possess poisonous qualities of astonishing intensity," and cause disease by the toxic action of their secretions. It is surely overstepping the limits of conventional pathological absurdity to credit organless microbes with the secretion of poisonous matter on which they live, in which they multiply and with which they infect their unsuspecting hosts. But all who denominate microbes "pathogenic" thereby imply that in some way they are the generators of disease. As, however, many cases of diseases credited with these peculiar pathogenic micro-organisms are met with where the specific germ cannot be found, the advocates of the germ-theory boldly assert that the bacterium was "undoubtedly present, though the bacteriologists were unable to find it," forgetting the familiar adage, "*de non apparentibus et non existentibus eadem est ratio.*" Again, it is well known that all the mucous orifices of the body even of healthy persons swarm with pathogenic bacteria of many descriptions, some of these being of the supposed most virulent character. Why these do not constantly cause their peculiar diseases was accounted for by the presence in the body of Metchnikoff's wonderful phagocytes (the leucocytes of physiologists), which gobbled up all pathogenic organisms, and thus preserved the body from their attacks. Other observers have asserted that the phagocytes do not devour the microbes, but are devoured by the latter. Perhaps, like the inhabitants of the Scilly Islands, who are said to derive a precarious livelihood by taking in one another's washing, the phagocytes and microbes support their feeble existence by living on one another. Metchnikoff's phagocyte doctrine, on its first appearance, immediately received the enthusiastic adherence of Lister, who is always ready to adopt every new pathological fad. Needless to say it is now almost universally discredited, like all the other fads our only peer has taken under his noble patronage, such as Pasteur's inoculations for the prevention of hydrophobia, Koch's cure for tuber-

culosis, Copeman's supposed discovery of the bacillus of variola, the alleged propagation of plague by rats, &c. Evidently the representative of the medical profession in the House of Lords has mistaken his profession; as he is so invariably wrong in his appreciations and prophecies, he would have made a first-rate weather prophet.

Dr. Bantock relates many facts in disproof of the disease-producing power of the microbes. The *staphylococcus pyogenes aureus*, as its name implies, is supposed to be the cause of suppuration. Dr. George Stoker, who has given much time to the treatment of chronic ulcers by means of oxygen gas, had an old woman under his care who had been bedridden for many years with two large ulcers, one on each instep, both precisely alike in form and extent. One of these he treated with corrosive sublimate, the other with oxygen gas. In a short time the former looked cleaner, but had an ashy grey appearance, and showed very little sign of healing; the latter presented a healthy granulating surface with a good margin already healed over. A bacteriologist found that the unhealthy ulcer was "sterile," that is, had no organisms, whereas the healing ulcer had a copious crop of the pyogenic *staphylococcus*. Dr. Stoker said, at the discussion following Dr. Bantock's paper, that "he had made observations on 250 cases of ulcers, and in all rapidity of healing was in proportion to the presence of *staphylococci*," so that this micro-organism in place of being pathogenic was proved to be necessary to the healing process. The vaginal secretion of a healthy woman was found to contain quantities of *staphylococcus* and *streptococcus pyogenes*. I have related elsewhere (*Abolitionist*, No. 1) how Dr. Menge introduced into the vagina of thirty-five women and many infants quantities of cultivations of *staphylococci*, *streptococci*, and other virulent bacteria, without any bad effect. Doederlein accounts for the immunity enjoyed by women when pyogenic bacteria are introduced into them in this manner, by asserting that the vagina is inhabited by a bacillus which, like Metchnikoff's phagocytes, destroys all pathogenic bacteria. It is easier to believe that the bacteria are harmless necessary organisms.

Diphtheria is said to owe its origin to a special microbe called the *Klebs-Loeffler bacillus*. It was asserted that no case could be considered true diphtheria unless this

bacillus was present, and that the bacillus could never be found except in cases of diphtheria. As a fact the bacillus generally accompanies diphtheria but not always, and it has been found in connection with other diseases and also in healthy persons.

So also the *gonococcus* is regarded as the prime agent in the production of gonorrhea, and yet numerous cases of gonorrhea have been recorded without *gonococci*, and these microbes have been found in vaginal discharges of young children where there was no suspicion of gonorrhea.

The *bacillus typhosus* is held to be the cause of enteric fever, and the occurrence of epidemics of this disease is considered to be owing to the presence of this microbe in the water drunk by the victims of this fever, but in the recent outbreak of enteric fever in Maidstone, though "bacteriologists of repute were engaged in the search, none of their efforts to find it proved successful."

That the so-called *comma bacillus* was the cause of cholera was long believed, but Pettenkofer and his students swallowed large quantities of cultivated specimens of this microbe without any, or only insignificant, effects; in no case did anything at all resembling cholera result from their daring experiment.

As regards the *tubercle bacillus*, it may or may not be that tuberculosis is invariably attended by this microbe, but that it is incapable *per se* of causing the disease is proved by the negative results that followed the revolting injections of Professor Schreiber, of Koenigsburg, of tuberculin in large quantities on forty new-born infants, of which an account is given in the *Deutsche Med. Wochenschrift* of November 13, 1890.

The *bacillus coli* was at one time regarded as a most virulent microbe, but Professor Kanthack, at the meeting of the British Association at Liverpool, showed that this organism is a natural inhabitant of the digestive tract, and that its absence or reduction in number must be regarded as a departure from perfect health.

There is no doubt that the germ-theory of disease when first promulgated exercised a strange fascination over medical men, and the assignment of previously invisible and unsuspected organisms to various diseases as their exciting causes, coming with all the attraction of novelty, was enthusiastically received by all who longed for a

revelation of the hitherto unknown disease-producing agents. There were some who remained unconvinced by the assertions and demonstrations of the authors of this novel idea which threatened to effect a complete revolution in pathology, but their influence was insignificant compared with that of many eminent men who were converted to the new doctrine. The promise of soon having the material causes of all or at least many diseases displayed in bottles on our shelves, which we might see and examine at our leisure, was certain to attract crowds of adherents to the side of the bacteriologists. Many medical men were convinced, and no inconsiderable number set about experimenting in this new field of research, intent on discovering some new pathogenic microbe to which their own name might be for ever attached and so become famous. This diversion of pathological studies towards one goal—a false one as I believe—has had an evil influence on real progress in pathological science. Now that men of reflection and observation are beginning to perceive that this germ or microbe theory of the production of disease is a gigantic mistake, and that microbes, in place of being the factors in the production of disease, are only the parasites that prey on the morbid products of disease, or perhaps the useful scavengers of the dirt caused by the morbid processes, there is a good chance of a wholesome direction being once more given to pathological research. The only proper object of such research is to enable us to detect and to cure diseases more certainly and more quickly, but the germ theory or doctrine of pathogenic microbes has not been of the slightest use in the way of curing disease; in some cases, such as Koch's unfortunate tuberculin injections and Pasteur's pretended prevention of hydrophobia, it has led to disastrous effects on the health and life of hundreds of human beings.

Even to believers in the microbial theory of diseases and its value to therapeutics, the difficulties attending the detection and differentiation of the various microbes in morbid products render the examination impossible to be undertaken by those engaged in general practice. Therefore it is usual to entrust this work to some professional bacteriologist, or to the Clinical Research Association, who will, for a consideration, send a report on specimens sent,

after a few days; sometimes, it must be confessed, not more enlightening than that of Falstaff's doctor:

"*Fal.* What says the doctor to my water?

Page. He said, sir, the water itself was a good healthy water, but for the party that owed it, he might have more diseases than he knew of."

The clinical research method of Dr. Hornbook, as Burns describes it, is certainly simpler and perhaps equally satisfactory:

"Just — in a kail-blade and send it;
As sune's he smells't,
Baith the disease and what'll mend it
At aince he tells't."

In conclusion it may be said that certain contagious diseases are sometimes, but not always, attended by certain microbes, which cannot be considered as the causes of these diseases, but rather as their parasites; that the presence of some of them, as the *staphylococcus pyogenes aureus*, is distinctly salutary; that all the mucous orifices of the body in the healthy state harbour many different species of bacteria, even those believed to be of the most virulent character; that some of the most markedly infectious diseases, such as rabies, small-pox and syphilis, have no specific microbe; and that the attempt to cure any disease by the destruction of its peculiar microbe has never succeeded, and can never be expected to succeed, for it is not the microbe that causes disease but some virus the exact nature of which, like that of serpents' venom, has not yet been discovered, but the effects of which are manifest. A knowledge of the various kinds of microbe associated with different diseases may be occasionally useful to corroborate the diagnosis deduced from other sources, but its value, owing to the frequent absence of its supposed specific microbe from the diseased part, and the presence of the same microbe in other diseases and even in the secretions of healthy persons, besides the extreme technical difficulty of demonstrating the tiny organism, which cannot as a rule be undertaken by the ordinary medical practitioner, but must be performed by a bacteriological expert, will always render this aid to diagnosis extremely uncertain, and not comparable in value to the other time-honoured methods of diagnosing disease.

The study of microbes may perhaps prove interesting to naturalists when once it has been determined whether

they belong to the animal or vegetable kingdom. Perhaps they belong to neither, but are common to both, like protoplasm, which they resemble by being structureless, or at least destitute of organs, but endowed with vitality and capable of unlimited multiplication in favourable conditions. But bacteriology as an adjuvant to medical science and the therapeutic art is utterly useless and misleading, and the sooner medicine dissociates itself from this barren study the better it will be for therapeutics.

MATERIA MEDICA MISCELLANY.

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

Colchicum in Diarrhea.—A tanner, aged 32, otherwise healthy, had suffered for eighteen months from diarrhea, extremely fetid evacuations, preceded by violent pains, especially at night. The customary treatment had hitherto been unsuccessful. In view of the long duration of the ailment, and of the fact that the stools were more frequent towards morning, *Sulphur* was first prescribed, but without any change. A closer inquiry showed that the liquid stools were accompanied by copious mucus which looked like scrapings of the intestines. On this indication *Colchicum* 3 was prescribed and in two days the evacuations were restored to their normal state.—Dr. Bonino in *Allg. Hom. Zeit.*, translated for *Homeopathic Recorder*.

Digitalis in Uremia.—Dr. Hesse, of Hamburg, had under treatment a child of six years, who developed acute nephritis after an attack of scarlet fever followed by diphtheria. The nephritis came on with vomiting, and even after the disappearance of the albuminuria, it still kept up until the child was threatened with death, for its condition had remained unchanged for fourteen days, sleeping day and night, only interrupted by taking food and vomiting. It vomited all its food, and mucus six to eight times a day, with distressing strangling. Vomiting was preceded by great anxiety and restlessness, and followed by great relief; there was no appetite; moderate thirst; bowels constipated; urine dark, turbid, with a dark sediment, and of pungent odour; the pulse was strikingly slow, about 50. No remedy appeared to act, and he grew gradually weaker. *Digitalis* was chosen on account of the bradycardia and somnolence, interrupted

with attacks of convulsive vomiting, continuous vomiting, and vomiting with great relief, ammoniacal and turbid urine. The remedy was given in the 10x potency, morning and evening. After the first powder a radical change occurred. The next day the symptoms had all wholly disappeared except the vomiting, which recurred on the third day. The patient asked for food the whole time, and tolerated his food well. After the fourth powder the pulse was 80. The urine increased, became pale yellow, and without odour. No other treatment was necessary.—*Hom. Monatsblætter (Hahn. M.)*.

The Symptomatology of Antipyrine.—*General Action*: Reduces the temperature very rapidly. Allays pain. Alters the shape of the red blood-corpuscles. Separates and decomposes the hematin. Leaves a depressant influence on the brain. Diminishes the oxidation. Acts as a heart tonic. Fills the capillaries.

Mind—Anxiety: Loss of memory. Loss of consciousness. Feels drowsy, or rarely exhilarated. Peevish and irritable. Talks in a jerky manner. All motions are made in the same way.

Sensorium: Numbness. Snapping sensation in the head, nearly driving crazy. Prostration and dizziness. Vertigo. Feels as if intoxicated. Sensation as if the inside of the body were filled with ice.

Headache: Great migraine. Pain in the frontal sinuses.

Eye: Closed on account of the erythematous swelling. Dimness of vision. Pupils dilated. Suffused, with great congestion. Catarrhal congestion, with great swellings of the lids. Ephemeral amaurosis.

Ears: Ringing in the ear, with much congestion. Buzzing sensation.

Nose: Violent and long-continued sneezing. Coryza. Irritation of nasal fossæ. Coppery smell, which is not constant, but comes and goes.

Mouth: Itching and burning of the mouth, especially on the roof. Coppery taste, which is not constant, but comes and goes.

Throat: Itching and burning. Hoarseness. Cough, with or without expectoration. Tight, constricted feeling. Loss of voice. Swelling of lining of mucous membrane, giving sensation of suffocation.

Appetite: Anorexia. Thirsty only in a.m. on rising.

Stomach: Vomiting. Epigastric pain, causing to bend

double and cry out. Gastro-enteritis. Expanding sensation rising from the stomach. Nausea, with or without vomiting. Burning sensation in the pharynx.

Urine : Incontinence of urine. Amount is diminished. Great excess of nitrogen, as in typhoid fever.

Chest : Pain and tightness of chest. Dyspnea. Tumour-like sensation over the notch of the sternum, with slight dyspnea. Breathing hard and laboured ; can't lie down on this account.

Pulse : Rapid and full. Goes up and down with the temperature.

Back and Limbs : Limbs swollen. Edema of arms and hands. Pains in the shoulders, running into arms and neck. Pains in the groins, running down the inside of the thighs. Pains from the cardiac region to the left shoulder. Great coldness of the feet, without collapse. Great pain in all the limbs.

Skin : Profuse sweating. Cyanosis. Erythema, beginning in the arms and running down. Urticaria, especially on the inside of the thigh. Swelling of the face and hands. Livid colour of the face.

Fever : Intermittent sensations of cold. Cold sweat. Quick rising in temperature with the chill. High fever in the morning on rising.—*The Hahnemann Advocate*, May 15, 1898.

Ergotin in Involuntary Defecation.—Dr. Koeck, of Munich, was consulted by a railroad employé who, since the Franco-German war, had suffered from a chronic diarrhea, but who now found it impossible to retain his stools, either by day or night, for they would pass from him involuntarily. He had no sensation in his rectum of a threatening passage, so that he "*hatte die Hose immer voll.*" The stench that struck the doctor on entering the room might easily be imagined. The unfortunate man had been under old-school treatment for some time, without result. He was about to be pensioned, and had thoughts of suicide. *Secale corn.* 3x was administered, with slight amelioration ; then the second dec. dil. was given, with the same result. Remembering Kafka's advice to use the alkaloid when the indicated drug did not seemingly act, he prescribed *Ergotin* 2x. After taking the drug for four days the doctor was agreeably surprised to see him walk into his office, to report himself able to control his sphincter.—*Homeopathische Monatsblaetter*, No. 9, 1898. *Hahn. M.*

PLAGUE : ITS HISTORY, BACTERIOLOGY, SYMPTOMATOLOGY, ETIOLOGY, PREVENTION, AND HOMEOPATHIC TREATMENT.

By DR. SARAT CHANDRA GHOSH.

CALCUTTA has fallen a victim to the most dreadful and fatal scourge—plague. It has been making universal havoc amongst the people of India ever since its unwelcome appearance. It may, therefore, not be out of place if I deal shortly with its bacteriological, etiological, symptomatological, and therapeutical aspects.

Dr. William F. Arnold went to Yokohama, Japan, on the 1st of October, 1894, where plague was then raging with terrible force. I have read the paper which was presented by him to the Philadelphia County Medical Society. I have also read other papers on the plague. From their perusal, and from my own personal observations, I formulate the following :—

TERMINOLOGY.—It is also called the Black Death, the Pestilence, and the Levant Plague.

DEFINITION.—It is a highly specific, continued, contagious, and most virulent fever, which greatly resembles typhus, and is accompanied by swelling of the cervical, axillary, inguinal and mesenteric glands, by buboes and carbuncles, possessing a strong predisposition to a gangrenous character, hemorrhage, colliquative diarrhea, extreme prostration and exhaustion, and to the appearance of petechiæ on the skin, and by congestion of the heart, liver, and spleen.

HISTORY.—Its prevalence is frequently seen on the coast of the Levant, and this fell disease appeared in this country two hundred years ago. The plague was endemic in Egypt, and from this place it was conveyed by infected vessels to the eastern, southern, and other parts of the Mediterranean. In the year 1665 it became epidemic in England, and was designated as the Great Plague. It was introduced into Yunnan very probably from the Nepal frontier, where it is known to have existed since 1848. It is probable that the disease was carried by infected steamers from Hongkong to Bombay. The majority of the authors regard the plague to be a pestilential disease which is transmitted prominently by contact, either with a diseased individual or with porous substances.

BACTERIOLOGY.—No true information can be given with regard to this matter. Professors Kitatsato and Yersin devoted much of their time to examining the bacteriological aspect of the plague. Professor Kitatsato observed the following peculiarities of the bacillus of plague:—

- (a) Its positive staining reaction by Gram's method.
- (b) Its small size.
- (c) Its active motility.

But Dr. Arnold says that these cultures display motility in bouillon, and the medium does not clear by sedimentation as can be found with Fehleisen's coccus, and this fact has been contended against by Yersin.

Dr. Geddings, of the United States Marine Hospital Service, has quoted Roux as an authority, and has laid great stress upon the importance of decolonisation by Gram's method. He has also asserted that motility is not found in the organism.

Plague-cultures appear to need renewal about every three weeks. The organism is found to grow as freely at room temperatures as any pathogenic bacillus. Its growth is associated with extreme acidity, which is commonly enough to do away with the contaminating moulds. The bacillus continues to live under ordinary circumstances about six weeks.

With reference to the facts or principles of morphology, it bears a close resemblance to the bacillus of chicken-cholera.

SYMPTOMS.—*Precursory Symptoms.*—Slight headache and languor hover about the patient for several days previous to the appearance of the disease. After a period of incubation, lasting from a few days to three or four weeks, the disease comes on with such severity as to make away with the life of its victim within a few hours.

Symptoms of the Seizure.—The objective symptoms of the first stage are, in several instances, neither striking nor very clear before the manifestations of the bubo appear. They depend upon the fear of the sufferer, although he does not display any indication of this otherwise than unconsciously by his facial expression, and much upon the appearance of the tongue. The state of anxious feelings of this stage can perhaps be compared to the language-curtailling stage of alcoholic intoxication. The usual congestion of the face and the constant injection of the conjunctiva are noticed. Slight fever is seen; the tongue is enveloped with a thin, uniform, and whitish coating, which passes, with much swiftness, through yellow to brown, and it may pass to a further stage and show sordes. The urine may be mixed with slight albumen.

The general signs which are associated with fever may augment, but the temperature does not frequently rise above

105° F. in adult persons. The disease inflicts considerable damage upon the capillary vessels by the influence of the toxins found in the plague organism.

The eventual consequence of this serious change is that ecchymoses follow even trifling violence to cutaneous surfaces which are comparatively hardened by exposure or by use. This predisposition to ecchymosis constantly exists with the plague, and is of great service in arriving at a true diagnosis; but to our great disappointment it may come on late.

If any wound be made in this stage it bleeds very copiously. Ecchymosis disappears when suppuration has become established. The early brain symptoms associated with the disease are probably due to the effects of the influence of this toxin. Ordinarily the course of a typical plague case does not bear the stamp of being an intensely agonising experience. Great restlessness and uneasy feeling in the epigastric region constantly appear to trouble the patient. In the large majority of the cases the temperature is found always to be near the elevation it first reaches for from one to four—hardly more—days. The pulse is found to lose force, and is often dicrotic. A train of irregular symptoms may ensue as the disease reaches its acme, and this is often ushered in, through the failure of circulation. Most of the patients are carried off by the dreaded disease within the first four days of illness.

In short, the most prominent symptoms are the following:—

The patient is found to be very restless, swift prostration takes place, mental anxiety, shivering, headache, vertigo, and palpitation of the heart come on. Violent headache, delirium, and stupor supervene, with a weak and irregular pulse. Nausea, and vomiting of a dark bilious matter follow the above symptoms. As the disease gains ground, rolling of the eyes, epistaxis, difficulty in breathing, shooting pains, and swelling of the tongue, the glands of the neck, armpits and groins make their appearance; in which there are seen the characteristic buboes, commonly associated with carbuncles, in all parts of the body, petechiæ, costiveness, and in some instances suppression of urine. These symptoms are followed by delirium, convulsions, discharges of blood, and a colliquative diarrhea in those cases which end fatally.

When convalescence or recovery is likely to appear, copious perspiration ensues about the fifth day, and the buboes suppurate or more commonly disperse. Inflammation, congestion, and even infiltration of the blood appear in the most internal organs and tissues; and the blood is seen to be saturated with its particular bacillus. Under the existing circumstances plague can be defined as the general inflammation of the internal organs and tissues, and is classified as Bubonic, Pneumonic,

Abdominal, Cerebral, &c., as its virus or poison affects, more or less, its organ or tissue. The treatment should be directed to mitigate the sufferings of these affected organs or tissues by employing counter irritating and antiphlogistic remedial agents, so as to make away with the germs in the blood.

CAUSES.—On the visitation of plague in Bombay Mr. H. M. Birdwood, C.S.I., Member of the Council of the Bombay Government, read a paper at the Imperial Institute on February 12, 1898, in which he says that all important factors to be remembered in the causation of this disease were the filthy and insanitary "chawls" which are inhabited by 70 per cent. of the population of Bombay. On this Sir Richard Thorne recalls the fact that the influence of soil in its widest sense is one of the most prominent considerations to be kept in view as regards a filth disease such as plague, and he points out that on Mr. Birdwood's own proving the existence of these chawls affords really the soil wanted for the maintenance of the epidemic. Every ordinary garden soil, in fact, is pregnant with micro-organic life, and pathogenic organisms get in soil a favourable medium for life and multiplication.

Malaria, no doubt, exerts a far-reaching influence on the causation of plague. The characteristic of the majority of plague cases in Calcutta is that it directly affects the heart. If we dive deep to the bottom of plague literature or papers, we cannot solve the puzzling riddle how the plague bacillus can fall upon the heart so suddenly, and destroy the vitality of life, with such an electrical rapidity.

We are aware of the fact that heat, cold, electricity, certain vegetable, animal, and mineral poisons, and withal some kind of noisome or noxious exhalations, act upon the heart gravely, but microbes do not belong to this class of agents. We therefore believe that malaria has some share in giving rise to this disease. These plague cases, in my humble opinion, owe their origin not only to dirt and filth on the surface of the town, but chiefly to the defective subterranean drainage system of Calcutta, and the poisonous and humid subsoil of the town.

There are some persons who think that the germs of plague have been transmitted from Bombay or other places where the disease appeared, but they, in our opinion, are labouring under a false impression. Those who have thoroughly studied the genesis and etiology of the malarial fever perhaps know that the plague of Calcutta is not exotic, but indigenous in its birth. A heavy torrent of rain, associated with thunder and lightning, might set right the abnormal transmutations of the atmosphere, and put an end to the plague by sweeping away the foul and contaminating collections of the

underground drains. The crowded localities of Bombay and Calcutta contain within themselves and in the soil on which they are formed into a mass, the very germs or conditions which science has for long asserted to be the fruitful source of the propagation of filth diseases.

In a pure and free air the plague miasm extends but a short distance, perhaps not more than three or four feet from source, in a sufficient degree of concentration to infect a healthy individual. I think that pure air is apt to dissolve or decompose the particles of its contagion, and thereby to dismantle the fortification of the influence of infection. Be that as it may, it may be asserted that if the air be freely admitted and cleanliness observed in the room of a plague patient, there exists but very little danger of catching the infection.

PROGNOSIS.—The disease is always associated with grave mortality, and is very dangerous in a violent form. The result depends, more or less, upon the nature of the epidemic. If the disease is accompanied by glandular swellings it is generally less fatal. Healthy suppuration in the glandular swelling is considered to be fraught with critical results, and to be conducive to recovery. Gentle perspiration is also critical. Petechiæ on the skin, discharges of blood, colliquative diarrhea, and a predisposition to gangrenous degeneration of the carbuncles or glandular swellings, always bring a fatal end.

EPITOME OF TREATMENT.—For *Prostration and Carbuncles*.—*Ars.*, *Carbo Veg.*, *China*, *Lachesis*, *Merc.*, *Sil.*, *A. Nitric.*

For *Nervous Symptoms*.—*Bell.*, *Hyos.*, *Veratrum*, *Stram.*

For *Buboes*.—*Ars.*, *Carbo Veg.*, *China*, *Merc.*

For *Gastric Complications*.—*Ipec.*, *Nux V.*

For *Diarrhea*.—*Ars.*, *Veratrum*.

For *Hemorrhages*.—*Crotalus*, *Lachesis*, the tincture of *Picus Religiosa*.

DETAILED TREATMENT.—*Arsenic Album*.—*Arsenic* is very appropriate to the fever. It may be administered alone or in alternation with *Veratrum*. Excessive irritability of the stomach is present, with rejection of everything or vomiting of black, bilious matter; the eyes and countenance are sunken; the tongue is dry or cracked; burning thirst is present; great prostration; excessive loose discharge from the bowels or involuntary diarrhea is present. It is of priceless value in warding off a tendency to gangrenous degeneration when carbuncles appear, and may stop the progress of a fatal issue when agonising symptoms have already commenced.

Dose, 6c. 30.

Baptisia.—It antidotes the toxic state, at least in the early stage. It is of no good in those fevers which are not toxic. It may be advantageously employed in other dis-

eases with typhoid symptoms. It may be used with great benefit in plague with predominance of typhoid and nervous symptoms. All exhalations and discharges prove to be exceedingly offensive. The temperature is high, and the patient tosses about in the bed. Nightly delirium with stupor appears. The face is flushed or hot, with a besotted expression.

Dose, 1x.

Belladonna.—It may be considered an excellent remedy in plague, when congestion of brain with delirium is present; starting and jumping during sleep are present; the patient attempts to bite, strike, and spit at attendants; glowing redness or great paleness of face; the patient is uneasy and restless; dry and spasmodic cough comes on; the patient is seen to pick at bedclothes.

Dose, 1x, 3x.

Carbo Veg.—Sepsis is present, the features are sunken, with typhoid symptoms; ecchymosis; gangrene is humid or senile; swelling, induration, or suppuration of the lymphatic glands appears, with or without burning pains; the vital powers are low.

Dose, 6c, 12c.

China.—It may be given when the disease has throughout been marked by debilitating diarrhea.

Dose, 1x.

Crotalus.—*Crotalus* affects the nerves and the blood, producing spasms, paralysis, congestion of the various tissues, ecchymoses, and effusions into the brain, heart, lungs, &c., and into serous cavities, gangrene, and hemorrhages. It is, therefore, appropriate to the maladies of an adynamic character, whether produced by previous low condition of the system or by zymotic and septic poisoning. It may, no doubt, prove an excellent remedy for plague-stricken patients. Violent headache appears; delirium comes on without languor or drowsiness; pains all over the body and limbs, with restlessness; hemorrhagic tendency from all orifices is present; pulse is soft, feeble, flagging; fetid, bilious, or bloody evacuations; throat is dry with thirst; great difficulty is experienced in swallowing anything solid; burning in the eyes; bleeding and swelling of gums; stomach is so irritable that it cannot retain anything; inguinal glands are enlarged; muscles are seen to refuse their service; ecchymoses; petechiæ; boils, carbuncles, gangrene, abscesses, &c., appear, with scanty, tardy, or dark, fluid, unhealthy discharges; surface cold, especially extremities; complete apathy; the patient appears to be only half alive.

Dose, 6c.

Hyoscyamus.—It is used in plague when cerebral symptoms

are prominently marked. Low, muttering delirium is present ; delirium without the congestion indicating *Bell.*, or the fury calling for *Stramon.* ; when spoken to the patient answers with correctness, but gets immediately unconscious and delirious ; the patient is deaf ; painless paralysis and torpor of organism appear ; the tongue is red, brown, dry, cracked, paralysed ; pneumonic symptoms, with cerebral disorder, and dry, fatiguing night cough comes on ; the face is pale and limbs are cold, although the temperature is high.

Dose, 1x, 3x.

Lachesis.—It may prove beneficial where *Ars.* fails to bring about a cure, and when the glandular tumours and carbuncles threaten to end in mortification. *Lachesis* may be used with much benefit where complete prostration of the vital energy exists.

Dose, 12, 30.

Mercurius.—This medicine may be administered when the glandular tumours form and threaten to be indurated, although they do not possess a livid appearance, and especially if the glands near the ears be affected.

Dose, 3x, 6x.

Nitric Acid.—It may be given when the glandular ulcers assume a more unfavourable aspect and the patient gets worse. It may be also used with much benefit in the debilitating bloody evacuations which, in some cases, come on. The ulcers bleed when they are touched, stinging pains are present, the edges are hard, everted, and irregular, and exuberant granulations are sometimes seen.

Dose, 6c, 30c.

Phosphorus.—It is used in the plague-poisoning of heart and lungs. It is our sheet-anchor in the affections of the heart, when nervous prostration is very considerable and degeneration of the tissues has taken place.

Dose, 6c, 12c.

Rhus Tox.—It may be given with marked benefit where the following symptoms are seen : Blackish-brown mucus is seen on the tongue ; great thirst is present ; bleeding from the nose appears ; chilliness is seen, even when near the fire, with pains as if bruised all over the body ; the pulse is small, slow, and irregular ; the patient answers questions slowly ; glandular swellings come on ; the breath is fetid ; extreme debility and marked languor exist ; involuntary offensive alvine evacuations are noticed ; stupor ensues.

Dose, 3x, 6x.

Silicia.—It may be promptly given after *Merc.* if the glandular tumours appear to be livid, or the carbuncles suppurate and discharge.

Dose, 6c.

Stramonium.—It may be employed in plague when furious delirium, with other symptoms, are present; cold sweat appears all over the body; the skin is red like crimson; the face is swollen; the patient talks in a foreign tongue; the patient is full of fever and tries to escape; lies on the back, knees and thighs flexed, hands joined; delirium alternates with tetanic convulsions.

Dose, 1x, 3x.

Veratrum Album.—The vital forces suddenly sink, the face is hippocratic, the eyes are sunken, cold sweat appears all over the body, and the nose is seen to be pointed; violent thirst for cold water is present.

Dose, 3c, 12c, 30c.

Ficus Religiosa.—This medicine has been discovered by me, and is prepared from the fresh leaves of the tree. It may be used with almost magical benefit when bleeding from any organ appears and when hemorrhage and bloody evacuations trouble the patient.

Dose, ϕ , 1x.

ACCESSORY MEANS.—The patient should be removed to a large or well-ventilated room where a continuous supply of pure air may be secured. Perfect rest and quietude in bed are recommended. The temperature of the apartment must not rise above 60° F. at any time. The bed and bedclothes must be changed daily, and the sufferer should be sponged all over the body every day with tepid water. The patient should be taken away from the rest of the family, and should be nursed with much care and attention. Prompt isolation of affected individuals and the rigid adherence to the principles of modern sanitation will afford gratifying results whenever and wherever they may be observed. Great care should be taken to put a stop to the spread of the acrid and corrosive ichor from the buboes. Cairo has been extricated from the firm grasp of plague by the adoption of prompt and energetic sanitary improvements.

PREVENTION.—The underground system of defective drainage was designated by Dr. Simpson as "so many elongated cess-pools," and it is, in fact, a standing menace to the health of the city and is a devouring monster of its prosperity. Prevention of the disease and salvation of the people greatly depend upon the complete overhauling. No good result can be expected unless and until it is perfectly done. Fresh air, ample ventilation, and cleanliness are of paramount importance to ward off a seizure of the disease. The persons who attend on the sick should particularly avoid the breath and exhalations which ensue on turning down the bedclothes. If there is any

ground to apprehend a seizure of plague, *Baptisia* and *China* are probably the best prophylactics.

CONCLUSION.—We think it to be a paramount duty on our part to inform the terror-stricken public that homeopathy has won brilliant results in the treatment of some of the plague cases. The mortality of the plague cases causes great consternation, but if the cases were treated homeopathically the result would be different. What mind can comprehend the irreparable loss to mankind and the great misery entailed that the figures of the plague statistics reveal? It is very difficult to grasp a more horrible state of things. What dashes to the earth so many hopes, breaks the tie of so many promising alliances, demolishes the fabric of so many hopeful undertakings, as premature death? And these untimely deaths from plague would not have, I can dare say, occurred had the cases been placed under homeopathic treatment. To cure the maladies which human flesh is heir to is and should be the only aim and ambition of a physician. Physics, chemistry, and mechanics are merely the auxiliary sciences. The true science of the medicine lies above them, and consists in the art of healing. Scepticism in therapeutics should be regarded as a crime. For the past three years the people in Calcutta and elsewhere have been discussing the plague and have dreaded its advent. But at last it has appeared in our midst. The symptoms in Bombay have been buboes, and subsequently pneumonic symptoms came on. In Calcutta the general symptom is pneumonia. Be that as it may, we cannot but request the public to have implicit reliance upon the law of similars, and we assure them that homeopathy will fall nothing short of their expectations. I am strongly confident that the adoption of the homeopathic mode of treatment will clear away the darkness hanging in the horizon. I should be chary to over-estimate the value of our remedies, but I cannot but say that the allopathic treatment of plague seems to be a despairing irredeemableness. For the plague patients the word Hope appears to be struck out of the vocabulary of existence, before whom nothing seems to loom but a long vista of painful suffering. And it is to just these, the despairing of life, that homeopathy possesses the rare fortune of infusing the precious balm of relief and recovery. That homeopathy is gaining wonderful laurels in the treatment of this dreadful scourge cannot be denied, even by the adherents of Pyrrhonism. I have selected only those remedies which are closely allied to this malady, which is pregnant with so many different symptoms and syndromes. If this disease has ascended the culminating point of its destructive inroad, and if death knocks at the very gate of life, it can still be asserted, that homeopathy

will bring about a happy amelioration of all the principal agonising symptoms. With the extraordinary swiftness of the prophet's gourd the almost dying embers of vitality are sometimes re-kindled. The public are the best judges of its merits, and I therefore earnestly advise them to put it to the test.
Midnapore, Bengal.

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 4th, at eight o'clock p.m.

A paper was read by Dr. E. A. Neatby, entitled "A Note on some of the Clinical Features of Dysmenorrhea in Relation to Drug Therapeutics," of which the following is a synopsis:—
1. Scope of the paper; 2. Classification of dysmenia for therapeutic purposes; 3. Homeopathic remedies based on (a) Symptomatology, (b) Pathology, (c) Empiricism.

Dr. Hughes, in opening the discussion on the paper, said that only twelve remedies in the *Cyclopaedia* had painful menstruation in their pathogenesis, and of these he had found *Viburnum*, *Zanthoxylum*, and *Sabina* valuable. He had also found *Caulophyllum* useful for spasmodic pain with scanty or profuse flow. *Gelsemium* given at the time relieves the pain; and *Hamamelis* he used for ovarian pain.

Dr. Lough had also found *Gels.* ϕ useful for pain.

Dr. Burford had not found *Secale* so useful as Dr. Neatby appears to have done. *Caulophyllum* he found very useful for spasmodic dysmenorrhea. He gives 3x in the interval and 1x at the time. For spasmodic dysmenorrhea he also mentioned *Ergot*, *Plumbum*, and *Cuprum*. He said that dysmenorrhea is often due to constitutional causes, anemia chlorosis or arrested development, and often begins at the age of 18–20.

Dr. Neatby in replying said that pain in the ovarian region is not known to be ovarian in origin. He thought Dr. Burford's disappointment with *Secale* might be due to using it too low.

A paper was then read by Dr. George Black, of Torquay, entitled "Some Experiences with the so-called 'Tissue Remedies' of Schüssler, of which the following is an epitome:—

First announcement under the title of "A Shortened

Homeopathic Therapeutics"—General theory of the biochemic method—tissue-building—Difficulties in the way of selecting the remedy—Formation of the tissue cells—Health and diseases: various theories—Physiologico-chemical data—General action—Illustrative cases. The paper was largely theoretical, as might be expected from the synopsis.

In the discussion which followed Drs. Blackley, Goldsbrough, Day, Clifton, and Burford took part, and mostly spoke of the subject from the standpoint of theory rather than practice, the speakers having apparently had very little experience with the Schüssler remedies.

INSTITUTIONS.

JUBILEE OF LONDON HOMEOPATHIC HOSPITAL.

THE following circular has been issued:—

LONDON HOMEOPATHIC HOSPITAL,

GREAT ORMOND ST., BLOOMSBURY.

JUBILEE - - 1849 : 1899.

The Hospital has now entered on its fiftieth year of active and successful work, of which nearly 400,000 patients have had the benefit. The progress of its usefulness is illustrated by the following figures:—

		1850.		1898.
		(first year.)		(49th year.)
In-patients	... ..	156	...	1,111
Out-patients	... ..	1,547	...	18,551
		<hr/> 1,703		<hr/> 19,662

Thanks to the generosity of many friends, who realised that the old building was insufficient for growing requirements, a new building was erected, which has now been open for three years; and the demands upon it still continue to increase. But improved scientific methods, and a constant increase, as above, of patients, have necessitated an annual expenditure of £2,500 in excess of its annual income.

Some idea of the present work of the Hospital may be gathered from the following facts: In the wards there are sixty-seven medical beds, and forty surgical beds. There is a very important out-patient department, where general medical

and surgical cases are seen, and in addition there are special departments for diseases of women, children, the skin, the eye, the nose, ear and throat, as well as for orthopedic cases. Medical electricity, Röntgen ray examination and dentistry are also provided for. With this equipment, and a constantly increasing number of patients, the Board believe that there is a great future before this Hospital; and they confidently ask their friends to assist them in freeing it from debt to capital, and also in providing some £2,500 a year of new income.

This is, in fact, a great Central Hospital, closely bound up with the future of Homeopathy, and affording to the rising succession of physicians and surgeons most valuable opportunities of experience and practice.

At a Special General Meeting, under the presidency of the Treasurer, on December 11, 1896, the Board were authorised to meet the deficiencies of the preceding year 1895, and the following years 1896, 1897 and 1898, by appropriation of £2,000 in each of those four years, out of the invested capital funds, or from such legacies falling in during those years as would otherwise have been retained as investments. The amount already expended, however, has been £9,500, of which £6,500 is due to capital, and £3,000 to the bankers.

During the past year a New Wing to the Nurses' Home has been built, to provide the necessary accommodation for the Nursing Staff, which was previously much below the average at other hospitals. This New Wing adds very considerably to the health and comfort of the nurses, and gives them a home outside the Hospital building in every way satisfactory. It also adds to the annual expenditure. The cost has been £5,500, which has been met by the sale of stock, thereby depleting capital and reducing the annual income by at least £165. The Board include in their present appeal a request for donations towards replacing that sum.

The income has, it is true, increased, but not in proportion to the necessary expenditure. The Board feel that the Jubilee year of the Hospital should be signalled in a way to afford conclusive evidence of the undoubted status of Homeopathy in England, and the interest taken by its adherents in this admirable Metropolitan institution. The present method of borrowing from the Bankers, or from moneys belonging, under the laws of the Subscribers, to the capital funds, is one which causes the Board grave anxiety, and which could not, in any case, long continue.

The financial condition of the Institution should obviously correspond to the effective work done; and, as the Hospital in its fiftieth year is immeasurably superior to the Hospital in its earlier years, so also the support it receives should increase in

proportion. Financial stability is quite as important as the New Building itself, and such stability can only be ensured by the possession of unimpaired capital and increased income.

It is proposed, therefore, to celebrate the Jubilee of the Hospital by special functions in the Season of 1899, and chiefly by a Banquet in June, 1899. The proceeds of all efforts will go to the Jubilee Fund for wiping out debt to capital unavavoidedly incurred for the purposes above referred to.

The amounts most necessary are—

To replace deficits to June, 1899	£9,500
For New Nursing Wing	5,500
	<hr/>
	£15,000

Donations should be sent to either of the undersigned, or to the Bankers, Messrs. Prescott, Dimsdale & Co., 50, Cornhill, or to the Secretary-Superintendent.

CAWDOR, *Treasurer*,

7, Princes Gardens, S.W.

J. P. STILWELL, *Chairman of the Board of Management*,
33, Gordon Square.

JAMES CUNDY, *Acting Vice-Treasurer*,
Southborough Park, Surbiton.

HENRY W. TYLER, *Chairman of the House Committee*,
Linden House, Highgate Road, N.W.

G. A. CROSS, *Secretary-Superintendent*,
At the Hospital.

PRELIMINARY LIST OF DONATIONS.

Captain Cundy (Vice-Chairman of the Board and Acting Vice-Treasurer)	£1,000	0	0
J. P. Stilwell, Esq. (Chairman of the Board)	52	10	0
Sir Henry Tyler (Chairman of the House Committee)	100	0	0
A Friend well known to the Hospital	500	0	0
Smith's Charity, Trustees of	100	0	0
Mrs. S. B. Brown	100	0	0
A Nobleman (on condition that the total amount required is subscribed by June in the Hospital Jubilee Year)	1,000	0	0
Colonel Clifton Brown (per the Chairman of the Board)	100	0	0
T. D. Galpin, Esq. (do. do.)	50	0	0
H. W. Prescott, Esq. (do. do.)	52	10	0
Miss C. A. Stilwell (do. do.)	25	0	0
Mr. C. W. Willis (do. do.)	25	0	0
Fred Davis, Esq.	52	0	0
Mrs. Coulson James... ..	10	0	0
Miss Keating... ..	1	0	0
The Rev. O. P. Greenstreet	1	1	0
C. Brock Hunt, Esq.	5	0	0
Miss L. G. Hunt	5	0	0
John Harrison, Esq.	1	1	0
Mrs. Campion, senr.	1	0	0

Messrs. A. Boake Roberts and Co.	£5	5	0
G. R. Dupuis, Esq.	1	0	0
Colonel W. M. Leckie	20	0	0
Wm. Cant, Esq.	2	2	0
Mrs. Gurney	2	2	0
Andrew Beater, Esq.	1	0	0
Mrs. A. J. Staveley	3	0	0
Mrs. Rylands	100	0	0
Josiah Beddow, Esq.	25	0	0
J. B. Houldsworth, Esq.	500	0	0
Charles Neck, Esq.	5	5	0
Mrs. Kynaston Cross	10	0	0
Mrs. Pinhey	3	0	0
Miss Baldock	5	5	0
Miss A. Maunsell	20	0	0
Colonel Larkins-Walker (per Mr. Knox Shaw)...	26	5	0
The Rev. Monseigneur P. Canon Fenton (per Dr. George Burford)....	10	10	0
Mrs. Alfred Illingworth (per Dr. Galley Blackley) ...	52	10	0
Mrs. W. Larkins-Walker (per Dr. Galley Blackley) ...	5	0	0
E. Brice Esq. (per Dr. Galley Blackley)....	1	1	0
Mrs. F. Lyell (per Dr. Edwin A. Neatby) ...	2	2	0
W. W. Thompson (per Dr. Edwin A. Neatby) ...	26	5	0
Miss Burningham (per Dr. Edwin A. Neatby) ...	10	0	0
"L. E." (per Dr. Horace Sanders) ...	1	1	0
Mr. and Mrs. Eliot P. S. Reed (per Dr. Robertson Day) ...	5	5	0
Henry Osborn, Esq. (per Dr. Giles F. Goldbrough) ...	1	1	0

MASSACHUSETTS (U.S.A.) HOMEOPATHIC HOSPITAL. TWENTY-NINTH ANNUAL REPORT.

FROM the Director's report of the above Hospital we quote the following :—

It is gratifying, especially to those familiar with the beginning and early history of this Hospital, to see the steady and rapid growth it has made, and particularly its progress in the last few years. The increase in its number of beds, the better accommodation furnished, the thorough and satisfactory work accomplished, and the improvements in various departments are very satisfactory.

The number of patients the last year has been larger than in any previous year, and the following presents a summary :

Number in Hospital, Jan. 1, 1898	97
„ admitted in 1898 by Director	1,597
„ of out-patients	74
„ of maternity patients (mothers and children)	147
Total under treatment during the year	1,792

Of this number there were:—

Discharged, cured	...	...	...	...	1,009
„ improved	...	...	...	...	257
„ unimproved	...	...	...	...	47
„ not treated	...	...	...	...	97
Births	...	...	...	...	70
Out-patients	...	...	...	...	74
Died	...	...	...	...	68
Remaining January 1, 1899	...	...	...	...	100

From another portion of the report it is surprising to learn that among the in-patients treated, there were only 380 medical cases, while the surgical numbered 1,191. It will be noticed that the figures here do not agree with the totals quoted above, but this is not the only inconsistency in this respect.

EXTRACTS.

VICTORIUM.

A NEW ELEMENT SHOWN AT THE ROYAL SOCIETY'S CON-
VERSAZIONE ON WEDNESDAY EVENING, MAY 3rd.

ONE has to go back fifty years to get at the beginning of the discovery of the new element victorium. Then Professor Hofmann gave a lad, who is now Sir William Crookes, some selenium to examine and report upon, which he did; but there was something left doubtful, and this, after a ten years' interval, he took up, and ultimately extracted from it the element thallium. This research made him adept at spectroscopic work, and by and by he got on to phosphorescent spectra, and so to the study of rare earths, amongst them yttria. Twenty years ago he began to fractionate a sample of yttria, and this has been going on until a short time ago, when Sir William Crookes got an eye-invisible spectrum, which showed to the photographic film away back in the darkest portion of the spectrum a group of lines different from anything else. These indicate a new element, which Sir William calls victorium, because this is her Majesty's eightieth year. The subjoined paragraph is the first printed statement about it, for which we are indebted to Sir William:—

“Victoria is an earth characterised by a group of lines in the neighbourhood of $\lambda 3110$. In chemical characters it differs from yttria in many respects. From a hot nitric-acid solution victorium oxalate precipitates before yttrium oxalate and after terbium oxalate. On fractional precipitation with potassium

sulphate the double sulphate of victorium and potassium is found to be less soluble than the corresponding yttrium salt, and more soluble than the double sulphates of potassium with the terbium and cerium groups. Victorium nitrate is a little more easily decomposed by heat than yttrium nitrate, but the difference is not sufficient to make this reaction a good means of separating victorium and yttrium. Fusing the nitrates can, however, be employed advantageously to separate mixed victoria and yttria from the bulk of their associated earths. Tested by its position in a series of earths obtained by fractional precipitation with dilute ammonia, victoria is found to be less basic than yttria and more basic than most of the earths of the terbia group. The atomic weight of victorium is probably near 117. In the purest state in which it has yet been prepared victoria is of a pale-brown colour."

"Is it a meta-element?" we asked Sir William. "No," he replied. "I would not call it that. It is much more distinctive than other associates of yttrium. I would say it is an element. Yes, it can be reduced to the metallic state. This is victoria." And he handed us a specimen of a yellowish-brown powder, then called our attention to a chronological tree which exhibits the isolation of victorium.—*Chemist and Druggist*, May 6th.

THLASPI BURSA PASTORIS.

By W. H. STONE, M.D., Providence, R.I.

THIS drug is so little known that the summing-up of its characteristics, scattered as the latter are through different writings, together with clinical experience of my own, has appeared, to my mind, not altogether out of place. The general consensus of opinion as expressed by several writers seems to indicate the following:—

Generalities.—An anti-hemorrhagic and good to assist in flushing out the urinary tract where sediment due to uric acid and urates is formed and retained. (Whether it cures the primary cause is another matter.) General edema.

Head.—Swollen or puffy eyes and face. Frequent epistaxis of passive nature (Hale's *New Remedies*).

Circulatory System.—Hemorrhage in uterine colic, with cancer at neck of uterus, and after miscarriage (*British Journal of Homeopathy*). Hemorrhage with blood poor in fibrin (*Presse Med. Belge*).

Gastro-Intestinal Tract.—Chronic “primary” diarrhea. Hemorrhage and muco-purulent discharge from bowel.

Genitalia.—Metrorrhagia at menopause; brown leucorrhea; too frequent and too copious menstruation (*British Journal of Homeopathy*). Passive metrorrhagia, with too copious and frequent menses; tardy menses, caused by inertia of uterus; hemorrhage with violent uterine colic, with cramps consequent upon abortion at menopause; and even when there is cancer of cervix. Menorrhagia of three years’ standing; every menstruation with hemorrhage. First day, barely shows; second, profuse flooding, severe colic, vomiting, and expulsion of clots; flow continues from ten to fifteen days. Menses three days too soon; very profuse flow, uterine colic and discharge of clots. Hemorrhage from cancer of cervix; hemorrhage after abortion (*Hale’s New Remedies*).

Urinary Tract.—Accumulation of gravel stones in the kidney, causing edema and bloody urine. Stricture of female urethra (*Zeitsch. f. Erfahrungsheilk*). Dysuria in the aged, with painful passage and spasmodic retention (*Berlin Med. Zeit.*). Passive hematuria (*Hale’s New Remedies*). A case of chronic hematuria is reported cured by Dr. S. A. Jones (*Homeopathic Recorder*, January 15, 1892).

Dr. Burnett’s *Diseases of the Liver* contains mention of a case of gall-stones cured by *Thlaspi*, the trouble starting originally, as the author thinks, in the uterus. He says that *Thlaspi* affects the uterus as *Chelidonium* does the liver. Dr. Harper, in the *Monthly Homeopathic Review*, of October, 1888, mentions a long-standing case of muco-purulent-bloody discharge from the bowel, cured by *Thlaspi*.

I have tried the drug in a large number of cases where retention of nitrogenous waste-matter was the principal difficulty, and have found it is of no assistance in eliminating urea and allied substances where the kidney is diseased, as in acute and chronic nephritis, and in cases of uremia occurring during gestation. It is of value in washing out accumulations of nitrogenous waste-matter below the kidney, acting, as indicated by nearly all observers, as a diuretic. I have found it valuable in albuminuria occurring during gestation, where it aids both in reducing edema (carrying off fluid by way of the urine), and in diminishing the amount of albumen in the urine.

Illustrative Case.—The following case is illustrative of its action in reducing edema :—

Mrs. L., Providence, R.I. Urinary examination made two days before confinement.

Quantity in twenty-four hours, exact amount not given, but quantity much less than normal.

Specific gravity, 1014.

Nitrogen, normal.

Albumen, faint trace.

Labour began December 6th. The patient was very edemic, face, neck, and ears being much swollen. It was almost a straight line from the ears to the shoulders. The labia were so edemic that we had to aspirate the parts before the head could be delivered. The feet and legs were nearly twice their natural size, and at this time there was an almost complete suppression of the urine. Labour, however, was perfectly normal in other respects. No convulsions were experienced, and under the use of *Thlaspi* the amount of urine increased each day.

Examination made December 11th, five days after confinement :—

Quantity, 70 ounces.

Nitrogen, slightly decreased.

Albumen, large amount.

The amount of urine increased day by day until on December 14th the patient passed 126 ounces by exact measurement.

December 18th, quantity in twenty-four hours, 58 ounces.

Nitrogen, normal.

Albumen, faint trace.

February 7th, quantity in twenty-four hours, 64 ounces.

Nitrogen, normal.

Albumen, faint trace.

This case went steadily on to a complete recovery, and the principal remedy was *Thlaspi Bursa Pastoris*, it seeming to be the remedy for the case. I believe further trial of it will prove the efficacy of this drug in similar cases. Repeated and careful examinations of urine from this patient show the kidneys to be acting in a perfectly normal manner, and this, together with similar cases, leads me to hope that in this drug we have a valuable remedy for albuminuria, pure and simple, in the pregnant woman.

A Tentative Case.—The following results were obtained under *Thlaspi* in twenty-one hours and twenty minutes, the case still being under treatment at the time last note was taken, November 14th.

Patient, Mrs. L. Urine passed November 13th to 14th,
11 a.m., 16 ounces.

2.30 p.m., 21 ounces.

4.45 p.m., 10 ounces.

6 p.m., 7 ounces.

7.15 p.m., 5 ounces.

9.45 p.m., 8 ounces.

1 a.m., 12 ounces.

4.45 a.m., 16 ounces.

8.20 a.m., 20 ounces.

Total, 115 ounces.

I have had like reports twice from another physician, and the agreement of comparisons should, it seems to me, be a step further toward defining more exactly the sphere of this drug in our materia medica.—*Medical Century*, December, 1898.

REVIEWS.

DR. KENT'S REPERTORY.*

FIRST NOTICE.

AFTER fifteen years of labour Dr. Kent has completed his great work. Those who have tried their hand at repertory-making, even if in a small way, know what it means—and those only. Dr. Kent has for long been in the forefront of experts and teachers in the homeopathic materia medica. His practice is on the same lines as that of Hering, Lippe, and Dunham—that is to say, he is a prescriber on the strictest obtainable symptom-correspondence. Therefore in this work we have something more than an easy means of finding the remedies accredited with any symptom found in a patient with all its conditions and concomitants: we have the result

* *Repertory of the Homeopathic Materia Medica.* By J. T. Kent, M.D., Professor of Materia Medica and Therapeutics in the Philadelphia Post-Graduate School of Homeopathy. Lancaster, Pa.: Examiner Publishing House, 1897-1899. London: Homeopathic Publishing Co.; Alfred Heath & Co. In 12 paper parts £7 10s. net. Pp. 1347.

of the critical thought of a close prescriber brought to bear on every entry in the volume.

We do not propose in this first notice to deal exhaustively with the work, the last part of which has only just come into our hands; but we will let Dr. Kent introduce himself by reprinting his preface entire.

This only will we here add, that the very existence of such a work as this—the fact that any one is found to compile it and that there is a sufficient demand for it to make it a commercial possibility—attests the vitality of the homeopathic art as it was understood by its originator, and by those of his early disciples who followed most closely in his footsteps. Here is Dr. Kent's account of his work:—

“This work is offered to the profession as a general repertory of the Homeopathic Materia Medica. It is not calculated to take the place of the repertories on special subjects, such as Bœnninghausen's *Therapeutic Pocket Book*, Guernsey on *Hemorrhoid's*, Allen's *Intermittent Fever*, Lee and Clark's *Cough Repertory*, and Bell on *Diarrhea*; but rather to be a connecting link between these special works, answering the requirements of the physician in a general practice of acute and chronic diseases.

“The Repertory has been built from all sources, and is a compilation of all the useful symptoms recorded in the fundamental works of our materia medica, both ancient and modern, as well as taken from the notes of our ablest practitioners. Many unverified symptoms have been omitted, but only where there was a decided doubt as to their consistency, and on the other hand, clinical matter has been given a place where it was observed to be consistent with the nature of the remedy.

“The *plan* of the Repertory is uniform throughout, and it is one which admits of the indefinite expansion of each division, so that remedies can be added from time to time as they come into use or have been confirmed and verified. It has been attempted to proceed in every case from *generals* to particulars, and in carrying this out the aim has been to give first of all a general rubric containing all the remedies which have produced the symptoms, followed by the particulars, viz., the *time* of occurrence, the *circumstances*, and lastly the *extensions*. Here it may be remarked in regard to extensions, that the point *from* which a certain symptom extends is the one under which that symptom will be found, never under the point *to* which it extends.

“As is well known to older practitioners, the method of

working out a case from generals to particulars is the most satisfactory. If a case is worked out merely from particulars it is more than probable that the remedy will not be seen, and frequent failure will be the result. This is due to the fact that the *particular* directions in which the remedies in the general rubric tend have not yet been observed, and thus to depend on a small group of remedies relating to some particular symptom, is to shut out what other remedies which may have that symptom, although not yet observed. By working in the other direction, however, *i.e.*, from generals to particulars, the general rubric will include all the remedies that are related to the symptoms, and, if after having done this, the particulars are then gone into, and the remedy which runs through the general rubrics is found to have the particular symptoms, this will aid us in the choice of the one to be prescribed. Take, for example, the particular symptom 'blueness of fingers during chill.' If this symptom were consulted in a special work, we should be limited to *Nat. M.*, *Nux V.*, and *Petr.* But if the general rubric 'blueness of fingers,' regardless of the name of the disease, be consulted, it will be seen that twelve remedies are to be noted. Even this is a narrow way of looking at the symptom; to be certain of finding the remedy we may have to consult the rubric "blueness of the hands," giving about forty remedies, among which the one sought may be found, whereas it was probably not in the groups of twelve and three. One object, then, of this Repertory has been to assist in obtaining good general groups of remedies. When pathological names are used, only the leading remedies in the condition referred to will be found in the rubric.

"To those who have used Bœnninghausen's *Therapeutic Pocket Book* the working out of remedies from generals is a familiar method. But for the benefit of the younger men the following suggestions are offered, which may prove useful. After taking the case according to the method laid down in the *Organon* (§§ 83-104), write out all the mental symptoms and all the symptoms and conditions predicated of the patient himself and search the Repertory for symptoms which correspond to these. Then individualise still further, using the symptoms predicated of the organs, functions, and sensations, always giving an important place to the times of occurrence of every symptom until every detail has been examined. Then examine the symptom-picture collectively, comparatively, and individually, and lastly study the materia medica of such remedies as run through the symptoms of the case until there is no doubt about which is the most similar of all remedies.

"Cross-references have been inserted whenever it was thought they would be needed, but doubtless more could profitably be

added. Many busy men will find groups of remedies under other headings different from the one they would naturally look for. If a cross-reference be made at the time it will always help to find that rubric in the future, and if all such cross-references be sent to the author they will assist in making later editions more complete. Physicians are requested to send in verified and clinical symptoms, and to call attention to any error which they may find in the text. Only in this way can we expect to have a complete and correct repertory. It is suggested that those who use this repertory should first of all read the headings of the general rubrics from the beginning to the end and thus become acquainted with the plan upon which it is formed. Only by constant use can any repertory become a companion and helper."

REPERTORY TO THE *CYCLOPEDIA OF* *PATHOGENESY*.* PART III.

WITH steady advance Dr. Hughes is approaching the conclusion of his great task. Three out of the four parts which are to complete the work are now before the public. Dr. Hughes adheres to his original plan. One peculiarity in this volume will be noticed. Dr. Hughes transplants the nose bodily into the Respiratory Organs. Former Repertorians had allowed that at least the outward and visible part of the nose belonged to the face; but not so Dr. Hughes. With all deference, this appears to us one of those instances of over refinement which spoil so much of Dr. Hughes' work. The nose is part of the respiratory system no doubt, in those persons who breathe through it, but so also is the levator ani muscle, not to mention the rectus abdominis. None the less, the nose belongs to the region of the face, as the practical genius of the old schematisers recognised; there it should be left.

* *A Repertory to the Cyclopedica of Drug Pathogenesis*. Compiled by Richard Hughes, M.D. Part III. Digestive system (concluded)—Urinary Organs—Reproductive system—Respiratory Organs. London: E. Gould & Son, Ltd. 1899.

Obituary.

DEATH OF DR. LUDLAM.

WITH very great regret we learn that Dr. R. Ludlam, of Chicago, has passed away. His name has been long connected with all that was best and most pleasant in Transatlantic homeopathy, and his removal comes as a personal loss to many, both in the old world and the new. In the following touching words the journal he edited (the *Clinique*) with such distinction briefly records the event:—

“We are pained to announce the sudden death of Dr. Ludlam, the editor of this journal, which occurred at five o'clock on Saturday afternoon, April 29th. The doctor had apparently recovered from his recent operation and illness, which had been noted in the columns of this journal, and was attending to his business again as usual. During a difficult operation on Saturday afternoon he complained of feeling weak, and sat down, dying almost immediately.

GENERAL CORRESPONDENCE.

WANTED A SCHOOL OF HOMEOPATHY—A CRY FROM THE WEST INDIES.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—As a subscriber to THE HOMEOPATHIC WORLD, I take the liberty to address you on a subject which is of great importance to homeopaths in the West Indies and probably in all the colonies—I refer to the establishment of a legally constituted Medical School in connection with the London Homeopathic Hospital, and affiliated to the London University, where candidates may obtain degrees, as is done at other medical schools in London.

There is almost no chance of homeopathic physicians being allowed to practise in these colonies (Barbados excepted) without having a British degree, and as there is no medical school in England at which a young man may

learn his profession, and at the same time study homeopathy as part of the course, and have it recognised by the authorities as in the allopathic school, the progress of homeopathy both in England and her colonies is very much retarded.

I would suggest to you and to British homeopaths to appoint a full staff of teachers at the London Homeopathic Hospital in all branches of medicine, and approach the Government for affiliation to the London University, now that that institution is being reconstructed. If such a scheme could be started rich patrons in England, such as the late Dr. John Say Clarke, who, I see by THE HOMEOPATHIC WORLD, has left £13,000 for the London Homeopathic Hospital, would be willing to contribute.

I am convinced that if this could be done not only would the practice of homeopathy spread, but the London Homeopathic Medical School would become the centre of teaching for the world, and the degree would be greatly respected as coming from the London University.

I was very much struck some years ago by a paragraph of an editorial in the *Hahnemannian Monthly*. It said: "Give us England and we will win the world for homeopathy." Can't a beginning be made?

I shall be glad if you would consider this matter, and see if something can be done.

I am Sir, yours faithfully,

C. W. ST. JOHN.

Chapman Street, Bridgetown,

Barbados, W.I., April 15, 1899.

THE ANNUAL HOMEOPATHIC CONGRESS.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—May I ask for a small space in your columns to supplement the circular of Dr. Dyce Brown, in reference to the Annual Congress to be held at Leicester on June 8th?

Should the weather be unfavourable, the luncheon will be held in the Museum Buildings. Due notice of this will be given on the morning of the Congress.

A plan of the dinner-table will be on view in a room adjoining the Council Chamber, so that members who desire to do so may choose their seats for the dinner. Dr. Clifton,

I believe, has invited some of the leading citizens to meet us on this occasion.

As regards hotel accommodation, members will find the "Bell Hotel," in Humberstone Gate, the most suitable. The "Wyvern" (temperance), adjoining the Midland station, is also first-class and can be recommended.

On Friday I hope to arrange for an outing, either on cycle or motor-car, through part of Charnwood Forest. Each motor-car will carry nine, and I should be much obliged if those ladies and gentlemen intending to join the party will let me know without delay, so that I may secure the necessary vehicles. If members have objections to motor-cars, and prefer horse-traction, I shall be glad to oblige them. Those who wish to hire cycles will do well to let me know their height, or the maximum distance from saddle to pedal.

I sincerely trust that we may have a very large attendance at the Congress, so that it may be a thoroughly successful meeting, one which will reflect credit upon the status of homeopathy, and also do honour to our colleague, Alderman George Clifton, who adorns the civic chair, and worthily upholds the best traditions of the ancient town of Leicester.

I am, dear sir, yours faithfully,

HENRY MASON.

Hon. Local Secretary.

52, London Road, Leicester.

VARIETIES.

METHYLENE BLUE AS A KIDNEY TEST.—From a clinical point of view it is clearly a matter of importance for the medical attendant to be able to estimate the permeability of the kidney. For that purpose two agents have been mainly used, namely, iodide of potassium and methylene blue. The experiments of Bard and Bonnet show that permeability is greatly diminished in all stages of interstitial nephritis, whereas, in the parenchymatous form of the affection it is usually normal. Curiously, in interstitial nephritis secondary to epithelial involvement it is said that the permeability is diminished to the iodide salt, but is normal or increased to the alternative test. The latter fact has a possible or probable bearing upon the good effects of methylene blue in the generalised malady, rheumatoid arthritis or, according to more modern nomenclature, chronic osteo-arthritis. The attention of the medical profession was, we believe, first drawn to this therapeutic procedure by Dr. J. R. Philpots, of Parkstone, whose original observation has since been borne out by many independent investigators. There is still room for research in the matter of kidney stimulation and *primâ facie* it would seem not unreasonable to ascribe remedial virtues to an agent that is visibly excreted even in cases of

advanced renal damage where iodide of potassium fails to effect a passage. One explanation advanced is that the methylene blue acts as an organic or colloidal body and the other as a simple diffusible salt. That hypothesis, however, although good so far as it goes, nevertheless leaves a deal of the riddle unsolved.—*Med. Press.*

SOMATOSE IN SYPHILIS.—Fournier (*Journ. des Mal. Cutan. et Syphilit.*, No. 3, 1898) advocates the administration of somatose in cases of secondary syphilis, particularly those in which marked wasting occurs, or profound blood changes. The "syphilis dénutritive secondaire" described by Lavallée (which is characterised by loss of appetite, wasting, loss of body weight, and a feeling of great depression and weakness) seems to be best treated by somatose. Cases also in which the blood shows a decreased percentage of hæmoglobin, associated with vertigo, insomnia, and gastralgia are suitable. These symptoms sometimes resist every kind of treatment. The author showed a case at the Berlin Dermatological Society in which somatose had practically cured the patient after all other remedies had failed. The man was forty years of age, and suffered from ulceration of the skin in the inguinal region, edema of the feet, epistaxis, and a purpuric eruption which started in the pharynx, and rapidly spread to the gums and buccal mucous membrane. The case was complicated by mercurial stomatitis and swelling of the tongue. Respiration and deglutition became difficult. Milk caused indigestion, and had to be discontinued. For twenty days the patient was fed on soup and four teaspoonfuls of somatose per diem. With this diet the patient gained in strength. He continued to take somatose for several weeks. The syphilitic symptoms abated when the patient began to assimilate more food. The addition of somatose to cow's milk facilitates the digestion of the milk in many other syphilitic conditions. Somatose is best given in small doses of twelve grams. The author has also found somatose to be of use in chlorosis and the anemia caused by malaria. Its chief use, however, is in cases of mercurial stomatitis, and in conditions producing a diminution in the amount of hemoglobin.

PERSPIRATION IN DOGS.—Some time ago we received from a correspondent an inquiry as to whether the very prevalent belief that a dog perspires through the tongue was a vulgar error or well founded. Being unable to discover any authoritative statement with regard to the sweat glands of the dog's skin, we applied to Mr. S. G. Shattock, Pathological Curator at the Royal College of Surgeons, who has been kind enough to take considerable pains to give an answer. He writes as follows: The inquirer defines very precisely what he himself implies by the question by asking, whether the dog exudes fluid from the tongue of the same kind as that exuded from the human skin. To this question the answer is, No. The skin of the dog is abundantly furnished with glands, having the characteristic disposition and structure of those which in man produce sweat, namely, coiled tubular structures lined with columnar epithelium and provided with long straight ducts of much less diameter than the coils. The dog's tongue, except about its posterior part, is unprovided with glands of any kind, and those found in the situation mentioned do not exhibit the microscopic characters of sweat glands, but may be classed as "mucous." These glands are furnished with wide ducts and are of the acino-tubular variety; the secreting cells are highly vacuolated,

transparent, and so swollen as to practically fill the gland recess, the nuclei being displaced towards the outer or basal ends. Whatever secretion takes place, then, from the dog's tongue cannot be regarded as having the same physiological characters as that exuded from the skin; in other words, the dog does not sweat by the tongue.—*British Medical Journal*.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Mondays, Thursdays, Fridays, and Saturdays, 2.0; 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; Dental Cases, Thursdays, 9.0 a.m.; Orthopedic Cases, Tuesdays, 2.0; Electrical Cases, Thursdays, 9.0 a.m.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Althaus** (Julius). Old Age and Rejuvenescence. Reprinted from the *Lancet*. Cr. 8vo, sd. (Longmans. 1s.)
- Blake** (Edward). On the Study of the Hand for Indications of Local and General Disease. 2nd ed. Roy. 8vo, pp. 150. (H. J. Glaisher. Net. 3s. 6d.)
- Boyle** (Charles C.). Therapeutics of the Eye. 8vo, pp. 404. (Homeopathic Publishing Co. Net. 7s. 6d.)
- Carleton** (Bukk G.). A Manual of Genito-Urinary and Venereal Diseases of the Eye, by Charles Deady, and Vesical Calculus and External Urethrotomy, by William Francis Honan. Illusts. 8vo, pp. 325. (Homeopathic Publishing Co. Net. 15s.)
- Carleton** (Bukk G.). Medical and Surgical Diseases of the Kidneys and Ureter. Illusts. 8vo, pp. 253. (Homeopathic Publishing Co. Net. 14s.)
- Cheyne** (W. Watson) and **Burghard** (F. F.). A Manual of Surgical Treatment. In 6 Parts. Part 1, The Treatment of General Surgical Diseases, Including Inflammation, Suppuration, Ulceration, Gangrene, Wounds and their Complications, Infective Diseases and Tumours. The Administration of Anæsthetics by Dr. Silk. Roy. 8vo, pp. 300. (Longmans. 10s. 6d.)
- Evans** (Arthur Henry). Golden Rules of Medical Practice. ("Golden Rules" Series.) 48 mo, sd., pp. 71. (Bristol: J. Wright. Simpkin. 1s.)
- Examination** Questions in Practice of Medicine. With Answers. Part 3, Fevers. With Temperature Charts of Typical Cases. Adapted for those Preparing themselves for the Final Examination. By "Utile Quod Facias." (Catechism Series.) Cr. 8vo, sd., pp. 56. (Edinburgh: E. and S. Livingstone. Net. 1s.)
- Fernie** (W. T.). Animal Simples Approved for Modern Uses of Cure. Cr. 8vo, pp. 590. (Simpkin. 6s.)
- Herschell** (George). Cycling as a Cause of Heart Disease. Cr. 8vo, pp. 44. (H. J. Glaisher. Net. 1s. 6d.)
- Jaksch** (Rudolf v.). Clinical Diagnosis: The Bacteriological, Chemical and Microscopical Evidence of Disease. Specially Revised and Enlarged by the Author from the 3rd English Edition of the Translation by James Cagney. 4th ed., with numerous Illusts. (Part in Colours.) Roy. 8vo, pp. 562. (C. Griffin. 24s.)
- Jellet** (Henry). A Short Practice of Midwifery, Embodying the Treatment Adopted in the Rotunda Hospital, Dublin. With a Preface by W. J. Smyly. 2nd ed. With 57 Illusts., and an Appendix Containing the Statistics of the Hospital for the last 9 years. Cr. 8vo, pp. 404. (Churchill. 6s.)
- Macbride** (N. L.). Diseases of the Eye. Illust. 8vo, pp. 310. (Homeopathic Publishing Co. Net. 15s.)
- MacCormac** (Sir W.). The Hunterian Oration, Delivered on February 14, 1899, at the Royal College of Surgeons of England. 4to. (Smith, Elder and Co. 2s. 6d.)
- Medical Register** (The), 1899. Roy. 8vo, pp. 1,758. (Spottiswoode. 6s.)
- Physicians' Book for Private Formulae**, with Posological Table. 32mo, pp. 112. (Simpkin. Roan, 2s.; morocco, 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.

Mr. C. W. St. John, Bridgetown, Barbados, W.I.—Dr. Dudgeon, London.—Dr. Proctor, Birkenhead.—Dr. S. C. Ghosh, Midnapore, Bengal.—Messrs. Martin & Pleasance, Melbourne.—Dr. Mason, Leicester.—Dr. J. W. Hayward, Birkenhead.—Mr. Belairs, Oxford.—Mr. J. P. Stilwell, London.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Chemist and Druggist.—Hom. Rev.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsskrift.—H. Maandblad.—H. Monatskrift.—Amer. Homeo.—Gaz. Med. de Paris.—Reformador.—H. Envoy.—La Homeopatie.—Minn. Hom. Mag.—Hom. News.—N. A. J. of H.—Archiv. f. H.—Amer. Med. Monthly.—Pacific Coast J. of H.—Med.

Cent.—Pub. Health Journal.—Calcutta J. of Med.—Journal British Hom. Soc.—Journal of Homeopathics.—Clinique.—New. Eng. Med. Gaz.—Liverpool Daily Post.—Virus et Venins Remedes Interne, by Dr. Kruger.—Repertory of the Materia Medica, by J. T. Kent, M.D.—A Repertory of the *Cyclopædia of Drug Pathogenesis*, by Richard Hughes, M.D.—Massachusetts Hom. Hospital 29th Annual Report.—A Proving of H., by Dr. Ghosh.—Cases illustrating the Surgery of the Liver and Gall-bladder, by Dudley Wright, F.R.C.S.

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THE HOMEOPATHIC WORLD.

JULY 1, 1899.

THE LEICESTER MEETING.

IN another part of our issue will be found a report of the Annual Homeopathic Congress held at Leicester on June 8th. The gathering was a very successful one so far as numbers and good feeling could make it. The address of the President, Dr. MOIR, was worthy of himself, and contained one piece of practical information of great value—the account of Major DEANE'S success in the homeopathic treatment of plague. This well supports an article on the same topic published by us last month. The *British Medical Journal*, which, we are glad to note, has broken through the conspiracy of silence, and ventures to comment on things homeopathic from time to time, carefully avoids this portion in its remarks on Dr. MOIR'S address. Our worthy contemporary adopts a bantering tone, but in its attempts at humour it reminds us a little of the ponderous animal which, according to Milton's "Paradise Lost," "wreathed his lithe proboscis" to make elephantine fun for our first parents. In comparing homeopaths who claim to have a definite law regulating the choice of medicines to King Canute trying to impose laws on the tides, the editor of the *British Medical Journal* fails to excite our risibilities, but he succeeds in painting a true picture of the absolute lawlessness of the medicine he is acquainted with. And we

fear some homeopaths are not always so careful as they might be to put this grand law in operation in selecting their remedies.

The criticism we should feel disposed to make on the address is, that its tone was too apologetic. Dr. MOIR was more careful than necessary to disprove charges against homeopathists. It is time that tone was dropped for good and all. Until homeopaths can unite their ranks, and act on the offensive, taking the public into their confidence, the boom in homeopathy will never come.

The prominence given to surgical subjects at the Congress lent some colour to the sneer of the *British Medical Journal* that "Homeopaths are at last awakening to the fact that drugs . . . are not the be-all and end-all of medical treatment." Nobody ever said or suggested that drugs *were* all; but when adjuvant treatment comes to the front in homeopathic affairs and in homeopathists' thoughts, then homeopathy becomes decadent, and the strict law of drug selection becomes more and more relegated to second and third place. As ministers of the law in similars it is our business to work it for all that it is worth; and the more thoroughly we do it the less noticeable will be the catholicity of our sentiments in tolerating adjuvants. These will take, as they ought to take, an inconspicuous position, for genuine homeopathy leaves comparatively little for them to do.

The honours of the Congress were divided between its President, Dr. MOIR, and Vice-President, Dr. GEORGE CLIFTON, who, as Mayor of Leicester, welcomed the Congress to the town, and with our other Leicester colleagues accorded civic and social entertainment to the visitors.

We observe that the unfortunate example of recent years, upon which we commented a year ago, was repeated at Leicester: the banquet was not confined to shop. The Enthusiasm of Homeopathy not being relied upon to keep the conversation warm, the seductions of music had to be introduced to help it along. Perhaps at Liverpool, in the first year of the twentieth century, we shall see

dancers added to the list of entertainers. A ballet at the banquet would at least be novel—if, perhaps, a trifle decadent.

NEWS AND NOTES.

ALTERNATION.

WE have copied from the *Hahnemannian Monthly* for June an important article by Dr. Dudgeon on Hahnemann and Alternation. The subject is an important one, apart from the bearing of Hahnemann's practice upon it, and we shall have something to say thereon in a future issue.

ASPIDIUM SPINULOSUM—A NEW REMEDY FOR TAPEWORM.

THE *British Medical Journal* of June 3rd contains this interesting note on a new tapeworm remedy, which deserves comparison with *Filix mas* :—

“Lauren (*Therapeut. Monat.*, April, 1899) introduces this new drug in the treatment of tapeworm as a result of his investigations with *Aspidium spinulosum* in 1896 in the Pharmaceutical Institute of Berne University. It is well known that the stem of the root of *Filix mas* contains intercellular glands which hold a greenish secretion; when sections of the root are preserved in glycerine, crystals are formed which are soluble in ether. The anthelmintic properties of the drug are probably due to this secretion. Similar glands are very likely present in other ferns used in the treatment of tapeworm—for example, *Aspidium rigidum* used in Mexico, or *Aspidium marginal* used in North America. The therapeutical value of the *Aspidium spinulosum* has not been previously studied, although Poulsson had made an extract with ether. In Finland, where tapeworm is common, the *Aspidium spinulosum* is used more frequently than *Filix mas*, the former being a more common variety in this region. The author had large quantities of *Spinulosum* sent to him, which he cleaned and made into a powder. He made an extract with ether by placing 830 grams of the dried powder in Soxhlet's apparatus; in this manner 83 grams of a thin brown fluid was drawn off. The author was suffering from tapeworm himself at the time, so he took four grams of the extract, which was followed in two hours' time by some *Ol. ricini*. In an hour and a half a large bothriocephalus latus was discharged with its head; the worm was eight metres long.

There were no unpleasant after-effects, and the author was able to continue his work next day. The extract was given to five patients by Schumann in Helsingfors. In four the bothriocephalus latus was present, and in one the tænia mediocanellata. Each patient was given a glass of aperient water the day before, and the man with tænia was starved for two days before taking the extract. A dose of three grams was given in capsule form, and an hour and a half after a glass of aperient water. In the four cases with bothriocephalus latus the entire worm came away with the head, but in the tænia case there were only segments discharged. The results of these cases show that the etherised extract of *Aspidium spinulosum* is just as efficacious as the *Filix mas*. The author examined an extract prepared by a chemist in Junga, Finland, which was sold in large quantities; he found that it contained the *Aspidium spinulosum*. This extract can be obtained from E. Merck, in Darmstadt, and also from Koponen, in Junga, Finland."

TOXIC (?) EFFECT OF PICRIC ACID LOCALLY APPLIED.

THE Paris letter of the *Medical Press* of March 22nd contains the following note:—

"Dr. Théry read, at the recent Surgical Congress, a paper on picric acid dressing for burns, in which he examined the toxic action of the drug. Could picric acid provoke grave symptoms of intoxication? That was a point he wished to discuss first, for although it was contested by a certain number of the members of the Congress, it had been affirmed so stoutly by others that if the fact were proved, picric acid dressing would lose the greater portion of its value. With all deference to the opinion of many esteemed colleagues, he would say from an experience of twelve years, that never under any condition did he observe symptoms of poisoning from this dressing, and to furnish absolute proof that intoxication by the cutaneous surface, no matter how extensively denuded, was impossible, he would cite several cases where the salt was injected accidentally in considerable quantities without more than temporary injury to the patient.

"The first case was reported by Prof. Halla. A patient swallowed by mistake a tablespoonful of picric acid. Vomiting, diarrhea, and a pronounced yellow coloration of the urine were the results. The stomach was washed out and the man recovered. A second case was observed by West (1896). A similar dose was absorbed. During the first twenty-four hours nothing abnormal was remarked; afterwards the urine became bloody and the patient jaundiced. Three days afterwards the patient was well. A third case was also one of Prof. Halla's. Here a teaspoonful of crystallised picric acid was taken. The symptoms observed were vomiting, diarrhea, urine coloured red, skin and conjunctiva yellow, pruritus and erythema of the abdomen and of the feet. The patient recovered rapidly. The fourth and last case he would cite was published by Karplus. The symptoms were the same as the preceding as well as the result. From these cases, in which enormous doses of the salt had been absorbed without permanent prejudice to the victims of the accident, it could be inferred that the

simple dressing of a denuded surface by a solution of the acid was absolutely innocuous. The adversaries of this treatment accused it also of provoking such suffering that they had to abandon its application. He, on the contrary, found that it almost always attenuated the pain of the burns, and out of some thousands of cases he had known it but once to produce such violent pain that it had to be abandoned.

"In conclusion M. Théry insisted on the fact that the picric dressing should not be considered as a wet dressing, for in cases of burns wet dressing should be absolutely excluded. Immersion of the parts in a bath of picric acid, followed by a light cotton wadding dressing, was the best method when it could be applied. The application of any greasy substances to burns should be avoided on all occasions."

HYDRASTIS CAUSES ASTHMA.

THE following note from the *British Medical Journal* of April 8th records a violent aggravation set up by *Hydrastis*. Homeopathic remedies are dangerous instruments in allopathic hands:—

"TOXIC SYMPTOMS FROM *HYDRASTIS CANADENSIS*."

"F. Miodowski (*Berl. klin. Woch.*, January 30, 1899) describes the following case: A man, about 65 years of age, was ordered to take twenty drops of the liquid extract of *Hydrastis canadensis* three times daily on account of bronchitis with copious expectoration. He had taken, as he said, two doses; the last one at bedtime. Soon afterwards he experienced difficulty of breathing, which caused him to get up and walk about the room. The symptoms, however, grew worse, and when Miodowski arrived he found the patient sitting up with his body bent forward, and his hands grasping the arms of the seat. His face was livid, and his eyes wandered anxiously around the room. Respiration was quick, with powerful action of the auxiliary muscles of respiration. With inspiration *râles* could be heard, even from a distance, and expiration was accompanied by a whistling sound. The pulse was small, soft, easily compressible, and slow. The patient's forehead was covered with cold sweat. No dulness could be found on percussion of the lungs, but by auscultation there was (fine and medium) crepitation all over, especially on the left side, where also bronchial breathing could be heard at places. The heart sounds, owing to the pulmonary sounds, could hardly be distinguished at first, but later on became more distinct. They were pure, but slowed. The cardiac apex-beat could not be felt. After the use of stimulants (ether, wine, coffee, mustard paper, &c.) improvement gradually took place; the respiration became slower, with less crepitation and whistling, the pulse became stronger and more regular, and the sensorium clearer, so that the patient could answer questions. As no cardiac murmurs could be heard during the attack, and as the patient was otherwise a strong man, Miodowski thinks the drug caused the symptoms by inducing cardiac weakness

with secondary congestion and edema of the lungs. This explanation agrees with the results obtained by Fellner in experiments on animals."

SUGAR AND WORK.

IN these times, when sugar is under the medical ban in so many conditions, it is refreshing to hear something on the other side. The *British Medical Journal* of April 8th contains the following :—

"SUGAR AND MUSCULAR FATIGUE.

"Prantner and Stowasser (*Centralbl. f. inn. Med.*, February 18, 1889) say that the value of sugar in muscular exertion now rests on a sound physiological basis. After referring to the researches of other observers they record experiments made upon themselves. The authors preferred muscular exercise which brought into action the muscles of the upper extremities, and even of the trunk and legs, rather than the efforts required in the use of Mosso's ergograph. Thirty grams of grape sugar were taken in weak tea. In order to avoid any possible effect of suggestion, the tea was sweetened with 25 grams dulcin, when the sugar was not added. The work was commenced ten minutes after taking the sweetened drink. The authors both worked simultaneously, so that the results could be compared. The one taking the sugar always showed a distinctly increased power of work, and often the increase was considerable. In a second group of experiments the authors worked with Gaertner's ergostat until they were thoroughly tired; they then drank the tea containing sugar, and commenced the first-named kind of work. Here the effect of the sugar was remarkable. In a third group of experiments the proteid metabolism was estimated during the time of the administration of the sugar and the performance of the muscular exercise. The chief result of the experiments was to show that the addition of even a small quantity of sugar to the diet acted as albumen saving. Thus the rapid strengthening action of sugar deserves attention, not so much for those who are regularly engaged in hard manual labour as for those who have a single muscular task to perform, or who, already tired, have to complete such an effort. Elaborate tables are appended, giving the figures upon which the paper is based."

TEA POISONING.

IN our last issue we recorded a fatal case of tea-drinking in this country. Since then a daily contemporary has reported another case, this time from New York :—

"A stage carpenter lies in a New York hospital dying from excessive tea-drinking. For years he has drunk thirty cups daily. His craving

for tea was as fierce as a drunkard's for liquor. The physicians regard his case as one of the most remarkable that have ever come under their observation."

DR. NETHERCLIFT, J.P.

WE are glad to learn that Dr. W. H. Netherclift, of Canterbury, has been placed by the Lord Chancellor on the Commission of the Peace of that City. We tender our congratulations to our colleague.

A HOMEOPATHIC HOSPITAL FOR LEICESTER.

ONE of the most interesting incidents in the Leicester meeting was the announcement by Dr. G. Clifton of Lord Dysart's offer to subscribe £1,000 towards the founding of a Homeopathic Hospital for Leicester, and of a further guarantee from another supporter. This is a lead which should not, and we believe will not, be allowed to lapse.

SMALL-POX: CIDER VINEGAR AS A PREVENTIVE.—The vinegar treatment as a preventive against the contagion of small-pox, discovered and introduced by Dr. C. F. Howe, county health officer of Atchison, Kansas, has passed the point of mere theory and is now an established fact, having been efficient in several hundred cases of exposure in the city of Atchison and Atchison county. Many of these exposures have been the nurses, as well as many others that it was impossible to isolate from the original case of small-pox for the want of room. In other words, any one, vaccinated or not, can nurse a case of small-pox without fear of contracting the disease if, at the same time, they use the vinegar in tablespoonful doses four times daily in half-cup of water. It can be taken in less amount for small children or more by adults.

Dr. Howe advises the use of pure cider vinegar only, as all others contain alcohol. Even after the person exposed has run almost the entire incubation period, the use of vinegar will either abort the disease entirely, or modify it to the extent of having all the prodromal symptoms without the disfiguring eruption. To get the immediate control of a small-pox epidemic in a community, every one should take a course of vinegar for a week, whether exposed or not.

Dilute vinegar applied locally will control the itching of small-pox. A slippery elm poultice applied to the face while in the vesicular stage will not only abort the pustular stage, but prevent the pitting. The poultice must not be used until the vesicles have formed.—*Hom. News.*

ORIGINAL COMMUNICATIONS.

SOME RECENTLY OBSERVED PATHOGNOMONIC SIGNS.

DR. HUCHARD directs the attention of his colleagues to a phenomenon which he calls the *Stability of the Pulse*, which enables us to recognise, in a patient, the existence of arterial hypertension. In the normal state the number of the pulsations falls from six to eight beats when exchanging the upright for the horizontal position. Numerous observations have taught him that in all cases of hypertension this difference in the number of beats in these two positions tends to disappear or even to be reversed. In the latter case it indicates arterial hypertension. Thus in a healthy youth the pulse was 68 in the horizontal, but 84 in the vertical position. In a case of arterio-sclerosis with albuminuria the number of pulse-beats was nearly the same when the patient was lying and when standing up : 76 in the former, 72 in the second case. This sign, which is easily verified, dispenses with the use of the complicated instruments which are employed for measuring arterial tension.

Those who have felt a difficulty in making the diagnosis of true cerebro-spinal meningitis are indebted to Dr. Netter for having called attention to a symptom first noticed by Dr. Kernig in 1881. This symptom is as follows: when we make a patient affected with meningitis sit down we observe that there occurs a flexion of the lower limbs, sometimes also of the arms. In most cases of meningitis when the patient lies on his back there is no contraction of the extremities. The movements of the joints are free in every direction, and if there occurs an accidental flexion of the limbs, no resistance is felt in causing their extension. In the sitting posture, on the contrary, the contraction is marked; the legs are flexed on the thighs, which are also flexed on the body; sometimes also the forearm is flexed on the upper arm. Generally we cannot replace the contracted members beyond an angle of 135° , sometimes even not beyond 90° . At the same time we observe that the stiffness and curvature of the nape and back become much more marked in this attitude. When we raise the patient up these contrac-

tions disappear almost completely. This phenomenon was observed in 23 cases out of 25. It is consequently a really valuable symptom, though it should not be forgotten that in some cases of alcoholism and fever a simple contraction of the nape is observed in the sitting position, but the limbs remain free. In convalescents from meningitis Kernig's sign may last for a month or two; thus we are able to make a retrospective diagnosis of the disease.

Sometimes the most skilled observers, when they have to do with a case of paralysis of the lower extremity, are at a loss whether this is caused by hysteria or by an organic lesion of the nervous centres or is a case of cerebral hemiplegia. In a communication made to the *Société de Biologie*, February 22, 1897, Dr. Babinsky describes a symptom which he calls "phenomenon of the toes," and which allows us to distinguish between these states. If the sole of the foot on the unaffected side is pricked there occurs, as in the healthy state, a flexion of the thigh upon the pelvis, of the leg on the thigh and of the toes on the metatarsus. On the paralysed member a similar excitation of the sole causes likewise flexion of the thigh on the pelvis, of the leg on the thigh, and of the foot on the leg, *but the toes in place of being flexed execute an extension movement on the metatarsus*. The same effect is likewise observed in cases of locomotor ataxy; it would therefore seem that it will occur in all pathological states of the spinal cord characterised by an exaggeration of the tendinous reflexes.

Dr. Silvio Tadi, of Buenos Ayres, has described a new clinical symptom which he calls "sign of pulsation of the foot." The lower extremities, when one is crossed over the other, show a regular and equal oscillation plainly noticeable at the point of the foot. This symptom is physiological; it occurs in all persons in a normal state of health. It is modified under the influence of certain diseases of the circulation, such as aortic insufficiency, pulmonary tuberculosis, and rheumatic endocarditis, &c.—in a word, in all cases in which the peripheric arterial system is involved.

In an article published a few months ago Dr. P. Meyer describes a clinical sign characteristic of scarlatina which had not been observed before. In the most intense cases it amounts to paresis of the extremities; the patient complains that he can move neither hands nor feet.

But the paresis is exceptional; the author has only met with one case. Most frequently it is only a numbness of the hands, with feeling of prickling or formication. The numbness may not be present, and then the patients only feel the pricklings which are confined to the palmar aspects of the ends of the fingers or to the palm of the hand. This symptom occurs less frequently in the feet; it may then exist at the same time as in the hands, or it may occur alone. This sign appears during the period of eruption, generally synchronous with it, exceptionally preceding it. The duration is variable; it may be quite transient, only lasting a few minutes and disappearing without returning. But in the majority of cases it is more persistent; it may appear some hours or a day before the occurrence of the rash, and may last two or three days, generally with intermissions; it may also show itself later—the third, fourth, or fifth day of the rash. Some patients exhibit this symptom only when they want to use their hands, as, for instance, to take hold of a glass; others when coming out of a cold bath, or on dipping their hands in water.—Dr. CABANES, *Revue hom. belge*, February, 1899.

A PYROGEN CASE.

By R. H. BELLAIRS, M.A.

THE patient, an elderly woman of slender means, has suffered for years from an awful ulcerated leg, which was, so to speak, riddled with deep, burrowing wounds, which discharged freely and were extremely painful.

Various remedies were prescribed and taken without the slightest perceptible change—*Hepar. Silica, Arsenicum, Hamamelis*, among others. Antiseptic dressings were equally futile in their action.

Suddenly *Pyrogen* flashed, like an inspiration, into the writer's mind. Its success in "bad legs" has previously been made known in the pages of THE HOMEOPATHIC WORLD. A few globules of the 200 (Heath) were dissolved in an 8-oz. bottle of distilled water: a tablespoonful to be taken once or twice a day.

The result was brilliant. To use the patient's words, "a large boil" formed on the calf of the leg, after the

discharge of the contents of which all the various ulcers healed up directly.

There is no pain now, and but little irritation.

Pyrogen is one of our most powerful weapons, if rightly used. It is *invaluable* in varicose ulcer, and has, according to Dr. Kent, given great relief in the hacking night cough of phthisis, which it often removes. Why it should have been omitted from Dr. H. C. Allen's *Keynotes* is more than the present writer can conceive.

29, Banbury Road, Oxford, June, 1899.

MATERIA MEDICA MISCELLANY.

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

Coronilla Varia in Diseases of the Heart.—Poulet made a series of clinical observations on the action of *Coronilla varia* on diseases of the heart. The drug was given in the form of an infusion or in substance in doses of one decigram ($1\frac{1}{2}$ grn.) four times daily. These observations convince the author that *Coronilla* is an excellent cardiac remedy; it regulates the rhythm of the cardiac contractions, increases their force, works excellently in palpitation of whatever cause, &c. It has, besides, a very favourable effect on the digestive functions, in which respect it is very much superior to *Digitalis*, which cannot be borne by many patients, causing nausea, vomiting, and diarrhea. *Coronilla* is therefore especially indicated in those cases of heart disease which are complicated with disturbances of the digestive apparatus and with vertigo. Unlike most cardiac remedies, *Coronilla* has no cumulative effect, is an excellent diuretic, and sometimes proves effective where *Strophanthus*, *Sparteine*, and *Digitalis* fail.—*Am. Hom.*

Prunella, a New Remedy for Diarrhea and Dysentery.—According to Prof. C. B. Stayt, *Prunella vulgaris* has, in his hands, proved almost a specific for all loose evacuations. As soon as its good effects are noticed the patients will have a natural movement from the bowels.

Prunella vulgaris is a member of the mint family, and is found on the plains of Illinois. Among the old botanic physicians it was known as "healing balm" and "heal all." It is mentioned in the *United States Pharmacopeia* as *Brunella* or *Prunella*, and is said at one time to have

enjoyed a high reputation in the treatment of diarrhea and hemorrhage. Its activity is probably due to a form of tannin.

Dr. Stayt uses an infusion of the green plant. Doses of two or three drops of the tincture may also be given.—*Medical Visitor*.—*Hahn. M.*

Senecio in Painful Menstruation.—Dr. Lyman Watkins writes: "We sometimes meet cases in which there is much pain and distress in menstruation; so much indeed that the patient is compelled to remain in bed during all or part of the menstrual period. In some cases ladies form the Morphine habit by taking that drug at first to allay menstrual pain. It may happen that the patient hardly recovers from one attack before it is menstrual time again, and thus she becomes a chronic invalid. The menses may be either scanty or profuse, but in every case the flow is attended by great pain and discomfort. It is in such cases as these that *Senecio* is valuable, not to be given at the time of menstrual distress, for present relief, but for administration during the intervals to prevent the painful periods.

Under the use of *Senecio* all pain is usually prevented, and frequently the patient will "come around" without premonitory symptoms, being agreeably surprised to find herself "unwell" and without pain. Even in those cases in which the pain is not entirely prevented, the patients are very much better. Many of my patients express their gratitude for this remedy, and say they would not be without it. In some instances after the remedy has relieved painful menstruation and has been laid aside, in a year or so the painful periods have returned, but the administration of *Senecio*; for a time, has again relieved them; and patients have expressed themselves to the effect that they would rather take the remedy constantly than suffer as formerly.

Females taking *Senecio* generally improve in health and strength, accumulate flesh, become light-hearted and cheerful. This may be due to some tonic influence of the *Senecio*, or to natural recuperative efforts, a reaction from the depressing effects of painful and difficult menstruation.

I have used *Senecio* in about one hundred cases of difficult menstruation, and have succeeded in relieving all of them, more or less; many of them are entirely well.

Of course one hundred cases in the hands of a single experimenter are not enough to establish a remedy. I would like to hear that a thousand of my professional brethren had used the remedy as suggested, and to read their reports. Something reliable and useful might then be evolved."—*Am. Hom.*

The Indications for Stramonium in Insanity.—In a paper on this subject by Dr. W. E. Taylor, he gives the following symptoms as characteristic of *Stramonium*: dulness of intellect; a sense of stupor; great indifference; poor memory; inability to carry on a connected conversation—the patient is very apt, after saying one or two words, to forget what he was talking about; hallucinations are usually present, and very prominent. The patient looks and acts as if frightened; sees imaginary persons, animals, or other objects; looks about the room, in or under the bed, for some imaginary being; attempts to catch or dodge what he thinks he sees; imagines persons are outside the room calling his name; speaks of having been told something by a spirit; fancies he hears music, and when alone converses with imaginary persons. He also imagines he is dead, or going to be killed, or that the world is being destroyed. He is melancholy one minute and gay the next; he wants light and company, and dislikes being left alone; desires to be taken out of the room, but then does not know where to go, and moves a few steps in one direction then in another, and finally is better contented to be back in the ward. On account of vertigo, he cannot walk in the dark or blindfolded. He imagines he has done some great wrong, or says, "I never did a wrong thing in my life, and cannot imagine why I am pursued." The eyes are wild and staring, and have a vacant look, the pupils always more or less dilated. Unlike *Hyoscyamus*, the pulse is above normal, but as a rule the temperature does not change. The patient will cover his head with the bedding, and sometimes crawls under the bed. He imagines he sees colours and beautiful visions.

The face is inclined to be bloated: the mouth, tongue, and throat are usually very parched, and water does not seem to satisfy them.—*The Clinique.*

Cancer of Tongue Cured by Hydrastis.—Dr. Jousset reports a case of indubitable cancer of the tongue in which complete cure has been effected by *Hydrastis*.

Compresses of an aqueous solution of one in ten were kept continually applied to the organ, and three or four drops of the mother-tincture were taken daily internally. The cure required only three to four months. Dr. Boyer followed this with another case, in which the same medicine, but in the 6th dil., was given with success, only less striking. — *Revue Hom. Française*, Jan.—*J.B.H.S.*

LETTERS OF HAHNEMANN TO DR. WISLICENUS.

Translated by Dr. DUDGEON.

(Concluded from p. 203.)

XII.

You receive for yourself iodine $\frac{\text{m}}{\text{x}}$ for seven or eight weeks, and your dear son nitric acid $\frac{\text{a}}{\text{v}}$, which you had better give him dry.

In such a damp winter as now prevails we cannot get on rapidly with the cure of the psoric malady, especially with children who cannot get sufficient exercise in the open air; nevertheless you should send little Herrmann out as often as possible. I trust that his temper will improve.

The antipsoric treatment should not be discontinued either during pregnancy or suckling. By means of it we best ward off bad breasts, for every attack of erysipelas of the breasts, every slight excoriation of the nipples is psoric. The nursling is generally already infected by it, and the medicine the mother is taking is just as necessary for the infant, for it is quite innocuous if he is not already psoric, that is to say, perfectly healthy, for in that case the minimal unhomeopathic medicine can make no impression on him. But I have never yet met with an unpsoric infant at the breast of a psoric mother.

My family and I wish you both a happy life.

Yours most sincerely,

S. HAHNEMANN.

Köthen, December 25, 1828.

XIII.

KÖTHEN, *July 16, 1829.*

DEAR COLLEAGUE,

I have been much concerned about your illness, and am delighted that you have recovered your health. Mr. R. R. Gersdorff was doubtless very kind to you; I knew he would be so. I cannot expect that you will for some time undertake any work that requires you to sit, and I do not wish you to engage in any writing. You must recover your health, and may you enjoy better health than ever.

I do not find fault with your having smelt at sepia x on the 9th July, and advise you to content yourself in future with olfaction of the appropriate antipsoric remedy.

You ought certainly to expect from the olfaction of sepia an action for twenty days, after which I would advise you to smell at nitric acid x.

If you are travelling and come in my neighbourhood, give me a visit.

For your dear son I enclose phos. $\frac{x}{x}$, which will, I hope, be of service to him. Let him have only a small quantity of fruit.

With kind regards from my family.

Yours very sincerely,

S. HAHNEMANN.

XIV.

KÖTHEN, *December 13, 1830.*

DEAR COLLEAGUE,

Your letter of introduction was brought to me by Mr. Manso, brother-in-law of President Brun, who some time afterwards came to see me with his wife, both amiable persons. I thank you sincerely for this pleasant acquaintance.

I have been considering your symptoms very attentively, and as it is a long time since you took any medicine (the last was natrum muriaticum on the 11th September), it is now time that you took the enclosed lycopodium $\frac{x}{x}$ in the morning, moistened. I trust it will be of use.

Avoid sedentary work as much as possible, and go out with Herrmann and Oscar in all weathers. I advise you to take no wine, and not permit little Herrmann to drink

either coffee or tea. Let him take a great deal of exercise, and do not be afraid of his rupture. This is usually a psoric malady, and can be cured antipsorically; it will be much benefited by the enclosed antipsoric, acidum sulphuricum x after the natrum he took on the 10th November has acted for forty days, therefore about the 20th December. Send me a report in seven or eight weeks.

Your devoted,

S. HAHNEMANN.

My daughters send you both their kind regards.

SNAKE-VENOM—ITS ACTION AND EFFECT.

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

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

XI.—*LOBELIA PURPURASCENS* AS AN ANTIDOTE IN SNAKE-BITE.

It is now about four years ago (in the snake season of 1895) that Mr. James S. Bray, the well-known herpetologist of Sydney, N.S.W., when away out in the bush at Middle Harbour (a few miles north from Sydney), accidentally came across a fight between a snake and an Australian iguana. He stood interestingly watching the combat, and noticed that the iguana, whenever it happened to be bitten by the snake, went to a certain plant close by, of which it ate, and then returned to the fight. Mr. Bray was naturally curious to find out what manner of plant it was that the iguana resorted to when bitten by the snake, so he eventually shot the animal with his gun, and on examining it he discovered the leaves of *Lobelia purpurascens* in its mouth. On cutting it open portions of the same plant were found in its stomach. Mr. Bray, therefore, came to the conclusion that *Lobelia purpurascens* acted as an antidote to the injected snake-venom in the case of the iguana.

THE EFFECT OF *LOBELIA PURPURASCENS* ON SHEEP.

Shortly after this, when out one day travelling across the country near Botany, Mr. Bray passed through a sheep-run, and it so happened that he came across a

number of sheep lying about dead. The appearance of them led him to believe that they had died from the effects of snake-bite. To satisfy himself on this point he cut open several of them, and found in their stomachs a quantity of leaves and stalks of *Lobelia purpurascens*. As the result of further examination, he came to the conclusion that the sheep, instead of snake-venom being the cause of their death, had succumbed to the toxic effects of *Lobelia purpurascens*.

BOTANICAL DESCRIPTION OF *LOBELIA PURPURASCENS*.

Lobelia purpurascens, I may mention, is one of the most poisonous plants in the Australian bush. It is to be found all over the Australian continent, in each of the colonies of New South Wales, Victoria, Queensland, South Australia and West Australia, although it is by far most plentiful in the colony of New South Wales, which colony happens to be the one having the highest death-rate from snake-bite, as I have shown in an earlier portion of this present paper. In New South Wales *Lobelia purpurascens* is one of the most common wild plants to be seen in the bush, being found especially in those places mostly frequented by our venomous reptiles, namely, in damp situations, near rivers, creeks, and waterholes, and even amongst rocks. Whether the soil be moist or dry makes no difference to this plant, although it grows most luxuriantly in the former. It is not partial either to the bush alone, but I have come across it even in cultivated gardens. In any damp place, near the foundations of houses, it is almost sure at some time or other to make its appearance. It is only a small plant, running along the ground and throwing up its stalks here and there, the leaves of which are green on top, and purplish underneath, its flowers being white on the surface and tinged with purple underneath. The following is a full botanical description of *Lobelia purpurascens*, by which the plant can be easily identified: Stems, angular, procumbent. Leaves, ovate, green on surface, and either purple, or purple and green underneath, somewhat serrulated, rather firm, usually from $\frac{1}{2}$ to 1 inch long; pedicels axillary, much shorter than the leaves, reflexed after flowering. Flowers, white above, purplish beneath, delicately scented, most diecious

(namely, the stamens and pistils not merely in separate flowers, but also growing on separate plants), corolla, four to five lines long, the lower lobes oblong, obtuse, the two upper ones rather shorter and narrower, more acute and incurved. Capsule narrower, ovoid, fully three lines long; the seeds rather large, and often flattened. At the end of the snake season *Lobelia purpurascens* to a great extent dies down, and springs up again luxuriantly at the commencement of the succeeding snake season.

TOXIC SYMPTOMS OF *LOBELIA PURPURASCENS*.

Lobelia purpurascens is, as I have before stated, a most venomous plant, and in a letter recently received by me from Mr. Frederick Turner, F.L.S., F.R.H.S., &c., that gentleman thus expresses his opinion of the plant: "No doubt it is poisonous. Indeed, specimens have often been sent to me for identification, accompanied by letters, in which the writers suspected the plant of poisoning stock. It is included in my list of 'Supposed Poisonous Plants of New South Wales.'" A leaf that I crushed with my teeth, and then swallowed, as an experiment as to its toxic effect, soon developed the following rather unpleasant symptoms: Vertigo accompanied with nausea and stupor; dull and distressing pain in the head, with a feeling of fulness in the base of the occiput and forehead, the pain being increased on shaking the head or by motion, confused feeling in the head, the eyes felt weak, and, on closing them, there was an apparent soreness therein; a feeling of dryness and fulness of the nose; mercurial taste in the mouth; great thirst; dryness in the throat, of a burning character; tightness of the chest, with great oppression and laborious breathing; distressed feeling in the region of the heart; sinking feeling in the stomach; increased secretion of urine; weakness in the lumbar region, accompanied with great languor; great debility of the lower extremities, the knees appearing to collapse under the weight of the body; weariness and extreme weakness of the limbs; great exhaustion and dejection; general debility, accompanied with loss of appetite and great languor; a general feeling of feverishness; a prickling itching all over the body resembling that produced by *Lichen tropicus* ("prickly heat"); restless sleep. The toxic action of the plant is very

rapid, the first symptoms thereof coming on within five minutes after I had swallowed the leaf mentioned above. In fact, in a conversation I had with Mr. Bray on the subject, that gentleman stated that he considered *Lobelia purpurascens* "the most venomous plant found in the Australian bush." Be that as it may, it has this similarity with snake-venom—that it is very rapid in its action, and can produce a great many of its symptoms.

Mr. Erskine C. White, of Holdsworth, Liverpool, N.S.W., in THE HOMEOPATHIC WORLD of November, 1898, mentions the following symptoms of *Lobelia purpurascens*: "*Head*: Overwhelming drowsiness (exactly as produced by snake-venom), sickening, dizzy headache, especially just between the eyebrows. *Eyes*: Impossible to keep open, almost spasmodic closure of lids (upper). *Mouth*: Thick slime in mouth. *Tongue*: White and paralysed. *Heart*: Paralysed, the beats almost imperceptible. *Chest*: Sensation as if lungs were paralysed; superficial breathing. *Lungs*: Paralysed, breathing slow, almost ceases. *Generalities*: Intense prostration of all vital forces, and of the whole nervous system; deadly chill without shivering, but overpowering the system. By paralysing the lungs the system becomes filled with carbonic acid gas; vomiting and coma set in." It will be seen by the above that *Lobelia purpurascens* has symptoms very closely resembling those of snake-venom.

MR. BRAY'S EXPERIMENTS WITH *LOBELIA PURPURASCENS*.

Judging by the powerful toxic action of *Lobelia purpurascens*, and also by the fact that the Australian iguana resorts to this plant when bitten by a venomous snake, one would suppose that an infallible antidote had at last been discovered for snake-venom, and that no experiments were needed to prove its powerful antidotal effects in cases of snake-bite. Such, however, according to Mr. Bray, is not the case. He has made numerous experiments with *Lobelia purpurascens*, making use of a strong liquid extract, and also going to the expense of having strong tabloids of the drug made in England. In fact, these experiments have put him some pounds out of pocket. But he has, nevertheless, gone on, nothing daunted, being a thorough enthusiast in the study of venomous reptiles, and the antidotes for the effects of their bites.

He gathered a supply of the fresh plants of *Lobelia purpurascens*, and placed it in a box along with an iguana. He next placed in the same box a venomous snake, and caused it to bite the iguana. One would have naturally supposed that the iguana, when it found itself bitten, would have hastened to partake of the *Lobelia*, so as to antidote the dose of the venom injected by the snake. Nothing of the kind, however, happened; for to Mr. Bray's surprise the iguana refused to have anything to do with the *Lobelia*. Whether the iguana philosophised that, as it had lost its freedom, and was a prisoner, and there was apparently no way of getting out of the box in which it was confined, death was to be preferred, or whether, on the other hand, it felt too shy (through being watched) to touch the plant, I am not in a position to say. The fact, however, remains, that the iguana stubbornly refused to have anything to do with the supposed antidote. Mr. Bray was not satisfied with one trial. He tried several in the same way. But it was all to no use. Although in each case he placed *Lobelia purpurascens* inside the box along with the iguana, that animal refused to resort to it when bitten by the snake, and died from the effects of poisoning by snake-venom. Not satisfied with the result of this experiment, Mr. Bray, after causing an iguana to be bitten by a venomous snake, injected the liquid extract of *Lobelia purpurascens* into the wound caused by the bite. The iguana, however, instead of recovering, as one would naturally have thought, from the effects of the bite, succumbed to the toxic effect of the snake-venom, and died. Mr. Bray repeated the experiment over and over again. But there was no difference in the result. The *Lobelia* appeared to have no antidotal effect on the snake-venom; and all the iguanas experimented upon, without one solitary exception, died. Mr. Bray has stated to me that he has undoubted proof that some of the iguanas used in the experiments did not die from the effects of the snake-venom, but rather from the toxic action of *Lobelia purpurascens*. He has therefore come to the conclusion that *Lobelia purpurascens* resembles *Strychnine* in this respect. A few months ago I stated in the present paper that, should the quantity of the *Strychnine* injected be even only slightly above the quantity required, poisoning by *Strychnine* sets in, and that may result, not from the effect of the snake-venom,

but from those of the antidotes. Experiments on animals have shown this over and over again to be the case. The same appears to apply to *Lobelia purpurascens*, judging by the experiments made by Mr. Bray. Mr. Bray has informed me that he has met with nothing but failure in his experiments with *Lobelia purpurascens*, and he pertinently asks the following question, which is a most natural one under the circumstances: "Why does the Australian iguana, when it has been bitten by a venomous reptile, immediately go and eat of one of the most venomous plants to be found in the Australian bush?" In other words, "Why does the iguana touch it?" He believes that there must be something wrong somewhere. The iguana in its wild state eats of the plant and recovers, but when a liquid extract prepared from the plant is injected into an animal in captivity it invariably dies. Mr. Bray thinks that the fault may lie in the mode of the preparation of the antidote, in the course of which some of its most valuable properties may have become lost. Be that as it may, the failure of one antidote after another has led Mr. Bray to believe the opinion expressed a few years ago by eminent scientific men, namely, that "there is no antidote for snake-venom. Where a fatal dose thereof has been injected and circulated into the system, all so-called antidotes are useless, and death must inevitably be the result." So far as *Lobelia purpurascens* is concerned, it is hard for me to say whether a preparation of it will ever be made having the very same effect on snake-venom as the plant appears to have in the case of the iguana bitten by a venomous reptile in the wilds of the bush. It appears to me that the most serious part of the question here is the same as it has always been in the case of the use of antidotes having powerful poisonous properties, namely, that it is impossible (or nearly so) to find out, when a person has been bitten by a venomous snake, whether the venom injected by the reptile is insufficient, sufficient, or more than sufficient to produce a fatal effect. Science, notwithstanding all its wonderful strides, has up to the present time been unable after death to trace the amount of venom injected into a human being. It is extremely difficult, therefore, to determine the strength of the dose required to antidote the amount of snake-venom injected in each individual case. But time will tell as to whether *Lobelia purpura-*

scens is destined to shine one day as one of the leading antidotes in the successful treatment of snake-bite, or whether it will follow in the footsteps of some of those antidotes which, according to Mr. Howard Willoughby, have at some time or another been "brought forward with a great flourish" and afterwards consigned to oblivion. I, for one, would be glad to welcome *Lobelia purpurascens* to a place on our list of antidotes for snake-bite should a preparation of it be made whose antidotal powers would have the effect of lowering the death-rate resulting from the action and effect of snake-venom. I may state that I am at present experimenting in the way of cultivating the plants of *Lobelia purpurascens* taken from out of the bush, with a view of ascertaining to what perfection they may be brought, and, so far, they have, notwithstanding the handling they received through transplanting them from their native wilds to a more civilised state, been making rapid growth. I have, however, taken the precaution to place them in the same kind of soil from which they were originally taken.

In a conversation I had with Mr. Bray since writing the above, Mr. Bray, in speaking of the toxic effects of *Lobelia purpurascens*, informed me that from three leaves of the plant he could distil enough poison to paralyse and kill the strongest man in ten minutes. Mr. Bray further stated that, perhaps, in the distant future, some way of administering *Lobelia purpurascens* might be discovered which would render it an effectual remedy against snake-venom. The great questions were: "What quantity of *Lobelia purpurascens* is it necessary to inject, so as to antidote the snake-venom?" and "Is it the proper way to take it by mouth, or to inject it?" Mr. Bray mentioned a case of a black cat, which had been bitten by a snake, and which he had found in a state of collapse. He injected *Lobelia purpurascens*, but had to leave it, as he had to attend to other business. When he returned the cat came to meet him, rubbing itself against him. It disappeared, however, on the same day, and Mr. Bray never saw it again. As he was not in a position to state whether the cat lived or died afterwards, he could not quote this case as one in which any reliance could be placed on *Lobelia purpurascens*, the comparatively "new antidote" to snake-venom, as it is called.

(To be continued.)

BRITISH HOMEOPATHIC CONGRESS.

MEETING IN LEICESTER.

THE Annual Congress of homeopathic practitioners was held in the Council Chamber of the Town Hall, Leicester, on Thursday morning, June 8th, Dr. Byres Moir, president, in the chair. Among those present were the Mayor (Dr. Clifton), Dr. Lakin, Dr. Mason (Leicester), Dr. Hughes (Brighton), Dr. A. Clifton (Northampton), Dr. Dudgeon (London), Mr. Knox Shaw (London), Dr. Pope (Tring), Dr. Hayward (Liverpool), Dr. E. Williams (Bristol), Dr. D. Wright (London), Dr. Hawkes, Dr. C. Hayward (Liverpool), Dr. Goldsbrough (London), Dr. Proctor (Birkenhead), Dr. Blackley (Southport), Dr. G. Blackley, Dr. Neatby, Dr. Burford (London), Dr. Hahnemann, Dr. Johnstone (Richmond), Dr. Roche (Norwich), Dr. Epps (London), Dr. V. Green (London), Dr. Hawkes (Ramsgate), Dr. Nicholson, Dr. Hamilton (Newcastle), Dr. Gilbert (Reigate), Dr. Storrar (Southport), Dr. C. Reid (Plymouth), and Dr. Capper. Among the visitors present were the Mayoress and Miss Clifton, Mr. and Mrs. John Milne, the Misses Fullagar, Mrs. Bassett, Mrs. S. S. Wheeler, Mrs. Ellis, Miss Salusbury, Rev. W. Evans, Mr. Cholerton, Mr. Pickard, Mr. Burford, and Mr. Howard Lloyd.

PRESIDENTIAL ADDRESS.

Dr. Byres Moir gave his presidential address on "The Effects of Modern Therapeutic Researches upon the Position of Homeopathy." While some, he said, maintained that homeopathy was limited to the question of drugs, they would, he thought, claim for it a much wider field. Homeopathy was directed to bringing distinct law into the use of drugs as therapeutic agents. In the same way the system of Swedish medical gymnastics introduced by Ling and Branting was based upon strict anatomical and physiological facts. It had recognised, for instance, the influence that might be exerted upon the nutrition of cells by mechanical movements; how light pressure applied to a nerve acted as a stimulus, when more severe caused paralysis, &c. Electricity was still too much used in the treatment of disease in an empirical way, hence the failure to obtain from it the results which they all felt sure ought to be possible from such a powerful agent. The charge which had often been made against them of neglecting pathology had been frequently met. With regard to surgery and the popular idea that homeopathy did without the knife, they ought to be very clear in their own position and remember the large class of cases where mechanical interference was necessary. The use of drugs covered only a part of their work

as medical men, and while every effort should be made to limit the need for operative interference, they should rejoice in the progress made by surgery, and give full credit to those by whom it had been brought about. In the use of palliatives those amongst them who found that they did sometimes need them might find some comfort from the words of Hahnemann, who said : "I am not ignorant of the great value of palliatives. For sudden accidents that tend to run a rapid course, they are not only quite sufficient, but even possess advantages where aid must not be delayed an hour or even a minute." In hygiene they had not, he thought, been behindhand, and they might point with pride to what had been accomplished by one of their members, the late Dr. Mathias Roth, work which had never received the credit it deserved, viz., the introduction of physical education as a part of the curriculum of the Board Schools. (Applause.) The results would be of untold benefit to future generations, if carried out systematically. After dealing with the treatment of pneumonia by Fleischmann's treatment, with infinitesimals, the President proceeded to say that homeopathy was now being tried in combating the plague in India. Major Deane had said the mortality under ordinary treatment might be anything from 60 per cent. to 95 per cent., but from 70 to 80 per cent. seemed to be about the average. Five hundred cases which he had treated gave a mortality of 54 per cent., but the latest results of his more mature experience had reduced that mortality to 31.11 per cent., which he believed could be maintained. (Applause.) Of late years they had heard of the great progress that was being made in therapeutics by the old school, and that a new science, that of pharmacology, had arisen. The adoption of homeopathic remedies by the old school had gone on steadily, any explanation but the right one being given for their use. It was strange to think that in a profession like theirs the reason why such treatment was not much more general was that when medical men found out the value of such remedies they were afraid, as Sir Samuel Wilks wrote in *The Practitioner* of December, 1868, to advocate it too openly lest their names should be associated with homeopathy. So far, no mention had been made of the department where activity has been greatest in the last few years, and which had added so largely to their knowledge of disease, viz., bacteriology and serum-therapy, and from which, strange though it may at first appear, more light was being thrown upon Hahnemann's teaching than from any other source. Homeopathy had been a *chose jugée* to the general profession. They would not even allow the kernel of truth which it contained, and in consequence they are now sectarian, while homeopaths had perfect freedom. They simply desired for

their therapeutic principles its true place in medicine, whatever that may be. They held no exclusive dogma, but were quite prepared to give up any doctrine at present held by them as soon as further discovery shall show them something better, but the time had not yet come, and they must still fight for the freedom to practise what experience had taught them to value. It was often said that there was very little difference now between the two schools; but there was this essential difference, viz., that homeopathy recognised and still maintained that there were definite laws which regulated the choice of medicines, and from these strict rules had been deduced for practice; the predominant school, on the other hand, had so far not brought forward any general laws, without which medicine could not be placed on a line with other sciences. Looking back over the century, they saw Medicine gradually giving up the heroic treatment, and recognising the value of one medicine at a time, and that in much smaller doses, and also the need to find out the action of drugs by pharmacological experiments, thus drifting, unconscious as it might seem, towards the principles which Hahnemann was the first to lay down, and which were now found to fall into line with modern physiological work.

Dr. Pope proposed, Dr. Clifton (Northampton) seconded, and Dr. Dudgeon (London) supported, a vote of thanks to the President for his address, which was carried unanimously.

The visitors having retired, the Congress proceeded with the business on the agenda, Dr. Burford reading a paper, compiled by himself and Dr. Johnstone, on "The Salient Features of the Menopause."

After discussion of the paper, and the passing of a vote of thanks to the compilers, the Conference adjourned for luncheon, which was provided at the Museum Buildings.

ELECTION OF OFFICERS. DR. GEORGE CLIFTON PRESIDENT FOR 1901. LIVERPOOL THE PLACE OF MEETING.

After luncheon the second session of the Congress was continued in the newly erected Mayor's-room at the Museum. The first business entered on—after a formal vote of thanks to the Mayor and Drs. Mason and Capper for the arrangements for the Conference and the lunch—was the election of officers. As an International Congress is to be held next year in Paris, arrangements were made for 1901, in which year it was decided to meet in Liverpool in the third week in September. The Mayor of Leicester (Dr. Geo. Clifton) was elected by a large majority president for that year, and Dr. Hayward, jun. (Liverpool), vice-president. Drs. Hawkes and Watson (Liverpool) were appointed local secretaries, and Dr. D. Dyce-Brown

and Dr. E. M. Madden were re-elected hon. secretary and hon. treasurer respectively.

Dr. J. W. Hayward (Birkenhead) next read a paper on "Dr. Hughes's Index to our Pathogenetic Material," which took the form of a favourable review of the work in question.

THE RELATION OF SURGERY TO HOMEOPATHIC THERAPEUTICS.

Dr. Mason (Leicester) read a paper on "The Relation of Surgery to Homeopathic Therapeutics," in the course of which he reviewed the difficulties of medical practice, and the responsibilities of treating cases which occupied the borderland between the domain of the physician and the surgeon. He instanced cases in which unnecessary operations had been performed; but, on the other hand, said in the homeopathic school practical surgery had been greatly neglected till the last ten years. Not only had it really happened that unnecessary operations had been performed, but the knife had been withheld when its use would have been of inestimable benefit. He gave instances of the benefit of operations in cases of cancer and various disorders of the digestive tract, and, in conclusion, quoted cases in which operative procedure had been followed by totally unforeseen developments, and which would have been much better if left in the hands of the physician.

A discussion followed, the tenor of which was that in certain cases the homeopath should not hesitate to resort to surgery as a means to bring about the alleviation and cure of the patient.

This concluded the business of the session.

DINNER AT THE MUSEUM BUILDINGS.

In the evening the members of the Congress, together with a number of local ladies and gentlemen, dined at the Museum Buildings, prior to which the Mayor and Mayoress (Dr. and Mrs. Clifton) held a reception in the new and elegantly appointed suite of rooms added to the buildings. The president (Dr. Byres Moir) presided, and in addition to the members of the Congress, whose names have been already given, there were also present the Mayor and Mayoress, Sir Thomas and Lady Wright, Canon Sanders, D.D., Ald. Walkerley (Deputy-Mayor), Ald. Lakin, Ald. Windley, Councillor Marshall, Mr. F. Hewitt, Mr. Brigg, Mr. H. Harris, Mr. W. Ellis, Mr. Alex. Baines, Dr. Monk, Mr. Colson, Rev. W. Evans, &c.

After an excellent repast, which was well served by Mr. Jas. Littlechild, of the Premier Restaurant, Gallowtree Gate, who also supplied the luncheon,

The loyal toasts were duly honoured, and subsequently the President asked the company to drink to the memory of Hahnemann, who, he said, was the first to place the practice of medicine on a scientific basis. For the treatment of epidemics in large towns little more was known or being done to-day than what Hahnemann laid down. His first teaching was for isolation, which he said should not be entrusted to the individual, but should be carried out by the Government. To-day they had the Notification Act for all infectious diseases, but as early as 1792 Hahnemann suggested that the police officials should be given a reward of 3s. 6d. for every case of infectious disease notified. At the present time the Government gave the medical man 2s. 6d. (Laughter.) When they came to think what 3s. 6d. meant in Germany in the days of Hahnemann he thought they would admit that he was a good business man. Hahnemann in his day did a noble work, and he was honoured by all who knew him. (Applause.)

Dr. Hawkes (Ramsgate) next proposed the toast of "Homeopathic Hospitals, Dispensaries, and Societies." He said they were all in sympathy with the good work of the hospitals, whilst he was quite sure they believed in the encouragement of dispensaries and societies. (Hear, hear.)

Dr. Johnson, in reply, said a change had come over their hospitals during the past ten years. He thought they would find that the homeopathic mind was broadening, and that of late surgery, &c., was being more generally acknowledged by homeopaths. With regard to their societies, they were doing a good work, and increasing their sphere of usefulness. (Hear, hear.)

Dr. Croucher (Hastings) proposed the toast of "The Mayor and Mayoress of Leicester," and in the course of his remarks referred to the good work his worship had carried on in the furtherance of the welfare of the town of Leicester, and to the able manner in which his esteemed wife was carrying out the duties of Mayoress. To both the members of the Homeopathic Congress were greatly indebted for the success of the proceedings that day, and they were also indebted to the Corporation of Leicester for allowing them the use of the Municipal Buildings in which to hold their meetings. (Applause.)

The toast was drunk with musical honours.

The Mayor, on behalf of the Mayoress and himself, said they had been delighted to meet the members of the Homeopathic Congress, and they fully appreciated the honour they had paid them. After referring to the town of Leicester as being one of the healthiest in the country, his worship said that happy state of things was largely due to the assistance received from the medical profession, and to the indefatigable efforts of Ald.

Windley, the chairman of their Sanitary Committee. With regard to the objects of their society, he had received a letter from an esteemed patient of his, Lord Dysart, who, as they knew, thoroughly believed in their therapeutic principles, in which his lordship expressed his regret at not being able to be present. His lordship added that he had heard that there was an idea of homeopathic extension in the way of cottage hospitals, and expressed a hope that their meetings would lead to the foundation of a homeopathic cottage hospital in Leicester, for which he would guarantee £1,000. (Applause.) He (the speaker) incidentally mentioned that afternoon to a lady his lordship's offer, and she immediately guaranteed another £25—(renewed applause)—towards such an institution. Great as was the work before him during the year, he should very much like to see such a project carried out, but whether it was or was not, the offer was proof that homeopathic treatment was making a stand in the country. (Applause.) He again thanked them for the kind words spoken of his wife and himself, and assured them of the great interest he felt in their work.

Dr. Clifton (Northampton) proposed "Our Guests," to which Sir Thos. Wright responded; and Mr. Knox Shaw submitted "The Health of the President," Dr. Byres Moir replying.

During the evening Miss Edith Coltman and Mr. Goddard sang several songs, which greatly added to the enjoyment of the proceedings.—*Leicester Chronicle*.

RED SPECTACLES FOR SEASICKNESS.—Bright red spectacles accompanied by internal doses of calomel form a new German specific against seasickness. It is deduced from Epstein's investigations on the influence of colour on the blood-vessels in the brain. Seasickness is due to lack of blood in the brain, while red sends blood to the brain with a rush. By looking at one point for some time through the red glasses the patient is cured radically (*Scientific Amer*).—*Hom. News*.

COINCIDENCE.—The following extraordinary instance of coincidence is reported in the *Lancet*: A patient at the age of ten years fractured his right forefinger. It happened on August 26th. When thirteen years old he fractured his left leg below the knee, through falling from horseback, also on August 26th. When fourteen years of age he fractured both bones of the left forearm by stumbling, his arm striking the edge of a brick; this also happened on August 26th. When fifteen years of age, on August 26th, he had a compound fracture of the left leg above the ankle, by his left foot being caught under an iron rod and his body falling forwards. Next year, again on the same date, August 26th, he had a compound fracture of both legs; after this he did not work on August 26th for twenty-eight years; but in the year 1890 he forgot his fateful day and went to work, with the result that he sustained a compound fracture of the left leg. Since then he has studiously avoided working on August 26th, though never missing work at other times.—*Med. Times* (New York).

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 1st, at eight o'clock p.m.

The following specimens were shown :—

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| 1. Series of microscopic slides illustrating nerve lesions in diphtheritic paralysis | Dr. J. H. Bodman, Clifton. |
| 2. Ovarian abscess with enucleated sac ; recovery | Dr. Geo. Burford. |
| 3. Ovarian tumour with universal adhesions ; recovery | Dr. Geo. Burford. |
| 4. Fibroid tumour of uterus, removed with appendages on account of melancholia ; recovery | Dr. Geo. Burford. |
| 5. Dermoid cyst of the ovary burrowing under the mesoecum ; recovery .. | Dr. Geo. Burford. |
| 6. Carcinoma of uterus removed by vaginal hysterectomy ; recovery | Mr. Jas. Johnstone. |
| 7. Ovarian tumour with colloid contents ; recovery | Mr. Knox Shaw. |

The following papers were read : 1. A communication from Major Herbert E. Deane, M.R.C.S., L.S.A., of the Royal Army Medical Corps in India, entitled, "An Abstract of Forty-seven Cases of Enteric Fever, with Remarks." 2. A paper by Dr. J. Hervey Bodman, of Clifton, entitled, "A Clinical and Pathological Study of Diphtheritic Paralysis," illustrated by lantern slides, diagrams, microscopic slides, &c. The following is a synopsis : Etiology ; anomalous cases ; symptomatology ; bulbar crises ; illustrative cases ; diagnosis ; prognosis and mortality ; pathology and pathological anatomy ; morbid changes found in Case 1 ; treatment.

HELONIAS FOR DIABETES.—Dr. R. Chancerel reports to the Société Française d'Homeopathie two cases of diabetes in which at least temporary cure seems to have been effected by the use of *Helonias* 6, re-inforced sometimes by *Uranium nitricum* of the same strength.—*Revue Hom. Française*, Feb.—*J.B.H.S.*

FERRUM PHOSPHORICUM FOR INFRA-ORBITAL NEURALGIA.—Dr. Parenteau, acting on the suggestion of Dr. Nimier, has used *Ferrum phosphoricum* in infra-orbital neuralgia of the right side, with morning exacerbations, with occasional striking success, but as frequent complete failure. He has come to the conclusion that it is only to be depended on when the patient is a youngish woman with imperfect uterine health and tendency to menorrhagia. He gives the 6th dilution.—*Revue Hom. Française*, Dec.—*J.B.H.S.*

EXTRACTS.

A CLINICAL LECTURE, ILLUSTRATED BY SEVERAL GENERAL MEDICAL CASES.*

By H. HALBERT, M.D., Professor of Theory and Practice in the Hahnemann Medical College and Hospital of Chicago.

I HAVE often made the statement that in our diagnosis and treatment of cases we should first ascertain, if possible, the causative factor. This is our starting-point around which we build our theory both as to disease and cure. Next in importance is the duration of disease, which has much to do with prognosis as well as treatment; indeed, it is an important consideration to know, at the outstart, whether our case is acute or chronic, simple or complicated, benign or organic, and the duration tells us much in that respect. Then comes the history of the case, which is the most complicated and intricate part of the whole record. It should include not alone the family history, but all the etiological factors which pertain to the progress and development of the disease. In this the patient's "complaints" are keynotes.

But for the accurate prescription we must be guided by the symptoms alone; these do not include simply the patient's idiosyncrasies in the line of complaints, but all the objective and subjective characterisations of his condition. Something peculiar, prominent, and uncommon will generally be a guiding expression of his suffering and the reason for his consulting a doctor.

Then, too, we must admit all reasonable adjuvants in the way of treatment, for nothing which aids the remedy is inimical to the performance of a cure. With a logical view of the case and a considerable application of our treatment we shall not only be better physicians but our results will be more lasting.

As an illustration of our clinical work and the use of our remedies I offer the following cases with the hope that they may be of some service in your future study.

CRATEGUS IN CARDIAC HYPERTROPHY WITH ACUTE DILATATION.

Case. Mr. S., a young man sixteen years of age, had worked hard at manual labour since his twelfth year to support a widowed mother.

* From the *Clinique*, March, 1899.

He had, in fact, done a man's work before his physical maturity would permit it. For some time he had shown some signs of cardiac hypertrophy, and had been cautioned by physicians to take good care as to his heart. About a year ago, during some gymnastic extreme in the nature of sport, he was suddenly admonished that something had "given way," and for relief was obliged to take to his bed. When I first saw him he was obliged to lie down, respiration was laboured and irregular, and the heart's action was greatly exaggerated and erratic. There was decided precordial bulging; the apex beat was considerably displaced, downward and to the left, and the whole cardiac dulness was greatly extended; the impulse was heaving in character, with considerable mitral systolic blowing and the corresponding diastolic intensification; there were also signs of considerable pulmonary engorgement and some pain in the chest region.

The patient was put into a warm bath for twenty minutes, and then carefully returned to bed. *Aconite* 3x was administered every half-hour, and continued hourly for a day or two afterward until he was somewhat relieved. *Crategus*, five drop doses of the tincture, was then administered five times daily for a long time. The effects of this remedy were most remarkable; the cardiac irritation gradually lessened; the area of dulness decreased and the rhythm improved; at the same time all the general symptoms improved rapidly. He has now been using the remedy for several months, and the result is most satisfactory. I have every reason to expect a cure of the extreme symptoms, and believe the heart will be reduced to a safe hypertrophy, which will virtually be a cure.

In my experience in this case and others I do not believe we have ever had so safe and so sure a remedy as *Crategus* for such conditions. While it is a cardiac tonic, it is not a dangerous one like *Digitalis*, and it can be continued indefinitely without untoward results.

ONOSMODIUM IN MIGRAINE.

One of the most unsatisfactory diseases to treat is migraine; it responds so tardily to any indicated remedy that the natural tendency on the part of every physician is to palliate such conditions with temporising drugs. The fact that this disease is due to some constitutional neurosis makes the cure doubly difficult unless we can remove the irritating cause. The following case may be a good illustration:—

Case. Mr. R., age thirty-six, a lawyer by profession, consulted me for headache of long standing. His vocation had been an exacting one, for he had reached a point of considerable prominence, and in every way was an overworked man. His temperament was nervous, and his inheritance pointed strongly to a neuropathic constitution. He complained of these periodic attacks of headache for many years, and had consulted all kinds of specialists and resorted to every conceivable method of relief, which heretofore had failed to cure.

The headaches were paroxysmal, and occurred regularly twice a week. The pain started in the left supraorbital region, spreading back in the line of the fifth nerve, and finally terminating in the occiput; the pain was tense, throbbing and blinding in character, and was followed by utter collapse for twenty-four hours. Generally vomiting was persistent, though no gastric conditions could account for it; vertigo and temporary hemianopsia were frequently present during the crisis, and vasomotor perversions were marked.

Onosmodium 1x did not give any relief during the attacks, but its good results were obtained by its persistent use in the inter-paroxysmal states. The second week showed a slight improvement, and in a few months the severity of the attacks had so decreased that he paid little attention to them. It is now quite a year since my first observation of the case. So far as the migraine is concerned, he is perfectly cured, and his general health was never better.

Conditions of migraine are no doubt due to periodic irritations of the Gasserian ganglion; whether they are caused by peripheral irritations or central disturbances affecting the fifth nerve it is hard to tell. It is quite clear to me, however, that *Onosmodium* systematically administered is one of our best remedies in such cases. More than this, it relieves the neurasthenic headaches which always follow in such conditions.

THYROIDINE IN PSORIASIS.

Without infringing upon the department of skin diseases, I wish to report this case for its general medical significance. This disease has been so long treated, unfortunately, as a skin disease that there is, to my mind, no wonder at the unfavourable results. I have for some time made a careful study of this line of diseases, and have concluded that the skin involvement is purely a secondary symptom. I believe it is associated with a change in metabolism incident to the atrophy of the thyroid gland. The mucin increases, and the general myxedematous conditions certainly point to a thyroid involvement. *Thyroidine*, I believe, is an irritant in extreme dosage, and particularly when there are signs of goitre. In atrophy of the gland it is medicinally of value, but should be used in potency.

Case. Miss S., aged eighteen, had been under the care of a prominent old-school specialist for a long time, and finally change of climate was advised as the only hope. When she came to me her body was literally one mass of scales. She gave all the evidences of a myxedematous patient, and the thyroid gland was considerably atrophied; the skin was dry and impoverished, and the general

symptoms gave the appearance of a general debility. Mentally she suffered from a pronounced hebetude. *Thyroidine* 3x was given six times daily, and continued for several months. A few days ago she called at my office, and there is not the slightest appearance of any eruption. All of her other symptoms have improved, and, judging by my past experience, I shall expect a perfect cure.

(To be continued.)

HAHNEMANN AND THE ALTERNATION OF MEDICINES.*

By R. E. DUDGEON, M.D., London, England.

HAHNEMANN has not been dead sixty years, and yet he is by some of his followers apparently regarded as a myth and his writings as oracles.

The founder of a new faith—though only in medicine—he and his writings are going through the phases familiar to us in the history of the course and progress of other reformers and their doctrines. Homeopathy has its sacred and inspired works; its dogmas, liable to various interpretations; its sectaries, each of whom maintains that he alone is orthodox and all others are schismatics or heretics; even its renegades, who revile what they formerly extolled. And lastly, there are the partisans of particular dogmas who, finding the letter of the book against them, fall foul of the imaginary transcriber or of the translator, and ascribe to the *lâches* of the latter the apparent antagonism of the *litera scripta* to their own interpretations. Thus we have seen how the partisans of the formula *similia similibus curantur* accounted for the fact that it occurs as *similia similibus curentur* in all the six places where only it appears in the Master's writings (viz., the five editions of the *Organon*, and in Hahnemann's letter to the French Minister of Instruction, reproduced in the *British Journal of Homeopathy*, vol. 38, p. 65), by boldly asserting that it was altered by an unscrupulous or careless transcriber, and that the true phrase of Hahnemann was not "let likes be treated by likes," but "likes are cured by likes," forgetting that the Latin word "curare" means to "take care of" or "treat" and not to "cure," and that if Hahnemann meant to say "likes are cured by likes" he would have written "*similia similibus sanantur*." The complete formula might run "*similia similibus curentur quia similia similibus sanantur*"—"let likes be treated by likes because likes are cured by likes." The late Dr. Adolf Lippe—who ought to have

* From *The Hahnemannian Monthly*, June, 1899.

known better—actually attributed the alleged substitution of “curentur” for “curantur” to our Dr. Hughes!

Again, we have seen how the so-called “high-potency” sectaries, probably influenced by some such statement of the Master as we find in section 279 of the *Organon*: “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,” have devoted their concentrated energies to the mere dilution of the drug; in their one-sided zeal neglecting the precise directions of Hahnemann as to how his attenuations should be prepared. In place of spirits of wine enjoined by Hahnemann, they use ordinary service water with all its impurities, and, in place of the succussions to each stage of the dilution in a separate phial for every step, insisted on by Hahnemann and considered by him as essential to the development of the remedial powers of the medicine (*v. Chr. Kr.*, i. p. 180), and of which he says: “It deserves incontestably to be reckoned amongst the *greatest* discoveries of the age” (*M. M. P.*, ii. p. 44), the makers of the “high-potencies” mostly allow their impure aqueous medium to run through one bottle, without any attempt to employ what Hahnemann considered the most essential manœuvre in his process. Whilst Hahnemann protests, in his letter to Dr. Schreter, against diluting beyond the 30th centesimal attenuation, the “high-potency” sectaries carry their dilutions to an inconceivable extent. They profess to furnish dilutions up—or rather down—to the 10,000th, 100,000th, 1,000,000th, and even 500,000,000th degree. Surely those who believe that such “potencies” are what their makers call them, must say with the old theologian “*credo quia impossibile.*”

There is yet another, though probably a small, sect, led by the notorious Jenichen, who make their potencies by succussion only, without troubling themselves about dilution. They use a bigger bottle and reckon every ten or more succussions a “potency.” Probably the following passage in the *Organon* (note to section 270) suggested this mode of procedure: “I dissolved,” says Hahnemann, “a grain of soda in half an ounce of water mixed with alcohol in a phial, which was thereby filled two-thirds full, and shook this dilution continuously for half an hour, and this fluid was in potency and energy equal to the 30th development of power.”

And now we have Dr. Leach, who has been converted, as he tells us, to the belief that Hahnemann never could have practised or advised giving medicines in alternation, because, as Dr. Frank Kraft says: “The logic of his whole system of medicine would confute him at every point” (whatever that

may mean), accusing us miserable translators of having mis-translated the passages in Hahnemann's writings which apparently recommend the alternation of remedies. I am the chief offender in this matter, though I have as copartners in my guilt my worthy friend Dr. Conrad Wesselhoeft and the learned Mr. Tafel. Dr. Leach kindly invites me to repent and acknowledge the error of my ways. And so I shall when I am convinced that I have committed the dreadful crime of mistranslating my author.

Dr. Leach asserts that all the translators into English of Hahnemann's works have failed to give the correct sense of the words we have rendered "alternate" and its derivatives (*abwechseln* and once *alterniren* are the words Hahnemann uses). He acknowledges that this is the *literal* translation of Hahnemann's words, but asserts it is not the *equivalent* of it. He gives us no authority for this statement, so it is only his unsupported *ipse dixit*; in fact, he regards it as a discovery of his own, of which he is extremely proud, and which should entitle him to the gratitude of those who have hitherto been uneasy in their minds on the subject. He asserts that the true *equivalent* of the word we have translated "alternation" is "entirely different" from our *literal* rendering of it—"in fact, its *antitym*." I have searched through all the English dictionaries within my reach and cannot find this word; it is not even in the great American dictionary of Webster, so I suppose it is a word coined by Dr. Leach himself. I presume, from the context, Dr. Leach intends to imply by it that the *literal* is the "*opposite*" of the *equivalent* rendering of the word, but if so, why does he not say so in terms understandable on both sides of the Atlantic? Another strangely unfamiliar word Dr. Leach is fond of using is "rendition" in place of "translation." In our benighted country we still think of it only in the sense of "surrendering," as Johnson taught us; thus we might speak of "the rendition of Santiago to the American commander." But, in fact, Dr. Leach's English is very hard to understand. Can any mortal make out what he means by this sentence? and he has many more equally incomprehensible to the British intellect: "If, therefore, Drs. Dudgeon and Wesselhoeft have mistranslated Hahnemann's *Organon*, their respective renditions of this masterpiece, when duly analysed, will refute any asseverations to the contrary, while, if these gentlemen have given us the English *equivalent* of the German text, their several editions of these laws of Homeopathy stand as even more glorious monuments to their efforts; and of such analysis I now most respectfully ask their consideration, as well as the attention of all contemporary students of Hahnemann's several publi-

cations wherein he makes use of the verb 'abwechseln,' and its modifications, as they have been interpreted for us." I have read and re-read this puzzling sentence, but my intellect is unable to divine its meaning. It is, and I fear must remain, as profound a mystery to me as the title of Dr. Leach's paper "*summa summarum alternationis*," unless Dr. Leach will come to the rescue of my dulness and translate it into intelligible cisatlantic English.

But to return to the subject of our alleged mistranslation of Hahnemann's words. A good many comments on Hahnemann's remarks about the alternation of remedies have been made by German authors, who may be credited with having some idea of the sense in which Hahnemann used the expression; and none of them seems to have the slightest doubt that he meant the administration in alternation of two or more remedies. I may mention the names of Griesselich, Constantine Hering, Gross, Rummel, Hartmann, Aegidi, Hirsch, and others, all of whom speak favourably of the alternation of medicines in certain cases, and all of whom comment on the undeniable fact that Hahnemann occasionally recommended and employed this practice.

I may here mention the places where Hahnemann does this. The first three editions of the *Organon* have the following paragraph:—

"It is only in some cases of old chronic diseases, not subject to any important change, which present certain fixed fundamental symptoms, that sometimes almost equally homeopathically suitable remedies may be employed *alternately* with advantage" (first edition, section 145). In the same three editions of the *Organon* we find the following paragraph: "When a thoroughly suitable specific (homeopathic) remedy cannot at once be found, on account of the deficiency of medicines whose pure effects have been ascertained, there will usually be one or two next best medicines for the characteristic original symptoms of the disease, one or other of which—according to the morbid state in each case—may be useful as an intercurrent remedy, so that its administration in *alternation* with the chief medicine promotes the recovery much more palpably than giving *only* the chief medicine, most, though still imperfectly, suited amongst all those we possess, two or three times in succession" (first edition, section 211).

In an article on *Cholera*, in the *Archiv f. d. Hom. Heilk.*, vol. xi. pt. 1, p. 126 (trans. in *Lesser Writings*, p. 847), Hahnemann says that in a typhoid state, with delirium sometimes following cholera, *Bryonia* 30 *alternately* with and *Rhus tox.* 30 proves very serviceable.

In a communication to the first volume of the *Bibliothèque*

Homeopathique, Hahnemann recommends for the second stage of cholera *Cuprum alternately* with *Veratrum*, and he also advises these two remedies *in alternation* from week to week as a preventive of the disease.

In his *Examination of the Sources of the Ordinary Materia Medica* prefixed to the third volume of the second edition of the *R. A. M. L.*, 1825, p. 57, note (v. my translation of the *M. M. P.*, vol. ii. p. 28). By the way, I may state here that I alone am responsible for this translation, and that Dr. Hughes had nothing to do with it except looking over the proof sheets, supplying some notes on Hahnemann's quotations and suggesting some emendations in the phraseology of the text, so that Dr. Leach's expression, "translated by Hughes and Dudgeon" is incorrect. He is equally wrong in coupling Dr. Marcy's name with mine in the translation of the *Lesser Writings*—of which he does not seem to have the English, but only the pirated American edition—and Dr. Hughes's name with Tafel's in the translation of the *Chronic Diseases*. Hahnemann in this essay says that he found the remedy for purpura miliaris was *Aconite* occasionally *alternated* with *Coffea cruda*, and that he discovered that *Spongia tosta* and *Hepar sulphuris*, given *alternately*, cure croup.

In the second and third editions of the *Organon* (note to par. 180) Hahnemann says: "Only in complicated disease, *e.g.*, where, in addition to the venereal chancre disease, the condylomatous, or mayhap the psoric, disease dwells in the body, it is impossible to complete the cure with a single medicine. Here each appropriate homeopathic (specific) remedy for one and the other disease must be employed *alternately*; for the first mentioned complication the best *Mercurial* preparation in *alternation* with the best preparation of *Sulphur*, until both are cured."

In the *Chronische Krankheiten*, vol. i., second edition, 1835, Hahnemann recommends for the condylomatous gonorrhea *Thuja* 30 *alternately* with *Nitric acid* 6 (not 30, as Dr. Leach, or is it Tafel? has it).

In the first volume of the *R. A. M. L.*, third edition, 1830 (see my translation of the *M. M. P.*, vol. i. p. 200), Hahnemann says that all cases of the red miliary (purpura miliaris) might be cured by the *alternate* administration of *Aconite* 30 and *Coffea cruda* 3.

In the first volume of the *Chr. Kr.*, second edition, 1835, at p. 165, note, Hahnemann says that intermittent fever must sometimes be treated with *Ipec.* *alternated* with *Nux vomica*, sometimes with *Cina* alone or *alternated* with *Capsicum*; *Arnica* alone or *alternated* with *Ipec.*

For an exquisite example of alternation of medicines, with-

out any reference to possible change of symptoms caused by previous remedies, I may refer to Hahnemann's letter to Wislicenus, translated by me and published in THE HOMEOPATHIC WORLD for March of this year.

The above examples from Hahnemann's works have hitherto sufficed to convince Hahnemann's commentators in Germany and other countries that Hahnemann regarded the alternate administration of two or more remedies in acute and chronic diseases as occasionally allowable, and even advisable. Dr. Leach is evidently not a believer in the literal inspiration of the sacred books of homeopathy, but, like some other sectaries in other spheres of faith, interprets the words of the Master in a non-natural sense of his own, and labours hard to show that when Hahnemann advises that medicines should sometimes be given in alternation, he did not mean alternation at all, but something "entirely different"—"in fact its antinym." In another place he says we (the translators) "have given the *literal* transcription (meaning probably *translation*) of such words (*abwechseln*, and so forth) which are indisputably *antinym*s to the same." Well, as I have not the remotest idea of what an "antinym" is, I cannot dispute about it, and must leave Dr. Leach to the undisturbed enjoyment of his discovery that, in translating literally, I have perpetrated an "antinym," which for aught I know may be a *monstrum horrendum, informe, ingens, nulla virtute redemptum a vitiis*. If that is so, I can only say I hope I may be forgiven, as I did not do it on purpose, and will try not to do it again, when I know what it means.

Dr. Leach asserts that Hahnemann "never found such practice (viz., alternating medicines) necessary," in spite of all the instances of alternation he quotes and I have given, and he thinks he has found "an unqualified admonition to the contrary" (meaning, I suppose, a distinct condemnation of the practice of alternating medicines) in section 272 of the *Organon*, which he misquotes by tacking on to the paragraph a footnote which does not form part of the original paragraph. The paragraph is: "In no case is it requisite to administer more than *one single, simple* medicinal substance at one time." This paragraph is the same in all the five editions of the *Organon*. In the fifth and last edition only do we find the note, which runs as follows (I prefer my own translation as being the most *literal*—at the risk of its being pronounced an "antinym" by my censorious critic): "Some homeopaths have made the experiment, in cases where they deemed one remedy suitable for one portion of the symptoms of a case of disease, and a second for another portion, of administering both remedies at the same or almost the same time; but I earnestly deprecate

such a hazardous experiment, which can never be necessary, though it may sometimes seem to be of use"; this paragraph and the note having nothing to do with the practice of alternation of medicines.

The history of the introduction of this note into the last edition of the *Organon* may not be generally known, so the readers of the *Hahnemannian Monthly* may like to hear it. I am enabled to give the true account of the matter, as I have it before me in a letter I received from Dr. Aegidi in June, 1865. In 1832 Dr. Aegidi meeting with some cases in his practice where there was a difficulty in deciding which of two medicines was most indicated, one corresponding more to one portion of the symptoms, another to another portion, resolved to try what a combination of the two medicines, of course in minimal dose, would do. He goes on to say: "I tested the matter in conjunction with my friend Dr. von Bönninghausen, and, after we had obtained a number of results, we communicated them to Hahnemann, who, having convinced himself by his own trials of the reality of the effects, resolved to devote a special paragraph on the subject in the forthcoming fifth edition of his *Organon*. But the protest against this, made at the meeting of the Central Society of Homeopathic Physicians in 1833, as also mine and Bönninghausen's objection on account of the misuse that might be made of the double remedies, induced Hahnemann to say nothing about it. Indeed, the great abuse of double remedies that occurred after my paper in Stapf's *Archiv* in 1834 compelled Hahnemann and myself to protest against them publicly." This, then, was the sole cause of the appearance of the note to section 272 of the fifth edition. It is, in fact, a mild protest against Aegidi's plan of giving homeopathic medicines in combination and has no bearing on the alternation of medicines, which Hahnemann never explicitly condemned, and he would hardly have done so, as he had occasionally recommended and practised it himself.

It is well known that Dr. Arthur Lutze, of Cœthen, published in 1865 an edition of Hahnemann's *Organon* with the suppressed paragraph, which any one may read in the 23rd volume of the *British Journal of Homeopathy*. In the same work, also reproduced in the *B. J. of H.*, Lutze published two letters of Hahnemann to Aegidi, expressing his warm approval of the administration of double remedies and notifying his intention of publishing a paragraph in their favour in the forthcoming edition of his *Organon*. Is it likely that Hahnemann, who was prepared to swallow the camel of Aegidi's double remedies, would strain at the gnat of alternation of medicines?

Theoretically it would doubtless be more in accordance with the strict letter of the homeopathic doctrine and practice to

ascertain what precise alteration, if any, in the symptoms of a case of disease was effected by one medicine or one dose of a medicine before venturing to give another medicine or another dose, but this is a counsel of perfection that it is impossible in the storm and stress of practice to act up to. If we had a patient constantly under our eye we might presumably be able to do it. But this can never be the case in the ordinary routine of a physician's practice. He does not see his patient constantly. Hours, days, weeks, or even months may elapse between each visit, and he has to arrange for the treatment during the time that his patients are out of his sight. Moreover, the diseases are not always simple; often they are very complex; and there are many, as Hahnemann has observed, and as every practitioner knows, where one medicine seems more suited to one set of the symptoms, another to another set. The experienced physician may be credited with the faculty, common to many persons in other walks of life besides medicine, of being able to form "an intelligent anticipation" of what is likely to happen in a given case of acute or chronic disease, therefore it would be perfectly allowable for him to prescribe two or even more medicines in alternation to meet the known complexity or anticipated changes of the disease without forfeiting his claim to be considered a faithful follower of Hahnemann who has shown by precept and example that such a practice is admissible, and indeed occasionally necessary. As it is only by falsely, as I have shown, asserting that our translations of certain passages in Hahnemann's works are erroneous, that Dr. Leach can get up the semblance of a proof that occasionally giving medicines in alternation is opposed to Hahnemann's precepts and example, now that I have shown that Dr. Leach has hopelessly failed in his attempt to convict Hahnemann's translators of mistranslation, I may leave Dr. Leach and his accusations to the judgment of all intelligent and unprejudiced practitioners of homeopathy.

It would, in my opinion, tend greatly to the advantage of homeopathy as a successful mode of practice and help to dispel the prevalent prejudices of the general profession against it, if its partisans would cease to regard its author as the inspired Messiah of a new faith, and his *Organon* as an impregnable evangel of a new *religio medici*. Hahnemann was no infallible prophet, but was, in the scriptural sense, ὁμοιοπαθὴς ἡμῖν—"of like passions with us," and his teachings are not dogmas to be received with unquestioning faith, but opinions which require to be subjected to a searching criticism like those of any other reformer. In our study of his doctrines we may form various opinions as to the value of his practical directions and theoretical views; but we may agree to differ

on these non-essential points while we remain in perfect accord as regards the great therapeutic rule he first showed to be the true and only guide to practice, which he thus expressed in the last edition of the *Organon* : " To cure mildly, rapidly, certainly and permanently, choose, in every case of disease, a medicine which can itself produce an affection similar to that sought to be cured," and for which he adopted the old formula, *similia similibus curentur*—let likes be treated by likes.

REVIEWS.

CANCER AND CANCER SYMPTOMS.*

DR. COOPER is sometimes a tantalising writer ; and in the brochure before us he does little to soothe our ruffled intelligence. One of the most original therapeutists in our midst, Dr. Cooper cannot be ignored. He provides us with solid therapeutic facts which claim our investigation if his explanations do not command our assent. But he puts his facts in such a form that we are simply bewildered in trying to relate them to our common stock of knowledge and experience. His cures are very fine performances, as we can testify in many instances from personal investigation ; but—what are we to make of all this arborivital doctrine ? We have asked, and asked in vain, to be told wherein arborivital cures differ from homeopathic cures with single doses of medicines in the crude or in attenuations. No answer is as yet forthcoming. Again, Dr. Cooper has himself cured a case of rheumatism with *Cocaine* given on the strength of Magnan's symptom. Was this an arborivital cure ? It was certainly not a cure with a fresh plant tincture. Wherefore we repeat that Dr. Cooper is a tantalising writer.

Putting aside " arborivital " transcendentalism, Dr. Cooper shows in this volume that internal cancers are acted upon, and sometimes curatively acted upon, with great ease by single doses of vegetable medicines in unattenuated forms. This is the teaching, and it is a very

* *Cancer and Cancer Symptoms. Chiefly Arborivital Treatment. With Illustrative Cases.* By Robt. T. Cooper, M.A., M.D. London : C. Marten, 67, Wigmore Street, W. 1899. Paper covers, 2s. net. Cloth boards, 2s. 6d. net.

important one, of Dr. Cooper's cases. As a contribution to the vexed question of dose and repetition it exceeds in value anything we have seen in recent years. It confirms Hahnemann's early practice; but at the same time it shows that there was ample reason for Hahnemann's seeking to modify the power of the doses by attenuation. Dr. Cooper thinks "it is not possible to urge any reasonable objection to the use of these doses in suitable cases." Well, we ask our readers to study carefully Dr. Cooper's cases and the terrible aggravations that some of the doses caused, and they can then judge whether objections might not be raised. Of course in desperate cases, aggravations on the way to cure are insignificant trifles; but in cases of less urgent nature there may be a question whether the aggravation may not be worse than the disease. The new remedies Dr. Cooper introduces are deserving of the closest study, and we commend the whole work to the most careful consideration of the profession. The reader need not, unless he wishes, bother his brains with arborivitalism, but the facts will repay all the attention that may be given them.

LEADERS IN HOMEOPATHIC THERAPEUTICS.*

THIS is a book of the right sort. It is the work of a careful practitioner and an acute observer, who has the faculty of putting into practical shape and homely phraseology the fruits of his long experience and observation. Dr. Nash belongs to that branch of the homeopathic body which numbers among its representatives such names as Hering, Lippe, Dunham, and H. N. Guernsey. Following in their footsteps, he has confirmed their teachings, and in the book before us has provided a series of drug sketches that have seldom been surpassed. One great charm about the book is its spontaneity. It is unacademic to the last degree, and correspondingly vital. There is no order in the book, not even the alphabetical; but this is compensated for by an excellent double index—an index of the remedies and a clinical index. As one

* *Leaders in Homeopathic Therapeutics.* By E. B. Nash, M.D. Philadelphia: Boericke and Tafel. London: Homeopathic Publishing Company, 1899. Cloth, 12s.

remedy suggests another the pictures are drawn and painted, and illustrated from the author's experience. Further, there is no schematic order in the sketches. Dr. Nash begins to paint his pictures at any point which seems to him the most desirable. Hence the work is eminently readable. In a book of this kind, that is precisely what is wanted. For materia medica reference work the schema is an absolute necessity; but in comprehensive descriptive work all hard and fast lines break up the unity of the picture and mar the effect.

Dr. Nash's book may be confidently recommended alike to student and to practitioner. It will put the former in the right way of obtaining a vital acquaintance with the forces he is to handle; and the latter will find in it many a new light thrown on remedies he supposed he knew all about before.

CONSTRUCTION OF HOSPITALS.*

THIS pamphlet is a reprint of the articles (already alluded to in our columns) which appeared in the *Builders' Journal* last year. Whether consumption is to be treated from the standpoint of an infectious disease or not must be left to the mature wisdom of the profession to decide; but as an effort to deal with infectious cases congregated in hospitals Dr. Hayward's views must command a respectful hearing. His preface will explain the scope of his work.

"This essay was written in 1896; read before the Liverpool Architectural Society, September 8, 1898; and published in the *Builders' Journal*, September 23rd and 30th, and December 7, 1898

"It is re-published in response to the request of several friends—medical, architectural, and other—as likely to be of service to those interested in the erection of hospitals or other buildings which require both ventilation and warming.

"It is the outcome of some practical experience, and of several years of thought on the subjects of which it treats.

"In 1857, Government appointed a Commission to 'Inquire into the best modes of Warming and Ventilating the Apartments of

* *The Construction of Hospitals: for Consumption and other Infectious Diseases.* By John W. Hayward, M.D., formerly vice-President Liverpool Architectural Society. Liverpool: Egerton, Small & Co., Wood Street and Fleet Street. Paper, 1s.

Dwelling-houses and Barracks.' This Commission issued its Report in the form of a Blue Book. The late Dr. Drysdale and the present writer, having previously given much thought to the subjects, carefully studied this report together. The writer then read papers on the subjects before the Architectural Society of Liverpool and the Royal Institute of British Architects in London. We then each had a house built—one in the city, the other in the suburb—introducing certain results of our studies. We then wrote a book on the subjects, under the title of *Health and Comfort in House Building*. We afterwards superintended the erection of a hospital, in which the plans of ventilation and warming described in our book were adopted. The writer afterwards had two other houses erected, embodying the same plans; in one of these he has resided since, and has experienced the health and comfort of living in a well-ventilated and warmed house, free from smoky chimneys.

"These personal experiences, aided by a study of Dr. Pridgin Teale's Essay on 'The Principles of Domestic Fireplace Construction,' have enabled the writer to successfully adapt the forces of nature to the ventilation of hospitals and dwelling-houses, and to formulate plans of warming these successfully and economically both by open fires and heated pipes, and of constructing fireplaces and chimneys with a view to efficiency and economy, and for the prevention of smoky chimneys.

"The means for accomplishing these ends are set forth in the present Essay.

"Birkenhead, 1899."

SURGERY OF LIVER AND GALL BLADDER.*

In this twelve-page pamphlet, consisting of an article reprinted from the *Monthly Homeopathic Review*, Mr. Dudley Wright has recorded six cases of great interest bearing on the pathology and treatment of diseases of the liver and gall bladder. With one exception (a case of malignant disease) all ended in recovery. An important point is raised by two of the cases in which the only abnormality discovered was adhesion between the gall bladder and the great omentum, the breaking down of which gave relief from all previous trouble. The question raised is this: Would surgeons recommend and perform abdominal section for this condition could it be ascertained definitely without incision? We must congratulate Mr. Wright on the successful results he has obtained.

* *Cases Illustrating the Surgery of the Liver and Gall Bladder*. By Dudley Wright, F.R.C.S. Eng.; Assistant-Surgeon and Surgeon for Diseases of the Throat and Ear to the London Homeopathic Hospital. London: E. Gould & Son, 59, Moorgate Street, E.C. 1899.

APPOINTMENTS, VACANCIES, REMOVALS. ETC.

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

DR. MOLSON has removed to 10, WALSINGHAM TERRACE, WEST BRIGHTON; and will also attend at 75, Wimpole Street, W., on Tuesdays from 11 a.m. to 1.30 p.m.

Obituary.

DR. ALFRED JOHN POWELL.

WE learn with great regret that Dr. A. J. Powell has passed away. Latterly he had resided at Anerley, S.E., in semi-retirement, after carrying on a large practice in the Borough for many years. He was an excellent practitioner and one who commanded the affection and esteem of both patients and colleagues. Failing health was the cause of his retirement from active practice. He was seventy-two at the time of his death. He took the M.R.C.S. Eng. in 1857, and the M.D. of Erlangen (where he studied for a time) in 1860.

GENERAL CORRESPONDENCE.

"WHAT IS HOMEOPATHY?"

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—The following definitions of the term "Homeopathy," which have during the present week been given by a series of schoolboys, may be of sufficient interest for you to be willing to insert them in your magazine. They show, I think, the deplorable lack of knowledge on the subject which exists. Here are the definitions:—1. Curing

by means of pellets. 2. Curing by means of doses of certain poisons. 3. Druggery. 4. Aversion to mankind. 5. Sympathy between man and man. 6. An illness affecting the joints and spine.

Trusting you will have room for these in one of your succeeding issues,

Yours faithfully,

76, Portsdown Road, W.

F. E. DREW.

June 20, 1899.

VARIETIES.

CAULOPHYLLUM FOR CHLOASMA.—Dr. M. E. Douglass relates a case in which *Caulophyllum* (3x), given for chloasma, not only removed the spots, but rendered the periods painless, whereas hitherto the patient had suffered much at every recurrence of them.—*Amer. Med. Monthly*, Feb.—*J.B.H.S.*

HYDROGEN PEROXIDE AS ANTIDOTE TO CYANIDE-POISONING,—Dr. J. Loevy, of Johannesburg, writes to the *Journal of the Chemical and Metallurgical Society* regarding the comparative rarity of poisoning with potassium cyanide in gold-mining works in the Transvaal, and calls attention to the importance of Kobert's observation that cyanide fatalities are due to the hydrocyanic acid depriving the red blood-corpuscles of their power to carry oxygen—a theory which Dr. Loevy confirms from personal experience, as in September, 1894, he was himself almost a victim of cyanide poisoning. Practical experience shows that subcutaneous injection of 2-per-cent. solution of peroxide of hydrogen is an almost infallible means of counteracting this effect of cyanide, provided the injection is made immediately or very shortly after the introduction of the poison. Lately several cases have been reported in Germany where lives have been saved by this method of treating cyanide poisoning. Dr. Loevy, therefore, recommends that wherever cyanide plant is in use there should be at hand a quantity of pure peroxide of hydrogen, distilled water, and a hypodermic syringe should be kept in every cyanide plant, and all workmen on the plant should be made acquainted with the method of preparing a solution of the required strength, and of injecting it subcutaneously. Dr. Loevy recommends pure hydrogen peroxide, and although this is obtainable it is expensive, and we fancy the commercial solution 10 vols. would do quite as well.—*Chemist and Druggist*.

BIRD SURGERY.—The interesting account in your March issue of "Surgery among Birds," recalls an instance reported by the writer several years ago, but it may, perhaps, be worth repeating. A farmer living in Breckville, O., some fifty years ago, was a close observer and enthusiastic lover of animals. One summer's day, upon going into his barn, he espied a swallow's nest. Climbing up to the nest, he found in it two young swallows, one of which was more fully fledged, and larger than the other. Taking up the feebler bird, he was

surprised to find one of its legs carefully wrapped with horse hairs. Upon gently removing the hair, he was astonished to find the leg broken. Replacing the fledgling in its nest, he awaited further developments. The next day he again found the leg carefully wrapped as before. A few days afterwards he observed that the hairs were being gradually removed. (The attending surgeons in this case were of course, supposed to be the parent-birds doing their skilful work "on the sly.") Finally, the hair bandage having been all removed, the farmer found the bone perfectly united by a firm callus, and the happy family flew away.—*Med. Times* (New York).

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

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MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Bilbroth** (Dr. H.). *The Care of the Sick, at Home and in the Hospital: A Handbook for Families and for Nurses.* Translated by Special Authority of the Author by J. Bentall Endean. With Portrait and 54 Illustrations. 6th ed., Revised and Enlarged. Cr. 8vo, pp. 334. (Simpkin. 2s. 6d.)
- Bramwell** (Byrom). *Anæmia and Some of the Diseases of the Blood-Forming Organs and Ductless Glands.* Roy. 8vo, pp. 454. (Simpkin. 12s. 6d.)
- Donders** (F. C.). *An Essay on the Nature and the Consequences of Anomalies of Refraction.* Revised and Edited by Charles A. Oliver. With Portrait and other Illustrations. 8vo, pp. 82. (Kimpton. Net, 6s.)
- Harrison** (Reginald). *Selected Papers on Stone, Prostrate and other Urinary Disorders.* 8vo, pp. 196. (Churchill. 5s.)
- Kent**, J. T. (M.D.). *Repertory of the Homeopathic Materia Medica.* Imp. 8vo. Half Mor., pp. 1347. (Homeopathic Publishing Co. Net, £7.)
- Kingscote** (Ernest). *Asthma: Recent Developments in its Treatment. With Coloured Frontispiece and Illustrations.* 8vo, pp. 196. (H. J. Glaisher. Net, 5s.)
- Muir** (Robert) and **Ritchie** (James). *Manual of Bacteriology.* 2nd ed. With 126 Illustrations. Cr. 8vo, pp. 584. (Pentland. 12s. 6d.)
- Newman** (George). *Bacteria: Especially as they are Related to the Economy of Nature, to Industrial Processes, and to the Public Health.* With 15 Micro-Photographs of Actual Organisms taken expressly for this Work by E. J. Spitta: 9 kindly lent by the Scientific Press, Ltd., and over 70 other Illustrations. 8vo, pp. 376. (J. Murray. 6s.)
- Roosa** (D. B. St. John). *Defective Eyesight: The Principles of its Relief by Glasses.* Cr. 8vo. (Macmillan. Net, 4s. 6d.)
- Ruddock** (E. Harris.). *The Homeopathic Vade Mecum of Modern Medicine and Surgery.* New and revised ed. Cr. 8vo, pp. 908. (Homeopathic Publishing Co. 5s.)
- Schussler**: *The Twelve Tissue Remedies of, Comprising the Theory Therapeutic application, Materia Medica, and a Complete Repertory of these Remedies by Wm. Boericke, M.D., and W. A. Dewey, M.D. 4th ed. Revised and Enlarged.* Fcap. 8vo. Cloth, pp. 424. (Homeopathic Publishing Company. Net, 12s. 6d.)
- Stengel** (Alfred). *A Text-Book of Pathology.* 8vo. (Rebman. 22s. 6d.)
- Wide** (Anders). *Hand-Book of Medical Gymnastics.* With a Frontispiece and 92 Illustrations in the Text. 8vo, pp. 382. (Low. 10s. 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.

Mr. F. Kopp, Greenwich, N.S.W.—Mr. R. H. Bellairs, Oxford.—J. L. T.—Mr. Drew, London.—Dr. Dudgeon, London.—Dr. Cooper, London.

BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Chemist and Druggist.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidskrift.—Gaz. Med. de Paris.—La Homeopatia.—Critique.—Clinique.—Minn. Hom. Mag.—N. A. J. of Hom.—Mind.—Amer. Med. Monthly.—Hom. Recorder.—Hahn. Monthly.—Pacific Coast J. of Hom.—Vacc. Inquirer.—Rev. H. Belge.—

H. Maandblad.—Amer. Homeo.—Hom. Envoy.—Reformador.—Archiv. f. H.—Il. Secolo Om.—Rev. Hom. Française.—Pub. Health Journal.—Hom. News.—J. of Orif. Surgery.—Tasmanian Hom. J.—New Eng. Med. Gaz.—Kentish Observer.—Office Treatment of Hæmorrhoids, by Eugene F. Hoyt, M.D.—Twelve Tissue Remedies of Schüssler, by Drs. Boericke and Dewey. 4th Ed.—Cancer and Cancer Symptoms, by Dr. Cooper.

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THE HOMEOPATHIC WORLD.

AUGUST 1, 1899.

ALTERNATION.

IN our last issue we copied from the *Hahnemannian Monthly* an article by Dr. DUDGEON entitled "Hahnemann and the Alternation of Medicines." In this article, which contains a good deal of information not generally known, Dr. DUDGEON, with his usual force and clearness, puts the *historical* aspect of the question in such a light that little more need be said about it. The only thing that remains to be settled is the wisdom or otherwise of the practice itself.

And, after all, that is the only thing that need give us any concern. We have no sympathy with idolatry of any kind, be the idol man or book. HAHNEMANN is great because the principles he established and fought for are true: some people are apt to think that homeopathy is true because HAHNEMANN preached it and wrote of it in the *Organon*. Therefore, though it is interesting from an historical point of view to know whether HAHNEMANN ever practised or sanctioned the alternation of remedies, it is to us vastly more important to know how far it is possible to follow the practice with benefit to our patients and advantage to our own development in therapeutic power.

Once again we must utter a warning against being led astray by a word. There is alternation and alternation. It is one thing for a master to alternate remedies when he knows accurately their powers and how they are related the one to the other; and it is quite another

thing for a humdrum homeopath to alternate two or three remedies because he does not know just what any one of them is capable of doing. The practitioner who is content with this kind of practice, who *habitually alternates* on the strength of a smattering of knowledge, picked up from elementary text-books, and who scorns to consult a repertory or a materia medica, has set the limits to his own progress and will never know a single drug as he ought to know it, or understand the therapeutic power that homeopathy contains for those who are ready to dig its treasures out.

Alternation in the latter sense is altogether different from the occasional interpolation of a dose of *Carbo Veg.* when a course of *Lycopodium* is being given, because *Carbo* intensifies the curative power of *Lyc.*; or the interpelation of a dose of *Sulphur* when an indicated remedy appears to be losing its effect, and when *Sulphur* has a relation to the case. The question of the relations between remedies is a most important one and as yet but slightly worked out. There is here a large field open for the investigation of able and ardent homeopaths, but the routine alternationists will never make any discoveries in it. It is only those who know each remedy in its individuality who can find out in what way it is related to other individualities of the materia medica.

Nowadays we like to have all our drudgery done for us, more especially the drudgery of brain-work. Unfortunately there is as yet no department at "Blankley's" or "The Stores" devoted to "the taking of the case," or "the finding of the simillimum." The only thing that remains therefore for us homeopaths is, to do the work ourselves. And if we follow as accurately as we can the spirit of the directions given in HAHNEMANN'S *Organon* (which we can do without idolatry, or any surrender of our individual intelligence) we shall possibly find the work make a demand on our brains, but we shall have the satisfaction of curing a good percentage of our patients, and of making real progress in our art.

NEWS AND NOTES.

HAHNEMANN'S TREATMENT OF SCOLIOSIS.

EXTRACT of a letter from Hahnemann to Dr. Loewe of Prague: "With regard to the girl affected with curvature of the spine, I would not advise the employment of machines which, as far as I am acquainted with them, are very far from fulfilling their object, on the contrary they are rather injurious; and as, moreover, the softening of the bones, which is the cause of the scoliosis, is a purely psoric disease you would do best, after giving tinct. sulph. $\infty \infty \infty$, to give first calc., then acid. phosph., then baryta and phosph. and silica. At the same time she may walk in the open air and hang by both hands from a pole fixed at a proper height in a horizontal position and swing backwards and forwards for some minutes several times a day. You must direct her to abstain from coffee, tea, and vegetable acids. Stroking the crooked parts with mesmeric hands has often done good *alone* you should at all events employ it as an auxiliary.

"Farewell, and believe me to remain yours truly,

"S. HAHNEMANN.

"Coethen, 23rd Sept., 1831.

"A friend of mine has cured a severe case of curvature of the bones with rhus toxic. I therefore advise you to try this first, more especially as rhus is probably an antipsoric."

CHEAP HOMEOPATHIC MEDICINES.

FOR some weeks past there has been an instructive correspondence in the *Chemist and Druggist* on the subject of "cutting" in the homeopathic medicine trade. The editor of the *Chemist and Druggist* (June 24th) refers to the matter in the following terms:—

"THE HOMEOPATHIC-MEDICINE TRADE.

"From information which has reached us we learn that competition in the wholesale homeopathic-medicine trade has reached a point which can only be described as demoralisation. The business is a comparatively small one, and we presume of late years it has not been growing to any considerable extent. But there is, of course, a demand

all over the country, and indeed all over the world, for homeopathic medicines, and a number of firms must have made good profits out of them in the past. Latterly, however, two or three manufacturers seem to have been striving to acquire a lion's share of the supply, with the result we have suggested. Not so many years ago the so-called shilling bottles of tinctures and pilules were supplied wholesale at 5s. per dozen, and the retail price came down to 7d. in many establishments. Exactly when the fierce wholesale cutting began, or who was responsible for it, we cannot say. What we have learned is that the responsibility lies between two houses, Messrs. Watson and Wates and Messrs. Ashton and Parsons. These firms have been quoting for some time 3s., 2s. 9d., or 2s. 6d. per dozen nominally. So far there was nothing illegitimate in their competition, nor any conduct to which the keenest casuist could take objection. But what is alleged by our correspondents, and what we have ascertained to be the fact, is that both houses have quoted, and have sold to retailers whom they could not otherwise secure as customers, prices falling from 2s. to 1s. 6d., then to 1s. 3d., and in some cases to 1s. per dozen, while they still charged their quoted prices to customers who offered no complaint. It is the obvious unfairness of such a system which compels us to intervene. We are assured by both the firms alluded to that at the lower prices named they are selling at a loss, and we quite believe it. That, however, is their business. The business of the retail chemist is to take care that he is charged no more than his rival in, perhaps, the same street. Probably this note will bring about a more wholesome state of affairs; but so long as the present conditions exist we are bound to advise our subscribers to offer the lowest named prices and to pay no more for the same articles. Letters on this subject appear in our correspondence section."

"Demoralisation" is the only word to describe this state of things. It is impossible to have homeopathic medicines cheap and at the same time good. The expense is not so much in the materials as in the character, honesty, and scrupulous care of those who are employed to select, prepare, and dispense them. If patients are not willing to pay for these, they deserve all they get or fail to get by purchasing a medicine because it is cheap. We know of one case in which a patient, who was a principal in one of the great emporiums, purchased his homeopathic medicines at the drug department of his stores. He found he never got any good out of them. Prescriptions made up there never worked. His medical man discovered what he was doing, showed him the error of his ways, and sent him to a homeopathic chemist of standing, when there was a different tale to tell. Cheap homeopathic medicines are very dear at the price.

WHAT MEDICAL EDUCATION IS COMING TO.

THE following letter appeared in the *British Medical Journal* of July 8th. We reproduce it for its eloquent commentary on the so-called "medical" education of the present day, which teaches all kinds of things to ingenuous youth, and principally "how not to cure." If a builder were taught his business in the same way that a doctor is taught his, he would, when he took his degree, know a great deal about geology, geometry, trigonometry, chemistry, and possibly astronomy and the classics, but he certainly would not know how to place one brick squarely on another. A fifth year has recently been added to the medical curriculum. Very soon we may have a sixth added by the demands of bacteriology. The longer the course of study the less chance will there be for any therapeutic instinct the student may have had at starting to survive the ordeal.

"THE GENERAL MEDICAL COUNCIL AND GENERAL PRACTITIONERS.

"SIR,—It is somewhat late in the day to point out the inconvenience which has been caused to the general practitioner by the action of the General Medical Council in the abrupt abolition of unqualified assistants. In my opinion the General Medical Council is composed of gentlemen who are ignorant of the requirements of the general practitioner. They declared it infamous conduct to employ a much-needed individual, the unqualified assistant, before the supply of that which was to take his place—namely, the qualified assistant—was sufficient to meet the demand, and, I will go so far as to say, was equal to the practical standard of the unqualified assistant.

"I may say that I employed qualified assistants only, years before the General Medical Council ruled the employment of unqualified men as infamous. But at that time I could obtain the services of a qualified man who knew his work and could be trusted, whereas now, it is almost impossible to get an assistant, and when one is engaged, the principal has not only to pay him, but has to teach him nearly the whole of his practical work, and has, moreover, to allow him the privilege of learning his profession at the expense of his own private patients—a process by no means appreciated by the latter. I have had both qualified and unqualified assistants, and I have no hesitation in saying that, comparing the two, it is greatly to the disadvantage of the present recently qualified individual. Yet even the supply of the latter—almost useless at first except as a stop-gap—is exceedingly limited.

"I have advertised for an indoor qualified assistant (no book-keeping, no dispensing, no clubs, and at a fair salary) without receiving one single application. I have written to the best medical agents in London and the provinces, their reply being in all cases that they have not one single qualified assistant on their lists. Yet the General

Medical Council says that the general practitioner is to employ only a qualified man. Let the members of the General Medical Council communicate with the agents themselves, and they can easily find out whether my statement is true or not. The truth is, the demand for *locum tenens* and assistants far exceeds the supply, and the state of affairs is daily getting worse. Of the last assistants I have had, two tried to put on the midwifery forceps with the concavity towards the sacrum, one did not know what was the matter with a man suffering from an ordinary attack of hemorrhoids, whilst another who came to me as a *locum tenens*, in dispensing a mixture, tried to measure 3j of solution of *Sodii bicarb.* in the small scales by means of a 3ij weight, but was finally nonplussed because he could not get the fluid out of the scale pan into the bottle. These statements may seem preposterous; nevertheless they are perfectly true, and are, as facts, preposterous. The old apprenticeship days were overstrained, but at least, when a man had passed his final, he was able to visit, attend midwifery, and dispense, which is more than many can do nowadays, either with satisfaction to the principal or safety to the patient. I should like the advice of the General Medical Council as to what course the general practitioner is to adopt who is not allowed to employ a practical and able unqualified man, and who, although quite ready to follow regulations as to a qualified assistant, is unable to obtain one. Considering that the Council is the power which adjudicates as regards practitioners and assistants, it is, I think, its duty to consider the best means of rectifying the present absolutely intolerable state of affairs which, I should think, exists in no other profession than the medical. I enclose my card. I am, &c.,

"June 27th.

"GENERAL PRACTITIONER."

THE "KISSING" BUG.

THE latest American invention appears to be the "kissing" bug. The *Chronicle* of July 7th contained the following account cabled by Laffan:—

"NEW YORK, July 6th.

"A pest is now seriously affecting the health of the cities along the Atlantic coast. It is a species of flying beetle which has been dubbed the 'kissing bug.' Many cases are reported daily of people who have been bitten on the lip, and suffer immediately from painful swelling which is ascribed to bacteria from the bug's beak. Several serious cases of such swellings are now being treated in the hospitals. The first death from the effects of this bite occurred at Philadelphia yesterday, when a six-year old boy succumbed to blood-poisoning."

This terribly up-to-date insect must have been taking lessons in some Pasteur Institute.

THE BACTERIOLOGIST'S LAMENT.

I AM a firm believer in
The science of bacteriology.
To tell its horrors I'll begin,
And this I hope needs no apology.

I dare not drink a cooling vase
Of water, for I know 'twill dose us
With horrible microbes, such as
Bacillus coli and typhosus.

To quaff a cup fresh from the cow
Of milk I know would be too silly,
For all the experts tell us how
It harbours tubercle bacilli.

The fruit I used to think so nice
Has lost its flavour once so charming,
I'll eat it not at any price,
I know now with microbes it's swarming.

I dare not give myself the treat
To kiss my girl—except by proxy,
For that mouth I once thought so sweet
I'm told abounds in lethal cocci.

My beard, of which I was so vain,
I'll have to shave one of these days,
For beards bacteria contain
Enough to poison ten cobayes.

Milk, water, fruit, till boiled, I must
For ever from me put away;
My sweetheart's mouth I dare not trust
Till sterilized by Lister's spray.

Bacteriology has made
The terrors of existence great,
But has done naught, I am afraid,
Those of diseases to abate.

ORIGINAL COMMUNICATIONS.

THE HOMEOPATHIC CONGRESS OF 1899.

SOME IMPRESSIONS OF IT BY A JUNIOR.

I AM young in homeopathy, and youth is always ardent, and there is a feeling of elation when, having in fear and trepidation tried a perscription or two with success, one finds at last some rule to go by. Later come disappointments, more especially when extra trouble has been taken to find the similimum; then it seems that the more one thinks one has got it the more it seems to miss the mark. When one has had a series of cases of this sort doubts arise, and then when the old medical chaos seems closing around again, a case crops up perhaps where, having tried several shots and missed, you try once more, hit the mark, and feel again that your principles are founded on a rock; medical ostracism seems a small thing and one feels only pity for our opponents.

The failure to cure is put down to your own shortcomings, and you resolve to do better in the future and do your best to conquer this subject which the more it is investigated the harder it seems to become.

In such a spirit the resolution is made to attend the Homeopathic Congress and see what more can be learned from its leading lights. Accordingly I repaired to Leicester in the hopes that I should come back a more enlightened homeopath and my patients would benefit thereby. I am sorry to say my expectations were not realised. There was a deal of talking and several papers were read, but there was very little about homeopathy.

The President opened the Congress by reading his address on the "Effects of Modern Therapeutic Researches upon the Position of Homeopathy." He reviewed the work of our opponents and showed that if they went on discovering as they were doing they would shortly discover homeopathy. But, although he showed that surgery had made great advances and even medicine (orthodox) had made some advances and was approximating to our methods, he did not show that homeopathy had made any advances in perfecting itself during the last hundred years.

I hope my readers (if I should have any) will not imagine

I am disparaging the address, which was very interesting, and showed that the author kept himself well informed in the current allopathic literature, but I do complain that there was not enough homeopathy in it.

After we had paid toll we listened to a very long dissertation on the menopause, which was very instructive in its way, but contained even less homeopathy than the address. One of its chief features was the exhibition of a number of sphygmograms taken with a Dudgeon sphygmograph, which tracings the genial inventor afterwards said (and surely he ought to know) were those of fairly normal pulses.

Later on we had a paper from Dr. Hayward, of Liverpool, which was mainly eulogising Hughes' *Repertory* and giving us directions as to how we were to use it, which he afterwards told us we should find in the preface. The discussion which followed drew forth some curious opinions, one gentleman boldly saying that a repertory was the last thing he would use; he trusted more to diagnosis, and having diagnosed the disease properly a look through Hughes' *Pharmacodynamics* was all that was necessary. I certainly came to the Congress thinking the diagnosis of the remedy was the main thing, and that Hahnemann said "there were no diseases, only patients." I also thought that if diagnosing diseases was the main thing our allopathic friends ought not to be so far behind us as they are, for no one can say that they are not clever in this respect.

The next paper, and the last, was a paper on surgery, and here again the author was evidently on the side of surgery, and we heard very little about his homeopathic experience with the diseases he mentioned—appendicitis, for instance. I have treated a good number since I became a homeopath, and not one has required operation as yet, though if there were many relapses I should be obliged to resort to surgery. Then, again, tumours were mostly to be cut out. One gentleman advised a month's treatment for a thing which had certainly been months growing. Another gentleman spoke of a growth on the eyelid which had been treated homeopathically for *three years* and was bigger. He spoke indignantly as if it should have been cut off long since. Whereas it is certainly a question whether, if the growth had been removed at the end of a month's treatment, the patient

would have been alive now. To cut off is easy, to cure is hard. No one seemed to think that surgery is a confession of weakness, and that tumours, enlarged tonsils, adenoids, and the like, are derangements of the constitution and can be cured if we follow Hahnemann's guidance. One gentleman quoted the *Organon* apologetically, and said he was not often guilty of doing so and smiled around as if he had said something clever. What should we think of a parson who got up in the pulpit and made excuses for quoting the Bible?

And here again I protest that I am not disparaging surgery. In fact I have a decided preference for practising surgery myself. I am proud of the surgeons attached to the London Homeopathic Hospital, and I believe they are quite in the first flight of the surgical steeplechase. But there is no doubt there are equally as good surgeons amongst our opponents.

It is in medicine that we excel, and so much so that I feel that, although I am the least among homeopaths, my cases would compare favourably with the most fashionable allopath in the kingdom, provided that he did not prescribe according to our rule without saying anything about it. But we must not rest on our oars as we appear to be doing, and let ourselves be caught. We must go on, and go on too in the way the great master pointed out. We need not be afraid we shall be left behind by the allopaths, they will have to go over our ground in the end. We must go on proving, proving, proving. We need not bother about serum toxins except to prove them. Let us go on pegging away at our speciality and improving it so that it must be accepted by the profession at large. We do not want a teaching school, we have quite enough already, and better ones than we could ever have if only homeopathy were taught in them. We do not want to separate ourselves any further from our profession; but we want to be united again in one body, and we can only do this by making the truth of our principles so plain that they must be accepted by every thinking man. Some will say they are so already, but I say No! The disappointments are many in spite of every effort to be accurate, and yet there is no need for this. More drugs proved, better provings, new drug symptoms and signs discovered, and we shall be even more successful than we are already.

But surely there is some encouragement to be derived from the Congress. I heard that not so very long ago there were only four members of the British Homeopathic Society, but there was a goodly show this year in spite of many absentees. Some of us have perhaps worked up a practice. At first patients are few and far between. Then one goes on for a time, perhaps several years, always increasing though slowly. Then a turning-point comes and the number of patients and the income go up in leaps and bounds. So let it be with homeopathy.

SECALE CORNUTUM IN DIABETES MELLITUS.

By DR. SARAT CHANDRA GHOSH.

BABU RAM CHARAN BOSE had been suffering from diabetes mellitus for the last five years. He came to me on January 14, 1898. During the last eight months he had been passing large quantities of urine, and had a frequent desire to micturate. The bowels were constipated, the tongue was enveloped with a white fur and insatiable thirst was present. The evening temperature was found to be 102·2 and the skin was very dry. I prescribed *Secale C.* 6x.

January 15th. Felt well; had a comfortable sleep; passed one stool, pale in colour; passed a large quantity of urine; specific gravity 1040; much sugar.

January 17th. Total amount of urine voided in previous twenty-four hours, 80 ounces; sp. gr., 1038; sugar still great.

January 30th. Total amount of urine passed in 24 hours, 60 ounces; specific gravity, 1028; sugar—a trace.

February 8th. Amount of urine, 50 ounces; specific gravity, 1020; no sugar.

February 15th. Amount of urine, 45 ounces; sp. gr., 1018; no sugar.

February 20th. Amount of urine, 40 ounces; sp. gr., 1014; no sugar.

The patient was cured perfectly by the administration of *Secale Cor.* and is still alive and enjoying sound health. It is my firm conviction that *Secale* will prove an invaluable remedy for diabetes mellitus and diabetes insipidus.

Midnapore, Bengal.

MATERIA MEDICA MISCELLANY.

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

Xanthoxylum, its Action and Use. — W. E. B. in the *Eclectic Medical Journal* says: "In many respects *Xanthoxylum* acts very much like *Belladonna* or *Strychnine*, though it is non-poisonous. In the cases best suited to this drug the circulation is sluggish, the nervous system, both sympathetic and spinal, seems to lack tone; the muscles are relaxed and weak, and hang from the bones like an ill-fitting suit of clothes. The mucous membranes are also pale and relaxed, and do their work poorly. There is usually a hypersecretion because of the relaxation. Because of its stimulating and tonic effect upon the mucous surfaces and the glands connected therewith, *Xanthoxylum* is the remedy in quite a number of cases of chronic dyspepsia. The mucous membranes lose their laxness, a healthy flow of saliva and other fluids is promoted, and distress and disease both disappear.

This same stimulating effect of prickly ash makes it an excellent remedy in many cases of flatulent colic. Indeed, in any disease in which there is more or less tympanites, it should not be forgotten. Next to *Colocynth* in very small doses, no other remedy is prescribed for flatulency so frequently as is *Xanthoxylum*. We have many, many times been delighted with its action when this condition prevails, as it often does, in typhoid fever. We have never seen any bad effects from the administration of the drug.

Under the conditions described *Xanthoxylum* is of very great worth in cholera morbus, choleraic diarrhea, and dysentery, especially so when there is both flatulence and great tenesmus; and in the experience of some of the old men of our school, in the treatment of genuine Asiatic cholera prickly ash has but few if any rivals. We are quite sure that personally we prefer it as a remedy in any of these diseases, when the characteristic depression exists, to any of the opiates. It is by far the safer remedy.

In the nervous depression that accompanies or is the cause of certain cases of neuralgia, of dysmenorrhea, of amenorrhea, or of chronic rheumatic pains, *Xanthoxylum* is very efficient. When used either locally or internally, or both, it is a sovereign balm in certain cases of tooth-

ache. It is as useful in many cases of chronic throat and laryngeal affections.

Prickly ash should not be forgotten in many of those old cases of liver trouble that seem to withstand the onslaught of everything. Select your case and try *Xanthoxylum*. Frequently jaundice due to catarrh of the bile ducts yields readily to this remedy. The fathers had faith in prickly ash, not only in chronic hepatic troubles, but they praised and prescribed it in the treatment of scrofula and of syphilis. They made it a companion remedy of stillingia, yellow dock, phytolacca, and the various salts of potassium.

The dose of the specific medicine is from five to thirty drops. Smaller doses do not produce beneficent results.—*Am. Hom.*

Euphrasia in Prostatic Troubles.—Ames, of Rockland, Ohio, reports a case in which *Euphrasia* 3x was given to a man, aged 79, for lachrymation and sneezing. Later he reported that for a number of years he had been compelled to urinate frequently at night, but that since taking the medicine he had been greatly relieved. While *Euphrasia* is not known to be a prostatic remedy, the writer resolved to experiment with it in a similar case, and the results were favourable. Two years later the first case suffered a return of the trouble, and was again promptly relieved by *Euphrasia*.—*Med. Century*.

Asparagin in Cardiac Disease with Arythmia.—The following case is reported from Turin Homeopathic Hospital and Dispensary. Patient, 40, rather corpulent, of pretty regular menstruation, had suffered from two arthritic attacks. After the second there was considerable edematous swelling of the lower limbs. She had used numerous diuretics, as also copious doses of *Natrum Salicylicum*, and during this the cardiac trouble had developed. The pulse was intermittent every third beat, there was a mitral bruit, snoring respiration, dyspnea so that she had to lie with her chest elevated, specially at night; but even this did not remove long-continued spells of coughing accompanied by expectoration of tough mucus and vomiting. She also had violent palpitation on any exertion. The urine was scanty, dull, and turbid. *Asparagin* 3x trit. in solution produced decided, striking, and visible improvement in a few days.—*Hom. Recorder*.

Caltha Palustris in Nephritis.—The following case is

reported from the same source by Dr. Bonino. A lymphatic girl of seven years, having a nervous mother and gouty father, had an attack of rubeola. After three days, in consequence, it was said, of a cold, great anasarca developed, accompanied by scanty urine rich in albumen. Dr. Bonino gave *Caltha pal.*, in the pathogenesis of which he found a faithful picture of the sick child, and after repeating the remedy several times in the 3rd and 6th potencies the anasarca passed off and the kidneys returned to their normal state. Two vapour baths a day, given in her own room, also proved useful.

[The provings of this drug actually show a swelling all over the body, extending itself from the face, which is enormously swollen. The swelling is described as white, soft, and doughy. The urine is scanty and deep red. So far as we know, the remedy has hardly ever been used in nephritis accompanied by the above symptoms.—REP.].
—*Hom. Recorder.*

SNAKE-VENOM—ITS ACTION AND EFFECT.

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

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

XII.—THE SERUM ANTIDOTE IN SNAKE-BITE.

IN an earlier portion of this paper I remarked that it had been stated that the medical authorities at the Victorian University, who were experimenting with snake-venom on animals, hoped to solve the question of an effectual antidote in cases of snake-bite by making an animal poison-proof with small doses of snake-venom, constantly repeated and increased, and then extracting the antidote from the blood, to be injected in case of snake-bite—in other words, an application of the ordinary process in calf-lymph vaccination. I may here state that among ancient races snake-charmers always claimed to be immune from the effects of snake-venom, and some (the Ophiogenes, or serpent-race of the Troad, for instance) even claimed to be able to cure snake-bite in others by a mere touch. There is no doubt that in the majority of cases these assertions were false, but, at the same time, there is a vast amount of evidence to show

that in some cases there was genuine immunity from the effects of the snake-venom. These people asserted that their immunity was due to the fact that "serpents' blood" ran in their veins. This was claimed not only by the Ophiogenes mentioned by me above, but is at the present day a claim put forward also by the Nāga tribes of India and the Snake Indians of America. Bosman, in his "Description of the Coast of Guinea" (published in the year 1705), says: "The negroes worshipped snakes as gods. But what is best of all is that these idolatrous snakes do not do the least mischief in the world to mankind; for if by chance in the dark one treads upon them and they bite or sting him, it is not more prejudicial than the sting of millipedes. Wherefore the natives would fain persuade us that it is good to be bitten or stung by these snakes, upon the plea that one is thereby secured and protected from the sting of any poisonous snake." Dr. Stradling, while experimenting with snake-venom, came to the conclusion that a general efficacious antidote for snake-bite could not be found, and he has asserted that he has rendered himself immune against the venom of the rattle-snake by inoculating himself with the venom in the same manner as persons are supposed to be vaccinated against small-pox. The Rev. John Campbell, in 1813, stated that it was "very common among the Hottentots to catch a serpent, squeeze out the poison from under his teeth, and drink it. They say it only makes them a little giddy, and imagine that it preserves them afterwards from receiving any injury from the sting of that reptile." This is said to be also the method practised by the Eisowy, a sect of snake-charmers in Western Barbary, who chew venomous snakes, and whose immunity rested upon the testimony of the late Sir John Drummond Hay and a writer in the *Zeitschrift für Ethnologie*.

SNAKE-VENOM SWALLOWED NOT AN ANTIDOTE.

I may here state that with this supposed method of obtaining immunity—namely, the absorption of the venom into the system through the stomach, or, in other words, swallowing the snake-venom to act as an antidote against the injection of venom, I have no faith, as experiments during the last seven years have fully shown that any one can swallow snake-venom—so long

as he has no sore, wound, crack, or ulcer in his mouth or on his lips. A case was reported to me some time ago in which a man with a hollow tooth undertook to suck the poison from the bite of a person bitten by a venomous snake, with the result that he inoculated himself with the venom through the medium of the tooth. His head swelled to an enormous size, and, in spite of everything that was done to save him, he died.

ANTIVENENE—WHAT IS IT?

A writer in the *Pioneer Mail* (India), in referring to immunity produced by inoculation with *Antivenene*, states that he does not regard the achievement as any really new discovery, being convinced that the traditional immunity claimed to be possessed by the Indian snake-charmers is simply due to the fact that they have frequently been accidentally bitten by cobras, kraits, &c., and, having survived the first attack, have experienced no evil effects from subsequent bites. I may mention here that *Antivenene* is the name applied to the blood serum of an animal which has been rendered immune to snake-venom, used as an antidote for snake-bites.

THE CASE OF THE HINDOO BOY.

The *British Medical Journal* states that a long series of experiments have been carried on with *Antivenene*, and believes that they have been justified by the results obtained in the first case recorded of the use of the new remedy. It is reported that a Hindoo boy accidentally trod on a snake, which bit him on the bare foot. The evidence was practically conclusive that the snake was a krait (*Bungarus cœruleus*), the most dangerous of the smaller snakes after the cobra (*Naja tripudians*). Sergeant-Major Rennie, of Meerut, saw the boy within three minutes of the bite, and at once made a subcutaneous injection of *Antivenene* serum, and washed the wound with a solution of *Permanganate of Potash*, and it is stated that "the patient never had a bad symptom." This has been designated as a triumph for the new treatment. It has been said, however, that, lest one should be unduly elated at what may appear to be a great advance in medical science, it would be well to bear in mind the conclusion come to by Professor Fraser,

namely, that "the leading facts connected with immunisation or protection now being advanced as scientific novelties have apparently been ascertained and practically applied for centuries by savage and uncultured tribes and sects in various parts of the world." I may here add that we have undoubted practical evidence that when a person has been bitten by venomous reptiles more than once, and has recovered each time from the effects of the venom injected by them, the chances are, should that person happen to be again bitten by a venomous reptile, that he will recover.

DR. CALMETTE'S EXPERIMENTS WITH IMMUNITY SERUM.

It is my duty, however, to point out the result of Dr. Calmette's experiments on animals with his Immunity Serum. He declares that the right mode of treating snake-bite has at last been discovered, and, after asserting that the injection of either the *Chloride of Lime*, or the *Hypochlorate*, in small quantities under the skin renders the animal venom-proof, and also that the serum of such animals is an antidote against snake-venom, he says: "Half a c.c. of this serum added to one milligramme of Cobra-venom rendered the latter harmless. Three drops of a solution of the *Chloride of Lime* powder (bleaching powder) are sufficient to destroy in a test-tube the activity of a milligramme of Cobra-venom." He also states that in seven cases of animals a fatal dose of snake-venom was injected, and that, on the "Immunity Serum" being injected, there were six recoveries, or, in other words, a death-rate of 14.28 per cent. It will be seen that the rate of mortality just quoted is even higher than that under the *Strychnine* treatment, which is 13.2 per cent., and that it is a very long way off indeed from the results achieved by the *Ammonia* antidote, with its death-rate of 4.1 per cent., as I have shown in earlier portions of the present paper.

DR. CALMETTE'S CHLORIDE OF GOLD.

It appears that, although Dr. Calmette has spoken so very highly of the antidotal powers of both the *Chloride of Lime* and the Immunity Serum, he evidently does not consider them to be so infallible after all. Judging by

reports circulated and which reached us here in Australia by cable last year, it appears that he is still hunting up and introducing new antidotes for the treatment of snake-bite. The latest of these is *Chloride of Gold*. By the way, it seems to me that Dr. Calmette has a weakness for *Chlorides*, and I would suggest that, as the *Chloride of Lime* antidote has been called the "Calmette treatment," the words "No. 1" should be added thereto, while the *Chloride of Gold* may be termed "Calmette treatment, No. 2." Mr. James S. Bray has informed me that he heard of *Chloride of Gold* as an antidote for snake-bite some years ago, and affirms that Dr. Calmette, instead of discovering a new antidote, has only resurrected it. Mr. Bray has been very busily engaged for some time past in his professional work, which has left him with very little time on his hands to call his own, or else Dr. Calmette (the "blood-poison" theorist) and the world in general would have heard something from him long before this in connection with the alleged discovery by Pasteur's pupil of a new antidote in the form of *Chloride of Gold*. I expect every day to hear that some very interesting experiments have been made with the new antidote on some poor unfortunate dogs or cats, resulting in a death-rate of—well, something similar to that under the *Strychnine* treatment, or, in plainer words, three times as high a mortality as that under *Ammonia*. Time will tell.

IMMUNITY MAY BE PRACTISED AS A FRAUD.

There is no getting away from the fact that immunity may be practised as a fraud—in other words, that a person may declare himself to be immune, and allow himself to be bitten by apparently venomous snakes, without being in the least, so far as toxic symptoms are concerned, inconvenienced or affected by their bites, and that such has been frequently done there is not the slightest doubt. Scientists who understand reptiles in a living state have stated that it is possible, in the short space of half a minute, to render or make any venomous snake innocuous by the aid of a lance; but, to any one who is not conversant by practical research with living reptiles, the living reptile so operated upon would apparently be, to all intents and purposes, as if taken fresh from the wilds

of the bush. Mr. James S. Bray has himself stated to me that he would allow himself to be bitten all day long by the most venomous reptiles, provided that he were allowed to take them first privately into another room, for a few minutes, when he would, by a slight operation, render them comparatively harmless, and he also added that it would be extremely difficult for any person not in the secret to tell that these snakes had in any way been tampered with. Judging by the above, it is not impossible that a good percentage of the apparently astounding cases of immunity claimed by various persons may be explained by the simple facts alluded to above.

THE IMMUNITY SERUM TREATMENT PRACTICALLY YET IN ITS INFANCY.

It may be said that the experiments with *Antivenene* or Immunity Serum are still in their infancy, and that it is hardly fair to judge a new antidote before it has been properly tested. Although I must confess that I have my own opinion in the matter, and am fully satisfied as to how much or how little may be expected from the *Antivenene* treatment as an antidote in snake-bite, I shall at present forbear to make any further remarks, either favourable or otherwise, concerning its merits, but shall now turn the attention of my readers to what has been termed

THE ELECTRIC TREATMENT IN SNAKE-BITE.

In the issue of the Sydney *Evening News*, dated Tuesday, March 1, 1898, there appeared the following interesting paragraph: "A man named Boughton had a narrow escape on Monday morning (28th February). Whilst working in some bush, at the back of the Coffee Palace, he was bitten by a black snake three times on the arm. At first Boughton thought it was a thistle sting, but, on finding the snake, he consulted Dr. Moore, who put him under treatment by electricity with a successful result." The above report, I may state, was sent from Lawson, N.S.W., a small township about fifty-eight miles from Sydney. On reading the above I immediately placed myself in communication with Dr. W. Moore, who turned out to be a devoted disciple of our illustrious master, the immortal Hahnemann. I may state here, for the informa-

tion of my readers, that Mr. Moore's name is well known in New South Wales as that of one who has always unflinchingly, in spite of the persecution meted out to him by the advocates and followers of the old school of treatment, stuck to his colours, and spoken in no mild terms of the unscientific methods adopted by his opponents in their attempts to cure disease. Many a poor sufferer has had cause to bless him for a complete restoration to health through the medium of the simples of homeopathy, after spending well nigh fortunes to no purpose in the vain attempt to gain even relief under the old system of treatment. It is through work done by men like Mr. Moore that the cause of homeopathy is advanced, and that numbers are won over to swell the ranks of those who by bitter experience have found out the folly, uselessness and even danger of attempting to cope with disease by the means of contraries instead of by similars. Dr. Moore, in replying to my request, gave me full permission to make use of any of the statements made by him, but warned me that "the question of over eighteen hundred years ago may at this day be used by medical men—'No prophet ariseth out of Galilee!'" Very true. Statements made by homeopaths are considered unreliable and worthless by the majority of the old-school fraternity.

(To be continued.)

AGUE AND ITS TREATMENT.

By DR. SARAT CHANDRA GHOSE.

DEFINITION.—It is a specific non-contagious fever, which is caused by malaria and characterised by enlargement of the spleen and liver and recurring seizures, each of which is associated with a cold, a hot, and a sweating stage.

CAUSES.—Ague is not at all a contagious disease. It is neither communicated from person to person nor does it spread from a centre. It is undoubtedly an endemic disease, prevailing in certain places which are affected by some poisonous influence. It has been proved by some physicians that neither heat, water, nor decomposing organic matter is alone sufficient for the development of the malarious poison; but the soil must have a certain porous character and a certain degree of saturation of this soil with water, and a certain elevation of temperature must be found to exist for its production. The only general

cause of intermittent fever is koino-miasmata, which are also designated by the terms marsh-miasmata or malaria. Their presence was also marked by the ancient Greek physicians. This baneful malady exercised its influence so severely over the luxuriant fields of Argolis that they were almost devastated. It was thus that it got the personification, which was emblematic, of a many-headed monster. The exact nature of this miasm has not yet been ascertained. No absolute proof has yet been adduced as to whether it is either a gas, or some decomposing organic substance, or a living thing. It is true, however, that heat and moisture are indispensably necessary for its generation. In latitudes where the elevation of the atmospheric temperature is scarcely found to be above 60°, the malady which originates in koino-miasmata comes on very seldom, and it never spreads in an epidemic form. Great exuberance of moisture is not indispensable for the production of miasmata. The ground which is totally submerged under water puts forth but very little of this deleterious effluvium although temperature and other circumstances may be found to be favourable. It has also been verified by experience that a considerable degree of humidity sometimes causes the evolution of miasmata; for marshes, stagnant pools, and the oozy shores of rivers have, in all times and in all climates, been observed to be the most unwholesome portions of the world during the hot seasons. Sudden changes of atmospheric temperature greatly augment the tendency of koino-miasmata to bring forth intermittent fevers. I have seen from experience that intermittents are largely prevalent when the days are very hot and the evenings and mornings very cold and damp. It has been observed by Dr. Richter that worms and other causes of intestinal irritation may also give rise to an attack of intermittent fever. The presence of the endoglobular pigmented and sometimes also non-pigmented variety of the plasmodium in the blood has been unveiled by frequent examinations made at the different stages of intermittent fever. It has been supported by Dr. Ross, Dr. Laveran and others that the blood in the majority of malarial cases does and must present the parasite. Some eminent physicians have also proclaimed that every true type of malarial fever must possess the parasite, and that the failure to discover the presence of the parasite may be ascribed to the want of skill and intelligence on the part of the physicians employed to make a microscopical examination of the blood. The presence of the plasmodium is not detected in the blood of a healthy individual and also in any other disease than malaria. This phenomenon proves to some extent the fact that this protozoon is the specific cause of malaria. Fatigue, exhaustion, mental depression, insufficient or improper

food, intemperance in eating or drinking, and exposure to night-air are known to be the pre-disposing causes of malaria. It seems to be uncontradicted that the residents of malarious localities are found, more or less, to reap the benefit of acclimatisation, and they thus more easily escape from the amenability to ague than the individuals who have newly arrived. I have sometimes seen that chronic malarial infection is a potent agency in the genesis of various affections. That malaria is, for the most part, due to insanitary surroundings I do not question. And that it is due to the breathing in of poisoned air and drinking polluted water is also an unquestionable fact. The striking contrast between the average health of the centres of sanitation and that of a village surrounded on all sides by the poisoned water of fields and ditches cannot but conclusively prove the truth of the statement that malarial fevers proceed from insanitary surroundings. If we study the Sanitary Reports of Bengal for a period of ten years (1883-1892) we shall see that there is a great consensus of opinion on the part of all medical officers serving in malarial districts to the effect that the remedy lies in the improvement of sanitation.

SYMPTOMS.—A great variation of wide limits is frequently perceived in the period of latency of miasmatic ailments. The symptoms, which are characterised by the forming stage of an attack of ague, do not essentially differ from those which generally play the part of a sure harbinger in the development of other types of fever. Lassitude, constant yawning and stretching, a feeling of uneasiness and slight aching pains in the loins and extremities are regarded to constitute the early indications of the approach of the unwelcome guest, ague.

Ague is divided into three following stages :

1. *Cold stage.* This is the first stage. It comes on with slight and transient sensations of cold along the spine. The patient is attacked suddenly or after having experienced for some indefinite period of time the symptoms which have been described to appear in the forming stage. The sensation of chilliness, with more or less rapidity, extends itself over the whole body and rapidly increases until the patient feels and looks as if he were suffering from severe cold. He begins to shiver, the teeth chatter, the nails turn blue, and the whole frame trembles with such violence as to agitate the patient as if he were in a paroxysm of convulsions, and sometimes to leave him so much in an exhausted condition as to be hardly capable of moving his limbs. These tremors are technically named rigors. And, withal, the skin gets dry and is found to assume the appearance known as "goose's skin"; the hands and feet lose their natural temperature and appear shrunken, wrinkled, and slightly benumbed; the pulse loses its activity, and is

small, frequent, and often irregular ; the countenance acquires an anxious expression and dulness of the eyes is seen ; the respirations go on quickly and are sighing ; the thirst is always urgent in this stage, and the mouth and fauces become dry and clammy ; the appetite is lost, and the tongue is white ; headache and pains in the back and limbs are often present ; drowsiness and delirium are sometimes seen ; the urine is pale or red, scanty or copious, and is passed frequently. In many instances frequent and agonising vomiting comes on, which is generally bilious. The duration of the cold stage is associated with great variety, ranging from a few minutes to four or five hours or even more. During the whole of this stage the temperature begins to rise rapidly. If the thermometer be placed in his axilla it will probably denote 104° , 105° , or even 106° . Sooner or later the cold stage begins to subside, transient flashes of heat extend over the face and body, and heat takes the place of chilliness *pari passu*.

2. *Hot stage.* This stage appears with a full and flushed countenance ; the surface of the body becomes intensely hot and dry ; the shrunken and livid surface assumes the normal smoothness and hue of health ; great thirst and dryness of the mouth are present ; the pulse becomes fuller, stronger, and soft ; great pain in the forehead is marked ; the respirations get more rapid and deeper ; the urine is scanty but highly coloured, without any sediment ; mental disorder is not absent, and not unfrequently a slight delirium appears. In this stage a high elevation of the temperature is perceived. This stage continues from one to two hours and sometimes even to four or five hours, but it almost always lasts much longer than the cold stage.

3. *Sweating stage.* The hot stage is followed by the sweating stage. When the perspiration begins to come on a marked lessening of all the febrile complaints ensues. The sweat appears at first about the head and breast, and thence gradually travels over the entire surface of the body and the patient feels the supervention of a general feeling of ease and comfort. Thirst abates ; the temperature rapidly sinks ; the pulse declines in frequency ; appetite comes back ; headache vanishes ; the respirations resume their normal rate ; the urine is still very high-coloured, but deposits a pale-coloured sediment, and generally the patient falls asleep.

The length of this stage is very various, but is frequently shorter than either of the two mentioned above. The gradual diminution of the febrile disorders goes on under the free flow of the perspiration till the paroxysm ends in a state of complete intermission. Considerable variety is marked with the length of the febrile paroxysms. The whole paroxysm may terminate

in an hour or two or may continue to ten or even twelve hours. In some cases the cold stage becomes very short and in others the hot stage may be altogether absent. And not unfrequently the sweating stage is so slight as to be left unnoticed. The following varieties of intermittents are generally seen :—

Inflammatory intermittents. They appear generally during winter and spring. This type of intermittents is commonly found in young, robust, and plethoric subjects, and begins with intense rigors.

Congestive intermittents. They happen very seldom. The individuals who are of an irritable and nervous temperament, and are of exhausted and debilitated habits, are prone to this variety of ague. A very prolonged cold stage is associated with this variety.

Gastric intermittents. They are marked by the prominence of gastric and intestinal irritation and redundancy of biliary secretion. The tongue, in an attack of this variety, is foul and bitter, and great nausea and vomiting are present. Diarrhea comes on, and the urine is loaded with bilious matter. Ague of this variety is prone to give rise to visceral disorders and a cachectic condition of the system.

Malignant intermittents. They appear frequently in warm climates and are always very dangerous. They are marked with colliquative hemorrhages from various parts of the body. They progress swiftly and cause death usually in the third paroxysm. Intermittents are sometimes complicated with other ailments, such as dysentery, dropsy, jaundice, scirrhus tumours, &c. I have generally seen that the enlargement of the spleen is usually found to be associated with ague, and that the total eradication of the disease is not accomplished until the subsidence of the enlargement takes place.

TYPES.—The period which slips between the beginning of one seizure and that of the seizure which appears next in sequence is named the interval.

There are three principal types :—

1. *The quotidian.* It is one which appears daily and has an interval of twenty-four hours.

2. *The tertian.* It has a paroxysm every other day, an interval of forty-eight hours. This should be properly termed "Secundan ague," but those who framed its name inaccurately called it tertian ague.

3. *The quartan.* The febrile paroxysms occur every third day in it, and instead of being called "tertian ague" it has been named "quartan ague."

Moreover, there may be some cases in which the fits occur every fourth, fifth, sixth, seventh, or fifteenth day, or even every year; and in some other instances we find what have

received the designation of double tertians or double quartans. Two simple tertians, in some instances, are seen to occur contemporaneously in the same subject, so that the paroxysms do not recur every other day, but they occur daily. These cases are named double tertians, and they are easily discriminated from quotidians by the fits of the alternate days being similar in relation to the exact time of their appearance, duration, and other features. In the double quartan the patient suffers, as it were, from two series of quartan seizures: the first series of similar paroxysms appear, say, on the first, fourth, and seventh days; while the second series occur on the second, fifth, and eighth days.

The quotidian has febrile paroxysms which generally come on sooner and continue longer than those of the other varieties. The shortest cold stage and the longest paroxysm are marked in the quotidian, but the quartan has the longest interval and the shortest paroxysm. Intermittents are said to be anticipating when the interval shortens, each seizure beginning successively earlier than that which immediately preceded it; and they are said to be postponing when the interval lengthens, the periodical paroxysms getting later and later.

LAWS.—The course of prevailing winds scatter the poison of malaria.

Its advance is stopped by water, rivers, and large running streams. Its progress may be arrested by whatever is capable of obstructing the march of aqueous vapour. A dense forest, a high wall, or a chain of elevated hills, is known to save the inhabitants from its inroad.

Malaria does not rise above the low level, as its poison possesses a greater specific gravity than atmospheric air.

Koino-miasmata are considerably precipitated to the surface of the globe at night, and are, therefore, most dangerous during that time.

CRISIS.—Before I proceed to the treatment I wish to say something regarding crisis. It is a subject to which our Indian physicians of Ayur vedic faith paid great attention. I cannot but dwell upon this subject, although it is but little regarded at the present moment. I have often seen from experience that a natural tendency is found to be prevailing in the operations of the animal economy, whether in a healthy or diseased condition, to certain periodical variations which, under particular circumstances, are notably marked by the manifestations of an obvious revolution in the aggravation and diminution of the morbid actions of the animal system. It was stated by our Indian kavirages that there are certain regular periods in the course of many febrile ailments at which conspicuous changes are found to come on, preceded commonly by a marked

increase of the symptoms, and associated or followed by certain evacuations. These evacuations were almost always found to bring on a perceptible amelioration of the symptoms, and were called *critical*. This tendency to bring about a termination at a certain fixed period is not more generally met with in any kind of fever than in intermittents. If an ague of the quotidian type be allowed to run on and to present a spontaneous end it will always generally appear, if it appear at all, either after the seventh, fourteenth, or twenty-first paroxysm. My experience permits me to say also that if the remedies be administered immediately after the septenary periods, they will obstruct the path of its progress and its tendency to relapse more surely than when given during any of the intervening apyretic periods.

It has been verified by experience that the crisis occurs, with even tenor, on the odd days, calculating from the beginning of the disease.

Nobody of the present day gives any attention to this phenomenon, and the profession has altogether discarded it. But still I cannot help pointing out to the profession the importance of what I have often seen from my humble experience, although the present age brags of the advanced stage of our science. I cannot divest myself of the conviction that there is much truth in this theory, and I request all other physicians to dive deep to the bottom of the subject, so that we may arrive at a definite conclusion.

TREATMENT.—It is very difficult to treat this fever. No homeopathic physician can expect to bring about a happy termination of the malady without sufficient experience and thorough mastery of our materia medica. The whole field of symptoms and syndromes must be hunted up for the appropriate selection of a remedy.

Midnapore is a malarious town. Malaria reigns here supreme. I have treated nearly 450 cases of malaria and have described below only those remedies which have enabled me to achieve success in eradicating this troublesome malady.

Quinine.—*Quinine* is undoubtedly a sovereign remedy in the treatment of ague, if it be given in the infinitesimal doses. We are greatly astonished at the way in which *Quinine* is being administered in all cases of ague, with no care or thought. And the eventual consequence is so very injurious that everybody can easily mark it. By the indiscriminate administration of *Quinine* the appetite is lost, the taste becomes perverted, sleep appears to be dreamful and disturbed, dejection and weariness hang about the patient, and, in short, he is sadly lacking in the glow of health. Ague is by nature a devourer of our blood, and to use quinine / another blood-destroyer, is highly injudicious.

To give *Quinine* to an infant is to poison its life and to pave its way to the grave. It is, however, a painful task for a physician belonging to a profession to cry down a remedy which is regarded by the generality of mankind to have been sent down from heaven for our welfare. Fever is not, in itself, so injurious an enemy to the human kind as the remedy prescribed for it. I cannot rest content until I have made a few remarks on the advisability or otherwise of administering *Quinine* in fevers. It is no doubt a simple (but not a safe) remedy for certain intermittent fevers, as a temporary cure. It is certainly a cure which the patient can take advantage of at the cost of health. It is an article which directly acts as poison on the liver. It is an article which eats up the human blood.

Cinchona, or China. — *China* should be given when the following symptoms are noticed. It is used in the anteponing fevers of any type. Paroxysms are postponing or anticipating, and they last long. Great thirst is seen before the attack, which usually comes on at 5 a.m. or 5 p.m.; is also used in tertian or quartan fevers; canine hunger is present before the attack; chill without thirst appears, which is aggravated by every drink; enlargement of the liver and spleen is present; heat without thirst is also present; copious weakening sweat appears at the end of the febrile heat; apyrexia is marked; the appearance of the patient is anemic and cachectic; watery or bilious diarrhea; the patient wants the fire during chill but warmth does not relieve him.

Dose, 1x, 3x.

Natrum Muraticum. — It occupies a unique place in the treatment of ague. I have derived unexpected success by administering it in some complicated cases.

The seizure of *Natrum M.* comes on at noon from 9 to 11 a.m., and the chill begins in feet or small of back; used in malarial cachexia; great predominance of chill reigns, mostly internal; blindness and unconsciousness during chill are perceived, with great exhaustion after it; heat and sweat, with thirst, are present; drinks large quantities very frequently; vomiting of bile between chill and fever or during heat; pulse is intermittent and gets worse when lying on the left side; apyrexia is never clear; the patient hankers after salt food; profuse perspiration; debility and exhaustion are marked after fever; headache is present in the heat, and at its termination as if beaten with little hammers; fever-blisters or spots on the lips are seen; sallow complexion; and blue nails are present; stitches in liver and spleen; obstinate constipation. It is a grand remedy in those cases which have been abused by *Quinine*, and is used in pernicious fever, with a perfect picture of anemia and fever-blisters.

Dose, 6c, 12c.

Alstonia Constricta.—Its excellence is generally perceived in chronic miasmatic intermittents, often suppressed by *Quinine*; slight headache is present in the hot stage; general debility, and great prostration are marked; cold sweat appears, and often diarrhea.

Dose, ϕ , 1x.

Arsenicum Album.—It is a great antipyretic, and is an excellent remedy in the treatment of ague. Fever may appear at any time it likes. It is very irregular in its appearance, and it is, in short, irregular in type, stage, and periods. One stage especially, the cold, is commonly marked: chill comes on without thirst, and is followed by the hot stage with intense thirst without the presence of any sweat; perspiration is ushered in later on when the complaints are aggravated; chill is lessened by the application of external heat; great intensity of the hot stage is prominently marked; long-lasting, burning, and dry heat is present; the patient feels cold inside but burning hot outside; no thirst during chill, but during heat the patient drinks frequently, and little at a time; cold water is ejected by the patient; perspiration appears on going to sleep and sleep goes off after sweating a little; burning of the whole body is experienced; great debility and restlessness are seen; apyrexia is not generally complete, and is not ever free from symptoms; the liver and spleen are enlarged; dropsical tendency is present, complete anemia and even cancrum oris are mingled with the fever. The above are the true pictures of the fever in which *Arsenic* plays a very prominent part in extirpating it. I have often derived excellent results by its administration.

Dose, 6x, 30, 200.

I wish to write a few lines to show the difference between *Arsenic* and *Natrum*.

ARSENIC A.

1. It is anticipating.
2. Aggravation is perceived in the afternoon or at night.
3. Headache appears in the hot stage, is present in the sweating stage, and continues a few hours more.
4. Thirst is present in both the cold and hot stages, and the patient drinks little at a time; water is expelled by vomiting; the patient drinks large quantities of water in the sweating stage.
5. The lips are bloodless and dry.
6. Great hunger is present.

NATRUM M.

1. It is postponing.
2. Aggravation appears in noon or at daytime.
3. Headache comes on in the cold stage, or is greatly increased in the hot stage, and a partial diminution takes place in the sweating stage.
4. Thirst is present in all stages; the patient drinks large quantities of water very frequently, and thereby experiences much relief and comfort.
5. Fever-blisters are seen on the lips.
6. No hunger is present.

The following lines will show the difference between *Arsenic* and *China* :—

ARSENIC.

1. *Time*.—We should pay particular attention to the time of its appearance. It comes on very irregularly, but generally between 2 p.m. to 4 p.m., or between 12 to 2 a.m. It is anticipating.

2. *Forming stage*.—Thirst is absent and watery diarrhea appears.

3. *Cold stage*.—It is generally marked, but great thirst is present.

4. *Hot stage*.—Insatiable thirst; great intensity of this stage is generally marked; long-lasting, burning heat is present, great restlessness; the patient drinks frequently, but little at a time.

5. *Sweating stage*.—Great thirst for cold water, but water is vomited; sweat is generally absent.

6. *Pulse*.—Small and feeble.

7. *Apyrexia*.—Great debility, bloated abdomen, watery and fetid stools, pale face, great desire to lie down.

CHINA.

1. *Time*.—It comes on between 5 a.m. and 5 p.m. It is either anticipating or postponing.

2. *Forming stage*.—Great thirst appears, great hunger, and palpitation of the heart is present.

3. *Cold stage*.—Chill appears without thirst, hands and feet are seen to be icy-cold; chill is worse from warm applications; thirst is absent in this stage.

4. *Hot stage*.—Delirium supervenes; thirst is absent, but hunger is present; congestive headache appears; desire to uncover, but chilly when uncovered.

5. *Sweating stage*.—Weakening sweat, with great thirst, appears.

6. *Pulse*.—Hard, full, and rapid.

7. *Apyrexia*.—The patient easily perspires, weakening sweat, anemic and cachectic appearance, pain in the region of hypochondria.

Pulsatilla.—It is of great service in ague which is associated with stomachic or bilious complications, whenever a relapse is ushered in by the slightest attack of indigestion; vomiting of phlegm appears at the beginning of the cold stage; thirst is present only during the hot stage; heat and chilliness are sometimes simultaneously present, and they are increased in the afternoon and towards evening; the presence of diarrhea is marked, and the patient is of a mild disposition.

Dose, 6x, 12c.

Bryonia.—It is especially used in the acute stage of malarious fevers—the cases of enlarged liver, complicated with or without jaundice, and with or without the enlargement of the spleen, and noticed to yield to its power. It is also of great utility in constipation, often associated with ague.

Dose, 6x, 30.

Arnica.—It is used in congestive agues. Chill comes on usually in the afternoon or evening; when the patient sweats, the odour is sour and offensive; it antidotes *Quinine* maltreat-

ment; chilly with heat and redness of one cheek; head alone or face alone is hot, and the body cold.

Dose, 3x, 6x.

Apis Mell.—It is used in the quotidian, double quotidian, and tertian types of ague. Chill appears with thirst or none about 3 p.m., and begins in front of chest and runs down back; thirst during cold stage, with burning and oppression of chest, as if he would smother; chill is worse from warmth or in a hot room; skin is dry, burning hot all over and gradually becomes cold in some places and hot in others; headache is more or less intense during hot stage; the sweating stage is either altogether absent or very light; great weakness, soreness, and pain in left side under short ribs, scanty urine, swollen feet, sleeplessness, and urticaria, with stinging sensation, are seen. It is used with great benefit in chronic and mismanaged cases.

Dose, 3x, 6x, 30.

Lachesis.—It is used in those intermittents where periodicity is well marked; is used in quotidian, tertian, quartan, and every two weeks; paroxysms come back yearly, every spring, or after suppression by *Quinine* in the previous autumn; relapses generally occur after taking acids; worse in the afternoon, 2 p.m.; thirst is absent in the cold stage, and chilliness runs up the back to head.

Dose, 12, 30.

Sulphur.—It is used in chronic malarial cachexia with great benefit.

Dose, 30, 200.

Eucalyptus.—I used indiscriminately this medicine last year when a large number of my patients were suffering from intermittent fever. All houses of this town were turned into hospitals. I used this remedy in all types of ague. It is my firm conviction that it will, in time, prove an excellent remedy for ague. The following symptoms were notably marked: Constant tendency to chilliness and fever; the patient was comparatively well for a week or two and then the fever came back; vertigo and giddiness were present in all stages; dull headache; extreme muscular debility was marked after apyrexia; offensive sweat, spleen was enlarged. I also noticed that it could cure dry cough.

Dose 1x, ϕ .

Nux Vomica.—This medicine is very useful. It is used in all types at all times. Chill is very violent; external cold with internal heat or *vice versa*; is used in anticipating morning fever; the irregularity of the paroxysms is marked; great thirst is present during heat; skin, hands, feet, and face are blue during chill, and during heat burning of hands is present and the least uncovering chills the patient; all the pains in

limbs disappear during sweating stage ; gastric and bilious disturbances are present.

Dose, 3x, 6x, 30.

It is not out of place to dwell upon the difference between *Ars.* and *Nux* here. The attacks of *Nux V.* come on in the afternoon or evening, but those of the *Ars.* are very irregular in type, or appear about or after midnight. The attacks, which are marked by the controlling influence of chilliness or shivering, call for the administration of *Nux V.*, while *Ars.* is used in those where the preponderance of heat prevails. *Nux V.* is used where there is constipation or a tendency to it, but *Ars.* is used when there is diarrhea.

Eupatorium Perfoliatum.—It is used in all types, and which are found to be antepoising ; chill commences between 7 a.m. and 9 a.m. ; unquenchable thirst, yawning and stretching and bone-pains in the extremities are marked before chill ; trembling, nausea, and thirst are present during chill ; bilious vomiting comes on at the end of chill ; chill spreads from the back and comes and goes ; chill is not lessened by heat ; heat is present with hardly any thirst ; the patient is very weak, and cannot raise the head while heat lasts ; if the patient swallow cold water it causes shuddering ; absence or scantiness of sweat is generally perceived, or sometimes profuse cold sweat is seen ; apyrexia is imperfect ; jaundice and bone-pains are seen ; it is used in double periodicity in which chill appears one day in the morning and next day in the evening. In short, *Eupatorium Perfoliatum* holds a high place in bilious cases, with bone-pains. The irritability of the stomach sometimes appears to be so very severe that vomiting is produced even by the slightest draught of water.

Dose, 3x, 6x.

Ipecacuanha.—It is also a very important medicine in intermittent fever. Constant nausea and vomiting are its characteristic symptoms ; vomiting in the paroxysms, especially if they appear in the evening or night ; chill comes on without the presence of thirst, and its aggravation is experienced in a warm place or by external heat ; it is better by drinking and in the open air ; heat is noticed with thirst ; sweat appears on the upper parts of the body, and it is worse from motion and in open air, and it smells sour ; sweat appears copiously after mal-administration of *Quinine* ; languor and prostration are marked ; great debility appears in the cold stage. Its sphere of action is very extensive in those intermittents which have been abused by *Quinine*. It checks the further growth of irregular intermittents if there is much nausea.

Dose, 1x, 3x, 30.

Cedron.—It is regarded in the light of a true anti-periodic

medicine, and in simple cases it is infallible; it is used in agues of low, marshy, damp, and tropical countries; its periodicity is so well marked that chill appears with clock-like regularity; numb feeling is experienced in legs; chill returns with thirst at 4 p.m., or between 4 and 6 p.m.; no stage is well noticed, but all three run one into another. It is also used for regularly recurring paroxysms or supra- or infra-orbital neuralgia.

Dose, 3x.

Carbo Veg.—It is administered when the predominance of cold stage is well marked; periodicity is not marked; it is also used after abuse of *Quinine*.

Dose, 6c, 12.

Besides the remedies which have been mentioned above, I feel the necessity of the following: *Rhus Tox.*, *Calc. Carb.*, *Cina*, and *Ferrum*.

ACCESSORY MEASURES.—The patient must, if possible, be removed to a healthy locality. He should not go out of doors in the evening or too early in the morning. He should raise his house on arches or piles as far from the ground as possible, and should sleep in the loftiest part of the house. Night air should be carefully avoided. Fatigue is strictly prohibited. A regular breakfast should be taken before stirring out in the morning.

Midnapore, Bengal.

SOCIETY'S MEETING.

BRITISH HOMEOPATHIC SOCIETY.

ANNUAL ASSEMBLY.

THE first meeting of the annual assembly was held at the London Homeopathic Hospital, Great Ormond Street, London, on Wednesday, July 5th, at eight o'clock p.m.

Two new members were proposed: Frederic George Stacey, B.A. Camb., M.R.C.S. Eng., L.R.C.P. Lond., 14, Ranmoor Cliffe Road, Sheffield. Proposer, H. G. Stacey, M.D. (Leeds); seconder, Dudley Wright, F.R.C.S. (London). Edward Lucas Hughes, M.R.C.S. (of Liverpool). Proposed by Dr. E. A. Neatby; seconded by Dr. Galley Blackley.

The motion brought forward by Mr. C. J. Wilkinson (Windsor), May 4, 1899, that in law xxvii. the words "the out-going President" be inserted after the word "President," was discussed and passed unanimously.

The rest of the evening was devoted to an exhibition and demonstration of the following clinical cases, followed by a discussion of the same :—

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| 1. Mycosis fungoides, with microscopic preparations of blood from the same | Dr. Galley Blackley. |
| 2. Aortic aneurism | Dr. Byres Moir. |
| 3. Lupus | Dr. Washington Epps. |
| 4. Cerebral lesion tubercular | Dr. Madden. |
| 5. Lymphangioma | Dr. Roberson Day. |
| 6. Congenital syphilis | Dr. Roberson Day. |
| 7. Paralytic talipes | Mr. Gerard Smith. |
| 8. Cerebral lesion (from a blow) | Dr. H. W. Thomas. |
| 9. Case of cystic distension of the gall-bladder, under treatment for over a year, mainly with <i>Berberis</i> | Dr. Burford. |
| 10. Case of large fibroid tumour of the uterus, without symptoms | Dr. Burford. |
| 11. Case of uterine fibroid, removed on account of acute melancholia | Dr. Burford. |
| 12. Aneurism of back of hand | Mr. Dudley Wright. |
| 13. Case of pulmonary and cardiac disease for diagnosis | Dr. Spencer Cox. |
| 14. Abdominal cyst or ascites for diagnosis | Mr. Johnstone. |
| 15. Enormous bony tumour of pelvis | Mr. Johnstone. |
| 16. Abdominal tumour, sarcoma | Dr. E. A. Neatby. |
| 17. Pudendal venereal sores (2 cases) | Dr. E. A. Neatby. |
| 18. Cerebellar Ataxy | Dr. Goldsbrough. |
| 19. Pseudo-hypertrophic paralysis | Dr. Goldsbrough. |
| 20. Peculiar nerve case with double cataract | Dr. Goldsbrough. |
| 21. Rheumatoid arthritis (2 cases) | Dr. Rowse. |

Printed details of each were issued. The cases were afterwards discussed.

The second meeting of the annual assembly was held in the board room of the London Homeopathic Hospital, on Thursday July 6th, at 8 p.m. The following was the business of the evening :—

Election of F. G. Stacey, B.A., M.R.C.S., L.R.C.P., and Edward Lucas Hughes, M.R.C.S., as members. Report of Council. Report of treasurer, with financial statement. Report of library and other committees. Election of officers, sections, and committees. Dr. Washington Epps was elected president for the next session, and Dr. Geo. Burford and Dr. Cash Reid as vice-presidents.

The following specimens and microscopic slides, &c., were exhibited during the evening :—

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| 1. Solid uterine tumour, with dermoid cyst of the ovary, removed by retro-peritoneal method; recovery | Dr. E. A. Neatby. |
| 2. Solid ovarian tumour removed by cœliotomy; recovery | Dr. E. A. Neatby. |
| 3. Microscopical sections of above two specimens | Dr. E. A. Neatby. |
| 4. Series of microscopic slides of various kinds of sputa | Dr. Galley Blackley. |
| 5. Series of microscopic slides | Mr. Knox Shaw. |
| 6. Microscopic slides of sarcomata in fowls, &c. | Mr. J. Johnstone. |
| 7. Cystic ovary, removed from a case of recurring dementia and acute retro-flexion of uterus; recovery | Mr. J. Johnstone. |

INSTITUTIONS.

THE LONDON HOMEOPATHIC HOSPITAL.— JUBILEE CELEBRATION.

A FESTIVAL dinner was held at the Hotel Cecil on Wednesday, June 21st, to celebrate the fiftieth year of the London Homeopathic Hospital. The Earl Cawdor (treasurer and vice-president) was to have presided, but was prevented by ill-health from fulfilling his engagement. His lordship's place was taken by Mr. J. P. Stilwell, the chairman of the Board of Management.

In giving "The Queen and the Royal Family," the Chairman mentioned that in 1897 the hospital received a grant of £245 from the Prince of Wales's Fund, and in 1898 £200, for which assistance they were very grateful. Gratitude, however, was a sense of favours to come, and they looked forward to a further grant this year. The representatives of the Fund who visited the hospital were not only satisfied with all they saw, but were very much pleased and went away with the very best feelings towards the institution. (Applause.)

The toast having been duly honoured,

The Chairman gave "The London Homeopathic Hospital: Its Founders and First Friends." He first expressed regret at the absence, through indisposition, of the Earl Cawdor, who, he said, had been a worthy supporter of the hospital for many years. With his letter of apology his lordship sent a cheque for £100, expressing the hope that they might raise sufficient

that night to place the finances of the hospital on a thoroughly satisfactory footing. Sir Henry Tyler also wrote regretting he could not be present. Turning more particularly to the toast, which he described as the toast of the evening, the Chairman said that among the earliest benefactors was Dr. Quin. Lord Ebury was chairman in 1854-88, and president in 1888. Nathaniel Barton was their treasurer from the foundation of the hospital in 1849 till 1868. Major William Vaughan Morgan, a subscriber from the date of removal to Ormond Street, did more for the consolidation, development, and financial progress of the hospital than any supporter of that period. In further remarks the Chairman referred to the interest taken in the hospital by the late Duchess of Teck, and concluded by appealing to those present for liberal gifts.

The toast was accorded an enthusiastic reception, and the Chairman then added some observations with reference to the institution. He did not want to trouble the company with statistics, but he thought they would be interested to learn that, whereas in its first year 156 in-patients were treated at the hospital, 1,111 were treated in the forty-ninth year; and whereas the out-patients treated in 1850 numbered 1,546, 18,551 were treated in 1898. He could add nothing to those figures to show how the work of the hospital was appreciated. As to the call they were making that night, and the cause of it: having built their new hospital they were doubling the number of beds. They had a very expensive hospital, which had been paid for, thanks to the generosity of their supporters. Considering that the annual income had not increased in the same ratio as their work had increased, they had been obliged to ask their friends that evening for £15,000. The question was whether they should continue the present efficiency of the hospital, or whether they should "draw in their horns" and do less. He hoped they would be supported, and that the good work being carried on would be continued to the full. (Applause.) It was the object of the board of management, wherever possible, to save expense. In such a large hospital, however, they could not materially draw in their expenditure without diminishing efficiency. (Applause.)

Mr. Sydney Gedge, M.P., in an able speech, sparkling with humour, submitted "The Board of Management and the Medical Staff." On the previous day he had had the great pleasure of going over the hospital, and was very pleased indeed with all he saw there. The thing that pleased him most was that it was not larger, and he thought the board of management were wise in limiting the size of the hospital to

100 beds. The system of ventilation was perfect, as also was that of drainage. All the appliances were in every way up to date. There was a cheerful air about the whole place which was delightful, and must take away the sting from sickness. Above all there was plenty of air and plenty of sun to warm and purify the air. They had heard of costly failures. No one could call this hospital a costly failure.

Mr. Alan Chambre and Mr. Knox Shaw briefly acknowledged the toast, which was followed by that of "The Ladies" and "The Chairman," proposed in felicitous terms by Dr. Burford.

During the evening the Secretary announced donations amounting to about £7,000, including £52 10s. from the chairman, £1,000 from Captain Cundy (vice-chairman), £100 from Lord Calthorpe, £100 from Sir Henry Tyler (chairman of the House Committee), £200 from Colonel Clifton Brown, £1,000 from a nobleman on condition that the total amount required was subscribed by June in the Hospital Jubilee year; £500, "a jubilee gift from the oldest friend of the hospital"; £500 from "a friend well known to the hospital"; £500 each from Mr. John Carter and Mr. J. H. Houldsworth; and £100 each from Mr. S. B. Brown, Miss Houldsworth, and Mrs. Rylands.

There was an admirable musical programme, carried out under the direction of Mr. Raphael Roche, who was at the piano. The artistes were Miss May Coleman and Señor Guetary (vocalists), Señor Rubio ('cello), and M. Tividar Nachèz (violin).—From *The Hospital*, July 1.

TORQUAY HOMEOPATHIC DISPENSARY.

SUPPORTERS of the Torquay Homeopathic Dispensary held their fifty-first annual meeting on Friday, June 23rd. The President, Sir Penrose J. Julyan, K.C.M.G., C.B., occupied the chair. The medical report showed that 605 patients had been admitted during the year, and that 731 had been under treatment. Of these 301 were cured, 230 relieved, 25 no change, 41 no report, 2 had died, and 141 were left on the books. The total number of attendances during the year had been 4,556, or an average of 41 per dispensary day. The report of the Treasurer, Captain Coulson, as audited by Mr. John Lane, F.C.A., gave the total receipts as £161 15s. 2d., including £12 17s. 6d. for tickets sold to patients, £9 13s. 4d. interest on railway stock, £81 11s. subscriptions and donations, and £54 12s. the result of a special appeal by the Hon. Secretary, Mr. Rendall, to meet the outstanding liabilities.

at the end of 1898. The expenditure comprised £75 for rent of rooms and dispenser's salary, and £53 7s. 6d. for medicines and extras, leaving a credit balance for the current year of £26 15s. 5d.

The report and accounts were adopted, and the best thanks of the committee and subscribers accorded to the medical officers, Drs. Midgley-Cash and Edgelow, for their unremitting attention and skilful treatment of the very large number of patients who have been under their care.

A vote of thanks was also passed to Sir Penrose Julian, Mr. H. Hall Dare, the Revs. B. R. Airy, H. W. Majendie, and A. B. Wrey, and to the Friendly Societies of Torquay, per Alderman Butland, for their contributions and collections, and a special vote of thanks was accorded to those who had responded to the special appeal. Officers were then elected as follows: President, Sir Penrose Julian; vice-president, Mr. W. B. Fortescue; hon. medical officers, Drs. Midgley-Cash and W. Ford Edgelow; hon. dental surgeon, Mr. Theodore Rendall, L.D.S. (Eng.); hon. treasurer, Mr. E. Masterman, jun.; committee, the Revs. B. R. Airy, H. W. Majendie, and A. B. Wrey, Captain Coulson, Colonel McDougall, and Messrs. A. Backhouse, F. E. Bigge, H. Hall Dare, R. Howell, A. R. Hunt, H. T. Jenkins, J. Lane, J. S. Sandars, and J. J. E. Slade; secretary and dispenser, Mr. Rendall. With thanks to Sir Penrose for presiding the proceedings concluded.—*Western Mercury*.

EXTRACTS.

A CLINICAL LECTURE, ILLUSTRATED BY SEVERAL GENERAL MEDICAL CASES.*

By H. HALBERT, M.D., Professor of Theory and Practice in the Hahnemann Medical College and Hospital of Chicago.

(Concluded from p. 321.)

ROBINA IN HYPERCHLORHYDRIA.

WHILE I consider functional diseases of the stomach, which are characterised by hyperacidity, amenable more to diet than to the remedy, I still believe some remedy is necessary to perfectly restore the digestive function. I have resorted to many experiments in conditions of typical hyperchlorhydria, and no remedy has more completely covered the totality of the symptoms than *Robina*.

* From the *Clinique*, March, 1899.

It does not answer in conditions of ulceration wherein there is a more deeply seated tissue involvement, nor does it avail in the least in cases of chronic gastritis where the acidity is decreased. In cases, however, where albuminoid digestion is too rapid and starch digestion is perverted it is a valuable homeopathic adjuvant.

Case. Mrs. S., age forty, came to my clinic for an obstinate stomach trouble which had affected her for many years; she had been through the routine of "bitter tonics," stomach douchings, electric massage—all to no purpose. She complained of acid eructations, and vomitings of "intensely sour food"; she had an extreme appetite, but suffered with some gastric pains an hour or two after meals; the stomach and bowels were distended with gas most of the time and flatulence was extremely irritating. She craved meats but could not tolerate vegetables; her doctors had for the most part kept her on a diet which only caused greater burning and distress in the stomach; she really craved solid food but did not dare take it. In appearance she was emaciated and cachectic, and one would think she was suffering with some organic disease. She was directed to eat meats and eggs, and to drink plenty of milk. Every other day lavage was performed on the empty stomach to relieve it of its acid excess and then she was directed to eat a hearty meal. Internally *Robina* 3x was given every two hours. The remedy and the treatment were continued for a long time, a decided improvement being manifest from the beginning. It is now six months since she came under our care. The acid eructations have disappeared; the vomiting has ceased; the bowels are regular; the anemic condition has improved; she has gained in flesh and strength and calls herself a well woman.

The cure in this case can be safely attributed to the use of *Robina* and the symptomatic correction of the diet.

APOMORPHIA FOR THE ALCOHOLIC AND OPIUM HABITS.

Case. Mrs. M., a young woman twenty-four years of age, came to my clinic for relief from the awful habit of alcohol and opium excess. She was in the extreme of nervous debility, and was nearly a physical wreck. This habit had been kept up for a year and was incident to a previous use of morphine hypodermics for the sake of an obstinate neuralgia. She had been in the habit of taking deodorised tincture of opium in large doses and alcoholic stimulants *ad libitum*, her appetite was dethroned and she was bothered by a constant nausea; constipation, insomnia, delirious headache, extreme emaciation and a pronounced hysteria were some of the many symptoms she complained of.

Without promising any cure, which certainly is difficult in such cases, particularly in an out-clinic, we took the management of the case with the promise of her best endeavour to help us. For the sake of continuing some stimulation she was given hypodermics of *Strychnia*, $\frac{1}{60}$,

three times daily, and *Apomorphia* 3x was given internally, at first, every hour. Gradually, both remedies were decreased in frequency and in strength. The woman stuck to us nobly, and in three months she was entirely cured of the bad habit. To the *Apomorphia* I attribute most of the good results. I believe its homeopathic action not only reduced the abnormal craving, but at the same time restored the tone of the stomach digestion, which prompted her to have a more natural craving for food instead of for stimulants.

CEDRON IN MALARIAL FEVER.

Among the many cases of malarial fever in the soldiers who came under my care in Hahnemann Hospital some failed to respond to the usual remedies used in such cases. One in particular held on longer than the others, and yielded to no treatment in particular. The periodicity of his chills and fever was indeed "clocklike" in recurrence, and we could count upon the aggravations each day with the utmost accuracy. The enlargement of both the liver and spleen were pronounced and obstinate, more so than in any other case coming under my observation. The general anæmia was extreme, and there was a peculiar intermittent gastralgia occurring with the febrile crisis. In conjunction with these conditions there was a manifestation of choreic symptoms; these involved the face and shoulders mostly, and the twitchings were very bothersome during the interfebrile state; often there were hysterical spasms, which greatly debilitated the patient's strength. The heart also became very irritable and somewhat irregular. The moment that *Cedron* was given he began to show signs of improvement, and it was continued until he was cured, in about three weeks.

We learn of the value of this remedy in such cases not only for the periodicity of the febrile aggravation, but for the nervous phenomena as well. Choreic and hysterical symptoms yield to its use, particularly when associated with malarial conditions, when the chill and fever return with such clocklike precision.

VESICARIA IN ACUTE PROSTATITIS.

Case. Mr. H. was a hard-working young man whose vocation demanded much outdoor exercise. During the recent inclement weather he contracted a severe cold and suffered somewhat with

lumbago. Falling into the hands of some "orificial" enthusiast, his lame back was accounted for by the usual fissure and papillæ theory. He suffered accordingly the customary financial and sphincter dilatation; his suffering, instead of being relieved, was greatly augmented, and soon he experienced the fever and extreme rigors incident to an acute attack of prostatitis. Micturition was painful and difficult, and soon hematuria ensued; his pain and nervous exhaustion were so extreme that he was put into the hospital and for a time was only relieved by hypodermics of *Morphine*. The urinalysis showed a decided presence of albumin, blood clots, and much pus. It was necessary to resort to the use of the catheter, and defecation was extremely painful. He was given *Vesicaria* 1x, hourly for some time, and the relief, though gradual, was pronounced. The painful tenesmus was alleviated, and soon he was able to void the urine naturally. After three weeks of hospital care and the continued administration of this remedy he is about able to go to his home.

The value of this remedy is observed in its primary action upon the prostate and its secondary relief of the resulting cystitis. I am sure it is almost of specific value in such obstinate cases, which are so difficult to cure.

ABSINTHIUM IN EPILEPTOID CONVULSIONS.

Of the many remedies used in the unfortunate disease of epilepsy, this is one rarely thought of. Without doubt, however, it will be found to be of great value in many of the cases of minor character. The pronounced feature is the fact that there is not a complete loss of consciousness, and none of the important symptoms persist with any degree of regularity. It, therefore, is not of value in all typical cases of epilepsy, but is useful in many of the cases with simulating symptoms. The characteristic symptom is a peculiar vertigo, on rising, with a tendency to fall backward. This is often taken for a loss of consciousness. The following case may afford a good illustration—

Case. Mr. D., a man thirty-five years of age, had suffered with spells of this character and had been treated for a long time by the usual bromide methods. After my examination I concluded that it was not typical epilepsy and that vertigo was the real symptom. Attending this there were signs of constant cerebral and spinal congestion and all of the visceral symptoms which attend true epilepsy. He did not have a voracious appetite, but on the contrary was bothered with nausea and a tendency to frequent vomiting. There were evidences of persistent tremors and the epileptoid attacks partook more of the character of hysteria with opisthotonos. *Absinthium* relieved him entirely in the course of a few months. He was given five drop doses of the tincture four times daily for some time and then the third potency was used.

CHLORIDE OF GOLD IN DISEASES OF THE NERVOUS SYSTEM.

Of the many remedies which have been experimented with in the degenerative diseases of the nervous system few have yielded results worthy of much consideration. Such diseases at best have, under any treatment, manifested but slight tendency to recovery. *Chloride of Gold*, however, I believe, is a favourable exception. I have studied it in many complicated diseases, and I am now satisfied that it will accomplish more in sclerotic and exudative degenerations than any other remedy heretofore used. The following cases may be given as illustrations—

Multiple sclerosis. Case 1. Mr. D., age forty-five, a teamster by vocation, was injured by a fall from his waggon. Some time later there were signs of spastic paraplegia, with the attendant symptoms of temperature, touch and pain sensation variations; fulgurating pains were quite pronounced; tremors disturbed motor activity and various symptoms of medulla involvement were manifest. He soon became incapacitated for any work and his sufferings were intense. Previous to my assuming the case no relief had come to him from any form of treatment, and I did not entertain much hope of helping him myself. However, *Chloride of Gold* was given him in the second decimal potency—one tablet four times daily. This was continued for several months and the improvement was beyond my most sanguine expectations. The fulgurating pains have entirely disappeared; the tremor has lessened; the reflexes are more normal, and his general health has greatly improved. I fully believe that the progressive degeneration has been stopped, and that we can promise the man something in the nature of recovery.

Exudative localised meningitis. Case 2. Mrs. S., age thirty-six, had suffered with severe paroxysmal pains in the left temporo-sphenoidal region. Her suffering became so severe and continuous that the strongest anodynes were resorted to for temporary relief. These after awhile failed to ease the pain, and as a last act of desperation she was placed in the hospital. By the aid of local applications and hypodermics of *Morphine* she was temporarily comforted, but as soon as the opiate effect passed off her paroxysms were renewed with increasing furor. *Chloride of Gold* 2x, one tablet five times daily, was given internally and the hypodermics of *Morphine* were gradually stopped. In a few weeks her improvement was pronounced and she went home; the remedy has been continued and she has had no return of her paroxysms.

Morvan's disease. Case 3. Mr. L., a cook by trade, appeared at my clinic with a well-pronounced hypertrophy of all the fingers on both hands; in some of the fingers this had progressed until painless whitlows had formed, with more or less disseminated necrosis; analgesia and anesthesia were present and some atrophy had appeared in the hand and arm muscles. A brachial neuritis was the

apparent causative factor, and his hands were utterly useless in his business. He had been the rounds of all the clinics, and had undergone the usual *Strychnia* treatment without any apparent results. *Chloride of Gold 2x* was given for some time. The improvement is remarkable, and I expect a decidedly favourable result.

A CASE OF SPASMODIC TORTICOLLIS TREATED WITH *THYROID EXTRACT*.

A. S., a man, aged 37, first came under my care on April 9, 1897. Beyond the mother and one brother being of a somewhat nervous temperament, there was no neurotic history in the family.

He had had four attacks of influenza, and it was from the third attack in November last that he dated the following symptoms; the last attack appears to have had little or no effect upon the disease. He noticed that on first leaving his bed neuralgic pains on the right side of the neck, right shoulder, upper arm, and side; also the feeling, as he expressed it, of a rope tied round his body at the level of the costal margin in the nipple line, and slight numbness in the legs; he was able to walk perfectly well.

A few days later, on attempting to get up in the morning, he had a violent attack of pain, during which his head was drawn down towards the right shoulder. From that date the attacks became frequent, eventually occurring as often as three or four times in an hour.

On first seeing him, I noticed the sterno-mastoid was slightly hypertrophied. I prescribed *Bromide of Potassium* and *Valerian* in increasing doses, neither of which, either alone or in combination, had the slightest influence on the attacks. On April 19th I ordered him 10M doses of *Thyroid Extract* to be taken three times in the day, which is equal to about one average-sized gland.

After having taken about 3ij of the extract, the attacks became less frequent, and were attended with less pain, and after taking about 3ij of it he suffered so little inconvenience that he discontinued the treatment, and did not come to see me again. Three weeks after, however, he met with an accident, for which I was called in.

I found that he had been kicked by a horse on the outer and mid part of the right thigh. The force of the blow was not great, as he was standing close to the horse, and he was able to walk a few yards, but was eventually carried home, as he felt faint.

On examining him in bed, there was great tonic muscular spasm; in the region of the kick the circumference measured

three inches more than in the corresponding limb. At first sight I suspected a fracture, but on careful examination found that was not the case. The skin was not injured, nor did discoloration appear later; there was a considerable amount of shock, with occasional retching. For two days the spasm continued unabated, when I decided to renew the *Thyroid Extract*. After taking 30M the spasm became gradually less, and on taking the drug for two more days had completely subsided.

There was slight recurrence of the neck trouble, which likewise disappeared. Since then he has been practically well, only occasionally complaining of very slight neuralgia in the neck and shoulder.—HENRY H. P. COTTON, L.R.C.P., M.R.C.S., L.S.A., Lond., in *British Medical Journal*.

REVIEWS.

VIRUSES AND VENOMS.*

DR. KRUGER, of Nimes, has been working, as is well known, for a long time past on the subject of the new craze among allopathists for injecting an "anti" serum for every imaginable complaint. In the work before us he has endeavoured to show in what way this new method is related to homeopathy; and we do not hesitate to say that his book is one of the most important that has been issued from our school for a long time past. In reality, Dr. Kruger has given us several books in this one volume. In the first place there is (1) "A Criticism of Modern Allopathic Methods"; (2) "A New Exposition of Homeopathic Principles"; (3) "A New Law called the Law of Identity or Isopathy, crowning the Homeopathic work; the Cure of Tuberculosis by its own Virus"; and (4) "The Venoms of Serpents, their Points of Agreement with the Viruses, their use in Therapeutics."

Dr. Kruger has a vigorous and trenchant style, and he handles his subject in the first part of his book ("A Criticism of Modern Allopathic Methods") without gloves. In this we think he is quite right. There has been far too much deference paid to constituted autho-

* *Thérapeutique Isopathique et Harmonique. Virus et Venins Remèdes Internes.* Par le Dr. Kruger. Paris: Société D'Éditions Scientifiques, 4, Rue Antoine Dubois. 1899. London: Homeopathic Publishing Co. Large 8vo., pp. 310. Price, 7fr. 50c.

riety and established ignorance by homeopaths of late years. In consequence of this our opponents have less respect for us than they had for our more downright ancestors. In his preface Dr. Kruger quotes the saying of Dr. Granier: "Un académicien est un savant; les académiciens sont des ânes." There is a great truth in this which we are always forgetting. Because we happen to number some kind, amiable allopathic doctors among our personal acquaintances, we forget that the incorporate body of allopathic doctors is the very antithesis of this—brutal, tyrannical, wilfully ignorant in the face of a new truth or questioned authority. Dr. Kruger remarks on the above: "By the fact of their union as an official body all their qualities come back as vices. The university, that terrible autocratic machine imposed on France by Napoleon I., *this is the enemy (voilà l'ennemi)*! This is the fateful institution, cause of all our ills; here is the hotbed of fermentation of all the evil passions of intolerance, of autocratic spirit, of scientific pride, of the smothering of individual initiative, and the endeavours of originality." "An academician is a scholar; the academicians are donkeys." We leave our readers to play as many variations on this *mot* of Granier's as they feel disposed.

The part of the work which will be turned to with the greatest interest is that which deals with "Microbes, Toxins, Serums, and Viruses." At the head of his opening chapter Dr. Kruger quotes from Dr. Jousset, senior, this strong pronouncement: "The microbe counts for nothing in the genesis of diseases, for nothing in their cure, for nothing even in the prophylaxis of surgical accidents in antiseptics. Antiseptics, such as it is conceived, *is a myth*." But in spite of this, Dr. Kruger does not dismiss the microbe in any cavalier fashion. Microbes have an important part to play in decomposing bodies and giving them back to the inorganic world. They have just as integral a part in the life cycle as the forces of synthesis manifested in vegetable and animal growth. He quotes the saying of Béchamp: "Nothing is the prey of death; all is the prey of life."

In a very interesting fashion Dr. Kruger works out the problem of what these serums are, and he concludes that they are nothing more nor less than dynamised toxins. The serum no longer contains the toxin itself, but only a "dynamised impression" thereof. It operates both pro-

phylactically and curatively in the same way as homeopathic medicines. Dr. Kruger discusses the relation between the law of identity and the law of similars—isopathy and homeopathy. He concludes that it is necessary to free ourselves from the “tyranny of words”; and by showing at once the Isopathy and the Homeopathicity of the viruses, and by giving to the word *Isopathic* its true compass, he seeks to widen the field of the therapeutic law by styling it “Harmonic Therapeutics.”

We commend Dr. Kruger's book, which has a practical value no less great than its polemical and theoretic value, to the consideration of both lay and professional readers.

ENGLISH-FRENCH DICTIONARY OF MEDICAL TERMS.*

M. DE MÉRIC has completed the first half of a work which will be of great service to scientists and medical men of both countries. Especially useful is it in connection with the large and increasing number of terms derived from the names of persons who have invented an operation or discovered something in connection with medical science. M. de Méric gives these, and just sufficient explanation to let the reader understand what they signify. In his preface the author says of this part:—

“I have endeavoured as far as possible to give for each English word or term the French equivalent, when it exists, but I have found it necessary in some instances to employ a French phrase to express an English word. I have been especially careful to append the genders of French *substantives* when used alone or employed in descriptive sentences, except, of course, in those cases where the gender is clearly indicated by an accompanying adjective, article, or pronoun. Furthermore, I have thought it important to indicate the feminine of those *adjectives* in which it differs from the masculine.”

We note that M. de Méric spells “homeopathy” (English) as we do, without the diphthong. We congratulate him on the result of his labours: the *Dictionary* will often be consulted for the meaning of a term when it is not merely the French translation that is wanted.

* *Dictionary of Medical Terms—English-French.* By H. de Méric, M.R.C.S.E., Surgeon to the French Hospital, London. London: Baillière, Tindall, & Cox, 20, 21, King William Street, Strand, 1899. Demy 8vo, 394 pp. double column. Price 5s. net.

Obituary.

DR. I. T. TALBOT.

WITH very great regret we have to record the departure of one of the great figures of American homeopathy. The name of Dr. I. T. Talbot of Boston has been a household word among homeopaths for a generation, and his removal will be felt as a personal loss by many who have never seen his face. The following brief notice is taken from the *New England Medical Gazette* of July.

"As we go to press comes the sad news of the sudden death by apoplexy of Dr. I. Tisdale Talbot. Though not in the most robust health for the past few years, he has of late seemed better and stronger than for some time past, and the knowledge of his demise comes with appalling suddenness.

"Death has taken from our midst one who has been the most prominent figure in the homeopathic profession during the last half century. A most successful practitioner, attending with most scrupulous care to the details of a large private and consulting practice, he was nevertheless the acknowledged leader in all prominent movements for the advancement of homeopathy and in the establishment and maintenance of its institutions. The following we clip from the *Boston Herald* :—

"Dr. Talbot was born in Sharon, October 29, 1829. Being thrown upon his own resources to obtain an education, he went to Baltimore at the age of fourteen years, and there opened a private school. This proved very successful, and with teaching occasionally he obtained means to continue his own studies. He entered Worcester Academy, where he fitted himself for the sophomore class at Harvard. Circumstances, however, prevented him from completing his classical course, and in March, 1851, he entered the Harvard Medical School. He passed one winter in Philadelphia, and was graduated from the Hahnemann Medical College in 1853, and from the Harvard Medical School in 1854. From 1854 to 1858 he continued his medical studies in Europe. From 1848 to the time of his death, Dr. Talbot made Boston his place of residence. He had an extensive practice, and did a great deal to organize and establish homeopathy in this city. He originated the Homeopathic Medical Dispensary, chartered in 1856, and, except during his absence in Europe, acted as its secretary up to the time of his death. He did much for the Massachusetts Homeopathic Hospital, of which he was trustee, secretary, and vice-president, as well as president of its medical board during several years. He was instrumental in securing the establishment by the State of the Westboro Insane Hospital, which is under homeopathic control. He was active in organizing the Boston University School of Medicine, of which, from its commencement, he was the dean, as well as its professor of surgery. He had occupied the positions of secretary and president of the Boston Homeopathic Society, the

Massachusetts Homeopathic Medical Society, and the American Institute of Homeopathy, all of which prospered under his direction. He was vice-president of the International Homeopathic Congress, held in London in 1881, and president of a similar congress held in Atlantic City in 1892. He established and, during several years, was the editor of the *New England Medical Gazette*, and was a frequent contributor to medical journals. Aside from active membership in many medical and other societies, he was an honorary member in twelve state medical societies and in the national homeopathic societies of Great Britain, Germany, and France. In 1856 Dr. Talbot married Miss Emily Fairbanks, of Winthrop, Me.'"

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MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Althaus** (Julien). The Value of Electrical Treatment. 3rd ed. Cr. 8vo. (Longmans, 3s. 6d.)
- Brockbank** (E. M.). The Murmurs of Mitral Disease With 5 Illustrations. 8vo, pp. 54. (Pentland. 3s. 6d.)
- Fuchs** (Ernest). Text-Book of Ophthalmology. Authorised Translation, revised from the 7th enlarged German ed. by A. Duane. 8vo. (H. K. Lewis. 21s.)
- Gorgas** (J. S.). Dental Medicine. 6th ed. Revised and enlarged. 8vo. (Churchill. 18s.)
- Haab** (O.). Atlas of the External Diseases of the Eye, including a Brief Treatise on the Pathology and Treatment. Cr. 8vo. (Rebman. Net, 12s. 6d.)
- Heitzmann** (Louis). Urinary Analysis and Diagnosis by Microscopical and Chemical Examination. 8vo. (Baillière, T. Net, 10s. 6d.)
- McAldowie** (Alexander M.). Periodic Respiration. An Inaugural Address delivered at the Annual Meeting of the Staffordshire Branch of the British Medical Association, held at Stoke-upon-Trent, November 1, 1898. 8vo, pp. 80 and Plates. (Simpkin. Net, 2s. 6d.)
- Morison** (A.). On the Relation of the Nervous System to Disease and Disorder in the Viscera. Being the Morison Lectures delivered before the Royal College of Physicians in Edinburgh in 1897 and 1898. 8vo, pp. 148. (Pentland. 7s. 6d.)
- Ostrom** (Kurre W.). Massage and the Original Swedish Movements. 4th ed. Cr. 8vo. (H. K. Lewis. Net, 3s. 6d.)
- Practitioner** (The). Vol. January to June, 1899. 8vo. (Cassell. 15s.)
- Ruddock** (E. H.). The Homeopathic Vade Mecum of Modern Medicine and Surgery. With Clinical Directory. Chapter on Poisons and Health Resorts. New and revised ed. Cr. 8vo, pp. 1,022. (Homeopathic Publishing Co. Cloth, 10s. 6d. or half morocco. 14s.)
- Smith** (Eustace). On the Wasting Diseases of Infants and Children. 6th ed. Cr. 8vo. pp. 400. (Churchill. 6s.)
- Treves** (Frederick). Intestinal Obstruction: Its Varieties, with their Pathology, Diagnosis and Treatment. With 118 Illustrations. New and revised ed. 8vo, pp. 578. (Cassell. 21s.)
- Turner** (Robert). Lord Lister and Surgery. Cr. 8vo, sd., pp. 28. (Glaisher. Net, 1s.)

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. Pritchard, Dewsbury. — Dr. Krüger, Nîmes, France. — Dr. Sarat Chandra Ghose, Midnapore. — Chief Secretary Legislative Council of New South Wales. — Mr. F. Kopp, Greenwich, N.S.W.

BOOKS AND JOURNALS RECEIVED.

Hom. Review. — Allg. Hom. Zeit. — Chemist and Druggist. — Zoophilist. — Mind. — H. Tidskrift. — H. Monatsblätter. — La Homeopatia. — Gaz. Med. de Paris. — N. A. J. of Hom. — H. J. of Obst. — Archiv. f. H. — Hom. Envoy. — H. Maandblad. — H.

Physician. — Amer. Med. Monthly. — Pacific Coast J. of Hom. — Med. Cent. — Med. Times. — Hom. News. — Hom. Recorder. — Indian Hom. Rev. — Amer. Homeop. — Pub. Health Journal. — Critique. — Minn. Hom. Mag. — Vacc. Inquirer. — Hahn. Monthly. — Med. Century. — J. of Homeopathics. — The Treatment of Hemorrhoids and Rectal Prolapsi. By Dudley Wright, F.R.C.S.

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THE HOMEOPATHIC WORLD.

SEPTEMBER 1, 1899.

TIMOTHY UPON BENJAMIN.

A LITTLE while back our attention was called to a passage in a biographical sketch by Mr. TIMOTHY HOLMES (the compiler of a work entitled *A System of Surgery*), of a brother surgeon, Sir BENJAMIN BRODIE. The passage referred to occurs on pp. 165 and 166, and it is *apropos* of an article Sir BENJAMIN wrote on homeopathy. Of this article Dr. DUDGEON gives an account in *League Tract*, No. 18, "Allopathic Misconceptions of Homeopathy." (*League Tracts*, vol. i. p. 234). We cannot do better than quote Dr. Dudgeon's remarks before proceeding to quote the passage from Mr. HOLMES. Dr. DUDGEON writes:—

"Sir BENJAMIN BRODIE was one of the most celebrated surgeons of this country. Some one thinking, no doubt, that because he was a renowned surgeon he must also be a great authority on everything connected with physic, asked him to give his opinion on homeopathy. Sir BENJAMIN, highly flattered by this mark of confidence in his therapeutic knowledge—the more so probably because no one had hitherto supposed he had any—wrote and published a letter, which appeared in *Fraser's Magazine*. Naturally, he stumbles over the definition of *similia similibus*, which seems to be the *pons asinorum* of medical critics and lecturers. He says 'The plain English of it is that one disease is to be driven out of the body by artificially creating another disease similar to it'; and he then proceeds to pick to pieces this man of straw which is of his own manufacture. And yet Sir BENJAMIN tells us that he has read the works of HAHNEMANN and of several of his disciples, so that we are lost in amazement to see what a mess BENJAMIN has made of his studies of homeopathy. JOHN

HUNTER said something similar, viz.: That one disease—not necessarily artificial—will drive out another; and TROUSSEAU describes a method he calls *Médecine substitutive*, which is precisely JOHN HUNTER's idea, or rather, I should say, precisely Sir BENJAMIN BRODIE's idea of what homeopathy is. But *similia similibus curentur* does not mean this at all. It is true that HAHNEMANN tried at one time to account for the cures made by homeopathy in some such way as this of HUNTER's and TROUSSEAU's substitution of one disease for another. But the truth or falsity of this speculation no way affects the correctness of the therapeutic rule—*similia similibus curentur*—which is not a theory, and which can very well afford to do without any theory yet awhile."

It is this letter of Sir B. BRODIE's that inspired Mr. HOLMES to write the passage which we shall presently quote. Ordinarily, we think it best to let alone ebullitions of spite, and of ignorance so inexcusable that it amounts to downright dishonesty; but sometimes it is necessary to bring them to light that those who are always hugging the notion that the medical millennium is upon us, may see what a fools' paradise this millennium is. We have to deal with opponents who may call themselves men of science and gentlemen, but whose behaviour is that of intellectual Hooligans. To wit:

Says Mr. TIMOTHY HOLMES:—

"There are still persons of intelligence in other matters who profess their faith in this so-called 'system,' qualified practitioners who are not ashamed to practise it, and hospitals founded ostensibly for homeopathic treatment. And all this in spite of there being no intelligible principles on which the so-called system could rest, except such as are too absurd to be really believed in by any man even moderately acquainted with medicine, and no proof whatever of any benefit derived from its practice. The very name is an imposture as implying that diseases are cured by the artificial production of similar diseases, which has been proved a thousand times to be either a falsehood or the delusion of gross ignorance; while the other so-called principle, that medicines gain in power by dilution or trituration, is too ridiculous to be worthy of argument.

"As every one may invent his own religion, and constitute himself and his friends its priests, if he chooses, so every one is, and ought to be at liberty to construct his own theory of medicine (even if it is as absurd as homeopathy) and persuade people to adopt it and to employ him, if they like, provided only that he does not represent

himself as being legally qualified unless he is so. The persons who, being legally qualified, practise homeopathy, or who will do whichever their patients wish (like the doctor in *Bombastes Furioso*, 'who suits his physic to his patients' taste'), must be left to their own consciences, such as they are, and to the contempt of those who understand their position. Though the existence of such persons may tend to keep up the delusion, it cannot do much substantial harm to the public."

NEWS AND NOTES.

THE DECADENCE OF THE MICROBE.

THERE are many signs about that the late almighty microbe has had its day. Lawson Tait, to the end of his life, protested against its high almightiness; and since his departure Granville Bantock has dealt the potentate a most damaging blow. And now a new St. George has appeared in the very heart of the microbe's own devotees—the British Medical Association in annual conclave assembled! After the address of Dr. George Wilson, which we reproduce in full elsewhere, the hierarchy of microbe-worshippers, from the medical peer down to the most recent medical C.B., and the noble army of professors, had better get themselves converted wholesale to some more rational medical faith.

Dr. G. Wilson's address is one of the most refreshing utterances we have encountered for a long time. A man who has so far emancipated himself from the trammels of his caste as to be able to refer to anti-vivisectionists and homeopaths as rational beings has done something to redeem his caste from utter contempt.

THE DIRECTORY.

As the time is approaching when the *Directory* of 1900 will be compiled, we should like to call attention to the more than ordinary importance that will attach to this issue. 1900, as we all know, is the year of the International Homeopathic Congress to be held in Paris. The *Directory* is the only publication in which can be

found the addresses of homeopaths all over the world, with the exception of those of the United States of America and the South American States, together with a few in Great Britain. We call upon all supporters of Hahnemann to do their best to make the *Directory* full and accurate. Our American *confrères* who intend to visit the Congress, and to whom the work will be especially useful, should order the work without delay; and those who are not intending to travel themselves should commend it to their travelling patients.

HOW IS THIS FOR INFINITESIMAL?

ON August 16th the *Daily Chronicle* published this note in its "World of Science" column:—

"THE SEA BREEZE.

"At the present season the thoughts of most of us turn to the sea. It is of interest, therefore, to examine wherein the potency of the sea breeze lies. M. Gautier has recently published some figures, giving the amount of salt contained in the full Atlantic breeze. The air was aspirated through his apparatus at the lighthouse at Rochedouvres, situated some fifty or sixty kilometres from the coast. A good breeze had been blowing for some days from the Atlantic when the samples were taken. Some 340 litres of air were aspirated through, the samples being taken well above the reach of spray. The quantity of salt found in the air was only twenty-two thousandths of a gram per litre, and this is probably the maximum quantity which air will take up. It is probable, however, that this small quantity, with the still more minute traces of iodine which accompany it, suffices to give to sea air its tonic properties."

Commenting on the same observations the *Standard* of the same date remarked:—

"The air has a distinct odour—we do not refer to that of decomposing seaweed, but to the genuine 'smell of the sea'—and this is due to the presence of one or more of these substances in the air. This is confirmed by chemical tests, and among those is their action on face powders. The quantity of these agents, no doubt, is extremely small. Chlorine is the only one of which there is much more than a trace, but their efficacy is one of Nature's mysteries. *Very far from despising the day of small things, she produces some of her most remarkable results by the action of extremely minute doses.* The quantity of salts dissolved in some mineral waters is almost inappreciable, and these are often of quite a commonplace character—such is the case with the warm springs of Pfäfers, in Switzerland—yet so potent are they that formerly patients returned to daylight in better health after camping in the depths of the gorge.

Such waters cannot be imitated. Results are achieved in the laboratory of Nature which that of the chemist is unable to accomplish!"

We are surprised that the highly respectable *Standard* should risk compromising its orthodoxy by the admission we have italicised in the above extract. For it is the infinitesimals of homeopathy, and not the doctrine of similars, that have proved the great stumbling block of the "as-you-were" party. And though the power of the infinitesimal is being driven every day with sledge hammers into the thick skulls of the academicians, nevertheless they go on condemning homeopathy in the teeth of evidence, just like so many anti-Dreyfus generals calling Heaven to witness that, on their souls and consciences, they believe Dreyfus guilty, though they have nothing but confessedly faked evidence to base their belief upon.

THAT MOSQUITO.

In another part of our present issue will be found the plan on which the Liverpool homeopaths propose to work to equip missionaries and others against the dreaded tropical fevers. Here is the method of the other party. We take the account of the *Daily Chronicle* of August 22nd:—

HOW MALARIA IS SPREAD.

THE MALARIA MOSQUITO FOUND IN WEST AFRICA.

[*Reuter's Telegram.*]

LIVERPOOL, August 21.

This morning Mr. Alfred L. Jones, of Elder, Dempster and Co., received from Sierra Leone the following cablegram from Major Ronald Ross, head of the Malarial Mission, which left Liverpool on July 29:—

"Malarial mosquito found; ask Government send at once men."

The theory of Major Ross is that malaria is disseminated by a particular kind of mosquito which frequents the malarial swamps, and laden with the poisonous germs injects them into the human body with its sting. Before leaving Liverpool Major Ross explained to Mr. Jones that the efforts of the expedition (which was sent out by the Liverpool School of Tropical Diseases) would be mainly directed to find the mosquito in question, and that if they were successful in this the most valuable step in the undertaking would be achieved.

Professor Boyce, of the University College, Liverpool, and Mr. Adamson, who, with Mr. Jones, are the organisers of the Liverpool

Tropical School, were at once apprised of the discovery, and Mr. Jones also communicated with Mr. Chamberlain. It is believed by the Liverpool School that the Government will now send out representative medical men to assist their own in the further prosecution of the researches.

We think most persons will agree with the comments of the *Chronicle* on this great piece of news.

"It is characteristic of the age that the Malarial Mission should now be vieing with the Church Missionary Society in the civilisation of Africa. The head of this mission is Major Ronald Ross, who started with a strong belief in the theory that malaria is conveyed by a certain pernicious mosquito. He has gone to Sierra Leone to hunt for this mosquito, and he has now sent a wire home announcing its capture, and asking for help from the Government. We figure Major Ross holding down this dreadful creature while he sends a telegram for help. We suppose that medical reinforcements will now be poured into Africa. The malarial mosquito is scotched; the next thing is to kill him. Perhaps Nature has provided some anti-toxic insect."

It is indeed a moving cry that "send at once men." Only we think the lady bacteriologists have a right to feel a little hurt—why exclude them? Surely they would be quite as competent as male medicos to put salt on the tail of Major Ross's mosquito now that he has caught it? We shall be interested to know how much this great discovery will excite Mr. Chamberlain, who has taken the greater part of Africa, West and South, under his paternal wing just at present.

PRECOCIOUS DENTITION.—Joukovsky (*Rev. Mens. d. Mal. de l'Enf.*, vol. xvii. p. 107, March, 1899) records the case of a newborn female infant who showed at birth two well-developed lower central incisor teeth. The mother was healthy, and gave no family history of congenital teeth. This was her second child; and it is noteworthy that her first infant, who showed no signs of precocious dentition, was by another husband. In weight the infant was above the normal, and the length was 50 cm. The teeth were normal in appearance, save that one was inserted somewhat transversely in the jaw. There was no local alteration in the surrounding gum. On the fourth day of life the teeth began to trouble the mother in lactation. The examination of the infant's mouth showed ulcerations under the tongue, and swelling and redness of the gum. An abscess began to form, consequently the teeth were extracted. It required a distinct effort to remove them from their sockets; they were typical milk incisors of a white (not a yellow) colour.—*Brit. Med. Jour.*

ORIGINAL COMMUNICATIONS.

CHLOROFORM FATALITIES AND THEIR PREVENTION.

By DR. DUDGEON.

CHLOROFORM is generally acknowledged to be the best anesthetic in painful operations, and is the one most frequently used, except in short operations like the extraction of teeth, where nitrous oxyde gas is usually employed. But in spite of its acknowledged excellence it would seem, from the number of deaths recorded under its use, that chloroform is a very dangerous substance. For instance, there were in this country in 1896 63 deaths from chloroform, in 1897 96, in 1898 67, and in the first half of this year 36 deaths. Were these deaths due to the inherent poisonous character of chloroform, or to its mode of administration? were they avoidable or unavoidable?

That chloroform is able to cause death when improperly administered is obvious from the frequent coroner's inquests; but that a fatal result is unavoidable is refuted by the experience of all who employ the requisite apparatus for administering it in a properly regulated manner. The rough-and-ready way of bringing on rapid anesthesia, by causing the patient to inhale it in a napkin or handkerchief containing a considerable quantity of the liquid, whereby the amount inhaled is unknown and the due admixture of air is neglected, is the cause of most of the fatal accidents that occur from its use. The late Dr. John Snow, who was one of the most experienced anesthetists, studied carefully the quantity of chloroform required to produce the different stages and degrees of narcotism, and he was extremely solicitous that the subjects he operated on should not receive more than the amount required to produce the desired degree of insensibility. He operated on more than 5,000 cases and never had a death. The same success would undoubtedly attend the administration of chloroform by others if they adopted the precautions that Snow advised and practised.

The verdicts of coroner's inquests on deaths from chloroform inhalations invariably acquit the anesthetist of all blame, and leave us with the impression that the patient

was alone to blame for the fatal result. No inquiry is ever made respecting the quantity of chloroform administered, or the mode of its administration. It is quite sufficient to be assured that the operator was an experienced anesthetist; it is taken for granted that he had exercised due care. The death is regarded as an unavoidable accident, and the operator leaves the coroner's court without a stain on his character as a careful and scientific practitioner of his art. And so the anesthetist goes on administering chloroform in a way that Snow and others have demonstrated is invariably beset with danger, when there is a method of producing the requisite insensibility by chloroform which is unattended by the slightest risk of a fatal result.

There are various instruments by which the quantity of chloroform inhaled at each inspiration can be accurately measured, and the due admixture of air regulated, so that no more than a perfectly safe, but amply sufficient, quantity can be inhaled by the patient. One of the best of these is the Regulating Inhaler of Krohne, whereby complete anesthesia can be produced with a very few drops of chloroform, and kept up for any desired length of time, without the patient being required to inhale at any time any dangerous quantity, the proportion of one part of chloroform to 100 parts of air, which Snow has shown to be perfectly safe, never being exceeded. The production of complete anesthesia by this instrument takes from four to six minutes, with an expenditure of not more than eighteen minims of chloroform. A drachm of chloroform on a folded handkerchief held over nose and mouth will no doubt produce insensibility more rapidly, and may be thus administered many times without fatal effects. But it is a dangerous method, and though it may seldom cause death, it not infrequently causes alarming symptoms, requiring energetic measures to avert a fatal catastrophe.

It would be a great pity if a prejudice should arise against the use of such a perfect anesthetic as chloroform, but such a misfortune would be likely to ensue if its administration continues to be attended by such frequent coroner's inquests as have been hitherto held on deaths from its employment. These deaths would certainly be diminished, and I believe entirely avoided, by the invariable use of such a regulating inhaler as

above mentioned, and it is inexcusable that many of these fatal cases occur in hospitals, where one would suppose the safest and most scientific method of employing anesthetics should always be employed, and where the best apparatus for their use should be always kept in readiness.

The much-vaunted use of chloroform in combination with ether and alcohol cannot be held as ensuring safety to the inhaler, for several of the fatal cases have occurred from this mixture. It is the mode of administration that is to blame for the untoward results. No mixture can ensure safety with a faulty mode of administration. It may be thought presumptuous in me, who am not a practical anesthetist, to give an opinion on this subject, but I have several times seen such alarming effects from what is called the open method, that I have become convinced of the necessity of adopting the precaution of employing the regulating plan in every case.

I had hardly finished writing the above, when I observed in the papers the following account of two fatalities in St. Bartholomew's Hospital from chloroform. As according to the jury the chloroform was "properly administered and no blame attached to the medical gentlemen engaged," we are left to infer that it was owing to the cussedness of the patients that the double catastrophe happened.

"DEATHS FROM CHLOROFORM.—Mr. A. C. Langham held an inquest on Saturday at St. Bartholomew's Hospital on the body of a labourer named John James Malyon, aged 51, late of Catherine Street, Camden Town. The evidence showed that the deceased had been suffering from long-standing pleurisy. He had previously undergone two operations without the use of an anesthetic. A third operation was decided upon, this time under chloroform. Mr. Samuel Myers, house surgeon, said that after three drachms had been given to the patient he began to struggle violently, and in spite of all efforts to save him he died in eight minutes. Mr. E. Omeroyd, who administered the chloroform, said he had administered it in 200 cases, and had been very successful. Dr. J. W. Smith, who had made a post-mortem examination, described the deceased as being in a bad state of health. Before the jury returned their verdict another inquest was held respecting the death of Stephen Durrant, 50, a labourer, recently living at Golden Cross, Plaistow, who went into the hospital on the 25th ult., with a diseased hip. Mr. E. Omeroyd said he administered the chloroform as in the other case. He gave him three drachms. The deceased died in about eight minutes. The senior physician was present on the occasion. Dr. J. W. Smith said he had made a post-mortem examination, and found that death was due to

failure of the heart's action. The jury found a verdict in each case in accordance with the medical evidence, and added a rider that both of the deceased had received every care and attention, that the chloroform was necessary and properly administered, and that no blame attached to the medical gentlemen engaged.—*City Press*, Aug. 16, 1899.

SOUTH AFRICAN NATIVE REMEDIES.

By G. M. H.

[The following notes on a few of the South African Native Remedies, written with the object of introducing them to the notice of homeopaths, have been chiefly extracted from "a Contribution to South African Materia Medica" by the late Andrew Smith.]

MOST of the plants mentioned in the following notes have been used by the natives of South Africa for a very long period. Some of them are well known to the old colonists, others are only known to a few, and the more important ones have long been kept secret, and identified recently by missionaries and others living among the natives. Many of these remedies are likely to prove of great value, and will be welcome additions to our materia medica. The fact that syphilis, anthrax, dysentery, blood-poisoning, and the effects of snake-bite are so successfully treated by "raw" natives is sufficient to arouse one's interest and desire that the remedies used should be more fully known, and, if practicable, proved by homeopaths.

Space will only allow us to refer to a few of the many plants in common use by the Kafir doctors and others. These notes will be confined to those which in the present state of our knowledge appear to be the most striking. Many of their uses are still only known to the native doctors, who have an interest in keeping them a secret, as they make money by them. A homeopathic "proving" would probably "turn the tables."

Some remedies have still to be identified, notably that used for leprosy. The task is the more difficult inasmuch as it is known to but very few. One native living near Clarkebury appears to have made undoubted cures, but he will only treat patients at his own kraal. I heard from a trader who knew the man well that he had been invited to exhibit his skill at the Government Leper Asylum, but while offering to cure cases sent to him—provided they were not in the final stages—nothing would induce him to

visit the asylum. He probably thought that he would be detained there—or compelled to disclose his secret.

1. *Leonotis leonurus*. Wild or Red Dagga. Kafir—Umfincafincane.
2. *Leonotis ovata*. Klip Dagga.

For some time a great curiosity existed to discover the South African plant used as an antidote for snake-bite. There is little doubt that the small bottles of tincture sold under various names at an exorbitant price are principally composed of *Leonotis*, *Teucrium Africanum*, and *Ammonia*.

Leonotis leonurus is a plant growing to a height of four to seven feet. Its leaves are oblong, about four inches long—narrow, and rather deeply furrowed, and about every six inches up the stem there appears a whorl of brick, or orange-coloured flowers. Though similar to the Wild Dagga—or Hemp (*Cannabis*) it is a totally different plant. The *Leonotis ovata* is the same plant but smaller in size, grows among stones and rocks, and the flowers have a slightly duller colour. In both species the stem is quadrangular and deeply grooved on each side. The parts employed for snake-bite are the leaves and the bark of the root; usually the leaves of the *ovata* and the root bark of the *leonurus* in equal parts. The flowers have also valuable medicinal properties.

In addition to its uses as a remedy for snake-bite, the Rev. W. S. Davis, an authority on native remedies, uses a tincture in some chest affections and nervous headaches.

The flowers (sucked, or an infusion made with hot water) are considered an infallible remedy for tapeworm. *Leonotis* is the Fingo remedy for snake-bite, the Kafirs rely principally upon—

Teucrium Africanum. Dutch: Padde Klauw. (Frog's foot.) Kafir: Ubuhlungu benyusha.

This is a dark green plant. The small variety, which is considered the best, growing about six inches high. The larger leaves three toed, resembling a frog's foot—hence the name. White labiate flowers.

Teucrium is but slightly poisonous and can be taken freely. Fresh uses for it are constantly being discovered. It will disinfect milk ziek (anthrax) meat. Is used for

glanders and farcy in horses. In dysentery and bowel complaints. Externally in foul ulcers and for ophthalmia. It has a reputation for its "tonic" properties, but as Mr. Andrew Smith, who is *not* a homeopath, remarks: "It appears too peculiar to suit every one." He quotes a case reported by the Resident Magistrate at Elands Post, who recommended its use to a gentleman in shattered health who could "neither sleep nor eat," but who, after using it, could do both, but in the absence of a better description of the case it is not much guide for its use. Homeopaths will not, however, blame the remedy because it will not cure every case where the patient can "neither eat nor sleep."

Melianthus Comosus. Honey flower. Dutch: Kruidje roer mij niet. Kafir: Ubu-Hlungu benamba.

A shrub growing to the height of five to six feet. It has a compound leaf six to seven inches in length, with five pairs of opposite leaflets and a terminal one, making eleven in all. The leaf stalk is winged between each pair of leaflets, and just below where the wings cease there is occasionally an odd pair of small leaflets. The leaflets when full sized are two inches long, and six to eight lines wide. They are serrate, downy above, with deep-cut veins running from the midrib at an angle, frequently hoary with a whitish powder, especially along the veins; beneath they are cottony and of a much lighter green. The flowers are of a light orange red, green beneath, an inch in the greatest length. The flowers in this species of *melianthus* are frequented by the sugar birds.

This plant is found in quantity on the banks of the Balfour river, the Philipton river, and other streams flowing down the Katberg, and in other parts of South Africa. It grows best in loose, porous soil on a river bank. Its roots there attain a large size.

This is also a notable snake-bite plant, the bark of the root and the leaves being the parts used. This antidote in the doses usually administered produces extreme vomiting. It can be used for the bite of any snake, and also to counteract the poison of other venomous creatures, such as the *intonjane*, a poisonous caterpillar found at the top of tall grasses, coated over with pieces of grass.

It has the repute of being an excellent general medicine,

and gently acts upon all the digestive organs in succession. Ten grains of the bark would be the dose used for this.

The root bark is very poisonous and must be used with great care. The Kafir, however, shares with the allopathic physician the desire to administer as much of a drug as the patient can stand, and, as constitutions differ, cases of fatal poisoning are not rare. The Rev. John Mtila, of the Gaika tribe, missionary in charge of Knapp's Hope, constantly carried with him a portion of the bark of the root of this plant while itinerating in his district, and he has administered it with success in numerous instances. The Gaika herb doctors consider it one of the strongest antidotes.

The natives also use it as a prophylactic—roasting the bark and putting the powder beneath the skin by incisions made in the wrists and ankles. Many natives eat the flesh of snakes and drink the poison as a prophylactic against the effects of snake-bite. This is undoubtedly efficacious; and whether the tattooing with melianthus is so or not, there is no doubt the native argues that the remedy ought to prevent ill effects as well as cure. The compiler of these notes saw a native bitten by a Puff adder. He killed the snake, cut off its head, and immediately ate a portion of the flesh and fat raw! He was unwell, *i.e.*, appeared dazed and stupid for a day and then proceeded on his way home. The usual symptoms did not appear, and no further treatment was resorted to. That occasional doses of the venom confer immunity is well known among natives and the practice of taking the poison internally is common among Bushmen, but this is the only instance where I have known the flesh used as a remedy immediately after a bite.

Melianthus is used as a poultice or paste for cleansing bad sores, and it quickly reduces the swelling caused by a bruise.

(To be continued.)

ANGOPHORA LANCEOLATA.

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

IN reply to a query by "Enquirer," in the April number of THE HOMEOPATHIC WORLD, I have great pleasure in submitting the following interesting particulars in re-

ference to the new drug, *Angophora lanceolata*, proved by me six years ago:—

Angophora lanceolata, one of the commonest Australian timber trees, closely resembles the *Eucalyptus* in form and appearance, and has very often been mistaken for it. Not only the leaves, but also the flowers (which are white) and seed-vessels bear a great resemblance to the *Eucalyptus*. It is vulgarly known among the uninitiated as “red gum,” a term applied also to other trees of the Australian bush, such as *Eucalyptus rostrata* and *Eucalyptus teriticornis*. The tree grows to an enormous size, a full-grown specimen being often 9 feet in circumference, 4 feet in diameter, and towering to a height of 65 feet. Some have even reached a height of 100 feet, with a trunk 5 feet through. The leaves are long, and pointed at the end, of a bright reddish-brown colour when young, changing afterwards to a dark green. The bark is smooth, and of a reddish-blue appearance. The wood of the trunk is very hard and tough, and extremely heavy, although the lesser branches are very brittle, more especially so when dry. *Angophora lanceolata* belongs to the natural order *Myrtaceæ*, the same as *Eucalyptus*. The genus *Angophora*, however, has no operculum to the bud, while *Eucalyptus* has.

The following is the botanical description: *Angophora lanceolata*, Cav., a tree of considerable size, the bark deciduous in large smooth flakes, as in *Angophora cordifolia*; branches and foliage glabrous and scarcely glaucous, or, rarely, a few bristles on the inflorescence. Leaves distinctly petiolate, lanceolate, acuminate, mostly 3 to 5 inches long, coriaceous, with numerous fine parallel pinnate veins. Flowers in rather dense terminal corymbs or short panicles, larger and more dense than in *Angophora intermedia*, rather smaller than in *Angophora cordifolia*. Calyx usually about 3 lines long and 4 lines broad at the top, the teeth very minute, or, at any rate, shorter and thicker than in *Angophora intermedia*, and the secondary ribs often very short, or quite inconspicuous. Fruiting calyx usually thick and very smooth.

The officinal preparations of *Angophora lanceolata* are the tincture (prepared by macerating one part in nine of *Alcohol*, and from which the various dilutions are made) and triturations with sugar of milk. Both of these are prepared from the dried sap or gum, which flows in great

quantities when an incision is made in the trunk of the tree. The dried gum is of a friable nature and of a reddish-brown colour. It has a very astringent and slightly bitter taste, closely resembling that of *Tannin*.

Angophora lanceolata is one of the most effective remedies we possess for chronic dysentery, and for the constipation following dysentery. As a proof of its homeopathic relation to the above named, the following symptoms, developed during the proving of the drug, speak for themselves: After taking the drug in the morning, *colicky pains* came on towards the evening, which lasted all the next day. The pains were accompanied with *great bearing down* and a *continual inclination to stool*, but there was no evacuation. The pains continued, with *bearing down* in the lower bowel, and the pains could only be relieved by lying down flat on the face. The next morning there was an evacuation of a *hard and dry nature, accompanied with small quantities of blood*. The blood appeared to come from the end of the passage. Evacuations continued hard, with a general feeling of turgescence of the mucous lining of the bowels, with slight *bearing down* and a *frequent desire for an evacuation*. For nearly a week afterwards *obstinate constipation* was a most prominent symptom, which terminated in *nausea*, sickness, and *diarrhea*, accompanied with severe vertigo and extreme debility. The mucous lining of the bowels became very irritable, with evacuations tending to diarrhea and *bearing down*, the action of the bowels being very rapid. The appetite decreased, and *headache, nausea*, and great flatulent distension became prominent symptoms. The action of *Angophora lanceolata*, in the same way as dysentery, affects mostly the large intestine, in which it produces irritation first, and afterwards inflammation. As an antidote to an overdose of the drug, *Ipecacuanha* is the most effectual. It is especially of service in the nausea, sickness, diarrhea, vertigo, and debility caused by *Angophora lanceolata*.

Angophora lanceolata has for its analogues *Tannin*, *Gallic Acid*, *Rhatania*, *Acidum nitricum*, *Acidum sulphuricum*, *Alumina*, *Geranium maculatum*, and *Rheum*.

In conclusion, *Angophora lanceolata* deserves to be given a greater prominence in the treatment of dysentery and kindred complaints, and it is very gratifying to me that "Enquirer," for one, is interested in this, one of our most valuable of the new remedies.

MATERIA MEDICA MISCELLANY.

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

Some Pathogenetic Effects of Boracic Acid.—The following symptoms produced by *Boracic Acid* are taken from the *Lancet*:—

Among 40 cases in which *Boric Acid* was administered and the results carefully watched, in one patient, a man aged 70, who was taking 80 grains in twenty-four hours, there was at the end of four weeks distinct flushing and redness of the skin, with the appearance of slight albuminuria. The urine was normal before the acid was given, and albumin disappeared two weeks after its discontinuance.

Wild, on one occasion, took 120 grains of *Boric Acid* within twenty-four hours. He suffered from nausea without vomiting, colicky pains in the abdomen followed by diarrhea seven hours after the first dose, which continued for some hours. On the next day he experienced slight headache, a feeling of depression, a want of appetite, and marked flushing of the skin. The urine contained free *Boric Acid*, which first appeared four hours after the drug had been taken, and persisted for twenty-six hours. It was also discovered by experimentation that a certain portion of the acid was converted into sodium borate and excreted in that form.

A review of the recorded cases of poisoning from *Boric Acid* and *Borax* shows that the two forms must be distinguished. In the first, a large quantity of the drug is absorbed rapidly from the alimentary canal, from some serous or other cavity, or from an extensive raw surface, causing vomiting, diarrhea, general depression, skin rashes, and partial paralysis of the nervous and muscular systems, causing death. In the second form the drug has been administered in comparatively small doses for long periods. In some of these cases the kidneys are diseased, in others albumin appears in the urine, and in several fatal cases uremic symptoms were described.—*Hahn. M.*

Kola in Asthma.—Brown, of Shippensburg, Pa., states that *Kola*, in appreciable doses, as a reconstituent tonic where the nervous system and stomach are at fault, relieves many cases of asthma. It is claimed by some to be specific. Persons addicted to the use of tobacco who

are afflicted with asthma are undoubtedly greatly benefited by putting twenty drops of *Kola* tincture into a two-ounce pack of pure tobacco, and, after twelve hours, smoking it. The result is often little short of magical.—*Med. Century*, April 1, 1899.

Senecio Aureus : *Results of a Proving*.—The following symptoms of this drug we cull from a proving made by a perfectly healthy young woman 24 years old, a hard student, free from sexual disturbance.

Mind : Very irritable, worried, undecided ; dissatisfied ; depressed, nervous ; < when sitting still ; cannot sit still, must move about.

Head : Dull, occipital pain in the morning ; dull frontal pain extending to occiput. Pain also in left auricular and temporal region, but mostly in occipital region.

Eyes : Dark rings around eyes ; eyes burn, lids burn ; yellow streak from inner canthus to iris.

Ear : Dull pain in left ear.

Nose and Throat feel very dry ; later secretions are much increased ; mucus fills throat.

Face : Red spot in centre of each cheek ; also on either separately.

Mouth and Tongue dry ; no thirst ; ulceration of gums ; mouth hot and dry.

Gastric : Aversion to all food, specially sweets and coffee (both which she is usually very fond of) ; much gas expelled from stomach ; stomach feels empty, and she feels faint before meals (not hunger) ; feels full after eating a very little.

Urinary : Frequent desire to urinate ; worse afternoon ; urethra inflamed.

Chest : Occasional sharp pain through either lung ; hot flashes of pain through lungs in morning ; compression about chest.

Back : Pain in lumbar region when sitting long and when lying down ; pain under left scapula ; pain in dorsal region ; shooting pains across back.

Arms : Hands cold and clammy, trembling from nervousness ; hot pains through arms.

Legs : Constant desire to keep feet in motion ; feet cold.

Pulse and Temperature.—Pulse reached 104, and temperature 99·4

Generalities.—Hot flushes day and night ; depressed,

nervous, irritable; sleep not refreshing; feels tired all morning.

Sexual System: Itching of vulva; better when mind employed; vulva feels sore and chafed; when sitting still irritation begins; awakened early by great sexual irritation; vagina full of mucus; labia swollen; irritation is exasperating; itching and burning about vagina and labia; frequently awakened by intense sexual irritation; orgasm in afternoon after feeling of irritation, and again after sleep.

Aching in both ovarian regions, knees and ankles, and down anterior part of thighs.

Profuse flow of mucus from vagina.

Sexual symptoms worse early morning.

Menses two days early, very scant, and less pain than usual, followed by excessive thick yellow leucorrhœa streaked with blood, and with dull pelvic pains.—*Am. Med. Monthly*.

CINA IN REMITTENT FEVER OF CHILDREN, WITH CONSTANT FLUCTUATION OF TEM- PERATURE.

BY DR. SARAT CH. GHOSE.

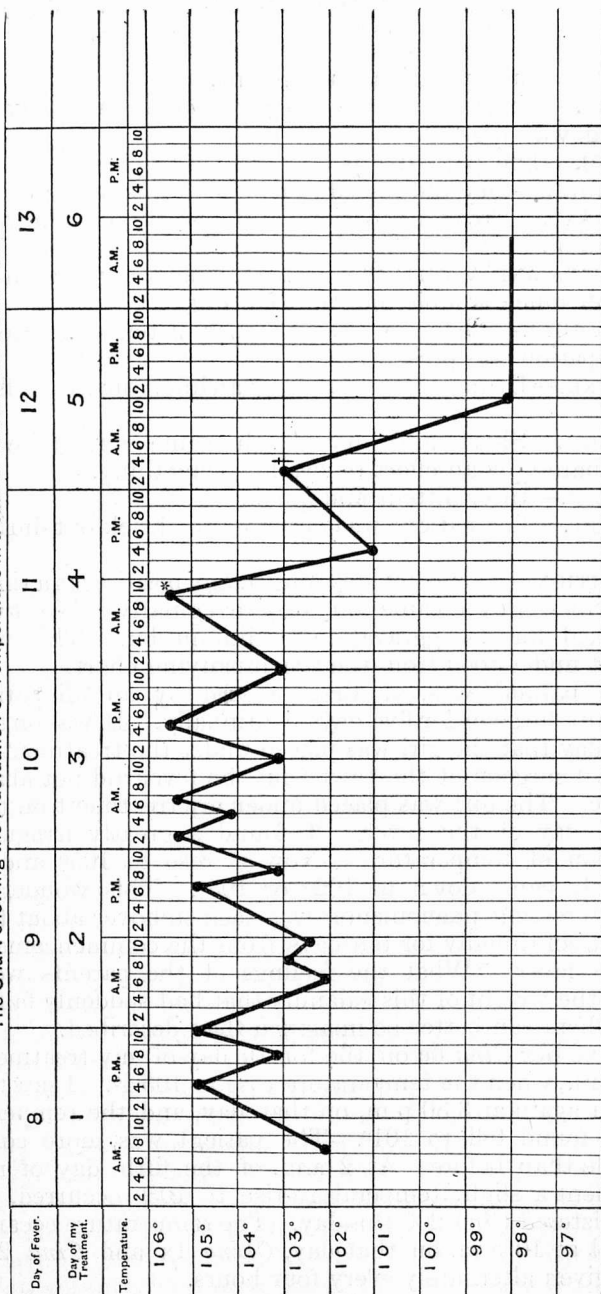
THE daughter of Babu A. K. Bose, deputy-magistrate and collector, was suffering from an attack of remittent fever. I was called to see the girl on the eighth day. I never met with any case of remittent fever with such a constant fluctuation of temperature within twenty-four hours. I continued to treat her with our usual remedies, such as *Bap.*, *Bry.*, *Ars.*, *Rhux Tox.*, &c., up to the fourth day of my treatment (eleventh day of the attack), but no perceptible improvement, to my great disappointment and utter amazement, was wrought by these remedies. A chart is herewith given to show the fluctuation of temperature very clearly.

The following symptoms, besides the elevation and declension of temperature, were marked to be present:—

MIND.—The patient was inclined to find fault with others; she tried to jump out of bed; was very delirious when the temperature attained its acme.

HEAD.—Intense headache was present; pressive pain in occiput; great tightness of the skin on forehead.

The Chart shewing the Fluctuation of Temperature in a case of Infantile Remittent Fever.



EYES.—Lachrymation was present.

EARS.—Ringing in the ears; extreme sensibility of hearing was present.

NOSE.—The patient was always seen to pick her nose.

TONGUE.—Dry and furred; sour taste was present.

THROAT.—Frequent motion, as if she was swallowing something.

NAUSEA AND VOMITING.—Constant nausea was seen to give her much trouble, but no vomiting.

ABDOMEN.—Abdomen was greatly distended. Stool. Constipation was present.

URINE.—Urine, after standing awhile, turned milky-white.

COUGH.—Short and dry cough came on, followed immediately by an effort to swallow something.

PULSE.—Intermittent and quick.

SLEEP.—The patient was observed to shriek out during sleep.

POSITION.—Could not stay long in any position at a time.

FEVER.—Fever came on very irregularly. No time was fixed for its aggravation or diminution. This will be best understood from the accompanying chart.

The patient was, at first, treated by an allopathic assistant surgeon for five days continually. It was on the sixth day that the girl was placed under the treatment of the civil surgeon of the town, but the fever did not abate a little. The girl was placed under my treatment on the eighth day of the fever. I found a greatly irregular variation of temperature. Now it rose to 105° and it suddenly came down to 102° or 103°. This wonderful and interesting phenomenon was seen to hover about the patient continually for ten days from the commencement of the fever. What the feelings of the parents were under the weight of this calamity that had suddenly fallen upon them can better be imagined than described.

I gave her *Cina* 6c on the fourth day of my treatment at 8 a.m., when the temperature rose to 105.4°. I saw the patient again at 3.30 p.m. on that day, and the temperature I found fell to 101°. The patient was more comfortable than before. At 2 a.m. of the fifth day of my treatment a slight temperature-rise to 103° occurred. I administered *Cina* 200 this day. The temperature became normal at 10 a.m. on that day, *China* 1x and *Cina* 200 were given alternately every four hours.

No recurrence of the fluctuation ever took place. I treated six more patients of this nature and achieved magical success with the administration of *Cina* 200. This new therapeutic action of *Cina* was revealed to me and I cannot rest satisfied until I send this report to your journal. I could not trace the flying temperature to any other cause, except that the majority of the symptoms which the patient had arose from helminthia. Then, thinking that *Cina* could kill the worms and thereby check the fever, I gave *Cina* 6c. The improvement reported was not so satisfactory as I expected. I thought this was due to the lower dilution of the remedy, and accordingly I administered *Cina* 200 to the patient. The improvement which was wrought by it was beyond my expectation, and was as instantaneous as possible. The temperature was found to be normal on the fifth day, and since then it did not depart an iota from the normal standard.

Midnapore, Bengal.

SNAKE-VENOM—ITS ACTION AND EFFECT.

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

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

XIII.—THE ELECTRIC TREATMENT IN SNAKE-BITE (continued).

I WILL now deal with the case of Mr. Boughton, to which I alluded last month. Dr. Moore in his communication to me stated that the patient was a strong, healthy young man, twenty years of age. He was bitten by a black snake, about eighteen inches long, as he was engaged in pulling long grass from a bush. When he felt the bite he at first mistook it for a thorn, hence the *three distinct bites* on his arm. Mr. Boughton applied *Ammonia* (of uncertain strength) to the bites, and about an hour afterwards, finding that the arm was becoming very painful up to the elbow, and that he was getting sleepy, he consulted Dr. Moore. That gentleman saturated the forearm well with *Rectified Spirit* 60 o.p. just coloured with *Iodium* (*Iodine*) ϕ . He afterwards applied a strong force of electricity from a 12 cell—*Bichromate*, plates 9 inch by 5 inch, for five minutes, and then placed

a large poultice of raw *Onions* on the wounds, administering internally *Nux Vomica* ϕ , 10 minims, and then 5 minims every three hours. No bad symptoms set in, but the next morning the patient complained of a pain extending from the wounds up his arm. Dr. Moore gave him an electric bath, which removed the pain, and there was not a return of the slightest symptom. Dr. Moore said he did not place much reliance on the above case so far as the treatment by electricity was concerned, but should he have another case of snake-bite he would try the electric bath, and inform me of the result.

DR. W. MOORE ADVOCATES *STRYCHNINE* AS AN
ANTIDOTE.

I was somewhat surprised to hear Dr. Moore advocating *Strychnine* as an antidote in snake-bite, stating that he was in favour of it, as he considered a case he had treated some three years before as a good test of the antidotal power of the drug. It appears that the case alluded to was that of a lady. Dr. Moore wrote to me, stating that, after bringing the symptoms resulting from the snake-venom under control with three injections of *Strychnine* of $\frac{1}{8}$ of a grain each, he tried to complete the cure with reported antidotes, viz., *Chloroform* and *Cedron Bean* (*Simaruba Cedron*), having seen these pronounced specifics in the American medical works. He gave two drachms of *Chloroform* within twenty minutes. As no improvement set in, twenty minutes afterwards he gave 30 drops of the strong tincture of *Cedron Bean*, and, fifteen minutes afterwards, another 30 drops. Half an hour afterwards the drowsiness returned, and also the paralysis. He injected another $\frac{1}{8}$ of a grain of *Strychnine*, and Dr. Moore asserts that fifteen minutes after the injection "all the bad symptoms vanished as if by magic," leaving only the neutralised poison and spent drugs to remove from the system. The patient rested well all night, but the following day she complained of a confused headache—a real, stupefying pain. She was placed in an electric bath for thirty minutes, and in fifteen minutes the brain assumed its normal state. The skin, however, from her nose to her toes, was perfectly scarlet. She had in all three baths, the last two being more for a chronic liver affection. There were no toxic symptoms after the first

bath. The bath used by Dr. Moore in cases of snake-bite is of bright copper, the battery being one of 12 cells, 9×5 inches, and can, therefore, be worked at a medium intensity, and with an abundant flow of the electric current.

As may be seen by the two cases described above, Dr. Moore does not depend on one single drug as an antidote in snake-bite, but makes use of several. In such cases it becomes difficult to determine which antidote works the cure. So far as his use of *Strychnine* is concerned, although it appears to have acted beneficially in the case of the lady bitten, in controlling the paralysis and drowsiness, it actually proves nothing, as numerous cases have been recorded in which *Strychnine* failed to act "as if by magic," and the patients died. One case especially I can call to mind in which the symptoms were vomiting, and a slight drowsiness. *Liquor Strychnine* mviij was injected, until spasmodic movements of the limbs and head took place. The *slight drowsiness*, however, developed into coma, and death took place, the spasmodic movements continuing up to the last. In another case the patient was quite sensible, but sleepy, the pulse 120, the pupils widely dilated, and he could speak and walk; on attempting to drink tetanic spasms set in (before the administration of *Strychnine*). *Alcohol*, about 1 oz., was given internally, and *Strychnine*, 4-10 gr., injected in one hour. The patient, however, died. In another case the symptoms were: Vomiting, drowsiness, and pulse 120, small and wiry. *Liquor Strychnine* mxvj in all (within thirty-two hours) was injected. Notwithstanding this, the *Strychnine* refused to act "as if by magic," and the patient died in thirty-seven hours after the infliction of the bite. Yet another case I will quote: In this case hematemesis was present; the pupils were widely dilated, the respiration slow, but the mind clear. There was also drowsiness. *Liquor Strychnine* mxxviii was injected. Slight tetanic spasms in the arms now took place, the patient became cyanosed, and finally collapsed, death resulting in $1\frac{1}{4}$ hour after commencing treatment. The confused headache alluded to by Dr. Moore in the case of the lady, in my opinion, resulted from the large dose of *Chloroform* administered, and was in no way connected with the toxic symptoms of the snake-venom.

ELECTRICITY ONLY AN AUXILIARY TO OTHER ANTIDOTES.

On perusing the two cases quoted above by Dr. Moore, I think it is but natural for us to arrive at the conclusion that in the case of snake-bite electricity can only be made use of as an auxiliary to other antidotes. That it has been the custom to make use of it as such will be seen not only by Mr. Moore's cases, but also by the following others:—

CASE 1.—The symptoms developed by the snake-venom in the case of this patient, a child nine years of age, were comatose fit, pupils contracted, pulse 100 (almost imperceptible), and vomiting. The treatment consisted of scarification, suction, and an immediate ligature. *Magneto-electricity* was applied, and 3–20 gr. *Strychnine* injected, *Brandy* being also administered internally until the patient was “remarkably drunk.” The child recovered.

CASE 2.—The symptoms of this patient, an adult, were stupor, collapse, and the pulse barely perceptible. The treatment consisted of *Ammonia* and *Ether* hypodermically; *galvanism*, and $\frac{1}{3}$ gr. *Strychnine* injected in three hours. There were muscular twitchings, but the patient recovered.

CASE 3.—In this case, that of a child sixteen months old, the symptoms were: Almost comatose, pupils fully dilated and insensible to light, and the pulse rapid, feeble, and irregular. The treatment adopted consisted of the prompt amputation of the bitten finger. *Brandy* and *Ammonia* internally; *Liq. Strychnine* m̄viiij (producing slight twitchings); and *Faradisation* of spine. The recovery was complete next day.

CASE 4.—In this case, that of a child aged ten, the symptoms were: Comatose, cyanosed, pupils fully dilated, and the heart's action feeble. The treatment consisted of *Galvanism* over the heart. *Liquor Strychnine* m̄xv; *Brandy* and beef-tea in small quantities. The child died, muscular twitchings setting in immediately before death.

As will be seen by the above, electricity can only be looked upon as a valuable adjunct to other remedies in the treatment of snake-bite, and, as such, it will undoubtedly be found very useful as an assistant in the endeavour made to save the patient's life. In it, as an antidote by itself, I have no faith, and to those who

would place their trust and confidence in it as such I would say that they are simply expecting it to go beyond the limits and range of its power. In both the cases quoted by Dr. Moore it acted beneficially in removing all after-effects of both the snake-venom and the antidotes made use of.

MIKANIA GUACO AS AN ANTIDOTE IN SNAKE-BITE.

So far as I am aware, no use has been made of this antidote in cases of snake-bite from our Australian colubrine snakes, yet, according to such reliable authorities as Humboldt, Poppig, Schomberg, Tschudi, and Forster, *Mikania Guaco* is the most reliable and effective remedy used in South America for the bites of venomous snakes. The juice of the plant, freshly expressed, is dropped into the dilated wound, and the surrounding parts are also well rubbed with the bruised leaves of the plant, the leaves being finally left bound down on to the wound. The juice is at the same time administered internally. It is also used as a prophylactic. *Mikania Guaco*, I may state, is a climbing plant, and is a native of both Central and South America. It is a perennial, with opposite, generally heart-shaped and petioled leaves. Its flowers are corymbos-paniced, and of a flesh-colour. The tincture is prepared from the whole plant.

DR. ELB'S OPINION OF THE ANTIDOTE.

Dr. Elb, the celebrated German physician, who has had considerable practical experience with the drug, writes thus in his admirable work on "Spinal Diseases": "From the symptoms produced by snake-bite, we cannot fail to see that snake-venom acts specifically upon the spinal marrow. It being admitted by homeopaths that the antidoting power of drugs resides not in their chemical properties, but must be referred to their similarity of physiological action, we may assume that an antidote to snake-venom would produce on the healthy symptoms similar to those resulting from snake-venom." I must compliment Dr. Elb on his pertinent remarks, and also on his straight-spoken advocacy of the nerve-poison theory in regard to the physiological action of snake-venom, which clearly go to prove that Dr. Elb has not been slow to discern the difference between a blood- and a nerve-

poison, and has not been idle in following out his investigations in a proper manner.

THE ACTION OF *MIKANIA GUACO*.

Among the symptoms developed by the action of the drug on healthy subjects may be mentioned the following as being the most prominent and persistent: A sensation of heaviness of and great difficulty in moving the tongue; constriction of the trachea and larynx; difficulty in digestion; sensation of burning in the nape of the neck extending to the shoulders; deafness; a tearing, drawing feeling in and also between the scapulæ; tearing, drawing, and stiffness extending to the axillæ; in the lumbo-sacral region a feeling of increased aching and forward pressing; fine and frequent stitches, and violent tearing and drawing pains along the spine, the pains being increased on bending, and accompanied with severe aching pains in the occiput, which often extend over the upper half of the back; pains from the scapula extend down into the forearm; sticking, tearing pains in the back; aching or drawing pains in the deltoid muscle, accompanied with a feeling of paralysis; laxative pain in the shoulders, sometimes tearing, and extending into the forearm; a tearing sensation in the fingers and elbows; burning feeling in the shoulder joint; great heaviness in the legs, with a sensation as of drawing in them; tearing feeling in the ankle-joints and soles of the feet; swollen and drawing feeling in the calves; drawing in the thighs; bruised pain and soreness in the hip-joint. The pains in the extremities and back are very persistent, and are all aggravated by motion. The symptoms mentioned above were developed by taking from ten to twenty-five drops of the mother tincture of the drug.

MIKANIA GUACO ACTING ON THE MEDULLA OBLONGATA.

It will be seen by the above symptoms that a number of them resemble very closely those present in cases of poisoning by snake-venom. Even the deafness, which becomes a prominent symptom on the invasion of the sensory sphere by the action of the snake-venom, is developed under the influence of *Mikania Guaco*. It will be seen also that the latter drug, in consequence of its action on the tongue (the movement of which it almost

paralyses) and on the muscles of deglutition and the larynx, produces a vivid picture of the initiatory stage of paralysis proceeding from the medulla oblongata. As I have shown in an earlier portion of this present paper, paralysis from the medulla oblongata is one of the most prominent features in poisoning by snake-venom. In the case of the latter poison also deglutition becomes extremely difficult during paresis, and is completely suspended so soon as paralysis sets in, the pharynx, esophagus, and soft palate also becoming completely paralysed as well as the tongue, which protrudes. It will also be seen that the paretic conditions and pains in the back of *Mikania Guaco* depend upon a hyperemia of the medulla oblongata, and this has been proved by the fact that in poisoning by this drug there have always been clear indications that the hemorrhoidal vessels were in a congested condition. The fact, also, that most of the symptoms of the extremities originate in the point of origin of the nerves from the medulla oblongata, and extend thence to the ends of these nerves, gives clear evidence to the most careless observer that these phenomena cannot possibly be local, but rather are dependent upon the spinal cord.

THE USE OF *MIKANIA GUACO* IN MEDICINE.

Mikania Guaco has proved itself to be a most valuable remedy in cases of spinal irritation, more especially in those in which the patient is of a robust condition, of an excitable nature, and inclined to congestion and hemorrhoids, and having in addition the following symptoms: Feeling of weakness in the lumbo-sacral region, accompanied with pains in the upper portion of the vertebral column, of a drawing, aching, or sticking character (very severe in their intensity), with pains in the extremities without them being paretic, the parts affected being very sensitive to the touch. It has also proved itself a great remedy in paralysis from pressure on the brain or spinal marrow, commonly known by the name of apoplectic paralysis. It is very useful in those cases in which there is redness of the face, a violent headache, and paralysis of the tongue. It is most effective when extravasation has brought on paralysis of the extremities or of the tongue, *Mikania Guaco* being one of the best (if not the best) remedies for this condition. The drug is of great service in the treatment of both acute and chronic

paralysis resulting from extravasations of blood; it is of little value in exudations. A peculiarity also of the drug is that the paralysis of the lower extremities is speedily cured by its action, but that cases of paralysis of the upper extremities are only occasionally cured by it. The paralysis may be confined either to the right or left side of the body. In conclusion, *Mikania Guaco* is a very reliable remedy in spinal and cerebro-spinal irritation.

(To be continued.)

INSTITUTION.

THE PREVENTION AND TREATMENT OF TROPICAL DISEASES.

WE are glad to see that our Liverpool brethren are actively forwarding therapeutic education in reference to tropical diseases. The following circular has been issued, together with subjoined syllabus of lectures:—

“Recognising the very serious nature of tropical diseases, especially of Africa, and in view of the great mortality under ordinary treatment, the Committee and Medical Board of the Liverpool Hahnemann Hospital, knowing the certainly curative power of homeopathic treatment in these diseases, have arranged for a course of instruction for medical men taking charge of steamers visiting Africa or taking charge of trading stations out there, and for missionaries and nurses, to enable them to prevent, or successfully treat malarial fever, dysentery, cholera, anemia, &c.

“They will be pleased also to receive into the hospital patients suffering from any of these diseases.

“The course consists of five or six lectures, with demonstrations in the wards of the hospital.

FEES.						£	s.	d.
Medical men in charge of steamers or trading stations	...	...	...	...	...	3	3	0
Missionaries and others, such as managers and clerks of trading stations	...	...	...	...	...	2	2	0
Nurses and medical students	...	...	...	...	...	1	1	0

“Either directly or by recommendation from subscribers to the above amounts.”

SYLLABUS OF LECTURES.

1. Tropical diseases and their prevention—malarial fevers.
2. Malarial fevers and their treatment—regular fevers.

3. Irregular tropical fevers and their treatment.

4. Yellow fever; Plague; Cholera; Dengue; Tropical typhoid; Typho-malarial fever.

5. Malarial cachexia; Tropical anemia; Tropical spleen. Tropical liver; Liver abscess. Indigestion; Biliouness; Vomiting; Constipation. Diarrhea; Dysentery; Sprue.

6. Catarrh; Bronchitis; Pneumonia; Pleurisy. Beriberi; Negro lethargy; Sunstroke; Prickly heat.

For further information application should be made to the Secretary of the Hahnemann Hospital, Liverpool.

EXTRACTS.

AN ADDRESS DELIVERED AT THE OPENING OF THE SECTION OF STATE MEDICINE.

AT THE ANNUAL MEETING OF THE BRITISH MEDICAL
ASSOCIATION, AT PORTSMOUTH, AUGUST, 1899.

By GEORGE WILSON, M.A., M.D., LL.D., Medical Officer of Health,
Mid Warwick District.

AFTER some preliminary remarks, Dr. Wilson proceeded to say: In the brief interval at my disposal there is no subject on which I desire to speak out with more direct frankness and sincerity than the relations of bacteriological research and methods of treatment to preventive medicine. And at the outset, I may be permitted to say that ever since the great Pasteur announced the results of his prophylactic inoculations with respect more especially to fowl cholera and anthrax, I have been a close, and I hope unbiassed, student of bacteriological literature. I may say, too, that my attitude towards these newer methods of treatment was at first one of expectancy, though I could never see that there was any legitimate analogy between them and Jenner's great discovery, on which they are admittedly based, and the more I have studied them the more firmly I feel convinced that they are based on errors, and are the outcome of illogical inductions, every one of them. That, you will say, is a very strong statement to make, but after all these long years of flickering hope, I am prepared to contend that the indiscriminate maiming and slaughter

of animal life with which these bacteriological methods of research and experimentation have been inseparably associated cannot be proved to have saved one single human life, or lessened in any appreciable degree the load of human suffering. I have ventured to make that pronouncement before, but in halting, academic fashion; I reiterate it here and now with the strongest and fullest conviction. In order to make my contention as clear as possible, let me refer for a moment to the doctrine of immunity as illustrated by small-pox and vaccination.

We know there are certain infectious diseases one attack of which protects, as a rule, against any future attack, and that of all diseases this can be more emphatically said of small-pox than of any other. That was why inoculation was practised for a time and was successful so far as the individual was concerned. The person inoculated suffered from the disease because he was inoculated with the actual *materies morbi*, but he ran the risk of suffering from perhaps a very severe attack and became a centre of infection unless he was isolated. Now Jenner's happy induction was this: he knew that it was common talk that milkers who suffered from sores on their hands which they contracted from the vesicles on the teats of cows infected with cow-pox were protected against small-pox. He therefore concluded that if he inoculated with the matter contained in the vesicles of cow-pox instead of with small-pox matter he might be able to confer immunity against small-pox. He tried the experiment and tested it over and over again, and not only so, but by using the matter from the vesicle produced by vaccination he made the further discovery that he could confer immunity from small-pox by vaccinating from person to person—that is, by arm-to-arm vaccination in continuous series with this matter which had been originally obtained from the vesicles of vaccinia or cow-pox. He thus made it clear that cow-pox or vaccinia was a modified form of small-pox, and as we all know, the experiment, though not an easy one, has been tried successfully and repeatedly to produce cow-pox in the cow or calf by inoculating the animal with the virus of small-pox. Vaccination, therefore, induces vaccinia, and vaccinia protects against small-pox because it is a modified form of the disease. Unlike small-pox itself, it does not confer absolute immunity as Jenner imagined

it would. It only confers a modified degree of protection against small-pox, because vaccinia is only a modified form of the disease itself by transmission of the virus through the cow or calf. And yet the protection afforded by successful primary vaccination is of such value that the successfully vaccinated in infancy are, as a rule, completely protected up to the age of ten or twelve, and are always made more or less immune through their whole lifetime, so that if they do become infected the disease manifests itself in a mild or modified form. But in order to confer complete protection primary vaccination must be supplemented by revaccination.

Now, gentlemen, however much you may dissent from my first statement, I feel sure I can claim, I may almost say, universal agreement with this very rudimentary statement concerning small-pox and vaccination. But it has been admitted by Pasteur, Koch, and all of their followers, that their methods of prophylaxis and cure are based on Jenner's happy inductive inspiration. Let me now further clear the way by a few other comparisons. In the first place, bacteriologists have failed to discover any pathogenic microbe either of small-pox or vaccinia which they can isolate with certainty, and I venture to predict that they never will discover any which they can label and cultivate as the *causa causans* of either disease. The few pathogenic microbes which bacteriologists have discovered associated with human disease, and which they can isolate and cultivate, are those of tuberculosis, diphtheria, enteric fever, cholera, and plague; but all these are found associated with necrosed tissues, and it is open to argument whether, instead of being labelled the unconditioned *causæ* of these respective diseases, they may not be performing a benign function in changing the necrosed tissues into harmless products, just as various kinds of micro-organisms are necessary to change filth and all dead organic matter into harmless matter. No specific organism has been discovered in respect to scarlatina, whooping-cough, measles, or typhus fever; and, even granting the spirilla of continued fever, and the micro-organisms of influenza, they cannot be isolated and cultivated. Then again, vaccine lymph must be taken from the vesicle at a certain stage of development. It is cultivated, and can only be cultivated in the living body. When successfully used, as in vaccination, it is followed

by manifestations of a definite disease known as vaccinia, with a well-defined incubation period, and well defined and characteristic symptoms—a varying amount of pyrexia, tumefaction at the point of vaccination—the vesicular stage, and the pustular stage.

Let me now go a step further, and institute comparisons with the so-called results of serumtherapeutics. We know that a successfully vaccinated cow or calf is made immune. We can therefore use the serum of a perfectly immune animal, but on reading all the experiments in this direction, as summarised by Dr. Copeman in his admirable work on vaccination, the serum of an immunised animal confers at the utmost only a doubtful and short-lived immunity, so doubtful as to be discarded altogether, and as a cure for small-pox it is of still more questionable efficacy.

On all these grounds, gentlemen, I boldly reiterate my statement that there is no legitimate analogy between Jenner's great discovery and these newer methods of prophylaxis or cure which are based on that discovery. And in passing I wish to say that there has never been a more deplorable travesty of a great name than to designate the Institute of Preventive Medicine the Jenner Institute. Jenner's experimental altar was no sacrificial altar, but any one who has studied the recent widespread antagonism against vaccination can see that one of the most potent of them has been the rush of the younger men in the profession to use these antitoxin serums. The medical profession—though I may say they believe to a man in vaccination and revaccination as a full and complete protection against small-pox—are largely to blame for this revolt; and I boldly say that there should be some pause in these ruthless lines of experimentation to take a calm and candid review of the whole position of bacteriological methods in the prevention or cure of human disease. I have not allied myself to the antivivisectionists, but I accuse my profession of misleading the public as to the cruelties and horrors which are perpetrated on animal life. When it is stated that the actual pain involved in these experiments is commonly of the most trifling description, there is a *suppressio veri* of the most palpable kind, which could only be accounted for at the time by ignorance of the actual facts. I admit that in the mere operation of injecting a virus, whether

cultivated or not, there may be little or no pain, but the cruelty does not lie in the operation itself, which is permitted to be performed without anesthetics, but in the after-effects. Whether so-called toxins are injected under the skin, into the peritoneum, into the cranium under the dura mater, into the pleural cavity, into the veins, eyes, or other organs—and all these methods are ruthlessly practised—there is the long-drawn-out agony. The animal so innocently operated on may have to live days, weeks, or months, with no anæsthetic to assuage its sufferings, and nothing but death to relieve.

And what triumphs has bacteriology achieved in stemming the tide of human disease on these empirical lines? Pasteur's antirabic vaccination is, I believe—and others with me—a delusion. Koch's tuberculin cure for phthisis has long since been labelled as worse than worthless. As a test even for bovine tuberculosis tuberculin possesses only a secondary and not a specific value. The much-vaunted antitoxin cure for diphtheria does not command the universal approval of even the physicians of the metropolitan fever hospitals. Just because tetanic antitoxin serum has failed when used subcutaneously, medical men have felt justified in deliberately trephining patients and injecting it into the brain substance, and one medical man has had the courage to confess, after making a post-mortem examination of his patient, that such treatment can no longer be justified. The serums used for the treatment of other diseases—such as the pneumococcic serum, the serum used for puerperal fever (the serum which was so much vaunted as another great discovery), Sanarelli's serum for the cure of yellow fever—are all of them allowed to slip into the lap of forgetfulness. I know these statements of mine will not command assent, but I have no axe of my own to grind except the clean-cut edge of truth, which I admit even bacteriologists are striving empirically to sharpen. I accuse none of want of good faith, but I think I can see—and will strive to make others see—that in the protection afforded by vaccination against small-pox, Nature gives no authority or warranty for these reckless experiments. The bacteriologists so dominate the public press that we almost seem to live in a bacillus-stricken world.

And, so far as preventive medicine is concerned,

bacteriology has rather led us on false lines in assuming that the pathogenic microbe of any disease is the *causa causans* of that disease. I venture to say that the unconditioned microbe need have no terrors for humanity. We know that there are certain diseases which are notoriously infectious; therefore we isolate. We know that there are others which breed on filth; therefore we say be clean, and insist on cleanliness of house and home, of the water we drink, the food we eat, of the air we breathe.

Bacteriology has assisted, and largely assisted, preventive efforts at disinfection, isolation, and so on; but it can never confer immunity against disease except by using minimal doses of the virus of that disease, and that virus I say to be effectual can only be cultivated and bred in the living body, not cultivated artificially in organic media. I do not hesitate to designate the whole list of therapeutic serums as the *materia medica* of septic therapeutics. We talk of aseptic surgery, and we begin to know something of its absurd ritual when it is gravely advanced that even masks are to be worn on the face because the beard of the surgeon may harbour pathogenic germs. Hahnemann was denounced for his absurd doctrine of *similia similibus curantur*. We are all accepting it now on these utterly empirical lines, and institute a crusade against tuberculosis as if the tuberculosis bacillus was the sole *causa causans* of the disease.

I say that we can only fight phthisis on the old lines, by improving heritage when that is possible, by improving the homes and conditions of life and labour, which are always possible, and always call loudly for interference. But this insane hunt after the tubercle bacillus, as if it could be bottled up in twopenny-halfpenny spittoons and got rid of, is the insanest crusade ever instituted on illogical lines. Bacteriologists are not sure of their tuberculosis bacillus, and it is a moot question whether the bacillus which is found in milk, and which is labelled as the tubercle bacillus, is not a cow-dung bacillus. A distinguished bacteriologist has admitted it; I venture to reiterate it.

Institute sanatoria all over the country by all means—people will flock to them who can pay, but so far as public bodies are concerned, the guardians of the insane and the poor—I say this and deliberately—your asylums

are full of these phthisical patients, your huge work-houses are full of them. Begin by experimenting on them, and do not declaim all over the country that this crusade, because it has been patronised, and rightly patronised, by Royalty, is to seize hold of the national mind. It looks to me as if we were returning to the days when the king's touch was regarded as the cure for the king's evil, and when all sorts of decoctions were the prized cures for human infirmities.

The physician can never cure; he can only direct and assist Nature in eliminating the *materies morbi*, whatever it may be.

In my student days I was taught that there was such an influence, such a *vis* as the *vis medicatrix Naturæ*. That appears to be no longer recognised as of any efficacy, and now when a patient does not die or survives bacteriological treatment, he is claimed as an instance of cure. For years back the papers have been flooded with these isolated mythical cures, and I am told that the consensus of the medical profession is against me; but I console myself with the reflection that medical opinion in these days means only the opinion of bacteriologists, who are, I admit, our smartest men, win our research scholarships, and imbibe their creeds on the Continent; and so they return and become our teachers; but the whole of bacteriological theory and practice is steeped with commercial interests.

Behring has patented his diphtheria antitoxic serum on the Continent; Koch for years has made a princely royalty out of his tuberculin. Little Denmark has boomed her butter trade through tuberculin, and we in this country, it seems to me, cannot accept the gospel of prevention and cure except as it is preached in Paris, Berlin, Vienna, Lille, or other Continental schools. As President of this Section I regret to have to be so much out of harmony with so many of my fellow-workers; indeed, I feel almost apologetic, but I hope you will give me credit for honest convictions, which I myself will always strive to concede to those who cannot help teaching what they have taken so much pains to learn. In addition to the pathogenic microbe, there are always other conditions—conditions of soil and circumstances—without which the microbe is powerless. With these conditions we can always deal more or less effectually,

and our most successful efforts must always remain based on these lines.—*British Medical Journal*, Aug. 5th.

MULLEIN OIL.

DEAFNESS, EARACHE, PAINFUL URINATION, ENURESIS, AND
COUGHS.

THIS old remedy was brought to the attention of the medical profession by Dr. A. M. Cushing, of Springfield, Mass., in 1884, who tells the story of it as follows:—

“My father’s house was the home for all the poor tramps, as well as ministers, &c. He fell into the river, got water in his ears and was quite deaf for months. A blind man called, heard loud conversation, asked the cause, &c., then said for kindness received he would tell us how to make something that would surely cure him, and be worth a thousand dollars in New York City. We made the oil, put it in his ears at night, and he was well in the morning. For years we kept a bottle of it, and it travelled all around the towns and did wonders.”

Dr. Cushing afterwards made a proving of it, the chief symptom being a constant but slight involuntary urination. In *Hom. Recorder* for March, 1890, Dr. H. C. Houghton, the well-known ear specialist of New York City, after reciting his previous experience with other preparations of *Mullein Oil*, wrote:—

“When your house brought out *Mullein Oil* under Dr. Cushing’s direction, I took it up again and have prescribed it in a large number of cases. In chronic dermatitis of the external meatus and drum-head, or exfoliation after furuncle, it is excellent; in chronic catarrhal inflammation of the tympanum I have not been able to see any effect, but in chronic suppurative disease of the tympanum, or in accumulations of detritus in cases of perforation, scarred drum-heads, &c., it acts to dislodge accumulations, free the ossicula from pressure, and thereby improves the hearing; this process goes on for months till the tympanum has thrown out an amount of the *débris* that is surprising. In a few cases it has caused soreness and increased muco-purulent discharge, due, I think, to excessive use. In subacute or chronic disease after suppuration its effect is very gratifying; it aids exfoliation and checks irritation from exfoliated material. I am able to confirm the symptoms noted of its effects in nocturnal enuresis in many instances. There is one effect I have not seen noticed by any observers, relief of night cough. More than ten years ago Dr. H. A. Tucker, Brooklyn, N.Y., told me of a *Glycerole of Mullein* made by macerating the plant in Jamaica rum for two or three weeks, expressing it and adding to this product an equal quantity of glycerine. This led me to the use of the fluid extract of the plant, glycerine and water, equal parts, as a mollifier in cases where patients would resort to some popular remedy containing opium or similar opiate. The same effect can be produced by drop doses of *Mullein Oil*, the teasing cough which comes on lying down, preventing the sleep, usually yielding to a few doses.”

Dr. D. D. Cole, Morrisville, N.Y., in 1888 wrote :—

"Mrs. A. D. M., æt. 40, called at my office, March 4th, saying that she could not hear at all in her left ear, and had not for several weeks, complaining of a feeling of fulness in her ear. I dropped three or four drops of *Mullein Oil* (Boericke & Tafel), into her ear and then left for home. Two weeks after I saw her, when she stated that she could hear as well as ever the next day after visiting me, and has continued to do so."

In 1889 Dr. Cushing in a note to us added the following P.S. :—

"Mr. —, aged about 60, very hard of hearing for years. After a few applications of *Mullein Oil* can hear a clock tick in adjoining room."

In 1890 the *Chicago Medical Times* editorially mentioned the case of a gentleman who had been under treatment for deafness by "prominent specialists of the city until he had spent a little fortune," with no improvement. His wife found that their little son was also becoming deaf, and the editor of the *Times*, to whom she applied for advice, prescribed *Mullein Oil*, three drops in the ear, three times daily. The father concluded to adopt the same treatment, dropped all others, and improvement set in at once, and his hearing was almost completely restored.

Dr. R. C. Ely, in *Eclectic Medical Journal*, 1891, writes that he and his preceptor before him had used the remedy for over forty years. Whenever a case of deafness was presented the ear was examined, and if no removable cause was found three drops of *Mullein Oil* dropped in the ear night and morning was the prescription, with a very satisfactory average of success.

Dr. Majumdar, of Calcutta, India, relates a case of deafness of a nervous character of ten years' standing that was entirely cured by *Mullein Oil* internally and externally.

But we have no more space to devote to this feature of the remedy.

Dr. C. E. House, *Hom. Recorder*, June, 1894, relates the cure with *Mullein Oil* alone, of a case of otorrhea of three years' standing, on which a large sum of money had been spent.

Many practitioners have reported cases of earache in children that were quickly relieved by the *Mullein Oil*, either dropped into the ear, or applied on a pledget of cotton, but we will not cite particular cases here.

The ear and the bladder seem to be the parts of the body on which *Mullein Oil* is a true "organ remedy." Dr. M. G. Violet wrote as follows to the *Medical Current*, 1892 :—

"I have charge of the medical and surgical department of the Wisconsin State Industrial School for boys. I have a great many cases of enuresis to treat. *Mullein Oil*, the 4th dilution, in five-drop doses, has yielded surprising results, relieving cases of several years' standing."

"When Willie wet the bed" is a very pretty little poem, but we think Eugene Field would have been satisfied to have it remain dry, and the physician who can cure such cases is apt to get his reward.

The *Chironian* for 1889 says that Professor Moffat, of the N.Y. Homeopathic Medical College, spoke of a number of cases of nocturnal enuresis in which all the known remedies had failed, that was either cured or benefited by *Mullein Oil*.

In several cases when the indicated remedy has failed to relieve dysuria, or painful urination, *Mullein Oil* has given prompt relief. For dribbling of urine it ought to be effective if given in a potency. Also remember it in night coughs.

In connection with the indicated remedy it has been used with great satisfaction as an external application in cases of inflamed testicles, swollen ears and similar cases, and there is no doubt but that it has a wide range of usefulness as a purely external remedy.

A final word now about the remedy itself. It is not an oil, though we have retained the popular name under which it was introduced to the medical profession, but a dark-coloured, aromatic liquid obtained from the bloom of the *Mullein*, and, by the way, it takes a great many flowers to yield an ounce of the oil. It is not mentioned in the dispensatories, and this may account for the fact that certain drug houses supply the fluid extract of *Verbascum* when *Mullein Oil* is asked for; others steep the flowers in olive oil and give that when called upon for the remedy; others again use the tincture of *Verbascum*. As with our other remedies, we have always supplied the genuine article, and the steady demand for it for nearly twelve years demonstrates as plainly as the cases cited above its sterling merits.—*Boericke & Tafel's News Letter*.

RECONSTRUCTIVES : PHOSPHOGLYCERATE OF LIME AND SAW PALMETTO.*

By WILL SCOTT MULLINS, M.D.

As a rule, I am not one who believes in constantly reaching out after new drugs, nor in running after strange gods. On the whole, however, I believe as a duty to our patients and the future welfare of homeopathy, we must weed out much accumulated trash from many of the old and well-tried remedies, so that the psychological and physical characteristics, or the spiritual Ego or personality of each drug, may stand out in rich and fragrant bloom

* Read before the State Homeopathic Society, Kentucky, May 24, 1899.

of curative virtues, in order that one's mind's eye may readily grasp the drug's simillimum. Those of us who deal largely in the treatment of the "old chronics" feel our need of some remedy to build up the system in a natural and physiological way; a drug that will do this and yet not interfere with the dynamically selected remedy; and one not having the reactionary ills of stimulants; for these ultimately do vastly more harm than good. *Saw Palmetto* stands to-day as one such drug; it stands as one of the best tissue-builders known to the medical profession. It occupies a unique position in the materia medica. In its crude form it is a tonic and reconstructive of priceless value, being especially indicated in run-down and worn-out constitutions of men and women; in men it has associated in its symptoms some lesion of the sexual system, such as an enlarged prostate, weakness of the seminal ducts or irritation of the testicles; in women there is ovarian, fallopian or uterine irritation, congestion or inflammation, with inertia or non-development of one or both ovaries or the mammary glands.

It is not of *Saw Palmetto*, however, that I desire to speak; but of a drug which brings the vitality from within out; a reconstructive which has been under investigation in my hands for the last fifteen months. While an old drug as to date of discovery, yet, as a medicine, it has only been in use for the last few years. The drug to which I invite your attention to-day is known as *Phosphoglycerate of Lime*, and will prove a fit running mate with *Saw Palmetto*.

The *Phosphoglycerate of Lime* was discovered by Pelouze in 1846, but did not find its way into therapeutics until April, 1894, when Dr. Albert Robin called the attention of the profession to this drug, in a communication made by him to the French Academy of Medicine. It is well known that the phosphate of lime, which is absolutely necessary to animal existence, is eliminated in the urine. So long as the quantity excreted does not exceed that normally contained in the food the health remains good; but if, on the contrary, there is an excessive excretion of phosphates the organism is impoverished and a group of symptoms indicative of a departure from health promptly attracts attention. The analysis of these products of disassimilation shows that the phosphates which have undergone absorption have become incorporated with the

organism and have become converted into phosphoglycerates of lime. This change is explained by the presence throughout the organism of lecithine, of which phosphoglycerate of lime is the principal constituent, as was demonstrated by Goblet in 1846. It is well known that lecithine is the most important constituent of the yolk of the egg; also of the brain matter (reports from the French Academy of Medicine). Dr. Robin showed clearly that the phosphoglycerate of lime is valuable owing to its action upon the nervous system. It provides the organism with phosphorus in a form as nearly identical as possible with that occurring naturally in the organism. Its action by way of the stomach at once increases the proportions of the solids in the urine, at the same time giving a powerful stimulus to the functions of nutrition; this being the consequence of its selective action on the nervous system. Patients have come to me suffering from defective vital reaction after acute diseases, in which *China*, *Phosphorus*, and *Phosphoric Acid* failed of doing any good; while others have been afflicted with general debility, hysteria, chorea, impotence, brain fag, and neurasthenia; such well-known remedies as *Kali Phos.*, *Phosphorus*, *Phosphoric Acid*, *Ambra*, *Zincum*, *China*, *Helonias*, *Ignatia*, *Asafetida*, *Moschus*, and *Valerianate of Zinc* were given. While a few improved and a few got well, yet the greater number were not improved, but, in the end, became victims of the delusion and snare of sedatives and narcotics.

These cases needed something to stir up, as it were, the inward vitality of the patient; something more reliable than *Sulphur* or *Psorinum* high. *Phosphoglycerate of Lime* seems to be a nerve stimulant without one particle of depressing reaction. It is an analogue of *Saw Palmetto*, *China*, and *Kali Phos.* It does not take the place of any of the trio named, but will do what none of the others will do; it is a constructive that "constructs." As the "proof of the pudding is in the eating," so the value of any drug is the results obtained in its clinical application.

CASE I.—Mrs. B., blonde, aged twenty-seven, mother of one child, three years old; weight, in good health, 126 pounds. Weight when she consulted me, 109 pounds. Nine months ago had an abortion performed at the third month, slow recovery; since which time has not had a well day. Is very nervous, cross, and irritable; sleep

never good; least noise awakens with a start; appetite variable, bowels very costive, much backache, feels tired all of the time; her legs go to sleep often, numbness and tingling in the left arm, frequent palpitation of the heart, especially from exertion. Never free from pain in one or both ovaries, but more constant and severe in the left; copious flow of leucorrhea, yellow and acid; much bearing down in the uterine region, cold feet and hands, face pale, covered with yellow spots, yellow bridge across the nose as if painted with the pollen of the sunflower.

Examination showed a chronic endometritis, prolapsus, and retroversion. Treatment adjusted the womb, then applied tampons of *Glycerine* and *Hydrastis*. This was repeated every third day. Gave internally three doses of *Sepia* 6x, three times per day, every night at bedtime one dose of *Alumina* 6x, for her bowels. The uterine treatment with the proper adjuncts was continued; also the indicated remedy as the symptoms called for it. This line of medication covered a period of five months, at the end of which time she was free from any uterine symptoms, the appetite was good, bowels regular, sleep very much better, but there remained the frequent nervous spells, great mental depression, the frequent tingling in the left arm, and the too frequent tired feeling. These symptoms received *Natrum Muriaticum*, *Kali Phos.*, *Digitaline*, and *Cactina*. The benefit received was only what she got from the suggestion at the time that the remedy would help. I now prescribed *Phosphoglycrate of Lime*, two grains after meals. Was better after fourth day. Remedy continued one month with result of full restoration to health, with a gain of seven pounds.

CASE II.—Miss J. Aged twenty-three. Had been under the treatment of an old-school specialist in our city for nine months prior to her first visit to my office. A blonde, weight 116 pounds; weight in health 124 pounds. Had severe attack of grip one year ago. Had not seen a well day since. Face pale and bloodless; always feels tired and worn out; very cross and nervous; sleep restless and full of horrid nightmare-like dreams; picking at and itching of the nose; frequent dull pain in the occiput; cold hands and feet; appetite sluggish; bowels regular but scanty; urine loaded with a brickdust-like sediment. Menstruation regular, but too little in the quantity; limbs go to sleep easily. Received *Calc. Phos.* 6x., *Cina* 6x,

Indigo 30th, and *Spigelia*. The only benefit was less itching and less desire to rub and pick the nose. Prescribed *Phosphoglycerate of Lime*, four grains after meals in half-glass of unfermented grape-juice. Dismissed as cured in four weeks, with a gain of nine pounds. To-day this woman weighs 130 pounds.

CASE III.—Mr. K., pastor of one of our city churches. A noted hard student and an altogether hard worker. Complained of great mental and physical fatigue, although the appetite for dinner and supper was good and the bowels regular. Very despondent, sleep poor. Every few days had a drawing pain in right groin extending down to the right testicle, which was tender to the touch; scrotum very much relaxed. Had taken tonics—that is, so-called tonics gotten by a Chicago firm; also *Natrum Muriaticum*, *Nux Vomica*, *China*, *Phosphoric Acid*, and the iron contained in one quart of Hensel's tonic. Prescribed *Saw Palmetto*, ten drops to fourth of a glass of water before meals; also a bandage for scrotum. In two weeks the pain in groin and right testicle had left him, but little, if any, mitigation of the other symptoms. Prescribed *Phosphoglycerate of Lime*, four grains after meals in unfermented wine. A rest of three weeks, plenty of outdoor exercise, and a Turkish bath twice a week. Dismissed cured in one month.

[After citing a case of mental depression arising from prostatic trouble with absence of satisfaction in coitus, ascribed by Dr. Mullins to a former free use of *Potassium Iodide*, he concludes as follows:—]

The prostate gland plays an important part in the enjoyment of intercourse. Outside of mechanical injury to the testicles, or the bad effects of gonorrhea or the burning in syphilis, where the prostate gland is involved the best remedy, as a rule, is *Saw Palmetto*, although there are cases in which *Conium*, *Clematis*, and *Pulsatilla* have done good work. There is, however, a part of the prostate gland known as the *veru montanum*, which contains nerve endings that contribute vastly to the proper enjoyment of intercourse. Hence I am of the opinion that *Phosphoglycerate of Lime* has a decided affinity for that portion of the prostate gland known as the *veru montanum*, also for the plexus of nerves that exist in the spine and preside over the secretion of semen.

This drug is an infant; before it there lies a great

future. I present it to you, gentlemen of this Convention, with the single ray of light that has come to me from its clinical application—the results obtained—but with the hope that each one here present will take it to your hearts and minds, clothe it with thinking and practical intelligence, and I believe that under such light and knowledge it will grow into mature manhood, performing deeds of good as the adopted child of homeopathy, never, however, forgetting to render honour to whom honour is due, namely to Pelouze, for its discovery, while to Dr. Robin, an old-school physician, our thanks for its first clinical application. Verily, thrice verily, the old school discovers many new drugs, but it remains for the homeopath to study, to classify, to prove, until he finds and places them in their proper places in the *materia medica* and in the therapeutics of cure.—*American Homeopathist*, August, 1899.

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.

HOW HOMEOPATHIC MEDICINES KEEP.

SIR,—Kindly say how long will pilules keep good if properly corked and capsuled with paper, and much oblige.

W. A. MURDOCK.

5, Castlereagh Avenue, Belfast.

[REPLY.]

WE believe there is practically no limit to the keeping properties of well-corked homeopathic medicines, if we except the low potencies of some volatile and easily oxydisable substances. For an example we refer our correspondent to p. 440 of our volume for 1898.—*Ed. H.W.*

TAPE-WORM.—The *Medical Summary* says one drop of croton oil dissolved in thirty drops of chloroform and one ounce of glycerine given at night, on an empty stomach, followed in the morning by a dose of castor oil, will remove tape-worm.—*Hom. News.*

GENERAL CORRESPONDENCE.

DOES *CURARE* MEAN "TO CURE"?

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—Dr. Dudgeon in his article on the Alternation of Medicines in the *Hahnemannian Monthly*, June, 1899, and inserted in *THE HOMEOPATHIC WORLD* for July, at page 321, asserts that the Latin word "*curare*" means "to take care of," "to treat," and *not* to "cure."

I hereto append extracts from well-known Latin authors where the verb "*curare*" has the meaning "to heal," "to cure."

"An quod corpora curari possint, animorum medicina nulla sit?" ("Is it because the body will admit of a cure, while there is no medicine for the mind?").—*Cic.*, "*Tusc.*," 3.2.

"Adolescentes gravius ægrotant, tristius curantur." ("Young men more readily fall into diseases and are cured with more difficulty.").—*Cic.*, "*De Sen.*," 19.67.

"Interjecto deinde haud magno spatio quod vulneribus curandis supplendoque exercitui satis esset tum ira majore belli tum viribus etiam auctis, Pometiæ arma illata," &c. ("After a short interval, just sufficient for the curing of their wounds and recruiting the army, the Romans renewed their operations against Pometia with redoubled fury and augmented strength," &c.).—*Liv.*, 2.17.

"Et circuibat Jesus omnes civitates et castella docens in synagogis eorum et prædicans evangelium, et curans omnem languorem et omnem infirmitatem" ("And Jesus went about all the cities and villages teaching in their synagogues and preaching the gospel of the kingdom, and healing every sickness and every disease among the people").—*Matt.* ix. 35.

"Quum autem sol occidisset omnes qui habebant infirmos variis languoribus ducebant illos ad eum. At ille singulis manus imponens *curabat* eos" ("Now when the sun was setting, all they that had any sick with divers diseases brought them unto Him; and He laid His hands on every one of them and *healed* them").—*Luke* iv. 40.

Yours truly,

DAVID RIDPATH, M.D.

8, Grange Crescent, Sunderland.

August 10, 1899.

SNAKE-VENOM AND AUTOPROPHYLAXY.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—In the interesting article by Mr. Frederick Kopp on the action of snake-venom, he speaks of the use of the venom as an antidote as “an application of the ordinary process in calf-lymph vaccination.” This is evidently written under the supposition that the origin of calf lymph is the matter of small-pox, as suggested in paragraph 360 of the Final Report of the Royal Commission on Vaccination. Jenner supposed that the origin of prophylactic cow-pox (as distinguished from spurious, or spontaneous cow-pox, which he said was no good) was horse-grease, transmitted by the hand of a milker who had attended a case of horse-grease. He subsequently (as Barron says) adopted horse-pox as the original disease. But on reference to the Dissent of Dr. Collins, appended to the above-quoted report, paragraphs 213 to 216, it will be seen that calf lymph produces symptoms indistinguishable from those of syphilis, which may therefore be looked upon as the original disease from which some at least of the strains of vaccine lymph now in current use have been derived. It will thus be seen that vaccination is in no sense autoprophylatic, but is a unique and isolated instance of hetero-prophylaxy, for which there is no analogy to be found in the use of small doses of snake-venom against snake-bite.

I am, &c.

A. PHELPS.

Edgbaston, August 17, 1899.

[In his lectures at Edinburgh, the late Dr. Matthew Duncan used to point out the very close analogy that exists between vaccinia and syphilis.—ED. H. W.]

“SNAKE-VENOM—ITS ACTION AND EFFECT.”

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—When I first undertook, on behalf of those supporting the nerve-poison theory in relation to snake-venom, to reply to the arguments advanced by the party advocating that of blood-poisoning, I had no idea of the amount of interest that would be taken therein by the medical profession, men of science in general. I now

find it impossible to acknowledge all the kind correspondence received, as I cannot find time to reply to all. To the few, however, who have criticised some of my statements, I shall reply before concluding my papers on "Snake-venom—its Action and Effect," and therefore ask their indulgence for a little while. I also wish to take this opportunity of thanking those who have, by the interest displayed by them in my task of compiling these papers, encouraged me in my labours in the cause of scientific truth.

I remain,

Yours sincerely,

FREDERICK KOPP.

"Dillwynia," Greenwich, N.S.W.,
June 10, 1899.

"CHEAP HOMEOPATHIC MEDICINES."

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—Our attention has been called to an article in your August issue of THE HOMEOPATHIC WORLD in which the recent cutting of the wholesale price of homeopathic pilules and tinctures is commented upon.

As our name has been mentioned in connection with another maker we beg to put the full facts of the case before you, in order that our action in the matter may not be misunderstood.

We are, as you are possibly aware, one of the oldest and largest manufacturers of homeopathic medicines, having been established in the year 1867, and until the advent of a new house we for many years worked in friendly harmony with other makers, charging one fixed wholesale price bearing a fair remunerative profit. Some few years ago a new maker entered the field, and with the object of securing ours and other makers' custom, charged varying reduced prices—in fact, any price the chemist could be induced to give, we time after time having to adjust our prices to meet this unfair competition, and ultimately to prevent our agents being taken from us have had to finally put an end to the competition by fixing our wholesale price at a rate we trust will prevent any further undercutting.

The question of profit on the sale of our homeopathic medicines is of no material importance to us, for, although we do a large trade in these goods, it constitutes a section only of our business.

We trust our action in the matter will lead to a more healthy state of competition in the future, and it may perhaps be a

salutary lesson to other business houses who may be inclined to embark upon a policy of cutting prices to secure other people's customers, when they are otherwise unable to obtain a foothold.

Yours faithfully,

ASHTON & PARSONS, LTD.,
Homeopathic Chemists, London, E.C.
GEORGE PARSONS,
Managing Director.

[If we understand our correspondents aright, their argument is that they are in a position to sell homeopathic medicines of the first quality under cost price because the wholesale manufacture of homeopathic medicines forms only an insignificant portion of their trade. We do not think this a wholesome state of affairs; and however conscientiously the preparation of medicines may be carried out, we could not place implicit confidence in them if distributed on the "given-away-with-a-pound-of-tea" principle. We should have thought that, being in the independent position they claim, Messrs. Ashton and Parsons could have afforded to meet any sort of competition without resorting to the methods they complain of in their opponents. —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, Thursdays, Fridays, and Saturdays, 2.0; 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; Dental Cases, Thursdays, 9.0 a.m.; Orthopedic Cases, Tuesdays, 2.0; Electrical Cases, Thursdays, 9.0 a.m.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Arndt (H. R.). A Practice of Medicine (Homeopathic). Super roy. 8vo; half mor., pp. 1331. (Homeopathic Publishing Company. Net, 40s.)
Cable (G. W.). An Experimental Research into Surgical Shock. 8vo. (Lippincott. 12s. 6d.)
Chapman (J. B.). Biochemistry: A Domestic Treatise on the Application of Schüssler's Twelve Tissue Remedies. 2nd Crown 8vo, pp. 307. (Homeopathic Pub. Co. Net, 5s.)

Encyclopædia Medica. Under the General Editorship of Chalmers Watson. Vol. I., Abdomen to Bone. 8vo. (Churchill. Net, 20.)
Hare (Robt. Amory) Practical Diagnosis: The Use of Symptoms in the Diagnosis of Disease. 4th ed., revised and enlarged. Illus. with 205 Engravings and 14 Coloured Plates. Royal 8vo, pp. 632. (Kimpton. 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. Clifton, Northampton.—Dr. Dudgeon, London.—G. M. H.—Messrs. Ashton & Parsons, London.—Dr. Ridpath, Sunderland.—Dr. Ghose, Midnapore.—Mr. Kopp, Greenwich, N.S.W.—Mr. W. Murdoch, Belfast.—General Phelps, Edgbaston.—Dr. Hayward, Birkenhead.

BOOKS AND JOURNALS RECEIVED.

Zoophilist.—Chemist and Druggist.—Mind.—Hom. Review.—H. Tidskrift.—H. Monatsblätter.—Allg. Hom. Zeit.—H. Maandblad.—Pacific Coast J. of H.—Med. Times.—Tasmanian Hom. Jour.—Indian Hom. Rev.—Rev. Hom. Française.—Jour. Belge d'Homeopathie.—Pub. Health Jour.—Hahn. Adv.—Clinique.—

Critique.—Amer. Med. Monthly.—N. A. J. of H.—Gaz. Med. de Paris.—La Homeopatia.—Minn. H. Mag.—Rev. Hom. Belge.—Hom. Physician.—H. Recorder.—Archiv. f. H.—Jour. B. H. S.—Amer. Hom.—Jour. Homeopathics.—New. Eng. Med. Gaz.—Med. Century.—H. J. of Obst.—Hahn. Monthly.—J. of Orif. Surg.—Vacc. Inquirer.—Zeit. Berl. V. H. A.—Ruddock's Homeopathic Vade Mecum—Decline of Scurvy, C. Marsh Beadnell.—Essentials of Homeopathic Materia Medica and Homeopathic Pharmacy, by W. A. Dewey, M.D.—Money's Worth, by J. H. Norman.—Homeopathie in Praktijk, Dr. Kallenbach.—Report Bristol Hom. Hosp. and Dispensary.

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OCTOBER 2, 1899.

COURTS-MEDICAL AND COURTS-MARTIAL.

THERE has been a vast amount of virtuous indignation expended on this side of the Channel over the infamous Rennes verdict, and we cannot say that it has been in any way disproportionate to the magnitude of the crime. Only, it would have been much more satisfactory to have seen the outburst of indignation arise within France itself, just as it would be more satisfactory if a fair share of our own indignation could be expended on the DREYFUS cases that are numerous enough within our own shores. And after all, France has a good deal to teach us on the matter. The re-trial took place by direction of a court of criminal appeal, which has no existence in this country. Convicted criminals can only appeal to the Home Office, which is a secret tribunal, whose proceedings never see the light of publicity. Hence we have Mrs. MAYBRICK, an American subject, kept in prison for nobody knows what, except that it is not for the crime for which she was condemned. The verdict was pronounced under the direction of a judge whose place on the bench was an open scandal at the time, his brain having already shown signs of the complete collapse which followed soon after. The commutation of the sentence by the Home Office was on a par with the "extenuating circumstances" of DREYFUS's judges at Rennes. Unluckily for Mrs. MAYBRICK, there was no higher court to overrule the judicial monstrosity in

her case. Therefore, without abating one iota our sympathy with the unhappy DREYFUS, we should prefer to see a little more national zeal expended in the reform of our own judicial anomalies.

One point often left out of sight in regard to the Rennes verdict is that it is the verdict of a professional court ; a court, that is, of professional militarists, and not of men trained in impartially sifting evidence. They came to the trial with their feelings fully engaged. And this supplies another reason why the French nation did not rise up in a body against it ; thanks to conscription the whole nation is turned into a military profession.

Now let us look at our own professional courts and see if we have anything to boast of in the way of impartial justice when a representative of some unpopular class comes up for judgment. We will not refer to medical societies which studiously boycott all duly qualified medical men who believe in homeopathy and have the honesty to own it ; whilst they receive with open arms those who are known to make use of homeopathy, so long as they make a parade of abjuring it. Medical societies are to all intents and purposes clubs, and are entitled to make their rules as foolish and unjust as it pleases them. But it is a different thing with medical faculties. These are public bodies, holding their power under government, and occupying an essentially judicial position. How have they dealt with the homeopathist Dreyfuses who have come under their jurisdiction ?

We will make a quotation in answer to this query from p. 64 of the *Homeopathic League Tracts*, vol. i.

“ In 1851 the Faculty of the University of Edinburgh rejected Mr. (now Dr.) A. C. POPE because he would not pledge himself never to practice homeopathy. The same year Dr. R. D. HALE passed his examination and obtained his degree at St. Andrew's. The Faculty of the University, hearing later that Dr. HALE was a believer in HAHNEMANN'S system, demanded back his diploma ! The same year Dr. J. S. CLARKE took his degree at King's College, Aberdeen. Shortly afterwards, Dr. FYFE, Professor of Medicine at the College, wrote to the *Lancet* that ‘ at the time of his examination not the slightest

suspicion was entertained of his being a homeopathic practitioner, otherwise the degree would not have been conferred upon him.' The other Aberdeen College, the Marischal, had an opportunity in 1858 of rivalling its sister college in bigotry, which it eagerly availed itself of, and 'bettered the instruction' of the sages of King's. In that year Mr. HARVEY wished to take his degree at Marischal College. He passed two of the examinations satisfactorily, but before the last a report reached the examiners that the candidate was favourable to the homeopathic treatment. Dr. MACROBIN, in the name of the Faculty, wrote to Mr. HARVEY that the Faculty required from him 'a distinct declaration that, as a man of honour, you have not practised and do not entertain any intention of practising the profession on any other principles than those taught and sanctioned in this and other legally recognised Schools of Medicine, that homeopathy or any other species of irregular unauthorised practice is what you entirely repudiate.' As Mr. HARVEY would not make this declaration the Faculty refused to proceed with his examination, and Mr. HARVEY was jockeyed out of his fairly earned degree by this disgraceful manœuvre."

Doubtless if the powers of these Faculties had extended to a Devil's Island they would have dispatched their victims thither for the term of their natural lives without the smallest compunction.

Thanks, however, to the vigilance of homeopaths in both Houses of Parliament, when the present Medical Bill was passed a clause was inserted making it illegal for a Faculty to refuse to examine candidates on account of their medical views or to withhold from them their degrees if fairly gained. But there are other ways in which courts-medical can rival courts-martial in their ways of administering justice to persons unpopular with "the cloth." We have had an instance recently in the case of Mr. THEOBALD. The Faculty of the Royal College of Surgeons of England, whose diploma he held, deprived him of it on the ground that he wrote a book advocating the use of "secret remedies." The secret was not Mr. THEOBALD'S, and nobody regretted more than he that it was not in his power to divulge it, for the simple reason that it was unknown to him. At the same time the great Dr. KOCH was selling his own supposed remedy for consumption—tuberculin—which

he kept (apparently for commercial reasons) a secret, and members of the College flocked to Berlin for bottles of it to dose their patients withal, and the Faculty of the R.C.S.E. was dumb. But then the DREYFUS before them was tainted with homeopathy and they were to a man bitter anti-homeopaths. Therefore their diploma was withdrawn and the high court of medical government—the General Medical Council—confirmed the action of the College and struck Mr. THEOBALD off the Register. Among the witnesses against Mr. THEOBALD was an analyst who may be compared to M. BERTILLON, the handwriting expert. He proved by elaborate tests that there was nothing in Mr. THEOBALD's remedies but distilled water! It is a pity he did not try to analyse the "material" used by hypnotic doctors (who are now perfectly respectable, the late illustrious CHARCOT having sanctified the practice by his experiments on the patients at Salpêtrière). He might have proved them to be humbugs also; and he could in the same way prove all homeopaths who make use of high attenuations to be practising fraud on their much-enduring patients!

The late Lord Justice BOWEN's amended form of a proposed address to the Queen recurs to us in this connection. The address as originally drafted began: "Conscious as we are of our unworthiness." Lord BOWEN suggested that it would be more truthful to say, "Conscious as we are of each other's unworthiness." This fine sensitiveness to the faults of others is just as marked in nationalities as it is in individuals. We would humbly suggest to each of the outraged nations (and especially our own) that when they have sufficiently relieved their feelings by anathematising the Rennes verdict, they shall give their judicial consciences a little practical employment in securing justice for the many mute inglorious Dreyfuses suffering from unrighteous judgments within their own borders.

NEWS AND NOTES.

THE *BRITISH MEDICAL JOURNAL* ON HOMEOPATHY.

WE have so frequently to acknowledge our indebtedness to the *British Medical Journal* for valuable extracts—more valuable for the most part to ourselves than to its orthodox readers—that it is a pleasure to find it returning the compliment, and making copy out of our own pages. Indeed, we should be disposed to feel flattered by the consistency with which our writings are perused in the *British Medical Journal* office, if it were not for the painfully small amount of enlightenment that is apparently derived from the process. In its issue of September 9th the *Journal* devotes a leader to the answer given by half a dozen schoolboys to the query “What is Homeopathy?” reported in our issue for July. With the assistance of Hægel, the writer affects to prove they were all more or less correct—the one who defined homeopathy as “curing by means of pellets” equally with the one who defined it as “druggery.” The ignorance of schoolboys on this subject is entirely innocent. Schoolboys are only expected to know what they have been definitely taught. The ignorance that is not so innocent is the ignorance that is begotten of the wish not to know; and of this, we fear, the writer of the article can hardly plead “not guilty.” Were it otherwise we might take some pains to enlighten him; but the case of the schoolboys is infinitely more hopeful than his. Any one who is capable of torturing Dr. Dudgeon’s explanation of the motto in which Hahnemann crystallised his rule of practice, as meaning an abandonment of the law, is capable of anything in the way of misunderstanding. As if Hahnemann’s direction, “Let likes be healed by likes,” did not necessarily imply his belief that likes would cure likes. The law of cure by likes he demonstrated in the most complete and absolute fashion; but the wish not to know will enable the academicians to be completely blind to the fact for many a day yet.

MUNICIPAL HONOUR FOR A MELBOURNE HOMEOPATH.

THE *Chemist and Druggist of Australasia* of August 1st contains an interesting paragraph, with portrait, regarding a well-known homeopathic pharmacist of Melbourne, Mr. Charles Pleasance, to whom we tender our congratulations. We give the paragraph:—

“A PHARMACEUTICAL CITY COUNCILLOR.—The election for the La Trobe ward of the City of Melbourne took place on Friday, July 7th, and resulted in the return of Mr. Charles Pleasance by a majority of 421 over his opponent, the voting being: Pleasance, 1,172; M'Caughan, 761. Mr. Pleasance is the senior member of the firm of Martin & Pleasance, homeopathic chemists, of Collins Street, and his name is well known to most of our readers. The contest was keenly fought, and we congratulate Mr. Pleasance upon having won the representation of the most important ward in the City of Melbourne, a distinction that has only once been achieved before by a member of our craft, viz., by Mr. George Wragge, who was in business in Collins Street about 1870. Mr. Pleasance has held various public positions previous to this. He was auditor of the City of Melbourne for several years; a commissioner of the Centennial Exhibition, Melbourne, 1887-8; a director of several of our leading financial institutions and building societies; has been identified with all our principal cricket, football, and athletic associations, the Melbourne Cricket Club having had his services on their committee for thirteen years. He also occupied a seat on the Council of the Pharmaceutical Society for some years.”

 PROGRESS IN TASMANIA.

THE same number of the same journal records two items which we are very glad to note as showing the success of the forward movement adopted by homeopaths in Tasmania. If homeopathy is to make any headway it must be aggressive. Whenever it is content to let its light be hid under the bushel of allopathic ethics and respectability, decadence is the inevitable result. If homeopathy is worth anything, it is worth fighting for. The British homeopathic body, welded into a compact fighting force, could soon transform the force of therapeutics in this country. Let the example of Tasmania be taken to heart at home. Here are the paragraphs we have alluded to:—

“HOMEOPATHIC HOSPITAL FOR LAUNCESTON.—The Premier has decided to place £250 upon next year's estimates as a subsidy on the pound for pound principle for a homeopathic hospital for Launceston.”

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"HOMEOPATHIC.—Dr. Bernard Thomas, M.B., C.M. Edin., has come to reside at Hobart. He is the third homeopathic doctor practising in Hobart, and will probably be resident medical officer at the Homeopathic Hospital, Macquarie Street. Dr. Thomas has been for about nine years house surgeon at the Homeopathic Hospital, Liverpool, England."

GROUNDLESS ALARM.

WE do not know what has been going on in the British Medical Association, but it must have been something dreadful to cause such a flutter as is indicated by the following paragraph from the *Hospital* of September 9th, quoting, as will be seen, from the *Practitioner*. The latter journal, apparently thinking the heavens about to fall (like the bird in the "Hen Convention"), in a desperate state of panic calls its chickens together to keep them out of impending danger. Says the *Hospital*:—

"We have on several occasions pointed out how serious would be the danger to the stability of the British Medical Association if the resolutions passed at the general meetings had any real force. The *Practitioner* writes in much the same vein. 'It is of no particular consequence to any one but themselves,' it says, 'that a small group of malcontents should hurl anathemas at the President and Council, and call for the punishment of an unoffending officer *pour encourager les autres*. It is of the greatest consequence to the Association, however, that a dozen members should be able, by a snatch vote, to appear to speak in the name of the British Medical Association in general meeting assembled. By a little skilful "lobbying" it might be possible in this way to *put the Association in the position of accepting homeopathy*, or condemning vaccination. The "general meeting" is doubtless useful as affording cranks and malcontents an opportunity of barking and biting, as 'tis their nature to, without doing serious mischief. But let it be clearly understood that the seat of authority in the Association is the Council, which alone can speak and act in its name. The resolutions of a "general meeting" can no more bind the Council than those of a political meeting in St. James's Hall or in Hyde Park can bind the Government.' This really just about expresses the true position of affairs."

How terrible! So there are cranks and malcontents enough to carry a general meeting of the British Medical Association. It is interesting to know that there is such an amount of independence in the Association as this would indicate; but the *Practitioner* need not be affrighted about homeopathy. It requires far more sanity and indepen-

dence than the Association possesses to make its acceptance of homeopathy even a remotely possible contingency.

VACCINATION AND VACCINATION LAW.

WHEN the Government in its wisdom appointed the magistrates of this country to be judges of the consciences of anti-vaccinationists, it was not difficult to foresee that some startling results would be likely to ensue. In the November and following issues of THE HOMEOPATHIC WORLD we propose to devote a little space to the consideration of this question.

ORIGINAL COMMUNICATIONS.

SPRUE.—*FRAGARIA VESCA* TREATMENT, ETC.

ONE of the most useful discussions at the recent meeting of the British Medical Association (*British Medical Journal*, September 9th) was held in the Section of Tropical Disease on the subject of Psilosis, or Sprue. Dr. George Thin, President of the Section, introduced the discussion, and in the course of his remarks he related a case in which a cure had been wrought mainly by a diet of strawberries. This is an important addition to the knowledge of the therapeutic effects of *Fragaria Vesca*, and whether or not the tongue of Psilosis can be described as a "Strawberry tongue" (Burnett's indication), it is well for us to note the fact. We will first quote from Dr. Thin some remarks on the etiology of the disease, and the dietetic treatment of it. We will give his case.

"ETIOLOGY.

"The primary cause of this disease is unknown. It is clearly not due to the age of the patient, nor to living in high temperatures. It is associated with residence in certain parts of the world, and is absent in others. That it is of a specific nature is, I consider, made clear by the symptoms of the disease, and, whatever it may be, it finds its best soil for development in the ileum. The mouth symptoms may possibly be reflex in their origin. I have seen herpetic eruptions on the soft palate which simulated so exactly ordinary herpes as to

suggest a local nerve inflammation. The effects of this specific poison in the small intestine is to alter its secretion and to allow the food bolus to retain its acidity. Hence the dyspepsia, malnutrition, and acid stools. It generates a poison which produces extreme anemia, and it destroys the colouring matter of the bile—the hydrobilirubin. Its activity may be greatly increased by the nature of the intestinal contents, often developing freely in farinaceous and animal foods. It may be starved out by limiting the patient's diet, and it appears not to grow if the food consists exclusively of milk.

"An exclusive diet of meat juice seems in some cases to lead to its annihilation, possibly due to the fact that a strict meat juice diet, to the extent to which it is practicable, is largely a starvation diet. Milk is not the only nutriment in which it does not thrive. I have previously referred to cases in which strawberries were not only well borne, but were curative in this disease, and possibly other fruits may have similar qualities.

"I have recently seen a remarkable case, which deserves to be put on record at greater length than my time at present will allow. The patient was a lady under the care of Dr. Playfair (Bromley), with whom I saw her. Her anemia, wasting, and debility were extreme, and the prognosis I considered bad. She had had the disease for a period of years. Amongst other treatments milk treatment appeared to have had a thorough trial, and apparently little new was left to suggest. That little consisted in keeping the room night and day at a temperature of 64°, and in never allowing the patient to be removed from under the bed-clothes, on the theory that the skin should be kept constantly warm to diminish congestion of the mucous membrane. On this treatment the diarrhea ceased, but the quantity of milk taken was too small to render recovery possible. After six weeks of this very limited milk diet, at her own instance she began to take strawberries, steadily increasing the quantity. With an increasing amount of strawberries she was able to take more milk, until she ended in taking a large quantity of milk and several pounds of strawberries a day. She made an excellent recovery, became healthy and strong, and can now eat ordinary food without bad consequences. My theory of this and similar cases is that the mechanical qualities of the strawberries have nothing to do with the cure. From that point of view one would indeed consider the small seeds of the strawberries harmful. My view is that, whatever the cause of the disease may be, it does not live on the strawberry juice, and that a diet of strawberries and milk starved it out. If I have made an exception in mentioning this case—for I have purposely avoided going into the treatment—it is only because of the light I consider it throws on the etiology of the disease."

Dr. Edward Henderson, of Shanghai, has a good word to say for "irregular" practitioners who appear to cure more patients than the "qualified." We quote his remarks on the pathology and treatment of the disease.

"PATHOLOGY.

"In the pathology of sprue the chief advance made of late years has, I think, been the limitation of the essential lesion to inflammatory

and degenerative disease of the mucous membrane lining the alimentary canal. During the life of the patient the lesions of this membrane are seen in the mouth, and the presence elsewhere is inferred from the diarrhea and dyspepsia from which the patients suffer more or less throughout their illness. That these lesions are due, in the first instance at least, to a specific poison connected with the development of a hitherto undiscovered bacterium is of course possible.

"During the progress of a case of sprue I have on several occasions seen the lesions in the mouth distinctly apparent when the stools had become solid as the result of treatment or otherwise, and it is quite common to see the attention of the patient entirely directed to the condition of the mouth. I have, however, no note of any case, nor any recollection of one, in which the sore mouth has preceded the diarrhea, or has ever had what I could myself regard as a distinctly independent existence. At the same time, in nearly all the carefully observed cases of which I have preserved notes, these mouth lesions would seem to have developed so early in the history of the case that they could not fairly have been considered as merely the outcome of a condition of general marasmus due to the diarrhea. Death in a case of uncomplicated sprue is brought about by a process of gradual starvation. At the last *post-mortem* examination which I made in a case of the kind, the diminution in the size and weight of nearly all the organs and tissues of the body was remarkably shown. The liver was greatly reduced in size, but when cut into had to the naked eye a perfectly healthy appearance. The atrophy of the mucous membrane was apparent throughout the whole alimentary canal. It was impossible to say how much of all this was due to starvation and how much to the original disease. My patient had suffered from sore mouth and diarrhea for at least eighteen months before his death.

"TREATMENT.

"Since I returned to England I have been asked what I think of the cures said to have been effected in Shanghai in cases of sprue by the use of drugs, the nature and preparation of which has been kept secret by the irregular practitioners who prescribe them.

"Some years ago there was only one such remedy at all extensively used in Shanghai, and this gradually acquired such a reputation for the cure of diarrhea, being also credited with the cure of cases of sprue, that the municipality decided to purchase the secret from its possessor, a Mr. Rein. This medicine is now prepared and sold by all the druggists in Shanghai under the name of Rein's Mixture. Rein's Mixture is an infusion of the rough barks of simaruba and cinnamon; the bark of the native (Chinese) cinnamon being the proper bark to use in its preparation. That it is of distinct service in the treatment of chronic diarrhea which has resisted the usual remedies I can myself testify. As to its value when given in a case of genuine psilosis I have, I confess, serious doubt, the few trials I have witnessed do not encourage me to think that in Rein's Mixture we have got a specific medicine for the treatment of cases of sprue.

"At the present day another irregular practitioner has taken the field in Shanghai, and the cures which have gained for him his reputation are attributed to the use of two drugs, one a liquid purgative medicine, and one a white powder having an opposite effect. Nothing is known

positively as to the nature or composition of these drugs, but that they are active and in the ways indicated is certain. That patients subjected to this treatment have recovered, and recovered completely, I cannot doubt; that others have received no benefit and have even lost ground while under treatment is equally certain. How many of the cases treated were cases of genuine sprue I have no means of knowing. Personally I am inclined to attribute recoveries of this kind rather to the dieting and general management of the case than to the use of drugs supposed to have a specific action. If I can trust the statements of the patients who have undergone the treatment, the preliminary purging is carried out as a rule much more energetically by the sprue doctor than the average practitioner. The object is attained partly by the strength of the medicine used and partly by repetition of the doses. In advanced sprue any rough handling would be dangerous, but at a comparatively early stage of the disease thorough clearing of the bowel may be of real service. It is to be noted that the use of purgative medicines in full doses is a point insisted on in every system of treatment by drugs which has yet been brought forward."

Dr. James Cantlie's remarks were not without interest:—

ETIOLOGY.

"In a recent number of the *Practitioner* I ventured to suggest that one possible intestinal irritant in sprue is the acrid vegetable oils used by Chinese (and other native) cooks in the preparation of food. Although these oils (rape, cocoanut, &c.) are supposed to be used only in the preparation of their own food, they often serve their European employers with food cooked in vegetable oils instead of the more expensive butter or lard. The acidity of the products of these oils may be gauged by the pungency of their odour whilst exposed to heat in the frying-pan, and their prolonged use is well calculated to set up an irritation of the mucous membrane of the alimentary canal which may become chronic. It may be that the food so prepared is the direct cause of the intestinal lesions met with in sprue, or their inhibition may allow of the development of an intestinal bacterium which generates the disease.

"TREATMENT.

"I have for several years now discarded milk. In fact, be the cause of intestinal flux what it may, it is my practice to withhold milk from the dietary. Milk in sprue relieves the symptoms, but does not cure the disease, and its prolonged use is calculated to continue the disease indefinitely. At whatever stage patients suffering from sprue come under my care I immediately put them on a meat diet. If the patient is very ill, confined to bed on account of weakness and exhaustion, I have the patient fed every fifteen or thirty minutes with raw meat juice, scraped beef, freshly made beef essence, raw meat sandwiches (wafers), and some plain jelly. If not so markedly weak, or as the weakness subsides, the intervals of feeding are longer, the quantity greater at a time, and as soon as possible finely minced beef, passed twice through the mincing machine and rapidly 'heated' over a

bright fire, is substituted. In time the beef so prepared may be given thrice daily in quantities of 5 oz. at a time. Between the meals and during the night calf's-foot jelly or plain jelly is allowed the patient *ad libitum*. As a drink hot water or rice tea—boiling water poured over roasted rice—or toast-water is given. As soon as possible a cut off a joint, beef or mutton, steamed chicken or pigeon, game of any sort, and easily digested fish, are to be added to the diet, with rice boiled and steamed until dry. The white of an egg goes well with the minced beef, and the whole egg may be eaten if digestion improves. The first vegetables to be tried are well-cooked celery, seakale, or spinach. Baked bread—that is, thinly cut stale bread baked in the oven until dry and crisp—is to be given as soon as expedient. In this way the patient is gradually brought back to a mixed diet. The effect of this treatment is to alter the consistence and appearance of the stool. Whilst taking milk the stool becomes solid, but it is pale and neither smells nor looks like feces—in fact, it is scarcely fecal at all, being mostly a cheesy mass of partly digested milk-curd. Milk is not used as a food for adults during health owing to its indigestibility, and how can it be good for one when the liver or intestine is diseased or when their functional activity is in abeyance, as in sprue? A meat diet immediately brings down a dark-coloured bilious motion; the digestive organs generally are brought into play and their functional activity re-established. The liver more especially is called upon, with the result that its dimensions increase rapidly, its atrophied condition disappears, and in place a liver of normal size and function results. As accessories to the meat treatment of sprue I recommend a cold wet pack—warm at first, if the patient is weak—to the abdomen for two hours every morning and evening; rest in bed for a few days, or until vegetables come to be added to the diet, as on meat alone the patient becomes muscularly very weak and unable to be up and about.”

SOUTH AFRICAN NATIVE REMEDIES.

By G. M. H.

[The following notes on a few of the South African Native Remedies, written with the object of introducing them to the notice of homeopaths, have been chiefly extracted from “a Contribution to South African Materia Medica” by the late Andrew Smith.]

Blepharis Capensis, N. O. *Acanthaceæ*. Kafir: Ubu
Hlungu besigcawu (antidote for the Tarantula).

Blepharis C. has a bracteate, four-divided calyx; corolla with five lobes, three larger; head of yellow flowers surrounded by numerous bracts, an inch and a half to two inches long, fringed with stiff spinous hairs: hence it is commonly called “eyelash.” The roots are fibrous, and some of them end in tubers.

PREPARATION.—A decoction of the whole plant is used, and a very small quantity administered.

An antiseptic. Used for snake-bite, the bites of venomous insects, and for blood-poisoning from diseased meat (anthrax). The Kafir mode of treating anthrax deserves the attention of scientific physicians. It is based on a dearly bought experience, the results of which have been handed down from one generation to another through specialists. A decoction of two bacteria-killing plants controlled by a sedative plant is given internally, while externally a leaf paste is made of the same plants to put *around*, not *on*, the pimples, and the juice of a sedative plant dropped on the inflamed portion. The following is a sample of a successful prescription :—

R. Blepharis (whole plant) ...	80 grains
Cluytia (leaves) ...	80 „
Monsonia ...	160 „
Simmer in water ...	20 ozs.

Dose : A tablespoonful six or eight times a day.

For use *around* the pimples :—

R. Blepharis ...	80 grains
Cluytia ...	40 „
Monsonia ...	40 „
Water ...	20 ozs.

To drop on the pimples :—

Moisten the leaves of Monsonia, and squeeze out drop by drop on the pimples. Nothing else ought to touch them. The pustule must not be washed or touched till the first scab falls off, nor must it be tied up, but left exposed to the air. The Kafir doctors think that death is frequently caused by meddling with it, and they regard it as fatal to cut or irritate it. The pustule is not the disease but the effort of nature to throw it out. When the results of European and native treatment are compared, there is little doubt of the superiority of the native treatment. Not only do they treat it most successfully, but they will eat the diseased meat with impunity—together with the antidote, or cook the meat in water containing it.

While advocating a trial of these native remedies, I do not mean to infer that the mode of administering them cannot be improved upon. When they have been proved, or, at any rate, used *singly*, a more exact knowledge of their curative properties will be arrived at.

This plant can be used in all cases of poisoning from

diseased meat other than anthrax, but the latter is the disease most frequently met with by the natives in South Africa. It is also used as a strong antiseptic in cases of toothache from decayed teeth.

Many cases of cures of anthrax poisoning are reported, but the following is a typical one and well authenticated. Over eighty natives were affected with blood-poisoning through eating diseased meat near Umtata, and a number of them died. Forty-six of them were then treated by a native with *Blepharis* and *Leonotis leonurus*, and all recovered. To show his confidence in the antidote the native doctor himself ate a large quantity of the diseased meat, drinking at the same time some of the decoction administered to his patients.

Other remedies—all of which are more or less efficacious—are used for anthrax and general blood-poisoning, and a description of them will appear in these notes. So far as I am aware none of these remedies have been proved or used by European physicians. It is difficult to give the indications for each remedy, or say which is *the* antidote, but in the present state of our knowledge the successful treatment of the disease lies within the compass of half a dozen remedies, the reputation of which fully warrants their being thoroughly tested. The percentage of deaths from ptomaine poisoning and anthrax in England is anything but satisfactory. Scarcely a day passes without cases being reported, and as I write I have before me in to-day's paper (September 13th) a report of several deaths of soldiers at Aldershot from eating poisoned foods; the paragraph concludes with the sentence, "and fears are entertained that more of the affected soldiers may die." It is evident from this that the doctors in charge have no confidence in their treatment.

Cluytia hirsuta, N. O. *Euphorbiaceæ*. Kafir: Ubu-Hlungu bedila.

A shrub three or four feet high, with numerous stems growing from the same roots. Flowers star-like, about a sixth of an inch in diameter. They have five minute white petals, spathulate, but hollowed out at the base, with as many two-three cleft yellowish glands between them. The segments of the calyx overlap each other, and are green down the centre with a transparent

border on each side. The male flower has five stamens horizontally attached to a central column. The female flower has three two-cleft styles. The seed capsules have the form and size of a peppercorn. The leaves are ovate, lanceolate, $1\frac{3}{8}$ inch long by $\frac{5}{8}$ inch wide, and the bark of the newer stems is green. There is a small variety, ten inches high or less, which is considered superior to the other. The natural situation of *C. hirsuta* is in moist, cool, and high localities.

The mode of preparation for administering in anthrax poisoning is to make an infusion of the fresh or dried leaves, or the tincture.

It has the reputation of curing any poisoning from bad milk or bad meat, and does not appear to be poisonous itself. It also has tonic properties, but is not recommended when the stomach and bowels are in an irritable state.

It is given, mixed with *Leonotis*, to cattle for gall sickness.

Monsonia ovata, N. O. *Geraniaceæ*. Kafir: i-Gqita.

This plant is overspread with a minute pubescence, besides which the stalks, sepals, and midribs of the leaves are covered with extremely fine hairs $\frac{1}{8}$ inch long. Leaves ovate, crenate, veined, $\frac{3}{4}$ inch long. Usually one flower, $1\frac{1}{2}$ inches in diameter, which opens out flat in bright sunshine, but closes up in afternoon. Comparatively this remedy is not of great importance, but it needs to be mentioned here. It is a leading remedy among the Hottentots for coughs and colds, and is recommended for "dysentery," a very wide term when used by the non-scientific.

It is used in snake-bite, blood-poisoning, &c., simply as a "sedative."

Xanthoxylon capense. Knobwood. Kafir: Um-Nun-gumabele (mare's teat).

The leaves of this tree are boiled with—to disinfect—meat, or if the meat is roasted, an infusion in cold water is drunk along with the meat. This is a notable *disinfecting* plant, but for the after effects of eating poisoned meat the other remedies would be chosen if obtainable.

The inner bark pounded to a paste and applied to an aching tooth takes away the pain.

It has some reputation as a snake-bite remedy.

(To be continued.)

MATERIA MEDICA MISCELLANY.

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

Phaseolus Nana in Diabetes.—Dr. Cushing records the case of a man, aged 50, whom he treated for an attack of grip (?), which lasted a month, during which he learned that the patient had to rise three to four times at night to micturate, and on questioning he found that he passed a large amount of urine, which on examination was found to have a specific gravity of 1,030 and to contain 3½ per cent. of sugar. *Argentum Nitricum* diminished the quantity somewhat and reduced the specific gravity to 1,025, but it soon increased again. He then gave *Phaseolus* 5x, four globules every four hours, and in eight days there was scarcely a trace of sugar, and he was feeling quite well.—*Am. Hom.*

Lachesis in Asthma.—The following case is reported by Dr. Hesse: A merchant, aged forty, had suffered from asthma for seven years. The probable cause was excitement and vexation, which had often kept him awake at night. During the attacks in winter, after some symptoms of the disease during the day, he had to sit up in bed at night and keep his chest bare. The attack would last several days, always worse at night; and there would be intervals of freedom from asthma for eight to fourteen days. Irritable humour, aggravation from wet and cold weather; cannot bear anything tight round his neck. Various remedies given without relief. He then got *Lachesis* 30; this was followed by a severe attack, succeeded by a gradual cure.—*Zeitsch. d. Berliner Ver.*—*J.B.H.S.*

Phosphorus Necrosis of the Jaw.—Stockman of Glasgow, in a paper on "The cause of so-called phosphorus necrosis of the jaw in match-workers," gives us a beautiful picture of the proving of *Phosphorus*, and from a homeopathic point of view it is highly interesting. He says:—

"The disease may begin after a few weeks' or months', or many years', employment in the factory, generally with toothache, and always in a carious tooth or in the socket of one which has been extracted. Its further progress may be very slow, the pain and inflammation remaining slight, and confined to the immediate area of the one tooth. Sometimes, however, it runs a much more acute

course, and may involve a large part of the jaw in a few weeks or months. In either case, when the process once begins to extend, the gum becomes red, tense, and swollen, and the swelling may then resolve itself into a circumscribed phlegmon, or may form a large tumour which spreads to the neighbouring soft parts, causing a swollen appearance of the lips and cheeks, or the regions under the lower jaw. The abscess then bursts or is opened, when it discharges stinking pus, and in its place an ulcer quickly forms, which lays bare the bone. The discharge is greenish, greyish, or sanious, and contains a quantity of bony detritus. The teeth become loose, and fall out at the diseased part; the gum becomes livid, and fistulous openings form in it from which pus may burrow and discharge continuously into the mouth, or the pus may burrow and discharge externally through the skin of the face by several small openings. On probing these openings, bare bone can be felt. Later the gum disappears, and exposes the alveolar arch and other parts of the jaw, the bare bone having a brownish or dirty-grey colour; its surface roughened and eroded, evidently in a condition of caries; and the pus can be seen oozing from its surface. The salivary and neighbouring lymph glands are hard and swollen. Larger or smaller portions of the jawbone then become necrosed, in process of time get loosened and detached from the rest, and ultimately exfoliate or can be easily removed with forceps. There is great difficulty in chewing and swallowing, and the patient has to live on soft food and liquids. The process may last for months or years, and may be entirely confined to the upper or lower jaw, the general health remaining fairly good. It may spread from one part of the jaw to the other.

"In the most favourable cases, after portions of the jaw have necrosed and been removed, the whole process may cease, new bone is formed from the periosteum, and cicatrization of the soft parts takes place. But there is always more or less deformity, sometimes very slight, sometimes very severe, and the alveolar arch is never restored.

"In other cases the disease, instead of healing, spreads locally, involving more bone, the patient becomes cachectic, feverish, and wasted, and ultimately dies of pulmonary phthisis, general tuberculosis, or some other tuberculous

affection. A few cases run a very acute course, both as regards the local and general conditions, there being very great destruction of bone and a very severe disturbance, death occurring in two or three months."—*Am. Hom.*

SNAKE-VENOM—ITS ACTION AND EFFECT.

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

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

XIV.—THE INCREASE OF REPTILE LIFE IN NEW SOUTH WALES.

IN part I. of the present article, while defending myself and others against the attacks of a writer in the daily press, who attempted to depreciate the efforts and work of those scientific men who have made snake-venom and its antidotes a lifelong study, I thus quoted from a letter written by Mr. Holsworthy: "It will be universally admitted that the venomous snakes are a startling danger and menace to the public outside the big centres of population. And I maintain, being confirmed in the belief by the opinion of all bushmen of my acquaintance, that, despite the fact that large numbers are destroyed annually, they are increasing." I also quoted the opinion of the eminent Australian naturalist, Mr. James S. Bray, that gentleman pointing out that "one hundred innocent men, women and children" had been the victims of our venomous snake life in New South Wales in twenty years, and that that colony had the unenviable record of being the highest in loss of life from snake-bite. As a further proof of the truth of these statements, I now subjoin the following communication from Mr. Bray, in which he shows beyond the shadow of a doubt, that reptile life in New South Wales is far from becoming extinct. Mr. Bray writes thus:—

MR. JAMES S. BRAY ON THE SNAKE SEASON OF 1896-97.

"Comparing the first half of the 1895 snake season in New South Wales, *i.e.*, from September to December, 1895, with the half of the present season of 1896-97, there are the same evidences before us by way of comparison of one season with the other as given in the articles pub-

lished in the Sydney *Daily Telegraph* on the 4th May, 1895, and the 18th January, and 4th February, 1896. During the season 1894-95 no fatal cases were recorded for the first half of the season. The season following (1895-96), a record for the first half portion, gave four fatal cases from snake-bite—namely, one each at Bombala, Glen Innes, Narrabri, and Dubbo. During the earlier portion of the 1896-97 season, scarcely any press accounts of snake-bites were recorded, until the terminal part of the first half portion, ending about 10th January. Then came frequent recorded cases of snake-bite, two of which proved fatal—one at Glen Innes and the other at Uralla. I would repeat what appeared on this subject in the *Daily Telegraph* of the 15th January, 1896: 'It must be borne in mind that we are now entering into that portion of our snake-season which is the very worst part of the whole six months—namely, February and March—for reasons specially mentioned by me last year.'

I may here mention that Mr. Bray at that time wrote thus: "So far as the present New South Wales snake-season of 1894-95 has gone, the death-rate from snake-bite has greatly exceeded the annual average. The worst portion of the season has yet to come, that is, the month of March and part, or it may be the whole, of April. After that time reptiles are not so fond of leaving their homes, and consequently the danger is almost nil. The present month—March—is the worst of the year, on account of the female reptiles being in an interesting condition, and about to add to the population of our reptile world, both venomous and non-venomous."

Mr. Bray goes on to say: "Evidence of this being an undeniable fact is borne out by last year's total cases for the month of March. During that month there were nine recorded cases of snake-bite, four of which proved fatal; and so, with the previous month (February), out of a total of five cases, three proved fatal."

I may here state that out of 67 cases reported some time back, 6 cases occurred in the month of December, 3 in January, 16 in February, 14 in March, 16 in April, 11 in May, and 1 in June, the greatest number of cases being reported in the months of February, March, and April, thus showing the correctness of the statement made above by Mr. Bray, who goes on thus:—

"Venomous snakes have recently been pretty numerous,

especially within a short distance of the city of Sydney. During the last eight months of 1896—that is, from May to December—the solitary experience of myself in occasional hunts during that period is evidenced in coming across and capturing, dead and alive, 163 small venomous reptiles, ranging from 12 inches to about two feet in length; 98 medium and large-size specimens, ranging from 3 feet to 5 feet 10 inches in length; and large and small specimens received from various parts of the country, 179, making a total of 440. The varieties of the reptiles so secured have been (1) whip, broad-head, ringed, tiger, brown, and black snakes; (2) mostly tiger and black snakes, the latter being in the majority; (3) mostly black and tiger snakes, with 27 death-adders included in the total. Up to the present there have been records of bites from venomous reptiles at the following places, the * denoting fatal cases: Tumbarumba, 1; Wollongong, 2; Inverell, 1; Glen Innes, 1*; Cassilis, 1; Uralla, 1*; Hornsby Junction, 1; Coraki, 1; Goulburn, 2; Burrandong, 1; Orange, 1; &c. The reptiles most in evidence have been, strange to say, the tiger and brown snakes. The two recorded deaths were put down to the tiger or brown-banded snake (*Hoplocephalus curtus*). The most remarkable incident in connection with reptile life during the season has been the astonishing number of remarkable cures of snake-bite, more especially that of the bite from a death-adder (*Acanthophis antaretica*), which happened to Mr. George Palmer, at Inverell, during December. The information states that the reptile bit him no less than three times! A most remarkable recovery beyond doubt if the reptile was a death-adder."

I quite agree with Mr. Bray that the case just quoted by him was a most remarkable recovery *if the reptile was a death-adder*. But I must confess that I have very great doubts in the matter. The reptile, for all I know, may simply have been only a *blue-tongued lizard*, which, by one not familiar with a death-adder, might easily be mistaken for that deadly and much-dreaded reptile. The fact also that a great cry was made at the time of the wonderful cure wrought by the *Strychnine* antidote in this case by its advocates, makes me very cautious in accepting the evidence given in support thereof. But to resume, Mr. Bray continues thus:—

“Then we have the instance coming from Hornsby Junction of Mrs. Foster, who pluckily, and probably very wisely, chopped off the finger on to which a brown snake had embedded its fangs. Going over certain notes kept during the year 1896, and counting up dead and alive venomous reptiles captured within a radius of 25 miles of the city of Sydney, leaving entirely out of the calculation the non-venomous reptiles that were very numerous, the total amounted to over 1,000 reptiles! The greater part of these came from within 20 miles of Sydney, and more than 300 were captured within two hours' walk from the city, between Randwick and Botany Bay. In conclusion, I may be allowed to say, from a more than ordinary scientific investigation into the subject of our venomous snake life during the last six months, that never before have I found reptile life more fully charged with venom, or in a more healthy or robust state of health.”

The above statements by Mr. Bray are straightforward, and do not “beat about the bush.” They show clearly, and go far to prove that the task placed before us of finding a reliable antidote for the effects of snake-bite is not only a great, but also a very meritorious one, and that it will indeed be well for scientific men to continue unwearyingly their researches, in spite of what others may say to the contrary.

SNAKES NOCTURNAL, NOT DIURNAL.

In THE HOMOEOPATHIC WORLD for July, 1895, I wrote thus: “I have always asserted that snakes, more especially during March, are to be found outside of their holes at night time as well as during the day, and the above case (that of a daughter of Mr. Richard Maher, of Harwood Island, N.S.W., age 22, who went out just after dark to get a drink at a tank; she ran inside again, saying that she had been bitten by a snake; a few minutes afterwards she became unconscious, and died within an hour, having, it is believed, been bitten by a death-adder) clearly proves the truth of my statements. I have always held this opinion, in spite of ridicule, and the assertions of others to the contrary. There is now lying before me, as I write these lines, a copy of a letter written by Mr. James Bray, the contents of which strongly coincide with the views that I hold. He says:

'So far as the present New South Wales snake season of 1894-95 has gone, the death-rate from snake-bite has greatly exceeded the annual average. *The worst portion of the season has yet to come, that is, the month of March* and part, or it may be the whole, of April. After that time reptiles are not so fond of leaving their homes, and consequently the danger is almost nil. *The present month—March—is the worst of the year*, on account of the female reptiles being in an interesting condition, and about to add to the population of our reptile world, both venomous and non-venomous. Country people need to be more on the alert during the afternoon, and towards sundown, and *after dark*, for all our venomous snakes are to be found in greater numbers from after four o'clock in the afternoon until darkness sets in. In fact, our venomous reptiles are *nocturnal*, not diurnal. Already, within the past month or two, six lives have been lost in this Colony by snake-bite, two of which died in one hour each.' It is needless for me to add that Mr. Bray has had many years of experience in the study of the habits of our reptiles, and therefore knows perfectly well what he is writing about."

A PRACTICAL ILLUSTRATION.

As a practical illustration of the truth of the above I will now relate here an adventure that occurred to me during the month of December, 1897. It was in the dusk of the evening, and I was returning home through the bush. As I was clambering up the side of some rocks I suddenly noticed at my feet what I at first in the uncertain light took to be a stick. "Here's a nice straight stick," said I to myself, "which may come in handy. I will not tread upon it, as I may, perhaps, injure it, which would be a pity, as it is so nice and straight." With that I gave it a slight jerk with a short piece of stick (some eight or nine inches long) that I had in my hand at the time. To my surprise the supposed stick became suddenly endued with life, and transformed itself into a brown snake (*Diemenia supercilliosa*), one of the most venomous of our Australian reptiles. I now found myself alone on a somewhat narrow ledge of rock, the snake only a few feet away, and nothing to defend myself with but the short piece of stick I held in my hand, which, so far as defence was concerned,

would have been utterly useless had the reptile seen fit to attack me. I may mention that I was taking home at the time a heavy bag of fuel, and I had this alongside of me on the ledge of rock. The snake raised its head, evidently watching my movements. In some way or other I managed to extricate myself out of the difficulty by crawling up safely to the ledge above, dragging up my load after me. When once there I soon managed to lay my hands on a number of stones, but, on searching for the reptile, I found that it had disappeared, having evidently slid down below to some small scrub so soon as I had taken my eyes from off it. It was fortunate for me that I had the short piece of stick mentioned above in my hand at the time; otherwise I should most certainly have picked up the supposed stick with my hand to take it home, and the probable result would have been that I should have been bitten. I was some distance away from home at the time, and had not even a piece of string in my pocket that I could have used as a ligature, or a knife to scarify the wound, so that I had a very providential escape from what might otherwise have turned out very seriously. It will thus be seen that Mr. Bray's warning, which I have twice quoted above, so as to impress it the more on the memory of those of my readers whose lot it may be to reside in, or to travel through, localities infested by our Australian colubrines. It would be wise also to keep a sharp look out of an evening, as these reptiles are apt to glide unseen into houses, and, to say the least of it, are far from being pleasant bed-mates or companions in a home. The case I have quoted above, in which I had such a miraculous escape from being bitten by one of the most venomous of the members of our reptile world, also gives the warning that persons cannot be too careful as to what they pick up in the bush, as a brown snake may easily be mistaken for a stick, even in broad daylight, being of a similar colour to its surroundings. This danger, of course, increases as the darkness sets in, as all objects are then less distinct! The danger is all the more pronounced in the case of children, who, naturally, are less likely to exercise caution than grown-up persons. It is only when one has had the practical experience similar to that that I underwent in the adventure I have just related, that one can most clearly calculate the risk run by those who are liable at any moment when out of an evening to come

into contact with one or the other of the venomous members of the reptile world, in those places where they are most liable to exist. I trust the above will be well perused by those who are in the habit of continually contradicting the outspoken statements of those who by their practical experience alone know what they are speaking about, to the effect that snakes are nocturnal, and who will insist upon asserting that they are diurnal only. By so doing, they will perhaps see the folly of advocating that which cannot be supported by facts.

(To be continued.)

COLIC : ITS DEFINITION, CLASSIFICATION, SYMPTOMS, DISTINCTION, AND TREATMENT.

By DR. SARAT CHANDRA GHOSE.

DEFINITION.—By the term “colic” is understood a severe contraction of the muscular fibres of the colon, without the presence of any inflammation or fever. The division of colic has been made into a great many varieties by some writers, but as these classifications are nothing but nosological refinements, I shall deal with those only which are most common.

GENERAL SYMPTOMS.—Violent twisting pain is felt in the abdomen, principally around the navel; relief is obtained by pressure, so that the sufferer lies on his belly or rolls on the floor; obstinate constipation; there is a frequent desire to evacuate the contents, but nothing passes but flatus; fever is not present.

CLASSIFICATION.—I deem it worth while to divide colic into the following classes: 1. Flatulent Colic; 2. Bilious Colic; 3. Colica Pictonum.

FLATULENT COLIC.

Diagnosis.—The person who possesses a weak and irritable state of the digestive organ, is especially susceptible to this variety of colic. Salted meats, all kinds of pastry, crude vegetables, &c., are liable to bring on an attack of the disease in the persons who unfortunately suffer from weakness of the digestive organs. The pain is most frequently felt in the stomach or duodenum, before the injurious articles have had opportunity of passing lower

down in the alimentary canal. The patient, at first, suffers from distention and uneasy feeling in the pit of the stomach, or sometimes in the left iliac region. The pain gradually assumes a severe form and rapidly increases in vehemence. It sometimes happens that, in some cases, the pain goes on uninterruptedly without any intermission or with but partial remission for a few hours. The paroxysms of pain are generally associated with complete, though fleeting remissions of ease. During the intervals of the exacerbations the patient is compelled to move to and fro, to bend forward the body and to firmly squeeze the hands against the abdomen. When some quantities of air are forced up, partial lessening of the pain takes place. The diagnosis of flatulent colic is not fraught with any difficulty. If relief is obtained from firm pressure on the abdomen, and if the paroxysmal nature of the pains and the absence of fever be present, it is a true type of flatulent colic.

Prognosis.—Much danger is not apprehended in an attack of flatulent colic, unless an inflammation of the gastro-intestinal mucous membrane ensues. In some cases when the patient suffers greatly from the flatulent distention, paralysis of a portion of the bowels results, and habitual constipation is produced by impairing the power of contraction. If flatulent colic is the result of very indigestible and exciting ingesta, rapid inflammation and gangrene may appear.

Treatment.—*Acon., Bell., Bry., Calc., Carbo Veg., Cham., Cocculus, Colch., Colocy., Diosc., Nux V., Gels., Graph., Puls.*

Accessory Treatment.—Dry frictions with flannel serve excellently the purpose of allaying the pains arising from flatulent colic. We are able to put a stop to gastric pains with rapid friction on the epigastrium.

BILIOUS COLIC.

When we perceive, in addition to the colic, any indication of the derangement of the biliary organs or of a superabundance or vitiation of the bile, it is called bilious colic.

Symptoms.—The patient, at first, feels headache, the appetite is lost, the sufferer experiences a bitter taste in the mouth and suffers from thirst, nausea, and bilious vomiting. Afterwards a severe pain is felt in the

stomach and bowels, and more severely about the umbilicus. The pain moves from one part of the abdomen to another. In the early stage of the malady some relief is experienced by the pressure on the bowels; but as the disease makes progress the abdomen cannot bear any amount of pressure and becomes sore to the touch. Nausea and vomiting of bile may be present from the very origin of the malady, and a partial diminution of the pain ensues just after a fit of vomiting. The bowels are generally found in a state of torpidity and are obstinately constipated. The pulse never ceases to act in its accustomed rhythm, but its fulness and frequency are marked in the fully developed stage of the disease. When the manifestations of great severity are mingled with the disease, the nervous system undergoes considerable perturbation and the sufferer is subject to slight spasmodic contraction of the muscles of the extremities.

Causes.—There is a morbid condition of the liver in this disease, and vitiation of the bile secreted. A close analogy can be drawn between bilious colic and autumnal bilious fever. Some physicians have asserted that bilious colic is due to koino-miasmata, but we have seen some cases in which miasmata had nothing to do with this disease. It was the result of some causes of a sporadic nature. As soon as the alvine evacuations consist of bile, a happy amelioration of the complaint comes to pass, and this fact supports the theory that the liver remains torpid in the beginning of this disease. There is not a doubt that sudden changes of atmosphere influence, more or less, an attack of the disease.

Treatment.—The medicines which are given for flatulent colic will be found serviceable in bilious colic.

Accessory Measures.—Warm baths and hot fomentations are excellent auxiliary instruments to lessen the suffering. The diet should consist of very light and digestible articles. To wear a piece of flannel around the abdomen may afford great relief.

COLICA PICTONUM.

It is sometimes called “dry gripes,” or Devonshire colic or lead colic.

Symptoms.—It gradually appears with the symptoms of gastric disturbance. The appetite becomes weak and irregular, foul eructations take place, slight nausea and

constipation are present, weight and tightness in the abdomen are felt, and drowsiness ensues. There are violent grinding pains in the epigastrium and umbilical region. The abdomen becomes hard and sore to touch and is retracted towards the spine. In severe cases, the pains spread from the umbilicus upwards to the chest and arms and downwards to the pelvic viscera. This complication produces paroxysms of severe pains in bladder and rectum, from which the patient experiences much difficulty in voiding urine and a sense of heaviness in the abdomen. In some cases the appearance of delirium, convulsions and paralysis of the wrists takes place. Colica pictonum, if not checked by appropriate remedies, may assume a dangerous character. The vitality of the patient begins to disappear, the stomach becomes extremely swollen, the patient suffers from insatiable thirst, the imperfection of vision takes place, and, finally, edema of the feet and suppression of urine supervene, and the patient dies. When recovery takes place the disease is sometimes followed by drop-wrist and paralysis.

Causes.—The continual inhalation of the fumes of molten lead or the white oxyde of this metal is capable of producing an injurious action on the animal system, and this gives rise to the symptoms of lead-colic. The workmen who are employed in lead mines and in white lead manufactories are generally susceptible to attacks of this disease. Lead-colic has not only been observed in persons, but the animals feeding on the fields in the neighbourhood of the lead mines are occasionally affected with a similar malady. Any kind of food and drink, wine or beverages, taken in leaden vessels, water conducted through lead pipes, will sometimes bring on the symptoms.

Treatment.—*Ars.*, *Nux V.*, *Opium*, *Alum.*, *Bell.*, *Platina*, *Podoph.*

Accessory Treatment.—Change of occupation is indispensably necessary to have a complete recovery. In order to put a stop to the re-appearance of the disease, it is necessary to shun the contaminating influence of its remote cause, and therefore to give up the employment of painting, glazing, or manufacturing white lead.

DISTINCTION.—In flatulent colic relief is obtained by firm pressure on the abdomen and the presence of fever

is not marked. In bilious colic the manifestations of bilious vomiting are present, the appearance of the eyes is icteroid, headache follows, and the taste becomes bitter, while in flatulent colic no such symptoms are present. Ejections of wind generated in the stomach, or other cavities of the body, are very commonly associated with bilious colic, while in flatulent colic a transient abatement of the abdominal pain succeeds the eructations of flatus. From lead-colic they are easily distinguished by the firmness and retraction of the abdominal integuments and the progressive invasion of colic caused by lead.

Colic may be distinguished from enteritis and hernia as follows: In enteritis the presence of fever is always marked and the abdomen is extremely tender, compelling the patient not to make any movement at all, and complete intermission of the pain is not experienced. Hernia, on the other hand, is diagnosed by the presence of a tumour, which is not marked in colic.

DETAILED TREATMENT.—*Aconite*.—It is used in inflammatory colic, after catching cold; the abdomen is hot and sore to pressure, and tympanitic; burning and cutting pain is felt in the bowels, which is aggravated by the slightest pressure or lying on right side.

Dose, 1x, 3x.

Æthusa.—It is employed when violent vertigo and vomiting succeed an attack of colic; the abdomen is cold both externally and internally; the patient cannot bear milk in any form, and it is ejected with much force immediately after being taken; violent griping pain is experienced in abdomen which is very intense in hepatic region.

Dose, 1x, 3x.

Alumina.—It is a sovereign remedy in the treatment of lead-colic, and is said to be specific. It is also used in flatulent colic and in colic which appears in the morning; twisting pain is felt in stomach and hypochondria; pressing in both loins, which extends towards sexual organs; aggravation is marked while the patient sits bent, and amelioration when warm applications are made and warm drinks are taken.

It is complementary to *Bry.* and follows *Bry.* It is also the chronic of *Bry.*

Dose, 1x, 3x.

Arsenicum Album.—Severe pains in abdomen are felt

with intense anguish; the patient is very restless and rolls about on the floor; it is a grand remedy in the colic which follows severe burns; the affected parts burn like fire; pains are worse from lying on back; the patient vomits soon after eating or drinking; amelioration of the pains takes place from heat in general.

Dose, 6x, 30x.

Belladonna.—Colic, as if a spot in the abdomen were seized with the nails; abdomen is distended; severe cutting pressure is felt in the abdomen, which is of a flying nature, now here and there; any motion, touch, or change of position results in an aggravation; the pains are tender to light pressure, but relief is felt by hard pressure across the abdomen; redness of face with straining, especially of children; colic, with constipation; the transverse colon is distended like a pad; pressing downwards as if the contents of abdomen would issue from the vulva.

Dose, 3x, 6x, 30.

Bovista.—Cutting colic around navel; coldness is marked, teeth chatter, and limbs tremble; pains are present with bright red urine; colic is better at the time of eating, and worse from rest and after eating.

Dose, 3x, 6x.

Bryonia.—It is used in less severe colic with rumbling and gurgling in the abdomen; there are painful cutting pains in the intestines, compelling the patient to bend double; great tenderness of abdomen; foul flatulence; the pains are worse at night; aggravated by motion, relieved by absolute rest and lying on painful part.

Dose, 3x, 6x.

Calcarea Carb.—Frequent colic is present; amelioration of the pains takes place from cold water applications; severe spasmodic pains in abdomen at night; feeling of coldness in abdomen; diarrhea is present; stools are claylike, and smell sour or fetid.

Bell. is the acute of *Calc.*

Dose, 6c, 12c.

Chamomilla.—Flatulent, tearing colic when the flatus collects in several parts; colic comes back from time to time and stitches shoot through the chest; it is an excellent remedy in wind colic when the abdomen is distended like a drum; relief ensues by the application of warm cloth; pain in the belly from side to side, which

is generally felt above the navel ; intolerance of pain and colic is aggravated at night ; bowels are relaxed after colic ; nausea ; it is very beneficial in the colic of women and children ; it is also used in peripheral neuralgia.

Dose, 3x, 6x.

Causticum.—Pain in the stomach is felt in the morning, which is aggravated by any quick movement ; painful distension of abdomen is present, and the patient is compelled to bend double ; flatulent colic, which is greatly increased by food and relieved by lying down or bending double ; it is also used in menstrual colic ; belching ; obstinate constipation ; the pains cease to exist at night.

I have seen from experience that it is incompatible with *Phosphorus* ; must not be employed before or after *Phos*.

Dose, 3x, 6x.

China.—If colic is due to the presence of gall-stones ; colic before passage of flatus ; if colic is present with cough and appears at a certain hour each afternoon ; it is used in three months' colic ; the abdomen is distended ; colic is better from bending double, and worse at night from slightest touch and draught of air, and after eating.

Dose, 1x, 3x.

Cocculus.—It is used in flatulent colic which appears at midnight ; the patient is awakened by a constant accumulation of flatulence, which causes severe pains here and there ; relief is obtained by belching ; if colic be associated with dyspnea ; the pains are aggravated by eating, drinking, and riding in a carriage ; the patient feels a sensation as of sharp stones rubbed together at every movement.

Dose, 3x, 6x.

Colchicum.—If colic be present with tympanitis ; icy-coldness is felt in the stomach ; colic appears after taking any flatulent food ; if colic be aggravated by eating and relieved by bending double ; bowels are painful till diarrhea ensues ; great thirst ; the abdomen is greatly distended with gas, feeling as if it would burst.

Dose, 3x, 6x.

Colocynth.—Violent spasmodic flatulent colic ; severe cutting pains, which from different parts of chest and abdomen concentrate to the pit of the stomach ; it is used in tearing colic, which distresses the patient so much that he is compelled to seek relief by pressure or bending

double; cramp-like pain in both sides of abdomen; sensation as if the bowels were being squeezed between two stones; colic with cramp in leg; distended abdomen; it is aggravated by external pressure (not during, but after the pressure has been exerted), by eating and by vexation and anger; it is also worse from rising or walking, and better from evacuations and eructations and from hard pressure; colic with diarrhea; severe colicky pains, mostly in the umbilicus.

Dose, 1x, 3x, 6x.

Cuprum.—Severe colicky cutting pains in abdomen; violent spasms in abdomen; the sufferer undergoes excruciating pains from an attack of violent colic, with manifestations of collapse; spasmodic hiccough or vomiting; intussusception of the bowels, with singultus; pains are not worse from pressure; patient feels as if a round ball were moving to and fro under the ribs; constipation is followed by watery, greenish, or bloody stools; colic is worse from fluid food, and better from tight bandage around the abdomen.

Dose, 6c, 12c.

Dioscorea.—Flatulent or bilious colic; griping, drawing, bursting or cutting pains; violent twisting colic occurring in regular paroxysms, as if intestines were grasped and twisted by a strong hand; flatulence after taking meals; the pains appear in a small spot and shift all on a sudden and jump from place to place, with much intensity; steady pains in the abdomen without the slightest intermission; the patient belches large quantities of wind; aggravation of the pains is experienced by any movement made in the beginning, but the patient feels relieved later on; the pains are worse from pressure or lying down, and better by standing erect and moving about.

Dose, 1x, 3x, 6x.

It is not out of place to mention here that I have found *Dioscorea* to be a specific in bilious colic. I derived unexpected success by its administration when all other remedies were powerless.

Iris Vers.—The patient suffers from severe flatulent colic, and from colicky pains about the navel, which are intermittent in nature before each spell of purging and vomiting; perceptible amelioration by bending double and by the passing of fetid flatus.

Dose, 3x, 6x.

Mercurius.—If colic is due to cold or worms ; it is used in bilious colic ; the pains vanish in a recumbent posture ; distension of abdomen ; the pains are aggravated by lying on right side.

Mercury is worse from heat of bed, but better by rest in bed. *Arsenic* is better by heat of bed, but worse from rest in bed.

Dose, 6c, 30c.

Nux Vomica.—It is used in the colic of brandy or coffee drinkers ; pinching, cutting, contractive, or griping colic ; pinching colic, which is succeeded by watery diarrhea, very early in the morning ; flatulent colic, in which the pains are so very cutting, as if bowels, bladder, and rectum were pushed up by a sharp instrument ; colic due to the suppressed discharge of hemorrhoids ; worse from walking, and better by bending double ; rest, sitting or lying ; colic from indigestion ; the pains are aggravated by stools, not in the time of passing, but afterwards.

Dose, 3x, 6x, 30, 200.

Plumbum.—It is used in those cases of colic where obstinate constipation is present, but no flatulence ; cutting, constrictive pains in the region of navel, which proceed from the spinal cord ; abdomen is hard as stone ; intense pain in the abdomen, radiating to all parts of body ; violent colic, sensation as if abdominal wall was drawn as if by a string to the spine ; intussusception, with colic and fecal vomiting ; pressure and cramps in the stomach ; tenesmus of bladder or retention of urine is present ; stools are like sheep's dung ; numbness, coldness, or stiffness is felt in the limbs ; umbilicus is drawn in ; the symptoms are worse at night, and better from rubbing or hard pressure.

Dose, 6c.

Podophyllum.—It is employed in excessive colicky pains which result from a deranged or excessive bilious secretion and also in lead colic ; spasms are present in the bowels, with retraction of the abdominal muscles, but better by pressure ; pains appear in the bowels at daybreak, and disappear by the application of warmth ; the pains are aggravated by lying on back, and they become most violent in early morning.

Dose, 3x, 6x, 12x.

Pulsatilla.—Colic about umbilicus, with chilliness,

nausea, and vomiting; worse in the evening; pains appear after drinking in the evening; colic appears from catching cold, with diarrhea, or from fruits or pastry or rich food; flatulent colic; loud rumbling and gurgling are felt in the abdomen, and flatus roams about in it, especially in the evening; thirstlessness with nearly all complaints; symptoms are seen to be ever changing; no two seizures are alike; very well one hour, very miserable the next; the pains are increased by sitting or lying, with chills; relief is obtained by walking.

Dose, 3x, 6x, 12x.

Stannum.—Abdomen is tender as from subcutaneous ulceration; feeling of emptiness in the abdomen, especially after eating; colic in older children, which is better by pressure, and the pains come on gradually and pass off gradually; it follows well after *Caust*.

Dose, 6x, 12x.

Sulphur.—Colic after eating or drinking; painful tenderness of abdomen as if internally raw or sore; pains become worse from sweet things; abdomen is heavy, full, or distended.

Dose, 6x, 200.

Veratrum Album.—If colic appears after a cold or after maladministration of *Quinine*; distention of abdomen; great prostration; cold feeling in abdomen; coldness of hands and face; blueness, cold sweat on forehead, and symptoms of collapse come on; cutting pain in abdomen as from knives.

Dose, 3x, 12c, 30c.

CONCLUSION.—It is sometimes of paramount importance on the part of a homeopathic physician to hunt out the nosological, etiological, and symptomatological lesions. Generalisation and individualisation must not, however, be forgotten. I always dislike the practice of alternation, but I cannot but say here that in some particular cases the method of alternation had been the efficient instrument of having completed a cure more swiftly than I could have done it with a single remedy. This habit causes much injury none the less in the hands of beginners. We should not venture to alternate before we have become adepts in recognising the relationships of our homeopathic remedies.

EXTRACT.

“WHAT IS HOMEOPATHY?”

HERE is Dr. Dudgeon's reply to the article in the *British Medical Journal* upon which we have commented elsewhere. The letter appeared in the issue of September 23rd, after our note had been written.

“‘WHAT IS HOMEOPATHY?’”

“SIR,—Your amusing and on the whole, good-natured, banter under the above title in the *British Medical Journal* of September 9th, which I have only seen to-day, would call for no comment from me were it not for this passage in it: ‘The prophet of homeopathy did not, it would appear, teach that likes are cured by likes, but that likes should be treated by likes.’ But as the object of treatment is, or ought to be, to cure, it would be absurd to advise a certain mode of treatment if it were not thought that it would cure. And this, of course, is what Hahnemann has not done. He first brings together a vast amount of evidence from the medical records of all times and countries to prove that medicines capable of producing on the healthy certain morbid states of symptoms—likes are cured by likes, the Latin for which would be *similia similibus sanantur*—and thence he deduces the therapeutic rule: ‘In order to cure, choose, in every case of disease a medicine which can itself produce an affection similar to that sought to be cured,’ the formula for which is, *similia similibus curentur*, let likes be treated by likes.

“Of course you know this, but it may not be known to those of your readers who act on your dictum that ‘there are few things that one can better afford to be ignorant of than homeopathy.’

“Your compliment to myself would be more appreciated if not made at the expense of my fellow-workers in the field of homeopathic therapeutics, many of whom have rendered greater services to practical medicine than myself,—I am, &c.,

“R. E. DUDGEON.

“Upper Berkeley Street, W. September 15th.”

A NOTE ON THE SUPRARENAL CAPSULE.—In case of chronic otorrhea, Thompson finds that where, after washing out the canal, the fundus appears filled with granulations, the membrane swollen, and the tympanic cavity occluded by a red and thickened mucosa, the external canal is filled with five grains of the pulverised desiccated suprarenal capsule of the sheep, dissolved in two drachms of water, the granulations will disappear at once, the swelling of the mucosa diminish, and the hole in the membrane and the cavity of the middle ear become opened up.—J. H. Thompson, Kansas City, *Med. Record*, vol. xvi., February, 1899.—*Hahnemannian Monthly*.

REVIEWS.

RUDDOCK'S VADE MECUM.*

IN his preface to the present edition the Editor writes, under date, June, 1899:—

“It is a remarkable testimony to the truth of the homeopathic doctrine that standard works on its treatment never grow out of date; whilst old-school therapeutics are changing every year, necessitating a constant revision of the text-books on treatment, the works of Hahnemann and of the old homeopaths remain as fresh as when they first appeared. It is true new remedies are constantly being added to the homeopathic materia medica, but these only supplement, and in nowise supplant the remedies already there.

“The sterling merits of Dr. Ruddock's *Vade Mecum* have been amply attested by the many editions through which the work has passed, and by the steady demand for it which still obtains. In undertaking to edit the new edition now called for, I have not found it necessary to materially alter the ground plan of the book; the original matter is sound and practical, compiled by one who understood thoroughly the needs of those for whom he wrote. At the same time, the teachings of later experience have enabled me to make a number of additions throughout the work, including two new chapters, one on German measles, and one on Influenza. Several additions have been made to the materia medica section, and in all practical respects the work will be found, I believe, brought well up to date.”

This work of Dr. Ruddock's is too well known to need any detailed account from us. A careful perusal enables us to endorse the editor's remarks, quoted above; but we should have been better pleased if a stronger line had been taken on the vaccination question. Apparently the orthodox view is adopted. For our part we cannot approve of any policy which supports compulsion in any shape or form.

The general get-up of the work is excellent, and the binding exceptionally good. We have no doubt that in this revised edition the work will continue to fill the place it has so efficiently occupied in the past.

* *The Homeopathic Vade Mecum of Modern Medicine and Surgery.* With Clinical Directory and Chapters on Poisons and Health Resorts. By E. Harris Ruddock, M.D. New and Revised Edition. One hundred and fifth thousand. London: Homeopathic Publishing Co., 12, Warwick Lane, E.C. New York and Philadelphia: Boericke & Tafel. 1899. Svo. Pp. 1,021. 10s. 6d.

KENT'S REPERTORY.*

[SECOND NOTICE.]

THE proof of a Repertory is in the using. We have purposely delayed our second notice of Dr. Kent's Repertory until we had had our copy bound and put to the test of daily practice. As most practitioners know, a Repertory is a complicated piece of machinery at best, however ingenious the compiler may be; and the best of repertories needs the expenditure of a considerable amount of brains on the part of the user if the best results are to be obtained. Our experience of Dr. Kent's Repertory is briefly this: In the short time that it has been in our hands it has already become the first among the general repertories to which our search is directed when in want of a medicine corresponding to a given symptom; the arrangement is more convenient than that of any other; the remedies easier to find and easier to distinguish.

In his preface, which we quoted in our June article, Dr. Kent mentioned his method of proceeding from generals to particulars. As an example of how this works out we will take the rubric "Pain" in the chapter "Head." This rubric alone occupies eighty-four pages (double column). First there is given "Pain," including "head-ache," not further defined. Then follow the conditions, first of time and then of circumstance, under which the pain occurs, or is aggravated or ameliorated. These are arranged alphabetically, and concomitants are also included in the category. Then we have "Pain" in each of the regions of the head, and under each region with its conditions. Further each *kind* of pain is given under a subordinate heading, each again further characterised by its conditions, and further still by regions as described above. In the same way all the different sensations are given, in general first, and with conditions and localities, if specially characterised, under subordinate headings. The whole chapter on "Head" occupies 122 pages.

* *Repertory of the Homeopathic Materia Medica.* By J. T. Kent, M.D., Professor of Materia Medica and Therapeutics in the Philadelphia Post-Graduate School of Homeopathy. Lancaster, Pa.: Examiner Publishing House, 1897-1899. London: Homeopathic Publishing Co.; Alfred Heath & Co. In 12 paper parts, £6 15s. net. Half morocco, one vol., £7 net. Pp. 1347.

In the chapter on "Extremities," occupying 250 pages, Dr. Kent has followed this plan to the length of taking the upper and lower extremities under the one heading and not separately as is usually the case. The result certainly justifies the bold step. In a materia medica it is necessary to consider the two pairs of limbs separately, but even in the materia medica there are many symptoms involving both, and a subsidiary rubric, "Extremities in general" has become a necessity there. In a repertory Dr. Kent has shown that it is not merely possible but advantageous to run the two together. Under "Generalities" (79 pages) Dr. Kent includes an invaluable index of sensations, with conditions of aggravation and amelioration, and other particulars usually included under this head.

The printing of the work is exceedingly clear and easy to read; and the paper is of good quality, but unfortunately it does not take writing ink. This we think a distinct drawback. In a work of this magnitude and importance a writing paper should have been employed. As it is, the ample spaces left for additions will have to be filled in with pencil, if at all.

We cannot take leave of Dr. Kent without again tendering to him our congratulations on the completion of the work before us, and our thanks for the great assistance he has thereby given to all who wish to practise the stricter homeopathy.

THE TWELVE TISSUE REMEDIES.*

THE third edition of this classical work bears the date 1893. This having become exhausted in six years, we have now the pleasure in announcing the appearance of the fourth, rewritten and enlarged to the extent of forty pages. In their preface the authors say:—

"The steadily increasing demand for this work has exhausted three large editions, and necessitated the preparation of a fourth. What

* *The Twelve Tissue Remedies of Schüssler, comprising the Theory, Therapeutic Application, Materia Medica, and a complete Repertory of these Remedies. Homeopathically and Bio-chemically considered.* By Wm. Boericke, M.D., of San Francisco, and Willis A. Dewey, M.D., of Ann Arbor, Mich. Fourth Edition. Rewritten and enlarged. Philadelphia: Boericke and Tafel. London: Homeopathic Publishing Co. 1899. Cloth, pp. 424. 12s. 6d. net.

was intended originally as a mere suggestive guide to the use of a set of valuable remedies, has developed by the demands of the profession into a volume comprising the whole of our present therapeutic knowledge of the so-called Twelve Tissue Remedies.

"Compilation largely from every available source has to supplement the authors' personal experience and knowledge of these remedies. All the published data have been made use of, but thoroughly sifted and critically examined. Thus presented we believe this fourth edition will be found a reliable guide to the use of the Tissue Remedies in disease, not only as far as possible, according to the distinctive theory of Schüssler, as corrected and modified by him up to the time of his death, but especially according to the finer and more discriminating method of Hahnemann. Seven German editions of Schüssler's *Abgekürzte Therapie* have been published since the last edition of this work was issued. The therapeutic development of these remedies has made wonderful strides, and our periodical literature during the past few years has been incorporated, and this work, in its present complete and revised form, is the only adequate presentation of the therapeutic possibilities of the Tissue Remedies in our school."

We can entirely confirm the claims put forward by the editors. On comparison with the third edition we find forty additional pages of matter, the additions being distributed throughout the text, showing the care with which the revision has been carried out. *The Twelve Tissue Remedies* is indispensable in the library of every homeopath, whether student or practitioner. It will often help him out in the treatment of a case when he has failed to find what he wants in older sources.

THREAD WORMS.—In those cases of thread worms, in which a macroscopic and microscopic examination of the fecal matter is impossible, Muller de la Fuente, in the *Munch. med. Wochenschr.*, July 6, 1897, mentions the following signs as diagnostic auxiliaries: According to his observations the sudden occurrence of severe abdominal pains which can be exactly located are characteristic. At the seat of pain there is present great tenderness on pressure. The absence of continued fever militates against the inflammatory character of this circumscribed pain, as we only meet with a slight rise of temperature toward evening when thread worms are present. Convulsions can be traced directly to these worms and disappear immediately after the latter are expelled. Their connection with the chorea, on the other hand, is not a direct one. The author furthermore calls attention to the frequent epidemic appearance of this trouble, even where filth may be excluded. He also refers to the oftentimes vicious character of the disease, as well as to the great frequency with which contraction in the field of vision occurs in cases suffering with thread worms. This phenomenon also disappears after the worms have been removed.—*Therap. Wochenschr.*, 1887, iv. 869 (*Pacific Coast Journal of Homeopathy*).

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.

PYROGEN.

Mr Néry de Vasconcelloz writes :—

“ LISBON, August 22, 1899.

“ Will be so kind as to inform me, by reply in THE HOMEOPATHIC WORLD, what is *Pyrogen*, and which materia medica describes this remedy ? ”

REPLY.

Pyrogen (called also *Pyrexin* and *Sepsin*) was introduced into homeopathic practice by the late Dr. Drysdale. It has been described in pamphlets by himself and Dr. Burnett. A case of typhoid fever treated with it by Burnett is published in THE HOMEOPATHIC WORLD of May, 1891. It is prepared by a somewhat complicated process from lean beef placed in water and allowed to decompose in the sun. The process, as described by Drysdale in his pamphlet, will be found in Keene and Ashwell's *Companion to the British Homeopathic Pharmacopeia*, 4th edition. The remedy has not yet found a place in any materia medica that we are acquainted with.—ED. H.W.

NOTIFICATIONS.

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

REMOVALS.

Dr. EUBULUS WILLIAMS, of Clifton, has removed from Beaufort Road, to 1, Lansdown Place, Victoria Square.

Dr. JAMES JONES, Lewisham, has removed from Clarendon Road to 157, Lewisham Road, S.E.

GENERAL CORRESPONDENCE.

TO CURE OR NOT TO CURE—THAT IS THE QUESTION.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—When I said that “curare” means “to take care of,” “to treat,” but not “to cure,” I did not imply that it has never been used by writers in that sense, but only that it was not good Latin, warranted neither by the derivation of the verb from “cura,” nor by its employment as the equivalent of “to cure” by the best writers. When we consider that for many centuries, down to comparatively recent times, almost all books on theology, science and medicine were written in Latin, we may feel sure that much of the Latin, not being the mother tongue of the writers, was bad enough, and that all sorts of mistakes were committed by them. It is certain that “curare” was occasionally improperly used in the sense of “to cure”; but that was assuredly not the sense in which Hahnemann, who was an exceptionally good Latin scholar, used it in the celebrated formula adopted by him—“*similia similibus curentur*,” for he is careful to explain, in every edition of the *Organon*, and in two previous works, viz., the *Essay on a New Principle* and *The Medicine of Experience*, that he means by the phrase a rule of practice or therapeutic rule, thus expressed in the last edition of the *Organon*: “Choose, in every case of disease, a medicine which can itself produce an affection similar to that sought to be cured.” As a German he would be little likely to perpetrate the solecism of translating “curare” to “cure,” for the German word “Cur,” derived from the Latin “curare,” means not “cure,” but “treatment,” as “Wassercur,” water treatment; “Molken-cur,” whey treatment; “Schmiercur,” inunction treatment; “Cursaal,” hall for treatment, &c.

Dr. Ridpath gives three classical quotations which he thinks are in favour of his view that “curare” means “to cure.” To me they do not appear convincing. I do not pretend to be a first-rate Latin scholar. It is many years since I left school, where I do not think I was distinguished for any exceptional acquisition of the Latin tongue. Since then, with the exception of a translation

I made of Hahnemann's classical thesis, *De Helleborismo Veterum*, my excursions in the Latin language have been chiefly confined to the dog Latin of medical prescriptions, and in my rare attempts to read classical Latin literature, I am glad, like Major Pendennis, to have the help of "cribs."

Dr. Ridpath's translations of his quotations seem to me to admit of being somewhat differently rendered. His first quotation: "An quod corpora curari possint, animorum medicina nulla sit?" he translates thus: "Is it because the body will admit of a cure, while there is no medicine for the mind?" I think a more correct translation would be: "Because bodies may be (medically) treated, is there no medicine (or medical treatment) for minds?" A similar question was put to his doctor by Macbeth—

"Canst thou not minister to a mind diseased?"

The doctor's answer is quite in the spirit of Cicero's doubting interrogatory—

"Therein the patient must minister to himself,"

which Macbeth did not find very satisfactory.

Dr. Ridpath's next quotation is: "Adolescentes gravius ægrotant, tristius curantur;" and his very free translation is: "Young men more readily fall into disease and are cured with more difficulty." I would suggest as more nearly the sense of the passage: "Young men get more serious illnesses and the treatment they have to undergo is more disagreeable."

Of Dr. Ridpath's third and last classical quotation I need only give the first part. "Interjecto deinde haud magno spatio quod vulneribus curandis supplendoque exercitui satis esset." This he translates thus: "After a short interval, just sufficient for the curing of their wounds and recruiting the army." I would suggest that "vulneribus curandis" would be more appropriately translated: "attending to" or "dressing their wounds," for it would require more than "a short interval" to *cure* the wounds inflicted in battle by a ferocious enemy, and, from all accounts, the surgery of those days left much to be desired, and was not remarkable for expeditious cures.

I think I have thus shown that the "curare" in these quotations from Cicero and Livy admits of other translation than "cure."

The remaining instances quoted by Dr. Ridpath are two Latin translations of verses from the New Testament relating to the healing of the sick by Jesus. The first is Matt. ix. 35. The Greek word *θεραπεύων* of the original, translated "healing" in the Authorised and Revised Versions, is translated "curans" in Dr. Ridpath's Latin version. The second is Luke iv. 40. The Greek word here is *ἐθεράπευσεν*, in our English versions "healed," in Dr. Ridpath's Latin version it is rendered "curabat." Dr. Ridpath does not tell us what Latin version he consulted. My library is not rich in Latin translations of the New Testament. The only one I have is the very well-known one by that early champion of Protestantism, Theodore Beza, first published in 1557. My copy was published in Edinburgh in 1823, so well within my own lifetime. In this the word rendered "healing" in the English version of Matthew is translated "sanans," and that rendered "healed" in the Authorised Version of Luke is translated "sanavit." Whether Beza or Dr. Ridpath's to me as yet unknown author is the more correct Latinist, I am unable to say. As Beza was a great friend of Calvin we may be sure if there was anything heretical in his translation Calvin would have burnt him as he did his friend Michael Servetus. If Dr. Ridpath will kindly inform us who is responsible for the translation he gives we may be in a position to form a judgment on the comparative claims to authority of Beza and him.

From the Greek word under consideration our "therapeutics" is derived, and as that implies medicinal treatment and not necessarily cure or healing, perhaps Dr. Ridpath's authority is more accurate in translating it by "curare," in the Hahnemannian sense, than by "sanare." But as our versions say that the sick were "healed," and not merely therapeutically treated, their authors would not allow that "curare," in the sense I have suggested, would be an appropriate rendering; so it is as well I did not live in Geneva in the latter half of the sixteenth century to make this suggestion, otherwise Calvin might have given me a warmer reception than would have been altogether agreeable. But I think I had better put a stop to this rather discursive letter, as I fear some of your learned readers

may say of me that I have shown that, like Shakespeare, I know little Latin and less Greek.

I may conclude my over-lengthy reply to Dr. Ridpath's letter with a quotation from Horace which may perhaps justify to Dr. Ridpath the somewhat excessive freedom of his translations:

"Nec verbum verbo curabis reddere fidus
Interpres."

though perhaps from my point of view he is hardly entitled to the appellation "fidus interpres." He will be interested to observe that the "curabis" in this quotation has nothing to do with "cure."

Yours faithfully,

September 6, 1899.

R. E. DUDGEON.

DR. WILSON AND AUTOPROPHYLAXY.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—The honest and courageous criticism of bacteriological methods by Dr. Wilson, which you republish, is marred by his want of acquaintance with the facts of "Jenner's happy induction." Jenner knew that cow-pox did not protect against small-pox, because, "Whenever Jenner proceeded to air his fancy, he was met with instance after instance in which a cow-poxed milker had been attacked by small-pox like the rest" (see *Jenner and Vaccination*, by Dr. Creighton, p. 24). Jenner's claim was that cow-pox produced by inoculation with horse-grease (subsequently horse-pox) was the real prophylactic, all others being "spurious." Dr. Wilson is also under the impression that a man is less likely to have small-pox a second time, because of the first attack. That this is due to an arithmetical mystification is shown by Dr. Adolf Vogt, Professor of Hygiène, University of Berne, in his paper printed as Appendix XIV. of the Sixth Report of the Royal Commission on Vaccination, p. 689. He there demonstrates that persons who have had small-pox are more liable to second attacks than the calculus of probabilities indicates. "Now, as the probability of a second attack of small-pox forms the foundation of the whole theory of vaccination," this fact

is fatal to it. In the same way the revaccination, on which Dr. Wilson relies, merely proves that vaccination cannot protect against itself; much less can it protect against the (presumably) stronger virus of small-pox. As all epidemics now begin with vaccinated persons, the process seems to induce small-pox rather than to repel it. Vogt argues on the assumption that *vaccinia* is modified *variola*; the recently discovered fact that *vaccinia* is modified *syphilis*, ought to modify Dr. Wilson's views. He will then condemn all inoculations of disease, and reject Jenner as he has rejected Pasteur, Koch, and all his modern imitators.

A. PHELPS.

Edgbaston, September 19, 1899.

CHEAP HOMEOPATHIC MEDICINES.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—I have a very strong impression that the homeopathic public in their wisdom resort less and less to agencies for their medicines; preferring, now postal deliveries are so constant and so little expense charged for parcels, to write direct to reliable chemists where they can feel assured of obtaining carefully and freshly prepared remedies, instead of finding, as often occurs, an agent's bottle half full of tincture or else very ancient pilules.

I am, Sir, yours very faithfully,

E. WHEELER.

September 2, 1899.

VARIETIES.

PICRIC ACID IN ECZEMA.—Gaucher (*Sem. Méd.*, May 26, 1897) has had very good results in acute vesicular eczema, using picric acid. He applies a 1 per cent. solution every other day, and covers the surface with cotton wool soaked in this solution. The dressing is left in place for two days. The acute inflammation subsides rapidly, and itching is relieved. This treatment would probably be useful in other acute skin diseases such as pemphigus, but is useless in chronic eczema.—*British Medical Journal*.

THUJA IN PSORIASIS.—A case is reported of universal psoriasis vulgaris, with general weakness and depression, where, after administration of various drugs, thuja 3x was given twice a day for four weeks, with the result that the whole eruption had by that time vanished, save round the knees and on the extensor side of the arms. A continuance of the remedy soon removed all traces of the eruption. The condition was hereditary from the father's side. A vegetable diet, with milk and eggs, was ordered.—*Hahn. Monthly*, March, p. 159.—(*J.B.H.S.*)

MORPHINOMANIA CURED BY NATRUM PHOS.—M. J. Luys reports (in the *American Practitioner*) the case of Doctor X., who had been accustomed to employ about seven grains of morphia daily. Small doses of sodium phosphate were given subcutaneously (with glycerine and water), and as they were gradually increased the morphia was progressively diminished. In two months the morphia was discontinued entirely, and then the doses of sodium phosphate were progressively diminished, and finally stopped altogether in two weeks more. There remained no desire for the morphia at all.—*Hom. News*.

CATERPILLAR RASH.—Mr. E. H. Ellison, M.A.Cantab., M.R.C.S., L.R.C.P.Lond. (Leicester), writes: In the *British Medical Journal* of July 29th I noticed an account of an erythematous rash produced by a caterpillar of the "woolly-bear" variety. I am, therefore, I trust, not unduly occupying space in your issue of this week by adding my testimony to a case of a similar nature which happened to one of my patients in Leicestershire about three weeks ago.

In this instance, a bright red and angry-looking rash, accompanied with much itching and a brawny condition of the integument, covered the whole of the posterior cervical region. Unlike Mr. Cantlie's case, there was, however, no rise of temperature and the general health remained good, and by the constant application of lead lotion the rash was quickly relieved. Though not previously aware that the order Lepidoptera was in any way associated with the production of erythema, I can now quite understand from the anatomy of the caterpillar, with its powerful mandibles and hook-like feet which cling so strongly to whatever it may be attached, that an eruption simulating erythema may readily be excited, particularly so in those with sensitive integument.—*British Medical Journal*.

ACUTE SULPHONAL POISONING.—Hoppe-Seyler and Ritter (*Münch. med. Woch.*, April 6, 1897) report the following case. A man, aged 23, previously healthy with the exception of some psychical disturbance and hemorrhoids, took 50 g. of sulphonal in the morning. He was found fast asleep in the afternoon as well as on the following morning. In the afternoon he was still unconscious, with dilated and fixed pupils and profuse sweating. Pulse was 120 to 130; respirations 32. There was no cyanosis. Signs of broncho-pneumonia were present. The urine had to be drawn off. The reflexes were entirely abolished. The spleen was enlarged. The breath smelt somewhat of onions. Subcutaneous infusions of 250 to 500 c.cm. of saline solution were given every four hours. On the next day the temperature was 41° C. and the pulse 136. The man died seventy hours after taking the sulphonal from increasing cardiac weakness. No trace of hemato-porphyrin was ever found even after the most exhaustive examination of the urine, but much indoxyl and urobilin. Unchanged sulphonal

was present in the urine. Among the post-mortem changes there were reddening of the gullet and respiratory mucous membrane, hyperemia of the liver, spleen, and kidneys, numerous ecchymoses in the duodenum and a few in the stomach, irregular hyperemia of the skin, patches of broncho-pneumonia with thrombosed vessels in the lungs. In the kidneys there was an albuminous exudation within the glomerular capsule, and marked necrosis of the cells in the convoluted tubes. Sulphonal was obtained from the blood, liver, and urine. Chronic cases of sulphonal poisoning have often been recorded with symptoms of stupor, vomiting constipation, or diarrhea, disturbance of co-ordination, hematoporphyrinuria. The mode of origin of hematoporphyrin is not exactly known. Sulphonal has a destructive action on the blood pigment. An erythematous, measles-like eruption, as in the above case, or a more diffuse redness of the skin, has previously been observed. Acute sulphonal poisoning is rare.—*British Medical Journal*.

IS SORREL (*RUMEX ACETOSA*) POISONOUS?—L. Lewin (*Deut. med. Woch.*, 1899, xxx) denies that there is any sufficient reason for giving sorrel a bad name. Eichhorst (*ibid.* No. 28) assumes not only that the plant is poisonous, but that it caused a fatal acute nephritis. According to the mother's statement a boy after a long play in a meadow was attacked by abdominal pain and repeated vomiting due to sorrel he had eaten; on the very next day his face was swollen and his urine contained 12·5 per mille of albumen, secondary symptoms supervened, loss of consciousness and clonic muscular convulsions, and he died after nine days' illness. Eichhorst quotes from Suckling a report of two boys who were ill after eating sorrel stalks. One was ill for a few days; the other supplemented the sorrel with a lot of plumcake, and next morning on waking drank, for no known reason, the soapy water (120 grams, say 4 ounces) of unknown concentration out of his soap dish. He was found unconscious a few minutes afterwards; could not for a long time be induced to vomit, and died at noon without convulsions. The necropsy was negative. Sorrel was found in the intestines, but it is not stated that no other plants were. It has been alleged, without proof, that the North American *rumex verticillatus* is poisonous and some of poisoning by *rumex acetosa* including the above, have been published as alleged cases. The published reports (two) of the loss of sheep from *rumex acetosa* and a horse from *rumex acetosella* (with the seeds) do not justify more than a suspicion of toxicity; moreover, the syndromata in the horse were totally different from those in the sheep. Now if in any of the other reports, doubtful as they are, phenomena similar to those in Eichhorst's case had appeared, that is, nephritis or hemorrhagic nephritis followed by secondary symptoms developed as tardily, it might be said that in all these cases we had to do with noxious matter, not merely the oxalate of potash in the sorrel (CA. 0·75 per cent.), but some other poison. There is no such agreement, and until positive proof has been obtained by experiment upon animals [Why not on human subjects?—Ed. H.W.] with various parts of the different varieties of *rumex*, which all contain oxalate of potash and are used for food or flavour, it cannot be admitted that sorrel can produce such a complex of primary and secondary symptoms or be properly called poisonous. If Eichhorst had read in Lewin's *Handbook of Toxicology*,

1897, p. 364, the discussion of sorrel poisoning, or the article by Kobert on a report similar to his own, we might never have seen the latter.—*British Medical Journal*.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

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MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Brown (Haydn). Ringworm, and some other Scalp Affections: Their Cause and Cure. 8vo, pp. 180. (Churchill. 5s.)

Clarke (J. Jackson). Orthopedic Surgery. A Text-book of the Pathology and Treatment of Deformities. With 309 Illustrations. 8vo, pp. 474. (Cassell. 21s.)

Morton (Honnor). From a Nurse's Note Book. Cr. 8vo, pp. 153. (Scientific Press. 5s.)

Thorne (W. Bezly). The Schott Method of the Treatment of Chronic Diseases of the Heart, with an account of the Nauheim Baths, and of the Therapeutic Exercises. 3rd. ed. 8vo, pp. 132. (Churchill. 6s.)

Transactions of the Dermatological Society of Great Britain and Ireland. Vol. 5, 1898-9. Roy. 8vo. (H. K. Lewis. 5s.)

Watson (J. K.). A Handbook for Nurses. Illustrated. Cr. 8vo, pp. xii—413. (Scientific Press. 5s.)

Wills (George S. V.). Elements of Pharmacy Designed as a Text-book for Students preparing for the various Examinations in Pharmacy. 9th ed. Cr. 8vo, pp. 296. (Simpkin. 6s. 6d.)

Hoblyn (Richard D.). A Dictionary of Terms Used in Medicine and the Collateral Sciences. 13th ed., revised throughout, with numerous Additions by John A. P. Price. Cr. 8vo, pp. 850. (Whittaker. 10s. 6d.)

Lewis (Percy G.). Nursing: Its Theory and Practice. Being a Complete Text-book of Medical, Surgical, and Monthly Nursing. New ed., enlarged and revised throughout.

Illustr. Cr. 8vo, pp. xix.—428. (Scientific Press. 3s. 6d.)

Mackintosh (D. J.). Skiagraphic Atlas of Fractures and Dislocations. With Notes on Treatment. 4to. (H. K. Lewis. Net, 12s. 6d.)

Morison (Alexander). On the Relation of the Nervous System to Disease and Disorder in the Viscera. Being the Morison Lectures Delivered before the Royal College of Physicians in Edinburgh in 1897 and 1898. 8vo, pp. 148. (Pentland. 7s. 6d.)

Moullin (C. M.). Enlargement of the Prostate: Its Treatment and Radical Cure. 2nd. ed. Cr. 8vo. (H. K. Lewis. 6s.)

Nash (E. B.). Leaders in Homeopathic Therapeutics. Cr. 8vo, pp. 381. (Homeopathic Pub. Co. Net, 12s. 6d.)

Progressive Medicine: A Quarterly Digest of Advances, Discoveries, &c. Edit. by H. A. Hare. Vol. 2, June, 1899. 8vo. (Hirschfeld. Net, 12s. 6d.)

Quain's Elements of Anatomy. Edit. by Edward Albert Schäfer and George Dancer Thane. 3 vols. Vol. 2, Part I. Osteology—Arthrology. By Professor Thane. Illustr. by 224 Engravings. Reprinted from the 10th ed. (1896). Revised, with Arthrology added, and New Index, 1899. Roy. 8vo, pp. 218. (Longmans. 11s.)

— **Elements of Anatomy.** Edit. by Edward Albert Schäfer and George Dancer Thane. 3 vols. Vol. 2, Part 2. Myology—Angiology, by Professor Thane. Illustr. by 199 Engravings, many of which are Coloured. New Impression. Roy. 8vo, pp. 404. (Longmans. 16s.)

TO CONTRIBUTORS AND CORRESPONDENTS.

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

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

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

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

CORRESPONDENTS.

Mr. Néry de Vasconcelloz, Oporto.—Mr. Frederick Kopp, Greenwich, N.S.W.—Dr. Dudgeon, London.—Dr. Clifton, Northampton.—Boericke & Runyon, New York.—Mr. E. Wheeler Clifton, Bristol.—Dr. S. C. Ghose, Midnapore.—General Phelps, Edgbaston.—Dr. Eubulus Williams, Clifton.

BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Allg. Hom. Zeit.—H. Tidsk.—H. Monatsblätter.—Maanedsk f. H.—Chemist and Druggist.—Zoophilist.—Mind.—Amer. Hom.—H. Recorder.—Pub. Health Jour.—H. Maandblad.—La Homeopatia.—Hom. News.—Minn. H. Mag.—Astrological Mag.—Il Secolo Omiopatico.—N. A. J. of H.—Chemist

and Druggist of Australasia.—Jour. of Homeopathics.—Jour. Belge d'Hom.—Tasmanian Hom. Jour.—Hahn. Adv.—Hom. Physician.—Med. Times.—Hahn. Monthly.—Gaz. Med. de Paris.—Vacc. Inquirer.—Amer. Med. Monthly.—Reformador.—H. Envoy.—Archiv. f. H.—Critique.—Med. Century.—J. of Orif. Surg.—Hahnemann Hospital College, San Francisco, Report, 1899–90.—A Digest of External Therapeutics, Dr. Egbert Guernsey Rankin.

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THE HOMEOPATHIC WORLD.

NOVEMBER 1, 1899.

CLOSE UP THE RANKS!

Now that the world has pretty completely recovered from the effects of the Czar's Peace Conference and the martial spirit of our nation has asserted its normal sway, might it not be well if a modicum of this could find its way into the homeopathic body to organise and vitalise it into an effective fighting machine? There is plenty of fight in individual homeopaths, as readers of *Reynolds's Weekly Newspaper* have recently discovered. A brisk little battle has been fought over a vulgar attack on the system contained in a letter which appeared in the issue of September 24th. It was signed "A Fellow of the Royal College of Physicians (Examiner in Medicine in the University of Edinburgh)." Of course "medicine" in the allopathic sense has nothing to do with curing, so the therapeutic ignorance of this examiner of budding M.D.'s (which is on a par with that of the school-boys instanced by our correspondent some months back) in no way disqualifies him for his position. A number of excellent letters from homeopaths, lay and medical, appeared in later issues of the same journal, and if they have not convinced the examiner in medicine they have at least silenced him. Another correspondence, from a medical journal this time, will be found in another part of this issue. An enthusiastic lay homeopath writing to one of our veterans says: "It occurs to me that when the

allopaths prescribe your medicines you should advertise the fact wherever you can, that the public generally may be gradually educated to a knowledge of their ways. In season and out of season I should deliver the blow whenever the opportunity arises."

We entirely agree with the sentiments of the writer, and in no way despise the value of such guerilla warfare. At the same time, the effect of organised, concentrated effort would speedily put a very different complexion on affairs, if only the homeopathic body would consent to be organised.

A brief editorial note in the *North American Journal of Homeopathy* puts the matter in a nutshell. Here it is:—

"A BRITISH SCHOOL.—Our friends in England are troubled because there is no British School of Homeopathy. It is true there is none, and it is equally true that there never will be one until the homeopathic profession of Great Britain rises resolutely up and determines that a homeopathic college *shall* be established. Dreaming of it will never bring it, nor will waiting on allopathic opinion or favour bring it. Nothing but united, energetic, and fearless work will make it a reality. We hope our friends will start the new century with a new school."

Here is the gist of the whole matter, and we are much obliged to our contemporary for putting it so plainly and so tersely. Guerilla warfare will never accomplish this end, nor, on the other hand, will a policy of conciliation. All attempts to conciliate the allopaths by a more punctilious observance of points of etiquette (allopathically manufactured) than the allopaths themselves maintain, excite (as they deserve) only the derision of the party in power. Until the two divisions of the homeopathic body unite their forces and "rise resolutely up and determine that a homeopathic college *shall* be established" *in spite of*—and not at all by favour of—allopathy, we must be content with the unexciting rate of progress which at present obtains. For nothing short

of an independent school will be of any material use. This is to be obtained, not from the allopaths, but from the Government; and the Government can only grant it when a sufficiently strong demand is made. So long as homeopaths are disunited the demand will never be strong enough; but a demand from the entire homeopathic body, medical and lay, could not long be resisted.

If homeopaths really want a school they must close up their ranks and fight for it.

NEWS AND NOTES.

THE *DIRECTORY* FOR THE INTERNATIONAL CONGRESS YEAR.

THE circular of the *Homeopathic Directory* for 1900—the sixth yearly circular of the series—reminds us that this issue will be an unusually important one. The year 1900 is the year of the Paris International Congress and of the Paris International Exhibition. The *Directory*, containing the lists of all Continental countries and all British colonies, as well as the list of British practitioners, is sure to be in great demand. We therefore call upon all homeopaths to do their utmost to make the number accurate and complete. We hope our American contemporaries will keep their readers reminded of this useful work, which all visitors to the Congress will doubtless be glad to possess, and to commend to the notice of their patients who are going to travel in Europe. We are pleased to note that Dr. Cahis, of Barcelona, has undertaken to revise the list for Spain. This has been hitherto very imperfect.

A HOMEOPATHIC LEAGUE FOR AMERICA.

It is a very gratifying circumstance to progressive homeopaths in this country to learn that a new popular propaganda has been started in America on the lines of the Homeopathic League. The new society, whose lay-

secretary is F. M. Adams, Seaverns Ave, Boston, Mass., U.S.A., is issuing a series of "Homeopathic Pamphlets." Five have already appeared, bearing the titles: 1. "What is Homeopathy?" 2. "Evidence of the Truth of Homeopathy." 3. "The Small Dose of Homeopathy." 4. "Hahnemann." 5. "What Homeopathy has Accomplished." The aim and scope of the movement is thus described by Dr. S. B. Elliott, of Boston:—

"A NEW HOMEOPATHIC PAMPHLET SERIES.

"In connection with one of the medical clubs of Boston the work of preparing a series of pamphlets on homeopathy, more especially for the benefit of the laity, has been undertaken and accomplished. The general ignorance which prevails upon the subject is astounding. It is certain that but a small number of our patients have a definite idea of homeopathy, and few indeed could defend it against attack from its detractors. In these days of general enlightenment many among the laity are qualified to intelligently investigate this and kindred subjects, if given the proper data. A thorough understanding of homeopathy, its principles, and advantages, would strengthen the belief of its followers, and prevent some from drifting over to the heresies and fads of the day. Such practical reading matter could also be made the means of making many new converts.

"The treatises on homeopathy intended for the lay-readers which we have had access to—and we believe we have read most of those that have appeared—are either incomplete or too voluminous. Such treatises should be written in very simple language, the facts presented tersely, and the logic unassailable. The matter of cost must also be considered. Sharp's Tracts are written in a most scholarly way, and the style throughout attractive, but they comprise twelve closely written pamphlets forming a volume of two hundred and thirty pages. The bound set, which was the only one the writer could obtain, costs seventy-five cents. The Homeopathic League of England has published as many as thirty-five tracts, many of which are ably written and present strong arguments. The cost in lots is only a little over a cent a piece, but owing to the large number of them required for each reader their extensive use becomes expensive. If they had been more condensed and fewer in number, they would have secured more readers. There are many other works on homeopathy of this kind, but they offer the same objections as stated.

"There are five pamphlets in all in the series under consideration; each treats of one or more special phases of the subject, is complete in itself, and of convenient size. By the use of headings throughout details are easily grasped. The entire field has been fully covered. Clearness and brevity have been aimed at in every particular. Gems of thought are quoted from prominent homeopaths, and extracts are given from recognised allopathic authorities vindicating the principles of homeopathy. The fallacies of old-school methods are made strikingly apparent, not by resorting to abuse or ridicule, but by quoting statements made by allopathic authorities against their own system of practice. The evidence in favour of homeopathy here

gathered and presented is seemingly overwhelming. It is most conclusive yet brought together in pamphlet form. Through the kind assistance of two of the members of the committee on statistics of the American Institution of Homeopathy, statistics up to the present time are given, not in the form of tables but under the heading of each disease, ranging from cholera to measles. Comparative statistics from the health reports of nineteen cities in the U.S. appear. In this form the advantages of homeopathic treatment are readily seen. The difference between homeopathy and allopathy of the present day is also made plainly evident. The great changes brought about through the influence of homeopathy in abolishing obnoxious and injurious methods of treatment are made strikingly apparent, and it is also shown how much has been accomplished by homeopathy in other directions. The pamphlets have been submitted to the profession and leading editors of our journals, and are generally acknowledged to be the best extant.

"The method of the English Homeopathic League in having pamphlets issued without the author's name seems to be the correct one. Reading matter of this kind should not be under the suspicion of advertising the author, and the name of the editor of these pamphlets will not appear.

"Physicians will readily see the advantage of circulating such pamphlets, and of keeping them on the reading-table in their waiting-rooms. If properly and judiciously distributed among patients and sympathisers they cannot fail to advance the cause of homeopathy and promote the interests of its practitioners. Since the average physician would have to give his patients and friends the whole set of pamphlets the expense must be reasonable. The cost of one hundred of these sets will be but six dollars; twenty-five sets, two dollars; a single set, twenty-five cents. It will thus be seen that the price of the series when ordered in lots is very low, less than that of any others to be found on sale, in fact it barely covers the actual cost of publication. Pamphlets and information may be obtained from F. M. Adams, Seaverns Ave, Boston, Mass."

We are pleased to see the frank acknowledgment made to our own Homeopathic League, and we wish the new movement every possible success. We hardly supposed that the American public was so much in need of enlightenment on homeopathy as appears from the above, though we knew well enough how great the need was in the case of our own. The writer of the above does not seem to realise that the tracts of our Homeopathic League (fifty-four in number, and not "thirty-five" as stated by Dr. Elliott) can be obtained singly, and for missionary purposes a selection, and not the whole series, is all that is necessary.

We may also commend to his notice our own little book, *Homeopathy: All about it*, which is published at a popular price.

HAHNEMANN HOSPITAL COLLEGE.

OUR hearty congratulations to all concerned on the completion of the Hahnemann Hospital College at San Francisco, and especially to our friend and correspondent, Mr. Petrie Hoyle, now a student of the college, assistant to Professor Boericke's clinic, and curator of the museum, whose enthusiasm has been mainly the means of actualising the institution. The *Pacific Coast Journal of Homeopathy* for September—"the Hahnemann Hospital College Edition"—devotes its entire contents to a description of the institution, and includes a concise history of it, quoted below, in which it will be seen a handsome tribute is paid to Mr. Petrie Hoyle for his share in the good work. It is a noble example of how things are done on the other side of the Atlantic, and explains how America has come to be the real home of the homeopathic art:—

"Way back in 1885 a committee was appointed to select a site for a college building, but nothing was accomplished. Every year, and almost at every meeting thereafter, a discussion would take place concerning a change in building, the faculty and officers realising the futility of trying to increase the classes and of bettering the conditions without first beginning with the surroundings.

"As has been stated, Dr. Currier, when Dean, was most anxious to found a new building. Six or seven years ago he had plans and specifications drawn up, and endeavoured to interest others. In 1892 personal requests were made to the profession for their aid and assistance, but to no purpose. So it was allowed to lie dormant, and no one felt the ambition to become the prince who was to awaken the sleeping beauty.

"Then came the renaissance, in 1898, and some credit is due to Dr. I. R. Aikin, who in his senior year revived the thought and started a subscription list among the faculty and the alumni whereby subscriptions could be scattered through several years, thus making individual payments small, but in the aggregate sufficient to guarantee the work. But even this would have failed had it not been for E. P. Hoyle, also a student of the college, and a most enthusiastic and sincere worker. Mr. Hoyle, taking up the plan, devoted almost his entire time to the object in hand. Taking the subscription list and going to the rescue, he renewed the notes, and, travelling from one end of the State to the other at his own expense, he interviewed all homeopathic practitioners and obtained from them promises of their aid. Some \$7,850 was finally pledged through Drs. George H. Palmer, A. C. Peterson, J. W. Ward, F. N. Ward, E. S. Breyfogle, E. R. Bryant, J. A. Albertson, Wm. Boericke, J. S. Ballard, S. Worth, G. Selfridge, F. G. Canney, J. Kastendieck, H. R. Clement, G. E. Manning, A. G. Bailey, B. N. Dow, J. Brooks, C. D. Potter, W. M. Lamb, Ida B. Cameron, Elizabeth S. Lynch, F. L. Bateman, Laura B. Hurd, Emily Hartmann, Mary Hofman, and E. P. Hoyle, Esq., of

San Francisco; Drs. Carra B. Scofield, N. H. Chamberlain, Eva L. Harris, Susan J. Fenton, Hugh Ross, Alice M. Bush, I. E. Nicholson and R. L. Hill, Jr., of Oakland; Dr. C. L. Tisdale, Alameda; Drs. H. B. Gates, Amelia L. Gates, W. E. Keith, of San Jose; Drs. Tapley and Russell, of Marysville; Dr. Rachel Lane, Vallejo; Dr. Phillippina Wagner, of Carson, Nevada; and Dr. N. P. Crooks, of Santa Barbara. But the limit seemed to be reached, and while there were many whose wishes were with them in their endeavours, other plans and purposes prevented. This was the case with the southern brethren, who already had hospital plans on the way, but who showed their good-will a few months later in the fitting up of the laboratory. Word was finally sent to the Trustees of the Southern Homeopathic Dispensary, asking for their aid. They most nobly responded with a subscription of \$3,000, payable at once. These Trustees consisted of Drs. J. W. Ward and F. N. Ward, and Messrs. E. R. and Jesse Lilienthal, and the amount given was what had accrued in thirteen years from a dispensary started by the Drs. Ward and James E. Lilienthal. This glorious addition of almost one-half of what had already been raised brought the sum up to ten thousand dollars and over, and raised the hopes of all the interested ones, for remember that the appeal stated that no amount would be due unless \$10,000 was subscribed.

"Next came an assessment of ten dollars per share on the capital stock, in order to free the lot of debt, and \$2,900 was raised. This freed the land of its incumbrance, and left \$1,000 in gold coin in the bank.

"Negotiations were at once entered into with Havens & Toepke, and plans were soon adopted, the latter member of the firm taking great interest in the whole work.

"Too much praise cannot be given to George Lange, the contractor, who, being an ardent homeopath, refused to accept a single dollar for all his painstaking and admirable work. He watched it all most carefully, and it is through him that there was erected for \$10,000 what is spoken of as a marvel of building for that price."

COW-POX IN RELATION TO OTHER DISEASES.

IN a private letter to the editor of this journal Dr. A. C. Clifton, of Northampton, gives some interesting items of his own experience which we have his permission to make use of. He says:—

"I do not suppose there is a private homeopathic practitioner who has treated more cases of cancer than I have, and I never yet found a case that had not been vaccinated.

"Unfortunately that question has not had the attention paid to it to warrant any definite conclusion, for I have scarcely ever found that patients with cancer have been questioned on the subject. It is a question requiring further investigation, my evidence being simply of a negative character, and I cannot tell how many cases I have treated.

"Another point in relation to small-pox. Some thirty years or so ago, when the epidemic was at Northampton, I treated 118 cases and

lost by death only 4. Out of the 4, one adult had been vaccinated when a child, had small-pox very badly at about 16 years of age, was terribly marked by it, and again had the disease and died at the time named. Another had been vaccinated; the remaining two had not. Out of the 114 which *recovered*, only five were marked by it, and this was due to *bad nursing entirely*. With such a low mortality as that, why dread the disease? for what I could cure, other men could cure in the same way.

"I cannot say I am *decidedly* an *anti-vaccinationist*, but am an *ante-compulsory* vaccinationist, because I hold the case not proven on either side yet, although my convictions are against vaccination."

DEADLY ALLOPATHY.

THE tragic fate of Dr. Dick, an allopath of Eastbourne, who was fatally poisoned by a dose of medicine he had mixed for a patient in error, is thus narrated and commented upon by a writer in *Reynolds's Newspaper* :—

"Take the case which has just occurred at Eastbourne. It appears that a Mrs. Geer received from Dr. Dick's surgery a bottle of medicine, which the doctor afterwards described as only 'iron and bitters.' After taking a dose of it she became so very ill that another doctor was sent for. Dr. Dick, calling later on his patient, became very angry at the suggestion that the medicine he had given had 'poisoned her,' and to convince her of error took a dose himself. He then rode home on his bicycle, but before long was found by his sister foaming at the mouth and exhibiting every symptom of strychnine poisoning. The unfortunate man died within a few hours.

"Now, if the facts are correctly reported, this seems to be just one of those cases to which I have referred. I think I am not far wrong in saying that the 'bitters' usually given with iron by way of a tonic are strychnine in a diluted form. By some means or other here was a case in which a presumably skilled medical man could blunder in the quantity of that potent yet terrible drug which he administered to a woman. 'You could understand a man who drinks poisoning people, but not a man who is always sober.' These were his own words, and how suggestive they are of the risks we all run in these matters.

"The man who drinks,' to start with. Can we be certain of always being free from this blunderer? In my mind's eye I see the dissipated student—the failure who has taken to drink and is unable to do more than act as dispenser to some busy practitioner, at a pittance too miserable to allow him any pride in his work or hope in his future. There are thousands of them scattered about the country."

We venture to say that cases of this kind are more numerous than is generally supposed. It is not at all certain that if Mrs. Geer had succumbed instead of Dr. Dick that the coroner would ever have heard of the case. The risks allopathic patients run are manifold.

A CORRECTION.

DR. S. C. GHOSE writes to us that there is an error in his article on Ague published in our issue of August last. It occurs on pp. 364 (line 12) and 365 (line 14). The word which appears as "marked" should read "masked." The passage refers to the cold stage of *Arsenicum*, and the meaning intended to be conveyed is, that this is generally masked.

ORIGINAL COMMUNICATIONS.

CEREBRO-SPINAL RHINORRHEA.

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

IN the *British Medical Journal* of September 23rd is an interesting article on Dr. St. Clair Thompson's discovery of this "new disease."

The subject interested me greatly on perusing this article, as I have had under me a remarkable example of the affection, and one that, as it followed immediately upon the exhibition of a particular remedy, ought to secure attention from the many specialists who are now engaged in the homeopathic school in the treatment of nasal affections.

In October, 1894, a lady brought her daughter to me, a girl of twenty, whose head was of enormous size, measuring $27\frac{1}{2}$ inches in circumference. The girl had been afflicted in this way from infancy, but at the time of my taking her in hand the condition, to all appearances, was getting much worse, and, in addition, the unhappiness created by her inconveniently large head was telling seriously upon her disposition and general nervous state. It was impossible for her to go out of doors without exciting the ridicule and wonder of the little street arabs, proverbially ready to notice, and merciless in their comments upon any physical monstrosity.

On examining the young lady I found two large edematous swellings on the nape of the neck, one on either side and immediately below the occiput, evidently the result of the intra-hydrocephalic pressure.

Being particularly interested at the time in the action

of our common ivy, and having concluded that it possessed a special relationship to certain phases of rickets, I placed an arborivital drop of the *Hedera Helix* upon her tongue.

The result was almost amazing. The next morning a clear fluid began dripping away from her nostrils, and continued to drip for three weeks, and simultaneously the two edematous swellings at the back of her neck began to reduce in size, until with the cessation of the discharge they completely disappeared. The discharge was so great as to necessitate the use of twenty to thirty pocket-handkerchiefs a day. Along with this the size of the head went down, and when, thirteen months after, the young lady was measured for a new hat, it was found that the circumference of her head was 25 inches, and not 27½ inches, as had been the previous measurement.

I repeated the dose of *Hedera*, once in May, 1896, when the symptoms of brain pressure seemed to be returning. This second dose proved completely effectual, and since then the girl's entire disposition has changed, and from being nervous, unhappy, and diffident she has become lively, cheerful, and active. The circumference of the head remains at 25 inches, but in no other way is inconvenience felt.

Here, then, is an instance of a correctly selected dose setting up a cerebro-spinal rhinorrhea that went on to the complete relief of a chronic hydrocephalus.

The lady is a living example of what can be done by availing ourselves of the vital powers of plant remedies.

Writing to me under date December 6, 1898, her mother states: "My daughter is not the same being. She greatly enjoys her tricycle, and her spirits are excellent."

NOTES BY THE WAY.

By DR. USSHER, Wandsworth.

CALCAREA should not be repeated in aged people, says Breyfogle. Has he in view calcified arteries? There is a very pleasant mixture receipt in the end of Dr. Ringer's book—egg-shells, lemon, and rum—but it does not keep long. I used to give it to old people until I came across the above remark, but do not now so use it. One dose does go a long way with some remedies, but

we have not the patience of Cooper, to let it be, and not having his patience we miss his experience.

What is the need to repeat *Lycopodium* (high) so long as it keeps up hoarseness in the morning? The continuance of this unusual symptom shows the medicine is still acting; the facts of Hahnemann deserve credence or they are to be refuted.

Calcarea Ostrearum is a medicine ever in our hands; it and *Calc. Phos.* are mighty agents in child-life. There is a fine differentiation in Farrington and Dewey's Quiz Compend. The first has the pot belly, the latter the retracted belly, and they follow each other week about very well. As you ponder over the pathogenesis you see a vast field before you—the phosphate is near to *Silicea*. On three occasions I have healed a large mass of suppurating glands in the axilla, left side, and both sides with pilules of *Calc. Phos.* 12. One case, larger than an orange, was declared by a wise brother to be a cancer, but he did not cure it. It was clear gone in a month, and one of the others has not repeated itself now more than twenty years.

Some articles of common use contain *Calcarea*, such as bloater-paste and Virol—the latter, which is chiefly bone-marrow, is a highly valued nutrient; the paste has it in the Armenian bole which gives it colour, and it soon distends the abdomen. *Calcarea Silicata* in the 1x trit. is valuable, a grain or so in a tumbler of water for the atrophy of children, given in dessertspoonful doses. I have put it to the test often. One child was taking food (Savory & Moore's) and got no benefit until the *Calc. Silicata* helped the food, then all went well. The child was terribly emaciated at a few months, and regularly washed out, and this look always suggests *Silicea* to me, which was given for a week before *Calc. Sil.*, and in the 6x pilules. We all get favourite medicines, and *Calc. Silicata* is one of mine, a great corneal medicine.

Two cases of abscess under left arm in children who could not be approached, quickly opened, discharged, and healed. One case of atrophy took four months before he was restored to health. Subsequently he had diphtheria, with loss of voice and dim vision. Both restored by *Hep. S.* 30, and *Strych. Nit.* 2x. He was sickened against all food and had offensive motions, sleep bad, his doctor

having favoured him with beef-tea, plus Bovril. I cannot close without expressing my thanks for Dr. Nash's *Leaders in Homeopathy*. This book will make thinkers homeopaths, and homeopaths thinkers! It is a splendid homage to high potencies. It is racy—it might be the work of an Irishman—and is delightful reading, nor should I grudge money for another volume. Many a time it has sent me to Hering, and made the dear, honest old man more precious to me. What can allopaths know of such joys as the power to heal which makes mortals kings!

VACCINATION.

I. COMPULSION OR NON-COMPULSION ?

By JOHN H. CLARKE, M.D.

WHEN the interim Report of the Vaccination Commission appeared recommending the abolition of compulsion, it was felt that a notable victory had been scored by the party of liberty in matters medical. That a Commission over-weighted with professional and official bias should have been so deeply impressed with the contra side of the argument as to have issued a special recommendation to this effect, was in itself an admission that whatever advantages there might be to be derived from infecting the body with cow-pox, the risks attending it were no mere invention of paid agitators or addle-brained cranks. But officialism is not easily overcome; when therefore the subject came to be dealt with by Parliament it was found that the minister in charge of the measure had quietly ignored this recommendation altogether. This, however, was too flagrant for the ordinary M.P. who would have to face his constituents by and by; and even the medical members of the House said that it would not do to ignore it altogether. The problem then before the Government was to grant the appearance of liberty without the substance. Instead, therefore, of making the matter entirely optional, or allowing an objector to make a statutory declaration before a magistrate, the delightful expedient was adopted of making it incumbent on the objector to "satisfy a magistrate" that he or she has a "conscientious objection."

Here is a sample of how it works out.

Mr. R. W., a junior partner in a house of business in the City, applied to Mr. Horace Smith at the Clerkenwell Police Court, August 11, 1899.

Magistrate: What is your objection?

R. W.: I believe that it would be detrimental to the child's health; that it would not be of any benefit, as I know a man who was twice vaccinated and then had small-pox. I think it unnecessary to put the child to pain that can be avoided.

Magistrate: What are *you* to the child?

R. W.: The father.

Magistrate: Is this your first baby?

R. W.: Yes.

Magistrate: You have not had much experience. You have not satisfied me. Application refused.

Truly a charming conversation! Supposing the applicant could have said that he had lost half a dozen children within a week or two of their being vaccinated perhaps he might have been entitled to a conscience in the matter in Mr. Horace Smith's eyes. Not having that qualification the machinery of the Local Government Board will be let loose on Mr. R. W. until he consents to have the Government virus inserted into his child's flesh. And the medical journals are rejoicing in the large increase in the numbers of the vaccinated since compulsion was done away with! In point of fact, the effect of the new Act has been to make vaccination much more difficult to avoid than it was before. And we are greatly mistaken if the electorate do not become very much alive to the fact that relief from compulsion is practically a gross fraud before the term of the Act has run its course. Many of the magistrates seem to imagine that it is the business of the applicant to convince *them* that cow-pox is not an unmitigated boon and a blessing. Not a few magistrates, again, are medical men who have a conscientious objection to giving certificates of exemption on any ground whatever.

About on a par with this magisterial justice is that dispensed at inquests on babies who have died after vaccination. In nine cases out of ten it is as plain as daylight that the child has died as a direct consequence of having been cow-poxed, and yet in ninety-nine cases out of a hundred a verdict exonerating vaccination is returned "in accordance with the medical evidence." These

inquests, usually presided over by a medical coroner, and, if not, dominated by medical witnesses, remind me of the court-martial which tried and acquitted Esterhazy. The parallel is perfect. It is in both instances practically a professional tribunal trying a professional pet.

I have said that in ninety-nine cases out of a hundred vaccination is acquitted in the coroners' courts without a stain on its character, no matter how clear the evidence might be against it. For a long time past I have read the cases that have appeared in the papers without finding a verdict of guilty. But, at last, in the *Star* of September, 1899, I discovered a case in which the verdict went against vaccination, though no formal condemnation was pronounced. But the case is so rare that it is worth recording, for the additional reason that it also illustrates the amount of freedom enjoyed under Mr. Chaplin's Act: the vaccination was performed against the mother's wish. We reproduce the paragraph as it appeared in the *Star* :—

“OFFICIALLY KILLED.

CAUSE OF DEATH: VACCINATION.

An infirmery baby was treated with 'L G.B. lymph 180' at four days old, against the mother's wish, and is dead as a consequence.

The infant daughter of a Brixton chamber-maid, named Miller, now living at 102, Ferndale Road, was vaccinated when four days old at the Lambeth Workhouse Infirmary, where it was born.

The child's arm became inflamed, and broke out into sores, and when seen by a local doctor several weeks later the child was in a collapsed and helpless state. It died when it was seven weeks old.

Dr. Fenwick, Brixton, who attended the child till its death, stated at yesterday's inquest that he did not consider that children should be vaccinated at so young as four days. The post-mortem examination showed that death was due to exhaustion caused by a wound on the arm.

A Juror: The primary cause of the wounds was vaccination?—Yes.

Dr. J. C. Harcourt, assistant medical officer at Lambeth Workhouse Infirmary, stated that the child was vaccinated with special Local Government Board lymph No. 180. When deceased left the institution the arm was perfectly healthy.

‘RATHER EARLY.’

The Coroner: But is not four days rather early?

Witness: Yes, it is generally done at the end of the first week, but if we have fresh lymph, and the mother wishes it, it is best to do it earlier.

The Mother : I did not wish it. The nurse asked me about it, and I said I did not believe in it.

A Juror : We all condemn the practice of vaccinating infants at four days.

The Coroner : I agree with you there ; I think a fortnight too early, as a matter of fact.

A verdict in accordance with the medical evidence was returned."

The theory of the medical profession seems to be that cow-pox is in itself a "sweet boon," and that everybody ought to have a course of it as often as possible. Nothing else could justify the leading articles in the medical journals. If anything goes wrong with a person who has been cow-poxed (vaccinated), it is not the cow-pox that is at fault, but the "pure lymph" has been mixed improperly, or put in the wrong way, or the mother has done something to the pocks when they have developed, or the doctor hasn't kept them clean with antiseptic dressings, but never by any chance is it the cow-pox itself that has done any harm. In fact, cow-pox is a disease which isn't a disease at all—it is a kind of health-disease !

There is, however, one among the orthodox medical journals which has one eye half open to the true state of the case. The *Medical Press* of September 27th contained an article on Jenner, lamenting that at the end of the century he was in danger of having his virtues consigned to the wallet of oblivion. After vigorously proclaiming the benefits he has bestowed on mankind, the writer was constrained to make these admissions :—

"There is undoubted evidence that if vaccination is properly performed it is possible that under exceptional circumstances ill results may arise, and if it can be shown that the profession has neglected to protect the public against such risks, or at least to explain them clearly, the consequences must be unpleasant. The use of calf lymph in preference to human lymph is an acknowledgment of this possibility, and of the disquietude of the popular mind on the subject. The disease that has been most feared is syphilis, and there has been a great change in opinion since Jenner's time on this particular point. It is well to give John Hunter credit for the work he did ; at the same time it is unwise to claim for him more than he deserved. Those who are constantly harping on the memories of the past are not the men who contribute to progress. They are generally men who have done nothing themselves, and are jealous of those contemporaries who have done something. Now, there is not the least doubt but that a healthy child may possibly be infected with syphilis if vaccinated with lymph taken from a syphilitic one. It is of no use

to deny this, for to do so is practically to deny the truth. It is better honestly to admit the validity of the charge that is thus made against it, and to do the best to make some compensation for what was done, not in malice, but in ignorance. But having disposed of the possibility of syphilitic infection by vaccination, the question that would at once be asked is whether there are not other maladies that may be similarly communicated. If the lymph that is used is not healthy lymph, it must be allowed that some ill consequences may follow its inoculation. The simple fact is that if lymph is taken later than is proper, or if, in preserving it on points or in tubes, proper care is not observed, there are undoubtedly risks of infection with a poison which may seriously injure a healthy child. While admitting the possibility of transmission of inoculable diseases by careless vaccination, we recognise that the proved cases of such transmission have been so extremely rare, as compared with the enormous number of vaccinations, that we may claim that the exception proves the rule that the operation is of infinite value, and entails little risk. Nevertheless, we are bound to satisfy the apprehensions of parents until we are able to assure them that there is no risk whatever. The great principles of antiseptic surgery depend on the prevention of infection from the use of instruments in surgical operations which might possibly convey a poison. If it can be shown that those principles can be applied, and they most certainly ought to apply, to vaccination; and that if they are, the fears of many may be allayed, it is probable that the real cause of opposition to vaccination will be removed; that cause being the fact that some have suffered from neglect of the precautions which would have prevented the injuries apparently due to it. Even such an easy and commonly neglected matter as the treatment of the vaccine pustule in its various stages when an open wound is liable to infection, requires attention, and many of the troubles that have followed vaccination could be traced to their neglect."

This seems to me rather a large admission. If a vaccinated person runs such large risks from omissions that are frequently unavoidable, the case against compulsion is very strong. For I maintain that it is not practicable to keep the arms of the vaccinated aseptic during the period of eruption; and what is more, nobody attempts to do it.

It has been the almost invariable rule to study cow-pox in its relation to small-pox. In these articles I intend to study it entirely on its own merits. I am not going to concern myself with the problem of how far it affords protection against small-pox and how far it does not. Nor am I going to launch into the ocean of statistics. In my next article I shall have something to say on the Terminology of the subject.

(To be continued.)

MATERIA MEDICA MISCELLANY.

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

Iodide of Lead in Locomotor Ataxy.—Dr. T. F. Allen reports *Iodide of Lead* 3c. gave “magical” relief to the intense fulminating pains (making the patient fall) in an acute aggravation of a chronic case. His aqueous solution (θ) of about 1 to 50 he potentised with boiling water, and gave one-drop doses in hot water. Possibly it can be run up with cold water; after the 6c. alcohol can be used. Dr. Allen wishes reports of the experiences of the profession with this remedy.

[For the gastric crises of *tabes dorsalis*, the girdle pains from the dorsal spine to the stomach followed by vomiting, he gives *Chinin Sulph.* 6 followed by *Lobelia infl* 6—the 3rd has aggravated].—N.A.J.H.

Chloride of Gold in Morvan's Disease, and other Nerve Lesions.—The following is quoted by the *American Homeopathist* from Dr. Halbert in the *Clinique*. He says:—

“We have here a case rare in its extreme characterisations, although often observed in a minor pathological degree. It is caused by a brachial neuritis which has resulted in a slowly progressive atrophy, and a subsequent paralysis of the muscles of the hand and forearm. Attending these symptoms we find a gradually developing analgesia and the development of painless whitlows. We observe here the enlargement of each terminal phalanx and the tendency to tissue necrosis. There is absolute loss of pain and temperature sensations, though the tactile sense is preserved. All of this is due to the involvement of the medullary sheath of the nerve involved and the gradual degeneration of the axis cylinder. This cuts off the trophic communication in the neuron relation between nerve and cell. As a result the muscles slowly weaken and atrophy, and finally the whitlows develop, due to the trophic disturbance. This case should be differentiated from the typical syringo-myelitis due to lack of cord development and in which we find simulating symptoms.

“This young man, thirty years of age, has been a cook by vocation. The constant use of the hands in the kitchen requirements, together with some possible traumatic influences, have favoured the development of a local neuritis. This has been of such extreme character as to bring on tissue necrosis in the most pendant parts. The *Chloride*

of *Gold*, 2x, one tablet four times daily, has been administered for some time, and the improvement is marked. Already the pain and temperature sensations have returned somewhat to the parts involved, and the necrosis is certainly arrested. The general conditions have greatly improved, and our patient is confident of a cure. I wish, therefore, to emphasise the therapeutic value of this remedy in chronic cases where there is degeneration of the nerve tissue. I have proven its efficacy in many cases where there were pronounced lesions of the nervous system in which the symptoms seemed decidedly unfavourable. Besides, it is a much safer remedy than the iodides, and the results are more promptly observed."

Nux Vomica in Fever.—Dr. E. B. Nash gives the following symptoms as indicating *Nux Vomica* in fevers: "Great heat, whole body burning hot, especially face red and hot, yet the patient cannot move or uncover in the least without feeling chilly." He mentions a case of advanced phthisis who had chills every morning followed by exactly this kind of fever, and was growing rapidly weaker under them. After one dose of *Nux V.* 1m. she never had another chill and no more fever, and began to gain appetite, strength, and spirits, and continued to improve so long as she was under his treatment.

He has found the following symptoms characteristic of *Nux V.*

Chill.—Chill or coldness with blue hands and nails, or with pain in the back and sacrum. Chill or coldness on contact with cold air.

Heat.—Heat intense, long-lasting, with red face. Heat, but must be covered. Chill returns during the heat.

Sweat.—Sweat aggravates the pains (*Ars. A.* and *Nat. M.*). Sweat one-sided, right (*Puls.* left). Sweat as soon as one lies down to nap.—*American Homeopathist.*

Berberis Vulgaris.—Stuart Close, M.D., of Brooklyn, gives the following interesting clinical case:—

"Married woman, aged thirty-six years. Normal twin confinement in July last. Has borne three children in two years. Since getting up from last confinement has been able to walk or stand only with great suffering on account of a severe pain, shooting, burning, and tingling like an electric shock, starting from balls of feet and extending through feet to ankles, and sometimes to knees; worse on left side. She feels no pain when walking bare-

foot or with stockings only, but even a loose shoe causes such pain that she cannot walk more than a block.

"Hemorrhoids just before and during menses, when they feel full as if bursting, and sometimes bleed a little.

"The patient came just at the close of my office hour, when I was in a hurry to get out, and I violated Hahnemannian principles by asking a leading question and making a 'snap-shot' prescription. I did not examine the feet, but asked her if the balls of the feet were calloused. She replied affirmatively, and I gave her *Antimon. Crud.* 200, telling her to call in a week. A week later she returned and reported 'no change.' On this occasion I examined her feet and found that there was no callous, and that objectively the feet were in good condition. Standing on her bare feet, with the weight of the body borne mostly on the heels, she felt no pain, but deep pressure on the ball of the foot over the digital branches of the plantar nerves caused the cutting, burning, tingling pains. I also learned that she had a laming, sore pain, with stiffness, in the sacral region, which made turning over in bed difficult, and was worse when she had been much on her feet. On rising in morning sensation in soles as if stepping on needles.

"Eruption of suppurating pimples on chin before menses.

"After study of the case I prescribed *Berberis Vulg.* 200, in water, four doses daily, for one week. Eight days later she returned and reported that she was free from pain that day for the first time, although the pain had been steadily decreasing since she began taking the medicine. The same remedy was continued one week longer. She has remained perfectly well since, and walks as well as she ever did."

CHOLERA: ITS SYMPTOMATOLOGY, ETIOLOGY, MORBID ANATOMY, DIAGNOSIS, PROGNOSIS, PREVENTION, AND TREATMENT.

By Dr. S. C. GHOSE, Midnapore, Bengal.

I.—DEFINITION.

It is a malignant disease which is generally associated with a feeling of indisposition or oppression at the pit of the stomach and in the region of the heart; giddiness; headache; ringing in the ears; vomiting, firstly of the contents of

stomach, and secondly of yellowish water; frequent watery evacuations, with or without cutting pain in the abdomen; suppression of urine; insatiable thirst; great restlessness; profuse perspiration and great prostration; the eyes are sunken and the hands and feet are shrivelled; cramps in the different parts of the body, especially the calves of the legs; difficulty in breathing; the pulse becomes rapid, small, and imperceptible; the temperature of the body sinks; respiration becomes embarrassed; troublesome hiccoughing: the body becomes icy cold and the patient ceases to exist.

In some cases the disease becomes fatal within six or twelve hours, while in others it lasts a little longer.

II.—THE MODES OF PROPAGATION.

The transmission of the disease may take place from one person to another, but it is not contagious in the widest sense of the term. It is principally propagated—

- (a) By contact.
- (b) By atmospheric taint.
- (c) By drinks.
- (d) By various articles.

III.—CAUSES.

Pathologists are not yet certain as to the exact cause of this disease. They do not know even how the poison enters into the system. It is probable that the poison, or whatever it may be, is either swallowed, inhaled, or absorbed by the skin. A simple diarrhea during an epidemic may pass into a violent form of cholera. It has been well proved that the poor are attacked with cholera in a greater proportion than the rich.

The most powerful conditions which favour its dissemination, are—

- (a) Intemperance in eating and drinking.
- (b) Unwholesome diet.
- (c) Overcrowding.
- (d) Residence in damp and ill-ventilated dwellings.
- (e) Constitutional weakness.
- (f) Sudden emotions or shocks.
- (g) Impure air.
- (h) Derangement of the digestive organs.
- (i) Too much exhaustion, fatigue, overwork, misery, and anxiety.

The new-comers in an affected place are peculiarly attacked with the disease. Persons suffering from nervous depression are susceptible to the disease.

IV.—SYMPTOMS.

The disease may be divided into stages : first, the stage of invasion or the premonitory stage ; second, the cold stage or the stage of development ; third, the stage of collapse, and fourth, the stage of reaction.

The First Stage.—No distinction can be made between this stage and the stage of incubation. The invasion of the disease is marked by lassitude, giddiness, anxiety, restlessness, inaptitude for any occupation, weight and uneasiness about the pit of the stomach, ringing in the ears, heavy feeling in the head, nausea, and depression of spirits. Then gradually the other symptoms appear, such as diarrhea and vomiting. There is no appetite, and the tongue becomes clean and moist. There is no certainty as to the duration of the invasion. Indescribable malaise follows. These symptoms are the surest harbingers of the approaching attack if there is an epidemic already existing.

The Second Stage.—This often appears without the knowledge of the patient. Early morning is considered a favourable period. Dr. Sutton reports that persons are more generally attacked between twelve and three o'clock in the morning than at any other time. Copious watery evacuation is the prominent sign of its onset. It generally happens that the first one or two stools consist of the ordinary contents of the intestines or of undigested food mixed with fluid, where the stage of invasion is suppressed. The evacuations are rice-coloured. There is much pain, or no pain, in the abdomen. Vomiting follows in rapid succession. This vomited matter consists of bile-stained water, comes out with much force, and possesses a bitter taste. The attacks of vomiting are less severe than those of purging. The introduction of medicine or food or drinks often excites them. There is great thirst and the patient gets exhausted. The pulse becomes intermittent and the pupil contracted. The eyes begin to sink and dark rings are seen around them. The temperature of the body sinks below normal. The voice becomes husky. The decrease of bodily warmth is gradually perceptible and the whole surface of the body becomes cold. The prominent symptom of this stage is cramps. They appear in the extremities and gradually or simultaneously travel over the calves of the legs, the thighs, and arms. They often occur in the muscles of the abdomen. The speech of the patient becomes, at that time, jerking.

The Third Stage.—When this stage is fully developed the body is quite emaciated, the surface livid or pale, and the fingers and toes become wrinkled and blue. The hands and feet also appear wrinkled, as if they had been dipped in water

for a long time. The animal heat is destroyed and the pulse sinks. The whole surface of the body becomes as cold as ice and cold sweat is perceptible everywhere. This is first observed on the forehead at the roots of the hair and gradually spreads over the face and chest. The heart's sounds can scarcely be distinguished. The pulse is hardly perceptible. The tongue becomes cold, livid, and furred, and the eyes seem rooted at the base of the orbit and the eyelids are generally half open and the pupils dilated. Other secretions—urine, bile, saliva—are entirely suppressed. The sufferer feels great difficulty in breathing. He becomes restless in his bed and constantly desires to move from one side of his bed to another. He feels excessive heat and throws off any covering from his body. Later on approaches the critical stage when the patient becomes so wasted as to be scarcely recognisable or his muscular strength is so greatly increased as to be able to sit up in bed or run across the room as if in a wild fit. The chest becomes contracted; the skin loses its elasticity, and if it is pricked no blood oozes out. The nose becomes so cold as to threaten gangrene. Complete stupor and coma are seen. The patient can no longer swallow, and at last, with moaning asphyxia, he expires.

The Fourth Stage.—If the patient survive eighteen hours, or the dangers attendant on the previous period, he gives hopeful indications of recovery. The physiological secretions are soon restored. The urine is re-established. The spasms and oppressions disappear. The pulse becomes perceptible and regains its accustomed rhythm. The natural health of the body returns. The general appearance of the patient is changed. The blood returns to all parts of the body. The evacuations cease, but the vomiting may or may not come to an end. It may be present although all other symptoms have diminished. This is the result of the congestion of the gastro-intestinal mucous membrane, and is not fatal unless gastritis takes place. There are other symptoms which may disturb the patient. Such as insomnia, pyrexia, dyspepsia, loss of appetite, flatulence, eructations, and feeling of weight in the stomach. The patient is able to take some rest, and hovers upon convalescence day after day.

Precaution must be observed in spite of these favourable symptoms; reaction may either prove imperfect or be exchanged for some grave inflammatory affection.

This stage of reaction is subdivided into four stages. First, torpid stage; second, tepid stage; third, stage of mucous fever; fourth, typhoid stage.

In the stage of imperfect reaction the temperature remains below normal. No improvement can be perceived in the pulse;

appetite is dull, tongue dry, and the patient does not feel stronger day after day. Ultimately typhoid symptoms set in, with accelerated pulse and congested features. Many complications may arise, amongst which the following are most prominent :—

- (a) Fever.
- (b) Gastritis.
- (c) Nephritis with anemia.
- (d) Enteritis with exudation.
- (e) Dysentery.
- (f) Bronchitis.
- (g) Pneumonia.
- (h) Pleurisy.
- (i) Parotitis.
- (j) Splenitis.
- (k) Diphtheritic exudation in pharynx, vagina, and bladder.
- (l) Uremia.
- (m) Ulceration of the cornea.
- (n) Boils.
- (o) Gangrene.

V.—SYNONYMS.

In the terminology of diseases the following names are found for cholera :—

Simple cholera, diarrheic cholera, malignant cholera, dysenteric cholera, gastric cholera, spasmodic cholera, bilious cholera, febrile cholera, dry cholera.

VI.—DIAGNOSIS.

In the early stage cholera resembles malaria, poisoning, aconite, arsenic and opium, and apoplexy. In the case of acute irritant poisoning, nausea, vomiting, purging, intense thirst, &c., appear, and this fact may puzzle a physician as to arriving at a true diagnosis. But this difficulty is soon removed as the development of other symptoms takes place.

In cases of irritant poisoning the vomiting and purging are generally closed with blood, but this never happens in cholera. In cholera the passing of water is suppressed, profuse perspiration occurs, the hands and feet are shrivelled, cramps set in and other symptoms are present. The collapse of malaria is generally followed by high fever, of Aconite without purging, of Arsenic with burning, of Opium with tympanites and contracted pupils and of Apoplexy with loss of consciousness and paralysis.

VII.—MORBID ANATOMY.

In the post-mortem examination the following phenomena may be seen :—

Features shrunk, body emaciated, right cavities of the heart distended with dark blood. The left cavities do not contain any blood but are contracted. The lungs are found in a state of collapse. The peritoneum is injected. The stomach is found very much contracted. The colon is swollen.

Drs. Parkes, Garrod, Schmiot and some other distinguished physicians have examined both chemically and microscopically the blood in cholera and have noticed the following remarkable phenomena :—

The blood is dark and the separation of water and salts takes place in the intestinal canal. The villi are stripped of epithelium and consequently excessive transudation takes place. It is, thus, that the villi are incapable of absorption and the blood becomes dark and ropy. The blood is in need of fresh fluid and absorbs it from tissues. The result of this process is that the nose becomes pointed and the cheeks fallen. The eyes sink deep and the skin is wrinkled. As the disease progresses the suppression of urine and the drying up of tears, perspiration, bile, &c., supervene.

The blood is poisoned owing to slow and defective circulation, and consequently the patient feels much anguish for breath and hunger for air.

VIII.—ETIOLOGY.

Cholera is one of the most rapid and fatal forms of disease. The cause of it is shrouded in mystery. Various theories have been propounded to explain the true nature of the poison. Some eminent doctors have concluded that a superabundance of vitiated bile in the stomach and bowels is the immediate cause of the disease.

I shall deal with the origin and causes of cholera later on.

IX.—PROGNOSIS.

The prognosis in cholera is grave in general, but depends on a variety of circumstances. Robust persons succumb more rapidly than weak persons. Homeopathy has achieved wonderful triumphs in the prevention and cure of cholera. A parliamentary return shows that homeopathy has saved about three times the number of patients from death that allopathy has.

X.—THE SYMPTOMS OF MALIGNANT CHOLERA.

The following will clearly show the difference between

malignant cholera and simple cholera. In malignant cholera the following symptoms are prominent :—

1. It is generally preceded by painless diarrhea.
2. No error in diet is perceptible.
3. Prostration is rapid and dangerous.
4. Sudden reduction of the temperature of the surface of the body below the normal standard.
5. At the same time, if introduced into the internal cavities, the thermometer shows a high fever temperature.
6. From the first stools are like rice-water.
7. Cramps appear in the fingers and toes, and gradually extend over the arms and legs.
8. The veins become congested ; the tongue, lips, and extremities are livid purple.
9. Urine is albuminous.
10. Cutting pain down the thighs is the pain first felt.

XI.—THE SYMPTOMS OF SIMPLE CHOLERA.

A case of simple cholera presents the following symptoms :—

1. The attack is sudden.
2. It is due to some error in diet.
3. Prostration gradually takes place and is less prominent than the vomiting and purging.
4. Gradual diminution of the temperature of the surface.
5. The thermometer never rises above the normal heat.
6. Evacuations are strongly bilious and cause burning and shooting pain, and become only colourless at the very last.
7. Cramps appear in abdomen and scarcely seize the upper limbs.
8. No congestion or lividity of the surface is present.
9. Urine not albuminous.
10. Colic in abdomen is the pain first felt.

XII.—DIET.

The diet should be wholesome. Coffee, tea, or liquors should be strictly prohibited. Barley-water or ice may be allowed when vomiting appears, no sort of diet should be given. Cold water or ice may be given when the malady has arrived at its height. Special care should be taken in the administration of diet when the stage of reaction appears. A slight deviation from this injunction would often fan the flame of violent and agonising symptoms. Raw vegetables, unripe or sour fruits, and pastry should never be taken.

XIII.—ACCESSORY MEANS.

Absolute rest is highly recommended from the very commencement of diarrhea. A cheerful frame of mind should be

maintained. A presentiment of death often stands in the way of recovery. The sick-room should be kept warm and pure air should be admitted to it. Hot bottles should be applied to the abdomen, legs and feet. Small pieces of ice may be allowed *ad libitum*.

XIV.—ALCOHOLIC DRINKS IN THE CAUSATION OF CHOLERA.

I have come to know from experience that the predisposing causes to this fatal malady are excesses in either drinking or eating, the former being more dangerous than the latter. An erroneous impression prevails everywhere that drinking strong alcohol always enables us to ward off attacks of cholera; it is far from the truth. I treated nearly 160 cholera patients last year. The majority of these patients were in the habit of drinking ardent spirits to excess.

Mr. Wallace, in his book on "Cholera: Its Causes and Cure," says: "The statistics of cholera in all countries and climates show clearly that the drunken patient is sure to succumb to the attack, whilst those who recover are usually of the sober or temperate class, and not one in a hundred contracts cholera who is habitually sober or temperate."

Dr. Forsyth, in the *Medical Press and Circular* of May 23, 1866, says: "A Russian physician states: 'It is a positive fact that cholera does not seize on its victims at hazard, as many say. It has been ascertained that out of every hundred individuals who die of this disease, *ninety* are in the habit of drinking ardent spirits to excess.'

"Mr. Huber, who saw 2,160 perish in twenty-one days of cholera in one town of Russia, says: 'It is a most remarkable circumstance that persons given to drinking have been swept away like flies. In Tiflis, containing 20,000 inhabitants, every drunkard has fallen—all are dead, not one remains.'

"Dr. Rhinelander, visiting Montreal in 1832, states: 'The victims of the cholera are the intemperate.'

"Dr. Bronsen, of Albany, states: 'Drunkards and tipplers have been searched out by cholera with such unerring certainty as to show that the arrows of death have not been dealt out with indiscrimination; there seems to be a natural affinity between cholera and ardent spirits, and their habitual use in the smallest quantity seldom fails to invite the disease, and render it incurable when it takes place.'

"Professor Sewell, M.D., visiting New York, says: 'That of 204 cases in the Park Hospital there were only six temperate persons, and that these had recovered.'"

These remarks conclusively prove that drinking strong alcohol is one of the predisposing causes of a seizure of cholera.

XV.—DIFFERENT MODES OF TREATMENT OF CHOLERA IN 1854.

I am now going to reproduce the letter which was written by Mr. Seaton Reid to the editor of the *Belfast Morning News* :

"SIR,—I think some benefit would follow your publishing the following statistics respecting the results of different methods of treating Asiatic cholera adopted during the epidemic of 1854. The return is extracted from 'The Report of the Treatment Committee of the Board of Health, London,' which was published at the close of the epidemic.

"The Report includes the results of treatment in 2,479 cases of developed cholera, in which the symptoms were so marked that the existence of the disease could not be doubted, and the reporters state that—

Of cases treated by calomel and opium	59 per cent. died.
" calomel in large doses	60 "
" salines	62 "
" chalk and opium	63 "
" calomel in small doses	73 "
" castor oil	77 "
" sulphuric acid	78 "

"As I am well aware how difficult it is to decide between the conflicting statement made respecting the merits of different plans of treating cholera, I believe that your publication of this result of an investigation made by an impartial tribunal might be beneficial.

"I have the honour to be, sir,

"Your very obedient servant,

"SEATON REID."

There were some other modes of treatment in cases of cholera in Europe in 1832 and 1849.

Of cases treated by tartar emetic	19 per cent. died.
" salt and water	20 "
" cold water and ice	30 "
" ippecacuanha	57 "
" stimulants	66 "
" bleeding alone	85 "
" injection into the veins	90 "

XVI.—COMPARATIVE TABLE, SHOWING THE RESULTS OF ALLOPATHIC AND HOMEOPATHIC TREATMENTS.

In 1836, in twenty-one hospitals in France and Italy—

Under allopathy the deaths were 63 per cent.

In ten hospitals in France, Germany, and Italy—

Under homeopathy the deaths were 11 "

In Vienna, where each hospital had a cholera ward set apart, the following results can be determined :—

Under allopathic treatment deaths were 66 per cent.

Under homeopathic 33 "

In the year of 1849 the hospital in Liverpool showed that under allopathy the deaths were 46 "

Under homeopathy the deaths were 25 "

In Edinburgh—

Under allopathy 66 "

Under homeopathy 52 "

In Newcastle, 1853—							
Under allopathy	50	per	cent.				
Under homeopathy	20						
In Copenhagen—							
Under allopathy	55 $\frac{1}{2}$						
In Stockholm—							
Under allopathy	59 $\frac{3}{4}$						
In Bavaria—							
Under allopathy	48 $\frac{1}{2}$						
Under homeopathy	6 $\frac{3}{4}$						
In Lisburn Union Workhouse, in 1854, under opium, calomel, and stimulants, out of 71 cases 35 died.							
In Dundee Hospital—							
Under allopathy	61 $\frac{4}{5}$		per	cent.			
In Liverpool Hospital—							
Under homeopathy	24 $\frac{3}{4}$						
In Edinburgh—							
Under homeopathy	27 $\frac{3}{4}$						
In London Hospital, up to August 8, 1866—							
Under allopathy	63						
According to the newspaper from the Hague from the beginning of the outbreak to June 22, 1866—							

	Cases.	Deaths.
Leyden	1,021	649
The Hague	362	215
Delft	542	319
Rotterdam	824	503
Dordiecht	346	196
Gonda	140	73
Utrecht	688	382
	3,923	2,337

The above table proves a mortality of about 60 per cent.

THE NUMBER OF CHOLERA PATIENTS TREATED AT WISHNEY WOLOT-SCHOCK, IN RUSSIA.

	Patients.	Cured.	Died.	Deaths. Per cent.
Under allopathy	96	24	62	74
„ homeopathy	109	86	23	21
No treatment	49	16	33	67
At Raab in Hungary—				
Under allopathy	1,501	861	640	42 $\frac{3}{4}$
„ homeopathy	154	148	6	4
In Vienna—				
Under allopathy	4,509	3,140	1,360	30
„ homeopathy	581	532	49	8 $\frac{1}{2}$
In the hospital at Bordeaux—				
Treated by allopaths	104	32	72	69
„ homeopaths	31	25	6	19

Let us now take up the cases which occurred in London. In 1832-3 11,020 cases were reported in London alone; of these 5,273 died, or nearly 48 per cent., and fully as many died in Paris in 1865.

In London in 1854—

Died under allopathic treatment	45 per cent.
" " homeopathic "	17 "
Cases of collapse under allopathy	69 "
" " homeopathy	30 "

In the district of Midnapore, in Bengal, I treated nearly 160 cases last year, out of which 120 cases were treated homeopathically; 16 of them died and 104 patients were saved.

If we compare the above statistical tables we shall be struck with the patent fact that the homeopathic method of treatment was more successful than that of the other.

In some epidemics the death per cent. was very low, such as 4 or 5 per cent. under homeopathic treatment. Thirty per cent. appears to be the greatest percentage of death under homeopathic treatment.

If all cases had been placed under the treatment of homeopaths, the result would have been very different.

In some of the collapse cases that I treated with homeopathic remedies the results were extremely gratifying.

(To be continued.)

THE "WITCH-BEAN" OF THE KAFFIRS.

THE following article appeared in the *Star* of September 29th, quoted from the *Lancet*. We have submitted it to our South African Correspondent, whose remarks we append:—

WITCH-BEAN

THAT WILL CURE AFRICAN FEVERS.

A Weird Kaffir Remedy that the Superstitious Native Doctors Destroyed in Fear that the White Man should find out its Good Properties.

The romance of medicine has seldom had a more interesting chapter than the Lost Witch-Bean. The story of this mysterious remedial agent and its loss was told by Dr. John Maberly in August to the Cape Town Medical Society, and his paper is published in the *Lancet*.

Dr. Maberly produced a small piece of bark which is all he has left with which to trace the Lost Bean. He said:—

"When I was in charge of the Klein Letaba Goldfields Hospital in Central Transvaal—one of the very worst districts for malarial bilious fever in South Africa—I had some beans belonging to this same tree given to me which came from a man who had obtained them when travelling through the low-veld from Delagoa Bay. The man's story of the beans was interesting. He was an old prospector, and

when passing through the Lebombo Flats he had a violent attack of bilious fever and was laid up at a Kaffir kraal. He had a couple of valuable greyhounds with him which were much noticed by an old Kaffir doctor, who agreed to cure his fever if he would part with the dogs.

"The old fellow administered some of the beans with the result that in a couple of days the man was about virtually cured. He got some of the beans from the Kaffir doctor and a few of them came into my possession.

"I subjected them to a fair trial. We had two hundred white men in the mines, and, as illustrating the unhealthiness of the climate, I might say that during February, March, and April the workmen put in just one-third of their time. The remainder they took out in fever. After trying the beans and the bark, I came to the conclusion that a dose of two grains was quite sufficient. This dose made into a pill with a quarter of a grain of *Opium* I always rely on to cut short relapses of malarial fever both in my own person and those of my patients. The peculiar action of the drug lay in the fact that it had a most extraordinary power of collecting bile. That, I am certain, is a particularly valuable drug, but I cannot trace it further.

"I got a few of the beans and out of six or eight which I planted I obtained one plant, which was destroyed by hail. Afterwards a white man sent me some pieces of bark and a few beans, but they were incapable of germination. Then I tried again and found that Kaffirs had been told by a native doctor that the trees, which were growing in a mealie field, were bewitched and had better, therefore, be destroyed. This was done. It is a pity it could not be traced, for it would be a very valuable remedy for the types of fever we get in southern tropical Africa. I have tried in London to analyse the bark with the assistance of a good chemist, but we could make nothing of it."

There are several other drugs known to the Kaffir witch-doctors, which produce results that European science has sought in vain. There is a tincture made from the dried leaves of a plant, *Blepharis capensis*, which is a valuable remedy for that dreaded disease anthrax. Dr. B. Blaine, resident surgeon of the King Williams Town Hospital, found an anthrax case in Tembuland, where the local medical practitioner gave the patient up. A native supplied the Kaffir remedy, and a good recovery was made.

Dr. Maberly also found another drug, *Callilepis laureola*, which is used in the Central Transvaal as a Kaffir cough cure. "The plant has a turnip-shaped root which emits a very pungent odour when cut into. The natives are in the habit of chopping off a small piece of the root and sucking it, and it really gives one the idea of being a good cough drug. The odour extends in the atmosphere for some distance, just as that of eucalyptus permeates a room. I have used it in two or three cases of whooping-cough, and in two instances at least I have had very distinct results in quickly checking the cough."

Our Correspondent remarks :—

"I am afraid I cannot at present throw any light on the fever 'bean' referred to, but on my return to South

Africa I shall make inquiries and if there is anything in it I think I shall get to the bottom of it.

"You will notice the reference to *Blepharis*, but as far as we know *Cluytia* and other plants are just as good.

"We don't know one-tenth part of the uses of these Kaffir remedies that are known to the natives, but having made a start we shall gradually collect further information. In my opinion, however, the possibilities of discovering remedies and the *knowledge of their uses* will die out, because the *skilled 'doctors'* will disappear as civilisation spreads. Already we interfere greatly with them—hanging them occasionally for causing death. Combined with a really valuable knowledge of plants and various poisons—animal and vegetable—they practise various superstitious rites which frequently clash with *our* code of morals, and so, as the 'Witch Doctor' gets suppressed, a lot of valuable knowledge will be suppressed with him. Our plan should be to get the plants identified, and find out their uses ourselves, meanwhile using them, in even a crude form, where they claim to cure diseases for which we may not know satisfactory remedies.

"The Indians of Central America, I believe, can not only *cure any* case of malarial fever, but administer a prophylactic which absolutely prevents any one getting it. From all accounts it is a really marvellous remedy, but is, I believe, still a secret. For so many years all outside knowledge has been disregarded that now, when we realise what might have been learned, it seems hopeless to try and make up the arrears before it is lost. Fancy thousands of years of accumulated experience by acute observers being lost, and its having to be rediscovered at the rate we are going!"

ZINCUM PICRICUM IN PARALYTIC AFFECTIONS.—Two cases of a paralytic nature are recorded in *The Clinique* of April, in both of which the 3x trit. of picrate of zinc was very effective. One was a simple and recent facial palsy from cold; but the other was an instance of genuine paralysis agitans in a woman aged 45. It had not been *cured*, even after a year's treatment; but so much improvement had occurred that Dr. Halbert expected to arrest the advance of the disease and make the patient very comfortable. She could already rest her hands in her lap and walk without the peculiar propulsive and staggering gait she had at first.—*J.B.H.S.*

SOCIETY'S MEETING.

BRITISH HOMEOPATHIC SOCIETY.

The first meeting of the session was held in the Board Room of the London Homeopathic Hospital, Great Ormond Street, London, on Thursday, October 5th, at eight o'clock p.m.

Arthur Arnold Beale, M.B., C. M. Glasgow, late of 60, Clapham Road, S.W., was proposed as a member by Dr. Byres Moir (London), and seconded by Mr. James Johnstone (Richmond).

According to the usual custom, the evening was devoted to the inaugural address of the session, which was delivered by the President, Dr. Washington Epps, of London, who took as his subject, "Our Advance as a Society, 1879-1899," and gave an interesting review of the work of the Society for the last twenty years.

INSTITUTIONS.

GEEELONG HOMEOPATHIC DISPENSARY.

THE Committee have pleasure in placing before the subscribers and other contributors to the Dispensary their Thirty-sixth Annual Report.

The work of the institution has been carried on most successfully and uninterruptedly since the appointment of Dr. Lamb as medical officer at the end of September, 1898, comprising a period of nine months out of the year ending June 30, 1899.

During this term 268 patients out of the year's total of 283 received treatment, and of a total attendances of 1,635 for the year 1,547 were for the shorter period. The results of the treatment are most gratifying to Dr. Lamb, the medical officer, and all concerned in the successful operations of the Dispensary. Disorders of a very wide range have been treated, including those to which special attention should be drawn, viz.: Pneumonia, marasmus and diarrhea, and dysentery, and out of the total of 283 cases, there have been only 9 deaths. Two hundred and twenty-seven visits were paid to patients too ill to leave their own homes. By comparison with the previous year's work the figures stand thus: Patients admitted in 1897-8, 214; in 1898-9, 283; number of attendances in 1897-8, 916; in 1898-9,

1,635. During the year the committee were fortunate in securing the services of Miss Ferguson to nurse patients in their own homes, and administer such comforts as are practicable. In these offices she has been eminently successful, and, assisted by several ladies, High Church Dorcas Society, Ladies' Benevolent Association, the Mayor of Newtown and Chilwell, and others, she has supplied food, fuel, clothing, bedding, rugs, &c., to a number of families in a state of great destitution. To all who thus assisted, the committee tender their most grateful thanks. Miss Ferguson has also been appointed collector to the Dispensary, and only entered upon her duties in the latter part of the year, but succeeded in that time in collecting a sum equal to that of the whole of the preceding year. The committee trust that in view of the great advantages offered, and the extent to which the Dispensary's benefits have been availed of by all creeds of the sick poor of Geelong and district, and that subscribers now receive two tickets for every one formerly issued, the public support will be larger and more general. The expenditure of the year has been unavoidably greater than ordinarily, but the cost of "actual relief" of the patients, notwithstanding the great increase in their numbers, is less than that of the previous year, as shown in the treasurer's balance sheet.

BRISTOL HOMEOPATHIC HOSPITAL AND DISPENSARY.

WE subjoin the Report for 1898. We notice that, though the name of the institution is "Hospital and Dispensary," the hospital portion is still in the prospective stage. We trust it may materialise at an early date.

"The committee have pleasure in informing the subscribers that the work of the Dispensaries during 1898 has been carried on with increased success, the number attending amounting to 4,029, an increase of 104 over the preceding year. The committee, desiring that the benefits of home-visiting should be extended, have reduced the price of *Home Notes* from 8s. to 5s. a month; already this has been attended with success, more patients applying for them.

"The committee would draw especial attention to the sum paid by the patients themselves, amounting during the year to £76 18s., thus showing the high estimation in which the treatment is held by them.

"The medical officers are continually asked by the patients if there is any probability of a hospital being opened. The

Committee can only bring before their constituents the cry of the poor, in the hope that some generous friends will come forward and provide the funds—£2,000—and an annual subscription list amounting to £250 would enable them to open the Institution. Surely there are many whom God has prospered, and whose hearts are touched with a desire to help their poorer brethren in their sicknesses, who, if this need was brought before them, would liberally respond. If those who have derived benefit from homeopathic treatment would contribute according to their means, there would be no difficulty about funds.

EXTRACT.

THE MEDICAL PRESS ON HOMEOPATHIC ASSURANCES.

THE *Medical Press* of October 4th published the following note commenting on Dr. Hayward's recent lectures on Tropical Diseases:—

HOMEOPATHIC ASSURANCES.

In the course of a series of lectures on the homeopathic treatment of tropical diseases recently delivered by a Dr. Hayward, some very remarkable statements were made which, we fear, would not bear close scrutiny. We are told that while the average mortality from yellow fever is 27·7 per cent., the mortality under homeopathic treatment is only 7. As the actual statistics are not given in the report before us we cannot very well criticise them; but we should imagine that the number of patients suffering from this fell disease who underwent homeopathic treatment must be far too small for it to be possible to base any trustworthy conclusions thereupon. A similarly bold and equally unauthenticated statement is made in respect of cholera. Coming to typhoid fever we are assured that, though a germ disease, homeopathic medication does much to modify the course and shorten the duration thereof. Statements such as these may pass muster with the uncritical laity, to whom the lecturer was addressing himself, but must excite contempt among those who know what little influence purely medicinal treatment has in any of these diseases. It is this very want of candour on the part of the practitioners of that ilk which makes it well-nigh impossible for self-respecting practitioners to meet them on cordial terms, and so long as the arts of the mountebank are resorted to to bolster up this particular system so long will its adepts be ostracised by their fellows. It goes without saying that if homeopathy accomplished even a fraction of what its advocates claim for it, it would long since have brushed all alternative methods of treating disease out of the field.

Drs. Dudgeon, Hayward, and Clarke sent replies, which appeared in the issue of October 18th. We reproduce below those of Dr. Dudgeon and Dr. Hayward, together with the rejoinder of the editor of the *Medical Press*.

HOMEOPATHIC ASSURANCE.

To the Editor of "THE MEDICAL PRESS AND CIRCULAR."

SIR,—Under this title you have last week a leaderette, in which you refuse credence to Dr. Hayward's statistics of the comparative mortality under homeopathic, and ordinary, treatment of such diseases as yellow fever, cholera, and typhoid fever. With respect to yellow fever you "imagine that the number of patients suffering from this fell disease who underwent homeopathic treatment must be far too small for it to be possible to base any trustworthy conclusions thereupon." I have before me two pamphlets relating to the homeopathic treatment of yellow fever in New Orleans. The first is by a well-known homeopathic practitioner, Dr. William Holcombe, of New Orleans, entitled "Yellow Fever and its Homeopathic Treatment," published by Radde, of New York, in 1856. It relates to the treatment of this disease in the epidemic of 1853, which "decimated the populations of New Orleans, Mobile, Vicksburgh, and Natchez, and some of the smaller towns and villages," by himself and Dr. F. A. W. Davis. Dr. Holcombe says: "I treated 140 cases of yellow fever between the 13th of August and the 15th of December, 1853. None of them were cases of ephemeral sickness—nothing but unequivocal, strongly marked yellow fever was admitted into the list. Of this number 71 were white and 69 coloured, of the coloured 39 were blacks and 30 mulattoes. The adults were 93, children 47; cases in town 111, cases in the country 29; males 60, females 80. At least one-half of the cases were very severe, the patients being for several days in a critical and dangerous situation. Of the 140 cases, 9 died. Of these 6 were treated homeopathically by me from the beginning; 3 came into my hands on the fourth or fifth day of the disease, 2 of them having employed allopathic measures. Of the 6 treated with pure homeopathy from the beginning, one case was complicated with abortion and profuse hemorrhage; another, a cachectic negro, died 6 weeks after the day of attack, in a typhoid condition—the sequel of yellow fever. Dr. Davis treated 415 cases, with 24 deaths. The combined result of our treatment was, therefore, 555 cases and 33 deaths, a mortality of 1 in 16·87, or 5·94 per cent."

The second pamphlet is entitled, "Special Report of the Homeopathic Yellow Fever Commission, Ordered by the American Institute of Homeopathy for Presentation to Congress," published at New Orleans in 1879. This gives the reports of 24 homeopathic physicians hailing from 9 different localities; the total number of cases of yellow fever treated by them was 3,914, with a loss of 261 patients, a mortality of 6·6 per cent. The mortality under allopathic treatment could not be so accurately ascertained, but it was certainly not less than between 20 and 30 per cent.

I think you will allow that the number of cases treated homeo-

pathically in these two epidemics was sufficiently large to base trustworthy conclusions upon.

With regard to cholera I will only mention two instances of the comparative results of the homeopathic and allopathic treatment of this disease. In the epidemic of 1836 the Homeopathic Hospital of Vienna, under the care of Dr. Fleischmann, was ordered by Government to be devoted to the reception of cholera patients, the disease being especially prevalent in the suburb of Gumpendorp, where the hospital was situated. Here is what Sir William Wilde, in his book on Austria, says (p. 275): "Upon comparing the report of the treatment in this hospital with that of the same disease in the other hospitals in Vienna during the same period, it appeared that while two-thirds of the cases treated by Dr. Fleischmann recovered, two-thirds of those treated by the ordinary methods in the other hospitals, died." I may mention that this striking testimony to the superiority of the homeopathic over the ordinary method led the Government to repeal the ordinances prohibiting the practice of homeopathy in the Austrian States, which had hitherto disgraced—or perhaps you would say adorned—its statute books.

The other instance of a comparative trial of the two systems in the treatment of cholera occurred in London in connection with the epidemic of 1854. The London Homeopathic Hospital, then in Golden Square, devoted to the reception of cholera cases by order of the Government, and a treatment committee appointed by the Royal College of Physicians, sent Dr. MacLoughlin to inspect and report on the cases treated, which amounted to 61, of whom 10 died, giving a mortality of 16.4 per cent. The mortality in the other hospitals, under allopathic treatment, averaged 51.8 per cent. The inspector said, in a letter to Mr. Cameron: "All I saw were true cases of cholera in the various stages of the disease, and I saw several cases which did well under your treatment, which I have no hesitation in saying would have sunk under any other."

I am unable to give any comparative trials of homeopathic and allopathic treatment in typhoid fever, but the experience of Dr. Kidd, who was sent by the English Homeopathic Association to Bantry in 1847 to treat the sufferers from famine fever, which may be considered as a kind of typhoid, may be mentioned. In 67 days he treated 111 cases, of whom only two died. During the same time 254 cases were treated allopathically in the Bantry Union Hospital, of whom 35 died. Thus, while the mortality under homeopathic treatment was only 1.8 per cent., that under allopathic treatment was 13.7 per cent.

The foregoing statistics relative to the three diseases you have mentioned will, I think, show that homeopathists do not deserve your censure that they resort to "the arts of the mountebank to bolster up their system."

I am, Sir, yours truly,
R. E. DUDGEON, M.D.

63, Upper Berkeley Street,
October 6, 1899.

To the Editor of "THE MEDICAL PRESS AND CIRCULAR."

SIR,—I am not displeased with your editorial comments on some of the assertions made in my lectures at the Hahnemann Hospital,

except the snarl as to addressing the uncritical laity. As a fair-minded editor you will, of course, allow me to explain the points you complain of.

I am not surprised that the statement that "while the average mortality from yellow fever is 27·7 per cent., the mortality under homeopathic treatment is only 7," should appear "very remarkable" to the editor of an ordinary medical journal; still it is possible it may be quite true for all that. Nor am I surprised that you should imagine the numbers of yellow fever patients treated homeopathically are too small to draw conclusions from, because the work and writings of those members of the profession who practise homeopathically are so studiously ignored that you do not know what is being done by them. It may, perhaps, be news to both yourself and your readers to be told that in sub-tropical and tropical America, where yellow fever abounds, there are scores of homeopathic practitioners; and that they have gone through epidemic after epidemic, and treated thousands of cases of "this fell disease," of which reports have been furnished at the request of the Government; and that the statistics have been collected and compared times out of number, not by taking one epidemic but several, and making averages honestly and fairly. These statistics are given in the *North American Quarterly Homeopathic Journal* and the *British Quarterly*, where they are compared with those furnished in the ordinary medical journals, as to the same epidemics and under the same circumstances. It is true the comparisons are not made in the latter journals, and for good reasons. By these statistics it will be seen that 7 per cent. is quite a high percentage under homeopathic treatment. And as to ordinary treatment, let Mr. Manson be heard; he is one of the highest and most recent authorities on the subject. On page 136 of his most excellent treatise on "Tropical Diseases," writing on yellow fever, he says: "The mean mortality in the whole 269 cases was 27·7 per cent. This may be taken as a fairly representative mortality in yellow fever among the unacclimatised, something between 25 and 30 per cent., although in some epidemics it has risen as high as 50, or even 80 per cent. of those attacked." So my statement is not at all wrong.

As to cholera, you yourself know quite well that the average mortality under ordinary treatment is not less than 50 per cent. And in his address on cholera, as president of the National Health Society, the late Mr. Ernest Hart, as reported in the *British Medical Journal*, said: "Once established, and in well-marked cases of Asiatic cholera, drugs will do little to cure. The mortality of cholera all over the world, and in all epidemics, had defied drugs, and varied, according to the intensity and the age of the patient, from 45 to 64 per cent." Contrast this with the following result of the treatment in the London Homeopathic Hospital: "From these it appears that the number of cases treated in this hospital was 61, of whom 10 died, giving a mortality of 16·4 per cent. From the report issued by the Treatment Committee it was seen that the mortality in the other metropolitan hospitals averaged 51·8 per cent. The Government inspector of the London Homeopathic Hospital, Dr. MacLoughlin, wrote to Mr. Cameron, one of the medical officers of the hospital. 'All I saw were true cases of cholera in the various stages of the disease, and I saw several cases which did well under your treatment,

which I have no hesitation in saying would have sunk under any other!" So here, too, I am within the mark.

As to typhoid, why should the statement that "homeopathic treatment can do much to modify the course and shorten the duration" excite contempt, as you say, when the present boast of the profession is that "simple open-air treatment" can, and does, cut short and cure such a germ disease as tuberculosis; and "sunshine" treatment can do the same for some skin diseases of germ origin, as is now being put forth in orthodox medical journals? And whilst another great boast is that of the rapid cure of diphtheria, cholera, plague, tetanus, and other germ diseases by ordinary practitioners with antitoxins, and even of typhoid with anti-typhoid serum? These boasted cures of germ diseases by ordinary practitioners with antitoxins and animal extracts are orthodox, and therefore admissible; but to make a similar claim for ordinary medicines is only "to excite contempt." Could prejudice further go? Surely the shibboleth that "germ diseases must run their course" is an acknowledgment of impotence disgraceful to the profession; and the sooner the better it is allowed to follow into the limbo of discarded heresies the fiction of the "change of type in disease."

As to appealing to the laity, that is the fault of the members of the profession. They were invited, and several by "complimentary ticket," the course being addressed to "medical men taking charge of steamers visiting Africa, or taking charge of trading stations out there," as well as to "missionaries and nurses." But only four non-homeopathic practitioners were sufficiently open-minded to put in an appearance. We would much prefer to appeal to our professional brethren, but we are not allowed, professional societies and journals being closed against us!

I am, Sir, yours truly,

JOHN W. HAYWARD, M.D.

Birkenhead, October 6, 1899.

[We cannot deny the right of explanation to a correspondent whose statements as to comparative mortality are called in question, however widely we may differ from him. We prefer to leave his figures to the judgment of our readers, and it is hardly to be supposed that any of them will be prepared to accept without further inquiry the assertion relating to the "scores of homeopathic practitioners" whose experiences are published in the *North American Quarterly Homeopathic Journal*. We are asked to believe that a normal mortality of 27.7 per cent. has fallen to 7.0 per cent. under treatment by homeopathy, but before doing so we should require to know how much confidence the statements of these transatlantic authorities are entitled to inspire, and whether the methods of treatment which they employed were really those associated with the name of Hahnemann. We are, however, indisposed to lend our columns to the discussion of the merits or demerits of homeopathy, for at this time of day such discussion could serve no useful purpose.—ED.]

The editor of the *Medical Press* is, no doubt, wise in his generation in closing thus an inconvenient topic; he cannot refute any of the figures and has to resort to

the expedient of trying to throw suspicion on some of them. A discussion on the merits of homeopathy never does serve a "useful purpose" to the vested interests of orthodoxy; but we think he might have had the grace to apologise for his slander about the "arts of the mountebank."

REVIEWS.

ARNDT'S PRACTICE OF MEDICINE.*

In his preface to this work Dr. Arndt (whose *System of Medicine* in three volumes is already favourably known) explains that his original purpose was to put within one volume of not more than one thousand pages "the information which the general practitioner and student of medicine expect to find in a work on 'Practice.'" But this purpose had to be abandoned, and the work has run into some hundreds of pages over the thousand. But even in its present size it is a monument of condensation and will be found to contain an immense amount of practical information ready for either practitioner or student. The scope of the work may be gathered from the eleven divisions into which its contents are divided:—

1. Specific Infectious Diseases (318 pages).
2. Constitutional Diseases (70 pages).
3. Diseases of the Nervous System (258 pages).
4. Diseases of the Muscles (10 pages).
5. Intoxication, Heat-exhaustion, Obesity (23 pages).
6. Diseases of the Digestive Organs (247 pages).
7. Diseases of the Respiratory System (102 pages).
8. Diseases of the Organs of the Circulation (106 pages).
9. Diseases of the Blood and Ductless Glands (46 pages).
10. Diseases of the Kidneys and Bladder (75 pages).
11. Diseases due to Animal Parasites (25 pages).

The book is well got-up, and is printed in very beautiful type. Unfortunately, though, the latter does not lend itself well to distinctive headings. The italic type and the capitals are scarcely distinguishable at a glance from the ordinary text.

* *A Practice of Medicine.* By H. R. Arndt, M.D. Philadelphia: Boericke & Tafel. London: Homeopathic Publishing Company. In one vol., pp. 1,331, half morocco, 40s. net.

ESSENTIALS OF HOMEOPATHIC MATERIA MEDICA AND HOMEOPATHIC PHARMACY.*

It is a healthy sign that a third edition of this work has been called for within five years of its first appearance. Dr. Dewey is before all things a materia medica man. Homeopathy is materia medica; and in spite of the great popularity of the surgeon, and brilliant operations, in spite of the growth of what may be termed milk-and-water homeopathy, it is refreshing to find that works of a genuine homeopathic stamp are in full demand. Dr. Dewey's book is designed for students, and his aim is to impress on the learner's mind the leading indications of each drug. These indications are mainly symptomatic; and it cannot be too strongly impressed on the minds of students that for purposes of curing, a clear apprehension of disease-and-drug symptoms, or phenomena, is the first and last consideration. One who has no well-developed "bump" of comparison need not think of practising homeopathy: he has not the necessary outfit. And one whose mind is hopelessly stuffed with physiological and pathological speculations will never be able to deal successfully with patients. Therefore we rejoice when works which put these things in their proper place find a ready acceptance in the homeopathic field.

ZADKIEL'S ALMANAC

FOR 1900 (Glen & Co., 328, Strand, W.C., 6d.) has reached the 60th year of its issue. It contains as usual a vast amount of information, astrological, astronomical, and mundane. The latter comprises all the usual postal and stamp information, with ready-reckoners, and much useful matter for reference besides. For those who like to look ahead there is a forecast of coming events.

* *Essentials of Homeopathic Materia Medica and Homeopathic Pharmacy.* Being a Quiz Compend upon the Principles of Homeopathy, Homeopathic Pharmacy and Homeopathic Materia Medica. Arranged and Compiled for the use of Students of Medicine. By W. A. Dewey, M.D. Third edition, revised and enlarged. Philadelphia: Boericke & Tafel. London: Homeopathic Publishing Company. 1899. Cloth, 9s. net.

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.

THE *ENCYCLOPÆDIA BRITANNICA* AND HOMEOPATHY.

DR. RIDPATH.—The new issue of the *Encyclopædia Britannica* is not a new work. It is merely a reprint of the last edition; consequently the article on "Homeopathy" is simply "could kail het again," and in no way deserving the dignity of a new notice. It was sufficiently exposed when it first appeared, as was also the policy of the compilers in refusing to allow a homeopath to write the article. The value of the *Encyclopædia* as an authority when dealing with questions that have two sides to them may be accurately judged from this surrender to the prejudices of the majority.—ED. H.W.

NOTIFICATIONS.

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

REMOVALS.

DR. GOLDSBROUGH, *Herne Hill*. Dr. Goldsbrough has removed from Coldharbour Lane to *Churchside, Herne Hill, S.E.* His West End address is 64, Welbeck Street, Cavendish Square, W., where he attends on Tuesday, Thursday, and Saturday, from 11.30 to 1.

DR. CHARLES GRAVES, *Glasgow*. Dr. C. Graves has removed from Cardiff to 260, *Bath-street, Glasgow*.

DR. JAGIELSKI has removed from York Terrace, to 14, *Dorset Square, N.W.*

MR. FRANK SHAW, *St. Leonards-on-Sea*, has removed from Warrior Square to *The Gables, Pevensey Road*. He is At Home from 2 to 3 (except Saturdays). Telephone, 330.

Obituary.

DR. J. J. GARTH WILKINSON.

THIS eminent man, whose many-sided genius illuminated every subject on which he bestowed his attention, died on the 19th of October, after a short illness, at the advanced age of eighty-seven. Homeopathy cannot boast of any greater name amongst its votaries than that of Dr. Wilkinson. But it was not in homeopathy that he specially distinguished himself, though even here he showed himself a most original thinker, untrammelled by conventionalisms and scorning to be bound by even the *verba magistri* if they did not commend themselves to his reason. His services to homeopathy were, however, not inconsiderable. These were recognised by his colleagues when they elected him president of the Congress of 1885. His presidential address on that occasion—which may be read in the *British Journal of Homeopathy* for that year—was filled with profound thoughts and sparkled with wit. He added to our therapeutics two valuable medicines—*Hippozenene* and *Hecla Lava*—which have rendered great service to some cases of serious disease. But Dr. Wilkinson's activity was by no means confined to homeopathy or medicine. He was a great thinker, and, like all great thinkers, gifted with a fine imagination. Emerson, who knew him well, speaks of him as "comparable in vigour of understanding and imagination only to Lord Bacon." His writings are innumerable. He translated and edited many of Swedenborg's works and wrote a life of that wonderful man. He wrote other books on politics, philosophy, and religion. He even published a volume of poetry. He was greatly opposed to and wrote against many of the things that most people believe in, such as vaccination, the Contagious Diseases Acts, the modern *furor operativus* of surgery. A year or two ago he published a book to show how the small states of Europe in conjunction with Britain might curb the excesses and hinder the aggressiveness of the larger states. A few days before his death he corrected the last sheets of a book, which he did not live to see in its published form.

Dr Wilkinson was a most agreeable—indeed a fascinating individuality. To be admitted to his society was a liberal education. He was a classical scholar and a diligent student of Scandinavian and Icelandic literature, on which he had published volumes. He will be greatly missed by a large circle of admiring friends. To his children and grandchildren—who adored him—his loss is an overwhelming calamity. To those of his colleagues who were privileged to enjoy his friendship his death is an irreparable misfortune. Though so learned and so original he was withal so genial that one never felt embarrassed by the superiority of his intellect. One can only be thankful that he was spared a long and painful illness, and that his great mind remained vigorous and unclouded to the last.

The *Daily News* has the following appreciative notice of his death :—

“Dr. Garth Wilkinson, who has just passed away at the very advanced age of eighty-seven, was the most notable English Swedenborgian of his time. Without him we should probably never have had the famous essay on Swedenborg in Emerson’s *Representative Men*. The great American extolled Garth Wilkinson as a ‘philosophic critic with a co-equal vigour of understanding and imagination comparable only to Lord Bacon’s,’ and as one who had ‘transferred his master’s buried books, with every advantage, from their forgotten Latin into English, to go round the world in our commercial and conquering tongue.’ In the spirit of the system, Emerson hailed him as a sort of re-incarnation of Swedenborg, and said that his preliminary discourses on the writings of the Swedish seer threw all the contemporary philosophy of England into the shade. His other titles to distinction were noted by the same hand in the *English Traits*. There he was hailed not only as the editor of Swedenborg, but as the annotator of Fourier, and the champion of Hahnemann. And it was said that he had ‘brought to metaphysics and to physiology a native vigour, with a catholic perception of relations equal to the highest attempts, and a rhetoric like the armoury of the invincible knights of old. There is in the action of his mind a long Atlantic roll, not known except in deepest waters.’

“This was the more remarkable, because all Dr. Wilkinson’s philosophic work was, in a certain exalted sense, only the recreation of his leisure. He was a physician and surgeon, of Durham parentage, and his introduction to the writings of Swedenborg early in life, was in a manner accidental, and quite outside the course of his ordinary studies. But, as early as 1839, he became a member of the Swedenborg Society, and in 1843 he published his English translation of the *Regnum Animale*, with an introduction, which was one of the critical and expository works above referred to. This was followed by other translations introduced in the same way, and constituting in their entirety perhaps the most important contribution to the literature of

the subject ever made by a single writer. Emerson's description of him as a 'startling reappearance of Swedenborg after a hundred years' had a certain literal significance. His mind was of exactly the same cast. It naturally, and without effort, saw in every external fact only an inner spiritual significance. Phenomena, in their merely physical relations, seemed absolutely meaningless to him, and he moved amid ideas with a certainty that might have been envied by the most convinced materialist in his grasp of the ordinary facts of life. He was one of those born to believe. Personally he was a man of the sweetest and most winning nature, and the gentlest disposition. He had survived nearly all his most eminent contemporaries, and but for the care with which he was tended to the last by his own family there would have been something of the pathos of solitude in his old age."

GENERAL CORRESPONDENCE.

CURO, I — — ?

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—In spite of Dr. Dudgeon's innate modesty, his erudition shows itself in the translations he gives of the passages referred to in my letter of the 10th of August, 1899.

I preferred to give the translation of Livy by George Baker, A.M., published in 1833 by A. J. Valpy, M.A., and of Cicero by C. D. Yonge, M.A., published in 1877 by George Bell & Co., as I considered that such translations would be unbiassed.

The Latin Vulgate edition of the New Testament is that from which my quotations were taken.

The Roman Catholic Church at the Council of Trent in 1545 decreed the Vulgate authentic, and a correct representation of the original. It was made at the request of Damasus, Bishop of Rome, by St. Jerome, who finished his revision of the New Testament in 385 A.D.

Bishop Lightfoot says: "In the first fifteen centuries of her existence the Western Church produced no Biblical scholar who could compare with St. Jerome.

The *Codex Bezae* represents a text of the sixth century.

Yours truly,

D. RIDPATH.

8, Grange Crescent, Sunderland.

October 6, 1899.

VARIETIES.

KALI IODATUM IN PURPURA AND IN FIBROIDS.—A case of exanthematic purpura, engrafted upon impetigo contagiosa, is recorded by Dr. Pritchard, in which the action of kali iodatum was very remarkable. Ten grains were dissolved in 4 oz. of syrup, and half a teaspoonful given to the patient (a child of 9) every two hours.—*Hahn. Monthly*, May.

MUTASE.—E. Koch (*Centralbl. f. inn. Med.*, June 10, 1899) has made an experimental inquiry as to the value of this new food. It contains 60 per cent. albumen, water 10 per cent., non-nitrogenous extractives 20 per cent., and salts 10 per cent., and is entirely of vegetable origin. Physically it is a yellowish powder of a somewhat indefinite taste. Experiments show that it is very easily and completely assimilated. Clinical experience proves it to be a perfectly unirritating and very nourishing food in all cases where digestion is enfeebled, as in gastric affections and pulmonary tuberculosis.—*British Medical Journal*.

PERITONEAL AFFECTION RESEMBLING TUBERCULOSIS CAUSED BY THE EGGS OF TAPEWORMS.—Helbing (*Berl. klin. Woch.*, 1899, No. 32) in the Free Association of Berlin Surgeons, demonstrated specimens from a piece of omentum which Israel had removed from a patient during an operation for perityphlitis. For several reasons the presence of tuberculous disease had been suspected. Sections of the omentum showed that in the fatty tissue there was an interstitial growth of granulation tissue containing many giant cells. Instead of tubercle bacilli globular bodies with radially striated capsule were demonstrated by carbo-fuchsin staining. These could be recognised as the ova of tapeworms, which had doubtless gained admission into the peritoneal cavity through the perforated vermiform appendix. Miura of Tokio has given a short account of an analogous case.—*British Medical Journal*.

NAPHTHALIN POISONING.—Evers (*Berl. klin. Woch.*, 1884, p. 593) records the case of some chronic illness, with loss of appetite, headache, and eczema over both legs, which was proved to be due to naphthalin poisoning. In this case the drug was used as moth powder, and was sprinkled over some bedding. The symptoms subsided directly the patient was removed from this particular room, but reappeared when the same apartment was reinhabited. No other cause for the illness could be discovered. Evers had the naphthalin examined, and no impurity was detected. A case of typhoid is reported in which naphthalin was administered by Götze (*Berl. klin. Woch.*, 42, 1884). The patient was given 6.0 grams during the first three days; after this the dose was increased to 7.0 grams. On the evening of the sixth day the patient began to be restless, and on the following evening he was delirious. The next day the patient was drowsy, the respiration was laboured and irregular. Lips and face cyanotic. Slight twitching in all the muscles of the body. Pulse regular, 92 per minute. The temperature had fallen to normal. The urine was dark brown, and after standing for some time became black. When naphthalin was discontinued, the symptoms vanished in four days.—Fronmüller (*Memorabilien*, 1883, v. 257) saw three cases in which poisonous symptoms had followed the application of

naphthalin on wounds. The symptoms began with a sudden onset of fever, headache, and loss of appetite. In two cases the mind remained clear, but in one there was temporary mania, with incontinence of urine and feces. Albumen appeared in the urine in two cases. All these symptoms rapidly disappeared when naphthalin was discontinued.—*British Medical Journal*.

THE EFFECTS OF COCAINE ON THE SPINAL CORD.—Bier (*Deut. Zeit. f. Chir.*, vol. li. pp. 3 and 4) has made experiments to ascertain whether it would be possible to use local anesthetics for major operations by injecting the fluid directly on the spinal cord. The operation was commenced by making a lumbar puncture, and preventing the escape of the cerebro-spinal fluid by pressing the finger against the needle. The requisite amount of cocaine was then injected with a Pravaz syringe, which fitted accurately on to the hollow needle. The needle, with the syringe attached, was left in position for two minutes, so that the cocaine should not escape through the puncture in the membrane into the surrounding tissues. The operation was performed painlessly with Schleich's infiltration anesthesia. The method was tried in six cases. The dose used was 0,005 to 0,015 of a $\frac{1}{2}$ to 1 per cent. solution. The ages of four of the patients ranged between eleven and seventeen; the other two were thirty and thirty-four respectively. In the first case 3 c.cm. were injected at once, but in the others only 1 c.cm. was injected; if after a few minutes the amount was found to be insufficient, 1 c.-cm. was subsequently added. In all the cases there was complete analgesia over the lower half of the body; in one case the entire body and head became analgesic. The sense of touch was impaired, but not entirely lost. There was complete anesthesia soon after the injection. In most of the cases unpleasant after-effects were noticed—two suffered from repeated attacks of vomiting and severe headache for several days; in three cases there was slight headache; one patient had no after-effects. The author wished to test the efficacy of the injection on himself. The experiment was, unfortunately, not successful, as the syringe did not exactly fit the cannula, the cerebro-spinal fluid escaped, and the greater part of the cocaine never entered the spinal canal. No anesthesia occurred. An experiment on Dr. Hildebrand was most instructive. The needle puncture, made with the help of Schleich's anesthesia, was painless. After the injection of $\frac{1}{2}$ c.cm. of a 1 per cent. cocaine solution a warm sensation was experienced in both legs. Anesthesia of the legs occurred seven minutes after the injection, and in a short time its upper level had reached as high as the nipple. The loss of all painful impressions was complete. The sense of touch was not affected. After forty-five minutes the susceptibility to pain began to return. The pulse-rate before the experiment was 75 per minute, and during the period of analgesia it varied between 72 and 75. The knee-jerks remained normal. Hildebrand, and also the author, felt perfectly well directly after the experiment; they ate a good dinner and smoked several cigars. The next day, however, the author suffered from severe headache and giddiness; he also had a small pulse. These symptoms were relieved by the horizontal position. He remained in bed for nine days, and at the end of this time felt perfectly well. Hildebrand had a severe headache, and vomited; he felt unwell for three or four days. The spots where

analgesia had been tested on the previous day were covered with small hemorrhages, and felt painful. The author thinks that the unpleasant after-effects would probably be greatly diminished if the patient remained in bed directly after the injection. The method can be recommended for operations on the lower extremity in those cases where a general anesthetic is contraindicated. The chief precaution to be observed is to prevent the escape of cerebro-spinal fluid; this appears to be alone sufficient to cause the unpleasant sequelæ which the author himself experienced.—*British Medical Journal*.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Mondays, Thursdays, Fridays, and Saturdays, 2.0; 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; Dental Cases, Thursdays, 9.0 a.m.; Orthopedic Cases, Tuesdays, 2.0; Electrical Cases, Thursdays, 9.0 a.m.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

- Bramwell** (B.). Diseases of the Spinal Cord. 8vo. (Simpkin. Net, 10s. 6d.)
- Bruck** (L.). On the Uses and Abuses of the Public Hospitals in Australia, Tasmania, and New Zealand. With 32 Practical Suggestions for Reform. Cr. 8vo, sd., pp. 70. (Bruck, Sydney. 5s.)
- Edwards** (Paul). Mental Healing. As Compared with Medical Treatment. Cr. 8vo, pp. 96. (Fowler. Net, 3s. 6d.)
- Kelynack** (T. N.). The Pathologist's Handbook. A Manual for the Post-Mortem Room. With 126 Illusts. 12mo, pp. 198. (Churchill. 4s. 6d.)
- Materia Medica**. Part 1. (Catechism Series.) Cr. 8vo, sd., pp. 72. (E. and S. Livingstone, Edinburgh. Net, 1s.)
- Monro** (Thomas Kirkpatrick). Raynaud's Disease (Local Syncope, Local Asphyxia, Symmetrical Gangrene): Its History, Causes, Symptoms, Morbid Relations, Pathology and Treatment. Cr. 8vo, pp. 264. (J. Maclehose, Glasgow. Net, 5s.)
- Murray** (W.). Rough Notes on Remedies. 3rd ed. Cr. 8vo, pp. 154. (H. K. Lewis. Net, 3s. 6d.)
- Nunn** (Thomas William). Cancer: Illustrated by One Thousand Cases from the Registers of the Middlesex Hospital, and by Fifty Selected Cases of Cancer of the Breasts, &c., &c. Plates. Cr. 8vo, pp. 90. (H. J. Glaisher. Net, 2s.)
- Platt** (J. E.). A Contribution to the Surgery of Fractures and Dislocations of the Upper Extremity. Roy. 8vo. (H. K. Lewis. 10s.)
- Robinson** (Mark). A Guide to Urine Testing, for Nurses and others. 32mo, limp, pp. 48. J. Wright, Bristol. (Simpkin, 1s.)
- Rose** (William) and **Carless** (Albert). A Manual of Surgery: For Students and Practitioners. 2nd ed. 8vo, pp. 1,190. (Bailliere, Tindall and Cox. Net, 21s.)
- Steell** (Graham). The Use of the Sphymograph in Clinical Medicine. Cr. 8vo, pp. 58. (Simpkin. Net, 2s.)
- Thompson** (H. Campbell). An Introduction to the Diseases of the Nervous System. 8vo, pp. 124. Bailliere. 4s.)
- Transactions of the Jenner Institute of Preventive Medicine**. 2nd Series. 8vo. Macmillan. Net, 6s.)
- Young** (Louis Tarleton). The Carlsbad Treatment for Tropical and Digestive Ailments and How to Carry it Out Anywhere. 2nd ed., revised. Cr. 8vo., pp. 234. Thacker. 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. James Jones, London.—Mr. Petrie Hoyle, San Francisco.—Dr. C. Graves, Glasgow.—Messrs. Boericke & Runyon, New York.—Dr. Ridpath, Sunderland.—Dr. Clifton, Northampton.—Mr. Frederick Kopp, Greenwich, N.S.W.—Dr. Jagielski, London.—Dr. Dudgeon, London.—Dr. Saunder, London.—Mr. Frank Shaw, St. Leonard's-on-sea.—Dr. C. S. Ghose, Midnapore.

BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Chemist and Druggist.—Mind.—Library of Health.—New. Eng. Med. Gaz.—Allg. Hom. Zeit.—H. Tidsk.—Maanedsk. f. H.—H. Maandblad.—Gaz. Med. de Paris.—Amer. Hom.—H. Recorder.—Indian Hom. Rev. (4

numbers).—Calcutta J. of Med.—La Homeopatia.—The Clinique.—Justice.—Amer. Med. Monthly.—Critique.—N. A. J. of H.—J. of Homeopathics.—Rev. Hom. Française.—New Eng. Med. Gaz.—Tasmania Hom. Jour.—Zeit. Berl. Ver. H. Aerzte.—Med. Times.—Med. Century.—Pub. Health Jour.—J. of Orif. Surg.—Hahn. Monthly.—H. Envoy.—Hom. News.—Vacc. Inquirer.—Minn. H. Mag.—Report Geelong Homeo. Dispensary.—Diseases of Children, by Dr. Sigmund Raue. The Brochemic Treatment of Disease, by C. Stirling Saunder, L.R.C.P. London.—Spencer's Disease, by Walter Spencer, M.D.—S. African Health Resorts.—Zadkiel's Almanac, 1900.—Summaries of Lectures on the Homeopathic Treatment of Tropical Diseases delivered at Hahnemann Hospital, Liverpool.

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THE HOMEOPATHIC WORLD.

DECEMBER 1, 1899.

THE TWO CAMPS.

As will be seen by our correspondence pages, our leading article of last month has not been without response, though our correspondents appear to have been affected by our remarks in opposite ways. Dr. PULLAR entirely endorses our opinions and warmly supports them; and whilst Dr. DYCE BROWN writes to repudiate them, we cannot help suspecting that somebody's toe must have been pretty hardly trodden upon, or he would scarcely have taken the trouble to reply with so much energy.

Dr. BROWN can hardly expect us to take him seriously when he affects not to know that the homeopathic body is divided in policy much more seriously than it is divided in practice. For our part we do not consider the use of "high potencies" or "low potencies" as making any division between homeopaths. There are very fine practitioners who use either or both. As far as difference of practice goes to distinguish between homeopaths we should say that it lies in the attitude taken up with regard to prescribing. With some practitioners the tendency is to approximate to the allopathic idea that certain diseases have certain remedies, and that the choice of a remedy in any case must be made in the first place from this list. Within the list the selection may be made on the symptoms present, or not, as may happen. Such practitioners are often heard to say, "I consider such and such a medicine

the best remedy in such and such a disease and I always give it." They will also say, when they hear of a cure by a medicine outside the recognised list, "I never heard of that medicine being given for that disease." The other class of practitioners, for prescribing purposes, have regard only to the disease-phenomena of the particular patient they are treating. These phenomena include the ascertainable pathological and anatomical changes and the altered sensations of the patient with their conditions. What they do *not* include is the name of the disease. In prescribing, the leading notes of the correspondence may be found in any order of the phenomena, and the medicine is chosen which matches these most closely. The question of drug attenuation has no place until the question of *ὁμοιον παθος* has been decided. There is a real difference in the mental attitude of these two classes of prescribers, but we are not concerned with this at present. We think there is much to be said on behalf of both, and every practitioner is entitled to make use of that which serves him best.

This by the way. The question of homeopathic policy is a very old one. Almost from the beginning there were some who sought to convert the profession by means of strictly correct and professional appeals; whilst others felt (and, as we think, rightly felt) that such appeals were very largely efforts thrown away. The latter adopted the policy of taking the public into their confidence and seeking to attain medical freedom by appealing to the powers which govern the profession. The former policy was represented by the founders of the British Homeopathic Society, the latter by men like the late Dr. JOHN EPPS.

We are all proud of our new hospital—at least of the inside of it—and I think most of us will agree that the success of the undertaking was due in a large measure to the energy, business ability, and generosity of the late Major VAUGHAN MORGAN. The writer of this article was told by Major VAUGHAN MORGAN that he would never have been a homeopath but for the popular lectures of

Dr. JOHN EPPS. So that if the hospital owes its endowment in a large measure to the munificence of Dr. QUIN and the ultra-professional party, it owes no less to the section which looks for its success to the popular voice. The hospital may be regarded as an example of the success that will attend any united action of the two parties. But, unfortunately, when it comes to a question of securing medical liberty, there is no union of the two parties possible. One of the two policies must be united upon or no success can follow. The majority of British homeopaths, it is true, adhere to the policy which relies on the public, but there is a minority, which Dr. PULLAR calls "The Peace-at-any-Price Party," who are very chary about waving the homeopathic Union Jack for fear it might offend allopathic susceptibilities, not to say, codes. And this minority is quite sufficient to paralyse any effective forward movement attempted by the other section. It was the existence of this disunion, as Dr. DYCE BROWN must know, that helped to wreck the fortunes of the London School of Homeopathy. The other cause of its failure was that it was not a complete and independent school with power to grant its own diplomas and to provide teaching recognisable by such examining bodies as the London University. The addition of another year to the curriculum has added still another hindrance to securing students from the allopathic schools. For this reason we maintain that homeopathy cannot make any progress worthy the name until all sections unite to secure a complete, free, and independent school.

Dr. BROWN speaks of the flourishing condition of the British Homeopathic Society, and we gladly acknowledge that this is the fact. But the British Homeopathic Society is not the British homeopathic body: it contains about two-thirds of the professional homeopaths and not one of the laity. Besides, it has been remarked that not many years ago it was possible to have a paper on some homeopathic topic every meeting-night, whereas now the work of the society is divided into sections, the section

of homeopathy—or rather *materia medica*—being only one among several—homeopathy, in name, not appearing anywhere. In view of the amount of glorification that “adjuvants” have received this year from prominent members of the society, there is some justification for a remark we heard the other day that the society is in danger of becoming a “British Adjuvant Society,” with a little homeopathy thrown in.

Dr. BROWN remarks that things are different in America. That is happily quite true: and why? Because American homeopaths *have made it different* by the policy they have adopted. Their splendid independence has been won in the teeth of allopathic opposition by their determination to have completely equipped schools of their own, and to make them as efficient and of as high a standard as the best of the schools of the allopaths. The right to do this was not won by any courting of allopathic authority or deference to allopathic susceptibility. It was obtained from the Governments of the different states, which controlled both schools alike.

It has occurred to us that there may yet be another way out of the difficulty, and that is through these self-same American schools. The American ambassador spoke the other day of the “ironclad friendship” existing between the two nations. Now this friendship is not going to stop at ironclads. If we are not mistaken, graduates of British schools are eligible to practise in the United States of America. In the face of the growing friendship and the high efficiency in teaching arrived at in the American schools, it is quite possible that in the near future the American Government may ask for a reciprocity in medical privileges. When that day comes British homeopaths who may have charge of youths to educate, and whom they may wish to bring up to the profession of curing, will be able to send them to New York, Philadelphia, Chicago, Boston, and other teaching centres, where they will be taught practical healing and not, as is the case in some very respectable British schools

we know of, "how not to cure." And these graduates of American schools will be able to register their degrees not in English colonies only, as is the case at present, but in the mother country itself. There will then be a chance that the bitter cry we are constantly receiving to send down a homeopathic practitioner to this, that, and the other place will not be uttered in vain. This may be a wild dream of the future of Anglo-Saxondom; but dreams do sometimes come true.

NEWS AND NOTES.

A HOSPITAL IN PROCESS OF CONVERSION.

AN anonymous correspondent on the other side has sent us a copy of the *New York Herald* of October 20th containing an account of St. Mary's Hospital in Passaic, under the charge of the Sisters of Charity of the Order of St. Elizabeth, which reveals a situation, to say the least, piquant. A new building has been erected and is now nearly complete. Some trouble has arisen with the contractors, who let the work to sub-contractors, but the Sisters have put that in the way of solution. The main difficulty is with the medical staff. The present staff is allopathic, and they must have been not a little astonished to receive the following letter from the Mother Superior, dated October 17th:—

"GENTLEMEN,—Owing to the lack of success financially under the present management of St. Mary's Hospital, it has been decided to dispense with the present allopathic staff and turn it into a homeopathic institute. The Sisters will organise a new staff of that school. You are requested to withdraw on or before November 3, 1899, in order that this arrangement may then be put into effect."

"The letter was concluded with an expression of thanks 'for your tireless efforts in behalf of the institution.'"

It appears that the Sisters own the building, but the hospital was incorporated by four physicians, three of whom, to wit, Bishop Wigger, Father Sheppard, and the Vicar-General, are still on the staff, and altogether the physicians constitute a majority on the board of governors.

The probabilities appear to be that the present staff will withdraw to other quarters and set up another institution with the same name, and leave the Sisters free to appoint to their hospital a staff after their own heart.

THE story of the difficulty with the contractors is not without interest, and the way it was met by the Sisters gives proof of their practical intelligence, and augurs well for the future prosperity of the institution they are seeking to "vert."

"The Sisters gave the contracts for the building of the hospital to Edward W. and William J. Smith, of Passaic, doing business under the firm name of Smith Brothers, who agreed to erect the building entire for \$39,987. The contract was dated March 17, 1897.

"When the building was almost completed notices were served on the Sisters not to pay Smith Brothers any more money on the contract as some of the sub-contractors and material men, it was alleged, had not been paid.

"The Sisters went on with the work and had the building finished by other contractors, Smith Brothers having given up the contract. The Sisters made payments to some of the sub-contractors and material men until only \$5,549 of the original contract price remained in their hands. As claims amounting to about \$14,000 were filed against this sum the Sisters paid the amount into court and asked that it be distributed equitably among the creditors."

ARSENIC AND CANCER.

THE following from the *Medical Press* of November 8th is interesting as bearing on the action of *Arsenic* in the causation of cancer:—

"LESIONS OF THE SKIN AND CARCINOMA.

"The eczematous condition of the nipple, which, since Sir J. Paget drew attention to it, is admitted to precede carcinoma of the breast, has raised the question of the possibility of the existence of a precancerous stage of cancer, and the theory receives a good deal of support from the connection which appears to exist between the two diseases in this instance. But further confirmation in this regard has lately been brought forward, curiously enough, also in connection with a lesion of the skin. Hartzell has collected a series of cases of psoriasis, treated by *Arsenic*, in which epithelioma ultimately developed. So far the series consists of eleven, and the interest of the cases is naturally centred in the etiology of the malignant degeneration. Is the disease caused by the *Arsenic*, or is it only another proof of the existence of a precancerous stage? As workers in *Arsenic*

have been proved to possess no special predilection for cancer, it is possible that the reasonable theory as to the existence of a pre-cancerous stage of cancer is, in this instance, as in the former one, correct. The belief that cancer is a parasite disease would in no sense be lessened by the adoption of this theory, for the natural conclusion is that there must be some special preparation of the soil before it can become a cultivation medium for the development of cancer micro-organisms."

ANESTHESIA—"COMPLETE AND INCOMPLETE."

OUR hearty congratulations to the Hon. Stephen Coleridge for his masterly exposure of a monstrous example of Circumlocution Office procedure. Some of our readers may know that a certain Dr. Crile has published a work on Surgical Shock. That work relating certain experiments has shocked every humane person who knows anything about it by its terrible recitals, which we shall not repeat. A number of these experiments were carried out at University College with the help and countenance of Mr. V. Horsley. The certificate under which Dr. Crile performed them was one entitling the animals to "complete anesthesia," and the experiments were certified as having been so performed by the inspector, G. V. Poore, M.D. When Dr. Crile's book appeared he stated that the experiments were performed under "*incomplete* anesthesia." Mr. Coleridge put the facts before the Home Secretary and asked him to take action. This was met with a request for a loan of the book with passage marked. Next came a long letter, signed "Henry Cunynghame," stating that under "*incomplete* anesthesia" no pain is felt, and that it is common for surgeons to operate on patients incompletely anesthetised, and that therefore the Home Office did not see their way to take action. After more circumlocution, Mr. Coleridge wound up the correspondence with a letter to the Under Secretary of State, Home Office, containing this passage:—

"According to the Parliamentary yearly report, Dr. Crile's English experiments were performed under 'complete anesthesia.'

"Dr. Crile himself asserts in his book that these experiments were performed under 'incomplete anesthesia.'

"I understand that in your opinion the words 'incomplete anesthesia' when used by Dr. Crile mean precisely the same thing for the purposes of the Act of 1876 as the words 'complete anesthesia' when used by your inspector in his Parliamentary yearly report."

Even the Circumlocution Office could not get round that: but it took no action against Dr. Crile. Vivisection in itself is an unspeakable blot on our boasted civilisation; but to cozen the unfortunate animals out of the little bit of protection they are entitled to by Act of Parliament is something which language fails us to characterise.

The pamphlet containing the correspondence may be obtained of the National Anti-Vivisection Society, 92, Victoria Street, S.W.

“LEICESTER’S TRIUMPH.”

UNDER the above heading the *Medical Press* of October 23rd published this note:—

“The citizens of Leicester are triumphant, inasmuch as the official returns for the week ending October 14th showed a remarkable reduction in the local mortality. The number of deaths in the town was only 49, or a decrease of 11 as compared with the corresponding week of 1898. Thus ‘an almost ideal death-rate,’ as the *Leicester Daily Post* described it, of 12 per 1,000 was attained. Despite, however, this apparently strong proof of the salubrity of the town, diphtheria seems to be very prevalent, a condition of things which should surely be capable of improvement. The people of Leicester are, nevertheless, to be congratulated upon the lowness of the death-rate, and hence it is that regret must be felt that they cannot forego the absurdity of ignoring the vaccination laws. Of this the townspeople may rest fully assured, that by courting an epidemic of small-pox by refusing the protection of vaccination, their ‘ideal death-rate’ is likely before long to be speedily disposed of. It is an especially dangerous and inexpedient policy to trifle with a zymotic disease as virulent as variola.”

Leicester is fully entitled to its jubilation. That epidemic of small-pox which according to the medical journals is always going to decimate Leicester, but never does, may be safely disregarded if sanitation suffices to reduce the general mortality to this low figure. The *argumentum ad epidemicum* reminds us of Sir Boyle Roche’s “when the day of judgment comes.”

THE DISCOVERY OF CIMICIFUGA.

EVERY Sunday morning the *Paris New York Herald* devotes about two columns to instructing its readers on the alluring topic, “What the doctors say.” On

Sunday, November 12th, there was an illustrated article on "Buzzing in the ear and the best methods of treating it." It appears there are many kinds of buzzing and no end of causes, also many remedies of more or less inutility, including "mustard plasters and cups." However, the buzzing-eared ones are not left without hope of deliverance:—

"In view of therapeutic insufficiency in this respect, MM. Albert Robin and Mendel, of Paris, thought of using against buzzing a little-known remedy, the 'cimicifuga racemosa,' which seemed to them to be a vascular agent for moderating reflex irritation. The results obtained are sufficiently far-reaching to allow of cimicifuga being considered as a specific for subjective noises. Cimicifuga racemosa, or black snake root, belongs to the genus of Ranunculaceæ. The rhizoma is used, which contains a resin and an alkaloid known as cimicifugin. In large doses cimicifuga causes an inclination to vomit, vomiting, loss of strength, cephalalgia and inebriation. Its action upon the heart offers remote resemblance to that of digitalis, but in all cases the action is very weak. Cimicifuga has been used as a stomachic and cardiac tonic in certain cases of heart weakness. It has also been employed in chorea, headaches and neuralgia. For some time this medicine enjoyed a certain reputation as a specific for articular rheumatism, but experience did not justify this renown."

This is all very interesting, and some of it novel, especially the last bit, about its failure in articular rheumatism. No doubt it has failed in the hands of those who don't know how or when to prescribe it; as it will also fail in cases of tinnitus, to which it has no specific relation. We wonder if Hering's *Materia Medica* had anything to do with suggesting the use of cimicifuga? Robin and Mendel give it in doses of x to lx drops of the liquid extract; but they don't pretend to cure with it buzzings that have buzzed for two years or over.

LACHESIS IN ASTHMA.—A merchant, aged 40, had suffered from asthma for seven years. The probable cause was excitement and vexation, which had often kept him awake at night. During the attacks in winter, after some symptoms of the disease during the day, he had to sit up in bed at night, and to keep his chest bare. The attack would last several days, always worse at night; then he would have intervals of freedom from asthma for eight to fourteen days. Irritable humour, aggravation during wet and cold weather, sweaty feet; much pale urine during the attack; cannot bear anything tight about his neck. Various remedies given without relief. He then got lachesis 30; this was followed by a severe attack, succeeded by gradual cure.—Hesse, *Zeitsch. d. Berliner Ver.*, xviii. 163. (J.B.H.S.)

ORIGINAL COMMUNICATIONS.

VACCINATION.

II.—FRAUDULENT TERMS.

By JOHN H. CLARKE, M.D.

WHEN we are invited in the advertisement columns of a newspaper to "buy Dr. Robinson's Liver-encouragers, Kidney-persuaders, and Silent-perambulators" we understand quite well that an attempt is being made to impose on us by means of cunningly arranged words and phrases, we know that the advertisement is paid for, and we are aware that we have only ourselves to blame if we allow ourselves to be taken in. But when an august Government Department, under the official advice of a learned profession, professes to supply the public with "calf lymph," "vaccine lymph," "glycerinated calf lymph," or, indeed, with "lymph" of any kind, who is to suspect that by these terms an official fraud of a most pernicious kind is being perpetrated on the public? No one could suspect it who has not some technical knowledge of the subject, and of those who have, the majority are too much blinded by professional prejudices to see anything clearly at all.

I think Dr. Burnett was the first writer to expose the dishonesty of using the word "lymph" in connection with a disease-product, but the mischief has grown since his work on "Vaccinosis" appeared, and the exposure will need to be repeated many times before the evil influence of this mendacious term will be finally destroyed.

What is lymph? Lymph is a normal constituent of the body, a fluid found in the lymph vessels and elaborated by the lymphatic glands. Calf lymph is the fluid found in the lymphatic vessels of the calf, and human lymph is the fluid found in the lymphatic vessels of the human body.

What is vaccine? Vaccine is morbid matter taken from a cow-pox pustule, and containing the virulent properties of the disease.

Cow-pox matter is no more "lymph" than it is "milk"; and it would be just as correct to designate it "vaccine milk" as it is to call it "vaccine lymph."

I should like to see what would be the effect if the vaccination ordinances could be stripped of all their technicalities and presented in plain Anglo-Saxon. The notice to mothers would run something like this: "I, A. B., Public Cow-poxer for —, propose to call at your residence on the — day of —, for the purpose of infecting your infant with the matter of cow-pox, diluted with glycerine, or any other cow-pox matter that the Local Government Board may provide." It must be confessed that this does not sound quite as attractive as the following: "I, A. B., Public Vaccinator for —, propose to call at your residence on the — day of —, for the purpose of vaccinating your infant with glycerinated calf lymph or any other lymph that the Local Government Board may provide." There is a much more alluring tone about this notice than the other; but that is because it is false, whilst the former is true. The word vaccination (which means, of course, the act of inoculating a person with vaccinia or cow-pox) has come to have attached to it a certain talismanic glamour, and by a good many people there is almost a religious veneration attached to the word and to the rite which it denotes. Now, if we want to have free minds on any subject we must rid ourselves of fetish words and phrases. Therefore in this article I shall as far as possible confine myself to unfetishised Anglo-Saxon. I shall speak of cow-pox, cow-poxing, cow-poxers, and cow-pox matter, and then we shall all understand what we are talking about.

So far as I have observed, the Local Government Board, with all its imposing methods, has not ventured to designate the cow-pox matter it provides as "pure lymph." That phrase, I believe, is left for platform purposes.

It may have originated in the superstition (long since exploded) that if matter from a cow-pox pustule is not mixed with blood there is no chance of its communicating any other disease besides cow-pox. Cow-pox matter without any blood was called "pure lymph." The word pure, in its technical sense, means unmingled with any other substance. It has no *positive* meaning in the sense of implying some positive laudable quality. It is just as correct to speak of the pure virus of plague, of syphilis, of leprosy, as it is of the pure matter of cow-pox. But from the phrase "pure lymph" the untechnical mind

derives the notion of some positively laudable production that any one might delight to have served up daily on his breakfast-table. And it may be imagined that the pro-cow-pox party make no effort to correct this impression; and to this extent the unwary are defrauded by a phrase which is essentially false.

But, further, I should like to ask, How can a substance be described as "pure," even in the technical sense, when it has no definite characters by which it can be distinguished? And this is the case with cow-pox virus. Many attempts have been made to discover a microbe distinctive of this disease; but all in vain. Lord Lister, a short time ago, announced with a great flourish that the microbe of small-pox had certainly been discovered at last by an eminent doctor, who, however, promptly disclaimed the honour, and the secret of small-pox remains unrevealed. The same may be said of the virus of syphilis: it has no distinguishing features. The virus of cow-pox and the virus of syphilis may be mixed, and no one can separate them, and no one can tell whether they are mixed except by the results of inoculating some one with the mixture. To speak of pure cow-pox matter is to speak of something which may possibly exist, but the purity of which no one can possibly prove.

But syphilis is not the only "impurity" which may contaminate cow-pox matter without there being any possibility of discovering it short of the *experimentum ad hominem*. Leprosy is a germ disease, and yet it has been transmitted along with cow-pox by vaccination. Sir W. T. Gairdner published in the *British Medical Journal* of June 11, 1887, a case of which the facts were, briefly, these: A young boy was brought to Sir W. Gairdner suffering from leprosy. His history was this: He had been vaccinated by a Barbados doctor from the arm of the doctor's own son. This son had been vaccinated from the arm of a native infant belonging to a leprous family, but not at the time, Sir W. Gairdner understood, showing any sign of leprosy. Later on it did become leprous, as also did the doctor's son and Sir W. Gairdner's patient. This is an example of how disease may be spread through vaccination without any possibility of discovering anything wrong with the vaccine, and in the majority of cases without any possibility of tracing the connection. For it is only in very rare and exceptional

cases that it is possible to track the contamination home as it was in this case of Sir W. Gairdner's.

Moreover, leprosy, like consumption, is a disease which is associated with the presence of a bacillus; and this case proves that it is a possibility to transmit the disease when it is only in a latent condition, no bacillus-action being evident, and, in all probability, no bacillus being actually present. The cow-poxing of the whole community is a gigantic experiment, the conditions of which are exceedingly imperfectly known, and the possibilities of which are absolutely unknown.

Nor can any boast be made on behalf of cow-pox matter taken from the calf. As has lately been shown, the bovine tribe of animals is exceedingly liable to consumption. Some indeed go so far as to say that it is the source and origin of human tuberculosis. Cattle are also liable to cancer, and the reason why it does not show itself on them often is that so few are allowed to reach mature years, cancer being a disease which develops mainly past middle life. Hence it is more common in dogs and horses. But as is clearly shown in the leprosy case, it is not necessary for the disease to be fully developed for infection to be conveyed: it is enough that it should be latent.

For this reason I contend that it is an entirely fraudulent use of words to speak of cow-pox matter as "pure" when we have no chemical or microscopical means of determining whether it is mixed with any other contagion or not; just as it is a fraudulent use of words to apply the term "lymph" to what is really a disease-product, charged with the virulent potency of the disease which produces it. Necessarily the combination of the two in the phrase "pure lymph" (which the Government are popularly supposed to be supplying now) is a fraud of aggravated intensity; though I am free to admit that the fraud is for the most part unintentional, the cow-pox advocates being as much deceived by it as those who are led astray by their oratory.

(To be continued.)

MATERIA MEDICA MISCELLANY.

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

Aurum Muriaticum in Uterine Hemorrhage.—The following cases are quoted from Dr. Burnett. (1) In incipient carcinoma; the bleeding occurred more or less regularly from the uterus. (2) Hemorrhage in a woman having had four children and several miscarriages, whose mother died of cancer. *Aurum Mur.* 3x, three drops in water three times a day, promptly cured.

(3) A woman, aged 60, taken suddenly with uterine hemorrhage, fainted from flow; attacks of bleeding for years; feeble, anemic, cachectic; bleeding, ill-smelling, fleshy, like cold soup; diagnosed as cancer by competent specialists. *Aurum Mur.* cured; hemorrhage recurred at intervals of three and two years. Each time the remedy removed the symptoms, and now she is over seventy years of age and well.—*Hom. Journ. of Obstet.*

Cocaine in Menorrhagia.—Dr. Fisher, *Med. Cent.*: In excessive menorrhagia or inoperable uterine fibroids, also for abortion with inertia, *Cocaine* has shown marked ability to control the hemorrhage. In obstinate hematuria and hematemeses the same value has been proven. Give dilute doses—one grain hydrochlorate to water one-half ounce; of which twenty drops in one-half glass of water—two teaspoonfuls every half-hour to two hours till flow diminishes.

Picric Acid in Diabetes with Excessive Polyuria.—Mrs. C., æt. 49, complaining of “nervous prostration” three years previously. She experienced a great shock in loss of her child and never after regained her strength and normal flesh. She said she was constantly losing flesh, though she seemed to eat as well as ever; she had intense thirst and copious urination, especially at night; she was also troubled with great perspiration and considerable itching of skin and some jaundice. Physical examination revealed a flabby heart with slight mitral bruit, and considerable dyspnea, but the great diagnostic point was her apparent emaciation and attendant anemia and exhaustion. Urinalysis showed sp. gr. 1,040 with $7\frac{1}{2}$ per cent. of sugar and some albumin.

Picric Acid 3x was prescribed six times daily, from the fact that her primary symptoms were neurasthenic

in character. The improvement was marked, as she reported from week to week. The medicine was continued with few interruptions. She gained in strength, the nervous symptoms disappeared, the elimination of sugar began to decrease, and the polyuria improved. The exhaustion, the thirst, the anemia, the perspiration improved from day to day till she ceased to attend.—*Prof. Halbert in the "Clinique."*

Rhus Tox. Poisoning in a Chronic Case.—The following case is also reported by Prof. Halbert:—

"Mr. D., an inmate of our hospital, suffered for a long time with malarial fever. His case proved to be an obstinate one and he was confined to his bed for many weeks. No treatment seemed to relieve him and finally the cervical glands on both sides became greatly enlarged. Local applications and internal remedies, which seemed to be indicated, gave no relief. It was observed that he was always worse in damp and changeable weather, and as soon as he was able to get about he claimed that he found relief always upon motion. He insisted so strongly upon this feature of his case that we gave him *Rhus Tox.* in the third decimal potency. It afforded him much relief, but as he improved so decidedly he was somewhat overlooked and the remedy was continued without variation. My attention was soon called to him by one of the nurses, and I found his body literally covered with a characteristic *Rhus Tox.* eruption. For a while he was very sick and was obliged to return to his bed, as quite a fever ensued. Desisting with all medication for a time I then gave him *Rhus Tox.* 200x three times daily. As a result the rash has gradually disappeared and the patient has improved sufficiently to go out. He will leave the hospital in a week perfectly well. My mistake was in the continued use of *Rhus Tox.* in the lower potency, and this is proof to my mind that the higher potency would have given better and quicker results."—*Ibid.*

SOUTH AFRICAN NATIVE REMEDIES.

By G. M. H.

(Continued from p. 447.)

Matricaria nigellæfolia, N.O. *Compositæ*. Kafir : Um-Hlonyane Womlambo.

THIS plant bears a slight resemblance to the English chamomile. It also resembles wormwood (*Artemisia afra*) in its bitter taste and aromatic smell and slightly in its leaves, and for that reason it has received the Kafir name of "River Wormwood." It is used exactly in the same way as *Cluytia hirsuta* as an antidote for poisoning from anthrax.

There is a sort of rash called in Kafir *uku-Dliwa ngumlambo* ("Bite-of-the-river"), for which this plant is used ; the rash is probably the result of chill.

Acocanthera Venenata. Hottentots' Poison Bush.
Kafir : Intlungunyembe.

This plant is administered with snake-bite antidotes for its stimulating action on the heart. The whole plant is highly poisonous, as will be gathered from its common name. It was used by the Hottentots to poison their arrows, the wood of the plant being pounded to a rough powder and boiled for some time ; the fresh juice from an euphorbia tree was then added, the result being a thick, brownish substance with which they smeared the tips of their arrows. The natives are familiar with the fact that a poison is much more dangerous injected into the blood than taken through the stomach ; still they use a very small dose medicinally, and the deaths occasionally reported from its use are probably due to the greatly varying strength of the drug, according to its freshness and mode of preparation, coupled with the varying sensitiveness to its effects in different individuals.

Dr. T. R. Fraser, Professor of Materia Medica in Edinburgh University, has examined this plant, and he explains its action as follows :—

"The chief action of *Acocantherin* is on the muscle of the heart, whereby the contraction of the muscle is increased. Hence with small quantities the heart's contractions are rendered more powerful and complete,

especially when the heart is already acting feebly. When, however, the dose is large, the contraction of the muscle becomes so great that it cannot properly relax when it should do so, and accordingly too little blood enters its chambers, until gradually the chambers become obliterated by the powerful continuous contraction of the muscle substance of the heart. A small dose, therefore, increases the pumping power of the heart, but a large dose destroys its pumping capacity by preventing relaxation and the entrance of blood into its chambers, and so of course produces death."

The action of *Acocanthera* on the heart would make it a valuable ingredient in a mixture of antidotes for snake-venom, both directly as a heart stimulant and indirectly by accelerating the circulation through the system of the other medicines, which otherwise, owing to the nervous system being in a state of collapse, might be too slow to overtake the action of the poison already absorbed. It is probably far preferable to the use of Strychnine, the use of which is scarcely warranted, either in theory or practice. Ammonia, on the other hand, has rendered important service; it is not only a nerve stimulant, but I believe its effects on the blood are somewhat similar to those of the snake-venom, and it is therefore more or less homeopathic.

Sebæa Crassulæfolia. Kafir: ili-Bulawa.

The *Sebæa* is used as a snake-bite remedy, and is alleged to be a specific for the bite of the puff adder. The usual dose is half a pint of an infusion made of the whole plant, but in urgent cases chewing the leaves and swallowing the juice is quite as efficacious.

Xysmalobium lapathifolium. Dutch: Bitter Wortel.
Kafir: i-Tshongwe.

The root of this plant is used principally for dysentery and has a considerable reputation. It is also used as a tonic—grated into wine. It appears to have a specific effect upon the bowels, but is so frequently given combined with *Pelargonium reniforme*—also a most valuable remedy for dysentery—that the indications have not been properly differentiated.

Pelargonium reniforme. Dutch : Rabassam. Kafir :
i-yeza lezikali.

This is a very recognisable species of *Pelargonium* from the leaves, when mature, being silvery all over, owing to a short pubescence. They are kidney-shaped, in some cases ovate, and cordate at the base, lobed or crenate, velvety above, cottony and with very prominent nerves beneath, and they are on long stalks. Flowers rose-purple, the plants with the darkest-coloured flowers being most esteemed.

The Rev. Arthur J. Lennard—a missionary skilled in the use of native plants—records the following case of dysentery treated with this plant. He says:—

“A man in my employment was in the doctor’s hands for about two months without any apparent benefit, and then the disease was mastered in four days by this remedy.”

It is also used to stop purging in horses. When attacked during a journey the root is wrapped up and tied to the horse’s bit. The juice mingles with the saliva and is swallowed. Usually the root is cut up very fine, or bruised, and then boiled in milk for a considerable time. The dose, as usual, is uncertain.

P. pulverulentum is used in a similar manner.

The Kafir name for the latter plant is *i-kubalo lika-Mlanjeni*; *ikubalo* means “a charm,” and, as illustrating the manner in which witchcraft and superstition is mixed up with science, it is of interest to mention that the Kafir prophet Mlanjeni, during the Kafir War of 1850, persuaded his people that the root of this plant, by simply pointing it towards the English, would ward off their bullets and wet the charge in their guns; it was also to be chewed with the same object, and many of their dead were found with the root in their mouths.

(To be continued.)

SNAKE-VENOM—ITS ACTION AND EFFECT.

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

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

XV.—THE VIRULENCE OF SNAKE-VENOM.

IF there is one point on which both the nerve and blood-poison theorists are agreed, it is the virulence of snake-venom. About that neither parties have any doubt. As I have stated in another portion of this paper, the venom, immediately after it leaves the poison-gland of the reptile, is a thin, serous, and albuminoid liquid, yellow in colour, and neutral in reaction. When it is exposed to the air, however, it very soon becomes viscid, takes on itself an acid reaction, and at last becomes putrid with *Ammonia* production. So soon as the latter has ceased, and can no longer be perceived by the sense of smell, the liquid, which has then become slightly alkaline, still retains toxic properties, and only loses them after it has been exposed to the air for a long period of time.

FEOKTISTOW'S EXPERIMENT BY FREEZING.

Feoktistow has experimented with snake-venom by freezing it at 1° R., with the result that the venom separated into a solid mass and a thin, very yellow, liquid. The latter, even at 4° R., retained its liquid form, and Feoktistow found that the poisonous action of it greatly exceeded that of the solid mass.



MICRO-ORGANISMS IN SNAKE-VENOM.

No micro-organisms exist in fresh snake-venom, but, should they be introduced into it, they are not destroyed by the venom, but live and thrive in it. The fact that these micro-organisms live and also increase in the venom, as they would in any other albuminoid liquid, and, also, that the toxic effects of snake-venom, as before mentioned, only become manifest as we ascend the scale of animal life, we come across the first rudimentary development of a nervous system. It is, therefore, in accordance with reason, and in strict conformity with the laws of science, that snake-venom has a special affinity to nerve substance, and is, therefore, what I have con-

tended it to be all along, namely, a specific nerve-poison, acting on what may be termed the most important organs in the animal economy, namely, the nerve cells, the functional activity of which it lowers, and, in fatal cases, entirely and completely suspends, without in any way altering the structure of these cells, or effecting, by *direct* action, blood changes incompatible with life. It appears strange, therefore, that most authorities on the action of snake-venom—amongst them Weir Mitchell, Halford, Edward, Willoughby, Brunton, Calmette, &c.—should cling to the blood-poison theory as an axiom not to be either doubted or disputed, while, in the face of their assertions, proof upon proof has been brought forward in favour of the nerve-poison theory, and all blood-changes have been fully accounted for. Feoktistow's experiments have completely disproved the theory of those who declare snake-venom to be a blood-poison. He has proved that snake-venom does not interfere with infusorial life or destroy protoplasm: He has shown that, when injected into the heart of a mollusc, the venom caused almost immediate cessation of the heart's action, and that hypodermic injections produced in fishes bleaching of the integuments and contractions of the pigment cells, these symptoms finally terminating in asphyxial respiration, general paralysis, and death. Similar symptoms were observed by him on frogs. In the case of mammals the symptoms were: Dyspnea, asphyxia, paresis, and paralysis of the lower extremities, followed by general paralysis, sometimes clonic and tonic convulsions, hemorrhages from the bladder, bowels, lungs, and nose, and, finally, complete paralysis of respiration and of the heart. Mr. James Bray is an ardent advocate of the nerve-poison theory, and has stated to me that he fails to see how snake-venom can possibly be described as anything else, its action on the vaso-motor centre in the medulla oblongata and the intracardial ganglia being so marked. The persistency of the blood-poison theorists in advocating their pet theory in the face of all that has been scientifically proved to the contrary, has been a matter of surprise to more men than Mr. Bray, and is but another proof of the dire effect of prejudice on the human mind, and of the old and well-known adage, that "none are so blind as those who won't see."

BITES VENOMOUS AND NON-VENOMOUS.

It is of the utmost importance to know, in cases of snake-bite, whether the person has been bitten by a venomous or a non-venomous reptile. For the guidance of my readers I therefore give below the difference in the two bites, by which it will be seen at a glance that there is no difficulty in detecting one from the other. They appear thus:—

VENOMOUS.	NON-VENOMOUS.
 <p>For example, the bite inflicted by the tiger-snake, black snake, brown snake, &c.</p>	 <p>For example, the bite inflicted by the diamond snake (<i>Morrelia spilotes</i>).</p>

Especially in cases where an antidote of such a highly poisonous nature as *Strychnine* is made use of in cases of snake-bite, it is absolutely necessary to be certain as to whether the bite has been inflicted by a venomous or a non-venomous reptile, as the result of an injection of *Strychnine* in the case of the latter would inevitably result in the death of the patient through *Strychnine* poisoning. While once more on the subject of the *Strychnine* antidote, I will take the opportunity of stating here that I hold the same opinion thereof as Mr. James Bray, namely, that it is nothing else than a bare-faced fraud, invented by a certain class of medical men to hoodwink and take advantage of the ignorance of a credulous public. It must be acknowledged by even those who know the least about it that *Strychnine* is a dangerous drug in the hands of a layman who is ignorant of its effects and the proper dose to be used in making an injection. Such a person, in making use of *Strychnine* in a case of snake-bite, if he did not with it poison and kill the patient, would fail to do so more by good luck than anything else. It is all very well for the medical man, legally qualified to cure or to kill, to make use of the *Strychnine* antidote, as he can easily fill up, in the case of his patient dying, a certificate of death to the effect that the “deceased died from the effects of snake-bite.” With the poor layman, however,

things are different, and his portion of the transaction, should the patient die, is likely to be an arrest on a charge of manslaughter, terminating in a number of years to be spent in durance vile. No wonder, then, that a certain class of designing men, within the pale of the medical profession, should be so loud in their praises and avowal of the *wonderful effects* of the *Strychnine* antidote in cases of snake-bite, declaring it to be the treatment above all others, and that, too, in the face of proofs without number to the contrary. So long as I shall be able to guide a pen I shall on every suitable occasion expose the fraud, and protest against such mean and unprofessional action on the part of such medical men to hoodwink the public. Mr. Bray, who is a strong opponent of the *Strychnine* treatment, has complained to me on several occasions of the treatment he has received at the hands of the introducer of the antidote—Dr. A. Mueller, of Yackandandap, Victoria. He has written to that gentleman on several occasions challenging him as to the truth of statements made by the doctor as to the value of *Strychnine* as an antidote. The only reply that Mr. Bray has received is one to the effect that *he* (Dr. Mueller) *did not think it proper and professional to reply to a layman*. The truth of the matter, however, is that Dr. Mueller finds himself unable to answer the arguments of Mr. Bray, or to defend his own statements, and the excuse given above becomes, therefore, a most convenient one. Such a reply Dr. Mueller will, however, find, is a not very satisfactory one to the opponents of his antidote, and one that will hardly succeed in stifling the truth, as shown by the results obtained by the use of *Strychnine*. That 13·2 per cent. death-rate will crop up in spite of all the measures adopted to suppress it.

PROMPT ACTION IN SNAKE-BITE AN ABSOLUTE NECESSITY.

Prompt action in cases of snake-bite is an absolute necessity. Immediate scarification, ligature, and thorough sucking of the wound are, in my opinion, measures of greater importance than the injection of any antidote. Let me, however, be not misunderstood. I do not for a moment wish to impress upon my readers that antidotes are useless in the treatment of snake-bite. Evidence has over and over again been forthcoming of the beneficial

results obtained after injecting the antidote, even in cases in which the person bitten appeared to be in a dying condition. Especially has this been the case in *Ammonia* injections, medical men attending such cases having testified that their patients would have died but for the *Ammonia*. But I do hold the opinion that the main object to be aimed at in a case of snake-bite is to eliminate from the system as much as possible of the injected venom, and to prevent it entering into the circulation, and the most effectual means to accomplish this end are ligature, scarification, and the thorough sucking of the wound. The ligature must, moreover, be applied *tightly*, and the scarification and sucking of the wound (which may be safely undertaken by persons who have no wound, crack, sore, or ulcer in their mouths or on their lips) must be *thorough*. The wound should also be cut into *freely* (into and round about the bitten part) to a depth of a quarter of an inch, or so, and the wounds thus made must be well sucked. The importance of preventing the circulation of the blood and of other fluids from the bitten part will be evident when it is known that the blood circulates through the capillaries at the rate of about $\frac{3}{100}$ of an inch per second, and through the arteries at the rate of twelve inches per second.

INSTANTANEOUS EFFECT OF THE ACTION OF SNAKE- VENOM.

Mr. James Bray recently related to me an instance in which he injected snake-venom in the jugular vein of a cat. It appears that a lady, being anxious to see what the effect of snake-venom would be on the animal in question, brought it to Mr. Bray, who consented to allow it to be bitten by one of his snakes. Mr. Bray first carefully laid bare the jugular vein of the cat by removing therefrom the fur. All being in readiness the snake was brought out. The reptile immediately stuck its fangs into the jugular vein, and the cat instantaneously dropped down dead. The lady was naturally surprised at the result, and Mr. Bray states that an idea may be formed from the instance related above of the intense virulence of snake-venom. I remember, a few years ago, an instance, similar to the above, in which a hen was bitten in the vicinity of my present residence by a snake (presumably by a brown one, *Diemenia supercilliosa*). The

hen gave one or two turns, and then dropped down dead. A similar fate occurred a few days afterwards to a hen in another part of Greenwich, death in this case being almost instantaneous. The importance of prompt action in cases of snake-bite is thus once more brought prominently before us, and shows most emphatically that the venom, when once injected into any portion of the body, is not to be trifled with. There are two or three cases of snake-bite which I will mention here in which the patients died within an hour after being bitten. The first case is that of Mrs. J. Portars, wife of a selector, residing at Mundaroo, about twelve miles from Tumbarumba, N.S.W., who was bitten on the hand by a tiger snake on Saturday, February 16, 1895, and died *an hour* afterwards. Mrs. Portars was sitting on a couch in a dark room, and noticing something on the floor near her feet, she stooped down to pick it up. As she put her hand near the floor she was bitten on the thumb. Although she did not think at the time that a snake had bitten her, she shortly afterwards exhibited signs of serious illness, and Dr. Johnstone, of Tumbarumba, was immediately sent for. The doctor at once started out, but before he had gone four miles he was met by another messenger, who informed him that the woman had expired. It appears that, after the occurrence, Mrs. Portars' son wanted to cut the part of the thumb that was bitten, and to suck the wound, but his mother would not allow him to do so. This case, having received no treatment whatever, shows how rapidly the venom of the tiger snake is capable of causing death. Another case is that of a daughter of Mr. Richard Maher, of Harwood Island, N.S.W., twenty-two years of age, who went out just after dark on Saturday night, March 2, 1895, to get a drink at a tank. She ran inside again, saying she had been bitten by a snake. A few minutes afterwards she became unconscious, and died *within an hour*. It is believed she was bitten by a death-adder, as there were three distinct marks on her foot, one being by itself, and around this spot the flesh turned black shortly afterwards. Although search was made the reptile was not found. The third case is that of the man Astley, reported from Glen Innes, which occurred last season at Bullock Mountain, about fourteen miles from Glen Innes. It appears that he had been swimming in the early morning, and was drying

himself, when he was bitten by a large tiger snake. He died in fearful agony about *ten minutes* afterwards. The last case is one reported by Dr. Allworthy, Townsville, in the *Australian Medical Gazette* of March, 1891, of a child four years of age. The symptoms in this case are mentioned as heavy breathing, skin dusky, sleepy, followed (after *Brandy* enema and injection of *Liquor Strychnine* $\text{m}\nu$) by coma, with slow respiration and pulsation, and blue skin, respiration finally ceasing before the heart, and death taking place in *two-and-a-half hours*. The treatment adopted in this case was first incision, and then *Ammonia* locally, and *Brandy* enema. This was followed by injections of *Liquor Strychnine*, 3j in all, over pectoral muscles, assisted by artificial respiration. The variety of snake that bit the child is not mentioned by Dr. Allworthy, but it evidently was a very venomous one, judging from the symptoms following the bite, and the fatal result thereof. The four cases quoted above show with what rapidity snake-venom is apt to act when once introduced into the circulation. In the case of Miss Maher, she remained conscious for only a few minutes after she had been bitten, and died within an hour. The venom acted with still greater rapidity in the case of Mr. Astley, his death occurring ten minutes after the bite had been inflicted. It will be seen by the above that *Acanthopis antarctica* and *Hoplocephalus curtus* are two of our deadliest reptiles. The absolute necessity of prompt action in all cases of snake-bite inflicted by venomous reptiles at the same time becomes self-evident; the main object to be aimed at always being to prevent the venom getting into the circulation, which end, as I have stated before, is best attained by *tight* ligatures and the *thorough* scarifying and sucking of the wound. If these measures are properly carried out the battle will be half won, and the patient will have a better chance of recovering than if dependence is merely placed on certain antidotes.

(To be continued.)

CHOLERA: ITS SYMPTOMATOLOGY, ETIOLOGY, MORBID ANATOMY, DIAGNOSIS, PROGNOSIS, PREVENTION, AND TREATMENT.

By Dr. S. C. GHOSE, Midnapore, Bengal.

(Continued from p. 509.)

XVII.—EPITOME OF TREATMENT.

1. *Premonitory diarrhea*.—Rubini's Camphor.
2. *Invasive stage*.—Camphor, Aloes, Iris V., Nux V., Pulsatilla, Asarum E., Phosphorus, Phosphoric Acid, Colocynth, Podophyllum.
3. *Fully developed stage*.—Cuprum, Ars. Alb., Veratrum A., Ipecac., Ricinus, Croton T., Jatropha, Tabacum.
4. *Collapse*.—Aconite, Ars. Alb., Camphor, Carbo Veg., Croctalus, Cuprum, Hydrocyanic Acid, Hyoscyamus, Lachesis, Naja, Secale C., Veratrum Alb.
5. *Typhoid conditions*.—Phosphorus, Bryonia, Hyoscyamus, Ars. Alb., Lachesis, Rhus Tox., Stramonium, Zincum, Carbo Veg., Cuprum, Opium.
6. *For the suppression of urine*.—Cantharis, Kali Bichromic., Terebinthina.
7. *Remedies for troublesome hiccough*.—Agnus Castus, Cuprum, Secale, Carbo Veg., Cicuta, Pulsatilla, Nux Vomica, Phosphorus, Ignatia, Moschus, Ruta, Belladonna, Stramonium, Sulphur, Arsen. Alb., Staphysagria, Capsicum, Zincum, &c.
8. *For fever*.—Aconite, Belladonna, Eupatorium Per., &c.
9. *For uremia*.—Hydrocyanic Acid, Hyoscyamus, Opium, Agaricus, Arsen. Alb., Cuprum, Aurum, Nicotin, Lactuca Virosa.
10. *For ulceration of the cornea*.—Arsen. Alb., Calcarea C., China, Conium, Graphites, Hepar Sulph., Aurum, Argent Nitr., Carbo Veg., Mercurius, Sulphur, &c.
11. *For gangrene*.—Arsenic, Carbo Veg., China, Croctalus, Lachesis, Secale C.
12. *For boils and carbuncles*.—Arsenic, Belladonna, Lycopodium, Sulphur, Silicea, Lachesis, Nitric Acid, Thuja, Calcarea, Arnica, &c.
13. *For sleeplessness*.—Belladonna, Chamomilla, Coffea, Hyoscyamus, Arsenic, Kali Carb., Opium, &c.
14. *Remedies in the stage of reaction with slight diarrhea*.—China, Acid. Phos., Mercurius, Nux Vomica, Phosphorus, Nitric Acid, Podophyllum, Rhus Tox., Aloes, Colocynth, Ricinus, Veratrum Alb., &c.

XVIII.—PREVENTIVE TREATMENT.

The room should have windows for the free communication of free air from outside. Keep the air in and round the house

fresh. The house drains should be kept in a clean state. Disinfect the house daily. All sort of chills should be avoided. Perspiration should not be checked. Try to get rid of decaying vegetable and animal matters. Late hours should be avoided. Regular exercise must be kept in the open air. Be careful in the selection of your food. Eat and drink in strict moderation. Do not work on an empty stomach. Sexual excess should be carefully avoided. Cleanliness must be observed. Wear next the skin a copper plate, the plate should be worn day and night.

Dr. Hering has recommended *Sulphur* to be prophylactic. *Sulphur* 1 and 6 may be used twice daily.

Cuprum and *Veratrum Album* have been recommended by Dr. R. Epps. These two remedies should be taken alternately, during the time of cholera epidemic, one each day.

Dr. Hering has also recommended to use sulphur in the stockings.

In short, hygiene is the best preventive.

XIX.—CURATIVE TREATMENT.

Camphor is considered as the best remedy in the early stage of cholera. Hahnemann strongly recommended it. Dr. Drysdale of Liverpool, Dr. Russel of Edinburgh, Dr. Rubini of Naples, and Drs. Ringer and Wood have cured a great many cases of cholera by the help of this remedy. Should an attack come on with great suddenness, administer Rubini's *Camphor*, five drops every ten minutes. *Camphor*, if given upon the earliest premonitory indications, will often arrest the further progress of the disease, and may in some cases nip it in the bud.

Indications for the use of *Camphor* in the early stage: Anxiety, restlessness, chilliness, giddiness, headache, nausea, pains in the pit of the stomach, great thirst, diarrhea, pulse quick and weak, urine scanty, cold sweat over the face, hoarseness.

Indications for the use of *Camphor* in the cold or collapse stage: Delirium, loss of memory, body as cold as ice, imperceptible pulse, much prostration, wild face, absence of nausea or vomiting, difficulty in breathing.

As soon as the patient is seized with cholera, he should be kept at rest and as warm as possible. Hot flannels should be applied to the abdomen and hot bottles to the feet. No solid diet must be given. Water may be allowed *ad libitum*.

If, after administering *Camphor*, no perceptible improvement takes place, other medicines should be tried.

Asarum Europæum.—This is given in the very early stage of cholera when there is dull headache, continuous nausea, and inclination to vomit, vomiting only a small quantity, stools

semi-fluid and not many in number, the patient feels chilly, the warmest covering does not relieve the chilliness.

Dose, 1x, 3x, 6x, should be given every two or three hours.

Pulsatilla.—This is used also in the early stage when it proceeds from eating too freely of fatty or oily substances. Diarrhea appears, especially at night. Great desire for fresh air, and chilliness are characteristic of *Puls*.

Dose, 6x, every two hours or hourly, according to the urgency of the case.

Chamomilla.—When it comes after anger.

Dose, 6x, 12, every two hours or hourly.

Nux Vomica.—After intemperate eating or drinking, ineffectual urging to stool.

Dose, 1x, 3x, 6x, 30, like *Chamomilla*.

Phosphorus.—This may be given when the disease comes on from fatigue or exhaustion, depressed spirits as if the patient will die, great irritability of temper, evacuations watery and profuse with undigested food, weak, gone feeling is experienced in the abdomen.

Dose, 6c, 12c.

Iris Versicolor.—This is a very good medicine and is used in the early stage of cholera. Some of the most distinguished English, German, and American homeopaths have praised it very much. Dr. Hale says: "In cholera morbus I have succeeded in every case in which I have administered it, even the most violent. A single teaspoonful of a few drops in half a tumbler of water has, in many severe cases, put an immediate stop to the vomiting. I consider it a specific in this form of disease, and I would earnestly request physicians to try it in the first cases of cholera Asiatica which may fall under their notice, and give the result to the profession. In cholera morbus it arrests the pain which is so violent in many cases at the pit of the stomach or around the navel, or in some cases still lower down in the abdominal region, at or before every fit of vomiting or purging. In fact, it seems, as far as I have as yet been able to judge, the more appropriate the more violent the pain, and in some cases acting, as the patients and bystanders express themselves, 'like a charm.'"

Indications for its use: Low-spirited, easily vexed, loss of taste, eructations tasteless or of sour fluid, great burning distress in the epigastrium (the pain comes every few minutes and is quite unbearable), cutting pain in the region of the liver, colicky pains about the navel; thin, watery, copious discharges from the bowels, urine clear or scanty, violent headache, sweat all over, the tongue seems to be ice-cold, burning from the mouth to the anus.

Dose, 1x or 3x, should be taken every fifteen or twenty minutes or half-hourly, as the case requires.

Aloes.—Constant rumbling in the abdomen, with a feeling as if the sufferer must have stool but no evacuation takes place.

Dose, same as *Iris Versicolor*.

Bryonia.—In the morning diarrhea, and when a shooting pain is felt in the bowels.

Dose, 1x, 3x, 6x, as *Iris Versicolor*.

Carbo Vegetabilis.—After being exposed to heat of sun and fire. It is always associated with hemorrhage from bowels.

Dose, 12 every fifteen or twenty minutes.

Secale.—Painless diarrhea, heat or warmth cannot be tolerated.

Dose, 2x, 3x, 6x, every fifteen minutes.

Colocynth, *Podophyllum*, *Ipecac.*, *Mercurius*, &c., may be used with advantage in some cases.

Let us now dwell upon the SECOND STAGE or the STAGE OF DEVELOPMENT.

Veratrum Album.—Hahnemann has prescribed it for Asiatic cholera, and recommended it as one of the best remedies for this malady.

Indications for its use : Anguish, fear of death or indifference, vertigo, giddiness, eyes sunken, nose cold, pupils dilated, excessive thirst for cold water, drinks frequently but the desire is not satiated, cutting pain in the abdomen, pulse small, slow, and intermittent, the evacuations gush with considerable force and resemble rice-water, cold sweat on forehead, feeble and husky voice, tongue dry, pale and yellow-coated, urine scanty or totally suppressed, cramps from extremities and belly, extreme torpidity of vegetative system is present without the manifestation of any great mental or sensory disturbance.

Dose, 6x, 12x, 30, should be given every fifteen, twenty, or thirty minutes according to the severity of the case.

Ricinus.—It is generally used in the second stage of cholera.

Indications for its use : Painless and rice-coloured evacuations, cold skin, cold perspiration, excessive thirst, heart-burn, weak voice, weak pulse, urine is suppressed, mental and bodily depression, eyes dilated.

Dose, 3x, 6x, every ten, fifteen, or twenty minutes, as the case may be.

Cuprum.—Hahnemann says, "If, after *Camphora*, there should not soon be a change for the better, apply at once *Cuprum*." Drs. Russel and Drysdale have praised it very much. Mr. Proctor writes : "For the cramps it was unquestionably the best remedy, and I may say for the vomiting also. In the stage of collapse I gradually found

myself trusting to *Cuprum*, and the impression is very strong on my mind that in collapse it is the most reliable of our remedies."

Indications for its use: Cramps and cyanotic condition, great prostration, very distressing clonic spasms in abdomen and all over the body, icy coldness of the feet and hands, great pressure in the pit of the stomach, tight chest, total loss of appetite, desire for hot drink, urine is scanty or totally suppressed, skin is elastic, sunken features, vomiting and purging less after drinking, eyes dim and lustreless with blue ring around, stools profuse with much wind-passing, cold sweat at night.

Dose, 3x, 6x, 12, 30x, should be administered every fifteen, twenty, or thirty minutes.

The difference between *Veratrum Album*, *Ricinus*, and *Cuprum* is the following: The evacuations of *Veratrum Album* is bilious, while those of *Ricinus* are white. The stools of *Veratrum A.* gush out with spasms, while in *Ricinus* no such symptom is present. *Ricinus* is used in painless diarrhea, while in painful cases *Veratrum* is supreme. The evacuation in *Cuprum* is preceded by spasm, but in *Ricinus* it is quite the opposite.

(To be continued.)

SOCIETY'S MEETING.

BRITISH HOMEOPATHIC SOCIETY.

THE second meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, London, W.C., on Thursday, November 2nd, at eight o'clock p.m., the President, Dr. Washington Epps, being in the chair.

The following candidates were balloted for and elected members: Arthur Arnold Beale, M.B., C.M. Glas., 111, West End Lane, West Hampstead, N.W., proposed by Dr. Byres Moir (London), seconded by Mr. James Johnstone (Richmond). Percy Swanseger, L.R.C.P. and S. Edin., Eastbourne. Proposed by Dr. Alex. H. Croucher (Eastbourne), seconded by Mr. Dudley Wright.

The following motions, brought forward at the previous meeting on October 5th, by Dr. D. McNish, London, were discussed:—

That there be appointed a Committee of the British Homeopathic Society to watch and report on Parliamentary Legislation affecting the medical profession.

That a Medical Defence Union, confined to members of the British Homeopathic Society, be formed.

The first of these motions was carried, the selection of the committee being left to the Council. The second motion, after considerable discussion, was rejected.

The following specimens were shown :

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Fibroid of the uterus ; intra-venous trans-
fusion being required after operation ;
recovery | Dr. Burford. |
| 2. Large uterine fibroid ; intra-venous trans-
fusion twice required after operation ;
recovery | Dr. Burford. |
| 3. Small uterine fibroid, removed on account
of pelvic pressure symptoms ; recovery | Dr. Burford. |
| 4. Ovarian cyst (respectively diagnosed
elsewhere as "uterine fibroid" and
"extra-uterine gestation") ; removal ;
recovery | Dr. Burford. |
| 5. Oxalic acid calculus removed from kidney
of a youth | Mr. Dudley Wright. |
| 6. Casts of seminal vesicles and ducts
passed in a case of seminal vesi-
culitis | Mr. Dudley Wright. |

The remainder of the evening was devoted to a discussion on " Medical treatment and early surgical interference as contrasted in the treatment of malignant and other obstructive affections of the stomach and duodenum." The discussion was opened on the medical side by Dr. D. Dyce Brown, London, and Dr. Herbert Nankivell, of Bournemouth ; and on the surgical side by Mr. C. Knox-Shaw, London, and Mr. Dudley Wright, London.

EXTRACT.

PURE WATER A POISON.

THE following is clipped from Foulon's *Clinical Reporter* and will be comforting to drinkers of Schuylkill, Croton, Ohio river and other waters [including East London] that are not chemically pure :—

We doubt whether Germany has any " Ralstonites," who insist that only distilled water should be used as a

beverage, but it has a Dr. Koppe, who, in the *Deutsche Medicinische Wochenschrift*, knocks the pins from under the Ralston doctrines. The *National Druggist* gives an abstract of the article, from which we quote: "By chemically pure water, we usually understand perfectly fresh, distilled water, whose behaviour and properties are well understood. It withdraws the salts from the animal tissues and causes the latter to swell or inflate. Isolated living organic elements, cells, and all unicellular organisms are destroyed in distilled water—they die, since they become engorged therein. They lose the faculty, upon which life depends, of retaining their salts and other soluble cell constituents, consequently these are allowed to diffuse throughout the water.

"Distilled water is, therefore, a dangerous protoplasmic poison. The same poisonous effects must occur whenever distilled water is drunk. The sense of taste is the first to protest against the use of this substance. A mouthful of distilled water, taken by inadvertence, will be spit out regularly. . . . The local poisonous effects of distilled water makes itself known by . . . all the symptoms of a catarrh of the stomach on a small scale.

"The harmfulness of the process, so much resorted to to-day, of washing out the stomach with distilled water is acknowledged, and we find the physicians who formerly used that agent are now turning to the 'physiological solution of cooking salt,' or 'water with a little salt,' or the mineral waters recommended for the purpose. The poisonous nature of absolutely pure water would surely have been recognised and felt long since, were it not that its effects in their most marked form can seldom occur, for through a train of circumstances 'absolutely pure' water can rarely be found. The ordinary distilled water, even when freshly distilled, is not really absolutely pure, while that used in the laboratories and clinics is generally stale, has been kept standing in open vessels, generally in rooms where chemicals of every sort abound, and whose gases and effluvia are taken up by the water."

This poisonous action of pure water is, according to Dr. Koppe, responsible for some of the unexplained effects of administering ice to invalids. He says:—

"Patients with hitherto perfectly healthy stomachs, who, after operations, are for any reason allowed to swallow 'ice pills,' . . . not infrequently contract catarrh

of the stomach. There are well-known sequelæ of the use of ice, but up to the present no reasonable hypothesis has been offered as to the etiology of the same. It has been charged, it is true, to the 'bacteriological contents' of the ice, but examination of the latter has demonstrated it to be almost free from bacteria such as would account for the phenomena, though otherwise frequently containing bacteria. As a remedy our clinicians say we must use only artificial ice, made from distilled water. Well, it is possible that artificial ice may be better borne than the natural, but it is not because it is purer than the latter, but *exactly the contrary*. It is simply because the melted water thereof more closely approaches our ordinary drinking-water.

"This point in the care of the sick, which is certainly worthy of investigation and explanation, finds its analogy in daily experience of the travellers in the high mountainous regions. The guide books warn him against quenching his thirst with snow and glacier water, and the waters of the mountain brooks as well, for, as is well known, these not only do not quench thirst, but give rise to much discomfort. . . .

"The harmfulness of glacier water, like that of the pure cold mountain brooks, most of which, indeed, spring from glaciers, arises from the fact that they are exceedingly pure waters and produce identically the effect of the use of distilled water, they are poisonous. The supposition that the coldness of the water causes the sick, uneasy feelings cannot stand for a moment, though this coldness is very probably the reason that its unfitness for use is not at once recognised and the liquid rejected.

"The last link in our chain of prolegomena is found in the case of one of the Gastein springs. The water of this spring has an electrical conductivity of 31.9, therefore far excelling ordinary distilled water in this respect, and hence, according to our proposition, its use should demonstrate the poisonous nature of pure water. By a most strange coincidence, from the oldest times, hundreds and hundreds of years, this spring has been known as the *Giftbrunnen*—the 'poison spring.' Its water is never drunk, it is commonly regarded as poisonous, although no chemical examination of it—and they are almost innumerable—has yet been able to detect the slightest trace of poisonous substance. Its poison lies in the fact of its

extreme purity! This, we know, is a proposition that nobody will take in earnest—still it is devoid of anything wonderful in a physiological point of view, and furthermore, it is borne out by fact.”—*Homeopathic Recorder*.

REVIEW.

EXTERNAL THERAPEUTICS.*

DR. E. G. RANKIN has written a book which fills a very distinct place. On first opening it we hoped to find that the External Therapeutics were not only external but homeopathic. That is not at all the case; for though homeopaths are freely referred to in the preface and text, the homeopathy needs a good deal of search. But then the book lays no claim to being a homeopathic work, so that is all in order. Only we are quite certain that a stronger flavour of homeopathy would have been a decided improvement. We take it that most homeopaths are glad to avail themselves of local applications at some time or another, and few are so strict as to confine themselves to applying “the indicated remedy” every time. Dr. Rankin has given us in this volume a means of finding in the easiest possible way the local measures that would be adopted, by the old school chiefly, in any form of disease. This is most useful; although to the homeopath the use may be of a negative nature. The better the internal homeopathy the less frequently will adjuvants be required. Still, it is always well to know all that might be done in any case, even if the knowledge only leads us to reject it. Under “Abscess” we find all manner of antiseptic paraphernalia described, but no mention of *Calendula*, which is a thousand times better than all the rest put together. In our experience poultices are an abomination. If in the maturing time the part is bathed two or three times a day with a lotion of *Calendula* and hot water

* *A Digest of External Therapeutics*. With numerous formulæ arranged for reference. By Egbert Guernsey Rankin, M.A., M.D. New York: Boericke and Runyan Co. London: Homeopathic Publishing Co. Pp. 647. Price, 17s. 6d. net.

(3i to 0i), many an abscess will be aborted, and those that do break will do so with an opening that will leave the least possible scarring. When opening takes place no poultice should be applied, but only *Calendula* ointment.

Dr. Rankin includes hypodermic injections and enemata under "external" treatment, which is at least stretching a point. Homeopaths will find many useful suggestions and formulæ throughout the work, but with the exception of the cruder practitioners they will take most of the directions as things to avoid.

NOTIFICATION.

DR. JOHN HAMILTON, EALING. DR. HAMILTON has removed from Newcastle-on-Tyne to 3, *North Common Road, Ealing, W.*

GENERAL CORRESPONDENCE.

CLOSE UP THE RANKS!

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—The sentiments expressed in your opportune leader under this heading will, I believe, be shared by every medical or lay reader who has any fight left in him. The real obstacle to progress in this country has been the cleavage which is always liable to take place in our own ranks. It is surely one of the strangest anomalies to be met with in this perplexing world that a system of medicine so extremely valuable in itself should be handicapped in all directions. About the middle of this century there was a compact phalanx of true and valiant men whose work has had far-reaching effects in establishing homeopathy on the best foundation. But in our decadent days there is no trumpet-call to be heard, and our forces are scattered and spiritless. Some would even capitulate, haul down the old flag of homeopathy and join the legions of those who are so "regular" as to obtain the blessing of the (medical) bishops, along with a code

of ethics for their safe conduct through life. There is little enthusiasm or solidarity amongst the rank and file. The peace-at-any-price party and the Little Britisher have each their following. It must, one would think, be obvious even to them that the policy of conciliation has failed, and that the time has arrived for united action. After all we have important auxiliaries in that large and intelligent section of the public who have had practical experience during many years of the brilliant work done by physicians of our school. And the force of educated public opinion has always proved more effective in the long run than professional artillery. The blow and bluster of medical bigots will be rated at their true value as the outcome of mere ignorance and prejudice. For it must be driven home to the public that whilst old physic has been lumbering along—"with manifold motions making little speed"—homeopathy has completely revolutionized therapeutics, opening up a new world of resources undreamt of by Apothecaries' Hall. It is, I believe, being gradually recognised by thoughtful people that the ordinary teaching of the schools does not comprise the whole art of medicine, and that however eminent a physician may be in other respects, he is imperfectly equipped for his work without some practical knowledge and experience of homeopathy. This is the position we ought to take up, and if it is sincerely held, victory is already assured. But homeopathy in this country has hitherto been far too apologetic in its attitude; and hence perhaps the estimate put upon it by a profession that has never even investigated the subject in any honest or efficient way. I venture to think that if the real facts were known, it would be regarded as nothing less than a public misfortune that homeopathy has been kept in the background so long, and unrepresented in the teaching institutions. It is essentially a public question, and, as Lord Rosebery says of the Transvaal War, "We have got to see this thing through." Powerful organizations are built up for objects infinitely less worthy of public support, and large endowments are forthcoming for all sorts of medical projects which are to confer untold benefits upon the community—*e.g.*, bacteriological institutes, or what not, according to the latest fashion; the outcome of the whole business being generally utter disappointment. Now we know that the work of Hahne-

mann has done more for suffering humanity than all these inflated "discoveries" put together, although it has never yet received official recognition. In attempting, however, to organize any forward movement, it will be necessary before all things to define to ourselves clearly what we do want. On what ground is the claim to be based for an addition to the educational resources at the disposal of those seeking knowledge? Is it merely for a novel and extended view of the *materia medica*? or is it for the unfolding of that elaborate philosophy of the whole curative art which is set forth in the works of Hahnemann and the other great masters since his time? This, it seems to me, is the real question at issue, and on the decision arrived at will depend the success or otherwise of the ambitious undertaking which you suggest in your leader. If we are in earnest and united in our aims, I refuse to believe that such a project is even yet beyond the scope of practical politics.

Yours sincerely,

ALFRED PULLAR, M.D. Edin.

London, November 17, 1899.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—In your leader for this month you speak of "the two divisions of the homeopathic body," and again "so long as homeopaths are disunited," &c. I am always glad to get information, as I was not aware there were two divisions of the homeopathic body, or that homeopaths were disunited, unless you dignify with the name of a division the small minority of about half a dozen homeopaths who exclusively use high dilutions, and who refrain from all association with their colleagues who use lower ones, at least in so far as their attending the meetings of the British Homeopathic Society, and, I may add, all other gatherings of a similar kind which are held for the propagation of homeopathy. Except for this fact, there is no disunion in our ranks that I have heard of. The British Homeopathic Society includes in its membership nearly every homeopathic practitioner, and it was never in a more healthy, flourishing, and energetic condition than it is now. If you consider that the abstention of

the high dilutionists constitutes disunion and two divisions, then the remedy lies with them, but I protest against the exclusiveness of a very few being made the cause of such a statement as you have made. It is, I consider, a libel on the homeopathic body that must grievously mislead your readers.

When you speak so strongly of "closing up the ranks," might I suggest that you set the example to the few others who hold aloof, as example is always better than precept?

As to the non-existence of a complete homeopathic school, our friends in America, from whom you quote a passage, and who have been in England, know well that it is not such a simple matter as you and others seem to indicate. America is very different from England, with its old conservative ways and deeply rooted traditions, while our numbers are few as compared with those of the old school. You are well aware how often efforts have been made to get up a complete school of homeopathy, but these efforts have been failures on account of the difficulty of getting students to come to our lectures, and to the Hospital practice. There is at this very time a movement suggested by one of the most influential members of the Board of the Hospital, with the view of having another attempt made. But, however much we all wish it, and would do all that is feasible for its accomplishment, no one suggests a definite course which would seem to have any chance of practical success, as the obstacles seem, for the present, insurmountable. If such a scheme could be suggested on practicable lines, the abstention of the few high dilutionists would not make the smallest difference to its success.

Yours, &c.,

November 10, 1899.

D. DYCE BROWN.

IODOFORM IN TUBERCULOSIS.—In an article on "Tuberculosis in Infancy and Childhood," Dr. Sigmund Raue writes: "Iodoform (8x to 12x trit.) has given me such promising results in all tuberculous conditions, notably in the presence of glandular enlargements, and in chronic diarrhea of greenish, watery, undigested stools, a symptom which I have frequently developed in provings upon children, the diarrhea being accompanied by an irritability of temper, that I give this remedy the preference above all others in such cases."—*N. A. Jour. of Hom.*, June, p. 350. (*J.B.H.S.*)

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